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Accommodating Bereaved Parents in the Workplace: A Scoping Review

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Abstract

Helpful workplace support strategies and accommodations (WSSA) for bereaved parents returning to work was assessed via comprehensive search of databases from 1990-1/21/22. 11 of 45 qualitative articles met inclusion. Bereaved parents often felt returning to work provided a coping strategy for and/or distraction from grief; however, some received insensitive comments by employer/coworkers. Helpful WSSA included flexibility on date to return to work and schedule. In conclusion, due to the intensity of their grief, bereaved parents benefit from a workplace offering individualized time off for bereavement & workplace accommodations to address potential difficulty meeting prior productivity demands.

Keywords

workplace support; workplace accommodations; bereavement; child death; parent

Introduction

The death of a stillborn, young or adult child is a painful and overwhelming experience for parents and is often an intense and prolonged grieving process affecting them emotionally and physically. Relationships with spouses/partners, family, and others are challenged in addition to changing workplace presence and ultimately employee retention post-child death, resulting in significant financial hardship for many families and implications for

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Data share: Due to the nature of the research, the data is present in Table 1.

the workplace with potential productivity losses (Alam, Barrera, D'Agostino, Nicholas, & Schneiderman, 2012; Burden et al., 2016; Campbell, Kurinczuk, Heazell, Leal, & Rivero-Arias, 2018; Dussel et al., 2011; Eyetsemitan, 1998; J. Gibson, M. Gallagher, & M. Jenkins, 2010; Gilmer et al., 2012; Human et al., 2014; Hunt & Greeff, 2011; Macdonald et al., 2015; van den Berg, Lundborg, & Vikström, 2017).

Workplace accommodations are often in place in certain situations prior to the death of a child, such as when a working parent needs more time off either with a reduced work schedule or time off completely, in order to care for a sick child. Often the return to work is different from the previous schedule (if a return occurs at all) after the death of the child (Alam et al., 2012; Corden, Sloper, & Sainsbury, 2002; Dussel et al., 2011; Macdonald et al., 2015; McNeil, Baker, Snyder, Kaye, & Rosenberg, 2020). In one study of parents of children with cancer, 84% of United States (US) and 88% of Australian families reported at least one family member cutting back on work: 52% of US and 58% of Australian families had a reduction in work hours and 35% of US and 49% of Australian families quit their job to care for their child (Dussel et al., 2011). In addition, gender differences in workplace presence may exist, especially in dual-income families (Alam et al., 2012; McNeil et al., 2020; Sirki, Saarinen-Pihkala, & Hovi, 2000). For example, in a study of mostly full-time employed parents of children with cancer, many parents, mostly mothers, required a reduction in their work schedule to care for their child with cancer. After the death, only one-third of mothers returned to work (with the returns under flexible arrangements or with part-time accommodations) whereas three-fourths of the fathers returned to work with one having a role change within 6 months post-child death (Alam et al., 2012). In a different study involving Finnish bereaved parents of children with cancer, about half of the mothers and greater than 90% of the fathers returned to work after a month following the death (Sirki et al., 2000).

The goal of a workplace is usually to provide services and/or products and this goal can be hindered by employee absence or reduced working hours in addition to lower employee productivity (Eyetsemitan, 1998). On the other hand, employee retention and wellbeing are important to facilitate the goals of the organization. As grief can be a tremendously emotional and physically challenging experience for bereaved working parents, finding workplace strategies and accommodations is important in order to balance the needs and wellbeing of the bereaved parent as well as the needs of the workplace (Campbell et al., 2018; Eyetsemitan, 1998; J. Gibson et al., 2010; Macdonald et al., 2015; Wilcox, Mittendorfer-Rutz, Kjeldgard, Alexanderson, & Runeson, 2015).

