

**BEREAVED EMPLOYEES IN ORGANISATIONS:
MANAGERS AND CO-WORKERS
RESPONSIBILITY**

BY

LINDIWE O SHANGE

2009

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**BEREAVED EMPLOYEES IN ORGANISATIONS:
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RESPONSIBILITY**

By

Lindiwe O Shange

**A thesis submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy (PhD) in Community Psychology in the Department of
Psychology at the University of Zululand**

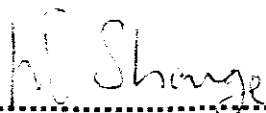
Promoter: Prof. N V Makunga

2009

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DECLARATION

I, **Lindiwe O Shange** hereby declare that this is my own work and all sources I have used or quoted have been indicated and acknowledged by means of complete references.



.....
Lindiwe O. Shange

2009

DEDICATION

I dedicate this work to those bereaved employees who despite very painful memories and risking reviving the pain of grief, participated in the study. Your contribution is invaluable.

To my deceased parents, my mother - *ukaMti* and my father "Injula", thank you for the love and support you lavished on me through out my growing up years. Thank you for inculcating in me the value of working hard.

To my siblings, all my nieces, nephews and the Shange family as a whole your love, encouragement and believing in my capabilities kept me going "*bo Dumakude*" I thank you all.

To all my loved ones who have departed from this world, the pain I experienced from the losses, paradoxically assisted me to gain insight into the world of the bereaved individuals and motivated me to explore it.

To my friends and colleagues, thank you. Your support and encouragement gave me strength to endure difficulties and to persevere with the study.

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Lastly without "uMvelinqangi" (God), I would never have been able to endure all the challenges I had to face whilst undertaking the study, thus to Him I also dedicate this study.

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ABSTRACT

This study which sought to understand the psychological wellbeing of bereaved employees and the support they receive within their working environment used a convenient sample of 209 participants that included bereaved employees, managers, supervisors and human resource officers from various organisations in the province of Kwa Zulu-Natal. Both qualitative and quantitative methods were utilized in this study.

Findings showed that:

- (a) At times bereaved employees were not well supported when resuming work after the funeral.*
- (b) Support offered before the funeral was sufficiently adequate in the majority of Organisations but still warrants improvement.*
- (c) Some bereaved employees who developed complicated grief did not receive adequate psychological intervention that they deserve.*
- (d) Mostly feelings of disturbances interfered with job performance.*
- (e) The current Family Responsibility leave was inadequate for those bereaved employees whose culture demanded more days to cope with bereavement rituals.*
- (f) The Employment Assistance Programmes that most organisations depend on were largely ineffective in dealing with bereaved employees who need counselling or psychotherapy.*

The implication of the findings pointed to a need for organisations to have clear bereavement policies and support programmes for bereaved employees.

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CHAPTER 1

GENERAL ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Nowadays bereavement is virtually due to the escalating death rate. Anderson and Phillips (2006) in a South African statistical report note that there has been a massive increase of 79% in the annual number of registered deaths between 1997 and 2004 and an increase of 161% for the age group 25-49 years within the same period. These facts are quite alarming and devastating for the South African Society and the economy of the country, since most of those dying are within the working age group. Death no longer occurs only in normally expected circumstances like in the elderly or those who are terminally ill from conditions like cancer. Individuals lose loved ones from sudden deaths such as: a heart attack, family suicide and fatal motor vehicle accidents, which have become an order of the day on South African roads. The majority of South Africans are also bereaved from the pandemic of Aids and its related diseases. Aids related deaths are increasing in an astounding manner.

During this traumatic period the grieving individual needs caring and support not only just from relatives and friends but also from the work environment thus implying that management and co-workers should show empathy and understanding. As expressed by Brammer (1993) to be empathic means being able to feel with, and feel for another individual. According to Brammer (1993) empathy is the route to understanding. According to Lendrum and Syme (1992) statements like "Its time you got back to normal...." do not assist the grieving individual to adjust to the loss but rather tend to evoke feelings of anger and a sense of being devalued. In support of this notion Balk (2004) cautions against making statements like "you just need to get over it and move on with your life" as this may be perceived as diminishing the importance of the

bond that existed between the bereaved and the deceased loved one.

Death of a loved one, especially to whom the bereaved employee was close shakes the individual's well being to the core. This is aptly described by Lukeman (1982) when he states "when someone we love dies, we die. It is not only their death; it is our death that is happening, too" (p.5). Resolving grief is not easy and Grobbelar (2002) describes the process as cutting deep into the individual's soul. Grief work demands not only time but an environment that will allow the person to readjust at own pace. For managers and co-workers to be able to offer the much needed support to their bereaved colleague, knowledge of the grief process is imperative.

Grobbelar (2002) expresses that for the bereaved, adjusting to the routine is difficult, she notes "... you battle to get back into a routine" (p.9). Thus caring for the bereaved employee can no longer be regarded as the prerogative of health professionals like psychologists only, but each individual in an organisation should be capable of rendering the much needed support. Unresolved grief will not only affect the employee's psychological well being, but also affects the productivity of the organisation adversely.

1.2 MOTIVATION FOR RESEARCH

According to the Basic Conditions of Employment Act, 75 (Republic of South Africa, 1997) an employee is entitled to three days family responsibility leave in a twelve month cycle following a death of a specified relative, that is, if you have lost a spouse or a life partner, parent or adoptive parent, grandparent, biological or adopted child, grandchild or a sibling. A six weeks maternity leave is granted following a miscarriage during the third trimester of pregnancy or following birth of a still-born. Should an individual require more days, then those will have to be deducted from vacation leave days. Grief work definitely lasts longer than the allocated family responsibility leave days, thus, when

bereaved employees go back to work they will still be working through the pain of grief. Being bereaved from a traumatic death like murder or child loss will render grief even more painful and difficult to handle. Eytsemitan (1998) maintains that more time is needed by a bereaved employee than just to be given time off to attend a funeral. Premature return to work and resumption of normal duties promote pathological grief with resultant adverse effects on productivity and psychological well being of the bereaved employee.

Most individuals would still be experiencing intense feelings like depression and despair, labelled, the phase of disorganization and despair by Bowlby (Dershimer, 1990; Cook & Oltjenbruns, 1989). The bereaved employee would still be trying to adjust to the loss and grief reactions like bursting into tears or uncontrollable sobbing may be displayed by some bereaved employees. This can cause disruption to the work flow. Grief knows no boundaries whether one is at home or at work, being overwhelmed by pain of grief is possible. A caring attitude and meaningful support is crucial at this period. Feelings that alternate with adjustment include anxiety, loneliness, fear, hopelessness, helplessness and ambivalence (Lendrum & Syme, 1992). An employee who was coping well with work demands may now be experiencing difficulty with decision making and even the physical health may be compromised, affecting performance negatively. While some bereaved employees may need professional intervention either counselling or psychotherapy, the majority will benefit from managers who are not only empathic but who are also genuine in their utterances as well as deeds. Lack of insight into the grief process may render management and co-workers incapable of offering much needed care and continued support to the bereaved employee. According to Grobbelaar (2002) lack of support for the bereaved employee may result in absenteeism and lowered productivity. It is thus clear that management must be involved in assisting the bereaved employee to resolve grief. Failure to intervene constructively would be disastrous not only for the employee but also for the organisation.

There is a strong need for employees and managers to function as a team or unit to deal with the common phenomenon of grief, which can be aggravated by HIV/AIDS and poverty all over the world and especially in the third world countries like South Africa.

1.3 STATEMENT OF THE PROBLEM

Bereaved employees seem not to be adequately cared for in organisations, a factor leading to psychological and work related problems. For grief to be resolved certain tasks must be accomplished, for example, the griever needs to work through the pain of grief (Corr, Nabe & Corr, 1997). Most employees go back to work at the time when they are just beginning to adjust to the loss, which involves a lot of cognitive restructuring (Cleiren, 1993). Clearly the leave days allocated are not enough as according to Lendrum and Syme (1992), even just yearning for the deceased may persist for about six months. The mere thought of returning to work proves to be an ordeal for the bereaved employee. Even if leave days may be extended the grief would still be far from being resolved on resuming work. Thus some form of intervention is needed within the organisation.

Considering that some bereaved individuals present with complicated grief (Corr et al., 1997) employees with chronic, delayed, exaggerated and masked grief will present with unique problems warranting intervention by a professional over and above the support of management and co-workers.

Employees presenting with disenfranchised grief, that is, grief generally not approved by society, for example, following an abortion or from HIV and AIDS related deaths, may feel isolated and unsupported. The Choice on Termination of Pregnancy Act 92, of 1996 as amended (Republic of South African, 2005) allows for women to terminate pregnancy under certain

circumstances. Even in rape cases or for a medical indication some individuals still do not approve, thus the grief of that individual is largely not socially acknowledged.

When a bereaved employee presents with masked grief (Corr et al., 1997), behaving as if no loss has been sustained, management will only be able to intervene if they have the necessary information on the grief process, appropriate attitude and relevant interventions including prompt referral to health professionals like psychologists.

Thus this research is aimed at exploring feelings and experiences of bereaved employees, determine whether bereaved employees are adequately cared for in organizations, thus enabling recommendation of appropriate interventions based on the informative data gathered.

1.4 PURPOSE OF THE STUDY

The main aim of this study is to determine and report on the immediate world of bereaved employees, that is, focussing on their psychological well being and the support they need within the organisation. This study also aims at giving insight into the grief process.

The objectives of the present study are:

- To determine the effectiveness of the existing bereavement intervention program, if any, in the organisations
- To identify gaps in the organisation's existing bereavement intervention program and make recommendations to improve it or for a new program to be drawn up

- To obtain bereaved employees views, regarding their psychological well being and social support within their organisations, that is, are they adequately catered for in organisations
- To determine if organisations have what it takes, in terms of having insight into the grief process and its management.

1.5 DEFINITION OF TERMS

Concepts that form the basis of this study and which will be frequently used are defined below:

1.5.1 Bereavement

Bereavement and grief are concepts that are at times used interchangeably (Dershimer, 1990). In this study they are considered separately as according to Kalish (1981) and Littlewood (1992) to be bereaved and not experience grief is possible. Bereavement is a state of deprivation whereas grief is the response or reaction (Attig, 2004).

In defining bereavement some literature (Cleiren, 1993; Wayment & Kemeny, 2004) focus on the lost object or deceased person referring to bereavement as irrevocable loss and definitive cessation of contact with a person or loss of a loved one. Other literature (Dershimer, 1990) focuses on the bereaved referring to bereavement as a total recovery process of humans from death of someone with whom they had a significant relationship. Such a definition seems to include much more than just the pain of grief but points to significant changes in behaviour, thoughts, attitudes, religious and spiritual life of the bereaved. However, Attig (2004) simply considers bereavement as the state of having lost someone we care about or love through death.

Bereavement in the present study refers to the period involving the process of readjustment following the death of a loved one, which includes a change in how individuals interact with those in their environment.

1.5.2 Responsibility

Funk and Wagnalls Standard Desk Dictionary (1993) refers to responsibility as:
1. The state of being responsible or accountable... 2. That for which one is answerable, a duty or task. 3. The ability to meet obligations or tasks without superior authority or guidance.

In this study responsibility is more than just a task; it is the right and accountability to do things under ones jurisdiction as dictated by circumstances and the fact of being human.

1.5.3 Employee

According to The BCEA, 75 of 1997(Republic of South Africa, 1997) an employee is any person, excluding an independent contractor who works for another person or for the State and who receives, or is entitled to receive, any remuneration; and any other person who in any manner assists in carrying on or conducting the business of an employer. According to Van Dyk (2001) any individual working for an organisation including the one on management level, is an employee.

For the purpose of this study an employee will be an individual who is on permanent employment of an organisation and is outside the ranks of managers.

1.5.4 Manager

Nel (1998) considers a manager as the one responsible for planning, directing and controlling the organisation's human resources.

In this study a manager is anyone who achieves the objectives of the organisation through utilization of others' skills irrespective of the span of control. This is an individual who is expected to guide, direct and mentor others within the organisation but also remains accountable for the employee's wellbeing.

1.5.5 Co-worker

Grobbelaar (2002) refers to people one works with as co-workers or co-employees.

In this study a co-worker refers to a colleague or fellow worker or employee with whom the bereaved employee shares employment in a particular organisation and is not part of management. The term is not limited to workers within the same unit or department and they need not occupy the same position on the organisation structure.

1.5.6 Organisation

As noted by Robbins, cited in Sono (2001) an organisation is a "consciously coordinated social unit, composed of two or more people, that function on a relatively continuous basis to achieve a common goal or set of goals" (p.541). Thus an organisation can also be small in size but the human side is clearly important.

Cumming (1993) defines an organisation as “a social organism as well as an administrative or operational mechanism” (p.19). Thus the organisation is not only about work and achieving the set objectives, it also has to consider that it is peopled by human beings with human needs and problems. Schein cited in Van Dyk (2001) refers to an organisation as “the planned co-ordination of the activities of a number of people for the achievement of some common explicit purpose or goal, through division of labour and function, and through a hierarchy of authority and responsibility” (p.21). Just as individuals do different jobs within the organisations, the responsibility is also not the same.

In this study an organisation refers to an establishment or an institution of human capital, that is, a group of individuals who have been brought together in a work environment with all their unique characteristics and life challenges. Such individuals occupy different power structures within the organisation. It may be a company, institution, or a government department.

1.5.7 Grief

Littlewood (1992) defines grief as those experiences involving unhappiness and suffering following the death of a loved person, Worden (1991) also, refers to it as personal experience of the loss. Freud defined grief simply as an emotional pain accompanying a sense of loss, (Dershimer, 1990). Literature on grief and bereavement (Bailey, Dunham & Kral 2000; Cleiren, 1993; Dershimer, 1990; Rando, 1993; Sanders 1988; Worden, 1991) considered grief as the multitude of complex responses that follow experience of separation/loss most usually the loss of a significant other through death. According to Attig (2004) only when the death of another is experienced as a loss does one grieve, this further implies that the bereaved values the deceased. Grief encompasses belief, disposition and feeling.

Grief, therefore, refers to the natural, personal and unique process in response to death of a loved one, which is experienced emotionally, psychologically, socially, physically, behaviourally and spiritually. It differs in intensity and duration for each individual and may at times be pathological.

1.5.8 Grief work

Lindemann, 1944 is cited in Cook and Oltjenbruns (1989) defining grief work as “emancipation from the bondage to the deceased, readjustment to the environment in which the deceased is missing, and the formation of new relationships” (p.53). In Kaplan and Sadock (1998) grief work is referred to as “a complex psychological process of withdrawing attachment and working through the pain of bereavement” (p.69).

Grief work thus refers to the psychological and behavioural effort of the bereaved individual to effectively deal with the loss of a loved one and move on with life as best as possible. Working through the pain of grief does not imply forgetting the deceased loved one but the bereaved has to create a new way of relating to the lost person.

1.5.9 Mourning

Frude (1990) refers to mourning as “certain culturally prescribed behaviours associated with the period following loss” (p.342). In Kaplan and Sadock (1998) it is defined as “the process by which grief is resolved, it is the societal expression of post bereavement behaviour and practices” (p.69).

For the purpose of this study mourning is defined as the overt expression of one’s grief and state of loss through death mainly influenced by one’s culture.

It must be noted that even though in some literature mourning is used interchangeably with grief work (Corr et al., 1997), in this study they are considered separately, with mourning focusing on social practices and grief work on mental or psychological processes of the bereaved individual.

1.5.10 Grief Counselling

According to Worden (1991) grief counselling deals with “helping people facilitate uncomplicated or normal grief to a healthy completion of the tasks of grieving within a reasonable time frame” (p.37). Frude (1990) defines it as “provision of support, comfort, and care” (p.360). In this study, grief counselling implies support offered to a bereaved individual by either a professional counsellor or a volunteer, individually or in a group setting.

1.5.11 Grief Therapy

Frude (1990) defines it as an intervention where “special techniques are used to help people with highly disturbed grief reactions” (p.360). Worden (1991) agrees that it refers to helping those with abnormal or complicated grief reactions.

For the purpose of this study grief therapy refers to help offered by professionals to those experiencing Complicated Grief.

1.5.12 Employment Assistance Programme

Employment Assistance Programme (EAP) is defined by the Employee Assistance Professional Association of South Africa (2004) as “the work organisation’s resource that utilizes specific core technologies to enhance employee and work place effectiveness through prevention, identification, and resolution of personal and productivity issues” (p.3). Roman (2003) defines it

as “a programme provided by employer to address the emotional and physical needs of employees whose personal problems affect their job performance, through the provision of confidential guidance and counselling” (p.14).

For the purpose of this study EAP is considered as a preventative and therapeutic programme designed to deal with the employees’ work related and personal problems that may impact negatively on their lives and productivity. Intervention may also be extended to the employees’ family members.

1.5.13 Wellness Programmes

These are programmes designed to maintain or improve the general health of all employees before problems arise and may include education and awareness of, for example stress management (Mathis & Jackson, 2000).

Such programmes may be used to make employees aware of what is entailed in bereavement and gain insight into the grief process and possible complications. This will not only benefit the employees but the organization will gain as unnecessary sick leaves and poor productivity in those presenting with complicated grief would be minimised.

1.6 VALUE OF THE STUDY

Management will gain an insight into the grief process and thus be in position to offer relevant support and much needed care to the bereaved employee. Problems like absenteeism and lowered productivity will thus be minimised much to the advantage of the organisation. Adjustment to the loss is imperative for psychological as well as social well-being of the bereaved employee. The results will assist in developing a relevant and effective programme that can be adopted by organisations.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

According to Farrel (cited in Gallagher, Tracey & Miller, 2005) death of an individual, in particular a relative, is the most destabilizing event all humankind must deal with. Without any doubt then, a bereaved individual needs to be adjusted in order to regain equilibrium of some sort, following the death of a significant person. Since individuals spend a lot of their time at work, it becomes logical that social and emotional support needed by a bereaved person should be available within one's organisation.

If bereaved employees are not well managed in organisations that could affect productivity adversely. In support of this notion Eyetsemitan, (1998) maintains that the cost of grief to an organisation may be estimated to "billions of dollars". Thus, it seems that a well structured bereavement counselling programme that is well integrated with other existing programs in the organisation would not only be the humane thing to do, but a very sound and intelligent Human Resource Management Strategy.

This chapter will first, explore a range of issues on bereavement thus providing insight into the bereavement process and its ensuing effects. Secondly, theories and models on bereavement will be discussed. Finally, information about available therapeutic interventions will be provided.

2.2 IMPORTANT ISSUES ABOUT BEREAVEMENT

Important topics relating to bereavement are discussed in the following sub-sections in order to give clarity on the process of bereavement and its

management.

2.2.1 Bereavement and Aids Pandemic

The majority of South Africans are bereaved from the pandemic of Aids related deaths quoted in the media, government and academic reports show a definite increase in the number of deaths caused by the disease and a large number of those affected are workers. An illustrative example is the Department of Health 2005 study which showed that 30.2% of pregnant women in 2005 were HIV infected and found a high prevalence rate of the disease within the working age group ranging from aged 25-34 years (South African Department of Health, 2005). An estimated 5.5 million South Africans were reported to be living with HIV by the end of 2005 (UNAIDS/WHO, 2006). Although the increasing death rate is attributed to HIV and AIDS related deaths, it seems there is still a lot of misclassification of deaths, implying that even more deaths could be attributed to HIV and AIDS.

2.2.2 Those at risk of being Affected

2.2.2.1 Bereaved fathers: Problems may occur as a result of issues like gender stereotyping. In general society does not expect men to show their feelings even feelings of grief, openly. In therapy bereaved fathers have revealed episodes of breaking down when alone. Scully (1985) and Hinton (2002) agree that men grieve. Hinton (2002) further suggests that men be allowed to grieve differently from their wives and be supported in their grief. Male employees, therefore, may even be at a greater risk of lacking support from management and co-workers.

2.2.2.2 Individuals going through traumatic grief: Normally it is expected that a bereaved employee is supported by family members and friends. However, according to Wertheimer (1991), individuals with special

types of losses such as suicide, murder, sudden infant death, child loss, spousal loss at a young age and multiple losses at the same time, may need support even from people outside their usual immediate social network. It is clear from literature (Cook & Oltejenbruns, 1989; Dershimer, 1990; Frude, 1990; Leick & Davidsen-Nielsen, 1991; Worden, 1991) that such losses are extremely emotionally taxing, causing grief to be more painful and difficult to handle. Eyetsemitan (1998) maintains that more time is needed by such bereaved employees than the allocated family responsibility leave days given to attend a funeral. According to Eyetsemitan (1998) premature return to work and resumption of normal duties promote pathological grief with resultant adverse effects on productivity and psychological well being of the bereaved employee.

2.2.2.3 Female employees who had a miscarriage: A female employee who has had a miscarriage may also not receive the caring and support offered other bereaved employees as management and co-workers may perceive such a loss as not that painful. Comments such as “you are still young, you will fall pregnant soon” may be expressed not realizing that they are devastating to the bereaved individual. It may not be that people are not caring but this points to a gap in the knowledge about grief and bereavement issues. Leon (1990) maintains that such a loss tends to result in serious psychological trauma, which warrants empathy.

2.2.2.4 Employees in same sex relationships: Another group of bereaved employees who tend to be forced to grieve in secret are those in same sex relationships or any other socially unacceptable relationships. The Civil Union Act No.17 of 2006 (Republic of South Africa, 2006) legitimizes same sex relationships. However, as it has occurred with other controversial Acts, there is a section of the society that is against this Act, thus affecting support provided for such bereaved individuals.

2.2.2.5 Employees with disenfranchised grief: These are employees presenting with grief, that is not generally sanctioned by society for example, following an abortion. Despite the Choice on Termination of Pregnancy Act 92 of 1996 as amended (Republic of South Africa, 2005) which allows a woman to terminate pregnancy under certain circumstances, some individuals might still be against the legislation. Even in rape cases or in instances of medical indication some individuals still do not approve, thus the grief of that bereaved employee might be largely not socially acknowledged and the bereaved suffers even more.

HIV and AIDS related deaths also, do not only leave the bereaved employee with a stigma but with disenfranchised grief as well. Although there are numerous programmes in organisations focusing on HIV and AIDS infected employees not much appears to be done for those bereaved from the condition. Such individuals face multiple losses and need a lot of caring and support irrespective of the relationship to the deceased.

2.2.3 Diversity and Bereavement

A question that may arise at this point is: “how does an organization with employees from different cultures provide caring and support that would be deemed appropriate by the bereaved employee?” In answering this question Hosking, Whiting, Braithwaite, Fox, Boshoff and Robbins (2000) propose that internal organizational policies dealing with bereaved employees must reflect flexible multiculturalism and address awareness of sensitive issues such as grief related rituals and beliefs.

Literature (Cook & Oltjenbruns, 1989; Dalzell, 2005; Dent, 2005; Littlewood, 1992; Lobar, Youngblut, & Brooten, 2006; Mantala-Bozos, 2003, Nwoye, 2005; Romesberg, 2004; Worden, 1991) is abound with information on how culture,

ethnicity, spirituality, religion and related rituals influence grief reaction and its resolution. Spirituality has been identified as an important factor as individuals with low belief strength were found by Walsh, King, Jones, Tookman and Blizard (2002), to resolve grief more slowly. Cook and Oltjenbruns (1989) point out that even the intrapersonal grief reactions are mediated by one's culture. Therefore, it is not only the mourning rituals that are influenced by one's culture. As expressed by Mantala-Bozos (2003) some rituals afford the bereaved to grieve openly and this is perceived as healthy and it assists with grief resolution. Thus if an organisation gives enough time to the bereaved employee to attend to rituals like a funeral and other cultural ones, the employee is assisted in coping with bereavement and ensuing grief.

Indeed, despite the universality of grief even across different cultures, it is still experienced in a unique manner, by each individual. As expressed by Wertheimer (1991) grief reactions are highly personal and are influenced by many factors, thus resulting in no single way of grieving. Even members of the same family do not respond to same bereavement the same way. In support of this notion Worden (1991) states "for some grief begins as the time they hear of the loss, while for others it is a delayed experience" (p.3). The organisation needs to take cognizance of this.

2.2.4 Impact of Grief on Bereaved Employee and Organisation

According to Eytsemitan (1998) being less sensitive to the bereaved employee's needs, promote disruption of the grief process, resulting in stifled grief. Thus, it is not only the bereaved employee who will gain from the support given to him, the organisation gains also.

The Compassionate Friends (2004) indicate that a bereaved employee may experience reactions like memory and concentration problems, extreme tiredness and loss of confidence. Also, the bereaved employee's efficiency and

effectiveness is affected thus impacting on the employee's performance adversely.

Many grief reactions even though within the normal range and experienced outside the work environment, like sleep disturbances still would affect the bereaved employee's functioning at work negatively (Balk, 2004; Cook & Oltjenbruns, 1989; Frude, 1990; Littlewood, 1992; University of Cambridge Counselling Service, 2003; Smith in Stern, 1985). Being preoccupied with thoughts of the deceased and events surrounding the death (Littlewood, 1992; University of Cambridge Counselling Service, 2003; Worden, 1991), tendency to isolate self (Frude, 1990; Tedeschi & Calhoun, 1995; Rose, 2005; Wayment & Kemeny 2004), extreme sadness (Littlewood, 1992; Wayment & Kemeny, 2004; Worden, 1991), physical ailments like headaches (Cook & Oltjenbruns, 1989; Tedeschi & Calhoun, 1995), attest to the multidimensionality of the feelings and experiences of a bereaved individual.

Inability to cope may render the bereaved employee unable to go to work (University of Cambridge, 2003). Indeed, bereavement at work does result in absenteeism, decrease productivity, frequent sick leave and generally changed or even worse, a disruptive work behaviour with mistakes (Magane EAP, 2005) and even increased risk of accidents in some organizations.

The bereaved employee's well being may be so afflicted that the individual could present with Mental Health Disorders like Post Traumatic Stress disorders as in motor vehicle deaths (Stewart, 1999) spousal bereavement (Brady, Acierno, Resnick, Kilpatrick & Saunders, 2003; Neria & Litz, 2003; Vanderweker & Prigerson, 2003, Wagner, Knaevelsrud & Maercker, 2005). Depending on issues like circumstances around the death, personality of the individual, current stressors and previous mental health condition of the bereaved some can even develop Serious Mental Health Disorders like Schizophrenia and Mood Disorders with Psychotic Features. Vanderwekker

and Prigerson (2003) highlight this point thus: “Bereavement is associated with heightened risk of mental and physical health impairment as well as social isolation (p.45).

2.2.5 Normal Grief Process

This subsection will explore the normal process of grief. Grief is a normal process following loss of a loved one. Grief is not only a passive emotional reaction to loss of a loved one, but one has also to actively engage with what has happened and adapt (Attig, 2004). The reactions that the bereaved experiences are affected by a number of factors ranging from the nature of the relationship to the deceased, circumstances surrounding the death to the culture and personality of the bereaved (Attig, 2004; Lipman, 2001). However the duration and nature or expression of normal grief is greatly affected by ones culture. African author Nwoye (2005) states that in the African culture the notion of pathological grief is not known due to the nature of support offered to the bereaved individual.

When grief interferes with normal functioning like work, decision making or activities like regular sleeping and eating, it is no longer normal (Lipman, 2001).

Normal or uncomplicated grief (Littlewood, 1992; Worden, 1991) includes diverse and extensive behaviours and feelings. After some time, with support and understanding the intensity of normal grief lessens.

2.2.5.1 Signs of Normal Grief: Reaction to grief varies from individual to individual and phases are not experienced the same way (Parkes, 2002). Thus not all the symptoms will be experienced by the bereaved but different combinations may be experienced. Literature (Balk, 2004; National Cancer Institute, 2002; Cook & Oltjenbruns, 1989; Frude, 1990; Lendrum & Syme,

1992; Littlewood, 1992; Moss & Moss, 1989; Stern, 1985; Tedeschi & Calhoun, 1995; Wayment & Kemeny 2004; Worden, 1991) is abound with these characteristics of grief which are considered normal. As shown below different categories like feelings or emotions, physical or physiological sensations, cognitions and behaviours are utilized to refer to these characteristics. Balk (2004) also adds the dimension of spirituality and National Cancer Institute (2002) includes the social aspect.

Feelings

- Sadness is the most common feeling
- Anger which might be directed at any one including the deceased. It is one of the most common reactions and tends to lead to a lot of problems
- Guilt and self blame which is mostly irrational focusing on what was or not done
- Anxiety and fear, for example the bereaved may think they would not be able to cope on their own or may generally feel unsafe. Some may be anxious over their own deaths especially for those partners bereaved from HIV and AIDS related conditions
- Loneliness which is mostly experienced in partner loss and other close relationships
- Helplessness seen mostly in early stages
- Meaningless and Despair may be experienced where nothing makes sense anymore.
- Depression which may be related to sense of inability to control what has happened as well as strong feelings being experienced
- Numbness which may last for a month, or emotional detachment mostly following hearing about the loss
- Shock especially following a sudden death
- Yearning or pining for the lost person may last for six months
- Relief may be experienced when the death occurred following a long

and painful illness, however this may also result in guilt

- Emancipation if the relationship with the deceased had been stressful.

Somatic or Physical manifestation

Worden (1991) maintains that these symptoms are an important part of the grief process even though they tend to be mostly overlooked. Some are more frequently experienced than others. They include the following:

- Tightness in the throat or chest
- Dry mouth, empty feeling or pain in the abdomen and digestive problems like constipation
- Increased frequency in passing urine
- Breathlessness
- Weakness of muscles and fatigue
- Headaches and blurred vision

Behaviours and Social aspect

- Bouts of crying, which is the most common and natural response to sadness may be culturally determined
- Initially the bereaved may seek for details about the death
- Occasional hostile outburst may be displayed
- Change in appetite, usually lack of appetite than overeating
- Sleep disturbances which can affect work adversely, the individual dreads waking up due to pain experienced. If it persists for extended periods it might be indicative of Depression.
- Oversensitivity to noise
- Restlessness is common or simply doing nothing even daily normal tasks
- Sense of depersonalization
- May desire to go to work sooner than expected or dread going back

- Social withdrawal from friends or family members or overdependence on others
- Disturbing dreams may be experienced, commonly involving the deceased
- Absent minded behaviour which may be dangerous to someone who works in a high risk environment
- Loss of interest in leisure time or sexual activity.

Cognitions or Change in Thought Processes

Some thoughts are common in the early stages of grief process but should disappear within a short time, if not that is indicative of complicated grief with Anxiety or Depression (Worden 1991).

- Shock, numbness and disbelief, is amongst the first to be experienced especially in sudden and unexpected deaths
- Memory problems may involve being forgetful over daily issues.
- Confusion which may result from the intensity and the possibly quick change of emotions experienced
- Inability to concentrate or pay attention to detail
- Disorientation
- Preoccupation with thoughts of the deceased or focusing on a particular aspect which may either ease the pain or generate more sadness, pain or even guilt. Sense of presence where the deceased is perceived as being still around especially soon after death Visual and auditory hallucinations mostly experienced where the bereaved will report seeing or hearing the deceased. This could either console or frighten the bereaved.

Spiritual dimension

The bereaved may be engaged in exploring the meaning of existence and might loose hope and feel not well grounded (Balk, 2004). The loss of a loved

one shakes the individual's sense of security.

2.2.5.2 Grief work: This is the effort needed in responding to being bereaved (Attig, 2004). As it will be explained in subsections 2.3 dealing with Theories of grief and other concepts related to bereavement, there are different ways of describing what is entailed but all agree that something needs to happen for life to return to normal. Mostly this is referred to as grief work.

2.2.5.3 Resolution: There is no consensus on whether to refer to recovery from grief or resolution of grief. "Recovery" has a Medical connotation as if grief is an illness instead of a normal process following bereavement. Citing Weiss, recovery is considered as "a return to the state as it was before bereavement in certain areas of functioning" (Cleiren, 1993). According to Cleiren (1993) it would be difficult to accurately ascertain pre bereavement functioning following the loss. Use of this term is thus discouraged as it considers psychological and physical health leaving out emotional and social functioning which are also important areas of functioning. The author prefers the concept "adaptation after bereavement" as it encompasses the loss to the individual as well as the psychosocial aspect. "Functioning after bereavement" is considered the most neutral concept as it seen as not implying that however the bereaved is functioning following bereavement is only due to the loss.

The term "outcome" is also discouraged by Cleiren (1993) as it is considered as referring only to the loss neglecting other factors that are influencing the functioning of the bereaved individual.

Balk (2004) is not averse to utilization of the concept "recovery following bereavement" and he maintains it involves resiliency. When someone has survived the pain and challenges of being bereaved, emerging with new insight of self and the environment that bereaved individual has recovered. This does

not mean though the individual will function exactly the same as before being bereaved. According to Balk (2004) recovery from bereavement means “we recover ourselves; we redefine and reintegrate ourselves into life”. It is an active process requiring effort from the bereaved (p.372).

Stroebe & Schut (1999) explain how the bereaved recover from grief by moving back and forth “oscillation” between focusing on the loss “loss orientation” and focusing on their changed lives after bereavement “restoration orientation”. Recovery then involves both avoidance of grief and grief work.

Using the concept “resolution of grief” implies that something may occur to impede resolution, resulting in unresolved grief (Cleiren, 1993).

2.2.5.4 Duration of normal grief: There is no consensus on the actual duration of grief (Cook & Oltjenbruns, 1989). On one end resolution is said to take place gradually with the bereaved experiencing longer periods of normalcy and intensity of grief reaction gradually decreasing (Littlewood, 1992). Some authors are more prescriptive stating that grief lasts for four to six months (Walsh et al., 2002); one year (Lipman, 2001); one to two years (Littlewood, 1992; Lendrum & Syme, 1992; Leon, 1990). On the other extreme grief is considered a lifelong state (Scully, 1985). In support Perschy (1997) states “we may never get over our grief” (p.3). Thus grief may last for months or years as indicated by Frude (1990). Going through grief work and ultimately accepting the loss does not imply losing the attachment from the lost loved one, the attachment remains.

Resolution of grief does not mean complete lack of pain, it will be diminished but occasionally some pain is experienced (Kalish, 1989; Bain, 2004).

2.2.5.5 Signs of resolution: Acceptance, as depicted in the different theories of grief and bereavement, is an important milestone. Besides the

different concepts of tasks and stages there are simple signs of resolution. The bereaved individual will have conquered challenges including adjusting to new roles, struggling with a new identity (Frude, 1990) and resumption of one's normal life including social aspect (Leon, 1990).

2.2.5.6 Signs that grief has not been resolved: Dersheimer (1990) describes a number of simple measures of identifying non resolution of grief. The following are some of them:

- Inability to speak about the deceased without experiencing intense and fresh grief
- A subsequent relatively minor loss triggers intense grief reaction
- Even when presenting with other health issues themes of loss come up
- Living in the past like retaining the room of the deceased unchanged
- Developing physical symptoms similar to that of the deceased
- Changing one's lifestyle radically as in cutting out one's friends completely
- Engaging in self destructive behaviour.

Criteria for clinically identifying non resolution and as well as different emotional problems due to non resolution will be further explored in subsection 2.2.7 which deals with Complicated Grief.

Not allowing self to feel the pain of grief impedes normal grief process (Leick & Davidsen-Nielsen, 1991).

2.2.5.7 Conclusion: Grief does not entail only negative aspects or always end in pathology but can offer the bereaved a new lease on life "inherent in the sadness of loss is the potential for emotional gain and a renewal contract with life" (Stern, 1985). Dealing effectively with the challenges of losing a loved one can make the bereaved a better person. This is supported by Kalish

(1989) and Cook and Oltjenbruns, (1989) who contend that the outcome of grief may be a positive growth experience for the bereaved who may literally be forced into maturity and self actualization, the bereaved may be motivated to find new meaning in life. Instead of bereavement being the end in itself, it should be regarded as a transitional period into the next phase of life (Frude, 1990).

What is important is what we do with the grief; the bereaved has to choose how life is going to be post bereavement. We do not choose bereavement or grief but we have a choice on how to deal with the grief (Attig, 2004). Not all bereaved individuals are capable of making this healthy conscious decision thus some bereaved employees may need intervention.

The bereaved employee obviously returns to work still within the acute grief state and will continue working through the pain of grief at the work place. Understanding the normal process of grief is important so that the bereaved employee is not unnecessarily referred for professional intervention but is offered support as needed.

2.2.6 Factors influencing the course and outcome of grief

Generally literature is in agreement that individuals grieve differently (Dershimer, 1990; Worden, 1991; Tousley, 2000; Rose, 2005; Wertheimer, 1991; Dent, 2005).

Several variables have been identified as mediators and modifiers of grief. The grief process is thus influenced by a number of factors. These variables are mostly categorized according to those related to the bereaved, the deceased as well as the death event. Included are also psychosocial issues like culture, religion, spirituality and rituals (Mantala-Bozos, 2003; Walsh et. al., 2002; Dalzell, 2005; Leick & Davidsen-Nielsen 1991; Romesberg, 2004; Mills, 2004;

Littlewood, 1992; Cook & Oltjenbruns, 1989; Dershimer, 1990; Worden, 1991; Muller & Thompson 2003). Each variable will be explored.

2.2.6.1 Some variables associated with the bereaved are:

Gender: To a certain extent men and women may exhibit varying degrees of grief reaction for example women reportedly tend to experience, and report more health difficulties than men following death of a spouse (Cook & Oltjenbruns, 1989; Cleiren, 1993). Neria and Litz (2003) citing a number of studies, maintain that widowers tend to show higher rates of mortality and depression than widows. In further support of this factor research has shown that bereaved women tend to adjust to the grief process better than males, (Stroebe & Schut, 2001).

There is no empirical evidence though that the intensity and duration of grief vary significantly. Thus intensity and duration may be the same in both sexes but shown in different ways and styles. Women may tend to focus on the lost individual for example, always thinking about the deceased, crying, whereas men may be able to distract themselves from grief related thoughts and look forward to the future and adjusting without the deceased (Dalzell, 2005). Men thus may be more Restoration Oriented and women Loss Oriented, in dealing with their grief (Dent, 2005) as suggested by the Dual Process model. Thus bereaved male employees despite not exhibiting overt grief reactions still need support and caring.

Age: Age of the bereaved is believed to affect the course of bereavement (Wayment and Kemeny, 2004; Dershimer, 1990; Cleiren, 1993; Worden, 1991; Cook and Oltjenbruns, 1989; Mills, 2004; Stewart, 1999). Younger age tends to predispose one to more difficulties for example younger widows seem to have more psychological problems as well as increased mortality than older ones (Cleiren, 1993; Cook & Oltjenbruns, 1989). The actual point on the

developmental cycle in one's life is also crucial; Dersheimer (1990) maintains that for example, to be bereaved during menopause for a woman or in early adulthood for a man leads to intensification of reaction process.

Effect of age is also supported by Mills (2004) who describes grief that maybe experienced by an adult child who has lost a parent as affected by factors like unresolved anger or bitterness whereas a child who loses a parent might feel a sense of being abandoned. Both would be grieving but focus is different.

Stewart (1999) further elaborates, stating that in sudden deaths, it is generally the younger widows that experience more intense physical and psychological symptoms during the earlier phases of grief process than the older widows. When age is combined with other contextual factors like manner in which the deceased died, this will have an additional impact on coping resources of the bereaved employee. Neria and Litz (2003) cite a number of studies which attest to fact that young adults tend to exhibit higher rates of grief symptoms and mortality as compared to older bereaved adults.

Management need to be aware of related factors so as to provide effective intervention and support.

Concurrent stressors: Being bereaved may be accompanied by other stressors like financial problems (Worden, 1991; Dersheimer, 1990; Cleiren, 1993), marital conflict, and disintegration of social support network (Dersheimer, 1990). Thus additional to primary problem of grief, the bereaved employee will be faced with secondary problems of grief. An employee may be failing to cope with the new role of being now a single parent. Over and above the caring attitude the bereaved employee may need practical support like referral to a financial advisor. The more concurrent stressors one has the more difficult it would be to cope with bereavement resulting in poor personal as well as work behaviour.

An existing health problem will negatively affect the course of grief (Wayment & Kemeny, 2004). Further more poor physical health is related to depression in bereavement, exacerbating the grief reaction. Prompt intervention is thus important for bereaved employees also known to be having health problems.

According to Cleiren (1993) the more intense the grief reaction, the worse is the effect on the bereaved individual's general health and this will further impede adaptation to the loss. The author further states that for an individual who enjoyed a fairly good health prior to bereavement, it is less likely that intense physical or psychological problem would be experienced following bereavement.

Social Support: Social support is an important determinant of resolution of grief (Dershimer, 1990; Cook & Oltjenbruns, 1989; Cleiren, 1993; Worden, 1991; Leick & Davidsen-Nielsen, 1991; Vanderwerker & Prigerson, 2003; Eytsemitan, 1998). It is the extent and quality of social support (Cleiren, 1993; Dershimer, 1990) that is important not merely availability. Support for the bereaved individual does not only entail emotional support but include practical and informational assistance with for example financial management, information on the grief process and how to deal with it, being offered psychological space to reflect on and practice ones cultural and spiritual beliefs, as well as being empowered with skills to cope with challenges of being bereaved (Dershimer, 1990; Cleiren, 1993). Implication is that support to the bereaved employee should extend beyond that offered by family and friends but even at work support is needed and should be available on a long term basis, not just up to the funeral day. Lack of support is related to complicated grief work and poor social functioning (Leick & Davidsen-Nielsen, 1991; Cleiren, 1993).

Perception of the bereaved employee about available support within the organisation is important as that will influence access. It is the management's responsibility to make employees aware of support available and offered to bereaved employees.

Eyetsmitan (1998) maintains that lack of support at the work place encourages development of stifled grief, that is, grief not allowed to run its normal course. Stifled grief leads to mental and physical problems affecting productively adversely. Vanderwerker & Prigerson (2003) in their study reached the conclusion that technology may be effective in providing support by connecting the bereaved to the outside world. The organisations can thus through Internet and e-mail make informational support available to the bereaved employee. The bereaved employee would be able to get support from web sites provided by professionals as well as other bereaved individuals. If the Internet would pose problems like abuse by non bereaved employees accessing other websites, Intranet could be provided dedicated to organisational related issues including bereavement.