Multiple systematic/scoping reviews have focused on bereaved parents. One systematic review on parents of stillborn deaths found bereaved parents suffer psychological and emotional disorders (depression, anxiety, etc) at a higher rate than nonbereaved parents (Burden et al., 2016); while another systematic review on the experience of bereaved parents of stillborn deaths in low-and middle-income countries noted inadequate recognition of their grief at times by healthcare professionals and their communities (Shakespeare, Merriel, Bakhbaki, Storey, & Siassakos, 2017). Another systematic review on the grief experience of fathers (which excluded articles on stillbirth, miscarriage, deaths of adult children age 21 and greater) noted they often return to work earlier (than the mothers) and used goal-

oriented tasks as coping strategies; in addition, they often suffered from persistent grief reactions and posttraumatic psychological sequelae (McNeil et al., 2020). A scoping review on the experience of mothers on late perinatal loss noted the lack of appropriate recognition and support of perinatal grief by some coworkers and employers; also, some women felt the bereavement time was inadequate, some experienced employers not granting workplace accommodation requests while other women had a gradual-return-to-work accommodation granted (which was viewed favorably) (Meunier et al., 2021). A scoping review on maternity healthcare professionals returning to work after a personal pregnancy loss or neonatal death noted difficulty at times working with pregnant patients after the personal loss; having employers meet with the bereaved mother to explore the optimal work-role placement was beneficial (Musodza, Sheehan, Nicholls, & Dahlen, 2021). The aim of this scoping review is to explore which support and accommodation strategies by the workplace are identified to be helpful versus unhelpful by bereaved parents in the workplace.

Methods

Literature Search

A comprehensive search of several databases from 1990 to January 21, 2022 was conducted. The databases included Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations, and Daily, Ovid EMBASE, Ovid Cochrane Central Register of Controlled Trials, Ovid Cochrane Database of Systematic Reviews, Ovid PsycINFO, and Scopus. The search strategy was designed and conducted by an experienced librarian with input from the study's principal investigator. Controlled vocabulary supplemented with keywords was used to search for bereavement grief in the workplace following the loss of a child of any age. The detailed strategy listing all search terms used and how they were combined is available in the appendix.

Inclusion & Exclusion Criteria and Definitions

Included clinical studies were those published in English from 1990-1/21/22 with information on workplace support and accommodations for bereaved working parents of child deaths (from stillborn to adult children). Non-clinical studies such as reflective papers were excluded. Systematic/scoping reviews were also excluded. Two reviewers (K.S and H.Y.) independently screened abstracts that met the inclusion criteria and reviewed the full-text articles for included abstracts (interrater agreement 96%). Disagreement for inclusion were resolved by consensus after discussion by the two reviewers. Critique for each article was completed with the Joanna Briggs Institute Critical Appraisal Checklist for Case Series (Moola et al.; 2017). Workplace accommodation is defined as an employer giving equal access or treatment to people and the duty to accommodate by the employer includes recognizing people (workers) have different needs and may require different resolutions to remove barriers to provide equal access to jobs (Centre, 2017). Support is defined as promoting the interests of (an employee by the employer, for example), to assist or help (the employee by the workplace, for example) (Merriam-Webster, 2022).

Results

Of the 373 abstracts screened, 45 met inclusion criteria and the full-length article was then reviewed. Abstracts/studies not focused on bereaved persons or not including bereaved parents in the study were excluded as well as those lacking information about workplace support/accommodations, non-clinical studies, and duplicates. Of the 45 that met inclusion initially, 25 articles were not on workplace support and accommodations, 1 lacked information on what bereaved parents found helpful or unhelpful with workplace support and accommodations, 2 did not include bereaved parents, 6 were not a clinical study or were a scoping/systematic review; this resulted in the inclusion of 11 qualitative articles for the scoping review.

The 11 qualitative articles included bereaved mothers, fathers and LGBTQ parents. Ages of death of their children ranged from less than 24 hours to 33 years old; perinatal loss was included as well. Countries where qualitative studies were conducted included Australia, Canada, England, Northern Ireland, Sweden, and the United States of America (Table 1).

Clinical studies

Parents often felt returning to work provided a coping strategy for and/or distraction from grief. Some felt a sense of normalcy and embraced the socializing opportunities returning to work provided. Helpful workplace support strategies and accommodations noted in studies of bereaved parents included: 1.) having coworkers willing to listen and/or express empathy about the loss of their child; 2.) having employers offer flexibility on when parents could return to work and work schedule flexibility in terms of workdays, work breaks, work hours; 3.) having coworkers take over demanding aspects of the job when the parent could not complete a task due to struggling with grief; 4.) having employers provide accommodations in productivity/performance goals due to the limitations faced by parents secondary to grieving.

Negative workplace experiences/concerns included: 1.) receiving insensitive comments by coworkers (for example, hearing flippant comments about suicide); 2.) parents feeling apprehensive about returning to work due to fear of judgement about the loss (such as with suicide) and/or lack of an empathetic response by the workplace; 3.) having coworkers actively avoid speaking to the parent; 4.) listening to other non-bereaved parents speak about their children's lives/milestones and/or complain about pregnancy-related conditions/child rearing events/minor difficulties in life; 5.) lack of recognition by the employer regarding the death and how grief affects work performance/productivity (for example, extreme fatigue, insomnia, decreased ability to concentrate). Unhelpful workplace support strategies and accommodations noted in studies of bereaved parents included: 1.) having to return to work too soon after the death of the child; 2.) having a lack of accommodation in productivity/performance goals even in the setting of significant grief; 3.) parents finding the current job too emotionally demanding and needing to have a work role change or employment leave (due to the current job being focused on working with children, for example) (Table 1).

Risk of bias of articles

There were limitations on the quality of the studies with unclear or lack of standard or reliable interview or question format for all participants included: 1/11, consecutive and/or complete inclusion of bereaved participants: 11/11 and 9/11, respectively, clear reporting of demographics of bereaved participants: 5/11, clear reporting of demographics/clinical information of those who died: 5/11, information on presenting site/clinic demographic information: 2/11, appropriate statistical analysis used: 2/11 (Table 1).

Discussion

In this scoping review, some parents found returning to work after the death of a child helpful as the job provided an environment of caring coworkers/employer and a distraction from their grief. Some returned with work accommodations with reduced working days with a gradual increase to the previous working schedule which was felt to be helpful. On the other hand, many parents were apprehensive about an unsupportive workplace before returning to work which was realized upon returning to work. They also experienced a lack of awareness by the workplace on how grief can affect the ability to meet the previous level of work demands. Unhelpful accommodations included having to return to work too soon and a lack of work accommodations offered; thus, resulting in some cases of reduced workplace retention of bereaved parents.

Parents have different reasons for returning to work as noted in our and other studies. Some bereaved parents view returning to work as a positive experience as the workplace may offer a distraction from—with the bereaved parent able to “feel normal,” direct their emotions into something else for a while—and a supportive environment while grieving (Hazen, 2006; Matthews, Bohle, Quinlan, & Rawlings-Way, 2012; Meunier et al., 2021; Musodza et al., 2021; Pohlkamp, Sveen, Kreicbergs, & Lovgren, 2020; Sirki et al., 2000; Wilson, Rodriguez-Prat, & Low, 2020). Other factors relate to financial reasons (for example, in the setting of prolonged caregiving prior to the death and lack of paid bereavement time which may lead to financial hardship) and restrictions on the number of days given for bereavement (Alam et al., 2012; Dussel et al., 2011; Macdonald et al., 2015; Malacrida, 1999; Meunier et al., 2021; Kate Louise Obst & Due, 2019; K. L. Obst, Oxlad, Due, & Middleton, 2021). Unfortunately, the limited number of days given for bereavement reflect the practical viewpoint workplaces have for bereavement time—time for the employee to attend the funeral and to complete other related obligations. This pragmatic viewpoint contrasts with parents who suffer for longer than the limited time given (often less than 7 days, if any time off is given) (Macdonald et al., 2015; Meunier et al., 2021; Sirki et al., 2000; Wilcox et al., 2015; Wilson et al., 2020).