Relationship and attachment to the deceased: It is to be expected that the quality, that is significance and closeness of the lost relationship with the deceased, would influence the intensity and duration of grief. The more closely attached and the more meaningful the relationship had been, the most likely that the reaction to grief would be intense (Cook & Oltjenbruns, 1989). This will affect how the bereaved will cope.

Unhealthy attachments like over dependence, ambivalent feelings of love and hatred, symbiotic relationship with mutual dependency (Leick & Davidsen-Nielsen, 1991; Worden, 1991; Dershimer, 1990) tend to lead to complicated grief. Leick and Davidsen-Nielsen (1991) further maintain that generally individuals in symbiotic relationships, where overly dependence exist, dread separation and when death occurs, the survivor fails to cope. Where feelings of

love and hate existed between the bereaved and the deceased and other people were aware of this, the bereaved may not get expected support as the lost relationship would be perceived as not important to the bereaved individual. This may be experienced by for example divorced individuals.

Avoidance of facing the contradictory feelings further complicates grief work. If the bereaved depended on the deceased for own sense of self worth, the loss would also entail loss of security. Worden (1991) maintains that also in such instances it would be difficult to cope. In normal attachment, feelings may be intense but are normally resolved and self-confident bereaved individuals are receptive to support from other people (Leick & Davidsen-Nielsen, 1991).

The nature of the relationship the bereaved had with the deceased is thus very important. Assumptions should not be flippantly made though, for example assuming that a bereaved employee known to be estranged from the spouse does not warrant lack of support from managers and co-workers. To the contrary the bereaved employee may in fact need a lot of support to deal with possible strong ambivalent feelings that would be evoked.

Kinship to the deceased: Who the deceased was also has an impact on the course of grief work. The bereaved employee might have lost a spouse, parent, child, sibling, relative, friend even a colleague. Worden (1991) maintains that grief intensity will not only be determined by who was lost but also by for example the strength of the attachment as well as conflicts that might have existed. Thus losing a grand parent is definitely felt and grieved differently from losing one's child in an accident.

Cleiren (1993) cites this variable as a major determinant of how the bereaved will adapt. The author further elaborates on the differences in adaptation rates observed in different kinship relationships, for example loss of a spouse is different from other family relationships as it is accompanied by loss of multiple

roles that had been played by the spouse. Spousal loss is further ranked the second most intensely experienced bereavement following child loss. The bereaved employee would not only have lost a spouse but part of her or his life too. The way of life is changed irrevocably. Child loss is considered the most painful. According to Leick and Davidsen-Nielsen, (1991) "... is like losing part of yourself" (p.77). At any age this is a painful loss and women mostly develop chronic grief from child loss.

The frequency of contact, reciprocal dependency, level of intimacy and mutual support will further determine the grief reaction (Cleiren, 1993). This has implication for policies like family responsibility leave. Should then a bereaved employee who has lost a parent with whom there had been no contact for years be granted the official leave days and an employee who has lost a very close cousin even a friend be denied such? Should then employees be given a chance of stating whom they consider as kinship?

Thus it is clear that to be related to someone "Relationship of attachment" does not necessarily lead to intense grief reaction and what is considered "Relationship of community" for example friends, colleagues may influence grief reactions (Eyetsmitan, 1998). It is the bereaved individual's emotional attachment that is important not necessarily who has died.

Personality variables: How individuals respond to bereavement is partially influenced by how they generally respond to stress and anxiety (Dershimer, 1990; Cook & Oltjenbruns, 1989). For example if stressors are usually handled with denial then even in grief denial might be perpetuated beyond the initial stages leading to complicated grief. Certain coping strategies are thus maladaptive in grief. A couple of authors cited in Neria and Litz (2003) identified rumination that is continued thinking about the deceased, as one of these. Even though emotion focused coping is generally considered as more effective than problem focused in grief work (Neria & Litz, 2003), the Dual

Process Model of Stroebe & Schut advocates for both to be used in order to resolve grief.

According to Worden (1991) an individual who is highly dependent, fails to express feelings, has problems forming relationships or presents with Borderline Personality, is most likely to experience Complicated grief.

Resilience also plays a role in coping with grief (Greeff & Human, 2004; Huertas, 2005). Resiliency implies ability to rise above extremely painful experiences and somehow regain ones equilibrium. What is mainly considered a crisis by most individuals, someone with resilience will consider such as a challenge. Ability to adapt is a sign of resilience and it involves psychological, physiological and behavioural characteristics (Huertas, 2005).

Having an internal locus of control that is being less controlled by external factors will assist a bereaved individual dealing with an unexpected death. An external locus of control will expose the bereaved into being overly influenced by all external factors resulting in overwhelming grief reactions. Perception of control is seen as playing an important role in influencing the form and course of grief (Neria & Litz, 2003).

Previous and multiple losses: The number of previous losses, their impact and extent of resolution will influence how the current loss is resolved (Dersheimer, 1990; Worden, 1991). The bereaved employee may have not effectively coped with a previous bereavement leading to unresolved issues in the current grief.

Experiencing more than one loss at a time, as it occurs in some motor vehicle accidents, family murders or suicides as well as experiencing many losses within a short period of time, usually overwhelms the bereaved. This phenomenon is referred to as "bereavement overload" (Cook & Oltjenbruns,

1989; Wayment & Kemeny, 2004). Such an individual is rendered physically and emotionally compromised as not enough time is available to deal with each bereavement event. Such bereaved employees warrant special attention as they may develop chronic grief reaction.

Contrary to the norm there are those bereaved individuals who despite the accumulated bereavement experiences, seem to experience personal growth (Dersheimer, 1990). The individual may completely change outlook towards life, in the process becoming a better human being.

Psychopathological problems may thus be caused by previous trauma or losses and affect current loss (Neria & Litz, 2003). The current loss of the bereaved employee should then not be considered as an isolated case, the employees must be considered in their totality of experiences.

2.2.6.2 Social variables: Culture, ethnicity, spirituality, religion and associated rituals have a role in the course and intensity of grief (Littlewood, 1992; Cook & Oltjenbruns, 1989; Kalish, 1989; Romesberg, 2004; Mantala-Bozos, 2003; Dalzell, 2005). Thus a bereaved employee's grief and bereavement practice is also partially determined by the cultural background. Dent (2005) maintains that across different grief models, cultural context and other mediating factors influence adaptation. Acceptance of the loss is related to the cultural and religious meaning attached to death (Dersheimer, 1990).

Culture and bereavement: Sue & Sue (1990) defines culture as "..... all those things that people have learned to do, believe, value and enjoy in their history. It is the totality of ideas, beliefs, skills, tools, customs and institutions into which each member of society is born" (p.35). How the bereaved employees behave, the expectations held on how they should be treated, for example social support, are significantly impacted upon by culture. Worden (1991) maintains that even the secondary gain from being bereaved is

influenced by ones culture.

The multiculturalism of bereaved employees implies that there are multitude ways of dealing and coping with grief, as well as different meanings attached to death and grief. Such multiculturalism should be incorporated in to the bereavement policies of organisations.

Grief is expressed differently by different cultures (Dalzell, 2005; Mantala-Bozos, 2003). For example in many non-western cultures expression of grief is found to be more physiological (Dalzell, 2005) that is, the bereaved tend to present with bodily symptoms. Culture also affects the duration of the grief process, for example the author cites a study on Native American Indians whose normal grief process last for four days. Beyond that no signs of grief are expected by that society. In some societies therefore expression of grief is not encouraged but the outcome might be adversely affected (Mantala-Bozos, 2003).

What is considered appropriate or inappropriate behaviour during bereavement is prescribed by culture (Cook & Oltjenbruns, 1989). Romesberg (2004) though cautions against assuming that everyone within a particular culture ascribes to all the culture's death and bereavement ideals. Even though personal grief reaction is affected by culture, individual differences should be expected as individuals even with similar culture are still unique.

Since culture evolves, so do cultural practices related to bereavement. Bereavement policies of organisations should thus also accommodate for such within reasonable boundaries. What is crucial for policies is to show respect for the bereaved employee's cultural beliefs.

Ethnicity: Littlewood (1992) differentiates between ideological and behavioural ethnicity. "Behavioural ethnicity refers to the extent to which a person has

learned distinctive values, beliefs, and norms of an ethnic group....” (p76) and how these influence day to day interpersonal communication within one’s group and the larger social context. This may influence general expression of emotions, for example. Some individuals no longer adhere to their ethnic background and this should also be expected in bereaved employees. There should be no stereotyping then based on the employee’s ethnic background in relation to bereavement policies. Dershimer (1990) maintains that some rituals within particular ethnic groups have a positive effect on the outcome of grief. Sue & Sue (1990) further elaborate stating that ethnicity together with culture, race and gender impact on one’s communication style. Thus how bereaved employees feel and let those around them aware of their pain and needs will be influenced by their ethnical background.

Ideological ethnicity refers to those customs and beliefs which may be adhered to on certain occasions and do not necessarily affect one’s day to day functioning (Littlewood, 1992). A bereaved employee may not necessarily adhere strictly to ethnical practices on a daily basis but when death occurs may feel obliged to practice some ethnic bereavement ritual. If not for himself this might be done to show respect to the deceased loved one.

In South Africa with the resurgence of asserting one’s identity, which may also include one’s ethnicity, some individuals are adhering more to their ideological and behavioural ethnicity. Organisations should be ready to review their bereavement policies accordingly.

Rituals and Ceremonies: Rituals and ceremonies will require that the bereaved employee be offered time off. According to Cook and Oltjenbruns (1989) they are important as they “promote the recognition of the death and allow a particular degree of emotional release” (p.59). Not only do they offer the bereaved time to grieve openly but allow for family and friends, including co-workers to offer support in a culturally accepted way. Littlewood (1992)

defines rituals as “symbolic affirmation of values by means of culturally standardized utterances and actions” (p.21).

The funeral is an important ceremony where rituals, that is certain practices, are performed (Barfield, 1997 cited in Lobar et al., 2006). The wake, communal prayer and funerals are just some of the ceremonies held. Organisations usually provide leave to bereaved employees, whether paid or unpaid (Eyetsemitan, 1998). These including memorial services also allow for managers and co-workers to offer their condolences and support to the bereaved employee and family.

Rituals and ceremonies offer time for praying, talking and reminiscing about the lost loved one and can either be celebratory or solemn in nature (Lobar et al, 2006) depending on the practised culture. Presence of representatives from the organisation can mean a lot to the bereaved employee and the organisation gains respect from the bereaved employee as well as the rest of the family and community. Their presence might be largely perceived as a sign of caring which would enhance the image of the organisation.

Nwoye (2005) maintains rituals carry more than just a symbolic meaning, but are therapeutic in nature, describing African rituals as “coherent and transformative” (p.147). The music and speeches provided assist the bereaved to adapt. Further more rituals reinforce group ties (Littlewood, 1992). Involvement of managers and co-workers in some of the rituals and ceremonies may thus strengthen the ties at the workplace.

Other bereaved employees may ascribe to rituals of wearing mourning clothes for a stipulated period which assist the rest of the community to identify those in bereavement and who due to that status thus deserve special attention, respect and psychological space. This is a sign of openly showing personal pain, loss and a silent message of asking for consideration from fellow human

beings. As pointed out by Terry (2000), rituals afford the bereaved freedom to grieve freely, expressing feelings in a safe manner and for a prescribed time. As long as it does not interfere with the organisation's culture or functioning, a ritual should be incorporated in the internal policies on bereavement issues.

After death rituals and ceremonies will differ depending on one's culture and degree of adherence. The funeral thus can not be considered the ultimate one in relation to leave days offered to the bereaved employee.

Lobar et al., (2006) maintains that a lot of similarities are present across cultures even though there are some other important differences. Should broad internal policies be drawn according to demographics of the employees, needs of the bereaved employees would be largely addressed.

Spirituality and Religion: Mantala-Bozos (2003) proposes that for effective interventions to be offered, both religion and culture should be considered as they are extremely important.

Religious rites related to death assist the bereaved to accept and to adapt to the loss (Leick & Davidsen-Nielsen, 1991). Grief at times is compounded by negative feelings like guilt and anger and one's spirituality assist in dealing with them (Mills, 2004). Further more Walsh et al., (2002) support these contentions as in their study they found a positive association between resolution of grief and strong spirituality. From an African perspective Nwoye (2005) contends that the "spiritual/systemic/interactional nature of healing in grieving" (p.149) is therapeutic. Thus by interacting as a group, providing support to the bereaved, healing will occur. The organisation can show its support by respecting and acknowledging the spirituality of the bereaved employee.

Individuals may belong to different religions but all possess a value system that influences or even dictates how they express grief (Romesberg, 2004). Since

the bereaved employee's grief is affected by spirituality, the organisation's policies should reflect insight into this issue.

The strength of the effect of spirituality and religion is further attested by findings in a South African study where the conclusion was reached that even individuals from different cultural backgrounds, if they share a similar Christian background, their attitudes and beliefs about dying are generally the same (Makgati & Simbayi, 2005). Considering that the majority of the employees belong to some religion, policies drawn would be acceptable to the majority of employees.

Religion together with culture then dictate how rituals and ceremonies are performed (Lobar et. al., 2006)

2.2.6.3 Variables related to the Deceased: These variables include:

Age of the Deceased: This has an influence on the course of grief (Muller & Thompson, 2003). Death of a child is considered the most emotionally traumatic experience (Cook & Oltjenbruns, 1989; Cleiren, 1993). Due to the fact that loosing a child is considered "premature or unjustified" according to Cook and Oltjenbruns (1989) the grief reaction tends to be intense resulting in complicated bereavement. A study cited in Stewart (1999) reached the conclusion that age factor was the single most effective variable in influencing the process of bereavement. Bereaved parents in organisations thus need a lot of support.

Loosing someone of your own age group may lead to a lot of introspection with questions like "How much longer do I have to live?" (Cook & Oltjenbruns, 1989). Grief process may be adversely affected by such questions which may pester someone who has lost a sibling or a partner for example.

Relationship of the Deceased to the Bereaved: According to Cook and Oltjenbruns (1989) if the deceased was very much emotionally close to the bereaved and provided support, grief reaction would be much more intense than when they had just spent a lot of time together without being emotionally close. Emphasis is on the emotional aspect. Naturally only the bereaved employees can tell how emotionally close they were with the deceased. Other people including the organisation can only assume closeness or lack of it.

Perceived similarity to the Deceased: The similarity may relate to either age or sex. A child who has lost a sibling or the same sex parent may feel vulnerable and grief reaction might be intensified (Cook & Oltjenbruns, 1989). The authors concede though that there is not much research in support of this view. Never the less the perceived similarity may force the bereaved to face reality of one's own mortality.

2.2.6.4 Factors related to the Death event. The circumstances surrounding the death have an impact on how the loss is perceived not only by the bereaved individual but also by the society at large. This affects the intensity of grief. It is ideal then that the organisation be aware of circumstances around the bereavement for effective support.

Naturalness: Loosing a loved one through unnatural courses like a car accident, murder or suicide has always been considered as influencing grief reaction (Cleiren, 1993; Cook & Oltjenbruns, 1989; Dersheimer, 1990; Leick & Davidsen- Nielsen, 1991; Worden, 1991; Stewart, 1999; Neria & Litz, 2003). Recently in support, Muller & Thompson (2003) also strongly suggests that how the deceased lost life greatly influences the grief process.

Death from cancer and other fatal conditions like heart attacks can be categorised as natural anticipated and natural unanticipated, respectively (Muller & Thompson, 2003). In cancer death could be expected but a heart

attack may just occur without prior problems identified. Death from natural causes is usually not associated with intense grief reaction unless there is additional factor of unseemliness as in death of a child dying from cancer.

Suddenness or Unexpectedness of the death: Though authors differ on the magnitude and duration of the influence of these factors, Cook & Oltjenbruns (1989) maintain that shock is more intensely experienced in a sudden death as opposed to conclusion from a number of studies (Cleiren, 1993) which reported only minimal impact on the grief process. Only when death is also untimely as in sudden death of a young person is influence of suddenness or unexpectedness significantly increased.

Preventability and Responsibility for the death: If death is perceived as one that could have been prevented, for example suicide, murder or car accident (Cleiren, 1993; Cook & Oltjenbruns, 1989) this may aggravate the intensity of the grief reaction. Depending on the perception of the bereaved, guilt feelings may be experienced with the bereaved thinking that the loved one would not have died if he or she had somehow intervened. Assigning responsibility for an unnatural death to a number of reasons or circumstances, referred to as the “ultimate responsibility” (Cleiren, 1993) is a futile exercise which unfortunately those bereaved through suicide may engage in. Stigma is a compounding factor in suicide and murder related deaths. HIV and AIDS carry even more stigma and intense guilt feelings.

For support to be effective managers and co-workers need to be aware of these variables as they can determine when the bereaved employee would function maximally at work again.

2.2.7 Complicated Grief

Grief is a normal process but in some instances grief reactions may be abnormal or unusual in terms of intensity, duration and presentation. Many terms have been used to refer to complicated grief, for example, extraordinary (Dersheimer, 1990), traumatic (Wagner et al., 2005) and pathological (Cook & Oltjenbruns, 1989; Corr et al., 1997; Leick & Davidsen-Nielsen, 1991; Spiegel, 1977; Worden, 1991). Pathological grief is rather an old term as evident from the literature. Cook and Oltjenbruns (1989) maintain that what differentiate normal grief from complicated grief are the duration and the intensity of reactions. Even though Neria and Litz (2003) call for differentiation between traumatic grief that is due to tragic circumstances like murder, from complicated grief, in this study traumatic grief is considered part of complicated grief.

Complicated grief is defined as a deviation from the cultural norm in the duration or intensity of grief (Wagner et al., 2005), maladaptive extensions of normal bereavement (National Cancer Institute, 2002), remaining dysfunctional in intense grief (Prigerson, 2005), intensification of grief to the level where the individual is overwhelmed, engages in maladaptive behaviour remains in a state of intense grief without progression towards completion (Horowitz, 1980 cited in Worden, 1991). According to Lipman (2001) grief lasting for more than a year or that suddenly becomes worse after a year is complicated. Some bereaved employees will thus be overwhelmed by grief and fail to move on and adapt to their loss.

Nwoye (2005) contends that pathological mourning is a rare phenomenon in Africa due to practice of “coherent and transformative rituals of mourning” (p.147). On the other hand Opperman and Novello (2006) accept that complicated grief exist in South Africa as they only criticise “dearth of South African literature on complicated grief in general and on the contextual

dimensions of complicated grief in particular” (p.375).

Normal grief will normally affect functioning of the employee even if it would be temporal. On the other hand complicated grief will have more adverse impact on the bereaved employee thus it must be identified early or better still be prevented. Even though identification would be done at the workplace, management of complicated grief is conducted by professionals. Management, Human Resource personnel and to a lesser extent employees need to be aware of this possibility.

Symptoms and types of complicated grief, how it may be identified and risk factors will be briefly explored.

2.2.7.1 General symptoms of complicated grief: Symptoms of intrusions like always thinking about the deceased, avoiding thinking about the deceased at all or avoiding other people, and simply failing to adapt completely to the state of being bereaved characterise complicated grief (Wagner et al., 2005). The following include some of the reactions mentioned in literature:

- Preoccupation with sorrow and regrets concerning the lost loved one
- Rumination and inability to concentrate on other things which may include work
- Sense of disconnection from those to whom one was close before the bereavement, which could include co-workers
- Recurrent intrusive thoughts and distressing thoughts about the loss
- Inability to move on beyond the very intense feelings initially experienced following the loss (Prigerson, 2005)
- Inability to talk about the deceased without experiencing intense and fresh grief, years post bereavement
- Intense grief reactions set off by a minor incident
- Stuck up in the past for example not willing to move the deceased

clothes, at work one may keep the deceased photo on the desk

- Radical changes in one's life following a loss
- Presenting with depression with persistent guilt and lowered self esteem
- False extreme happiness following bereavement
- Compulsion to imitate the deceased, identification with deceased
- Self destructive behaviour
- A phobia, which is irrational fear about the illness that caused the death of the loved one
- Developing physical symptoms or unaccountable sadness for example around the anniversary of the death or times spent together like holidays (Worden, 1991 citing Lazare; Cook & Oltjenbruns, 1989)
- Violence directed towards others
- Inability to remember the deceased
- Loss of contact with reality
- Idealization where one may only remember the good that was done by the deceased to the detriment of relationship with other survivors
- Identification with the deceased where the bereaved will present with symptoms or behaves in a similar manner to the deceased before death (Cook & Oltjenbruns, 1989)
- Remaining continuously shocked
- Inability to let go
- Completely helpless and unable to seek help from others (Spiegel, 1977)
- Increased duration of presenting symptoms
- Increased disruption of psychosocial functioning
- Intense suicidal thoughts.(National Cancer Institute, 2002, citing Rando)

2.2.7.2 Diagnosis: As seen above a number of reactions may be a sign of complicated grief. But in order not to classify every bereaved individual as presenting with complicated grief a couple of guidelines have been formulated

including the initial one by Horowitz and associates (Wagner et al., 2005; Neria & Litz, 2003) and the one by Prigerson. Prigerson (2005) stresses that the symptoms should last for a period of six months irrespective of when they occur for complicated grief to be diagnosed.

Criteria for diagnosing complicated grief: Three (3) of the following seven (7) symptoms

A. Intrusive symptoms:

1. Unbidden memories or intrusive fantasies related to the lost relationship.
2. Strong spells or pangs of severe emotion related to the lost relationship.
3. Distressingly strong yearnings or wishes that the lost one was there

B. Avoidance symptoms and failure to adapt:

4. Excessive avoidance of people, places, or activities that remind the person of the deceased.
5. Lost interest in work, social, caretaking, or recreational activities to a maladaptive degree

C. Failure to adapt:

6. Feelings of being far too much alone or personally empty
7. Unusual levels of sleep disturbances

D. Diagnosis at least 14 months post loss (Horowitz, Siegel, Holen, Bonanno, Milbrath & Stinson, 1997)

Even though Neria and Litz (2003) fault the above criteria for failing to differentiate the unique consequences of loss by traumatic means and thus pathologize grief reactions too much, the criteria does though serve the purpose of identifying complicated grief despite the circumstances surrounding the death.

Following, is an alternative criteria that may be used (Prigerson, 2005):

Criterion A

1. Chronic and persistent yearning, pining, longing for the deceased
2. Daily intrusive and disruptive sense of heartache

Criterion B

The bereaved should have four (4) of the following seven remaining symptoms at least several times a day or to a marked degree.

1. Trouble accepting the death
2. Inability to trust others
3. Excessive bitterness or anger related to the death
4. Uneasy about moving on
5. Numbness/detachment
6. Feeling life is empty or meaningless without the deceased:
7. Agitated

Criterion C

Disturbance (symptoms listed) must endure for at least six months

Criterion D

Disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.

It is very important for each individual to be aware of these symptoms as in a study with associates the author concluded that it is very rare for those with complicated grief to consult either mental or physical health professionals (Prigerson, 2005). Even at the work place it is thus the co-workers and managers who might identify a bereaved employee struggling with coming to terms with loss of a loved one.

Whether symptoms are experienced at work or away from work productivity may still be adversely affected. Organisations will thus gain from prompt identification and management of complicated grief by referring them to professionals.

2.2.7.3 Types of Complicated Grief: Complicated grief includes delayed, inhibited or distorted, avoided, absent or masked grief reactions, exaggerated expressions of grief and conflicted (Cook & Oltjenbruns, 1989; Corr et al., 1997; Dersheimer, 1990; Frude 1990; Leick & Davidsen- Nielsen, 1991; Vickers, 2006; Worden, 1991). According to Prigerson (2005) six months post bereavement some improvement should be noticed with the individual beginning to move on with life. The situation at work should thus also be normalising, if this is not happening the bereaved employee might be developing complicated grief.

Chronic or Prolonged grief: This type is considered the most common (Dersheimer, 1990 citing Parkes and Weiss). The prolonged grief reaction does not reach resolution as expected and the individual is aware that he/she is not coping well (Corr et al., 1997, Worden, 1991). The bereaved may exhibit normal grief but does not recover, may behave as if the deceased will return

(Littlewood, 1992), for example may leave the deceased room unchanged, practising "mummification" (Cook & Oltjenbruns 1989:73). Not only will the grief period be prolonged but reactions will also be unusually intense, lasting beyond one to three years which is largely considered normal (Cook & Oltjenbruns, 1989). According to Worden (1991), the bereaved may still show anniversary reaction ten years or more post bereavement. Frude (1990) maintains that the more intense the reactions are in the early stages of grief the most likely that the individual might present with chronic grief. Certain deaths like that of one's child tend to be difficult to resolve and can thus lead to chronic grief (Dershimer, 1990). Having the full history of the bereavement can alert managers and co-workers to those at risk.

Delayed grief reactions: Reaction to the loss occurs some time following the loss, no grief is showed but later another loss may trigger more intense grief (Cook & Oltjenbruns, 1989). Worden (1991) maintains the emotions might have been present but not sufficient for the loss. The bereaved individual may just be postponing expression of grief with the loss acknowledged at an intellectual level but not emotionally (Littlewood, 1992). There might be a lot of emotions when telling the story of the loss (Leick & Davidsen-Nielsen, 1991). Management and co-workers should thus be aware of such reactions and not commend a colleague for being strong when the person is simply not coping.

Inhibited or Distorted and Avoided: In inhibited grief the reactions are toned down or turned off, with the bereaved failing to deal with grief work effectively (Dershimer, 1990). This inhibited or suppressed grief (Corr et al., 1997) may later surface. A number of factors may lead to inhibited grief including a succession of losses, cultural norms that demand self control and conflicting feeling towards the deceased (Spiegel, 1977). The individual is unable to express emotions like fear and death which is not accepted (Dershimer, 1990.) Despite extreme self control grief will manifest in physical symptoms like headaches and digestive problems for example ulcers (Cook & Oltjenbruns,

1989). The bereaved employee may thus, following bereavement, frequently present with physical symptoms some times warranting sick leave.

When extreme reactions like intense anger and overwhelming guilt are experienced accompanied by suppression of other grief reactions, distorted grief is being experienced (Dersheimer, 1990).

In avoided grief the bereaved individual just exhibit few emotions (Leick & Davidsen-Nielsen, 1991).

In all of these types the bereaved is not facing the reality of the loss. For resolution to occur such a bereaved employee would need to be assisted by a professional mental health worker.

Absent or masked grief: The bereaved individual will present with complete lack of grief (Corr et al., 1997). The total absence of grief is more serious than delayed grief as well as less common (Dersheimer, 1990). Littlewood (1992) points out though that some individuals simply do not grieve over some deaths. It would thus be serious if it leads to dysfunctional behaviour later on. Thus some employees will be bereaved and yet neither experience normal or complicated grief.

Exaggerated grief reactions: Corr et al., (1997) describe this type as “excessive and disabling” (p.247) and tends to involve a lot of irrational fear. Such grief reaction usually leads to mental disorders with excessive depressive and anxiety symptoms (Worden, 1991). A couple of the defining symptoms include engaging in activities detrimental to one’s own social and economic wellbeing and drastic changes to relationships one had with friends or relatives (Lindemann cited in Dersheimer, 1990). Since the bereaved is rendered dysfunctional, the bereaved employee’s productivity is adversely affected.

Conflicted grief: Seen in those bereaved from difficult relationships like those from ambivalent relationships (Frude, 1990) with love and hatred. There is a lot of self blame and regret involved. Mediating factors in determining the course and intensity of grief have been extensively covered, below only the most salient factors will be mentioned.

2.2.7.4 Risk factors: There are a number of factors that predispose the bereaved to develop complicated grief, The main ones are: relationship between the bereaved and the deceased, for example highly dependent relationships; circumstances surrounding the death, for example multiple loss or traumatic deaths like murder; personality of the bereaved, for example perceiving self as a strong person; and social factors as in lack of social support (Littlewood, 1992).

A South African study by Opperman and Novello (2006) supports above factors. “Socio-environmental” factors like poverty, stigmatized deaths like suicide and HIV/AIDS, lack of support from community; “family related” issues like dysfunctional attachment styles, family norms of dealing with grief by suppression, absence of family support; and “personal context” issues like mode of death, relationship to the deceased and expecting no support (p.386) may make it difficult for the bereaved to deal with grief effectively. Lack of cultural support and understanding may also be source of complicated grief according to the authors, a fact also supported by Dershimer (1990).

Literature (Opperman & Novello, 2006; Prigerson. 2005,) cite the nature and abnormal intensity of the relationship, like an overly dependent relationship to the deceased, as the most important determinant of complicated grief. Neria and Litz (2003) though cautions against assuming that just because one has lost a family member or any other relationship assumed to be close like a partner, then complicated grief could develop, but more important is the

consideration of the “meaning and the implication of the loss for the individual” (p.83). This could have implications for the workplace bereavement policies, for example should an employee who has lost a very close co-worker or friend be considered at risk of developing complicated grief? Such an employee may deserve more attention than other co-workers who would have also lost a colleague.

2.2.7.5 Disenfranchised Grief: Doka (Beder, 2004; Corr et al., 1997) coined this term, referring to bereaved individuals who cannot openly acknowledge their loss and grief as society does not rate some losses as warranting grief or support from others. The nature of the death for example from HIV /Aids or miscarriage or relationship like a friend or co-worker can thus prejudice the bereaved. Some lifestyles are difficult for the community to accept like homosexual relationships and thus a person who loses a partner from such a relationship may not get the support that is usually offered the surviving partners. Beder (2004) explains that the bereaved “may be denied the right to grieve, may be denied the social support essential to overcome their loss, and may be deprived of the social validation needed to heal” (p386).

Employees bereaved from such conditions can thus develop complicated grief due to lack of support. Allowing a bereaved employee to attend the funeral of a deceased close co-worker can alleviate development of complicated grief. Bayley (2005) maintains that rituals like funerals are therapeutic and impact on the grief process. The effect is positive as it enhances resolution of grief.

Complicated grief is not the only complication that could follow bereavement. Some bereaved individuals develop mental health problems which will be discussed in the next section. Prigerson (2005) points out that the most important task in helping the bereaved is to determine whether the reaction is within the realm of normal grief or not.

2.2.8 Grief and Special Conditions

2.2.8.1 Grief and special losses: Bereavement normally leads to grief but there are those circumstances which tend to generate more intense reactions than others. Some deaths are simply more painful than others; these include being bereaved from suicide, murder, sudden deaths, multiple losses, child loss, perinatal deaths, partner and parental loss (Cook & Oltjenbruns 1989; Hajiyanis & Robertson, 1999; Hinton 2003; Littlewood, 1992; Frude, 1990; Leick & Davidsen-Nielsen, 1991; Leon, 1990; Moorhead, 2000; Purves & Edwards, 2005; Santos & Balk, 1998; Stewart, 1999; Wertheimer, 1991; Worden, 1991).

Being bereaved from suicide, murder and car accidents is considered a traumatic bereavement (Neria & Litz, 2003; Wagner et al., 2005; Stewart, 1999) which tends to development of complicated grief. Further more being bereaved from suicide and murder carries a social stigma resulting in disenfranchised grief as the bereaved will not get the necessary support which is readily available to bereaved individuals. Other special losses that tend to result in Disenfranchised grief are Aids related bereavements, miscarriages, peri and neonatal deaths (Parachin, 2006; Cook & Oltjenbruns, 1989; Worden 1991); bereaved fathers (Hinton, 2002; Badenhorst, Riches, Turton & Hughes, 2006) and friends (Wayment & Kemeny, 2004; Eyetsemitan, 1998; Litchman, 2001).

At the work place those employees bereaved from these special conditions warrant special attention and support. Each special loss will be briefly explored, highlighting unique characteristics.

2.2.8.2 Suicide: Loosing a loved one from suicide is one of the most painful experiences that some individuals unfortunately have to endure. This is supported by Leick and Davidsen-Nielsen (1991) as they state "The suicide of

a close relative is one of the most difficult losses to get over“ (p.69). How the bereaved deals with the grief work will also have much to do with the meaning attached to the traumatic incident (Hajiyiannis & Robertson, 1999), thus it might not only be suicide of a close relative, but would depend on how close the bereaved perceived the relationship between self and the deceased.

Suicide is not only sudden and mostly unexpected; it comes with feelings like guilt and shame and occurs in a context of difficult relationships (Frude, 1990). Fear and rejection may also be experienced (Worden, 1991). Wertheimer (1991) further maintains that unique characteristics of suicide bereavement are intense and long-lasting feelings of guilt and anger. Cook and Oltjenbruns (1989) also support this view stating “persons who grieve as a result of the suicide of a loved one experience emotions that are somewhat different than those triggered by death due to natural causes” (pp.64-65).

If the bereaved thinks s/he should have done something to prevent the suicide; guilt will be very prominent, on the other hand the bereaved may be angry for having been rudely cast off by the deceased (Leick & Davidsen-Nielsen, 1991). The feelings may thus be directed towards the deceased or towards self. With such strong and at times contradictory emotions, such a bereaved employee needs professional intervention to cope. Support from fellow employees is also very important during this difficult time, unfortunately stigma and awkwardness usually associated with suicide (Cook & Oltjenbruns, 1989) can deprive the bereaved of this much needed support.

2.2.8.3 Murder: This is another sudden and traumatic loss which may further be rendered more traumatic by factors like age of the deceased and gruesomeness of the act, thus murder of a young person or worse a child in a violent manner would lead to more intense reaction on the bereaved. Most murders happen within families (Leick & Davidsen-Nielsen, 1991) which further complicate grieving as the bereaved might also be related to the perpetrator.

The bereaved may experience a lot of conflicting emotions and will need a lot of support from neutral individuals like fellow employees. Believing the death could have been prevented, searching for reasons for the murder and feeling stigmatized; complicates the grief work (Cook & Oltjenbruns, 1989).

Like other sudden deaths, murder involves special features like; sense of unreality, exaggerated guilt feelings, need to blame someone, sense of helplessness, involvement of medical and legal authorities, sense of unfinished business and an urgent need to understand why it happened (Worden, 1991).

The employee who has been bereaved from suicide or murder is in a crisis and needs urgent and professional intervention over and above the support offered a normally bereaved employee.

2.2.8.4 Multiple losses: Some individuals experience more than a single bereavement episode for example in car accidents where more than one family member might die or bereavement is experienced in close succession. In the clinical setting such individuals have been found to be presenting with complicated grief. This is supported by Leick and Davidsen-Nielsen (1991) who maintain “if a person suffers a number of serious losses within a short time, the process always becomes complicated” (p.72). The bereaved employee will not have enough time then to deal with each bereavement with its unique loss and grief work. The grief then becomes accumulative. Such bereaved employees need to be referred for professional intervention.

2.2.8.5 Child Loss: Loosing a child is considered the most painful. According to Leick & Davidsen-Nielsen (1991) “is like loosing part of your self irrespective of age of the child” (p.77). Initially pain is deep, inconsolable but eventually it becomes more bearable (Hinton, 2003) and it is difficult to accept, we do not expect our children to die (Klaas, 1989). Clearly loosing a child is one of the most devastating experiences, the parent is never the same

following such a loss, life is simply not the same.

Resolution of grief following child loss is difficult and while the bereaved parent mostly wants to talk about the loss, other people are uncomfortable as they do not know what to say or worse they could mistakenly think the loss does not deserve much grief as in a miscarriage. The bereaved employee would thus be emotionally and psychologically drained and this would affect functioning not just socially but also at work. Phases of grief work which normally last for a short period may last longer for example numbness may last for weeks, affecting decision making (Hinton, 2001) which would affect productivity at work adversely.

Bereaved parents present with what Klass (1989) called "shadow grief" (p.153), a grief that never ends; one carries the pain of the loss for the rest of their lives. Grief work will further be complicated by the mode of death, for example a murdered child will elicit even more pain. Such a bereaved employee needs support at work as at home other family members will also be dealing with their own grief.

Some parents lose their children very early in life, even before they are born, thus unique characteristics of these losses will also be briefly explored.

2.2.8.6 Perinatal Loss: This includes miscarriage, stillbirth and neonatal death which refers to death of a baby during the first four weeks of life (Leon, 1990; Romesberg, 2004). It is not appropriate to simply expect the bereaved to move on with life as losing an infant is devastating (Romesberg, 2004) and unspoken hopes and expectations invested in that child remain irretrievably lost (Mander, 1999). Just as in older children's deaths resolution is difficult but in these losses it might also be further complicated by lack of concrete memories, self blame, and sense of failure (Romesberg, 2004). The meaning of the loss and the psychological pain in these losses is vividly expressed by

Leon (1990) thus: "A specific person who can never be replaced has died A part of oneself, an embodiment of the future and the best one has to offer has died as well" (p.26). Such pain lingers on in one's life and support is very important. Some issues to consider here are discussed below.

Miscarriage: Many people do not recognise a miscarriage as a serious bereavement (Parachin, 2006) which may result in disenfranchised grief at the work place as mostly the woman would be supported by only family and friends. Statements like "you will get another child" or "it was not a baby yet" are very painful to the mother. By not recognizing the loss even the grief of the mother will not be acknowledged. The loss for the mother is two fold, it involves "the loss of a baby who will never be born and also the loss of a dream for what the child would have become" (Cook & Oltjenbruns, 1989). The bereaved mother may be anxious over whether she would ever be able to have other children (Mander, 1999).

People tend to focus on the health of the woman who has miscarried and her grief is forgotten or minimized (Worden, 1991). Supportive measures include: assuming that a significant loss has occurred, offering condolences-personally or in writing, avoid comments that minimize the significance of the loss, discourage self blame, and support her need for rituals (Parachin, 2006). Make the bereaved parent feel it is fine to grieve the loss, as Moorhead (2001) advises that the bereaved parent may not be sure how socially correct or accepted it is to mourn a miscarriage and a woman may blame self feeling she is a failure.

Another compounding issue is that there might be a lot of blaming between the parents (Worden, 1991). Due to lack of understanding that each person reacts to grief differently, one might think the other does not care enough. Mother's grief appear to be more intense and take longer to resolve (Frude, 1991), but this does not mean men do not experience the pain of grief, they do.

A parent who has lost a child through miscarriage needs others to acknowledge that a human being has been lost, as pointed out by Santos & Balk (1998) babies are considered real the moment a pregnancy is known and attachment does not begin at birth (Leon, 1990).

Abortion: An abortion, that is the deliberate termination of pregnancy, is a tragic personal incident irrespective of the underlying cause. It might be traumatic as following a rape, for medical reasons as when the life of the mother is seriously threatened or out of choice. It tends to always carry a social stigma and society does not sanction such bereavement thus the bereaved deals with the pain in isolation. Even in countries like South Africa where abortion out of choice is allowed by law according to the Choice on Termination of Pregnancy Act 92 of 1996 as amended by Act 38, 2004 (Republic of South Africa, 2005; National Progressive Primary Care Network, 1997) empathic support for the mother is mostly lacking.

Some women do experience grief which may be dominated by guilt, sadness, anger and yearning for the lost baby (Cook & Oltjenbruns, 1989) and regret. A grieving parent in the case of abortion, especially the mother will be dealing with a lot of issues leading to psychological turmoil thus it is essential to consider what Beder (2004) calls “understanding of the attendant struggles and challenges imposed at their stage and age of development” (p.385). An organisation employing a lot of young people need to be empathic to their stage of development with all the challenges entailed.

At work a bereaved employee can only be supported if the incident is reported which is very unlikely due to the stigma attached. Abortion is thus part of disenfranchised grief.

Stillbirth and Death of a Newborn baby: Whether a child is born already dead or survives for only a few hours or days, the loss is real for the parents. Generally society perceives such losses as not important as they think the parents have not had time to interact and get attached to the child (Cook & Oltjenbruns, 1989). This leads to disenfranchised grief due to lack of support. Worden (1991) stresses importance of acknowledging that the parents have sustained a real loss and hinting about possibilities of future pregnancies is discouraged as it trivialises the loss.

Reaction include fear; of future pregnancies, of effect on the relationship, of being a failure; guilt and self blame (Worden, 1991), depression and rage (Kalish, 1989). The loss may result in prolonged Depression and PTSD (Hughes, Turton, Hopper & Evans, 2002). The sheer complexity of the relationship between the parent especially the mother and the lost child makes grief work very complicated. Support for such a bereaved parent is crucial.

2.2.8.7 Sudden infant death: This is considered one of the primary causes of death for infants between a week and one year old (Cook & Oltjenbruns, 1989). What is painful about these deaths is that an infant who was apparently healthy suddenly dies with no identifiable cause, it is only speculated that death is due to choking or suffocation (Worden, 1991). Due to the unnatural death cause there are legal implications as in suicide and murder, which further complicate the grief process.

The bereaved parents are plagued with guilt and self blame due to a lot of unanswered questions (Worden 1991). Worse still, instead of support the parents may be suspected of child abuse, compounding the grief work. Such a death also cause a lot of conflict between the parents, what is needed is for them to be empowered with the knowledge that this is a medically recognised problem and they are not being blamed for the death (Frude, 1990).

Intervention offered at work might be the only support available to the bereaved employee.

2.2.8.8 Men and grief: Focus of research has always been on grieving mothers or difference between mothers and fathers in stillbirth and neonatal deaths, with not much focus on the impact on the father (Badenhorst, Riches, Turton & Hughes, 2006). Fathers also do grieve (Worden, 1991) as also pointed out by Scully (1985) thus: “when a man’s child dies, the emotional pain is overwhelmingHis identity as a protector and provider is shattered” (p.96). Men do not only grieve for older children but also for their stillborn babies (Leon, 1990) the difference might be that the grief may appear less intense but long lasting with less of the guilt and depression usually present in the bereaved mothers.

It is thus very important that male employees are also effectively supported at work to prevent disenfranchised grief, it is wrong to assume that men do not grieve. Men may deal with the pain by working too hard and by withholding the pain which make others to mistakenly think they do not care enough (Hinton, 2002) but they do and time will come when they will have to face their grief straight on and they will need support and understanding of their pain.

Men have been raised to be protectors and to be strong thus they may put their grief on hold or grieve privately in an attempt to be strong for their partners Frude (1990) and they tend to find it difficult to express the pain of grief (Lendrum & Syme, 1992). Bereaved fathers in stillbirth may develop Post Traumatic Stress Disorder (Badenhorst et al., 2006) thus they should be considered as a risk group.