The reasons for not returning to work, wishing to delay returning to work, or quitting are due to multiple factors as well. These include the fear of and experiencing going back to an unsupportive work environment—such as worrying they will be the recipient of insensitive/unsupportive comments by the employer and coworkers as well as having their loss ignored (J. Gibson et al., 2010; Hazen, 2006; Malacrida, 1999; Meunier et al., 2021; Wilson et al., 2020). Also, bereaved parents may be unable to cope with the same level of productivity demands as before the child loss due to the complications that are associated with grief

(Campbell et al., 2018; Hunt & Greeff, 2011; Macdonald et al., 2015; Meunier et al., 2021; Pohlkamp et al., 2020; Rosenblatt, 2000).

While understanding the benefits and challenges of bereaved parents returning to work is helpful, what is less clear are the optimal workplace supportive strategies and accommodations necessary to help facilitate a successful transition back to the workplace. Employers trying to establish appropriate return to work and productivity expectations of the bereaved parent may find those different than more common scenarios of returning after a physical injury or temporary illness (J. Gibson et al., 2010; Macdonald et al., 2015). In general, an approach that is beneficial begins with the workplace understanding the grieving experience of the bereaved parent and how this impacts his or her wellbeing and ability to work effectively. A beneficial collaboration can subsequently follow with the employee on a return-to-work plan that is reflective of the bereaved parent's ability to meet the productivity goals (J. Gibson et al., 2010; Macdonald et al., 2015; Meunier et al., 2021; Rosenblatt, 2000). These plans can include more time off (if necessary for the bereaved parent and doable for the employer), reduced working days or hours per week with a gradual increase to the former schedule, and adjusting the demands/productivity goals of the specific job upon returning to work (Alam et al., 2012; J. Gibson et al., 2010; Macdonald et al., 2015; Meunier et al., 2021; Wilson et al., 2020) A work role change may be considered as well (Musodza et al., 2021).

Recommendations for workplace support and accommodation strategies for bereaved parents returning to the workplace:

- Employers/businesses/coworkers should be aware and consider education for employers/managers/coworkers that returning to the workplace can be overwhelming for bereaved parents (J. Gibson et al., 2010; Hazen, 2006; Malacrida, 1999; Meunier et al., 2021; Musodza et al., 2021; Pohlkamp et al., 2020; Rose & Oxlad, 2022; Wilson et al., 2020) and insensitive and unsupportive comments by employers or coworkers are not helpful (Eyetsmitan, 1998; J. Gibson et al., 2010; Gibson, Gallagher, & Tracey, 2011; Hunt & Greeff, 2011; Macdonald et al., 2015; Malacrida, 1999; Meunier et al., 2021; Rose & Oxlad, 2022; Wilson et al., 2020).
- Workplaces should recognize grieving is an ongoing process and can extend well beyond the time given for funeral attendance and the short bereavement time (paid or unpaid) given by some employers (Hazen, 2006; Malacrida, 1999; Meunier et al., 2021; Pohlkamp et al., 2020; Wilson et al., 2020).
 - Employers can consider offering individualized time off, either paid or unpaid depending on what is available, to the grieving parent in order to allow adequate time for bereavement prior to returning (Brabant S, 1995; Eyetsmitan, 1998; J. Gibson et al., 2010; Gibson et al., 2011; Hazen, 2006; Macdonald et al., 2015; Meunier et al., 2021; Pohlkamp et al., 2020; Rose & Oxlad, 2022).
 - As some parents return to work before they are ready and then experience significant difficulties working, some parents may need a

leave of absence after returning to allow for adequate bereavement time (Malacrida, 1999; Pohlkamp et al., 2020; Rose & Oxlad, 2022; Wilson et al., 2020).