Despite the influence of culture and what has become socially accepted about grief and men, that they do not grieve and thus do not need support (Cook & Oltjenbruns, 1989), Scully (1985) maintains “a man’s grief and mourning is to

be expected, encouraged, and listened to” (p.99). The workplace could be the only neutral place where a bereaved father may get the needed support.

2.2.8.9 Death of a Partner: Loosing a partner is more than loosing a wife, husband, girlfriend or boyfriend as a single death entails multiple losses (Lendrum & Syme, 1992), thus one may grieve for simultaneously loosing a friend, lover and co-breadwinner. The roles that were played by the lost partner are lost and one might have to be both mother and father to the children which would be an additional challenge to face.

Some react by withdrawing from possible sources of support (Stern, 1985) which makes it difficult for those willing to support the bereaved. Such behaviour may be mistaken for coping well with the loss. Loss of a spouse (Cook & Oltjenbruns, 1989; Demi, 1989) is very stressful. It is compounded by among others: apathy, loneliness, practical problems like financial problems and change of the relationship with the in-laws (Demi, 1989). Such a bereaved employee needs a lot of practical support to cope.

Resolution which may take a year is not only influenced by age alone, mode of death alone or gender alone (Demi, 1989) but the relationship with the deceased, how it has been since the death (Dershimer, 1990) also impact on the grief process. Giving the bereaved the needed support could assist a great deal and the individual would be able to function even better at work.

2.2.8.10 Loosing a parent: Death of a parent is painful irrespective of the age of the deceased or the bereaved, thus just because the employee is middle aged and has lost an elderly parent, it must never be assumed that grief will be less experienced. This used to be considered the most common loss experienced in middle age (Moss & Moss, 1989), but considering the scourge of HIV and Aids, the middle aged employees might be faced mostly with death of their young adult children.

Grief is experienced differently, whilst a child would feel abandoned by the deceased parent an adult child might be dealing with unresolved issues with the deceased parent, resulting in anger or indifference, for example (Mills, 2004). When grief is complicated by such strong negative feelings, including ambivalence and unhealthy attachments (Jansen, 1985), professional intervention might be indicated as the bereaved may fail to reach forgiveness on his own and resolution of grief would be compromised.

Organisations employing a lot of young adults like student nurses in hospitals need to be prepared to support bereaved young people who may even lose both parents within a short period of time. Losing the second parent may evoke unresolved feelings from the first loss (Moss & Moss 1989). The young person who may just be past adolescence may be having other concurrent stressors (Dersheimer, 1990) for example forming new relationships and developing an independent life (Balk, 1998).

Even though pathological responses to death of a parent are rare (Moss & Moss, 1989) they may occur, thus organisations must be prepared to assist the bereaved young employee.

2.2.8.11 Death of a friend: When a family member dies support is readily available but when a friend is lost that does not happen as such a loss is not socially sanctioned by societal rules to be deserving of grief and thus support. Doka referred to such unsupported bereavement as disenfranchised grief (Beder, 2004; Eyetsemitan, 1998). Even research has focused less on the grief process following death of a friend (Wayment & Kemeny, 2004). Also at the workplace such a loss is not considered to be as serious as losing a family member but the fact is, individuals do grieve for their close friends.

The funeral is one of the most important rituals which will assist the bereaved to accept the reality of the death (Bayley, 2005) and to move on with life without the deceased. For the organisation to allow a bereaved employee to attend a friend's funeral would assist in the resolution of grief but further more offering support available to other bereaved employees would assist the employee to cope better with the bereavement. Any bereaved employee who needs intervention should be provided with it to ensure continued productivity at work.

Individuals do not only form strong attachments to family members but to friends too thus kinship should not be the only guideline for offering compassionate leave and support.

2.2.8.12 HIV and AIDS - related grief: Many employees loose their loved ones from HIV and AIDS related conditions. Alarming statistics are cited in medical research reports, for example it has been estimated that by 2010 in South Africa as many as 5 to 7 million people would have died from HIV and AIDS related conditions (Dorrington, Bourne, Bradshaw, Laubscher & Timaeus, cited in Freeman, 2004). Due to stigma still attached to this condition (Opperman & Novello, 2006) the bereaved may not receive the deserved support resulting in disenfranchised grief. Employees who have lost partners might be faced with the additional burden of dealing with the reality of their HIV positive status and might also present with psychological problems like Depression (Cook & Oltjenbruns, 1989; Freeman, 2004; Wayment & Kemeny, 2004). Further more the bereaved may have a sense of rejection and isolation (Cook & Oltjenbruns, 1989) which may further be a barrier to any support which could be forthcoming from others.

A bereaved partner in a heterosexual relationship is likely to experience disenfranchised grief but this would be worse in a homosexual relationship as the relationship is largely not sanctioned by society (Beder, 2004). In support

Satterfield, Folkman, & Acree, (2002) state that grief reaction is likely to be more intensified in homosexual relationships that are not legally recognised with the additional stigma of AIDS. In South Africa even with the recent legislation, the Civil Union Act 17 of 2006 (Republic of South Africa, 2006) which solemnise civil unions through marriage or civil partnership between persons of the same sex, stigma is still rife.

Organisations should provide equal support to all its bereaved employees irrespective of sexual orientation or cause of death. Since such a bereaved employee may present with Complicated Grief, professional intervention might be strongly indicated. There should be no “hidden grievers” (Kasiram, Partab & Dano, 2003) that is, bereaved employees who feel ashamed of having been bereaved by this condition and thus feel unable to grieve openly. Only caring support can contain a grieving employee with extraordinary circumstances as being bereaved from HIV and AIDS.

2.2.8.13 Risk factors: Some risk factors have been identified as impacting on the bereavement; this is over and above the mediating factors already discussed. These include the following:

Mode of loss

- Sudden or unexpected losses for which people are unprepared
- Multiple losses
- Violent or horrific losses
- Losses for which the person feels responsible
- Losses for which others are seen as responsible
- Disenfranchised losses (i.e. Losses that cannot be acknowledged or mourned)

Personal Vulnerability

- Dependent on deceased person (or *vice versa*)
- Ambivalence to the deceased person
- Persons lacking self esteem and/or trust in others
- Persons with previous history of psychological vulnerability

Lack of Social Support

- Family absent or seen as unsupportive
- Social isolation (Parkes, 2002)

It is thus important for the company to be aware of mode of loss where employees have been bereaved as that could make a difference in the resolution of grief and proper planning of interventions and needed support. Interviewing the employee will reveal factors around social support. Issues around personal vulnerability will surface in therapy.

2.2.9 Grief and Mental Disorders

Some bereaved individuals develop actual mental health conditions. Depression, Anxiety, Panic disorders, PTSD, Substance Abuse, and Adjustment Disorder can either coexist with complicated grief or follow it (Dersheimer, 1990; Neria & Litz, 2003; Stewart, 1999; Vanderwerker & Prigerson, 2003; Parkes, 1995; National Cancer Institute, 2002; Wagner et al., 2005).

2.2.9.1 Grief and depression: Generally, most people including mental health professionals expect those who have experienced a significant loss to be depressed (Tedeschi & Calhoun, 1995). Though it might be difficult to differentiate major depression from that related to bereavement (Dersheimer, 1990), for example in both conditions intense sadness, sleep and appetite disturbances may be experienced (Worden, 1991) there is a clear distinction

between grief related depression and clinical depression (Dersheimer, 1990; Smith, 1985; Wayment & Kemeny, 2004; Worden, 1991).

The main differences are that in grief a loss has occurred, no self esteem is lost (Smith, 1985; Worden, 1991), focus is on the lost person, feeling of emptiness and loss is in relation to the lost relationship not an intrapersonal issue of negative self perception as in depression, (Wayment & Kemeny, 2004; Dersheimer, 1990), anger and hostility may be expressed where as in depression such emotions are internally directed; dreams, fantasies and images are clear and mostly involve the deceased compared to self destructive in depression; self blame for having not provided adequately for the deceased in contrast with perceiving self as bad for being depressed (Dersheimer, 1990).

The duration and intensity of the depressive symptoms is influenced by the degree of the experienced loss (Smith, 1985) thus depression in a parent who has lost a child may last longer and be more intense.

In depression the individual is mostly concerned about self where as in grief focus is on the lost relationship. A depressed, bereaved employee needs intervention by a mental health professional.

2.2.9.2 Grief and PTSD: Even though much less research has been dedicated to traumatic death and PTSD (Stewart, 1999) it is now accepted by researchers (Neria & Litz, 2003) that bereavement can lead to development of anxiety symptoms including distinct symptoms of PTSD. The very nature of sudden deaths in motor vehicle accidents with the accompanying unnaturalness, premature/untimely ending of life; preventability if for example due to negligent driving; violent and mutilating injuries (Cleiren, 1993) can precipitate PTSD in the bereaved.

Reactions like persistent memories about the loss; avoidance of reminders of the loss, for example refusal to go to the grave site; and increased arousal level keeping the bereaved tense, ready to respond to more bad news (Stewart, 1999) is high risk for PTSD.

Previous trauma, violent death, quality of the relationship with a lost spouse, race, ethnicity, pre loss attitudes towards death and social support are also reported as risk factors for PTSD (Brady et al., 2003).

Since development of PTSD depends on the subjective perception of the circumstances, it is not only tragic loss of close family members through murder or suicide that may lead to development of PTSD, even tragic loss of a friend may lead to the condition.

The difference between complicated grief and PTSD is that in complicated grief the trauma stems from the pain of separation from the deceased loved one than from being exposed to a terrible experience and again in complicated grief there is likely hood of not avoiding reminders of the threat where as in PTSD there is a lot of avoidance (Wagner et al., 2005).

An employee presenting with complicated grief and PTSD will find it very difficult to function effectively.

2.2.9.3 Grief and other mental disorders: Anxiety and Panic disorders tend also to be prevalent following bereavement (Parkes, 1995). A bereaved individual with a history of depression or lower levels of self esteem is considered at a greater risk of developing anxiety disorder.

Some bereaved individuals present with Substance Abuse and Adjustment Disorder (National Cancer Institute, 2002). The International Classification of Diseases (ICD-10 code), 10th revision classify bereavement as an Adjustment

Disorder and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), has a distinct category under the “V” codes listing Bereavement as V62.82 (American Psychiatric Association (APA), 1994; Kaplan & Sadock, 1998).

Functioning optimally for a bereaved employee is difficult, when the employee also presents with a mental disorder of any form, the situation might be overwhelming. Vickers (2006) argues that it is even worse for employees who deal with people who might also be experiencing psychosocial stressors.

The following section explores grief specifically as experienced at the workplace, where the bereaved is faced with additional challenges.

2.2.10 Handling grief at the Workplace

Bereaved individuals need support and this should be provided even within the workplace. Vickers (2006) maintains that when the organisation offers support to the bereaved employee that would be a sign of humanity. The author claims “...there is far too little recognition of grief that is brought to the workplace” (p.250). To be bereaved is a reality that can not be avoided and the response should reflect this humanity. Empowering the managers to deal with the bereaved employees is the responsibility of the Human Resource personnel (Edwards, 2001). Even within society there is a tendency to consider some deaths as not significant but the author cautions against such. Thus it is clear that bereaved employees must be supported within the organisation and since managers can not afford to carry this important task on their own, all workers need to be equipped to support a bereaved co-worker.

2.2.10.1 Symptoms of grief at the workplace: General signs of grief have been explored; this subsection will focus on those that tend to affect the performance adversely as well as impacting on the general atmosphere at

work. In support Vickers (2006) states “The experience of grief can impact on one’s ability to function effectively, especially in the workplace” (p.247). It is not only the bereaved employee who is affected the co-workers are also traumatised; further more they simply may not know how to approach the bereaved co-worker (Walterscheid, 1990).

Symptoms that may be exhibited at work include the following:

- Crying spells
- Anger and lack of concentration
- Social withdrawal
- Mental lapses
- Decreased energy
- Difficulty in making decisions
- Mental disorders like Anxiety and Depression
- Preoccupation and inability to concentrate
- Cognitive disorganization
- Confusion
- Disturbance of identity
- A sense of disrupted future
- Helplessness
- Loneliness
- Negative health effects and mortality
- Disrupted social functioning and Role disruption
- Difficulties with new relationships

(Bonanno & Kaltman, 2001; Vickers, 2005, cited in Vickers, 2006; Eyetsemitan, 1998; Goldman & Lewis, 2005; Walterscheid, 1990).

Clearly any of the above can affect the bereaved employee's functioning. Some employees work in high risk areas thus preoccupation, problems with concentration and confusion would not only put that bereaved employee's life at risk but co-workers would also be adversely affected. Goldman and Lewis (2005) point out for example that anger and withdrawal tend to undermine workplace hierarchy which may result in negative sequelae including even losing one's job. Anger again may be projected to the organisation's clients (Gould, 1995) which will adversely affect the image of that organization. A bereaved employee's struggle to make decisions will affect productivity.

Returning to work does not mean that grief is over and constant thoughts about the deceased may still be present (Walterscheid, 1990) which could further compromise concentration. Depending on the mediating factors, the bereaved employee may present with complicated grief. Some bereaved employees may also present with mental disorders like Anxiety, Major Depression and, PTSD (Bonnano & Kaltman, 2001; Brady et al., 2003; Neria & Litz, 2003; Prigerson, 2005; Stewart, 1999; Vanderweker & Prigerson, 2003; Wagner et al., 2005; Wayment & Kemeny, 2004).

Presenting with a mental disorder warrants clinical intervention by a professional thus even such a bereaved employee might have to be referred to the appropriate mental health professional.

2.2.10.2 Disenfranchised grief at the workplace: A bereaved employee may be going through grief that is not socially sanctioned for example from an extramarital affair; relationship to the deceased that may not be considered as formal for example a co-worker or friend; or a past relationship like death of an ex-spouse (Eyetsmitan, 1998). Since such a bereaved employee is most likely not to be offered support including enough leave days or counselling, the author advocates for the term "Stifled" grief, defined as "any recognised grief denied its full course"(p.471). The author suggests that disenfranchised grief is

part of stifled grief.

Lack of knowledge and “flawed assumptions” about the grief process as well as expected normal behaviour at work result in “bounded grief” which is grief denied its full course of mourning (Vickers, 2006). Thus if managers and employees are assisted to gain insight into the grief process, through training, they would be able to support a bereaved co-worker and the organisation would develop relevant and sensitive internal policies to deal with bereaved employees.

Eyetsemitan (1998) and Vickers (2006) maintain that grief is not recognised at the workplace except for the most obvious like death of a spouse and a family member. Relationships not based on kinship like a friend or lover may not be considered deserving grief by society and the bereaved employee may then keep grief to self risking development of complicated grief.

Another source of disenfranchised grief might be being bereaved from an HIV complication or Aids related disease, miscarriage, or losing a partner in a same sex relationship. What ever is generally not sanctioned by the general society will also be applicable at the workplace.

Disenfranchised grief is just one of the reasons for lack of support for the bereaved employee resulting in stifled or bounded grief. Death may be considered a taboo subject and usually euphemisms are used, for example referring to it as “passing away” and some employees simply do not know what to say to a bereaved friend let alone a bereaved co-worker or employee to whom one may not even be acquainted (Community Care, 2005). Individuals do not like to be reminded about their own mortality which happens when a death has occurred. Clearly supporting a bereaved employee or co-worker is important not only for the sake of the client but also for the organisation which will loose financially from lowered productivity of the bereaved employee.

Considering that a lot of grief work will occur at the workplace (Gould, 1995) each personnel within the organisation should be prepared to offer necessary support.

2.2.10.3 Simple measures of support: An organisation that takes good care of its bereaved employees may gain lasting loyalty which can further improve motivation, productivity and attendance amongst other positive spin offs (Hobson et al., 2001). This is further supported by Gould (1995) who maintains that the way an organisation treats its bereaved employees will impact on how they perceive it.

Literature (Community Care, 2005; Cook & Oltjenbruns, 1989; Gould, 1995; Flanagan & Finger, 1998; Mihalko, 2005; Puterbaugh, 2006; People Management, 2001; The Compassionate Friends, 2004; Walterscheid, 1990) is abound with a number of simple measures, which include the following:

- Say something to the bereaved, do not avoid death as a subject or the bereaved, even just "I'm sorry for your loss" is better than saying nothing.
- Even in cases of traumatic bereavement as in a murder or suicide do not avoid the bereaved, acknowledge the loss.
- Caring for the bereaved employee or co-worker should take precedence over your embarrassment on what to say.
- Be available and listen frequently to the bereaved as they often desire to talk about the deceased, just be there for the person, and allow them to cry.
- Encourage expression of feelings and accept what ever feelings are expressed including anger.
- Be aware the bereaved co-worker may not be willing to talk and respect that.

- Do not actively probe about how the death occurred. Let the bereaved tell you as much as they feel comfortable to disclose at a particular time.
- Offer practical assistance, it will be appreciated.
- If you do not work closely with the bereaved co-worker, you may send an e-mail or write a brief note of condolence, this will mean a lot.
- Positive attitudes include being sensitive, considerate, compassionate, patient, reassuring and honesty.
- Reassure the bereaved individual that the powerful and unusual emotions are normal.
- Be knowledgeable and aware of the grief process enabling you to identify a bereaved employee or co-worker who needs referral to a professional.
- Check the quality as well as availability of outside support.
- Support should not just end with the funeral, grief is a unique process and resolution period will differ, the bereaved employee needs support on returning to work and for sometime after that.
- Discourage the bereaved from taking major decisions too soon following bereavement.
- Bereaved male employees deserve the same empathy and treatment as bereaved females.
- Encourage the bereaved co-worker to join a mutual-help group.
- Have creative ideas for coping.

Just like the rest of the society a manager or co-worker may genuinely want to offer support but due to lack of knowledge may unwittingly say or do a wrong thing. International literature focusing on grief cites the following Don'ts:

One should not:

- Avoid mentioning the name of the deceased
- Look the other way or change the subject if the bereaved mentions the deceased name

- Be judgmental or critical for example telling the bereaved they should be feeling better now
- Analyze the bereaved co-worker's or employee's grief process
- Make rude or insensitive comments
- Exhibit forced cheerfulness
- Tell bereaved parents that they can still have another child or that they do have other surviving children
- Tell a surviving spouse that he/she may get married again
- Suggest doubt over effectiveness of health received by the deceased
- Avoid contact with the bereaved
- Minimize the seriousness of the loss
- Be overprotective
- Express excessive worry or pessimism

The above mentioned suggestions are given by (Puterbaugh, 2006; Vickers, 2006; Walterscheid, 1990).

The behaviour of the bereaved employee will also to some extent motivate how the management and the co-workers will offer needed support. Bereaved individuals need to be aware not only of the grief process but of how they can make it easy for others to support them. Co-workers and management may want to assist but not know how to approach the bereaved thus they should be able to verbalise the help they need, they need to be approachable. They also need to be able to express their feelings.

Besides the normal measures of support mentioned above, official or formal support within organisations should be entrenched not only in the organisation's culture but in policies as well. In the next subsection interventions applicable to the bereaved employee will be briefly mentioned and later on fully explored in a subsequent section.

2.2.10.4 Formal support: The most common form of formal support by organisations is to allow the bereaved employee time off to attend the funeral and in some to even prepare for such. In South Africa as already discussed, the BCEA provides for three days compassionate leave. Goldman and Lewis (2005) point out though that whether ready or not the bereaved employee will have to return to work. Continued support is thus necessary on resuming work not only before the funeral.

The Human Resource Personnel should have a programme of support (Eyetsemitan, 1998; Goldman & Lewis, 2005; Gould, 1995; Hobson, Delunas & Kesic, 2001; People Management, 2001; Vickers, 2006) which should include different practical gestures of support from the company, offering more time off, providing in-house Counselling, screening for Complicated grief and referral to private EAPs. Not all bereaved employees need Counselling but they all need support. A change to a different shift or to a flextime may assist the bereaved employee to cope with the bereavement.

The programme of support should clearly be indicated in the policies and formulated following negotiations by all stakeholders including unions, where applicable.

Training of all personnel including managers is the responsibility of the Human Resource Unit (Gerber, Nel & van Dyck, 1998; Mathis & Jackson, 2000). Since they are responsible for the needs of the employees (Pinnington & Edwards, 2000) needs of the bereaved employees should also be catered for.

Basic conditions of employment and interventions during bereavement in general as well as specific workplace interventions will be explored in the following sections.

2.2.10.5 Basic Conditions of Employment Act 75 of 1997 as applied to bereaved employees: When organizations offer a bereaved employee leave days following bereavement it is not just a Social Responsibility gesture, but this is sanctioned by law of the Republic of South Africa. The Basic Conditions of Employment Act 75 of 1997 (BCEA) lays down fundamental co-duties of employment. These include leave regulations that is sick leave, maternity leave, protection before and after birth of a child and family responsibility leave (Republic of South Africa, 1997; Grogan, 2005).

Offering leave days to a bereaved employee is an international practice by organisations though the number of days offered differ as well as conditions. In the United States of America legislation passed in 1993, the Family Medical Leave Act provide for unpaid leave (Eyetsemitan, 1998). Application of this act differs from organisation to organisation with some offering funeral leave, emergency personal leave, and authorized absences with pay. In organisations where bereaved employees are offered leave without pay, they are less likely to take such leave due to obvious financial implications. Unfortunately this can result in adverse health and mental health effects for the bereaved employee. Even in this American model it appears as if attention is focused on early days following the loss and not much is done on returning to work when actual conscious grief pain sets in. This is also found in most South African organisations where the focus is only early on in the loss.

Eyetsemitan (1998) and Rose (2005) maintain that some bereaved employees consider work as a distraction for the pain of grief; unfortunately this may result in complications like avoided grief. This is bound to affect the bereaved employee negatively and the organisation suffers due to lost work days from possible absenteeism due to mental health problems like Depression.

In South Africa in terms of Section 27 of the BCEA, the family responsibility leave entitles an employee to three days paid leave, during each twelve month

cycle at the request of the employee in the following circumstances:

- birth of employee's child
- sickness of employee's child
- death of employee's spouse or life partner or
- employee's parent, adopted child, grand child or sibling.

(Republic of South Africa, 1997; Grogan, 2005).

The BCEA also allows for socio flexibility (Grogan, 2005) as variations are possible through for example individual contracts, collective agreements, or other channels like, bargaining councils or by a ministerial determination. Thus trade unions can play an important role as if the number of family responsibility leave days is considered too little to deal effectively with bereavement; they have the power to negotiate for an improved family responsibility leave.

Considering that some organisations already offer their employees five days family responsibility leave following bereavement is this not more reasonable?

The BCEA clearly states that unused family responsibility leave days lapses at the end of each annual leave cycle (Republic of South Africa, 1997). This poses a challenge to the trade unions to come up with creative ideas like pooling the family responsibility leave days of employees within an organisation so that those bereaved employees who have exhausted theirs could access them from the pool. This has been suggested by Eyetsemitan (1998) as a plausible alternative to taking leave without pay due to bereavement. Such a practice has not been identified in South African organisations. The BCEA though allows for creativity and flexibility through, for example, collective agreements.

Grief work is a complex process which does not last just for three days as provided by family responsibility leave internationally including South Africa. A lot of support is thus needed on resuming work. Furthermore in some cultures

there are a lot of rituals performed before as well as after the funeral. Many employees need more than the three days minimum recommended by the BCEA. Organisations tend to focus on the funeral ritual only, that is on the early days following loss (Eyetsemitan, 1998).

Leick & Davidsen-Nielsen (1991) argue for sick leave to be granted following loss of ones child or spouse stating that grief work is “emotionally very demanding” (p.80). However offering a bereaved employee sick leave would mean grief is perceived as abnormal or a sickness, while it is a normal process. In South Africa normal bereavement is considered within the BCEA’s family responsibility leave. However should an employee present with complicated grief of such a nature that it affects functioning, the attending Mental Health practitioner, a Psychiatrist or Psychologist would have to grant sick leave accordingly. Sick leave can however be avoided by providing effective preventative measures through managers and co-workers’ support at the work place.

Leave granted to a bereaved employee should consider how demanding the work is and availability of support within the organization (Leick & Davidsen-Nielsen, 1991). Due to lack of insight into the grief process and grief work, some organisations may consider even the three days as more than enough.

The issue though is not the number of days offered but what is done to support the bereaved employee on returning to work. The Compassionate Friends (2004) regard this period as an ordeal for the bereaved employee and a challenging time for management and co-workers. If all individuals within organisations are empowered with knowledge on the grief process and simple means of bereavement support, they would not avoid a bereaved employee but would offer relevant support.

Loosing a child is considered the most painful. This is aptly described by Mander (1999) as “unspoken hopes and expectations invested in that child

remain irretrievably lost” (p.652). Whether it is an adult child or young child, parents do not expect to outlive their children (The Compassionate Friends, 2004). An employee bereaved in this manner needs a lot of support which should also be forthcoming even from the workplace.

Miscarriages and still births are covered under maternity leave, section 25 of the BCEA (Republic of South African 1997; Grogan 2005). Following a miscarriage during the third trimester of pregnancy or having a stillborn, an employee is entitled to six weeks maternity leave, whether or not the maternity leave had been commenced at the time of miscarriage or stillbirth. Even though the bereaved employee would have six weeks maternity, leave due to the intensely painful nature of the loss, much support would still be needed on resuming work. Leick & Davidsen-Nielsen (1991) consider six weeks leave appropriate.

The BCEA provides a good basis for development of internal policies within organisations. Grief process is not a brief one, but still it is not expected that the bereaved employee will resume work only when grief has been resolved. A couple of issues need to be explored, for example, are three days enough? Who should decide the significance of the relationship that warrant Family Responsibility Leave due to bereavement? A friend might be closer than a sibling in some of the bereaved employees. A caring and supportive environment is crucial for the recovery of the bereaved employee.

2.3 THEORIES AND MODELS OF GRIEF AND BEREAVEMENT

In this subsection, some theories and models on grief and bereavement which have had an impact on the bereavement field as well as those recently developed are explained. Even though there appears to be no agreement on the most relevant explanatory theoretical framework (Cleiren, 1993), all approaches presented tend to contribute to the understating of the

bereavement process in different ways, including how to cope. According to Dent (2005) models are important as they provide the basis of knowledge which guide the support that is offered to the bereaved including counselling. In cases of complex grief reaction, again, the models give guidelines on how to deal with them.

2.3.1 Stage/Phase models

Due to his work in *Mourning and Melancholia* Freud is considered the pioneer in the psychological grief and bereavement field (Cleiren, 1993; Dent, 2005; Mantala-Bozos, 2003; Parkes, 2002). According to Freud (Stroebe & Schut, 2005) the individual who is bereaved has to let go of the deceased loved one, the ties need to be severed. However before this “detachment” (Cleiren, 1993; Cook & Oltjenbruns, 1989) can occur, the bereaved spend a lot of time thinking about the deceased intensively. Following this preoccupation which demands a lot of “grief work” the bereaved will be able to move on with life and form new relationships. Freud believed that if one avoided facing the painful strong feelings of love and anger towards the deceased, pathological grief would develop. From Freud’s view one understands that for grief to be resolved, one has to work hard and face the pain.

Recently there has been a lot of controversy over the concept of grief work, citing lack of empirical evidence (Mantala-Bozos, 2003). Criticism further include imprecise definition, failure to show dynamism of grief, mainly focusing on intrapersonal and health issues and lack of evidence across cultures (Stroebe & Schut, 1999). Despite this, according to Cleiren (1993) Freud’s work is of great value as he was the first to come up with a framework to understand intrapersonal feelings of the bereaved individual. Furthermore, Littlewood (1992) maintains Freud’s psychodynamic explanation has greatly influenced general understanding of grief and Stroebe and Schut (1999) commends grief work for capturing the essence of grief though it does not

amongst other things, consider concurrent stressors.

A number of authorities including Lindemann & Bowlby developed their bereavement theories based on Freud's psychoanalytic work (Stroebe & Schut, 1999). Lindemann's theory is based on observations made on two different studies of bereaved individuals due to traumatic deaths (Cleiren, 1993). He considered grief as a syndrome of symptoms thus his theory is seen also as an illness or disease model (Littlewood, 1992). He identified five components of acute grief reactions namely, somatic disturbances, preoccupation with image of the deceased, guilt, hostility and disorganized behaviour. He further identified two types of abnormal grief, that is, delayed grief lasting for years and distorted grief including symptoms like social withdrawal and bodily illness. Unfortunately no observation was made of grief resulting from other types of death rather than sudden death. Resolution of grief is considered as recovery as if from a sickness, but eventually one is expected to form new relationships. Reactions described are identified today in individuals presenting with Post Traumatic Stress Disorder, which is possible in traumatic bereavement. Lindemann's work has continued to have an influence on the concept of bereavement (Parkes, 2002).

2.3.2 Bowlby's Attachment Theory

The attachment theory has evolved significantly over time, but of significance to note is that it was developed by Bowlby (Littlewood, 1992). Bowlby's theory is viewed as the one with the most impact in the bereavement field, (Stroebe & Schut, 1999). According to Dent (2005) and Worden (1991), Bowlby's theory forms a basis for gaining insight into bereavement as shown in the discussion following. Being attached to someone implies commitment (Cleiren, 1993) thus should separation occur as in death, grief is the response. This response is said to occur in stages: Protest or Numbing, searching behaviour, Despair and Depression and lastly Reorganization (Cleiren, 1993; Cook & Oltjenbruns

1989, Dersheimer, 1990, Worden, 1991, Kaplan 1991; Balk, 1998). Since attachments, according to Bowlby are usually formed with a few specific individuals (Worden, 1991) this would mean one does not always form strong bonds with all family members which would then have an effect on how one grieves. Bowlby mentions that not only children form bonds with parents or significant others but adults do too.

2.3.3 Parkes's Phase Model

Parkes like Bowlby and partially influenced by his work (Cleiren, 1993) proposed that grief occurs in an orderly manner as a response to death (Dent, 2005). Parkes further emphasized the cognitive aspect of grief (Cleiren 1993; Littlewood, 1992). One changes outlook towards life following bereavement. The normal grief process will involve letting go of previously held assumptions about one's environment, and developing new ones to fit the new circumstances. For example losing a spouse means taking on more responsibilities for the bereaved partner. Resolution of grief, referred to as recovery, entails re-planning one's life and sort of becoming a new person.

Phases of grief proposed by Parkes overlap with those by Bowlby. Initially there is the searching behaviour with cognitive symptoms like illusions and dreaming of the deceased; emotional like anxiety and physiological like tightness in the chest. As loss becomes more and more real, the individual realizes the reality of the loss and begins to accept the loss. Acceptance is followed by disorganisation and despair marked by depressive behaviour and social withdrawal. Eventually construction of a new model of the world occurs and individuals gain control over their lives (Cleiren, 1993).

Parkes's phase model as is the case with other stage models is criticized for largely focusing on the individual's internal feelings and thoughts and only slightly referring to social content.

2.3.4 Kubler Ross's Stage Model

Elizabeth Kubler Ross's five stages of grief are based on what may be experienced by terminally ill individuals. She adapted phases of grief developed by Robertson, Bowlby and Parkes (Parkes, 2002) to describe phases of dying and explains that these reactions can also be identified on the bereaved. As given by Cleiren (1993) and Deshimer (1990) these stages are:

- Denial - individual saying "this cannot be true"
- Protest - "why me"
- Negotiating - "if you can spare me this pain I will be good...."
- Depression - reality of the loss is acknowledged and leading to self-isolation.
- Acceptance - individual calms down and gains personal growth.

Kubler Ross' stage model is severely criticised and many doubt its validity. Evident from literature is that in Kubler Ross's model, no set path of grief is given, some of the stages mentioned may not be experienced by some bereaved individuals and the reactions mentioned may be experienced following any traumatic event (Terry, 2000).

Considering only this Model's perspective of grief, would mean that any deviation from the set norm is deemed abnormal. However, Dalzell (2005) notes that criticisms levied on proponents of phase/stage models like Bowlby, Parkes and Kubler Ross, are unnecessarily severe, as these theorists have always stated that not all bereaved would go through all the phases or stages nor do they react in the same way. According to Dalzell (2005) the model has been largely misunderstood. The positive contribution of stage/phase models is that they assisted in identifying the nature of grief reaction that is, cognitive, social and emotional factors. This was evident when specific reactions were described in previous subsections in this chapter.

According to Parkes (2002) the stage theories have assisted in providing understanding of grief as “process of change through which we need to pass on the way to a new view of the world” (p.380).

2.3.5 Tasks Bereavement Model

Task based models are the most commonly preferred and used (National Cancer Institute, 2002; Terry, 2000) and are even adopted to be used at the work place (Eyetsemitan, 1998). One such model is Worden’s version which will be discussed at length below.

Worden (1991) formulated a model that differs slightly from those of Bowlby and Parkes, because he discussed grief not as a state but a process (Dent, 2005). According to Worden (1991), the bereaved individual needs to complete certain tasks for resolution of grief to occur. He notes “mourning is finished when tasks of mourning are accomplished one benchmark of a completed grief reaction is when the person is able to think of the deceased without pain” (p18). If the tasks are not completed the bereaved individual’s growth and development is adversely affected. The four tasks which have been widely cited in literature (Dershimer, 1990; Demi, 1989) are described in the discussion which follows:

To accept the Reality of the Loss

- Involves accepting that one will never be united with the deceased loved one in this life
- When one is searching for the loved one, for example misidentifying a person that is part of trying to accomplish this task
- Denial which can occur in several degrees from denying the facts of the loss, its meaning or even the finality of the loss, will hinder

accomplishment of this task

- Thus acceptance needs to occur for resolution of grief to take place, that is, intellectual as well as emotional acceptance.

To work through the pain of grief

- Pain felt is not only emotional but is physical as well as behavioural
- When one has lost a loved one to whom one was close, pain is bound to be felt
- Avoiding this task tends to prolong grief work. John Bowlby, cited in Worden (1991) maintains that “sooner or later, some of those who avoid all conscious grieving breaks down usually with some form of depression” (p.14)
- The bereaved Individual may need to be assisted with this task in the form of counseling
- The danger of this task is that when those who are around the client, because of feeling uncomfortable with the bereaved individual’s grief reaction, may encourage the person to stop grieving, which would be futile for the bereaved as unresolved grief might resurface later on.

To Adjust to an Environment in which the Deceased is Missing

- Bereaved is faced with adjusting to new roles and new identity
- Depends also on the relationship the bereaved held with the deceased as well as role played by the deceased
- Failure to accomplish the task will lead to failure to adjust. For example a bereaved individual who continuously feel helpless might end up being withdrawn and unable to develop necessary new skills to cope with life.

To emotionally relocate the deceased and move on with life.

- The task is not to forget the life one had with the deceased “one never loses memories of a significant relationship” (Worden, 1991), but should find a way of holding on to memories while also living a meaningful life
- According to Dent (2005), Worden’s tasks are overlapping. One works on adjusting to the changes in life including new status post bereavement whilst at the same time working through the pain of grief. Tasks are considered as completed when the bereaved has been able to integrate into life the loss sustained and letting go of the emotional attachment which allows for new relationships to develop.

2.3.6 Dual Process Model

This is one of the more recent models developed by Stroebe and Schut (1999). It is considered a significant advance in grief work (Dent, 2005). This is a good response to the now common criticism of the limitations of the grief work approach. Mantala-Bozos (2003) cites a number of bereavement field authorities who point out that grief work approach tend to ignore issues like religion and culture and it lacks empirical supporting data.

Stroebe and Schut (1999) further maintain that the traditional “grief work hypothesis” tends to focus on intrapersonal issues and health of the bereaved.

Studying other cultural ways of coping with bereavement and gender related difficulties in grief, led the proponents of this model to develop a new way of describing how individuals may cope with bereavement (Dalzell, 2005).

Rather than moving through phases, this model suggests that bereaved individuals move back and forth - “oscillate” - between two stressful coping

reactions or behaviours. Stroebe and Schut (1999) called this alternatively coping behaviour “loss orientation and “restoration orientation”. Depending on circumstances it might be helpful or detrimental to bereaved individuals to either express feelings or control them (Dalzell, 2005; Dent, 2005). Thus there is time of confronting the loss and experiencing the painful emotions, “loss orientation” and avoiding such by putting the emotions aside and dealing with practicalities of life the “restoration orientation”.

Grief is regarded as a dynamic process not focusing on one aspect. The restoration orientation may allow for practical issues like sorting out the possessions of the deceased or visiting financial institutions. Grief work is included within the “loss orientation”. However mediating factors like culture, personality, gender, circumstances of the death (Dent, 2005) will influence time spent and intensity of each orientation.

This model implies that it is healthy for the bereaved individual to move towards and also move away from grief. An individual needs some respite from intense emotions. Despite the grief an individual still needs to live and deal with practical issues, some of which would be brought about by state of being bereaved. Leick and Davidsen-Nielsen (1991) concur with the approach of the Dual process model as they viewed healthy grief work as having ability to “going in and out of the emotions of grief tolerate closeness to as well as distance from the deceased” (p.73). Failure to do this would result in chronic or avoided grief.

2.3.7 Cognitive Stress Models

The cognitive stress perspective is considered as one of those informing current researches (Mantala–Bozos, 2003). The Cognitive Stress model focuses on information processing. How the bereaved individual reacts will depend on how the situation is perceived. Adaptation depends on cognitive

restructuring (Cleiren, 1993). Reaction to death, which is grief, is thus considered similar to reacting to other stressful life events. This model is valuable as it gives insight into general reaction to stress as well as bereavement as a specific stressor. Stroebe and Schut (1999) maintain that the Cognitive Stress theory provides better insight into coping with bereavement than the grief work perspective.

2.3.8 Other Models

According to Mantala-Bozos (2003) recent researchers are looking at other explanations of grief other than the Western perspective and psychological models focusing mostly on the individual's reaction. Nwoye (2005) proposes that the African perspective focuses not only on the individual but on the spiritual/systemic interactional nature of healing in grieving. The African communities have rituals which assist the bereaved to cope with the pain of bereavement. Culture and Religion also impact on how one reacts to loss of a loved one. The idea of cutting the ties or bond one held with the deceased loved one may not be acceptable to some individuals or cultures. Some of these models considered relevant, in other contexts will be briefly explored.

Family Dynamics Models/Families making sense of a death.

There are family factors which will either be a hindrance or promote grief resolution (Nadeau, 1998, cited in Dent, 2005). Instead of just focusing on the bereaved individual, attention should also be focused on how the family is affected including the children. A bereaved individual from a family with dysfunctional relationships or opposing belief systems may have problems coping with grief. This is very important for bereaved employees as progression in grief resolution may be inhibited by family issues. That is why it is important to extend support to family members. Dent (2005) maintains that understanding the meaning of death to each family member is crucial for

effective counselling as well as reciprocal influence. In support of this notion Terry (2000) maintains that grief does not occur in isolation, thus family interactions must be considered.

Continuing bonds

New developments in grief theory include those challenging the idea that for resolution to occur the bereaved must actively cut ties with the deceased and move on into the future forming new relationships. Klass and colleagues cited in Dent, (2005) strongly oppose breaking the bond with the deceased. This approach stresses not forgetting the deceased but integrating memories of the deceased in individuals future lives. This approach augments those of African cultures which strongly believe in ancestors and do not “cut ties” with the deceased.

2.3.9 Applying grief and bereavement models at the work place

Despite the limitations of each model discussed, it is clear that each focus on some significant aspect of bereavement. It would prove difficult then to recommend one at the expense of others. According to Dent (2005) grieving has no right or wrong way. Cleiren (1993) agrees that theories are seen as having value to one or other aspect of bereavement. What is feasible and applicable to diverse cultures should be considered. Following are examples of how information from the theories and models of grieving can be adapted for use at the work place.

Grief work

Having knowledge of this concept would be a conscience raiser to the bereaved employees as they would realize that grief cannot be ignored if mental ill health is to be possibly avoided. The personal responsibility of facing

the pain is made salient and at the same time normalized. One becomes prepared for what could happen. If management has this information about grief, they would realize what the bereaved employees are facing and be prepared to offer them the necessary support including time off work.

Stages and Phases

Having knowledge of the process one may go through when bereaved allows for a framework for thinking about grief from a Western perspective and assist to explain the confusing variety of emotions experienced after death (Dalzell, 2005). Whoever is assisting the bereaved employee to cope with bereavement is guided towards helping the bereaved employee to acknowledge feelings experienced. Armed with the knowledge managers and co-workers would be able to reassure the bereaved employee. In practice consideration of this model would guide the Counsellor or Psychologist to listen carefully be genuinely there for the bereaved employee and acknowledge diversity (Dent, 2005).

Relevance of tasks – Wordens' view

Eyetsmitan (1998) in his research came up with adaptation of Worden's four tasks to the work place. Dent (2005) showed how Worden's four tasks can be used by those supporting bereaved individuals. These authors were able to correlate theory with practice.

Task 1. Accepting the reality of the loss

Allowing the employee time off or leave to attend the funeral is practised by many organizations. This practice assists the bereaved employee to accept the loss (Eyetsmitan, 1998). Allowing the bereaved employee to talk about the death (Dent, 2005) assist in coping. The environment at work should thus

provide for this and should be encouraged.

Task II. Working through the pain of grief.

Referral to professionals for counselling or therapy should be part of support provided in organizations. Some bereaved employees avoid facing the pain of grief by working too hard. All employees and managers should thus be knowledgeable and understand health implications of such behaviour and how it can adversely affect performance at work. Eyetsemitan (1998) suggests having educational programs at work. To provide effective support, managers and co-workers should listen to and acknowledge feelings expressed by the bereaved employees. The fact that individual's grief is unique should also be respected (Dent, 2005). Having such knowledge will impact on internal policies on bereaved employees.

Task III: Adjusting to an Environment in which the Deceased is missing

Offering overtime to a newly bereaved widow could help financially but should not affect grief process adversely (Eyetsemitan 1998). Bereavement is accompanied by a lot of challenges that need adjustment. The bereaved employee may be assisted to cope with the different practicalities following bereavement. Taking on some of the roles of a deceased spouse could be very challenging.

Task IV: Emotionally Relocating the Deceased and Moving on with Life.

Healthy resolution of the grief process will allow bereaved employee to continue with life even at work. According to Eyetsemitan (1998) being offered leave to attend a funeral is not enough as most of grief work will take place when employee has returned to work. Supporting the bereaved employee may entail suggesting new interests and meeting new people (Dent, 2005).