- The workplace should recognize bereaved parents suffer from grief (with lack of sleep and fatigue, brain fog, concentration difficulties, crying spells, anxiety, social isolation for example) and this may make returning to the previous level of productivity or work schedule difficult immediately upon returning (Burden et al., 2016; Joan Gibson, Mary Gallagher, & Mary Jenkins, 2010; J. Gibson et al., 2010; Hazen, 2006; Meunier et al., 2021; Musodza et al., 2021; Wilson et al., 2020).
 - Employers can consider meeting with the returning parent to mutually come up with a work schedule that can balance the needs of the business/workplace with the bereaved parent's ability to be effective in terms of productivity (J. Gibson et al., 2010; Gibson et al., 2011; Macdonald et al., 2015; Meunier et al., 2021; Musodza et al., 2021; Pohlkamp et al., 2020; Wilson et al., 2020).
- Employers should make the employee aware of any counseling/support services available through the workplace, if those services exist, as bereaved parents may benefit from these services (Eyetsemitan, 1998; Gibson et al., 2011; Human et al., 2014; Meunier et al., 2021; Wilson et al., 2020).

Limitations of the review reflect the limited number of clinical studies identified that were focused on bereaved working parents and specific types of child loss. As the studies included were from western countries, more focused on mothers or heterosexual couples, applications of the results to other populations are limited. There was heterogeneity of the types of employment, when provided, thus making conclusions as to which strategies could be more useful depending on what type of employment limited. Additionally, information on the exact time frame of when bereaved parents returned to work, or when they had to versus when they would have liked to return to work, and the exact difference in productivity goals were not often described in the studies. Also, due to the limited number of clinical studies, this review is not intended to clarify one workplace strategy as more or less helpful as compared to other strategies. As for the quality of the studies, these varied as discussed in the results section and in Table 1.

Opportunities for further research include specifically exploring which workplace accommodations are best for bereaved parents of different types of child loss and for different types of employment. Also, utilizing standardized qualitative research methods to identify specific accommodations that would be most successful at balancing the wellbeing and productivity ability of bereaved parents with the employer's productivity needs would be worthwhile.

Conclusion

In conclusion, many parents feel they are not ready to return to work when required to by their employer due to the intensity of their grief. Bereaved parents may benefit from

a workplace that offers individualized time off for bereavement. Additionally, workplace accommodations should be considered as many bereaved parents feel overwhelmed returning to the same level of work demand as before the death of their child.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Dr. Schoonover is from Minnesota and works as a general internist at Mayo Clinic. Dr. Schoonover graduated from the University of Minnesota Medical School before completing an internal medicine residency at Mayo Clinic in 2011. She has since completed a fellowship in Hospice and Palliative Medicine. Her research interests are primarily focused on palliative care medicine, specifically on support strategies for grief.

Hemang Yadav

Dr. Yadav grew up in Scotland and obtained his medical degree from the University of Cambridge and University of Imperial in England. After working in the National Health Service, he moved to the United States in 2009 where he did postdoctoral research work at Johns Hopkins University in ARDS mechanisms. He completed his residency in Internal Medicine and fellowship in Pulmonary/Critical Care Medicine at Mayo Clinic (Rochester, MN) where he is currently a consultant in Pulmonary and Intensive Care Medicine.

Larry Prokop

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Table 1.

Summary of articles of workplace support and accommodations for bereaved parents.