Dual Process Model

The bereaved employee needs to be supported during both loss orientation and restoration orientation. This will entail allowing for expression of and acknowledgement of feelings experienced, listening actively and reassuring the bereaved employee (Dent, 2005). Bereaved employees need also to be assisted to deal with secondary losses. Diversity, that is cultural as well as personal issues, should be acknowledged by management, thus it must be accepted that bereaved employees will react and present with different needs.

Cognitive stress model

Death is a stressful event (Stroebe & Schut, 1999). Understanding reaction to stress will assist managers and co-workers to gain insight into feelings and behaviour of the bereaved employee especially during the period soon after being bereaved. Support offered should thus be relevant and sensitive to the needs.

Family Dynamics models/Families making sense of a death

In Counselling, the family must be identified, further more how the death has affected them and resultant changed roles must be ascertained (Dent 2005). This will assist in understanding the family context of the bereaved employee and assist the whole family to cope. When family issues related to the death are sorted out, employee's functioning at work will improve. The employee should not be treated in isolation as he or she belongs to a family.

Continuing bonds

In counselling rather than advising the bereaved employee to cut ties or let go of the deceased loved one, encourage continuing relationship with simple measures like keeping a memory box (Dent, 2005). Again diversity should be respected as some employees due to their cultures may need additional days to those provided by the compassionate or Family Responsibility Leave. In some cultures there are rituals which need to be performed as they are believed to assist in maintaining the bond with the deceased person.

2.4 INTERVENTIONS

Intervention occurs on three levels; primary preventative directed at all the bereaved, secondary aimed at high risk individuals for example bereaved through murder or experiencing simultaneous multiple deaths and tertiary for the bereaved presenting with Complicated Grief (Gray, 2005; Schut & Stroebe, 2005). There is a strong view though that intervention should not be indiscriminately applied. In support Littlewood (1992) states that in fact a majority of the bereaved will neither seek nor need any professional intervention. Sometimes a bereaved individual just needs information not counselling. Some form of diagnostic criteria or some other simple measure of identifying those who warrant intervention is thus very important. Social support is not only emotional in nature but practical and informational too (Cleiren, 1993) this implies that even at the workplace these three forms should be available. The organization can be the best place for providing the needed support as other family members may be dealing with their own pain thus fail to adequately support the bereaved employee.

2.4.1 Counselling

Bereavement Counselling is a preventative and compassionate service to people who are going through a normal mourning process not complicated by trauma, personality or family issues (Davies & Terre Blanche, 1997). According to Worden (1991) the goal of Grief Counselling is to ensure successful resolution of grief. In Counselling one gets a chance to explore, understand and be assisted with dealing with the pain of grief. Despite grief being a normal phenomenon, it is accepted that some bereaved individuals will still need support from others. Not all bereaved individuals need counselling. This is also supported by Schut, Stroebe, van den Bout, & Terheggen, 2001, cited in Jordan & Neimeyer, 2003 and in Gray, 2005; Neimeyer, 2000 who reached the conclusion that no empirical evidence exist that primary preventative measures, that is, counselling all bereaved helps. Thus unlike in the general psychiatric context where primary prevention is important in preventing onset of a disorder (Orford, 1992) in bereavement this is not necessary as grief is a natural phenomenon. Some bereaved employees will thus be able to resolve grief with normal support from society, referred to as "indigenous sources of support" by Neimeyer (2000). Support within the organisation is thus very important. According to Gray (2005) counselling helps to ease unnecessary suffering.

Just as not all bereavement warrants counselling, similarly not all counselling interventions are effective (Jordan & Neimeyer, 2003). The Utrecht group (Gray, 2005) concluded that primary prevention does not assist in diminishing grief reaction but is effective in children. This then means not everyone should be sent for counselling just because they have been bereaved. Further more the group concluded that those who are at high risk, for example being bereaved from suicide may or may not gain from intervention, as there were mixed results. Tertiary prevention for Complicated Grief was found to be effective. Implication for professionals like psychologists is that focus should be

on high risk bereaved individuals to prevent development of Complicated Grief.

Counselling need not be provided by Psychologists only but other professionals like Nurses and Social workers have the necessary basic skills.

2.4.2 Psychotherapy

Psychotherapy or simply therapy is indicated in Complicated Grief. Psychotherapeutic training is required (Leick & Davidsen-Nielsen, 1991).

Bereavement Therapists should ideally attend to individuals presenting with Complicated Grief. Such a therapist should be capable of utilising a specific therapy for Traumatic Grief/Complicated Grief as proposed by several researchers (Jacobs & Prigerson, 2000). Psychotherapy thus entails more than counselling. Objectives of counselling apply also to psychotherapy but further more it has the depth of specific therapies (Dersheimer, 1990).

Someone undergoing Psychotherapy would have been clinically identified as presenting with Complicated Grief. Psychotherapy will have to assist the individual to cope with the extreme distress of Traumatic/Complicated Grief, help the bereaved to generally adapt to the changed status of her being (Jacobs & Prigerson, 2000). Since research is still ongoing to empirically identify or develop specific strategies for Complicated/Traumatic Grief, those general psychotherapeutic strategies already identified as being more effective than others should be utilised.

In their review Jacobs and Prigerson (2000) found group therapy to be more suitable for high risk females.

2.4.3 Psychological Interventions

Intervention may either be in a form of individual or group therapy. Piper, Ogrodniczuk, Joyce, McCallum and Rosie (2002) in their study concluded that group therapy is effective in treating Complicated Grief. However Individual therapy was found to be more effective than group therapy (Limbaugh & Hoyt, 1999, cited in Jordan & Neimeyer, 2003). Further more in their review they concluded that many sessions are necessary to help the bereaved and therapy should be initiated soon following bereavement. Other studies though concluded that if intervention is initiated too soon, it might have limited effect (Neimeyer, 2000; Schut et al., 2001 cited in Jordan & Neimeyer, 2003) or worse, have a negative effect (Wagner et al., 2005, citing several authors). Schut & Stroebe (2005) point out that when intervention is too soon it may interfere with the natural grief process. Within organisations then bereaved employees should be offered enough time to undergo therapy if warranted. Just because a bereaved employee does not present with signs and symptoms of Complicated grief earlier on does not mean that later on these may not surface. Management need also to understand that Complicated or Traumatic Grief may last for a number of years in the minority of the bereaved (Jacobs & Prigerson, 2000). This implies that some of the bereaved employees will need long term psychotherapy from relevant professionals like psychologists.

Psychological interventions should not only focus on negative aspects of grief because positive growth is possible following bereavement (Jordan & Neimeyer, 2003). Instead of having a prototype of treatment for a bereaved individual, professional therapists should consider gender, personality, background resources, and perceived needs (Jordan & Neimeyer, 2003). Culture of the individual offered therapy should always be considered (Neimeyer, 1999). Beder (2004) emphasizes a holistic approach which should embrace the bereaved individual's past, cultural experiences and rituals which will give insight into the individual's unique experience of grief. Thus the culture

of the individual plays a critical role and can not be ignored. An effective bereavement therapist must be knowledgeable of mediating factors of grief reaction and obviously be well read in bereavement and grief literature as well as contemporary research.

Guidelines are available for bereavement therapists, for example Behavioural or Cognitive Therapy have been found to be suitable for bereaved clients who present with clearly defined symptoms as compared to Insight or Psychodynamic oriented group therapies which are suitable for those who perceive their difficulties in more psychological terms (Winter 1990, cited in Jordan & Neimeyer 2003; Jacobs & Prigerson, 2000). Even earlier literature (Dersheimer, 1990; Worden, 1991) point out the importance of having specific intervention strategies for bereavement. For example Worden's Tasks approach may be used in both Normal and Complicated Grief or Pathological Grief as it used to be called. Cognitive-Behavioural therapy has also been found to be effective in Aids related bereavement, assisting the individual to cope (Satterfield et al., 2002).

Other specific strategies which have been developed are the Narrative strategies for example using Journals and Poetry of Loss (Neimeyer, 1999) which help the bereaved to search for and find meaning or significance of the loss (Neimeyer, 2000).

A thorough history taking is very important as it will assist in choosing a suitable strategy for that specific bereaved individual. Effective therapy also involves thorough exploration of the relationship with the deceased as well as mode of death (Jacobs & Prigerson, 2000). Viney (2005) stresses importance of respecting individuality of the experience of grief which should be reflected in therapy.

A number of questionnaires and diagnostic criteria have been developed over the years to identify high risk individuals and those already presenting with Complicated Grief (Machin & Spall, 2004; Hogan, Greenfield & Schmidt, 2001; Jordan, Baker, Matteis, Rosenthal, & Ware, 2005; Bailley et al., 2000). Currently there is no separate and distinct category for what is considered Complicated /Traumatic or Pathological Grief in DSM IV and ICD 10 (Kaplan & Sadock, 1998; Schut & Stroebe, 2005).

In line with the conclusion of several research work Jordan & Neimeyer (2003) propose that a programme should last longer, over twelve months; have about twelve sessions spread less frequently; and to be initiated four to six months following bereavement. Focus should be on high risk group which include the following:

- Older isolated widowers
- Mothers who have lost their children
- Bereaved from sudden and or violent deaths, like in suicides and accidents
- Previous mental health problems for example Depression and PTSD
- Low self esteem and high dependency on the deceased
- Traumatic history.

Managers should be knowledgeable of the high risk group so as to refer the bereaved employee on time for professional assistance.

A programme developed to be used across different types of traumas may not be suitable for traumatic bereavement as noted in a South African study evaluating efficacy of a Trauma Counselling Model (Hajjiyannis & Robertson, 1999). Programmes should also be culture sensitive.

There should be no hard rule when a bereaved individual presents self for counselling or any other type of support. This is supported by Viney (2005)

who states that the bereaved individual's decision when to seek support should be respected.

2.4.4 Mutual Support/Self Help Group, Peer and Natural support

Support involves being caring, concerned and actively involved in helping another human being. Healthy resolution of grief may also depend on whether social support is available or not (Littlewood, 1992) thus it is a very crucial component.

According to Frude (1990) in the early stages the support of family and friends is invaluable as they provide not only emotional support but also practical like assisting with funeral arrangements. The author further points out that later on the support entails keeping in touch and being patient with the bereaved relative or friend who is not coping well with bereavement. Long term support would involve assisting the bereaved to adjust to a new way of life (Littlewood, 1992; Frude, 1990). These ideal supportive measures can also be provided by the organisation as some people live and work far away from their homes and relatives.

Mutual or Self Help Groups provide the bereaved individual with a conducive environment for sharing information that is relevant to all and learning ways of coping with the pain of grief from fellow bereaved individuals. Bereavement groups may also be run by professionals. In South Africa mutual help groups are mainly available in large cities, for example the Compassionate Friends available in Johannesburg (Polatinsky & Esprey, 2000). In small towns and rural areas such groups are very rare and mostly are none existing.

A mutual group may be effective as a supplement to individual therapy (Jacobs & Prigerson, 2000) thus they should not replace therapy. The authors further maintain group members assist by inculcating hope, developing insight,

offering social support, showing the bereaved they are not alone in their experiences and providing an environment for learning and practising new skills. Besides the EAP, organisations should be knowledgeable about available community support groups so that bereaved employees may also be referred to them.

Network of support system is very important, even when the bereaved individual is receiving counselling or psychotherapy (Gray, 2005; Wagner et al., 2005) thus professionals do not replace natural support but enhance it. This is supported by Jordan & Neimeyer (2003: 772) as they state “with the help of family and friends, apparently most mourners are able to work through and integrate their losses relatively well”. Co-workers can thus play an important role in assisting the bereaved employee to cope with bereavement as more time is spent at work than at home.

With HIV and Aids, volunteerism is common where within organisations there are peers who are active in health educating co-workers on preventative and treatment issues (BP Wellness Department BP Southern Africa, 2004). This could be applied in bereavement as long as these volunteers will be regularly trained by professionals with a background in for example mental health care, psychology or social care (Gallagher et al., 2005).

2.4.5 Organisational Support

All organisations should have a Social Responsibility Plan which should amongst others have clear guidelines or a Bereavement policy on how to assist bereaved employees and their families to cope. A healthy resolution of grief would not only be good for the bereaved employee but would be a gain for the organisation as the employee would function well at work too. There are then economic benefits for an organisation which looks well after its bereaved employees. The assistance may involve having internal and or external

resources to assist the bereaved. In support Sutcliffe & Tufnell (1998) argue that indeed the organisation has a duty of providing additional support to the bereaved employee and this need not be a professional person. The Social responsibility Plan should thus not only focus on community projects but individual needs of employees must be considered too.

Organisations need to be aware that support should not only be limited to the period following bereavement as grief is generally not a short process. Due to lack of knowledge about duration of grief and being uncomfortable around the bereaved, support may be prematurely withdrawn (Cook & Oltjenbruns, 1989). The authors suggest that this may be perceived as “lack of caring or concern by the bereaved” (p.68). This will occur even at the workplace, if no support is offered the bereaved employee will feel neglected.

Greeff and Human (2004) include practical assistance in their description of social support. Practical support range from advising the bereaved employee about important issues like insurances, contacting the bank and any other organisation or association like a trade union of which the deceased might have been a member to simple measures like not taking any major life changing decisions. Such information could be made available in pamphlets easily accessible in the organisation.

Extensive consultation is important before implementing a bereavement policy in an organisation as according to Littlewood (1992) not all supportive interventions are perceived as helpful. Employees’ input should be actively sought and considered. If this is not done bereaved employees may avoid utilising any support strategy put up by the organization.

How a bereaved employee is supported should form part of the organisation’s culture. According to Pinnington and Edwards (2000) organisational culture assists in establishing norms and expectations of how individuals in the

organisation should be treated and at the same time assist in achieving the objectives of the organisation. Thus the behaviour within organisations is guided by Organisational Culture. Organisational culture also involve shared beliefs and values (Mathis & Jackson, 2000; Swanepoel, Erasmus, van Wyk & Scheink, 1998); assumptions, sentiments, symbols and rituals (Swanepoel et al., 1998). If there is a shared value of respecting each other's culture and mutual support generally, this will be reflected in the organisation's policies including that for bereaved employees.

Managers play a crucial role in establishing the organisation's culture but the success depends on involving the employees. Thus establishing and making the bereavement policy of the organisation effective is the responsibility of managers as well as all the employees of the organisation. Attending a memorial service or even a funeral would be also influenced by the organisation's culture.

Human resource management should take the responsibility of formulating a policy to guide EAP within the organisation (Rothwell & Kazanas 1994). The authors further advocate for strategic approach capable of amongst other things forecasting the future needs of the employees. If then the number of bereaved employees is rising each year that should impact on the policy. The policy though will have to be aligned to the organisation's culture. Consulting widely including employees who would be represented by their trade unions is important.

Roman (2003) maintains that EAPs are becoming more popular within South African organisations. They should be utilized in caring for the bereaved employees too. EAP is considered unique within the mental health field as it focuses on both the employees' wellbeing as well as organisation's performance goals, further more it provides access to services that the employee could not otherwise have been able to afford. Cost benefits for

organisations with EAPs are well documented (Atkinson, 2001; Magane EAP, 2005). Even though initially EAP was concentrating on problems like substance abuse now it also deals with other personal stressors including bereavement (Atkinson, 2001)

EAP provides more services than just emotional. These include legal and financial guidance (Blassingame, 2003) which may be valuable to the bereaved employee. EAP does not only focus on the secondary and preventative level but should include awareness programmes (Rothwell & Kazanas, 1994) which must include issues on grief and bereavement.

Some big organisations have in-house EAP practitioners whilst most outsource the service. Considering the general increase in the bereavement rate health practitioners offering EAP must be able to handle bereaved employees effectively.

A good referral system is important if EAP is to be effective which can be through self referral, informal managerial, formal or performance related referral, Occupational Health and Human Resources office (Atkinson, 2001). Roman (2003) cites a couple of authors who maintain that self referral and supervisors' referrals are the key referral source. With bereavement self referral and informal managerial referral would be possible when everyone within the organisation understand the grief process and is thus able to identify potential risk factors for Complicated Grief. With the knowledge of the normal grief process and circumstances that can lead to Complicated grief even co-workers can advise a bereaved colleague to seek assistance.

Employees should be aware that an EAP programme exists in their organisation and especially that they can be assisted with their bereavement problems. EAP tend to be utilized more by white collar workers than blue collar ones (Atkinson, 2001) thus the organization should have diverse measures of

advertising and encouraging utilization of the service to reach all workers. The following are suggested ways of advertising presence of the organization's EAP to its employees:

- Provide employees with business cards containing the EAP's phone number and address
- Provide employees with brochures on the EAP services
- Enclose EAP leaflets in pay envelopes or salary advices
- Display posters around the workplace describing the EAP services and listing the phone number and address
- Provide information on the EAP during new employee's induction
- Information to be available on the intranet
- Encourage that one employee who has had success encourages co-worker to utilize the service.

Aspects given above are suggested by (Atkinson, 2001)

Where intervention at the workplace is viewed as intrusive instead of being supportive, no effective referral will occur and bereaved employees will lack much needed support. An effective EAP will be that which provides confidential counselling, education and training for all employees and be well known to all (Roman, 2003).

Services of EAP include extension to family members where indicated (Magane EAP, 2005). Depending on that organisation's policy, a bereaved employee's family may be included in therapy especially when the bereaved employee's functioning at work is adversely affected by dysfunction within the family.

While EAP is an intervention tool, a Wellness Programme assists in maintaining or improving one's health. Such a programme should not only focus on physical health issues it can also provide valuable information on grief

and bereavement issues. Education and awareness programmes should then also include grief and bereavement issues. Wellness programmes should also be evaluated (Mathis & Jackson, 2000) which will ensure effectiveness and relevance. Knowledge gained from Wellness Programmes should enable bereaved employees to refer themselves to EAP on time as they will recognise symptoms of not coping well with bereavement.

Allowing bereaved employees time off to attend rituals and ceremonies as prescribed by their culture, religion as well as personal choice is very important (Lobar et al., 2006;). In South Africa, as already discussed, the BCEA allows an employee three days compassionate leave per one year cycle when a close relative has been lost. This is also usually practised in some western countries (Mathis & Jackson, 2000) thus it might be an international standard. The authors further point out though that for distant relatives or friends some organisational policies will allow for unpaid leave.

Creativity and innovations

New forms of technology can also be utilised in supporting the bereaved. Internet, e-mail, cellular phones, can assist the bereaved to interact with other people who may offer much needed support as well as provide health education on grief and bereavement (Vanderwerker & Prigerson, 2003; Viney, 2005). Wagner et al., (2005) have gone further and proposed an Internet-based treatment programme for those presenting with Complicated Grief. Their programme is Cognitive-Behavioural in nature, a strategy which has been found to be effective in bereavement psychotherapy as attested by already above mentioned reviews and studies. Due to its anonymity the internet based psychotherapy allows for, amongst others, increased self disclosure, privacy and honesty which might be difficult in a face to face therapy. Instead of the traditional counselling and psychotherapy the organisation can opt for a psychotherapist who provides such an internet based intervention depending

on accessibility for the employees.

Technologies like internet, e-mail and cellular phones can thus be successfully used to offer support to the bereaved employee as well as psychotherapy to those presenting with Complicated grief. The bereaved employee is kept connected to the outside world and thus to potential support network, professional as well as non professional.

Leaflets can help in educating not only the bereaved (Viney, 2005) but in organisations all personnel can gain valuable information on the grief process, how to cope generally as well as at work and how to offer support. Information on the leaflets and internet may also include bereavement literature, support groups and programmes in the community.

Organisations can thus also have their intranet feature bereavement information and support issues.

2.4.6 Taking Psychology to the people

Considering the extent of shortage of Psychologists in South Africa, let alone those specialising in bereavement therapy, it is the responsibility of bereavement researchers, theorists and clinicians to develop programmes and models that can be utilised by non professionals. Encouraging involvement of self-help groups and volunteers, and attitude of sharing psychology with others is amongst the principles of Community Psychology (Orford, 1992).

Lay Counsellors or Volunteers exist in communities where they provide caring and helping and thus even within organizations those interested may be trained to provide lay counselling to bereaved co-workers. These caring individuals assist with informal counselling in normal bereavement.

Literature cites a number of attitudes and skills important for effective counselling whether as a counsellor, psychotherapist, or even a volunteer/lay counsellor. These include: empathy, understanding, knowledge, (Beder, 2004; Dershimer, 1990; Leick & Davidsen-Nielsen, 1991) compassionate, problem solving, ability to promptly refer to another service or professional when indicated (Dershimer, 1990), active listening, reflecting experiences and feelings with deeper empathy, setting limits, clarification of symptoms (Lendrum & Syme, 1992); helpful, trustworthiness, honesty, competence, acceptance (Gallagher et al., 2005).

The above attitudes and skills imply that one needs to be amongst other things: knowledgeable about the grief process and be able to communicate that knowledge, be capable of feeling with and feeling for the bereaved individual, and be able to communicate how you feel to the next person. Not all employees can be lay counsellors or volunteers but all can offer usual support to the bereaved co-worker.

Leick & Davidsen-Nielsen (1991) contend that a therapist or counsellor should be capable of having insight into his or her own attitude towards grief work. This will assist in maintaining objectivity in the midst of the bereaved individual's pain, allowing the individual space and time to deal with the pain of grief.

Importance of knowing when to refer is stressed (Dershimer, 1990). A volunteer as well as a counsellor need to know when to refer to a Psychotherapist to avoid further deterioration. Romesberg (2004) stresses the importance of follow up during the first year following bereavement which he suggests may be conducted via e-mail and telephone.

2.4.7 Training

In the field of HIV and AIDS management, training of therapists is considered important and the knowledge component should include bereavement counselling (Kasiram, Partab & Dano, 2003). Training is further emphasized by Gerhard (1994) who points out that for helping to be reliable those involved should be trained. It would then auger well for individuals who deal directly with bereaved individuals to be well trained in the field of grief and bereavement. Interns have been used in a community based programme for HIV and Aids infected and affected individuals including bereavement groups (Smith & Bride, 2004). Organisations can insist that psychological interns in their organisations should also provide bereavement awareness and counselling with supervision.

Managers in different levels should not be wholly dependent on EAP practitioners, they must be trained in identification of those who need referral as well as be able to provide some counselling (Rothwell & Kazanas, 1994). In an organisation with no EAP they will have to take a decision of referring an employee to a community based organisation or to a professional within the public health sector or private practice. If Human Resource managers are indeed employee advocates as described by Mathis and Jackson (2000) then it is their responsibility to support or ensure bereaved employees are well supported within their organizations.

Flanagan and Finger (1998) suggest the following managerial supportive measures and skills for bereaved employees which are suitable to a South African work environment:

- Discuss any crisis in private
- Counselling skills especially empathy and knowledge of grief process
- Practical support including bending the rules, together with the

bereaved employee develop ways of accommodating any problems; for example easing workload, have employee suggest what workload she /he can manage

- Provide advice on available resources
- Seek progress report as appropriate from time to time, demonstrating interest, concern and support by finding out from the employee how he/she is coping so as to also decide what more can be done at work
- Do not be afraid to raise the subject and be prepared to listen
- Keep other employees informed, but consider confidentiality too. When a manager is supportive and caring the rest of the employees witness this and loyalty to the organization is fostered
- Expect grieving to be a long and difficult process especially with a significant loss. Know when to refer for counselling.

The leaders of Self- help groups should ideally be screened and trained by professionals in the relevant self help interventions (Jacobs & Prigerson, 2000). In addition Hajjiannis & Robertson (1999) contends that training alone is not enough; supervision and consultation should be available for volunteers. Just having trained volunteers either working in individual support or group work is not enough. Training Programmes should also be evaluated for effectiveness (Davies, & Terre Blanche, 1997). Employees can also be trained to provide informal counselling to fellow employees (Rothwell & Kazanas, 1994). Programmes utilized by organisations should also be evaluated periodically for effectiveness and possible improvement where indicated.

In their study, Allumbaugh & Hoyt, 1999 cited in Jordan and Neimeyer (2003) concluded that highly trained therapists had better results in therapy than non professionals. Thus even therapists need to be trained in Bereavement counselling and psychotherapy. Therapists need to be aware that even with self referrals therapy should not be indiscriminately offered. Schut & Stroebe

(2005) advocate for stringent evaluation for indication for therapy.

The goal of psychotherapy is to assist the bereaved presenting with Complicated grief to remember the deceased in a positive manner, focussing on positive memories unlike in PTSD where the focus is on assisting the client to forget the trauma (Wagner et al., 2005). This further highlights the importance of further training for a therapist who treats Complicated Grief. Complicated grief might be similar to trauma in many aspects but is not identical to it. Not all psychologists who treat Complicated Grief should be Clinical Grief Psychologists but for even to be just competent, additional training is warranted.

Having a contract indicating the number of sessions with a client is important as it lays the foundation for the idea that the counselling or therapy is not indefinite and gives hope that grief will be resolved (Frude, 1990).

The complex nature of the South African society with its multiracial, multiethnic, multilingual and thus basically multicultural nature, demands that psychologists and other health professionals practise multicultural counselling. This is specifically important in bereavement counselling and psychotherapy as grief is influenced by culture and rituals. Ngcobo (2002) called for culturally congruent care in South African psychologists. The differences in culture need to be identified, acknowledged and integrated into counselling and psychotherapy as well as training.

2.4.8 Research related to assessing grief

In assessing grief experience Questionnaires which are mostly self reporting are used. A couple of those developed include Grief Experience Questionnaire (GEQ) (Bailey et al., 2000); The Grief Evaluation Measure (GEM), Grief Experience Inventory (GEI), Texas Revised Inventory of Grief (TRIG),

Inventory of Complicated Grief (ICG), Risk Index (RI), Core bereavement Items (CBI), Hogan Grief Reaction Checklist (HGRC) (Jordan et al., 2005).

The GEQ developed by Barrett and Scott was found by Bailey et al., (2000) to be a multidimensional scale capable of assessing grief reactions following any type of death and could also, with adaptation, differentiate suicidal bereavement from other modes of death. The GEM was designed by Jordan et al., (2005) for clinical use as it assists with treatment planning as well as identifying risk for development of Complicated Grief.

The HGRC was developed to measure the multidimensionality of the process of bereavement and was found to be reliable and valid (Hogan et al., 2001). Factors identified were Despair, Panic behaviour, Blame and Anger, Detachment Disorganization and Personal Growth in support of literature on normal grief process.

Machin and Spall (2004) designed the Adult Attitude to Grief (AAG) scale to initially understand the world of the bereaved individual again later in another study to assess its clinical usefulness in Psychotherapy.

Questionnaires thus form an integral and important part of bereavement research and treatment. In this study questionnaires were also designed to explore the experiences of the bereaved employee and other relevant issues.

Research has mostly focussed on exploring the concept of grief. Personal growth and even perception of benefiting from loss of a child was identified in parents who had lost their children (Polatinsky & Esprey, 2000). This is also supported by another study where personal growth was cited as one of the outcomes of grief (Hogan et al., 2001). Thus grief reaction is not only painful or negative in nature. This is an aspect of bereavement that is not always

explored in bereavement literature and research.

In a South African study exploring resiliency factors in families where a parent has been lost, religion and spirituality were identified as “important coping resources” (Greeff & Human, 2004:38). It would be ideal then to provide a bereaved employee enough time to conduct related bereavement rituals as dictated by one’s religion and spiritual beliefs.

Research has also shown that contrary to traditional theories of bereavement which advocated for the bereaved to let go of the past and move on with new relationships, what happens is that the attachment remains strong (Silverman, 2000). A new relationship is developed with the deceased.

Research conducted by Polatinsky & Esprey (2000) supports the assumption that bereavement from suicide, accidents and murder may be more stressful. Thus it must be expected that some bereaved employees will present with more intense grief reaction than others and may need even more support.

Even though some doubt the influence of counselling (Jordan, & Neimeyer, 2003) research has shown that counselling does have a positive impact on the bereaved or at least on some of them. Findings from a study on ex-clients’ evaluation of bereavement counselling indicated that counselling from even paraprofessionals was helpful (Gallagher et al., 2005). In their study Gallagher et al., (2005) further identified good qualities or skills of a counsellor as high levels of listening, understanding, honesty, acceptance, helpful, trustworthy and competence. One would thus expect managers and co-workers to have these skills to enable them to offer support to bereaved employees and co-workers with the exception of competence understandably expected in volunteer counsellors with some minimal training.

In their study on AIDS related bereavement, Satterfield, et al., (2002) concluded that if well designed psychological interventions are utilized, much of the post bereavement distress may be reduced. Technology for example internet and e-mail can be successfully used to assist the bereaved to cope with bereavement (Vanderwerker & Prigerson, 2003) as well as Complicated Grief (Wagner et al., 2005).

Support for the bereaved should not only be expected from the family but friends can assist the bereaved individual to cope (Greeff & Human, 2004). For a bereaved employee thus friends at work as well as general co-workers can play an important role in post bereavement coping.

Research again has mostly focussed on the experiences of being bereaved from a family context that is loosing a spouse, parents, children, sibling and less is understood about loosing close friends (Wayment & Kemeny, 2004). In this study experiences of loosing a friend are also explored.

In neonatal deaths and stillbirths focus of support tend to be concentrated on the bereaved mothers but in a study on psychological effects of stillbirths and neonatal deaths on fathers, Badenhorst et al., (2006) reached the conclusion that fathers do show normal grief reaction. Bereaved fathers also deserve support even at work just like bereaved mothers.

Different methodologies are used to study the concept of bereavement including case studies using for example personal journals or clinical studies involving individual or group observation in a Therapeutic setting, group studies for example systematic observation with information obtained directly through questionnaires or interviews, epidemiological studies and development of Grief Theories (Cleiren, 1993). In this study data from Grief Theories, questionnaires and limited interviews will be utilized combining it with information from the researcher's clinical experience.

In a case study (Murphy, 2000) absenteeism was found to be a problem in parents who had lost their children through violent deaths four months post death, further more those who did go to work described themselves as non productive. Five years post death a minority of the parents still considered themselves non productive and after five years some reported having changed their jobs. Some were even terminated from their jobs because of factors related to the deaths of their children. This shows how important it is for programmes to be in place in organisations to assist bereaved employees cope.

Eyetsmitan (1998) adapted Worden's Tasks of bereavement and developed a Model suitable for the workplace. Old theories should thus not be summarily dismissed as they help too in understanding grief process and how to cope.

There is a strong call for researchers and bereavement practitioners to work together to find out what is effective in helping the bereaved to cope (Gray, 2005).

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter deals with the research design and methodology employed by the researcher when collecting data. As explained in literature (Neuman, 2003; Mouton, 2001; Babbie, 2004) research design is the approach the researcher selects to study a particular phenomenon. According to Oliver (2004) this is necessary to undertake for reporting on the theoretical and practical aspects of the research. Denzin and Lincoln (2000) and Tesch (1990) agree that a research design relates to the strategies or steps taken by the researcher when *collecting data for a study*.

3.2 THE STUDY

3.2.1 The objectives of the study

The objectives of the present study were:

- To determine the effectiveness of the existing bereavement intervention program, if any, in the organisations
- To identify gaps in the organisation's existing bereavement intervention program and make recommendations to improve it or for a new program to be drawn
- To obtain bereaved employees view regarding their psychological well being and social support within their organisations, that is, are they adequately catered for in organisations
- To determine if organisations have insight into the grief process and its management.

3.2.2 Hypotheses

- Existing bereavement intervention programs in organisations are ineffective and do not adequately assist bereaved employees
- Provision of adequate social support within the bereaved employees organisations will improve their psychological well being and thus their productivity

3.2.3 Research Technique

The general nature of the research is qualitative and inclined towards the phenomenology tradition. The information required was largely subjective and also involved sociocultural aspects. Bereavement is a very personal and complex phenomenon and individuals attach subjective meanings and interpretations to various issues related to it. Yardley and Marks (2004) maintain that the information obtained through qualitative methods can give insight into the inner world of human beings. Further more Coolican (1999) defines qualitative research as the approach that focuses on meaning, experiences and descriptions. The nature of the data gathered in the present study embraced all the above mentioned aspects.

To complement the qualitative approach, quantitative methods were also used as reflected by questionnaires that were having both closed and open ended questions. Although Muller and Thompson (2003) state that most bereavement researchers use the quantitative method, in contrast Lindstrom (2002) points out that “both quantitative and qualitative methods ought to be used” (p.19). Hence this study utilizes both methods.

3.2.4 Sample

A non probability sample was utilized. Oliver (2004) explains that most

qualitative research uses the non probability sample. In this study convenience sampling was also employed since only those organizations which were easily accessible mostly geographically and were having management that was amenable to the study were utilized. Makgati & Simbayi (2005) also, in their study on attitudes and beliefs about death and dying held by South African University students used a convenient sample. Purposive sampling elements can also be identified in this study as only bereaved employees were targeted thus it would not be the views of just any employee but of those who have experienced the phenomenon being studied. Also, the Managers and Human Resource Officers were purposefully targeted for the secondary questionnaire as they are considered responsible for the employees and have in depth knowledge of the BCEA 75 of 1997 respectively.

3.2.5 The Participants

Bereaved Employees

The participants consisted of bereaved employees in various organizations mainly in Northern KwaZulu-Natal. A total of 209 respondents participated in the study. In a similar bereavement study focusing on stifled grief at the work place the sample size was 145 (Eyetsemitan, 1998).

The criterion set was that all participants should have been bereaved and no time limit was set on the period since the loss. In a study investigating the psychological effects of perinatal death on fathers, time since loss in this study ranged from 2 months to 5 years even up to several years (Badenhorst et al., 2006). In another South African study on bereavement following loss of a child, the length of time since the loss ranged from 6 months to 8 years (Polatinsky & Esprey, 2000). Since this study is not focusing on differences of experiences in terms of time frames, findings will not be affected.

Bereaved Managers and Human Resource Officers

Bereaved Managers and Human Resource Officers in organisations mainly in Northern KwaZulu-Natal also participated in this study since death touches everyone and they also, deserved to have their views heard. The researcher thought the inclusion of managers and human resource officers would also assist to explore how as bereaved individuals they view the internal bereavement policies and the Family Responsibility Leave which encompasses the compassionate leave.

Managers, as defined by the respective organisations and their human resource officers had the secondary questionnaire to complete.

Only a small percentage (3%) of participants in the study were not from the region of Northern KwaZulu-Natal. Even though generalizability would be mainly limited to the sample in this study, the researcher argues that limited comparison could be made and be of value.

Organisations

Forty (40) organisations were approached to participate in the study.

3.2.6 Research Instruments

The largely qualitative and also quantitative data was collected using questionnaires, focus groups, interviews and observations. In their phenomenological study on the experience of grief after bereavement Muller and Thompson (2003) conducted open-ended and unstructured interviews in an attempt to obtain rich and valuable data. In this study due to a larger sample mainly semi-structured interviews were held with some of the bereaved. According to Silverman (2000) interviews, focus groups and questionnaires

which focus on facts, attitudes or experiences play an important role in health research. The data collected complemented each other in that quantitatively the frequencies identified highlighted the extent of views and experiences obtained qualitatively. This methodological eclecticism is also supported by Hammersely (1996). King (1996) points out that data which is amongst others rich and descriptive may be obtained through written words and observable behaviour. The open-ended questions forming part of the items in the questionnaires thus yielded qualitative data.

3.2.6.1 Questionnaires. Since self reports are considered a primary means of obtaining psychological data (Marks, 2004) in this study use of the questionnaire was considered the best way to obtain the needed information. Arksley and Knight (1999) cited in Wilkinson, Joffe and Yardley (2004) express that self-administered, anonymous questionnaires are more appropriate and acceptable than structured interviews when dealing with sensitive issues. Due to the anonymity nature of the questionnaires it was envisaged that openness and honesty would be enhanced.

Self reports are usually used in bereavement and grief studies as seen in a number of studies for example Horowitz et al., (1998); Gallagher et al., (2005); Hauksdottir et al., (2006); Polatinsky & Esprey, (2000) and Bailley et al., (2000) to mention only a few.

Developing Questionnaires for the study

A number of questionnaires have been developed to study the phenomenon of bereavement and grief as well as other related aspects. These include the Grief Experience Questionnaire depicted as a multidimensional measure of grief (Bailley et al.,2000), Hogan Grief Reaction Checklist for measuring the bereavement process (Hogan et al., 2001), Adult Attitude to Grief (Machin & Spall, 2004), Grief Experience Inventory, Texas Revised Inventory of Grief,

Inventory of Complicated Grief, Risk Index, Core Bereavement Items cited in Jordan et al., (2005) and Grief Evaluation Measure for screening for Complicated Grief and treatment planning developed by Jordan associates.

The main questionnaire developed for this study is a combination of an adaptation of some of the contents of these questionnaires, clinical experience of the researcher, and general literature on bereavement and grief. Adaptation of already existing questionnaires to suite ones study is commonly done in research as also practised by Bailey et al., (2000) in their grief study.

The objectives of the questionnaires were developed to encompass and match the objectives of the study. The objectives of the questionnaire were thus to identify bereaved employees' experiences and feelings, presence of or lack of supportive measures in organisations as well as develop appropriate interventions for the bereaved employees based partly on collated data. The objectives of the study were included in the introduction to the questionnaires to motivate the prospective respondents. This is usual practice when formulating questionnaires as indicated in some studies (Hauksdottir et al., 2006).

According to Marks (2004) it is possible that no existing measuring instrument may be suitable for the planned study warranting developing one specifically for that study, which was the case with the present study. Developing the main questionnaire was quite time consuming but at the end it covered all the related aspects considered relevant to this study.

Marks (2004) stresses the importance of using simple language and avoiding use of highly theoretical terms when constructing new questionnaires. In both questionnaires simple language was used and psychological terms were translated into simple terms.

The majority of the respondents were reasonably well educated and were expected to understand the English questionnaire well. For those who would be prejudiced by the language a questionnaire translated into isiZulu (Appendix D) was used. It was important to have a translated questionnaire so as to expose respondents to similar questions. Further more Yardley and Marks (2004) advocate for use of “natural language of participants” (p.4). This allowed for respondents to reflect on their experiences in a more genuine and realistic manner not hampered by language barrier. An educator who has studied IsiZulu extensively (Honours degree) translated the English questionnaire into IsiZulu. This questionnaire was further edited by the researcher as some psychological terms and mental disorders are non existent in African languages thus a lot of care was taken with the translation.

Closed-ended or fixed-alternative items requiring yes/no answers and open-ended questions were used in both questionnaires. To some of the closed ended items probes were further attached so as to go beyond the superficial response which is cited as one of the disadvantages (Kerlinger, 1986). The open ended questions were used to ascertain more qualitative responses in both questionnaires, allowing the respondents to use own words. This was done to allow for more depth explorations of respondents.

Clear instructions were stipulated on how to answer the questionnaires, that is by “ticking the relevant box and giving a brief description where applicable”.

To ensure content validity the items in questionnaires were developed based on the objectives of the research. According to Kerlinger (1986) achieving a reasonable degree of content validity is a matter of judgment either individually or with involvement of others. The researcher decided on the latter thus once the questionnaires were finalised, experts in the psychology field were consulted for their assessment and input.

Actual development of the questionnaire for bereaved employees

In a phenomenological study where participants were requested to relate their experiences of grief following bereavement, themes that came up were coping, affect, change, details and relationship (Muller & Thompson, 2003). The questionnaire in this study encompass four of them directly and change as a result of being bereaved is accessed through follow up open ended questions.

The questionnaire used in this study can be considered as rather long but according to Jordan et al., (2005) when an instrument is too short it ends up being used as a “rapid screening device” (p.304) and loses its usability as a credible comprehensive clinical assessment instrument. This study was not conducted as a screening exercise or simply a survey but it aimed at exploring the experiences of the bereaved employees thus the questionnaire was designed to cover as much detail as possible and deemed relevant.

Some grief assessment tools again tend to have limited quantitative dimensions leading to failure to capture the multidimensionality of grief with the many mediating factors that impact on the grief process and thus affecting resolution. The questionnaire designed for this study also allowed the respondents to elaborate on their personal experiences pertaining to the loss of the loved one as grief is a very complex and personal experience. In a limited extent the questionnaires provided the bereaved employees with opportunity to tell their stories and through that narrative process had a chance of dealing with their pain. In support Gilbert (2002) states “story telling is integral to research” (p.228). The author further states that participants in her grief research reported that being listened to was therapeutic and it legitimized their grief.

Prediction of Complicated Grief has also been included as that will affect the bereaved employee’s work life adversely. In their qualitative study on experience of grief after bereavement Muller and Thompson (2003) themes on

Coping, Affect, Change, Relationship, and Details were revealed. In this study these themes are covered by the items in the questionnaire in an effort to gain insight into the experiences of the bereaved employees, how they cope and how support may be improved to assist them to cope.

Considering the conflicting views on which is a better theory of grief, the questionnaire embraces most of the developed theories. This is in line with new approaches to bereavement which emphasise normalising bereavement and discourage narrow and rigid application of theories (Taylor, 2005).

When developing the questionnaire for bereaved employees the following aspects were considered:

- **Format and contents**

Block of questions were developed divided into demographic data, questions on the deceased, circumstances of being notified about the death, leave days taken, reaction to the loss, reactions experienced on resuming work, support and care provided on resuming work, referral to professionals, experiences at work, and recommendations. It was envisaged that information received from answering the questions in the different sections would be enough to achieve the objectives.

- **Demographic data**

This was the first section which consisted of factual data that is gender, age, marital status, home language, race, nationality religious/spiritual orientation, position in the organisation and highest level of education. All the information collected was relevant to the study. Most of the data included is related to factors influencing the course and outcome of grief. Again gender, age and race may be found to have influence on opinions and recommendations made.

- **Questions on the deceased**

These were included to explore the nature of the relationship with the deceased as well as circumstances surrounding the death. The respondent had to respond to questions related to: relationship to the deceased; nature of the relationship to the deceased; age, time and nature of the death; multiple losses and concurrent stressors. The Likert type scale with five categories was used in the section on questions on rating nature of the relationship between the bereaved and the deceased. The categories were ranging from not close/rather distant, just close, reasonably close, very close to exceptionally close. The last two questions needed the respondents to briefly explain. Though related to the bereaved, history of other losses and stressors would give more insight into how the bereaved employee would cope with the current bereavement.