Study	Participants/ child loss	Helpful support	Unhelpful work support	Examples of lack of support	Comments
Alam (2012) Qualitative Canada C	-N=18 M (MA 40.8 yrs), 13 F (MA 46.6 yrs); interviews at 6 & 18 mo after death (18 mo: 13 M and 5 F participated) -Kids: 8 mo-20.7 yrs age, MA 14.7 yrs; leukemia: 30%, CNS tumors 35%	-some F found immersing themselves in work helped them cope post death	-many F did not find work rewarding by 18 months -69% M were hesitant to RTW or were searching for different work at 18 months to focus on surviving kids	-1 M RTW PT, found herself working as many hours as FT; quit -one F changed work roles away from sales as he found it “too emotional to have to be up front all the time”	-90% married/partners, 87%: other kids, 98% M: primary CG -97%: dual-income families prior to birth of child, most FT; 61% of W: PT or not working to care for child after cancer dx; 33% W RTW PT, 75% F RTW by 6 mo; all but 1 F RTW-18 mo
Brabant (1995) Qualitative USA C,D,E,H,I	-N=5 married couples, 1 F, 3 M; kids: N=10: 1 female /9 males, range 15 hours to 29 yrs; 6 died of bike/ automobile accidents; 4 from illness or birth defect	-1 M took year off, then RTW -CWs did aspects of job when 1 F couldn't at times; CWs open to talk of loss for 1 F	-some parents felt CWs avoided topic of death of child even when parent wanted to talk of the loss	-1 F RTW soon after death as he was the supervisor -1 M who worked in a store had CWs talk to her about their children but were unwilling to listen about her loss	-Participants were selected by a Board of Directors for Compassionate Friends; no explanation of statistical analysis was provided in paper -1 family lost 2 children; 3 W did not work before death of child
Gibson (2010) Qualitative Northern Ireland C,D,E	-N=11 (6 M, 5 F, 44-57 yrs); 2-6 yrs after death -children who died: 15-27 yrs from suicide: 8 boys, 3 girls	-CWs who listened if parent wanted to talk -1 parent spoke with CW who had child loss -1 M preferred working with new CWs -a few worked with youth: helpful -some felt work helped them “survive,” kept them busy, distracted -most felt employers gave consideration of their workload upon RTW	-parents worried about being judged due to suicide -some were uncomfortable talking to CWs about loss -some CWs were ill at ease speaking to parent/used insensitive suicide related comments/complained about minor issues or actively avoided parent -Grieving issues affected work performance: fatigue insomnia, anxiety, pre-occupation with cause of death, flashbacks, lack of concentration, brain fog, reduced creativity	-some coped with social aspect of work with avoidance, going with close CW to group activity -painful to hear CWs speak of milestones of their children: they remained silent, walked away -a few worked with youth: reminded them of loss -CWs said “given enough rope,” “I felt so awful, I was going to kill myself,” and manager said about staff “committing mass suicide” -1 M given a poor performance by manager after loss -Difficulty with complex tasks/ interactive meetings: did tasks as able, depended on meeting minutes	-some participants identified through contacts within a bereavement support organization; further participants identified through word-of mouth -the interviewer and data analyst was a bereaved parent of suicide -parents RTW 1-12 wks after death of child; none reported employers placed demands on RTW within a specific time period
Gibson (2011) Qualitative Northern Ireland C,D	-N=11 (6 M, 5 F, 44-57 yrs); 2-6 yrs after death -children who died: 15-27 yrs from suicide: 8 boys, 3 girls -6 parents employed in large and 3 in small organizations; 2 self-employed	-CWs acknowledged the death, listened to parent, took over workloads -management offering flexible (paid) leave, work hours/breaks; reduced workloads & noted grief can impact work performance -work gave parents distraction/focus	-Insensitivity, flippant remarks about suicide -CWs avoided parents -management: did not acknowledge the death, expected parent to work at previous productivity -no proactive info on support resources/lack of sufficient formal support available by employer	-1 F contacted the Employee Assistance Program (EAP) and was given number for bereavement support group—he wanted support by EAP -1 did not want to contact EAP as he/she did not know the person -1 M went to counseling; did not return as counselor was not a parent and was similar age of child who died	-some participants were identified through contacts within a bereavement support organization; further participants identified through word-of mouth -the interviewer and data analyst: bereaved parent of suicide -same population of bereaved parents as Gibson 2010 study
Hazen ² (2006) Qualitative USA B,C,D,I	-N=14 M (28-58 yo), northern USA -stillborn to perinatal loss	-2 M in mental health: 1 received support, 1 could speak of loss at work	-felt RTW would be too overwhelming due to need to face CWs for fear of lack of	-1 M felt too overwhelmed to RTW & to “face” others, kept extending time off to 10 wks: quit	-Author included herself in study and did the analysis; all participants were a friend or a