- **Circumstances of being notified about the death**

This section seeks to determine where the bereaved employee was when he /she first heard about the death. It was aimed at eliciting the important information on support or lack of it showed at the workplace. Irrespective of where the bereaved employee was when notified about the death support from the workplace is still crucial. Bereavement and grief literature cites support as essential for resolution of grief. Respondents were requested to provide description of support rendered by either, managers, supervisors or co-workers.

- **Leave days taken**

The focus of this section was on the Family Responsibility Leave. It aimed at identifying knowledge about this special leave, how many days were taken and recommendations on how this leave could be improved if there is a need.

- **Reaction to the loss**

This is one of the main sections of the questionnaire which explored grief reaction. The reactions mentioned emulate the multidimensionality of normal grief reaction mentioned in bereavement and grief literature. Grief related instruments like the Hogan Grief Reaction Checklist (Hogan et al., 2001) and Grief Evaluation Measure (Jordan et al., 2005) include these reactions. The first portion contains 37 items as compared to 58 items on the Grief Evaluation Measure (Jordan et al., 2005). The respondents were only required to tick the symptoms they presented with related to feelings, thought processes, physical sensations and behavioural disturbances. Experiencing some of these reactions would be indicative of high risk to complicated grief.

The second portion with 9 items dealt with reactions experienced on resuming work, for example depressed mood, easily distracted, feeling life has no meaning and others. Severity of the reported symptoms could be indicative of complicated grief and would affect productivity adversely. The respondents were also requested to describe any other symptoms they had as well as indicate those that interfered with their performance at work.

The respondents had also to indicate whether they think they were emotionally well to return to work. This would provide valuable subjective data as well statistics of those who returned to work still feeling emotionally not well.

- **Support and care provided on resuming work**

In this section the respondents were requested to describe measures of support they were offered by managers, supervisors and co-workers. If none was offered by each of these categories they had to indicate. This will provide important information on who currently at the workplace offers support to

bereaved employees.

- **Referral to professionals**

The first portion dealt with EAP issues. Most organisations have EAPs thus information obtained would give insight into whether employees know about them and effectiveness of the referral system.

Items exploring possibility of complicated grief were also included with items ranging from Major Depressive Disorder, Post Traumatic Stress Disorder to intense anger, attempted/thought of committing suicide and general excessive reactions. The respondent had also to indicate which professional attended to him/her, choosing amongst a Medical Doctor, Psychologist, Registered Counsellor, Psychiatric Nurse or Social Worker. Other professionals besides Psychologists were included as Community Psychology argues for involvement of other professionals in preventative measures.

- **Experiences at work**

This last section of the questionnaire which is mainly open-ended was designed for eliciting more personal experiences and views. The respondents are requested to describe the positive and or negative utterances and behaviours experienced at the workplace and what hurt them the most. The respondents are also given a chance to elaborate on what they consider helpful and make recommendations. The last portion was included for those bereaved employees who experienced a miscarriage.

The respondents are thanked for sharing their experiences at the end of the questionnaire.

Questionnaire for managers and human resource officers

This secondary questionnaire was developed for the sake of getting information from an alternative source. Triangulation is important for assessment of validity. If the information about support offered given by this group of respondents within a particular organisation does not correspond to that given by its bereaved employees that would be picked up during analysis. One of the purposes of qualitative research is to get different viewpoints of people in different circumstances (Wilkinson et al., 2004) thus responses on this questionnaire would enable the researcher to have insight into the views of managers and human resource officers which could be different from that of bereaved employees. This is fairly a short questionnaire with two sections. Mostly it has closed-ended questions. Open ended questions needing brief descriptions relate to internal policies and comments or suggestions on how organisations can ensure effective caring for the bereaved employees also form part of the questionnaire. Considered in this questionnaire were:

- **Demographic Data**

This was included for statistic's sake as well as identifying input from the two categories. Furthermore the race and religious/spiritual data will give insight into respondent's views on cultural bereavement issues.

- **Questionnaire**

Respondents are requested to answer questions related to EAP, Family Responsibility Leave, cultural issues and internal bereavement support policies. There are items that also relate to the respondent's support skills.

At the end of the questionnaire the respondents were thanked for the input.

3.2.6.2 Focus Groups: Wilkinson et al., (2004) state “meaning-making is a collective, or socially shared activity” (p.48). During the focus groups this phenomenon was observed as a respondent would state an opinion and others would explore it further, either supporting or disagreeing and coming up with other views. As this interaction occurred the meaning of experiences and rationale of some of the views evolved.

The focus groups were also used to simply facilitate expression of ideas, beliefs and opinions in a group setting. Focus groups for bereaved employees were utilized to focus on a few issues, namely personal experiences including personal growth following bereavement, opinions on effectiveness of the current Family Responsibility Leave, how to deal with disenfranchised grief, how their organisation can further improve support offered to bereaved employees, awareness of presence of EAP and that a bereaved individual may need counselling. Focus groups for managers explored effectiveness of EAP, extent of self referrals by employees to EAP, measures of respecting cultural differences, Family Responsibility Leave, internal bereavement policies including how they have been developed and how the organisation can further improve support offered.

In some focus groups the researcher would facilitate discussion of an idea picked up from ongoing analysis of already collected data.

Though a schedule for the focus groups was drawn it also allowed for the respondents to raise own questions, a point mentioned during introduction and setting of guidelines as informed by research ethics. Confidentiality considered as special in focus groups (Wilkinson et al., 2004) was stressed to all groups. In order to maintain consistency a set format of introducing the session including a brief description of the research; explaining the procedure to be followed and ground rules; closing comments and summarising the session was followed.

The members of the focus group were always thanked again at the end of the session. Wilkinson et al., (2004) stress the importance of these steps in preparing thoroughly for conducting focus groups.

3.2.6.3 Interview and Observation. Both of these techniques are considered important in qualitative research (Bouma & Atkinson, 1995; Creswell, 1998). Kerlinger (1986) refers to an interview and its schedule as a “potent and indispensable research tool, yielding data that no other research tool can yield” (p.446). Indeed the interviews held with some of the respondents yielded unique perspectives and broadened the understanding of the experiences of the bereaved employees as well as difficulties experienced by managers and human resource officers. Limited one to one interviews were conducted due to time constraints with some of the respondents. Structured interviews were held with a limited number of the respondents who indicated their preference that the researcher completes the questionnaire. With some of the respondents this was necessitated by educational challenges. The designed questionnaires were then utilized.

Semi-structured interviews were conducted with the aid of an interview schedule with similar questions to those used in focus groups. This was used as a guide not as a strictly confining tool thus allowing for deeper exploration on different aspects. Using the schedule though was important for consistency. This is in contrast with a South African qualitative study evaluating a bereavement counselling course where interviewees were not asked identical questions (Davies & Terre Blanche, 1997). Probes were used where necessary to enable the respondents to elaborate further.

Unstructured interviews were also conducted mainly with Managers and Human Resource Officers. Similarly in a study on the experience of grief after bereavement, Muller and Thompson (2003) utilized open-ended and unstructured interviews.

Observation is an integral part of interviews. Non verbal cues were observed all the time during the different types of interviews including focus groups. The researcher was able to pick up on some issues and verified the assumptions verbally with the respondents. By the mere fact of visiting the organisations and interviewing some of the respondents, participant observation was used. Field notes were kept following each contact with respondents where researcher's personal feelings and reflections were noted.

3.2.7 Procedure and Ethical Considerations

3.2.7.1 Gaining access: Permission to conduct the research was requested from the organisations sampled for investigation in this study (see Appendix A). The letter of request stated the topic as well as objectives of the study and briefly described what is to be done. Further more how the organisation might gain from the results was mentioned. Confidentiality and anonymity of the respondents and the organisation was assured as code numbers were to be used. The organisations were made aware that should they be willing to be mentioned by name in the study that would be gladly done with their permission.

Letters of requests were hand delivered to the organisations. Face to face encounter allowed the researcher to explain further to Managers the aims and objectives of the study, in order to allay any fears and to reiterate issues of confidentiality and anonymity for the organisations and the respondents. A date for the visit to conduct interviews and or deliver the questionnaires was set jointly by parties involved. A reasonable time was allowed for the organisation to make a decision or where such was available, have its ethics committee meet to decide on the appropriateness of the research for that particular organisation. Since issues of internal policies would also be explored it was important that each organisation was comfortable with releasing relevant

information. In some organisations the researcher was advised to contact the organisation's regional head office for permission to conduct the research.

It was decided that initially organisations would explain about the research to the employees and invite those relevant and interested to participate. The researcher would further explain the aims and objectives of the research to prospective respondents on the day of conducting the research.

In each organization the researcher requested for a designated person from whom completed questionnaires would be collected and with whom to liaise for the scheduled interviews and focus groups. This was done to ensure maximum return and accountability.

3.2.7.2 Pilot study. A pilot study was conducted on a minute scale of respondents similar to the targeted population. On the section on "Questions on the Deceased" number 6, asking about multiple losses, was found by one respondent to be ambiguous. She was not sure whether it related to the bereavement she was reporting on or another one. The researcher made a note to explain clearer to future respondents and resolved not to remove or change the question as it would not compound the results. The questionnaires translated into IsiZulu were also found to be understandable.

3.2.7.3 Actual study. On the day of the scheduled interviews and focus groups, potential respondents were met by the researcher in an area designated by the organisation. The aims and objectives of the study were explained and where needed IsiZulu was also used. The nature of the research was explained including what was expected of the respondents. This was all done to ensure informed consent from the respondents. Only some of the Managers and Human Resource Officers completed questionnaires on the same day of conducting interviews, bereaved employees opted to complete them privately and a separate date was set for collecting the completed

questionnaires.

Thus same time collection used successfully by Hoffman (2002) in his study could thus only be applied to a very limited number of respondents. The respondents (managers and human resource officers) were given unlimited time to complete the questionnaire which mostly lasted for less than 20 minutes.

In some organisations focus groups were conducted whereas in others one to one semi-structured interviews were held. This provided for even more in-depth information warranting qualitative analysis. Unlike in a grief related study by Rowling (1999) where pseudonyms were used for people and places in this study organisations and respondents were referred to by codes which provided adequate protection. Only the researcher would be in possession of the real identities of organisations. Even the researcher would never be able to identify individual respondents.

The process involved no planned counselling. As already mentioned, the telling of the story is Therapeutic on its own and further more aim of the study was not to pathologies bereavement. As pointed out by Lindstrom (2002)", the simplest and most non interfering, naturalistic design would be without any offer of counselling, simply to register closely how people deal with their bereavement" (p.19). Never the less as bereavement is an extremely sensitive period in the respondent's life, where necessary, (when the bereaved found it difficult to handle their new acquired status) the researcher offered support. As stated by Oskowitz and Meulenberg-Buskens, (1997) "sensitive moments may occur frequently" (p.83). As proposed by these authors the researcher was prepared to deal with the awkward and difficult moments with sensitivity and skill.

Even though participation might evoke some painful memories which could point to an ethical dilemma for this study, Hauksdottir et al., (2006) in fact argue

that according to literature the participants in a bereavement study benefit therapeutically from the experience.

3.2.8 Ethical considerations

The respondents were assured of anonymity and confidentiality before they started answering the questionnaires. They were assured that there is no way that what ever they reported in the questionnaires could be traced back to them or identify them in any way in the completed report. The rationale for including the demographic data was explained to the potential respondents.

As mentioned in the letter of request, only with the permission of the organisation would it be specifically mentioned. It was clearly explained that the decision to take part in the research is completely voluntary and should one feel uncomfortable to continue, they should feel free to withdraw their participation. Neuman (2003) and Babbie (2004) agree that participants should not be coerced into participating in a research project. In this study, therefore, informed consent was a necessary condition. Emphasis was placed on accurate and complete information about the study, so that participants fully understood the investigation. All participants included in the study were legally and psychologically competent to give consent.

3.2.9 Scoring

Data collected was scored by the researcher. Information in this regard is reported in Chapter 4.

3.2.10 Data Analysis

All the data received from questionnaires, interviews and focus groups were compiled and coded for the total sample. The subsections of the questionnaires

and interview schedules served as macro categories from which further categories and themes were developed. Inductive and deductive coding and reasoning was used. Direct quotations were used to validate themes identified.

Both qualitative and quantitative analysis have been used in bereavement studies (Badenhorst et al., 2006). In this study this was also practised as both Content and Thematic analysis was conducted. As suggested by Joffe and Yardley (2004), all the data collected was carefully examined to identify how it fits into the analysis. Not only common themes would be reported on, also rare and even once off themes were noted, in support Silverman (2000) cautions against only mentioning the data that supports one's arguments.

Furthermore the Statistical Package for the Social Sciences (SPSS) was also used to analyse questionnaires.

The next chapter presents and analyses the data collected.

CHAPTER 4

DATA ANALYSIS AND RESULTS

4.1 INTRODUCTION

This chapter deals with analysis of the data collected. To make sense out of the data collected, both qualitative and quantitative analysis methods were utilised.

Descriptive analysis was used for the quantitative data. Content analysis was conducted on the responses from the open-ended questions of the questionnaires. The interviews and focus groups interactions were tape recorded and transcribed. A selection of quotations and transcriptions have been included in this chapter. Those in IsiZulu were also translated into English. Statistical Package for Social Sciences (SPSS) was used to analyse the data from questionnaires. Themes and patterns noted from all the data obtained from focus groups and semi structured interviews was analysed not only for the frequency of codes but also for the meanings attached. Thus both, manual management data analysis and computer assisted analysis was conducted.

The organisations were coded using alphabets and respondents within organisations were coded using the organisation's code and a number, for example B1. Coded organisations were: A, B, C, D, F, I, J, K, L, M, O, P, Q, R, S, T, U, W, Y, and Z. This was done to maintain anonymity and confidentiality.

4.2 RESPONDENTS

Of the 40 organisations approached to participate in the study, 22 initially agreed to be part of the sample but ultimately only 20 (50%) actually participated. Five percent (5%) of the organisations declined outright to

participate in the study. Those who declined were corporate organisations. Eighteen percent (18%) of the organisations showed unwillingness to participate despite having initially agreed to participate, however, when the researcher made a follow up to set dates to conduct the study, these organisations declined. No response was received from fifteen percent (15%) of the organisations. In twelve percents (12%) although the organisations showed willingness to be involved, protocol to be followed was lengthy and difficult thus due to time constraints they were dropped as part of the sample.

Of the 159 questionnaires completed and returned 72 (45%) were from bereaved employees (Appendix H) and 87 (55%) from managers and human resource officers (Appendix I). One respondent F4, indicated having never experienced bereavement. Her participation in this study is considered important because it shows personal, cultural and racial differences with regard to whom is considered a close relative. Five focus groups with a total of 67 participants were conducted in organisations B, W, D and O with largest group being divided into two. Semi structured interviews were held with 11 managers and human resource officers: A1, A40, C2, I1, K11, O1, P1, P2, R5, W3 and Y1. Five (5) semi-structured interviews were conducted with bereaved respondents A2, C1, W7, W8, and W9.

A total of 209 bereaved employees participated in the study. Of the sample, 159 completed questionnaires, 16 participated in semi-structured interviews and 67 were involved in five Focus groups which included participants as follows: W1 = 15; W2 = 17; B = 15; D = 12 and O = 8. Twenty two (22) respondents were involved in focus groups and also completed questionnaires. Eleven respondents were interviewed and also completed questionnaires. Thus 45 respondents were involved in focus groups only and 5 were only involved in semi-structured interviews only.

Demographic data

Bereaved Employees

Mostly females (89%) responses were obtained from the questionnaire for bereaved employees and only a few (11%) responses were from males. This trend was observed through out the whole research project except for organisation W which had more male participants. Age of bereaved respondents ranged from 25 -64 years. Blacks were in the majority as shown in Table 1. Only 3 Whites completed the questionnaire for the bereaved.

Table 1: Distribution of Bereaved employees by race

Race	Frequency	Percent
Black	69	96
White	3	4
Total	72	100

South Africans were in the majority at 97.2% with only one other national, a Zimbabwean. Only one respondent did not indicate nationality.

The most recorded home language was IsiZulu at 92%, followed by IsiXhosa at 2.8%. English, Afrikaans and Shona were all at 1.4%. Home language together with the respondent's race will have influence on the views held about bereavement rituals. Findings on religious orientation showed the majority, 88% to be Christians and 11.4 % belonging to African Religions. Religion is one of the important mediators on grief coping and bereavement rituals.

The highest level of education of bereaved employees was a Masters degree with a total of 12 respondents having degrees, 10 recorded diplomas and the majority, 32 had Grade 12 (Matric). Lower than Grade 12 was reported by 3 respondents. The lowest recorded level of education was a Grade 3

Of the respondents who completed the questionnaire for bereaved employees, general employees were in the majority at 58.3%, followed by supervisors at 15.3%. Managers and Human Resource Officers accounted for 16.7% and 2.8% respectively. Five (7%) of respondents did not indicate designation.

Managers and Human Resource Officers

Within Managers and Human Resource Officers the majority 66.7% were also females as indicated in Table 2.

Table 2: Distribution of Managers and Human Resource Officers by gender

Gender	Frequency	Percent
Female	58	66.7
Male	28	32.2
Missing data	1	1.1
Total	87	100.0

One respondent did not indicate gender. This trend of more females than males participating was also observed in bereaved respondents.

The majority, 82.8% of respondents gave IsiZulu as their home language a trend also identified in the bereaved respondents. Amongst the least spoken languages was Afrikaans and IsiXhosa with 1.1% each.

In this study Blacks were in the majority with 88.5% followed by Indians 4.6%, Coloureds 2.3% and Whites at 2.3%. Missing data amounted to 2.3% where race was not indicated (see Figure 1).

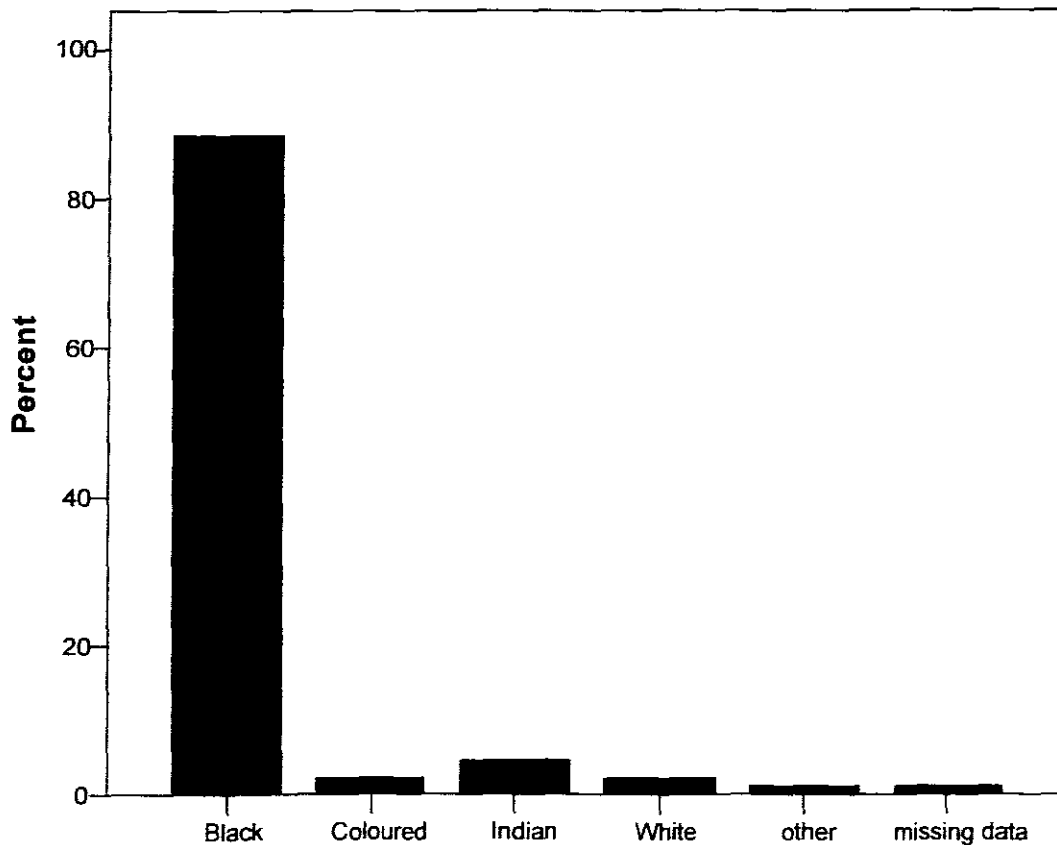


Figure 1: Managers and Human Resource Officers by race

With regard to Religious orientation, Christians were in the majority with 75.9%. The least represented were Islam and Hindu with 2.3% each. African Religion accounted for 5.7%. Some 13.8% respondents did not indicate their religious orientation. Data relating to religion is important as religion influences views on bereavement and grief.

Managers accounted for more than half of the respondents at 54% and Human resource officers amounted to 34.5%. Seven respondents (8%) did not indicate designation and 3.4% worked within the department dealing with human resources.

Even though some managers and human resource officers acknowledged having been recently bereaved, they did not complete the questionnaire for the bereaved. For example respondent I1, did not complete the questionnaire for the bereaved despite recently losing her husband. This trend was observed also in other organisations.

4.3 BEREAVEMENT DATA

This section deals with questionnaire data from bereaved employees, Managers and Human Resource Officers.

4.3.1 Questions on the Deceased

Relationship to the deceased

Respondents reported bereavement involving a wide range of family and relatives as shown in Table 3. Other relatives not mentioned in the table were recorded under multiple losses. The most reported were spouse and child loss at 18.1% and 19.4% respectively. Sibling loss amounted to 18%. Of the respondents who reported miscarriages only F1 reported it as a child loss. The other 7 miscarriages were reported as secondary losses. This might be due to perception that it is not proper to talk about a miscarriage in some cultures and thus disenfranchised grief might be promoted by the very bereaved individual.

Other relatives recorded like cousin and sister-in-law are not covered by the Family Responsibility Leave and thus officially no bereavement leave should be granted. These relatives also came up under multiple losses where losing a brother-in-law was reported by five respondents and five more respondents reported losing a sister in-law, nephew, cousin, niece and best friend. To these bereaved employees losing those considered not as close relatives by

other cultures create a lot of conflict. This theme of different views on who is a close relative came up also in focus groups and interviews as participants stressed that they are also responsible for the extended family members. This again informs expectation of support from the organisation.

Table 3: Distribution of Bereaved employees' by relationship to the deceased

Relationship	Frequency	Percent
Spouse/partner	13	18.1
Child	14	19.4
Mother	7	9.7
Father	9	12.5
Sister	5	6.9
Brother	8	11.1
Other	2	2.8
Grandfather/grandmother	1	1.4
Sister-in-law	1	1.4
Niece	2	2.8
Cousin	1	1.4
Aunt	1	1.4
Missing data	7	9.7
Has never lost someone through death	1	1.4
Total	72	100.0

One respondent, A10 recorded loosing a “best friend” under multiple losses together with spouse, sister’s child, and brother in-law. What might be considered as a distant relative by another individual may not be necessarily so for the bereaved employee. Loosing a friend was very important to this respondent. As mentioned by Eyetsemitan (1998) relationship of community as in a friend can result in grief, it is the attachment that counts not kinship. This

will have impact on the Family Responsibility Leave days taken as well as suggestions on improving it.

Nature of the relationship

Intensity of the relationship to the deceased is shown in Table 4 below. No respondents recorded being just close or rather distant to the deceased.

Table 4: Nature of the relationship

Nature of relationship with the deceased	Frequency	Percent
Exceptionally close	43	59.7
Very close	14	19.4
Reasonably close	3	4.2
Did not answer question	1	1.4
Missing data	11	15.3
Total	72	100.0

The majority, around 60% reported being exceptionally close. Two respondents U1 and Q9 recorded their closeness to the deceased as reasonably close and both were females who had lost their fathers. According to Worden (1991) grief intensity is not only determined by who is lost but the strength of the attachment also has an impact. For example U1's father was murdered but no complicated grief was developed and the grief symptoms reported were not severe. Despite further on stating "*Because I and my father were not that much close...*" respondent R6 is one of those who did not specify the closeness. Of the 14 respondents who lost their children 8 recorded closeness as exceptional, 5 as very close and for 1 respondent was missing. Bereaved parents are a very special group and they need support as postulated by Klass (1989) they present with grief that never ends, the pain is there for the rest of their lives as parents do not expect their children to die first. The intensity of grief may be more compounded by the nature of death.

Age of the deceased and nature of death

Reported ages of the deceased ranged from 8 to 73 years. Amongst the secondary deaths reported under multiple losses the highest age reported was that of an 82 years old uncle, to the respondent this death was significant. The majority, 52 (72%) of the deceased were within the age range of 18 to 65 years. This could also have financial implications on those who are left behind if the deceased was also assisting financially. Table 5 shows the frequencies and percentages of the nature of death of the deceased.

Table 5: Distribution of the nature of death of the deceased

Nature of death of the deceased	Frequency	Percent
Sudden	15	20.8
Traumatic	4	5.6
Suicide	2	2.8
Following a long illness	39	54.2
Did not answer questions	1	1.4
Missing data	10	13.9
Miscarriage	1	1.4
Total	72	100.0

Car accidents were found to be mostly responsible for sudden deaths with asthma cited by one respondent. Traumatic deaths involved murders. Bereavement from car accidents, suicide and murder tend to lead to complicated grief due to the trauma involved. Such bereaved employees need a lot of support even professional intervention is usually indicated.

Deceased children's age ranged from 8 to 36 years (excluding the miscarriages). Death of a child is considered the most painful (Cleiren, 1993). Cause of death for 4 of the adult children was related to HIV and Aids, 2 of which were simply reported as due to long illnesses. Two died from car accidents and 1 was murdered. The two suicide cases reported by bereaved parents in the study had reference to their children aged 18 and 28 years. Although the questionnaire (Question 5.3) specifically indicated that disclosure was only considering a long illness, some respondents wrote "*short illness*". The stigma attached to HIV and Aids might have been the cause for such responses.

Time of death

For the majority (73.6%) time since death ranged from 2 months to 8 years, as from March 2000 to January 2008. Three respondents F3, Q19 and Z6 had been bereaved for less than three months. In another South African study on bereavement following loss of a child (Polatinsky & Esprey, 2000) the length of time since the loss ranged from 6 months to 8 years. In this study though the request to participate was for those who had been recently bereaved, 6 of the respondents were bereaved before year 2000. Respondent A5 (lost spouse in 1997), P2 (brother murdered in 1992 and father died in 1969-car accident), Q8 (lost father in 1999 -car accident) and Q10 (lost father in 1980). Due to level of attachment and traumatic deaths, these respondents might have felt the need to share their pain by participating.

Respondents A13 (lost a spouse in June 2007), A14 and A8 (lost brothers in December 2007 and July 2007 respectively) further recorded the exact time their loved ones passed away, showing uncanny memory, which might also be indicative of the pain they experienced and might still be experiencing.

Expectedness

Despite 39 (54.2%) respondents who had reported that the deceased loved

ones passed away following long illnesses, only 9 (12.5%): B4, C2, C12, A2, A15, Q7, Q9, Q14, and Q15 reported having expected the loss as the loved ones had gone through long illnesses. This goes against the theory of Anticipatory grief, which argues that grief reaction may not be severe following being bereaved after a long illness as one is rather prepared for the impending death.

Multiple losses and concurrent Stress

Twenty-five (34.7%) bereaved respondents reported multiple losses. The relationship to the deceased ranged from a combination of spouses and mother in laws to siblings and grandparents. For example, respondent K1 lost a spouse, mother, sibling, child and both grandparents. Respondent K10 lost both parents and a mother -in-law within the same year, with each death about a month apart. Further more 30 (41.7%) bereaved respondents reported experiencing concurrent stressors. Of these 12 (46%) also reported multiple losses. Multiple losses predispose the bereaved to complicated grief (Leick & Davidsen-Nielsen, 1991) thus these individuals may struggle to resolve grief.

Amongst those who experienced both, the cause of death was mostly traumatic as in car accidents, suicide and murder. Respondents who lost close relatives, for example B3 and W8 lost a sister and a brother respectively from car accidents. Respondents Z2 and Q13 who lost children from suicide recorded experiencing intense grief with guilt, despair and anger, which are signs of complicated grief.

Concurrent stressors reported included the following:

- *“Newly wed and pregnant with first child” experienced by B2 who lost a mother suddenly.*
- *“Looking after other sick family members” as reported by A8 who lost a brother and a cousin.*

- *“Family problems as then I had to be the sole bread winner for 20 extended family members”* reported by C12 who lost two brothers and a niece within a year.

The above last mentioned quotation supports the view that being bereaved may be accompanied by other stressors like financial problems as also mentioned in literature (Worden, 1991; Dershimer, 1990; Cleiren, 1993).

4.3.2 Support offered the bereaved on being notified about the death

Respondents notification

The majority of the respondents 41 (56.9%) heard about the death when they were away from work. Co-workers were reported as giving the most support, with 36 (50%) reporting their support. Many of the respondents were supported by more than just co-workers for example 19.4% reported being supported by co-workers, supervisors and managers 12.5% were supported by both supervisors and co workers. Only one respondent, Q17 who was notified at work recorded receiving no support.

Support offered by managers

The following are support measures reported by the bereaved respondents. The analysis of support was managed manually.

- Accompanied home

Three (3.4%) managers requested supervisors and colleagues to accompany the bereaved home and one respondent, Q7 reported being accompanied home by a manager.

- Twelve 13.7% reported being supported with a couple specifying that support as follows:

B2: *“Comforting words were passed”*. This was a typical response.

P1: *“Sympathised with me. But due to shortage of staff I could not be released there and there”*. This theme of expecting early release was also evident in the

following response:

C1: "They *felt very sorry for me and they released me early on that day*"

- Counselling
- Financial support
- Prompt Family Responsibility Leave granted to prepare for the funeral

Q9: "*Banginika ilivu yokuyolungisa ...*" (They offered me leave to make arrangements...). K3 gave a similar response: "*Bangizwela banginika izinsuku evikini ngilungiselela umngcwabo*" (They empathised with me, offering me days during the week to prepare for the funeral).

Number of leave days offered are very crucial as will be observed in the rest of the analysis. However, a respondent who recorded no support from management reported a painful experience related to bereavement leave as cited below:

Q15: "*...signing the leave which was for three days because your brother is dead was irresponsible*", a statement made in a meeting by management. This statement shows insensitivity and lack of empathy.

Being empathic and showing understanding (Beder, 2004; Dershimer, 1990) are some of important skills which assist the bereaved to cope with grief.

Similar themes were identified from data relating to supervisors and co-workers.

Support offered by supervisors

- Accompanied home

Either the supervisor accompanied the bereaved or requested the co-workers to do as reported by four (5%) respondents

- Eight (11%) reported general support measures
- Specifically asked whether one needed any help:

Z6: "*...asked if they can offer any help like driving me home*".

- Home visits before the funeral reported by 1 respondent
- Assisted with application for Family Responsibility Leave reported by 1 respondent.
- Donations reported by M13: "*Collected money*".

Support offered by co-workers

- Accompanied home or to get transport reported by 3 (4%) of the respondents
- Home visits before the funeral reported by 5 (7%) respondents
- General support measures were reported by 20 (28%) respondents
- Donations reported by 4 (6 %) respondents
- Co-workers specifically enquired on her financial status reported by P2: "*...Came to my home after hours to check on my financial standing*".

More bereaved employees were granted bereavement leave as will be identified in the following sections.

Other support/caring measures by the organisation

This open-ended question was added to probe for more measures that might not have been mentioned above.

Following are the themes that were identified:

- **Funeral attendance reported by 25 respondents (35%).** Typical responses:

Q10: "*I was pleased that they did support me*". Importance of management also attending is identified in the following response by a White employee who lost a spouse:

M13: "*Management and co-workers attended funeral*". Culture of the organisation is thus important as in organisation Z rationale for Whites not attending funerals for bereaved Black employees was cited as considering funerals to be for family and close friends, apparently not in organisation M.

Attending a funeral is urged by Puterbaugh (2006) as it is well appreciated by the bereaved co-worker. When managers also attend the employee feels accepted and realises they all empathise and support him or her.

- **Assistance with preparation for the funeral** was cited by 6 (8%) respondents
- **Visits and telephonic contacts while still at home** was reported by 10 (14%) respondents as reported below:

K8: "*...gave me moral support while I was still at home*"

F1: "*Phone calls while at home*". She had a miscarriage and the organisation was aware unlike in most of the reported miscarriages.

Support is very important following a miscarriage as usually support is not forthcoming and it can lead to complicated grief. Hughes et. al., (2002) cite possibility of PTSD and prolonged Depression following a miscarriage. Even just to visit is recommended by Puterbaugh (2006) who also advises that even if one feels it might be inappropriate, the bereaved co-worker will appreciate it as shown by the above extracts.

- **General supportive measures** were reported by 20 (28%) respondents citing similar statements as in above subsections as stated by B1: "*A lot was done ...showing their sympathy...*"
- **Granted Family Responsibility Leave** was reported by 4 (6%) respondents

Some though were still offered three days even though according to agreements reached through bargaining, their sectors are granted five days. This points to lack of dissemination of knowledge.

- **Warm welcome** was stressed by 1% of the respondents
- **Assistance to adjust to the workload** was reported by 1% of the

respondents

- **Donations** was cited by 10 (14%) respondents
- Two (3 %) respondents mentioned **assistance with transport**.
- **Treated with dignity** was emphasized by 1%
- **Show of condolences with flowers** was mentioned by one respondent

This also came up in a semi-structured interview with another female bereaved employee, W7.

4.3.3 Views on the Family Responsibility Leave

It is an international practice to provide leave for bereaved employees and according to Eyetsemitan (1998); this may be paid or unpaid leave. In South Africa, bereavement leave is a paid leave as already explained in Chapter 2, subsection 2.2.10.5 Views of the two groups are different thus they will be analysed separately,

Bereaved employees

Suggested Family Responsibility Leave days amongst the bereaved respondents ranged from 2 - 60 days with the majority 24 (33.3%) suggesting 10 days as depicted in Figure 2. Five days suggested by 18 (25%) respondents is the norm in the department of health in KwaZulu-Natal as well as in some of the municipalities that participated in the study. Seven days were suggested by 15.3% of the respondents. One respondent, C1 is of the opinion that there should be no restrictions and C2 made no suggestion but indicated that the currently offered days were not enough.

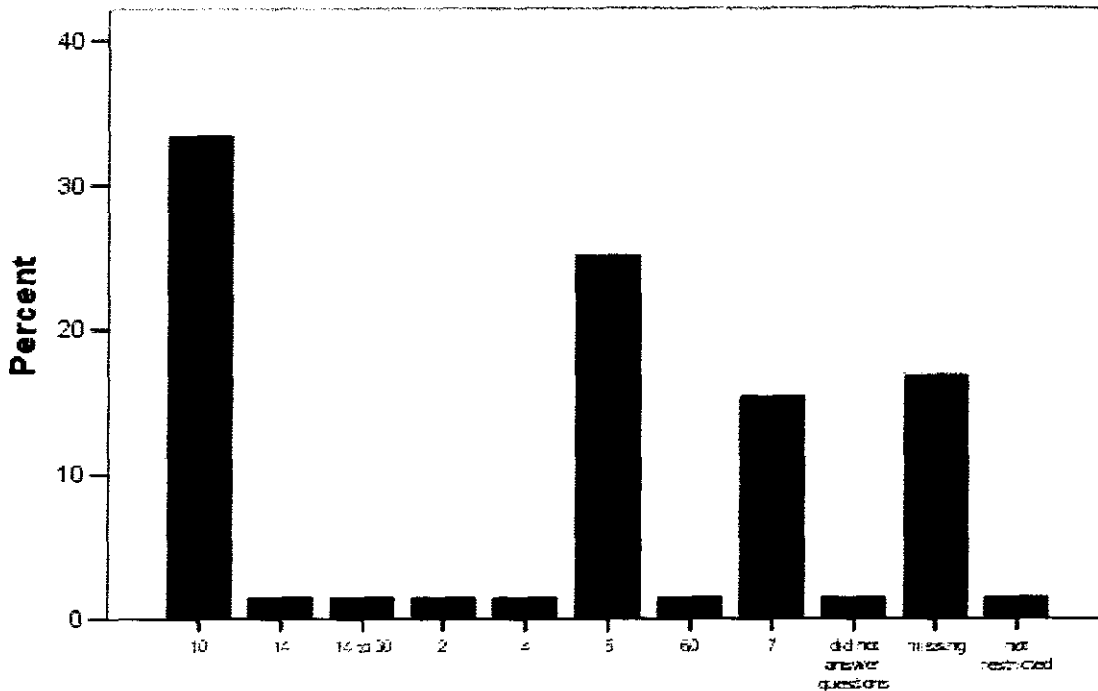


Figure 2 : Bereavement leave days suggested by bereaved employees

Managers and Human Resource Officers

The majority of the managers and human resource officers, that is 78 (89.7%) felt the current three days offered within the Family Responsibility leave is not enough. This significant trend was identified across all the organisations.

Nine (10.3%) respondents - A35, C5, P6, Q3, R1, W2, W4, F2, and J1 thought the Family Responsibility Leave is enough. The first five respondents are Black managers and J1 (a Hindu) and F2 (Muslim) are Indians. Respondent J1 felt it was even too much. This points to the fact that culture and religion does influence how the number of days offered is perceived. Funeral rituals differ as some bereaved individuals might have to wait for days while with other races the funeral is held as soon as possible. Culture, ethnicity, spirituality, religion

and associated rituals do not only have a role in the course and intensity of grief as mentioned by Mantala-Bozos (2003) and Dalzell (2005) but apparently they also influence views on related factors as in these respondents' views on how many days are needed by the bereaved employee. Of the nine respondents who felt the bereavement leave days are enough, eight of them are highly ranked managers who might have been more influenced by needs of the organisation than those of the bereaved employee.

Suggestions on the number of Family Responsibility Leave Days

The majority, 31% suggested 5 days. Table 6 shows the frequency of the days suggested by Managers and Human Resource Officers. Respondent Q10 suggested that 14 days should be offered in cases where close relatives have been lost. Two respondents were not specific one suggesting a range from 7-14 days and the other, 14-21 days. For statistical purposes 14 and 21 days were considered as the suggested number of days for these respondents. For losing a spouse respondent C10 suggested 10 days whereas Q1 suggested 14 days. It must be noted that losing a spouse is considered one of the most painful losses as stated by Lendrum & Syme (1992), such a loss is more than just losing a husband, wife, girlfriend, or boyfriend as the death encompasses multiple losses. One loses a friend, a lover, co-breadwinner and a lot more in just that single loss. The second highest percentage of 17.2% suggested 10 days. Almost 15% suggested 14 days and 13.8% suggested 7 days.

Table 6: Leave Days suggested by Managers and Human resource Officers

Leave days suggested	Frequency	Percent
10	15	17.2
11	1	1.1
12	2	2.3
14	13	14.9
21	1	1.1
5	27	31.0
6	1	1.1
7	12	13.8
Not applicable	9	10.3
Missing data	6	6.9
Total	87	100.0

Awareness of the Family Responsibility Leave

Question number 6 enquired whether the employees in the organisation are aware of the Family Responsibility Leave. Of the respondents 71 (81.6%) responded affirmatively. Fifteen respondents from organisation A, C, D, P, M, W, recorded that not all employees in their organisations are aware of the Family Responsibility Leave. Analysis of data from bereaved employees revealed that more employees were not aware of the bereavement leave within the Family Responsibility leave as indicated below. In the following sections, theme of lack of knowledge will be evident in some of the employees.

Bereaved employees

Awareness of family responsibility Leave

In response to question four under the section on LEAVE DAYS TAKEN, 49 (73.1%) of the bereaved respondents reported having been aware of Family Responsibility Leave before being bereaved. (This excludes those who were bereaved before the BCEA No. 75 of 1997). In some of the organisations as in A, K, P, and Q, some bereaved employees were not aware of this special leave. This shows lack of knowledge as all employees should be aware of this leave.

Leave days taken

Of the respondents 62.5% took the bereavement leave. Of those who did not take it only 4.2% said it had been exhausted. Five respondents: A5, M13, P2, R10 and Q10 reported bereavement before the BCEA No. 75 of 1997 was promulgated. Table 7 shows the total number of days taken.

Table 7: Total number of days taken by the bereaved

Days taken	Frequency	percent
0	3	4.2
1	2	2.8
10	4	5.6
12	1	1.4
14	1	1.4
15	1	1.4
17	1	1.4
2	2	2.8
21	1	1.4
22	1	1.4
3	7	9.7
30	2	2.8
4	1	1.4
5	26	36.1
6	1	1.4
7	2	2.8
8	2	2.8
9	1	1.4
Did not answer questions	1	1.4
Missing data	12	16.7
Total	72	100.0

The majority, 36.1% took 5 days. Similarly the majority of Managers and Human Resource Officers (Figure 2) also suggested 5 days as adequate leave days. It must be noted that the majority of the bereaved employees are from organisations where days have already been raised to 5 days through the bargaining process.

Two (2.8%) respondents, P2 and M13, took 30 days. Both of these respondents reported on deaths occurring in 1992, which were both traumatic deaths, losing a brother due to murder and spouse from a car accident, respectively. These respondents presented with complicated grief.

The official 3 days recommended for bereavement leave in the Basic Conditions of Employment Act No. 75 of 1997 was taken by seven (9.7%) respondents. Two (3%) respondents A14 and K2 took 2 days and respondents Q10 and Z6 took one day only. Respondent A14 had lost a brother following a long illness. She further took two days from the vacation leave to supplement. What is noticeable is that she is one of those who suggested 10 days bereavement leave thus the one day taken was not out of choice. The respondent might have then taken more than three days. Considering though that the respondent is one of those who said bereavement leave should not be equal across all losses, less than 10 days would not have been taken even if available. Similarly A2 who lost an adult child following a long illness also suggested 7 days for bereavement leave.

Of the respondents who did not take Family Responsibility Leave, K10 and K3 reported that the leave days had been exhausted. Respondent K10 experienced multiple losses within one year while K3 lost a parent following an illness thus the latter might have used up the leave looking after the ailing parent. The separation of bereavement leave from rest of the Family Responsibility Leave was raised by a manager, K11 during an interview.

Bereaved employees are thus used to the practice of supplementing bereavement leave with vacation leave days since 47.2% of the respondents in this study reported such.