Study	Participants/ child loss	Helpful support	Unhelpful work support	Examples of lack of support	Comments
Malacrida (1999) ** Qualitative Canada C,D,E	-N=22 parents, 16 M, 6 F (not as a couple); unclear time of interview post loss -perinatal loss (wk 20 gestation-1 wk post birth)	-1 teacher felt CWs cared about her; 1 boss welcomed bereaved M & helped to share of loss with CWs -Some received flowers or a sympathy card from WP	-Lack of time given for F to attend funeral/bereavement -Employers saying hurtful comments soon after death, saying leave would be different if baby had lived -Lack of recognition of grief; expectation to RTW very soon after loss	-1 M felt supported by CW friend, felt WP was unsympathetic; quit	-8 stillborn full-term babies, 8 babies born between wks 20-35 lived a few hours; one full-term baby lived 7.5 days -no race, age details on parents provided -interviews, data collection, analysis done by one author
Mathews (2012) * Qualitative Australia C,D,E,F	-N=7, 1 M, 1 F, 2 female widowers of men, 2 daughters of F, 1 sister of a brother; deaths were 1-20 yrs prior; M: son 4 yrs, F: son 1 yr prior	-RTW provided M distraction; RTW: chance to speak to others -CWs raised money for funeral expenses	-all experienced workplace role shifts -prolonged workers' compensation issues (3/7 participants received this)	-one felt he was treated as a laborer rather than as before -one noted a CW left job due to feeling traumatized from workplace related death	-purposive sampling; 13 members selected by manager of workplace-related death support group; 7 enrolled in study -all traumatic workplace related deaths, no other info
Pohlkamp (2020) * Qualitative Sweden C,E,F	-N=161: 108 M, 53 F (MA 45), 1-5 yrs after child cancer death; MA of child: (N=151); 7 yrs at cancer dx, 9 yrs at death	-being at work felt like life was "normal" for a while	-lack of empathy from CWs -having to RTW too soon -felt demands at work were too challenging after RTW	-one: boss' s demands too difficult at early stage of bereavement -one felt social insurance official lacked appropriate empathy	-population-based nationwide survey; parents identified through cancer registry; 161/232 answered at least 1 of 2 open-ended questions
Rose (2022) *** Qualitative Australia, England C,D,F	-N=12, (30-60 yrs range), 8 mo-10 yrs after loss -losses: ectopic pregnancy, miscarriage, stillbirth or during surrogacy as gestational (5) or non-gestational (3) parents, or as both (4) [unclear number of stillbirth/ miscarriages]	-2 M with flexible PT able to have balance between work & time off to grieve -CWs express empathy, address flippant remarks made by other CWs -1 M RTW to stay busy	-less workplace support felt by some F -CWs spoke of appropriateness of same gender parented families -had to argue right to leave (hetero-normative parental leave policy in place) -felt overwhelmed at work, took time off after RTW	-1 M who did not disclose loss, felt angry listening to W CWs complain about being pregnant -1 F took time off due to worry of others expressing empathy (IVF overexpressing surrogate loss) -1 M RTW, "pretended" she was okay to then have a breakdown; could not function at work; took time off	-N=12 LGBTQ+ persons in long-term relationships: 8 cis W, 3 cis men, 1 trans nonbinary person -English speaking; 6/12: living kids; 10 FT, 2 PT; recruitment through multiple organizations working with LGBTQ+ conception, surrogacy, parenting, and pregnancy loss support -most RTW 1-7 days after loss
Rosenblatt (2000) * Qualitative USA C,D,F,H	-N=58 parents; 29 couples, 8 mo-35 yrs since death (median of 7 yrs) -33 children deaths; median age 3, range up to 33 yo; one stillborn, unclear other causes	-not mentioned	-feel the demand of back to wage-earning work -failure of WP adjusting for parent who is grieving (expects person to work as much as before) -having to RTW too soon	-1 F had so much grief, could not do job; lost his job -one forced to enter counseling by boss, was struggling with work -1 M teacher had to "wall off her feelings" to make it through workday (cried before/after)	29 white heterosexual couples, 33-68 yrs old, median 44 yrs old M 66 yrs old F -26/29 couples had another child at time of other child death -couples were from different beliefs: Christianity, Judaism, spiritualism
Wilson (2020) ** Qualitative Canada C,D,F	-N=14 W, 19-61 yo, death 6 mo-10 yrs prior -deaths: 7 spouses/partners/ fiancées; 5 children (3/5: babies); 2 parents -3 deaths sudden, 1	-4 RTW to "escape" grief; 1 M of son RTW 6 wks after death to "see people again," "get back into the routine of work;" 2 RTW 2 wks after death to avoid unpaid leave	-feeling incapacitated by grief longer than time off -inability to focus at work due to symptoms of grief, not having grief recognized by boss/WP -leaving work after RTW--	-one M retrained as RTW in childcare reminded her of loss of baby -CW whose cat died told M who lost baby she knew how she felt -1 W RTW in different, less demanding area	-11 worked FT or FT at time of interview, 1 had not RTW 8 mo after death, 2 were laid off and not working -1 W retrained to a different field, 1 W changed to a