4.3.4 Experiences of the bereaved

Normal grief reaction

Feelings of disturbance were the most reported on at 90.3% followed by thought disturbances at 81.9% and behavioural disturbances at 83.3%. Physical symptoms were the least reported on at 63.9%. This is contrary to the view stated in Dalzell (2005) that in non-Western cultures the physical symptoms tend to be more prevalent. Though less physical or physiological symptoms were reported on, more bereaved participants consulted doctors rather than mental health practitioners. This raises the issue that individuals need to be made aware of the services offered by mental health professionals so as to consult relevantly.

Reactions still experienced on resuming work

Depressed mood (52.8%) was the most reported followed by constantly reliving memories of the deceased experienced by 51.4%. Difficulty in planning was recorded by 26.4%. Being easily distracted was reported by 33.3% and difficulty in concentration by 45.8%. Tendency of making mistakes was experienced by 27.8%. Twenty three (31.9%) felt life had no meaning and 38.9% respondents reported sleeping disturbances. All these symptoms will impact on work performance and seriousness of adverse effects will also depend on the work done.

Forty six (63.8%) participants responded to the question: **Kindly describe any other feelings, thoughts and behaviours you still had**". Feelings of disturbance were again the most experienced as they were again reported by 24 (52%) respondents with guilt and self-blame reported by six (13%) of these respondents. Responses included the following:

Z2: "*Nganginokuzisola ukuthi ukuba angimshayanga ngoba wazibulala. ngangizwa nginecala nokuphelelwa ithemba lokuphila*" (I blamed my self-thinking; if only I had not given her a hiding she would not have committed

suicide. I feel guilty and I have lost hope in life). This mother lost a teenager due to suicide. According to (Frude, 1990) suicide comes with feelings like guilt and shame and occurs in a context of difficult relationships, as also indicated in the case of this respondent.

Other feelings of disturbances cited were depression, sadness, anger, fear, frustration, helplessness, hopelessness, loneliness and emotional pain.

Nine (20%) respondents reported experiencing behavioural symptoms. Reported were irritability, sleep disturbances and social withdrawal. Depending on the type of a job one is engaged in these could disturb functioning and thus productivity. Respondent B2 reported being "*Very irritable and angry...*" Considering that this respondent works with people, these reactions probably affected productivity. Furthermore, Goldman and Lewis (2005) maintain that anger and withdrawal tend to undermine workplace hierarchy, which may result in negative sequelae including even losing one's job. Anger again may be projected to the organisation's clients (Gould, 1995) which will adversely affect the image of that organization.

Eighteen (39%) respondents reported disturbed thought processes of which 66.6% reported preoccupation with memories of the deceased. Responses included the following:

Z4: "*Thoughts of the deceased frequently on my mind*". As reported by Littlewood, (1992) and University of Cambridge Counselling Service (2003) preoccupation with thoughts of the deceased and events surrounding the death is prevalent in the bereaved. This can seriously affect productivity at work.

Other reactions described were poor concentration, forgetfulness and denial. Denial can lead to complicated grief. Respondent T2 who lost a child showed denial in the following quotation: "*Feel like reversing everything*". Following response by Q19 suggested presence of PTSD: "*In my mind there is still the*

picture of the deceased, because I saw her on the scene after having been knocked down by the car”.

Physical reactions were the least reported again just as in the section on reaction to the loss. One respondent (A6) who lost a spouse reported experiencing headaches, dizziness, tiredness and blackouts.

The theme of feeling disturbances being the most experienced will also be seen on the data from semi-structured interviews with bereaved respondents.

Some of the unique responses were Q13: *“The feeling of why we were born because of the illness that cause the life to end”*. The respondent had lost an 18-year-old daughter and her mother to whom she was exceptionally close.

Respondent P1 reported no symptoms and rationale given was *“I had done all in my power to give the deceased a decent burial”*. This means a decent burial meant a lot to this bereaved employee. Again the respondent might have experienced delayed grief. The theme of being assisted with funeral preparations and being supported during the funeral came up frequently even during focus groups and semi-structured interviews.

Reactions that mostly interfered with job performance

Forty one respondents (57%) responded to the question **“Of the above (reactions) which mostly interfered with your job performance?”** Of these respondents, the majority again, 41% reported disturbances of feelings. Thirty nine percent reported that thought disturbances affected their performance. Behavioural disturbances interfered with work in 20% and only 2% cited physical disturbances. Again, the physical symptoms were the least reported and the feeling disturbances were experienced as the most that interfered with job performance.

Depression was the most reported on the disturbed feelings with some describing their feelings as follows:

A7, A8, and A11: *"Feeling that life has no meaning"*. This pointed to a depressed mood with a danger of developing complicated grief.

Behavioural reactions reported as interfering with functioning at work were making mistakes, irritability, difficulty in planning future activities, crying easily and sleeping disturbances. Reactions cited include the following:

A1: *"... when I am at work I constantly feel that I can sleep for an hour because I don't sleep thinking of my mother"*.

B2: *"I was so irritable when dealing with my colleagues and junior co-workers"*.

Lack of concentration was the most thought disturbance experienced. Walterscheid (1990) stresses that on resuming work constant thoughts about the deceased are still experienced which affects concentration. Others reported were easily distractible, confusion and constantly reliving the memories of the deceased. Following are some of the reactions:

A16: *"...very difficult to concentrate, focussed on my distress"*.

Q9: *"Ukuphazamiseka kalula "(easily distractible)*.

A6; *"Tendency of making mistakes due to poor attention and confusion"*.

The only physical reaction reported was:

Q16: *"Ukukhathala" (tiredness)*. The respondent had lost a mother following a long illness.

Disruption to the job performance can be due to emotional pain and bouts of crying as reported by Z3, an educator". *I needed space to do what ever I wish to do on the occasion like just to shed tears in order to relieve the pain I was feeling in that time"*. A quiet place to deal with grief might not be available at the work place.

Lipman, (2001) maintains that when grief interferes with normal functioning like work, decision-making or activities like regular sleeping and eating, it is no longer normal. In such instances active intervention is important to assist the bereaved employee to cope.

Emotional wellness on resuming work

The majority, 38 (52.8 %) of the respondents reported having returned to work when still emotionally not well as compared to 22 (30.6 %) who felt emotionally well on resuming work. This is important to note as much of the support offered tends to be focused on the period before the funeral (as will be identified in the data below). This prior to funeral focus is a trend also noted by Eyestemitan (1998) in his study on stifled grief at the workplace.

Some respondents were affected by engaging in too much introspection at the workplace as indicated by Q13's response quoted above.

4.3.5 Support and Care provided on resuming work

Support offered revolved around a warm welcome, enquiring how the bereaved feels, how the funeral went, whether the bereaved feel capable to cope with work, generally showing caring, empathy and support. Unique support from supervisors was being advised to take things slowly and showing understanding when mistakes are made. Being reoriented by the supervisor on work issues appears to be important as indicated by P2: *"Reassured and report given on work done and what needs to be done"*. Since thought processes are affected during grief, to respondent A15 for the supervisor to be: *"helpful, reminding me when I have forgotten something, also reassuring, very supportive..."* assisted her to cope. A bereaved employee may need more guidance than during period prior to the loss.

Respondent K9 reported that the managers took the co-workers' advice and a change from night to day shift was arranged, due to depressed state of the respondent. Changing to lighter work was also advocated for by respondent A40 a manager, during a semi-structured interview. Thus, managers and co-workers can work together to assist and support a bereaved employee.

Some negative experiences were reported. Respondent B3 reported experiencing "more cruelty" from supervisors on resuming work. Such negative remarks were also identified in focus groups and semi-structured interviews explored below. More support was forthcoming from the immediate supervisors than from managers.

"Some supported me, some humiliated me" and *"Very shy. None"* were unique responses reported by A4 and B1 respectively. The humiliation referred to by A4 will be clearer when exploring the responses to what hurt the respondent most. The insinuation of shyness by B1 might be avoidance by co-workers due to lack of skills on how to support a bereaved individual.

Bereaved individuals expect to be comforted as indicated by these quotes:

A3: *"Some did not talk (to me) as if nothing happened to me"*. Some expect more as seen in A6: *"felt sorry for me, nothing else"* obviously this respondent might have expected more support, which she did not get. Walterscheid (1999) points out that lack of support might be due to simply not knowing how to approach the bereaved co-worker.

Table 8 shows the distribution according to reported support, no support and no responses. Co-workers gave the most support.

Table 8: Support offered on resuming work

Category	Support offered	No support	No responses	Total
	%	%	%	%
Managers	30	46	24	100
Supervisors	43	32	25	100
Co-workers	65	15	20	100

Thirty-three (46%) of the respondents reported receiving no support from management. Twenty-three (32%) reported no support from supervisors and only eleven (15%) reported no support from co-workers. At 65 % apparently bereaved employees receive most support from co-workers.

4.3.6 Complicated grief

The following analysis is of data from the section dealing with "Referral To Professionals" in the questionnaire for bereaved employees.

Three respondents A5, A9 and A10 (4.2%) reported being diagnosed with depression and four C1, A6, A7, and T2 (5.6%) were diagnosed with PTSD. No respondents reported being diagnosed with substance abuse including medication. One respondent, C1 recognised and reported experiencing Adjustment Disorder. In three other respondents: W8, W9 and Q12, the disorder was only identified from analysing data presented in the rest of the questionnaire. All three had experienced traumatic deaths for example W8 lost a brother to whom she was exceptionally close, through a car accident. Three respondents: Q12, W7 and W8 (4.2%) presented with Anxiety Disorder.

None of these respondents reported having been referred for EAP, despite the presence of EAP in organisations A, C, and Q. In the following paragraph are some of the symptoms of Complicated Grief that were reported by some respondents.

Intense anger and extreme despair was reported by 19.4% respondents each and 13.9% reported overwhelming guilt. Being preoccupied with fear of own death as reported by 20.8% respondents will impact negatively on functioning in general including work context. This might be a compounding factor especially in a spouse bereaved from HIV and Aids related circumstances.

Avoidance of friends and family as reported by 15.3% respondents might not only be a sign of Depression but would further minimise the support the bereaved could have received from fellow workers. Excessive reaction reported by 9.7% respondents might interfere with interaction with co-workers, supervisors and even clients.

The majority, 31.9% reported still being unable to talk about the deceased without experiencing intense grief reaction. Considering that for some more than a year had elapsed since being bereaved, this pointed to Complicated grief in the form of Chronic grief. Two respondents A7 and A15 reported suicidal ideas as well as other symptoms of complicated grief. Respondent A7 lost a spouse in 2006 from a car accident which points to a traumatic bereavement. Respondents A1 and Q8 reported sometimes behaving like the deceased.

Fifty-one (72%) respondents reported some grief reactions, which might be construed as a high risk to development of complicated grief. More information would be needed to diagnose complicated grief definitely. However, few respondents reported definite symptoms of complicated grief for example A7, A1, Q8 and W8.

Grief that is too intense, prolonged or unusual in a particular culture is considered as complicated and warrants intervention by professionals. Prigerson (2005) believes that when an individual remains dysfunctional in intense grief, that grief has become complicated.

Involvement of professionals

Most, 10 (13.9%) of the respondents indicated that they consulted a Medical doctor. The rest of the professionals, that is, the Psychologist, Registered Counsellor, Psychiatric Nurse practitioner and Social Worker were each consulted by 2 (3%) of the respondents. Respondent A10, diagnosed with Major Depression, attended both a Medical doctor and a Psychologist. A Social Worker and a Psychiatric Nurse were consulted by respondent A15 who presented with guilt and fear amongst other signs of Complicated Grief.

Some respondents despite diagnoses of Major Depressive disorder (A9) and PTSD (C1) did not consult any health professional. Similarly, respondents W9, C1 and Q12 who presented with Adjustment disorder received no counselling.

Two (3%) respondents reported self-referral. Respondent Q9 was referred by her supervisor due to being "*worried about possibility of failing*". Respondent R5 consulted EAP for family problems following loosing the mother where as A5 presented with Depression. Some respondents appeared to be aware that they needed professional intervention.

Bereavement research support the view that some bereaved individuals may develop anxiety symptoms including features of PTSD (Neria & Litz, 2003). Referral is thus very important. In a follow up question on the specific professionals who attended to their problems, 16 more participants reported having consulted professionals and a total of 19 (27%) of the respondents consulted EAP.

4.3.7 Experiences at work

The intention was to find out about different experiences, positive as well as negative on resuming work. The bereaved respondents were further requested to describe how they wish they might have been treated and to offer suggestions on how their organisation might improve caring for bereaved employees. Data gathered will further be compared with that obtained from focus groups and semi-structured interviews.

Negative and most hurting behaviours and utterances

A few respondents 11 (15.3%) reported experiencing negative behaviour and again 11 (15%) reported negative utterances. Lendrum & Syme (1992) maintain that making negative statements on the manner the bereaved is coping with grief interferes with the resolution process. Some respondents (K1, K10 and Q13) felt they were not treated the same as other bereaved employees.

Different themes on causes of identified negative behaviours and utterances were identified as insensitivity, lack of knowledge on the grief process and lack of skills in comforting the bereaved. A need for an appropriate environment at work to comfort the bereaved was identified. The following explicit negative behaviours and utterances were reported. Though they might be viewed as insensitive, the co-workers might not have been aware.

B3: *"You are at work try to concentrate"*.

A1: *"When they talked about their mothers in front of me" when she had recently lost hers.*

A4: *" They thought I should be crying more, when I was quiet they said I am not grieving enough..." More than being insensitive, this also shows lack of understanding that grief is unique and one does not intensively show grief all*

the time. Stroebe & Schut (1999) refers to this coping process as oscillation where the bereaved confronts and at times avoids grieving. Commenting about the bereaved employee's grief process is not therapeutic as that may be perceived as judging the manner of portraying grief as inadequate or too intense. Balk (2004) cautions against urging the bereaved individual to move on with life, individuals must be allowed to grieve their loss.

Other reported behaviours were:

R5: *"Gossiping that since I did not attend other people's funerals that is why they did not attend my mother's funeral..."*

Z4: *"They seemed not to understand the pain I felt and excluded me in what they were doing like sharing lunch..."* This again attests to uniqueness of coping with grief as respondent Z3 (recorded in the subsections below) clearly stated her need to be given space to cope with her grief even at work. Similarly, according to respondent Z6 for others to *"keep on feeling sorry for me as if it is the end of the word"* hurt her.

Q17: *"Not showing any comforting behaviour or say one word of condolence".*

Q6: *"Ukukhophozela...babalekise amehlo ukuthi angahlangani nawami"* (*actively avoiding eye contact*).

The last two quotes also indicate lack of normal support skills. Some of the managers and human resource officers did report avoiding bereaved employees.

An appropriate environment at work needs to be provided as indicated by the following quotation:

K5: *"Being reminded of the loss even during working hours"*. Apparently, this bereaved employee felt her workspace was invaded even though the co-workers meant well.

Preferred supportive measures on resuming work

Following trends were identified from the respondents' wishes on how they should have been treated at work. The following thus relate what is missing in some of the organisations

- **To be visited even at home prior to resuming work:**
- **What happens on the first day back at work is important**

This is revealed in the following:

B1: *"Co-workers need to welcome me warmly and ask if there is anything they can do for me"*.

Q17: *"Ask how the funeral was and how I am coping"*.

- **The bereaved need to have their grief acknowledged:**

B3: *"...being supportive not showing cruelty or pretending as if nothing has occurred"*.

A5: *"Support and understanding the loss"*.

- **Well organized support measures are essential**

A3: *"Must arrange a short talk of comforting the bereaved ..."*

A4: *"...everyone should not visit me at work to talk to talk about my loss. This is worse than anything. I should be performing my duties"*. This respondent is not against co-workers offering condolences but feels it should be done in an appropriate manner. This shows that this bereaved employee realises that post bereavement period is not only focused on grief other life issues like work should go on. This is fine as long as it is the view of the bereaved individual not to be coerced by co-workers to "move on with life", as already stated above.

- **Need for time to adjust**

A4: *"To talk to me generally and not ...about the loss until I am able to talk about it myself ..."*

P2: *"...supervisor just to give me time to adjust into the working condition and observe how much do I cope with the work"*.

- **Need for counselling, professional as well as lay counselling**

Z3: *"If there can be a professional counsellor, with whom you may be free to talk to ..."*

Z4: "I wish: 1. They could have arranged for me the assistance programme. 2. Could have talked to me showing they cared and be with me most of the time ..."

A4 and A6: "By referring me to the support group for counselling".

- **Need to talk about their loss**

B4: "Be allowed to talk about my experiences".

F3: "...if they can sit down with me and discuss what I am feeling and ask what they should do to help that would be better".

Sometimes the assistance offered is not the one needed by the bereaved employee thus it is important to find out what it is you can do for the individual.

- **Need time to deal with the pain privately**

In contrary to above responses some respondents showed reluctance as indicated by the following:

Z6: "I would prefer that people let you digest the problem first...after they have seen you are O.K they can then offer their condolences...not while new".

A16: "Not to talk about it".

Even though offering condolences is fine soon after being bereaved, on resuming work some of the bereaved might need different type of support.

- **General measures of showing support**

K3: "Ukududuza, ukusondelana nami" (offering me condolences, being close to me)

P2: Just to say comforting words..."

A1: "By comforting me encouraging me talking and phoning".

Thus keeping in contact with the bereaved is important just because the bereaved is back at work is not an indication that the grieving is over.

A few reported satisfaction with the support offered on resuming work as seen in the following quotes:

T2: "They did everything to support me".

Q18: "Well supported".

Q11: "They did their best, God bless all of them".

Similar and additional themes will further be identified in the following subsections.

Positive gestures that assisted in coping with grief on resuming work

Some supportive measures are more effective than others are. The intention was to identify these positive measures from a different angle to reach themes that are more concise. Only those measures applicable on resuming work were explored in this section. Twenty-eight (39%) responded with what they felt was positive, 17 (24%) reported that no positive measure was offered and 26 (37%) gave no responses.

Some of the following themes will be found also in the data from managers and human resource officers.

- **A warm welcome**

B1: "...a warm welcome".

- **Allowed to talk about the loss**

B2: *"Letting me talk about it, asking me how I am feeling by the supervisor and colleagues"*.

- **Spiritual and moral support**

Some respondents put much emphasis on spiritual beliefs as indicated below:

A8: *"Phrases from the Bible e.g. God is our saviour"*

Z5: *"Gave me moral support"*

Q19: *"Prayers"*.

- **Showing a caring attitude**

Merely phoning comforts the bereaved as indicated below:

C12: *"Phone calls of condolences and messages"*.

Some respondents though as indicated above, prefer well-organized support measures in an attempt to void being *disturbed* when trying to adapt to the work situation.

Z2: *"They gave me hope in life and were close to me and I felt the warmth,*

gave me a lot of love".

K7: *"Ukuzwelwa" (empathy).*

M14: *"They tolerated me..."*.

The last response shows that the bereaved understand that they might not be functioning at their best.

- **Referral to professionals**

Responding to the isiZulu questionnaire a respondent gave the following:

Q9: *"Uthisha wami wathi angiyobona udokotela wengqondo" (my teacher referred me to a Psychologist).*

- **Given space to deal with the pain**

Z3: *"Giving me space. Accepting my withdrawal".*

Unlike the majority of the respondents, a few would prefer to be left alone to deal with the pain. However, even these few need some counselling as respondent Z3 also suggested in the section on preferred supportive measures.

- **Offered extended leave**

T1: *"The organisation was prepared to allow me more time off if necessary".*

This is from a bereaved employee from an organisation that already offers five instead of three leave days. Thus, some organisations realize the need of extending the leave days for some bereaved individuals.

The next sub section deals with suggestions from the bereaved employees on how the organisation can generally improve support, now not necessarily referring to own bereavement. Some of the suggestions were also identified amongst those made by the managers and human resource officers.

Suggestions on how organisations can effectively support bereaved employees

- **Extension of the Family Responsibility Leave**

Seven (10%) suggested the extension but when specifically asked to respond under the section on Leave days Taken, 51(72%) suggested the extension.

Similarly, the majority of managers and human resource officers (87%) believe Family Responsibility Leave should be extended. Following are some of the quotes indicating the need for extension.

P1: *"Increase bereavement leave"*.

K6: *"Nxa bengathi ukwelula izinsuku zibe ngu 7 kuno 5" (If only bereavement leave may be extended from five to 7 days).*

To be given time to share their experiences

Sharing the pain of grief assist some individuals to cope as indicated by the following extracts:

B4: *"Give them time to share their experiences"*.

A4: *"Group therapy for bereaved employees"*.

A7: *"Form support groups"*.

Thus, support groups for the bereaved in organisations are indicated. These groups may be run by professionals like psychologists or by other trained employees. Establishment of support groups was also suggested by managers and human resource officers.

- **To be given enough time to grieve**

U1: *"I think they should be given time to grieve"*

A6: *"Give us time to grieve"*

Due to bereavement leave that is considered too short the bereaved employees may feel they are not allowed enough time to deal with their pain. As already reported above, 38 (54%) respondents reported returning to work still not feeling emotionally well. Since resolution of even normal grief can take from four to six months (Walsh et.al., 2002) up to a year (Lipman, 2001) obviously much of the grief work is dealt with at the workplace. Support at work is thus crucial not spending more time at home.

- **Equal treatment for all bereaved employees**

Some respondents felt bereaved employees are not treated the same. This theme came up again in the interviews and focus groups with bereaved employees. The following quotes might be indicative of ineffective implementation of existing policies.

A2: *"To visit home/family of the bereaved irrespective of status "*.

T1: *"If the arrangements that are in place could be applied with fairness and transparency"*.

As indicated under internal bereavement policies and responses from bereaved employees, formal policies are those that relate to deceased rather than bereaved employees.

- **Provide conducive environment for comforting the bereaved**

Q9: *"Thola ithuba lokuxoxa naye endaweni esithele ukuze akhululeke ukukhombisa imizwa yakhe"* (make an effort to find time to talk to the individual in a private environment where one would be free to express feelings".

This theme is also cited above under well-organized support measures.

- **Referral to EAP**

Referral to professionals for counselling was suggested by ten (14%) respondents. Responses included the following:

A4: *"Refer them to professionals e.g. psychologist, medical doctors...."*.

A7: *"By referring the bereaved for counselling..."*.

F3: *"If not coping refer to EAP"*.

Q15: *"By referring one to appropriate service if need arises"*. This implies recognition of a need to refer the bereaved even for other services offered by EAP like financial counselling.

- **Assisted to adjust to the work environment**

A10: *"Suggest that no night duty be worked at least for 6 months...kids may be young...get time to arrange for night duty"*. A manager, A40 also supported the idea of adjusting the workload if necessary until the bereaved is coping normally again.

Z4: *"Monitoring the bereaved by being next to him or her now and again to find out if he /she needs assistance"*

F3: *" Have a session...find out if she/he is coping or not and why"*.

Z5: *" ...can be exempted from certain duties"*.

The above quotations attest to fact that the respondents understand that grief

might interfere with productivity at work and assistance is needed to cope. This theme also came up under preferred supportive measures on resuming work recorded above.

- **Education on the grief process**

A4: "*Education on grief process*".

A gap in the knowledge about grief was acknowledged by some respondents. To the researcher this quotation also indicates that some of the respondents had absorbed the subtle grief process and support education contained in the questionnaires. For example in the recommendations respondents were asked whether they would recommend inclusion of grief education in the training of all employees.

- **Conduct home visits**

A16: "*Visit the bereaved employee at home before coming on duty*".

P1: "*...visit bereaved family*".

The above quotes reveal a need for the organisation to show support by paying the bereaved family and employee a visit.

- **Assistance with funeral arrangements**

Z5: "*Can help me with funeral arrangements...*"

T2: "*To help with transport when you need it ...*".

As will be noted in the data from focus groups and semi-structured interviews, if transport is available it is provided for co-workers who will be attending the funeral although in most instances those attending the funeral use their own transport. In organization R, an unstructured interview with a manager revealed problems as some employees were against donations made and paying transport to attend funerals.

- **Attend the funeral**

Q18: "*Attend the funeral if possible*".

R6: "*I think the organisation should send somebody to attend the funeral or memorial service...*"

P2: "*...attend funeral ...*"

To a bereaved employee this could be an important show of support from one's

organisation. As reflected on by W9 during a semi-structured interview, she was envious of the support her siblings received from their co-workers when they had lost their father. She wished they could at least have sent "for example a card or wreath to show support".

- **Financial support**

P2: "...check and support financial status during that time (of bereavement)".

T2: "To have a financial support or funeral package for employees".

R6: "...collect some donations to show that they care for the bereaved employee...".

All organisations reported that employees do donate for fellow bereaved employees though in some it might be done departmentally. Respondent J1, a manager, suggested that he would consider taking funeral packages for his employees.

- **General measures of showing support and a caring attitude**

Cited below are few of the effective support measures suggested by respondents from different organisations.

A15: "Support, reassurance, helps one to get on his feet".

R6: "...even send condolences by phone or card"

Q19: "Tolerance for any minor mistakes".

P2: "Give comforting words"

Z2: "They need to be given love, come closer to them and be given hope that life changes now and then".

Some of the respondents simply responded "same as above" or gave no responses as similar questions had been posed.

4.3.8 Culture and bereavement

Cultural context amongst other mediating factors influence adaptation to the loss of a loved one (Dent, 2005). Culture influences bereavement and grief. Responding to question 3 of the questionnaire, 61 (71%) of the managers and human resource officers respondents indicated that organisations cater for

cultural diversity. In contrast, responding to a specific question "In your view does your organisation cater for cultural differences in those who are bereaved? Only 18 (25%) of the bereaved employees responded positively. Twenty nine (40%) denied that their organisations cater for cultural diversities.

Contrasting views were also identified within organisations, for example in organisation P, 83% of the managers and human resource officers reported their organisation as catering for diverse cultures where as 100% of the bereaved respondents believed the same organisation does not cater for cultural diversity. The trend of the responses revolved around the number of bereavement leave days granted and being allowed to wear mourning attire at work.

Examples showing lack of respecting cultural diversity include following:

K10: *"Bereavement days are not enough one returns too soon to work"*.

B1: *"Black community members need to attend to a lot after the funeral so many days are needed"*.

Q18: *"...nurses if they are wearing mourning attire they can not work in those clothing"*. It must be noted that nurses work in uniform anyway. In a semi-structured interview with manager A40, it transpired that nurses are not allowed to come to work in mourning attire to avoid culture related problems.

Within organisations, some bereaved respondents felt the culture of individuals was respected as identified in the following extracts:

T2: *"If you have to be in doors for a certain period they will allow you to take leave for that period and if you have to wear the clothes that signify your bereavement they allow you to do that"*. Thus, it depends on the type of work you do whether mourning attire is appropriate or not which is also evident in the following quotation from an educator:

Z4: *"There is no specification to what to do or not to do. The people do as they please according to their culture"*.

R5: "They are well educated, trained to deal with the situation, they respect cultural beliefs".

B2: "Institution allows for taking annual leave days to attend to cultural rituals".

In some organisations, bereaved respondents gave opposing responses pertaining to cultural diversity as in the following:

A7: "They don't".

A9: "I do not know"

A16: "Yes, as people are allowed to wear black buttons or clothes as a sign (of mourning)

Even within organisations experiences or perceptions might not be the same.

4.3.9 Miscarriages

Of the eight (11%) respondents who reported miscarriages, 6 of them (75%) felt they were treated the same as any other bereaved employee. Organisations at times cannot be blamed for not supporting the grieving employee, as they may not be aware of the loss as depicted by the following:

Z3: "Due to our cultural teaching that you should not grieve a miscarriage I did not expect any condolences although I myself felt the loss and need for grieving and sympathy".

Q17: "No one talked about how I felt". This is typical of an individual who experienced disenfranchised grief, her grief though real was not recognised at work.

Z6: "Organisation has different types of workers ...and general workers ...I feel they are not earning same treatment when the same problem happens".

The last mentioned citation alludes to possible unequal treatment due to position held in the organisation.

Post miscarriage, the bereaved employee may need counselling or even psychotherapy as Depression and PTSD may develop (Hughes et.al., 2002).

Presence of EAP/ Wellness programmes

In relation to question 1 and 2 of the questionnaire for managers and human resource officers, 85.1% reported presence of EAP as opposed to 13.8% who responded negatively. In some organisations contrasting responses were never the less received for example respondent L1, a manager reported presence of EAP in the organisation where as the organisation's Human Resource Officer L2, denied its presence. This might be attributed to different views on what EAP is as if the manager did provide counselling to those who needed it , that could have been considered enough, whilst the HRO might have the perception that an EAP practitioner should be actually present. Fig 3 shows that the majority of the managers and Human Resource officers, almost 53% reported that their EAP include bereavement support.

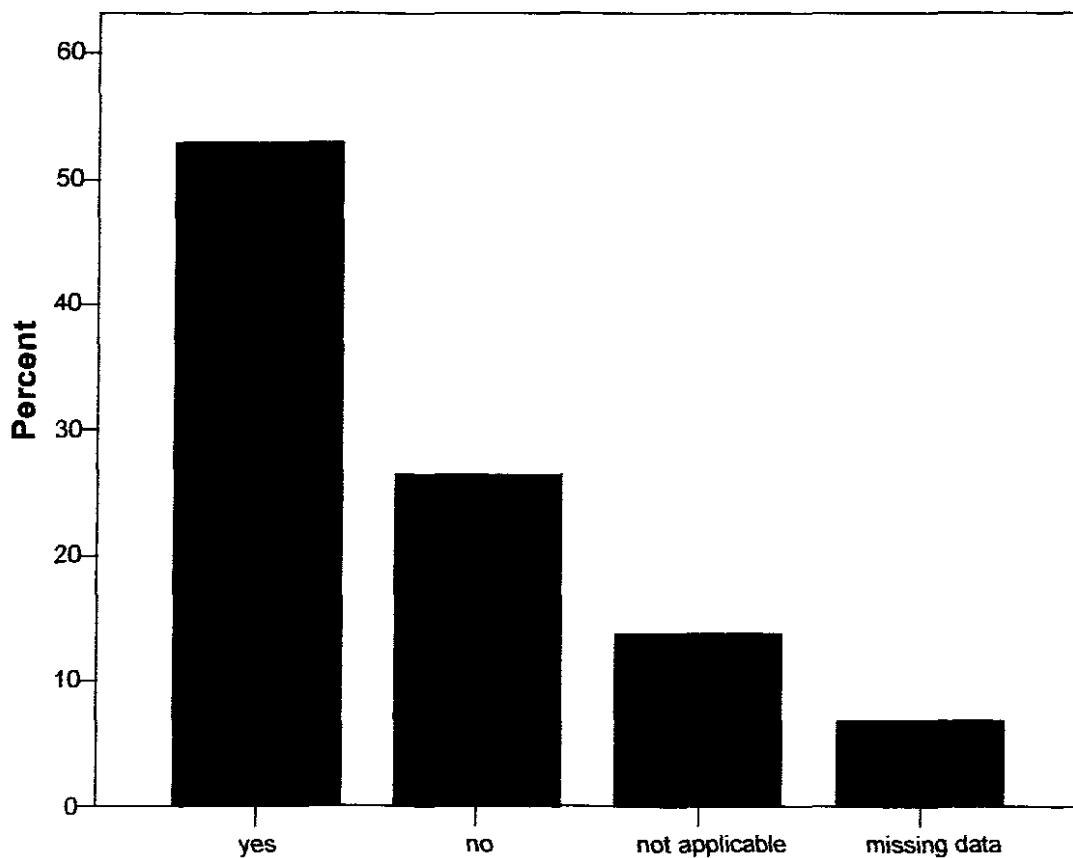


Figure 3 EAP including bereavement support

Twenty six percent reported that their EAP do not include bereavement support.

When analysing data from bereaved employees related to EAP and referrals a different picture emerged. Thirty eight (52.8%) responded affirmatively to question whether their organisation have EAP as opposed to 85% in Managers and Human resource Officers. Bereaved employees who said they did not know amounted to 8%.

In five organisations: F, P, L, K and B contradictory responses were received from the respondents within organisations, when responding to the question "Referral To Professionals". Bereaved respondent F3 reported presence of EAP despite the manager F2 and bereaved responded F1 denying presence of the EAP. In organisation K six bereaved employees, recorded absence of the EAP in contrast to four bereaved respondents who said EAP was present. This shows lack of clarity on what EAP is.

Contrasting views within most of the organisations were obtained concerning whether bereavement support is included in the EAP. For example in organisation A, 14 respondents said yes bereavement support is included whilst four said no and five respondents did not know. Similarly in organisation M, six respondents said yes bereavement support is included, five denied the inclusion and one respondent did not know. This points to lack of knowledge or understanding of what is entailed in EAP even amongst managers and Human resource officers.

Almost 67% of managers and human resource officers reported having never referred bereaved employees to a psychologist for counselling. Thus of the 87 respondents only 28 (32,2%) reported having referred bereaved employees to psychologists. This lack of referral will also be apparent on analysing data from semi structured interviews and focus groups. Respondents from organisation A, C, M, Q, L, and R indicated having referred a bereaved employee to EAP, but only bereaved respondent Q9 reported such. Forty-four (61.1%) reported that they were never referred to EAP. It is possible though that those they might have referred did not participate in this research. Four respondents - B2, M13, Q10, and Q18 indicated that EAP was then not available when they were bereaved. Nine respondents gave no responses.

The only bereaved respondent who reported being referred, Q9, was referred by the supervisor.

Support

On the question of whether bereaved employees are allowed temporal readjustment of the workload, 61 (71%) of the managers and human resource officers responded affirmatively. One bereaved employee (K9) recorded in the questionnaire changing the shift as part of the support she received. Respondent A40 reported in an interview practising this readjustment.

Skills in offering support

Question 6 of the questionnaire for Managers and Human Resource officers explored whether they feel adequately skilled to offer support. Of the 87 respondents only 55.2% felt adequately skilled with 43.7% reporting inadequacy. Some managers are confident of their counselling skills as observed from some of the responses in the interviews.

Responding to question 10 on whether a Manager or Human Resource officer has ever avoided a bereaved colleague or employee due to simply not knowing what to say, only a minority reported having avoided a bereaved employee as indicated in Table 9. This indicates that the majority (78.2%) have never actively avoided a bereaved employee. Since receiving counselling can alleviate unnecessary suffering (Gray, 2005) having such skills is important not only in the professionals.

Table 9: Distribution of response on whether a bereaved employee has ever been avoided

Employee avoided	Frequency	Percent
Yes	18	20.7
No	68	78.2
Missing Data	1	1.1
Total	87	100.0

Internal bereavement support policies

Formal support measures

Responses to first section of Question 7 on the questionnaire for Managers and Human Resource officers showed that the majority of the organisations have some form of policy, though mainly not formalized. Respondents in organisation B said a policy for donations was present as reported by for example B5: *"Formal welfare policy for donations"* exists, B6: *"...Constitution available"*.

Organisation T offered the researcher a concrete policy document, even then it relates to deceased not bereaved employees. Some of the principles though are adapted for bereaved employees as in attending the funeral. In contrast 83% of respondents in a similar organisation (W), clearly stated that there was no policy but respondent W4, a Human Resource Officer, stated *"Transport is available and workers also attend the funeral"*. Organisation T's policy objective is to primarily assist bereaved families when employees have passed away. Assistance in this organisation includes practical assistance like supply of water, grading of street, supply of firewood, and tent/s where possible before the funeral. The policy states that services will be provided on request by the bereaved family. Administrative assistance includes assisting with completion of any documents. Transport is provided for the bereaved family to relevant departments to sort death related documents. Further more transport, if available, is provided for employees who wish to visit the bereaved family to pass their condolences, attend memorial and the funeral. These are examples of supportive measures which can be adapted in some organisations even for bereaved employees.

In almost all the organisations policies pertaining to deceased employees even if not documented, appeared to be more formalised than those related to bereaved employees were. Eight (9%) respondents reported no policies in their

organisations. Responses included:

F2: *"No policy at present"*

J1: *"None"*

Some respondents from different organisations reported lack of uniformity in the support offered as in the following responses,

P3 : *"Depends on who you are otherwise only your unit will donate and support you"*

M8 : *"It differs according to sections/ components"* and A17: *"each unit has its own policy"*. Formulation of policies is thus important to avoid discrepancies.

Sixty-two (72%) respondents specifically mentioned donating money to the bereaved employee. Respondent R1 further clarified stating *"Donations but voluntary not a policy"*. Other formal support measures mentioned are visiting the family of the bereaved employee and attending the funeral both mentioned by 11 (13%) respondents each, support including spiritual reported by, 6 (7%) respondents, attending the memorial service mentioned by 3 (3%) respondents and offering transport and sending flowers reported on by 1 (1%) respondent each. Most of these support measures are similar to those mentioned in the policy above for deceased employees in organisation T. Six (7%) respondents gave no responses.

Informal support measures

Informal support measures like sending a delegation to the bereaved employee's family, attending a funeral or memorial service were reported by 59 (69%) of the Managers and Human Resource officers. Some respondents reported lack of uniformity within organisations as stated by the following:

A20: *"...it depends on the situation"*

C8: *"this is done departmentally"*

P3: *"Depends who you are otherwise nobody attends..."*.

Twenty-one (24%) respondents gave no responses.

Comments/Suggestions on how organisations can ensure effective caring

The points mentioned below will also crop up in the section on the recommendations as well as on data from focus groups and semi-structured interviews.

Managers and human resource officers suggested the followings:

- **Establish support groups within organisations** was suggested by 11 (13%) respondents. Respondent B5 suggested both *“formal and informal groups”* and Q3: *“sharing of coping mechanism with other bereaved people”*.
- **Have effective Wellness/EAP programmes** was suggested by 14 (16%) respondents. As stated by D9: *“Empower extensive EAP structure with component catering for bereavement in short and long term basis”*.
- **Continued counselling and support after the funeral** was stressed by 13 (15%) respondents. C9 stated: *“Counselling of employee before returning to duty....monitor weekly performances and enthusiasmregular forums to address personal issues, especially if recently bereaved”*;
- D6: *“One who has lost someone must be counselled immediately when he/she comes back to the institution”* and B8: *“Support must continue even after the funeral to make sure that the employee is coping well or not”*.

Some respondents thus showed insight into the importance of support on resuming work.

- **Referral to Psychologists** was suggested by nine (10%) respondents. Strong views were given by some respondents, for example C8: *“All employees returning from a bereavement should attend EAP/Clinical psychologist (compulsory)”*;
- P4: *“I think we need to refer all staff members affected to the*

psychologist for counselling therapy".

- **Awareness and training of all employees in dealing with bereavement** was commented on by 12 respondents (14%). Of these 4 (5%) respondents stressed training of volunteer counsellors employees as stated by two of these respondents: L2: "*Some employees must be trained on bereavement support*"; A30: "*Through our EAP practitioner to train lay counsellors within an organisation on effective caring for bereaved employees...*".
- **Extension of Family Responsibility Leave** was suggested by 14 (16%) respondents. M10's response: "*Family responsibility leave is not enough for employees. They usually request to have more days than allocated for and they are not ready when supposed to come back*"
- **Respect for employee's cultural beliefs** was raised by four (5%) respondents. R4 stated: "*Our institution must accept observation of diverse cultural bereavement because we believe in different cultures. Especially in the working environment we got various races*".
- **Policy to exist for referring bereaved employees for counselling** was suggested by two respondents (2%).
Q1: "*To put in place a policy for referring of a person who has been bereaved especially who has lost a (husband, wife, child, mother) to a psychologist*".
D: "*Having referral system in place mainly for bereaved personnel...*".
- **Take funeral cover for employees and teach them about budgeting** was suggested by J1, a manager of a private business. Even though he reported having no formal policy, he as the manager and other employees donate to the bereaved employees' family and visit to offer condolences.

Recommendations

Both questionnaires had sections where the respondents had to indicate whether they would support specific measures. Findings from bereaved

respondents and Managers/Human Resource Officers (HROs) respectively, were as follows:

- 63.9% bereaved respondents compared to 87.4% Managers and HROs supported training of volunteer bereavement lay counsellors within organisations.
- 79.2% bereaved respondents and 95.4% Managers and HROs supported integration of education on how to cope with own grief into all employee training programmes.
- 40.3% bereaved respondents and in contrast 72.4% Managers and HROs supported extension of Family Responsibility Leave to include other relatives.

Figure 4 depicts high rate of bereaved employees who also supported intergration of grief education in all employee training problems

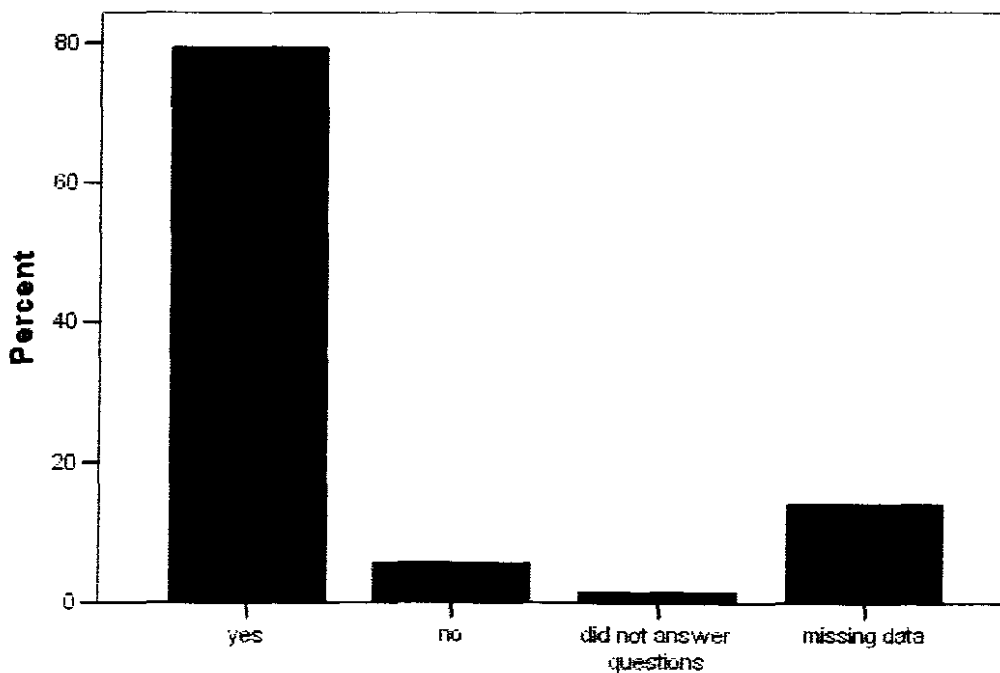


Figure 4 Bereaved employees recommendation on grief education of all employees

Two recommendations which were included in the questionnaire for Managers and Human Resource Officers, namely:

- Accumulation of unused Family Responsibility Leave days
Supported by 70.1 %
- Focus on support /counselling and grief process education be equal to that of HIV/Aids in organisation.

were supported by 92% of the respondents.

This is a good sign because when an idea is supported by management it is easy to implement. The Managers and human resource officers were not expected to support overwhelmingly accumulation of unused leave. Responded R1 was against all the recommendations and had very strong views (as explained in the following section) against training of volunteer lay counsellors.

4.4 DATA FROM FOCUS GROUPS AND SEMI-STRUCTURED INTERVIEWS

4.4.1 Data from Bereaved Employees

An interview schedule (Appendix G) was used for both semi-structured and focus groups. Three focus groups were conducted, two in organisation W and one in organisation O. Semi structured interviews were conducted with five bereaved employees from organisation A, C, and W. Two questions were identical to those in the schedule for Managers and Human Resource Officers. Question on personal growth following bereavement and opinions on disenfranchised grief were added, the rest were similar to those in the questionnaire for the bereaved.

Question 1 was identical to that posed to managers and human resource officers:

R: "Bereaved employees in organisations are the managers and co-workers responsibility. Do you agree or not?"

W9: *"I agree fully, but here I don't see any support.... It is not occurring as it should...you see to finish"* (you are literally on your own).

W7: *"They are the leaders... your mind is not working well, cannot think well you are confused... they must give support ...they don't help us, all of them..."*.

Response of this widower shows the hope bereaved employees have that they will be assisted at work.

W8: *"Yes I do as you are their employee...they should find out about the funeral, how you feel and whether you are capable of resuming work... support, offering condolences is important"*.

All the respondents agreed that the managers and co-workers should be responsible for the bereaved employee but some reported lack of support. This theme from semi-structured interviews was also identified in the focus group discussions as indicated in the following quotes:

W16: *"I also agree with you it is a good thing to support each other"*.

W19: *"You may experience problems when just reporting what has happened; your request may not be accepted. It is difficult for them to release you to prepare..."*. This showed lack of expected support.

Contrary to reports from organisation W and O, participants from organisation A and C reported support as indicated by the following:

C1: *"Everyone supported me..."*.

Even though it had been reported that services of a psychologist are available in organisation O, in the focus group presence of professional support was not supported.

When a general question was posed *R: "When you returned to work following bereavement did any supervisor or manager counsel you or relayed condolences?* Both groups in organisation W answered with an emphatic:

"No there is none". A similar response was received from focus group in organisation O. More specific responses to question 2 were:

R: "Which reactions you still experienced interfered with your job performance?"

C1: "Thinking about her everyday. We were very close and did everything together" (lost a niece)

A2: "Thinking more about kids left behind, I thought how will my kids cope when I die ". (Lost sister-in-law)

W9: "It took me long time to be normal, I was always thinking about the fact that my children are alone at home' some would say I am always angry".

W8: "Thoughts, it were just the thoughts..."

Disturbed thought processes amongst these respondents accounted for the highest grief reactions that interfered with performance, where as data from questionnaires identified them as the second highest, following disturbed emotions.

W9: "Fortunately when I came back following my father's funeral I went to work at the it was a different environment and quiet....I worked there for 3 months.....the lightness of the duties helped". This quote also supports importance of adjusting work load. For this bereaved employee being re-allocated to another work environment was a positive intervention. Incidentally she is not a general worker like the rest of the participants in the organisation.

Others had painful encounters as indicated by the following quote from the focus group in the same organisation:

W18: *"When you are back it is back to work as usual "Kom, (come) here is the spade... machines...get back to work...". Even though the group laughed there was underlying sadness and pain in this statement.*

R: "How do you wish you had been treated?"

W18: *"I would have preferred that since I had been away due to a painful event he could say how did it go? Just to support me as his employee...as his child....".*

A follow up question was:

R: "What is the most hurting or most positive that was said by others or you experienced?"

W8: *"There was just ...(co-worker) who kept on supporting me, advised me to try and forget what has happened as at times I did not even want to go to work due to my emotional state".*

R: " Did talking to this co-worker help?"

W8: *"Yes it did help, some of it...".*

C1: *"Everyone supported me".*

Unlike the above participants who reported positive experiences some bereaved employees had negative experiences as related in the following extracts from a focus group:

W19: *"Managers/Supervisors offer no support at all".*

W12: *"Bayabheda abaphathi (managers do not care), but we should protect them as there are instances when they help us".*

W7: *"Managers say things like 'what can I do ...there is nothing I can do, that is your problem".*

Personal growth was explored with the following question:

R: "Is it possible that following bereavement one may be stronger?"

Responses included the following:

C1: *"Sengikhulile...sengizozimela"*. (I have learned a lot, I am going to be independent). The participant had been exceptionally close to the deceased niece.

A2: *"I am very strong now. Can speak and encourage my family and friends and can deal with bereavement"*.

W9: *"Yes especially with me it was the first death in the immediate family, it brought us siblings more closer, we supported each other"*

Responses given support Hogan et al., (2001) view that personal growth is possible following bereavement.

Question posed to get opinion on effectiveness of the current Family Responsibility Leave was:

R: "Do you think this special leave is adequate? Please give your reasons for your answer".

A2: *"I think 5 days are O.K. it is sufficient as you can do a lotI don't think you have to get more but people are not the same some may need more to grieve. It helps to be with colleagues they encourage you more positively. "*

W7: *"Ilungile" (It is fine). It depends on where the person is and where the death has occurred"*.

These are amongst the few of bereaved employees who felt 5 days were enough as the majority suggested that more days should be added.

Departmental policies of the municipalities (W11: *"because we get five days at ...(municipality) that is somehow better"* and health organisations that participated have raised the number of available days to five. Other participants had contrary views as indicated below:

W8: *"It is not enough at least it should be 10 days"*.

W9: *"They are not enough... There is a lot that you must do... even before the funeral, you cannot prepare everything within five days... two weeks would be adequate..."*

W11: *"they are not enough, we people have a lot to do, looking for a cow to buy...we need at least 10 days...you do not bury the deceased on the following day like Whites...."*.

Ten days was also suggested by 33.3% bereaved respondents and 17.2% of the managers and human resource officers who completed the questionnaires. Ten days (might be interpreted as 10 working days or 14 including weekends) Culture seems to play a major role in determining the appropriate number of days needed.

Focus group data from organisation O revealed that they get as little as one day and they were not aware that officially it is three days. This lack of knowledge was also observed in organisation W as reported in the focus group:
W11: *"We have a problem of lacking knowledge about issues. Even these days we are talking about now, most, of us, have no knowledge of them ...especially before "*.

Varied responses were given to the question on support:

R: "How do you feel about current support offered the bereaved in your organisation?" and a follow up question;

R: "Are there any improvements needed?"

A2: "Yes, people should encourage you and give you more help".

C1: "Kubenomnyango (there should be a special unit dealing with the bereaved)".

W7: *"Not happy about support, the organisation may offer for example a card or wreath to show support..."*. This participant was not expecting donations but just a gesture of empathy and support.

All participants felt some improvement is warranted in their organisations.

R: "How do you feel about counselling for some bereaved individuals?"

A2: *"I think counselling is good as you open your heart to somebody, it motivates you and stops you from thinking too much..."*.

W9: "That is really needed...it must really be done..."

W8: "*Counselling is right because you come back from burying your loved one traumatised and confused really, it is needed*".

W 21: "*We do need to be enlightened as bereavement is different, one can even become mentally confused if you do not get someone to support you*".

W9: "Some do". This showed insight that not all bereaved employees need counselling but some do.

The above responses showed insight into importance of counselling by these bereaved respondents. According to Worden (1991) the goal of counselling is to ensure resolution of grief, that is, to ensure that post bereavement functioning is healthy.

Responses on how to deal with disenfranchised grief for example related to a miscarriage, bereaved men, HIV and AIDS, bereaved divorcee, gay people and couples living together showed acceptance as well as lack of it in some participants. Core question was:

R: "At times support for a bereaved employee is not readily forthcoming as in a divorcee losing a spouse, (ex partner) or some one who has had a miscarriage, why does this happen"? Varied questions were posed exploring views on different groups who are prone to disenfranchised grief as mentioned above.

R: "There are individuals who despite being bereaved do not receive the necessary support. For example would a divorcee on being bereaved receive the same support as someone bereaved within a marriage?"

W20: "It is not the same".

R: "How"?

W20: "*Even though the individual is supported it should not be at the level of the one still married*".

Responses to a question posed related to bereaved gay people showed extreme and polarised views as in the following quotes:

A2: *"Those are their loved ones, you can't judge them".*

W22: *"In our culture, our nature ... this has never happened before this is what is destroying our country...for men to marry each other, that is just to kill the country..."*

W9: *"It will take me long to accept this..."*

Considering the above responses there are bereaved employees who will face disenfranchised grief, as they will receive no support at the workplace.

R: "Is it easy to support a bereaved male?"

W8: *"It is difficult, It's just that most of the time I have noticed that even in funerals they act strong as if nothing has happened ...but they also need to be supported".*

Lendrum and Syme (1992) caution against not actively supporting them and advocate for their support as they explain that they do grieve though differently from females.

R: "Should support be different if people have been living together not married?"

W8: *"What should be considered is just that you have been bereaved. If you have been living together you should be supported".* The respondent showed acceptance for individuals in circumstances different from hers.

To allow the participants to explore any other related issue they might feel is important the following question was posed:

R: "Can you think of anything that is important that we can further discuss on bereaved employees"?

W8: *"This other issue mentioned earlier, of people of the same sex for example a man getting married to one another, I think it is the right thing to offer them condolences and support as they are human beings too...".* This was a very accepting and liberal view from a female general worker. This was also the view of some of the participants in focus group O.

4.4.2 Data from Managers and Human Resource officers

An interview schedule was used to guide the semi-structured interviews and focus groups (Appendix F). Eleven respondents were interviewed from organisation A, C, I, K, O, P, R, Y, and W. 10 of the respondents responded affirmatively to question one. R: ***“Bereaved employees in organisations are the managers and co-workers responsibility. Do you agree or not”?*** Following are a couple of the responses:

A1: *“Yes I do agree with that, as a manager you also manage the performance, and the performance is influenced by psychosocial life. If affected may lead to problems like absenteeism and others like low morale. It is part of performance management”.*

Some respondents did not only focus on the managers but also extended the responsibility to the co-workers.

P2: *“Yes I do agree as we are a family, how and what ever happen to one we must give each other support. Work will be affected....need to complement one another “*

A40: *“It affects every body so its not the responsibility of the managers even the employees themselves ...because we work together if I feel that you are not coping I must do something to handle the situation, so it is not only the responsibility of the managers”.*

One manager though, Y1 could not elaborate on his answer. He appeared uncomfortable as depicted below. Initially he answered affirmatively Y1: “Yes I do” but to a follow up question, he gave following responses:

R: **“Why?”**

Y1: *“Yohh ! (exclaiming and laughing slightly) What can I say?”*

R: ***“What ever you feel is right”.***

Y1 : *"May we please skip that one".*

Data from the focus group held in organisation D also revealed consensus on the issue as shown by one of the quotes:

D12: *"It is their due responsibility, especially managers...for the sake of productivity when they come back and their psychological framework."*

Managers showed insight that if not supported the bereaved employee would fail to cope and that would affect performance adversely.

The second question explored the effectiveness of EAP in that particular organisation. As already mentioned, 85.1% of the Managers and Human Resource Officers said EAP is present in their organisations. Question posed was:

R: *"Is EAP effective in your organisation?"*

Please motivate your answer"

Most responses including from the focus groups showed that EAP, where present, is never the less not successful as revealed by the following:

P1 : *"I don't think it is successful ,for example absenteeism is rife . . ."*

P2: *"I should think it is trying to be effective as it is now. Cooperation and interaction is important".*

A1: *"The EAP eh, it is not that effective because number one some of the employees are not yet educated about it. The other thing people are afraid to discuss their problems. The people we have referred to EAP are, maybe, those with mainly absenteeism and having financial problems... we try to market it during workshops and awareness. It is just that many of the problems are related to HIV...".*

D13: *"Not really, we have initiated the programme, currently run by a Social worker and an Occupational Health Nurse".* This was supported by other respondents within the focus group.

W3: *"Currently we do not have separate EAP, HR department deals with*

assessment and referral if there is a need to EAP practitioners available on the data base”.

Y1 “Currently we don’t have EAP as such but what we do we work hand in hand with ...district if we have someone who needs support or a person that is using a lot of alcohol, we refer those people to the district which helps us with their Counsellors”.

Even where EAP is deemed effective, it is mainly effective in addressing other stressors rather than bereavement as seen in the above responses as well as the following:

C2: “Ja (Yes) it is effective because now although it’s new, people are becoming more aware of it and employees use it mostly for financial, absenteeism and alcoholism problems.

R: “What about those who are bereaved?”

C2 : “Usually they do not come”, a response from an EAP practitioner.

Some organisations refer their employees directly to psychologists:

O1: “We have a psychologist to whom we refer the employees”.

As already mentioned, despite some managers having recorded referring some bereaved employees to EAP, only one bereaved employee recorded such. Following are some of the responses to the follow up question:

R: “Have you ever referred a bereaved employee to the EAP? Please state reasons”

Y1: “Not really since in our culture people tend to be secretive they wont tell you the truth about what is affecting them...even if I see that the individual is not coping since the death of a husband, she will try to hide so you can’t assist her...”

P1: “No I have never, I don’t want to lie”

R: “Please state reasons”

P1: “We manage amongst ourselves ...”

A 1: *"No I have not, I usually do counselling because I am used to conducting it even in Church, unless the individual has a problem which needs intervention of a Social Worker. What I have never given my self-time to do is the follow up with junior managers advising them and emphasizing that they conduct counselling. Not all of them have counselling skills".*

P2: *"EAP is still new.. Some teething issues.may feel you are coping but will try and refer them as emotions may be affected".*

A 40: *"Yes".*

R: *"Why did you refer that individual?"*

A40: *"Well it is somehow traumatic in most cases and you feel a person is traumatised and he or she needs some help and you must try and intervene in a way. Because at times if you are faced with another problem you do not know how to get out of that situation and you need some body else to help you".*

All the participants within the focus groups indicated that they have never referred any bereaved employee to EAP. Poor referral was apparent. Roman (2003) in her research maintains that different authorities in EAP stress importance of self and supervisory referrals.

The next follow up question was:

R: *"In your knowledge do some of the bereaved employees refer themselves to EAP?"* Some of the responses revealed the managers and human resource officers were not aware that some employees do refer themselves as indicated in the data under "involvement of professionals".

W3: *"I don't think so... because 95 % of our employees are general workers and they might not have enough information on EAP... they do not expect to be referred".*

P2: *"It is difficult to refer our selves, as ... we don't feel we need to care for ourselves....they do not want to use it and prefer to go elsewhere....stigma is attached".*

Some managers are clearly not sure of whether the existing facilities are utilized or not as indicated in the following response:

P1: "No, I don't know".

Some do acknowledge that at times the employees do refer themselves as in the following responses:

A40: *"Some they do some do not. For those who do refer them selves they know the extent and complexity of the problem..."*.

C2: *"They do refer themselves and I counsel and refer where appropriate"*.

One of the participants in a focus group, D13, showed her dissatisfaction with the organisation's EAP but also, seemingly, has insight into importance of self referral as shown by the statement: *"I referred myself to a psychologist...."*

Question posed to explore respect for cultural differences was:

R: "How does your organisation cater for the different cultures?" Diverse responses were given, including the following:

I1: *"They (organisation) don't care about culture..."* from a human resource officer.

Y1: *"Yes somehow we do respect it but individuals must take vacation leave..."*.

This response from a manager showed some measure of impatience with some cultural rituals, which may affect the bereaved employee's functioning at work. In some organisations, attempts are made as reported by the following:

P2: *"We do cater for example other cultures ask for leave and go ...just specific cases"*.

A1: *"No tha , we cater for that. For example with the Indians, when a death has occurred you need to release the bereaved there and then. We are not fussy about signing the forms before releasing the bereaved they can sign when they come back. Even with others from other races, they can sign on resuming work. If more days are needed they sign from the vacation leave"*. A follow up

question posed was:

R: "What do you do about other rituals?"

A1: *"Those who wear mourning clothes are allowed to come to work wearing them and change at work But we do not encourage it..."*. When the same question was answered in the bereaved employee's questionnaire only 18.8% of bereaved employees within organisation A, felt cultural beliefs were considered. In contrast another manager, A40, does not encourage wearing of mourning attire to work as it leads to "cultural problems" apparently with other workers and clients.

Within the focus group, the main view was that culture is not catered for as in responses like:

D12: *"It is difficult to practise our culture as the policies allow for three days but a widow will need about a month... departmental policy is maximum of 5 days..."*.

Views on the Family Responsibility Leave were again explored in the semi-structured interviews and focus groups. Responses varied from those who feel it should be extended to those who felt three days are enough. The question posed was:

R: "What are your views on this special leave?"

The following is an extract from an interview held with a very senior manager of a large organisation:

A 40: "It is not sufficient".

R. If not sufficient how many days would you recommend ?"

A 40: "Two weeks".

R : Irrespective of who has died ?"

A 40: "Yes".

R: "Even if a cousin has died?"

A40: *"Yes, it depends on the bond if you are so attached to that particular*

person then you need more because this bond counts a lot, you can say your mother has passed on but if there was no bond you were not attached, you see no the reason why you might have to stay longer ...”.

A1: " We also make sure it is not abused.... 3 days is problematic in that before the death the deceased would have been sick and all the family responsibility leave could have been all taken.maybe 5 days would be better maybe not once but 5 days times two per year and again it must be taken into consideration that the one not mentioned in the Act, you might have been close to. They must just consider that you have been bereaved and that you have taken your 5 days, not to look at what happened. Extended family members are our responsibility".

Both of these managers from the same organisation strongly advocated for increased official bereavement leave.

The above views are similar to that of respondents K 11, I1 and C2:

K11:" Bereavement leave need to be separated from the rest of the Family Responsibility Leave".

I1: "Five days is not enough as you do not accomplish all that you should do. 10 days would be better especially for widows". This respondent had recently been widowed but did not complete questionnaire for the bereaved.

C2: "Five days are not sufficient"

D12: "...not enough...one needs time to adjust".

Most participants felt the bereavement leave is not sufficient.

However, some are against extension of the days, a call for using vacation leave days is made as in the following:

P2: "Shows that employer is responsible and concerned but it is not a right we should not claim it if you feel you need to extend it use vacation leave".

Respondent O1, a human resource officer and Y1 strongly felt conditions as stipulated in the Basic conditions of Employment Act No 75 or 1997 are sufficient as depicted in the following responses:

O1: *"We implement it as according to BCEA any extra is deducted from vacation leave or is unpaid...it is enough".*

To a follow up question, **R: "Does your organisation have a special arrangement of offering more than three day"?** a manager's response was:

Y1 *"No, (laughing) what we believe is, a policy can not supersede an Act, if the Act says we must stick to 3 days as eh...then we must stick to 3 days because it comes back to the productivity of the...(organisation). If lets say, we give you something like 5 days, who is going to pay for these 2 days because it is with full pay?That is why we stick to that 3 days. We understand the cultural ceremony may take maybe a whole week. It is up to the individual how to arrange".* In this organisation they stick to 3 days even though their sector has increased the leave to 5 days. The needs of the organisation are put first.

Another follow up question posed was, **R: "Is it amenable to abuse, if so what would you recommend"?** Responses were varied, even from the same organisations as seen below:

P2: *"Yes as other people when they have been absent they claim they have been burying their loved ones. Used to sort social problems...they don't want to use vacation leave ...".*

P1: *"I don't think so as a sick note or death certificate is needed".*

Y1: *"... Some fake things, coming with fake death certificates"*

I1: *"There is no abuse".* Similarly, D14 stated, "It cannot be abused as evidence is required according to the Act".

C2: *"Including extended family may lead to abuse Regulations are important...only to be applicable to nuclear family..."*

Some respondents felt it might only be abused if managers and human resource officers are not well versed with policies and other measures of control:

A40: *"I don't think so because it depends entirely upon integrity of the person you can not make use of a sad situation to ... to ...to... do odd things...you can not do that, no. So but if you (manager) are not clued up about the policies and procedures then it can be abused easily..."*

W3: *"Ja (yes) it does happen... employees have a way of working around the measures of control put in place. It is too broad, bereavement leave is not abused but Family Responsibility Leave due to sickness is abused especially towards the end of the year".*

Internal policies and how they are developed were further explored. Responses given mostly related to donations, visiting the bereaved employee's family and attending the funeral, similar to what was recorded in the questionnaires. Support measures appeared to be very informal with no concrete policies.

R: "Which core bereavement policies do you have?"

The following are some of the responses:

O1: *"The employees are assisted financially...we occasionally offer or hire transport for the bereaved employee".*

P1: *"...contributions..."*.

I1: *"Department contributes but some (individuals) don't".*

A1: *"The employees go out to the bereaved family 'ukuyokhala'(to offer their condolences) during lunch time at own expense".*

P2: *"Donation to the bereaved who has lost an immediate family member...though it is difficult to describe the "immediate" ...attend the funeral if you have time..."*.

Data from both focus groups revealed donations and visiting the bereaved family as forming core of the bereavement policies.

Following is an extract of what an informal policy might entail:

Y1: *"Oh! Yes we do have, we donate for a fellow employee who has lost a mother, father or child"...the whole organisation donates"*

R: *"Sister or brother?"*

Y1: *"No, it was done through negotiations and to avoid problems"*

R: *"So you don't include brother or sister as included in the Family Responsibility Leave? "*

R: *"Is a husband included?"*

Y1: *"Yes if you are married but not for a boyfriend..."* (Both respondent and researcher laughed. The researcher, at the way the respondent vehemently stressed *'not for a boy friend'*. Further explanations were given why donations are not made for a boy or girlfriend.

Majority of respondents reported involving all the employees in the development of the policies as seen in the following quotes:

R: *"How were they developed?"*

P1: *"Shared decision"*

A40: *"Usually we consult ... it's not a policy for management it's a policy for the organisation and everybody must have a say..."*

Y1: *"Involved workers- originated from them..."*

Respondent C2 raised the issue of an important philosophy in his response, which gives the impression that policies should transcend racial issues. Issue of race was though raised by other respondents as seen in I1 below.

C2: *"Developed based on "ubuntu and culture"*

The following quotes depict some of the suggestions for improving support.

R: *"How can the organisation further improve support offered?"*

K1: *"There are too many deaths and it is impossible to offer practical support as we would like... also has to consider the goals of the organisation..."*

P2: *"We need to look at the situation for each individual for example recently employed no money accumulated.....some need more of the material things (support)..."*. Similarly, the following quotation also focuses on finances:

W3: *"Reinstate at least the advance payment and formal donations"*.

I1: *"Maybe because ...is Black, there will be improvements..."*. (Referring to a newly appointed manager of the organisation).

C2: *"More should be done on returning back to the workplace especially to deal with psychological healing of the person"*.

Following is a comprehensive list of suggestions by respondent A1:

1. *Policy should be developed that on resuming work formal counselling should be conducted,*
2. *Counselling grief skills needed for supervisors*
3. *Organisational in service on counselling for supervisors*
4. *Managers who provide the counselling also need counselling*
5. *Managers to be trained in counselling to provide such for co-workers at their level*

The last question on *the semi-structures interview* was:

R: *"Can you think of anything that is important that we can further discuss on bereaved employees?"*

C2: *"Interventions to be put in place... include counselling, employee should feel she has been helped"*.

W3: *"More emphasis should be on EAP ... bereaved needs more time and empathy...Family Responsibility Leave has more to do with culture than emotions, we have to wait for relatives.....has to be separated from that due*

to illness". The separation issue was also raised by K11 above.

P2: "High rate of accidents and illnesses..."

A40: "On resuming work find out how the bereaved employee is feeling and coping..."

In contrast to the view proposed by W3 that Family Responsibility Leave should be in line with culture of the bereaved, respondent A40 believes organisational culture should be the guide as seen below:

A40: "Bereaved employees should not be allowed to wear 'inzilo' (mourning attire) at work ... can do so after work".

Respondent A40 and R1 are both senior managers but have contrasting views on a number of issues as depicted below. Both though showed empathy. Responding to the issue of including bereavement education in induction they responded as follows:

R1: "No I don't think it is the employer's responsibility ...I think coping skills eh! coping skills we get from our Church from eh! Our families, from eh! Friends and relatives. "Thina if we have got iEAP siqedile" (if EAP is in place, we have done our share)... there is nothing more we can do if we have the EAP... As long as we treat the bereaved with sensitivity, not discriminating them not barring them from getting their human rights like Family Responsibility Leave, we have to be sensitive...". According to the respondent if EAP is present the needs of the bereaved employee will be well catered but the findings showed that EAP is not yet effective.

A40: "All employees must be trained but particularly Human Resource, also include financial management for especially the widows ...training must be comprehensive covering many aspects...". Training is important so that all

employees may be empowered to deal with bereavement and grief.

Eyetsmitan (1998) maintains that lack of support at the work place encourages development of what he called stifled grief, that is, grief not allowed to run its normal course. Support is thus very important for the bereaved employee to be able resolve grief as normal as possible and be able to be productive.

The following chapter deals with findings and discussion.

CHAPTER 5

FINDINGS AND DISCUSSION

Though some discussion was conducted in the analysis chapter, the bulk of the discussion is dealt with in this chapter where the identified themes are further discussed. The first portion specifies themes and patterns identified from analysis in the previous chapter and the second concentrates on the actual discussion.

The aim of the research is to determine and report on the immediate world of bereaved employees. The focus being on their psychological well-being and the support they need within the organization. It is also aimed at demystifying grief and thus giving insight to the grief process.

5.1 THEMES IDENTIFIED

The themes are generated from data obtained through questionnaires, semi-structured interviews and focus groups.

5.1.1 General themes

- Some individuals are reluctant to participate in a research dealing with painful experiences. This was evident in that Managers and Human Resource Officers formed 55% of the sample that answered the questionnaires compared to 45% for bereaved employees.
- Some males are reluctant to participate in a research dealing with exploration of painful experiences. More females (91%) than males (9%) completed the questionnaire for bereaved employees.
- All respondents concurred with the view that bereaved employees are the responsibility of the managers and co-workers

- Culture, spirituality and race are more influential than the level of education in adhering to bereavement rituals.
- The nature and intensity of the relationship to the deceased influences the intensity of grief.
- Stigma is still attached to HIV and Aids related deaths thus promptly identifying those predisposed to disenfranchised grief might be difficult
- Organisations do gain from supporting the bereaved employees.

5.1.2 Themes from questions on the bereaved

- Being bereaved of a member of the extended family warrants Family Responsibility Leave.
- Miscarriages are not usually reported at work due to cultural beliefs.
- Those bereaved from a miscarriage tend to receive less support.
- It might be difficult for a bereaved individual to objectively rate one's closeness to the deceased as not close or just close.
- Even following a long illness or expected death, grief can still be intense.
- Multiple losses and concurrent stressors precipitate complicated grief.

5.1.3 General themes on support offered

- Support is generally adequate before the funeral
- Most of the support is provided by co-workers
- Inadequate support on resuming work is experienced
- Lack of innovative measures in offering support
- Bereaved employees expect to be supported irrespective of relationship to the deceased
- Support is important whether the bereaved employee is notified at work or elsewhere about the death
- Lack of uniformity exists in applying bereavement support without a policy.
- Existing bereavement policies mainly relate to deceased employees rather

than bereaved employees.

5.1.4 General themes on experiences of the bereaved employees

- Some bereaved employees experience Complicated Grief
- Grief reaction can affect performance adversely
- Some bereaved employees are subjected to negative behaviours at the work place work.

5.1.5 Specific support measures

Support measures considered effective following notification about the death

The following support measures offered by Managers were considered important by bereaved respondents.

- Accompanied home
- Empathic attitude
- Counselling
- Financial support
- To be assisted with application for and prompt granting of Family Responsibility Leave to prepare for the funeral.

Only one respondent reported an extremely negative experience when Family Responsibility Leave was requested following death of a brother. The negative statement by a Manager was unwarranted as a brother is included in the relatives for whom the bereavement live may be requested according to the BCEA No 75 Of 1997.

Support perceived as necessary at this early stage from supervisors and co-workers included all of the above as well as the following:

- Home visits before the funeral to further support and offer condolences

Following are further trends of supportive measures shown by some organisations:

- Funeral attendance
- Assistance with preparation for the funeral
- Visits and telephonic contacts while still at home
- Granting Family Responsibility Leave
- Assistance with adjusting to the workload
- Donations
- Assistance with transport
- Treated with dignity
- Show of condolences with flowers.

Support and care provided on resuming work

The general theme is that of showing limited concern for the employee's wellbeing when compared to support offered prior to the funeral. The following specific themes were identified:

- Enquiring how the bereaved feels and how the funeral went
- Specifically enquiring whether the bereaved feels capable to cope with work
- Generally showing caring, empathy and support.
- Allowed time to adjust to the work environment
- Being reoriented by the supervisor on work issues
- Adjusting the work load.

Support measures preferred by bereaved employees

The following epitomizes how the bereaved employees wish they might be supported. These are still largely lacking. Typical themes were:

- To be visited even at home prior to resuming work
- A warm welcome back to work
- Need to have their grief acknowledged
- Show of interest in the bereaved employee on returning to work

- Well organized support measures are essential
- Need for time to adjust
- Need for counselling, professional as well as lay counselling
- Need to talk about their loss.

Positive gestures reported by bereaved respondents as promoting coping on resuming work

- A warm welcome
- Allowed to talk about the loss
- Spiritual and moral support
- Showing a caring attitude
- Referral to professionals
- Given space to deal with the pain
- Extension of the Family Responsibility Leave
- To be given time to share their experiences
- To be given enough time to grieve
- Equal treatment for all bereaved employees
- Providing conducive environment for comforting the bereaved.

Suggestions on how organisations can further effectively provide support

The following depict what is still largely lacking which the bereaved employees consider essential

- Extension of the Family Responsibility Leave days
- To be given time to share their experiences
- To be given enough time to grieve
- Equal treatment for all bereaved employees
- Provide conducive environment for comforting the bereaved
- Referral to EAP
- Assisted to adjust to the work environment
- Education on the grief process
- Conduct home visits

- Assistance with funeral arrangements
- Managers and co-workers attending the funeral
- Financial support
- General measures of showing support and a caring attitude

5.1.6 Experiences of the bereaved employee

Reaction to the Loss

The following themes were identified

- Within normal grief reaction, feeling disturbances were the most experienced followed by disturbed thought processes.
- A minority of bereaved employees experience physical disturbances.
- On resuming work, the majority of the bereaved employees still experienced depressed mood, constant reliving memories of the deceased and difficulty in concentration. These symptoms could develop into Complicated Grief, which would affect performance adversely.
- Feeling disturbances mostly interfere with job performance
- The majority of bereaved employees return to work still emotionally not well
- Personal growth following bereavement is possible.

Complicated Grief

- Lack of awareness of Complicated Grief when it has developed
- Poor referral of bereaved employees with Complicated Grief
- The most prevalent psychiatric disorders diagnosed were PTSD, Adjustment and Depressive Disorders.

Negative experiences

- Only a few bereaved employees were treated negatively. The cause of negative utterances and behaviours might be attributed to insensitivity, lack of knowledge on the grief process and lack of bereavement counselling skills.

Culture and bereavement

- Majority of bereaved employees believe their cultural diversity is not respected by the organisation
- Managers stressed that bereavement rituals are respected
- Organisational culture and type of work done in that organisation should guide how respect for cultural diversity is applied.

5.1. 7 Appropriate Interventions

Some of the views given by bereaved employees were similar to those of the Managers and Human Resource Officers, but others were different. Themes identified from the two groups will thus be explored separately.

5.1.7.1 Bereaved employees

Employment Assistance Programme

- Only a minority of bereaved employees refer themselves
- Some employees are not aware of presence of EAP in their organisations
- Medical doctors are the most consulted health professionals

Family Responsibility Leave

- Some employees are not aware of Family Responsibility leave
- The majority were emphatic that days offered are not enough
- Ten days considered adequate by the majority
- Vacation leave days are usually taken to supplement bereavement leave

Core bereavement policies

- In some organisations these are not uniformly implemented

Suggestions/ recommendations

- Counselling was stressed
- Less than half favoured idea of training bereavement lay counsellors within organisations
- Majority recommended integration of education on how to cope with grief into all employee-training programmes
- Less than half recommended that other relatives be included in the Family Responsibility Leave

Views on disenfranchised grief

- Bereaved divorcees and unmarried couples might not be supported the same way as rest of bereaved employees
- Polarised views are held on whether bereaved gay employees should be supported the same as other bereaved employees.
- Supporting a bereaved male employee is not easy as they hide their pain.

5.1.7.2 Managers and Human Resource Officers

Employment Assistance Programme

- EAP is not present in some of the organisations
- Where EAP is present, referral for bereavement psychotherapy is not effective
- Lack of clarity on services offered by EAP

Family Responsibility Leave

- Majority believe it is not enough, number of days to be increased
- Five days suggested by the majority
- Religion, culture and race influence views on the bereavement leave
- Possibility of abuse exist even with guidelines in place.

Core bereavement policies

- Informal Financial support mostly provided
- No concrete internal bereavement policies exist in some organisations
- Employees are involved in formulation of the policies

Suggestions and recommendations

- Support groups to be established
- EAP to be effective and include bereavement counselling
- Continued counselling and support after the funeral to be available
- Referral to Psychologists
- Awareness and training of all employees in dealing with bereavement
- Bereaved employee's culture to be respected
- Develop policy for referral of bereaved employees for Counselling
- Training on Counselling grief skills for supervisors and Managers
- Counselling of counsellors
- Training of volunteer bereavement lay counsellors within organisations
- Accumulation of unused Family Responsibility Leave
- Bereavement support / counselling and education on grief processes be allocated same focus in organisations like HIV and Aids.
- Family Responsibility Leave be equal across all losses

The main findings as well as unique themes will be discussed in the following sections.

5.2 DISCUSSION

Bereavement is a difficult time and one needs to be supported. Grief process lasts much longer than the bereavement leave irrespective of the number of days taken. Even though some bereaved employees may cope better with grief and function normally within a short period, Frude (1990) points out that some will show Complicated Grief. Support at the workplace is thus crucial. If not

supported problems like absenteeism and lowered productivity (Grobbelaar, 2002) may be exhibited and reactions like poor concentration, decreased energy, confusion and others may take long to be under control thus affecting functioning. Bereaved respondent W7 stated " *It is very difficult to think when such has happened; you can't focus on your work ...Your mind is not working well and you need someone to assist you*". In support Vickers (2006) states, "The experience of grief can impact on one's ability to function effectively, especially in the workplace... "(p.247). It is thus very important for managers to ensure adequate support for bereaved employees so that productivity is not affected. If the organisation does not ensure support for the bereaved employee, the organisation is also going to loose.

Findings showed that all respondents (100%) concurred with the view that bereaved employees are indeed the responsibility of the Managers and co-workers. However, Managers and bereaved employees had different views on whether the care and support offered is adequate or not. Persistent theme identified was that bereaved employees feel the care is not adequate. This was also the finding in a research conducted by Eyetsemitan (1998) in which he discovered that organisations tend not to offer enough support especially on resuming work.

Some respondents though did commend their organisations for support offered. W12:"...*There are instances when they help us...*". This is from a bereaved employee in an organisation where the employees had a lot of dissatisfaction but it shows that something is done. Identified theme was that support is generally adequate in most of the organisations especially before the funeral, but even then, it is mostly offered by co-workers. This is significant as if the organisation decides to train lay bereavement counsellors, the majority might have to be from the ranks of general employees. In contrast, though less than half of the bereaved employees recommended that lay bereavement counsellors be trained.

Findings indicated that most of the bereaved employees felt support is generally lacking on resuming work. This might be due to lack of understanding of the grief process. Vickers (2006) maintains grief at the workplace tends to receive little recognition. Another theme that came out strong was that bereaved employees expect to be supported and it is irrespective of the relationship to the bereaved. It is thus not for the organisation to judge whether the bereaved employee needs support or not, it is the attachment to the deceased and other factors that determine intensity of grief. Only the bereaved employee knows the extent of attachment to the deceased. The organisation and even the government should not be the deciding factor on for whom the bereavement leave should be taken and who deserves support.

There are specific support measures (see section 5.1.5 above) that were considered effective ranging from the time the bereaved employee is notified of the death to the time when work is resumed. Considering that normal grief lasts for a minimum of four months to a year (Lipman, 2001, Walsh et al., 2002) continued support is needed. This minimum grief period was also confirmed by respondent W7 who stated *"After about 3-4 months it is better"*. Those with Complicated Grief will also need psychotherapy or other treatment by other professionals, which will be discussed below. Support is thus needed on resuming work but it was found to be largely lacking.

Following notification about the death, empathic attitude means a lot to the bereaved. Where possible being accompanied home is valued by the bereaved employee. These show theme of caring, understanding and knowledge of the importance of support at this stage. These are considered important counselling skills (Beder 2004; Dershimer, 1990).

Being promptly granted the Family Responsibility Leave to prepare for and to bury the loved one was depicted as a very important support measure. Lobar et al., (2006) stress that releasing bereaved employees to attend to

bereavement rituals and ceremonies as informed by their culture, religion and personal choice is very important. Pain experienced at this time might be intense and the bereaved employee needs to be released from work, which is practised in most of the organisations. Similarly, Eyetsemitan, (1998) states that releasing the employee to attend the funeral assists in accepting the loss. The organisation will thus help in improving post bereavement functioning.

Attending the funeral by managers and co-workers is appreciated by the majority and some even welcome being assisted with funeral arrangements and transport. If such practical support measures are to be included in the internal bereavement policy, extensive consultation of all personnel should be conducted.

Where a bereavement policy exists, it assists with uniformity and assists in avoiding conflict, which may result from bereaved personnel not treated in the same manner. However only, a few respondents in this study reported being treated differently. Though informal financial support is mostly provided, some organisations have no concrete bereavement policies for bereaved employees. Involvement of employees in formulation of policies is important as in organisation R a manager reported a problem as some employees were reported now to be against donating and paying for transport to attend funerals. This might be related to increase not only of bereaved employees (as stated by respondent Q11: "*Co-workers complained that they were tired of supporting me by donating their money...*") but also deceased employees as in both circumstances donations are collected in many organisations.

Donations are appreciated and expected by the bereaved. This is practised in the majority of the organisations. According to Cleiren (1993), social support is not only emotional but also practical and informational. Thus, financial support, and other practical support like assistance with transport are important. As suggested by respondent J1, a manager, the organisations could take

insurance policies for employees to have enough money when they are bereaved than depending on donations. This could alleviate potential problems resulting from making donations. None of the organisations were found to be practising such an internal bereavement policy.

On resuming work being warmly welcomed and people enquiring about how you feel and how the funeral was means a lot to the bereaved employee. Another theme identified was that supervisors are expected to enquire whether the bereaved employee is coping with the work. Support on resuming work is very important but was found to be inadequate in this study. Eyetsemitan, (1998) in his research reached the conclusion that organisations tend to focus on the funeral ritual only, that is on the early days following loss. As stated by bereaved respondent C12: "*It is as if nothing has happened*" referring to lack of support on resuming work. Focus need to be on how the individuals are coping, not only at work but also in their personal and social lives as dysfunction will impact negatively on work performance. To support this manager A40, suggested that counselling should "*include financial management for especially the widows*". Therefore, there will be those bereaved employees who will need special attention.

Early identification of problems will alleviate serious complications and thus avoid adverse effects on job performance.

A bereaved employee need to be given time to adjust to the work and if possible the workload may be made lighter allowing for readjustment. This is supported by Grobbelaar (2000) as she states "...you battle to get back into routine" (p.9). This was also mentioned by both bereaved respondents and Managers.

Continued spiritual support and caring is appreciated even on resuming work. A need to talk about the loss, share the pain and be listened to was verbalised.

Allowing the bereaved employee to talk about the death (Dent, 2005) assists in coping. This has implication on the type of intervention as in counselling and having mutual support groups within the organisation. Tousley (2000) stresses that effective grieving is not done alone, the bereaved individual needs a listener who is understanding and non-judgmental. This can be done by a co-worker or even a manager.

Other suggested measures considered effective were extension of the Family Responsibility Leave in days offered as well across other losses, referral to EAP and education on the grief process. These will further be discussed with other recommended interventions.

Unique supportive measures mentioned by only one or a couple of the bereaved employees are also discussed for their significance. One related to being given space to deal with the pain, as stated by R5: *"I don't need any support only to get enough time to deal with the situation until the funeral is over"*. Others stressed the need to be treated with dignity, *provision of a conducive environment for comforting the bereaved and being offered flowers*. This attests to the fact that grief is a unique process and other bereaved employees may have needs different from the majority. As mentioned in the simple measures of support by managers deemed suitable for the South African context (Flanagan & Finger, 1998), there must amongst others, be a quite private place to talk to the bereaved at work. The fact that only two bereaved respondents (3%), both Black females mentioned flowers as an important gesture of showing condolence, support the view that just because individuals belong to a particular race group and culture does not mean they abide to similar views.

A number of themes were identified related to intrapersonal as well as interpersonal issues. Grief reactions are described by Wertheimer (1991) as highly personal and influenced by many factors thus resulting in no single way

of grieving. Even though grief is a normal process, this uniqueness needs to be acknowledged even at work. Grief can be abnormal as described in section 2.2.7 under Complicated Grief. According to Lipman (2001), grief that lasts for more than a year or that suddenly becomes worse after a year is complicated. As indicated in analysis (section 4.3.6), some bereaved employees did present with symptoms of Complicated Grief. Thus at the workplace there will be those employees who will present with for example chronic, exaggerated, delayed, inhibited, avoided and inhibited grief which will severely affect their functioning. Professional intervention is indicated in such instances.