Study	Participants/ child loss	Helpful support	Unhelpful work support	Examples of lack of support	Comments
	after accident, 10 after progressive illness (4 mo-3 yr in length); most common deaths: cancer, then strokes, heart attacks, accidents, suicide, stillbirths, premature birth	(1)/both had supportive WP -Helpful WP Acc: shorter/less workdays/wk with gradual increase in hours: 1 M of 1 wk baby RTW 4 mo after death then had 4 days/wk then 5 days/wk of work after a mo; 1 M had 6 wks off then 1/2 time x 6 wks then FT -I went to counseling (WP) -boss/CW's let W use office when needed; supportive of sick time for 1 W	inability to work (grief); taking sick days after RTW; having to use mental illness to qualify for leave, bosses not okay of time off -inappropriate comments by CWs/boss -small businesses/self-employed/PT often not have paid leave or work accommodations offered -lack of work-provided counseling services	-1 W had intense grief, felt incapacitated x 1 mo; longer than allowed bereavement leave -1 W felt not ready to RTW, distraught over questions/advice -one F lost business as she was unable to work after death -boss told W if unpaid leave was taken, the W would be replaced	temporary PT position as she could not concentrate at previous job after loss, 1 W started own business to have flexible hours to accommodate her, 1 W started a business after being laid off following disciplinary process at work after RTW shortly after death occurred -limitation of study: lack of clarity regarding which bereaved individual was reporting what was (un)helpful

Acc: accommodation(s), CG: caregiver, CNS: central nervous system, CW: coworker(s), D: diagnosis, F: Father(s), FT: Fulltime, M: Mother (s), MA: mean age, Mo: months, N=number, yr(s): year(s); PT: parttime, RTW: return(ed) to work, USA: United States of America, Wk(s): week(s), W: women, WP: workplace

* very limited information: based on small aspect of paper

** limited information: based on a modest section of the paper

*** information more present on informal bereavement support

Unclear/lack of: clear inclusion criteria,^A condition measured in a standard/reliable way,^B consecutive inclusion of participants,^C complete inclusion of participants,^D specific demographics of bereaved individuals,^E specific clinical information of persons who died,^F outcomes clearly reported,^G specific site/clinic demographic information,^H appropriate statistical analysis,^I