The majority of the respondents bereaved through a traumatic death, that is murder, suicide and car accidents reported symptoms of Complicated Grief. Stewart (1999) and Wagner et al., (2005) maintain that traumatic grief tends to evolve into Complicated Grief. Considering that traumatic grief can last for a long time Jacobs and Prigerson (2000), continued and effective support is important for such bereaved employees. Prompt referrals need to be made and they are only possible where there is insight into the grief process and awareness of high risk bereaved employees.

Even normal grief reaction like crying spells can affect performance at work adversely. One of the themes identified was that feeling disturbances were experienced by the majority of the bereaved employees followed by thought disturbances. Feeling disturbances again were identified as the most symptoms that interfere with job performance. Tendency to isolate self and extreme sadness (Wayment & Kenemy, 2004) will affect job functioning especially in those who work with the public.

Even though Worden (1991) maintains that physical symptoms are an important part of the grief process and they tend to be mostly overlooked, only a minority of the bereaved employees in this study reported physical symptoms.

Never the less even in this study, more bereaved employees consulted medical practitioners than mental health practitioners. This might be due to lack of knowledge that professional counselling might be necessary in order to cope in some bereavement especially in traumatic deaths which tend to lead to Complicated Grief.

Other symptoms still experienced on resuming work were constantly reliving the memories of the deceased and difficulty in concentration. The reported symptoms are amongst those mentioned in literature (Bonanno & Kaltman, 2001; Vickers, 2005, cited in Vickers, 2006; Eyetsemitan, 1998; Goldman & Lewis, 2005; Walterscheid, 1990) as affecting workplace functioning.

On resuming work the bereaved employee would still be in the phase of going through the pain of grief (Eyetsemitan, 1998). The organisation must then assist the bereaved employee to cope within the work environment. Grieving will not just stop or be postponed just because one is back at work.

The nature and intensity of the relationship to the deceased was found to influence intensity of grief. According to Cleiren (1993) frequency of contact, reciprocal dependency, level of intimacy and mutual support will further determine the grief reaction. In this study, findings showed that those who reported reasonable closeness to the deceased did not experience intense grief despite losing parents in traumatic deaths. In addition, Worden (1991) maintains that grief intensity will not only be determined by who was lost but also by for example the strength of the attachment as well as conflicts that might have existed.

The majority of respondents reported returning to work still not emotionally well but as stated by Goldman and Lewis (2005) whether ready or not the bereaved employee has to return to work. This again points to the need for support on resuming work. Worden (1991) states "for some grief begins at the

time they hear of the loss, while for others it is a delayed experience” (p.31). There will thus be those bereaved employees who will return to work just beginning to experience intense pain of grief or who may even experience delayed grief. Such an employee will need counselling even from professionals. Clearly the tasks of grieving, the major chunk of the grief process evolves when one has returned to work and thus that is where most support and related psychological interventions, if indicated, should take place.

Grief is not only painful but personal growth from the experience is possible as indicated by respondent A2: *“I am very strong now. Can speak and encourage my family and friends and can deal with bereavement”*. When grief or bereavement education is conducted, individuals will be aware of such and bereavement might not be experienced as such an overwhelming and devastating situation.

Research conducted by Polatinsky and Esprey (2000) supports the assumption that bereavement from suicide, accidents and murder may be more stressful. This was also identified in the finding of this study only two respondents did not report Complicated Grief symptoms even though having experienced traumatic bereavements. Both had reported not being very close to their deceased parents, showing again importance of attachments on the process of grief.

Findings showed lack of awareness of Complicated Grief when it has developed, in both the bereaved and rest of personnel. Another identified theme was that of poor referral of those presenting with Complicated Grief. This is not just due to lack of knowledge but also ineffective EAP within organisations and lack of such in some of the organisations. In this study, the most prevalent Mental Health disorders were PTSD, Adjustment and Depressive Disorders. This is supported by literature (Neria & Litz, 2003; Stewart, 1999; Vanderwerker & Prigerson, 2003) which state that some

bereaved individuals develop mental health disorders.

Even though grief is a normal reaction, some of the bereaved employees will not cope resulting in Complicated Grief that needs professional intervention. Knowledge of bereavement risk factors is crucial for preventative measures and prompt identification and treatment. Besides the already above mentioned factors like murder, Parkes (2002) cites social isolation, lacking in self esteem, disenfranchised grief and losses for which the bereaved feels responsible or for which others are deemed responsible. In this study some bereaved respondents who presented with guilt feeling had reported traumatic deaths including child loss from suicide. Grief education is thus strongly indicated within organisations.

Findings correspond with literature as not many bereaved individuals were identified as presenting with definite Complicated Grief. Neria and Litz (2003) cautions against assuming that just because one has lost a family member or any other relationship assumed to be close like a partner, then complicated grief could develop, but more important is the consideration of the “meaning and the implication of the loss for the individual” (p.83). This will also be apparent when discussing impact of nature and intensity of attachment on intensity of grief.

Prigerson (2005) stresses that the symptoms should last for a period of six months irrespective of when they occur for Complicated Grief to be diagnosed. Since period of the existence of the symptoms was not indicated on the questionnaires, no concrete diagnosis of Complicated Grief could be made on majority of the reported symptoms.

Eyetsmitan (1998) maintains that being less sensitive to the bereaved employee’s needs; promote disruption of the grief process, resulting in what he termed stifled grief, which is acknowledged grief not allowed to run its course.

Most bereavement literature refers to disenfranchised grief, which is grief not socially sanctioned thus resulting in no support. Miscarriages, HIV, and Aids related bereavements are mostly not acknowledged resulting in disenfranchised grief. Both were evident in this study as some respondents reported not being treated the same way as other bereaved employees, even though their grief was acknowledged. As stigma is still attached to HIV and Aids (Opperman & Novello, 2006), this might worsen disenfranchised grief as the bereaved employee will not disclose nature of cause of death thus robbing self of much needed support.

There was always a heated debate when disenfranchised grief was explored in focus groups. Results showed polarised views on whether bereaved gay employees and divorcees who have lost ex spouses should receive same support as rest of bereaved employees. Unexpected acceptance was shown though by some of the general employees. This might have implications on bereavement policies, which must not be biased.

Generally, the majority reported no outright negative experiences. Theme that came out was that insensitivity, lack of knowledge on the grief process and lack of effective informal counselling skills resulted in the negative utterances and behaviour. If more skills can be learned, even less negative experiences would be experienced. All personnel need to be aware of the simple measures in bereavement support as mentioned in chapter 2 section 2.2.10.3. For example, avoiding telling a surviving spouse that he/she may get married again (Walterscheid, 1990) and offer practical support like taking over some of the duties at work or volunteer to fetch children at school.

Culture as an important guide of an individual's life is bound to affect bereavement rituals. Respecting the bereaved employee's culture shows respect by the organisation. Main theme identified was that culture is very important to bereaved employees. Further more the majority felt their cultural

diversity is not respected by the organisations as stated by respondent T1: "*To a certain extent policy does not explicitly address the issue of cultural diversity*". A few respondents had a contrasting view for example F3: "*We are unique ...culture is respected and acknowledged*". Internal policies are an integral and critical part of bereavement support and should reflect respect of culture of the employee.

However, the Managers and Human Resource Officers stressed that bereavement rituals are respected. Organisational culture and type of work done should guide how respect for cultural diversity is applied. There might have to be compromises made on the side of both employees and the organisation for example a nurse would not be expected to work in mourning attire but a black button might be accepted.

Culture, spirituality, and race were in this study found to be more influential than level of education on views and level of adhering to bereavement rituals. Even highly educated bereaved employees cited culture as need for more days needed. A number of bereavement authorities cited in Mantala-Bozos (2003) cautions that religion and culture should not be ignored when considering grief.

Lack of knowledge on the presence of EAP or its functioning in their organisations was evident in some of the bereaved employees. This points to lack of awareness campaigns. Only a minority of bereaved employees referred themselves to EAP for counselling even though they presented with Complicated Grief including having concurrent mental health disorders. Even referral by supervisors is lacking. Some managers and human resource officers lacked clarity on services offered by EAP. Some of the findings are similar to those by Roman (2003) in her EAP study. A significant finding is that some organisations have neither Wellness nor EAP. If establishment is not likely, then management must have a list of all relevant services in the

community like support groups or psychologists for referrals. It was suggested that EAP should be more effective and should include bereavement counselling.

A theme of lack of knowledge was identified, as some employees are not aware of the Family Responsibility Leave, which exposes dysfunctional or poor Human Resource practices. The majority were emphatic that the three days offered are not enough including Managers and Human Resource Officers. Even in those organisations where the days have been increased to five days, the trend was that it is still insufficient. The majority of the bereaved respondents suggested ten days and majority of managers and human resource officers suggested five days. It must be noted that already some organisations offer five days. Culture, religion and race influences the number of days deemed sufficient for bereavement leave. Respondents made recommendations according to their cultures, what was considered were bereavement rituals before and after the funeral. As stated by a Human Resource Officer W3: *"My views are very strong I believe it was done for the Whites we as Blacks have extended families ... I cannot take this special leave to arrange for my nephew's funeral... There should be amendments... With... (Organisation) 5 days are offered ...It should be 5 days for all personnel in all organisations as 5 days would be sufficient for work before, during and after the funeral....a funeral has challenging tasks"*. Clearly, culture counts a lot and according to this respondent, even the government did not consider culture.

Vacation leave is largely taken to add to the bereavement leave and some get sick leave due to presenting with Complicated Grief.

Unexpectedly less than half of the bereaved respondents recommended that other relatives not currently included in the Family Responsibility Leave like a cousin be added. Since the majority stressed they are also responsible for extended families members one would have expected the majority of the

bereaved respondents to recommend the inclusion of other relatives beyond the nuclear family. However Managers and Human Resource Officers recommended that bereavement leave be equal across all losses, which could imply a need to make official what might already be happening within organisations.

The current Family Responsibility Leave is amenable to abuse and this can be expected to continue even when the days are increased. More strict guidelines might have to be put in place so that it is utilised for its purpose.

Managers and Human Resource Officers recommended that the leave days be allowed to accumulate if they have not been taken. This might be a way of reducing abuse as they would know that even if not taken during the current year they might need it the following year. Currently sick leave revolves on a cycle of three years and the same concept might be applied to bereavement leave. There are other innovative ways like pooling days as suggested by Eyetsemitan (1998) so that those who need them can access them. For example respondent F4 (White) reported that she had never been bereaved and her Family Responsibility Leave days could have been utilized by fellow bereaved employees one of whom took 9 days from vacation leave following a miscarriage.

Though Leick and Davidsen-Nielsen (1991) argues for sick leave to be granted following loosing a child or spouse, in South Africa this is not warranted as the BCEA 75 of 1997 provides for bereavement or compassionate leave within the Family Responsibility Leave. Only if complications set in can sick leave be granted as grief is not a sickness but a normal process, only some times it may complicate.

Counselling was stressed by the majority of the respondents. Amongst the Managers and Human Resource Officers, a trend of recognising need for

continued support and counselling even after the funeral was identified. A need for training of Managers and supervisors in grief counselling was stressed by the Managers. Many bereaved respondents had indicated that much of the support is from co-workers with Managers perceived as offering less concrete support. According to Edwards (2001), empowering the Managers to deal with the bereaved employees is the responsibility of the Human Resource personnel. Managers and supervisors need to have counselling skills. This is important as some reported avoiding bereaved employees, as they did not know what to say. Some initially may need to be empowered with just simple supporting measures and what to avoid.

Another major theme was acknowledging lack of insight into the grief process as seen in the majority recommending that grief education be included in the general training of the employees. Eytsemitan (1998) suggests having educational programs at work. To provide effective support, Managers and co-workers need to be knowledgeable about the grief process.

Establishment of support groups was recommended which would enable the bereaved to share their experiences with others. A mutual group may be effective as a supplement to individual therapy (Jacobs & Prigerson, 2000), or on their own if, Complicated Grief is not present. Volunteers or professionals can run these support groups. Hajiyiannis and Robertson (1999) contends that training alone is not enough; supervision and consultation should be available for these volunteers. EAP practitioners could provide the services.

Unlike the Managers and Human Resource Officers, only a minority of the bereaved respondents recommended that employees be trained as lay bereavement counsellors. General employees may consider counselling the responsibility of supervisors and managers and that for a co-worker simply supporting the bereaved colleague is sufficient.

A unique suggestion raised by a manager was that of counselling the counsellors. This showed insight into what is entailed in counselling the bereaved. Burnout will also be avoided.

Referral to professionals for some of the bereaved employees was considered one of the important interventions following returning to work. Atkinson (2001) also states that good referral system is important if EAP is to be effective. Managers concurred with view of the researcher that bereavement support/counselling and grief processes education be allocated same focus in organisations like HIV and Aids. This will increase awareness of this psychosocial plight of the bereaved employee and most important how to offer relevant and appropriate support.

Above discussion has shown support currently offered as well as areas where it is inadequate as on resuming work. Suggestions were lacking in innovative intervention measures like use of the internet as suggested by Wagner et al., (2005) this can assist those presenting with Complicated Grief. Experiences and feelings were analysed to gain insight into what the bereaved employees go through to effectively support them. Even though Vickers (2006) contends that grief is largely misunderstood, it is hoped that the experiences related by the respondents and literature in Chapter 2 has shed some light on this phenomenon.

The third objective of recommending appropriate intervention will be discussed in the next chapter.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

In this chapter appropriate recommendations for bereaved employees will be articulated. In addition to dealing with this third objective of the study, this chapter will explore whether the objectives of the study have been achieved. Contribution to knowledge, possibilities for further research and limitations will further be discussed. Recommendations and suggestions on appropriate supportive measures made by bereaved employees and Managers/Human Resource Officers were clearly stated in Chapter 5. In this chapter only a summary will be expressed. Final recommendations are based on those mentioned in the previous chapter and what was identified as lacking by the researcher.

6.1 SUPPORT MEASURES

The first objective which was to ascertain whether bereaved employees are adequately catered for in organisations, was achieved. Findings revealed that support offered the bereaved employees is generally adequate prior to the funeral but not adequate on resuming work. Bereaved employees were able to specify those support measures they experienced as effective following notification about the death as well as on resuming work. Further more they also specified those supportive measures they prefer and made suggestions on how the organisations could further improve. All these are articulated in Chapter 5, section 5.1.5. Combined, these form the core of what will make support to the bereaved employee effective from the bereaved employees perspective. Of these core support measures, a caring and empathic attitude, granted Family Responsibility Leave, offered condolences, visited at home, donations and attending the funeral were important. On resuming work a warm welcome, asking how the bereaved is coping given time to talk about the grief

and counselling were considered important.

Of the general themes specified in Chapter 5, section 5.1.3. significant findings were that most of the support is offered by co-workers. Bereaved employees also expect to be supported irrespective of relationship to the deceased. Losing a niece to some bereaved employees is just as significant as losing a closer relative which has implications on bereavement leave. Lack of uniformity exist in applying bereavement support without a policy which result in conflict within organisations. Thus where a bereavement policy does not exist, it must be developed not only informed by the BCEA 75 of 1997 (Republic of South Africa, 1997) but should consider multiculturalism of all the personnel. Existing policies must be re evaluated.

Counselling was stressed by the majority of the respondents, bereaved as well as the Managers and Human Resource Officers. Since some of the managers revealed that they had avoided some bereaved employees due to lack of skills, training of lay bereavement counsellors within organisations is indicated.

All respondents supported the view that bereaved employees are the responsibility of the managers and co-workers. This means all agree that they are accountable for the wellbeing of their fellow workers which implies being humane.

Inadequate support on resuming work was identified, thus improvement is still needed mostly on support offered on resuming work.

The second objective of exploring feelings and experiences of the bereaved employee was also achieved. The majority of the respondents did complete the open ended questions and those participating in the focus groups freely stated their views thus supplementing the quantitative data.

6.2 EXPERIENCES AND FEELINGS OF THE BEREAVED

Reaction to the Loss

Feeling disturbances were the most experienced normal grief symptoms followed by disturbed thought processes. The majority return to work still not emotionally well and the majority do not receive any counselling or adequate simple support measures. Moreover feeling disturbances were found to mostly interfere with job performance. A minority of bereaved employees reported physical disturbances in contrast to literature that state individuals from non-Western cultures tend to present more with the physical symptoms.

Even though grief is a normal process some bereaved individuals will present with Complicated Grief as also indicated by the findings of this study and such bereaved employees need professional intervention. The most prevalent Mental Health Disorders diagnosed were PTSD, Adjustment and Depressive Disorders. Referral system within organisations for Complicated Grief was found to be inadequate. Even bereaved employees appeared not to be aware of having developed Complicated Grief and thus many did not refer themselves to EAP. Findings revealed lack of insight into the grief process as some managers expected the bereaved employees to function normally on resuming work which is largely not possible as the bereaved will still be in the early phases of resolution of grief. This points to the need for bereavement and grief education within organisations.

Findings also revealed that personal growth following bereavement is possible as reported by some of the respondents thus grief should not be considered as a completely negative and consuming experience.

Bulk of the recommendations are stated in section 6.3 below.

Negative experiences

A minority of the bereaved employees experienced negative treatment at the hands of fellow workers mostly in utterances not intentionally meant to hurt the bereaved but aimed at offering condolences and support. This implies lack of support skills and understanding of the grief process which can be rectified by training and awareness campaigns.

Culture and bereavement

The state of losing a loved one, that is bereavement and the ensuing reaction, which is grief, are influenced by culture amongst other factors. When bereavement policies are developed culture must thus be considered. Though the managers believe their organisations respect culture of the bereaved employees, however findings showed that the majority of the bereaved employees do not agree.

6.3 RECOMMENDATIONS ON APPROPRIATE INTERVENTIONS FOR BEREAVED EMPLOYEES

This is an important aspect where recommendations will be made not only to the participating organisations but to other role players. Recommendations are based on the input from bereaved employees, managers and human resource officers. This involves data from questionnaires, focus groups and semi-structured interviews. Section 6.3.1 deals with conclusions and recommendation based on data from bereaved employees and section 6.3.2 deals with data from Managers and Human Resource Officers.

6.3.1 Bereaved employees

Employment Assistance Programme (EAP)

Conclusion: Some employees are not aware of presence of EAP in their organisations and in some organisations they do not exist.

Recommendation: EAP must be actively advertised in organisations so that workers can be aware of services offered. If it is provided by an outside organisation all employees must have the phone number. Pamphlets and posters advertising the programme must be available in the official languages of the employees. Personal cards should be available even if EAP is offered by the organisation, clearly stating all the services offered including bereavement counselling. Where EAP does not exist it must be introduced whether in-house or contracting an external EAP organisation to provide the services.

Conclusion: Only a minority of bereaved employees refer themselves to EAP.

Recommendation: Employees need to be empowered with the knowledge that they need not wait for supervisors to refer them, they can refer themselves to EAP. All this information should be in posters, pamphlets as well as on the card.

Conclusion: Medical doctors are the most consulted health professionals in bereavement.

Recommendation: All personnel need to be enlightened about services offered by the different health professionals, including Psychologists. They need to be given insight into the fact that grief is not an illness, but a normal process. Only if the bereaved is presenting with intense, severe physical symptoms should a medical doctor be consulted. A bereaved employee presenting with a mental disorder as in Complicated Grief may consult a Medical Doctor if no Psychologist or Psychiatrist is available.

Family Responsibility Leave

Conclusion: Some employees are not aware of Family Responsibility leave.

Recommendation: Human resource officers should ensure that during induction personnel are informed about this important special leave. A copy of the relevant chapter can also be made available to the new employees.

Supervisors and Managers should ensure that those within their span of control are knowledgeable about different kinds of Family Responsibility Leave available for the bereaved including following a miscarriage or stillborn incident.

Conclusion: The majority were emphatic that days offered within the Family Responsibility Leave are not enough.

Recommendation: Lobbying for review of the number of days offered which would involve trade unions engaging employers in the bargaining chamber.

Conclusion: Ten days were considered adequate by the majority of the bereaved respondents.

Recommendation: Considering that this was the view also held by bereaved respondents from sectors where the official Family Responsibility Leave days have already been increased to 5 days, clearly the days currently offered are not enough. Even the minority who felt the bereavement leave days were enough, were referring to the increased five days. The Family Responsibility Leave might need to be reviewed and restructured.

Conclusion: Vacation leave days are usually taken to supplement bereavement leave.

Recommendation: Support measures at work on resuming work need to be improved or initiated where it is non-existent so that staying longer at home should be curtailed.

Core bereavement policies

Conclusion: In some organisations these are not uniformly implemented.

Recommendation: Each organisation must establish a clear bereavement policy with involvement of all the personnel.

Specific Suggestions/ recommendations

The following conclusions were reached from responses on specific questions

posed in the questionnaires.

Conclusion: Less than half of the bereaved respondents favoured idea of training bereavement lay counsellors within organisations.

Recommendation: The implications might be that they feel counselling is the responsibility of the supervisors and managers. They may feel comfortable with providing simple or informal support measures. The focus should be on encouraging supervisors and managers to provide counselling where it is indicated as general employees showed reluctance to be trained as lay bereavement counsellors.

Conclusion: Majority recommended integration of education on how to cope with grief into all employee training programmes.

Recommendation: Bereavement and grief education must be included in the training programmes of all personnel. It should include normal grief process, complicated grief, simple measures of support and high risk of developing complicated grief. This will not only assist with coping with own normal grief. Further more it will greatly assist in identifying Complicated grief in a co-worker and assist by supporting or referring relevantly.

Conclusion: Less than half recommended that other relatives be included in the Family Responsibility Leave.

Recommendation: Other relatives may still need to be added as what is important is the degree of attachment to the deceased not kinship.

Views on disenfranchised grief

Conclusion: Some bereaved employees might not be supported the same way for example following a miscarriage and unmarried couples.

Recommendation: Education and raising awareness on disenfranchised grief is important so as to avoid not acknowledging grief of others which tends to

extend their grief and results in Complicated Grief. Employees who have experienced miscarriages should report such so they can get the necessary support at work. Internal bereavement policies must not exclude individuals already mentioned in the BCEA like a partner.

Conclusion: Polarised views are held on whether bereaved gay employees should be supported in the same manner as other bereaved employees.

Recommendation: More education and awareness on human rights in general is indicated.

Conclusion: Supporting bereaved male employees is not easy as they tend to hide their pain.

Recommendation: Male employees need to be empowered with the knowledge that it is fine to show their pain following bereavement. Support shown bereaved employees should be similar across gender. This needs active education on men and grief for all employees so that the bereaved male employees can behave in a manner that makes it easy for potential supporters to approach them.

6.3.2 Managers and Human Resource Officers

Employment Assistance Programme

Conclusion: EAP is not present in some of the organisations.

Recommendation: EAP is important and organisations must establish them, either have a practitioner on site or outsource to an EAP company. Just signing a contract without checking the effectiveness and credentials of that particular EAP company is strongly discouraged. It will have to be vigorously marketed and the positive results of having such must not only be relayed by that EAP company to the workers, but the Managers must lead in explaining the services offered and how the workers will actually gain.

Conclusion: Where EAP is present, referral for bereavement psychotherapy is not effective.

Recommendation: All personnel need to be educated on Complicated Grief to allow for self referral as well as referral by supervisors and even co-workers. Guidelines should be set in bereavement policies on when to refer. High risk bereavement (section 2.2.8) like spousal, child loss and traumatic deaths must be referred early before complications set in. The fact that bereavement therapy is part of therapy offered should be inculcated in all personnel. When a bereaved employee has been referred, appropriate level of psychotherapy should be offered which has implications on professionals offering the service, they must be competent in bereavement therapy.

Conclusion: There is lack of clarity on services offered by EAP.

Recommendation: Awareness programmes need to be run clarifying services offered including bereavement support and therapy. Human Resource Officers and Managers must clearly explain to the supervisors who should disseminate the information to rest of the personnel. There should be enough reminders posted around the organisation and departments. Trade union stewards must be trained on importance and functioning of EAP so that they sell the idea to workers.

Family Responsibility Leave

Conclusion: Majority believe it is not enough and majority recommended five days.

Recommendation: It is normally expected for Managers to be on the side of the organisation and be concerned about shortages of personnel. For managers and human resource officers to recommend an increase from three days, points to the seriousness of the perceived inadequacy of the current Family Responsibility Leave. There is a need to review the Family Responsibility Leave so as to reach a consensus or compromise as majority of the bereaved employees suggested an increase to 10 days.

Conclusion: Religion, culture and race influence views on the leave.

Recommendation: Multiculturalism should be considered by policymakers. The BCEA does give leeway for variations through for example negotiating individual contracts within organisations or through bargaining councils. If the government can not change section 27 of the BCEA dealing with Family Responsibility Leave to accommodate the recommendations, then organisations, workers and trade unions can still reach agreements.

Conclusion: Possibility of abusing bereavement leave exist even with guidelines in place.

Recommendation: Organisations to be more vigilant and apply the guidelines set.

Core bereavement policies

Conclusion: Informal Financial support is mostly provided in organisations.

Recommendation: Donations should be formalised and written into bereavement policies to allow for uniformity and prevent conflict. All personnel must be involved in deciding on the amount to be paid and relatives on whom this applies must be clearly stipulated. Majority expect to be supported financially too. Donating for a bereaved individual is part of the culture of the majority of the workers and has become part of the organisational culture too.

Conclusion: No concrete internal bereavement policies exist in some organisations.

Recommendation: All organisations must have bereavement policies which are clearly documented, not only for deceased employees but also for bereaved employees.

Conclusion: Employees are involved in formulation of the policies.

Recommendation: This is a good practice to be implemented by

organisations, management should not dictate from above.

Suggestions and recommendations

The following recommendations included in the questionnaires (Appendix C - Number 11) were mainly supported and thus it is recommended that they be included when developing bereavement policies and intervention programmes.

Conclusion: Training of volunteer bereavement lay counsellors within organisations is supported by majority of the Managers and Human Resource Officers.

Recommendation: Since only minority of bereaved employees supported this recommendation, focus should be on more supervisors and managers forming the pool of volunteers. They should be trained by professionals and receive continued support.

Conclusion: Accumulation of unused Family Responsibility Leave supported.

Recommendation: This would alleviate exhaustion of the bereavement leave. More consultation is needed on the possibility of reviewing the Family Responsibility Leave. Other options like also separating the bereavement leave from other leave days within the Family Responsibility leave should also be considered.

Conclusion: Bereavement support/counselling and grief processes education be allocated same focus in organisations like HIV and Aids.

Recommendation: The aim should be to have this as part of the organisational culture.

Conclusion: Family Responsibility Leave be equal across all losses.

Recommendation: This should be included in the suggestions for the review of the Family Responsibility Leave. So that the leave taken for extended family members is legitimate and legal, they must be spelt out clearly in the BCEA.

Conclusion: Awareness and training of all employees in dealing with bereavement is supported.

Recommendation: This will empower all personnel with relevant knowledge on grief and bereavement. This should include informational support like dealing with insurances and financial management. Wide consultation is also important as employees need to have input on what they deem important knowledge on bereavement.

Other suggestions made by managers and human resource officers

Conclusion: Support groups to be established within organisations.

Recommendation: Professionals should assist in establishing them. For those who need therapy support groups should supplement therapy not replace it.

Conclusion: EAP to be effective and include bereavement counselling

Recommendation: Bereaved employees presenting with normal grief may need counselling to achieve resolution and this should be provided within the work context. EAP practitioners must be trained in bereavement counselling.

Conclusion: Continued counselling and support after the funeral to be offered.

Recommendation: All personnel should be made aware of need for continued support as grief is not a brief process. A structured programme of support should be developed which would be adapted to suite unique individual needs.

Conclusion: Referral to Psychologists is supported.

Recommendation: Only for some bereaved employees is referral to Psychologists indicated as in Complicated Grief. Not all bereaved individuals need psychotherapy or even counselling, general support measures might be adequate for some bereaved employees.

Conclusion: Bereaved employee's culture to be respected.

Recommendation: Since culture largely determines grief, bereavement policies should reflect this. Wide consultation is needed on forming bereavement policies.

Conclusion: Develop policy for referral of bereaved employees for counselling.

Recommendation: This should be clearly stipulated in the organisation's bereavement policy and EAP referral guidelines. This will be informed by knowledge on the grief process and influencing factors. Guidelines for self referral, informal supervisory or managerial as well as formal or performance related referrals should be stipulated.

Conclusion: Training in counselling grief skills for supervisors and managers.

Recommendation: All should be trained as employees expect them to offer the counselling and it is their responsibility to do so.

Conclusion: Counselling of counsellors

Recommendation: This is important to avoid burnout. They should have counselling and support from a professional like a psychologist. This service could also be provided by the EAP company.

6.3.3 Further recommendations

The following recommendations were based on identified gaps on recommendations by respondents. In addition there are also those directed at other role player like the Government, trade unions and psychology fraternity.

Organisations

- Improve support on resuming work. Post funeral support was found to be inadequate in all the organisations and this must be improved. If not improved work performance will be adversely affected and it will take much

longer to return to pre bereavement state, to the disadvantage of the organisation.

- Organisations should utilize innovative measures like putting up bereavement and grief educational material on the organisation's intranet. This can also be used to remind the personnel of the services offered by EAP or presence of mutual support groups within the organisation.
- Wellness programmes should offer general grief coping skills and not only focus on physical health. Leaflets on coping with grief and bereavement should be placed in strategic places like employees' lounges to increase awareness.
- Bereavement policies should also be informed by the organisational culture. If the organisation emphasises caring for its employees that should be reflected practically also in the bereavement policy.
- Organisations must support initiatives by employees who develop burial societies. This may assist in avoiding weariness that is setting in in some co-workers who think they now pay too much in donations due to increased number of bereaved employees. Organisation may assist with drafting of the constitution of the society. All members should be motivated to join such societies.
- Ensure that EAP companies contracted have therapists specialising in grief therapy or have adequate experience to offer effective and relevant grief therapy.
- Human Resource Officers to disseminate information on Family Responsibility Leave. Some workers showed extreme lack of knowledge about this special leave.
- Be aware of disenfranchised grief and the high risk bereaved individuals and refer them promptly to avoid complications. Secondary prevention is very important for them.

- Managers must be visible in their support
- In house EAP practitioners should be carefully appointed, be trusted by employees, must maintain confidentiality at all times and receive continued training in grief counselling.

Trade unions

- To consider innovative measure like pooling bereavement leave days so that those who need them can access them.
- Bargain for review of the Family Responsibility Leave .This could include increase and separation of bereavement leave from rest of Family Responsibility Leave. Accumulating unused bereavement leave days within a three year cycle as in the sick leave cycle could be suggested.
- Distribute pamphlets on grief and bereavement in their union congresses and occasionally have grief specialist addressing them just as it is done with HIV and Aids issues.
- Motivate their members to use EAPs within their organisations also for grief counselling.

Government

- Consider review of section 27 of the BCEA No 75 of 1997 (Republic of South Africa, 1997). The majority of employees including Managers perceive the three days offered for Family Responsibility Leave as not enough.

Psychologists

- Professional Body to be involved in setting clear guidelines as to qualifications of whom can be appointed as an EAP practitioner in South Africa.
- A Psychologist offering EAP must be skilled in bereavement therapy to deal with Complicated Grief.
- Actively train others on grief counselling thus allowing more individuals to be

involved in supporting the bereaved employees.

- Importance of practising multiculturalism in therapy must be emphasized during training to be a psychologist.
- Innovative interventions like offering psychotherapy via internet should be explored.

6.4 CONTRIBUTION TO KNOWLEDGE

This study contributed some original knowledge. For example it found that contrary to the view that non-Western races tend to present with physical grief symptoms mostly, in this study they presented mostly with feelings of disturbance. However this may not apply in other situations. Experiences and psychological reaction of the bereaved employees in South African organisations were documented including support deemed effective by bereaved employees. Financial support during bereavement is important even at the workplace. The information on bereavement and grief was set out such that anyone may extract information and compile a manual for grief education and counselling at the work place. Bereavement policies may also be developed using conclusions and recommendations from the study.

Considering that dearth of bereavement studies in South Africa has been reported (Opperman & Novello, 2006) it is envisaged that the current study will add valuable knowledge to the limited studies especially on grief at the work place.

6.5 LIMITATIONS AND POSSIBILITIES FOR FURTHER RESEARCH

The limited number of respondents limited generalisability of the findings. Considering that both quantitative and qualitative methods were utilised, the negative effects of limited respondents was neutralised.

There is limited literature on bereaved employees internationally and worse in South African, thus there were not enough studies to compare with my findings.

Identification of respondents who might have presented with Complicated Grief which adversely affected the bereaved individual's mental functioning and thus also productivity, could have been improved by requesting for more details in the questionnaire. Prigerson (2005) stresses that the symptoms should last for a period of six months irrespective of when they occur for Complicated Grief to be diagnosed. Since time frame of the existence of the symptoms was not indicated on the questionnaires no concrete diagnosis of Complicated Grief could be made on majority of the reported symptoms.

Organisations that did not participate, especially corporate organisations, might have provided more diverse views from other sectors.

More research is still needed on bereavement and grief within the South African context. Relevant Grief checklists and questionnaires need to be developed based on data from research. From this study a need to research specifically Complicated as well as Disenfranchised Grief was identified.

Having interest also in Organisational Behaviour influenced the researcher's interaction with the respondents and interest in how reviewing the Family Responsibility Leave can contribute to assist in coping with grief at the work place. On further reflecting on the research process there was a lot of interaction with the participants where other Human Resource issues which troubled them were also raised by the respondents during interviews and focus groups. During the period of research when conducting psychotherapy with bereaved clients, I found myself intergrating into therapy insight gained from research. Thus research and clinical work can complement one another.

6.6 OTHER INTERESTING FINDINGS

Besides the conclusions related to the objectives of the study, other interesting themes were identified. Individuals are generally reluctant to participate in research dealing with grief. In this study respondents were more comfortable answering questionnaire for Managers and Human Resource Officers even when bereaved. This made it difficult to get enough respondents, males again are less likely to participate in a bereavement study than females. All these have implications for future research and sampling strategies.

In conclusion bereaved employees are not adequately catered for in organisations. Some bereaved employees experience Complicated Grief and do not receive the needed professional intervention. Since job performance is adversely affected by post bereavement dysfunction, organisations need to improve support offered, especially on resuming work. It is in the interest of the organisation to support the bereaved employee so they can be productive.

Bereavement policies must be culture sensitive. Gould (1995) maintains that the way an organisation treats its bereaved employees will impact on how they perceive it. Employment Assistance Programmes are still largely ineffective and bereavement referrals are very few. Since professionals like psychologists are not enough, training of volunteer lay bereavement counsellors is strongly indicated.

The Family Responsibility leave as framed currently is not adequately addressing the needs of the majority of bereaved employees. Increasing the days of this special leave might not be a viable solution from the organisation's point of view as there are goals and targets to be met, losing a lot of working hours would have negative effects in productivity. Consequently what is important is to have adequate and effective support for bereaved employees. As stated by Vickers (2006) recognising grief at the workplace is a sign of being

human, thus the organisation by caring and supporting the bereaved employee it would be showing its human side which will not only be to the bereaved employee's gain but the organisation's too.

To ensure effective and viable intervention at all levels, organisations should have a clear programme of support whose development should be led by the Human Resource Personnel in consultation with general employees to ensure acceptance by workers and that it is inclusive.

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APPENDIX A

06 March 2007

The Manager

REQUEST TO CONDUCT A STUDY IN YOUR ORGANISATION

The research study is for my PhD degree in Community Psychology and it focuses on bereaved employees in organisations. This will involve employees who have recently lost a significant other, either in the family or immediate environment. Employees who are willing to be part of the study will be requested to complete a questionnaire. A separate questionnaire for Managers and Human Resources Officers will also be available, so as to gain insight into the organisation's policies pertaining to Family Responsibility Leave and general support offered to the bereaved employees.

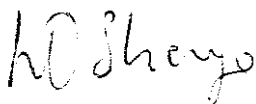
The topic of the study is "Bereaved Personnel in Organisations: Managers and Co-workers Responsibility".

Considering the complexity, uniqueness and at times adverse effects of the grief process on the bereaved individual's personal and work life, developing more insight into this painful journey will assist in identifying relevant support and caring measures which will in turn assist in improved performance of the employee thus increasing organisation's productivity. Confidentiality and anonymity is guaranteed for the respondents and the organisation.

Should an organisation be willing to have its name mentioned in the research that will be gladly done with its permission.

Thanking you in anticipation.

Yours faithfully



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APPENDIX B

“CARING FOR BEREAVED PERSONNEL IN ORGANISATIONS: MANAGERS AND CO-WORKERS RESPONSIBILITY”

QUESTIONNAIRE FOR BEREAVED EMPLOYEES

INTRODUCTION

Loosing a loved one through death is one of the most painful experiences an individual will ever experience in life. Caring support from others during this painful period is crucial. Recovery is a slow process and one returns to work still going through the pain of grief. This study plans to explore experiences of bereaved employees and support offered by employers and co-workers. Your input will assist in identifying what might be lacking and how effective caring for the bereaved employee can be ensure in organisations.

You are kindly requested to complete the questionnaire by ticking the relevant box and giving a brief description where applicable.

Confidentiality and anonymity of the respondent will be maintained.

DEMOGRAPHIC DATA

1. Gender: Female Male
2. Age: _____
3. Marital Status: Single Married Widowed
Divorced Living with a partner
4. Home Language _____
5. Race (Included only for Statistical and Cultural Data)
Black Coloured
Indian White
Other Specify: _____
6. Nationality: South African
Other Specify: _____
7. Religious/Spiritual Orientation: _____
8. Position: General Employee Supervisor Manager
9. Highest level of education: _____

QUESTIONS ON THE DECEASED

1. What is your relationship to the Deceased?

Spouse/partner Child

Mother Grandfather

Father Grandmother

Sister Brother

Any other relative Specify: _____

2. Nature of the relationship

2.5 Exceptionally close 2.4 Very close

2.3 Reasonably close 2.2 Just close

2.1 Rather distant/not close

3. Age of the deceased: _____

4. Time of death: Year: _____ Month: _____

5. Nature of the death

5.2 Sudden e.g. car accident

5.2 Traumatic e.g. murdered or suicide

5.3 Following a long illness

NB. If you feel comfortable, you may disclose the illness e.g. Cancer

5.4 Was death expected? Yes No

6. Did you experience multiple losses (more than one death) within a
Period of one year?

Yes No

If yes please explain:

7. During the time of your loss, were you going through any other stressful
life experience?

Yes No

If yes briefly explain:

CIRCUMSTANCES OF BEING NOTIFIED ABOUT THE DEATH

1. Where were you when you heard about the death?

Work Home/Elsewhere

If you were at work did you receive any support/caring gestures from:

Management No Yes Specify: _____

Supervisor No Yes Specify: _____

Co-workers No Yes Specify: _____

2. Describe any other support/caring measures displayed by your organization/employer for example attending the funeral etc.

LEAVE DAYS TAKEN

1. Family Responsibility leave i.e. 3 days: Yes No

If no has this been exhausted? Yes No

2. Vacation leave Yes No

If yes how many? _____

3. Total number of days taken: _____

4. Before the death were you aware of the Family Responsibility leave?

Yes No

5. How many days would you suggest the Family Responsibility leave should have? _____

6. In your opinion should Family Responsibility leave days be equal across all losses? Yes No

REACTON TO THE LOSS

Of the following reactions associated with loss of a loved one, kindly indicate those you experienced from the time you heard of the death (or experienced a miscarriage).

FEELINGS

- Shock/numbness
- Sadness
- Anger
- Frustration
- Strong feeling to see/be with
the lost person
- Loneliness
- Guilt
- Fear
- Anxiety
- Emptiness
- Helplessness
- Hopelessness
- Hatred
- Feeling love and hatred
towards deceased

BEHAVIOURAL

- Sleep disturbances
- Change in appetite
- General restlessness
- Social withdrawal
- Overdependence on others
- Decreased sexual interest
- Irritability
- Crying spells
- Hostile outbursts

THOUGHT PROCESS

- Disbelief
- Denial
- Denial ("he can't be dead")
- Confusion
- Preoccupation with memories
of the deceased
- Sense of presence of the
Deceased
- See images of the deceased
- Dreaming about the deceased
- Could only think of part good
things done by the deceased

PHYSICAL SENSATIONS

- Dry mouth
- Hollowness feeling in the
Stomach
- Tightness in the throat or chest
- Choking feeling
- Breathlessness
- Lack of energy

REACTIONS EXPERIENCED ON RESUMING WORK

Did you experience any of the following when you started work again?

- Depressed mood
- Difficulty in planning future activities
- Easily distracted
- Difficulty in concentration or focusing
- Tendency of making mistakes due to poor attention
- Feeling that life has no meaning

- Sleeping disturbances
- Constantly reliving memories of the deceased

Kindly describe any other feelings, thoughts and behaviours you still had

Of the above which mostly interfered with your job performance?

In your opinion were you emotionally well to resume work?

Yes No

SUPPORT AND CARE PROVIDED ON RESUMING WORK

Describe measures taken by the following:

Management:

Supervisor:

Co-workers:

If no support/caring gesture was shown simply state "None".

REFERRAL TO PROFESSIONALS

Does your organization have an Employment Assistance Programme (EAP) or Wellness Programme?

Yes No I don't know

Were you referred to the EAP personnel? Yes No

If yes, by whom?

Management Supervisor Self

When you were referred, what was troubling you most?

During your grief were you ever diagnosed with any of the following?

Major Depressive Disorder

Post Traumatic Stress Disorder any other Anxiety Disorder

Substance Abuse including self medication

Adjustment Disorder

Are you currently or did you at any time experience the following:

Intense anger

Overwhelming guilt

Preoccupation with fear of own personal death

Extreme feeling of despair and hopelessness

Strongly avoiding friends and family members

Generally reacting excessively

Attempted/thought of committing suicide

Inability to talk about deceased without experiencing intense and fresh grief

Do you find yourself sometimes behaving like the deceased?

Which of the following attended to your problems (whether through EAP or not)

Medical doctor

Psychologist

Registered Counsellor

Psychiatric Nurse practitioner

Social Worker

EXPERIENCES AT WORK

NEGATIVE: Did people, for example, run away from you, avoiding talking to you about your loss? Yes No

Did people say things like "Stop crying now, its over or you will get another child" etc? Yes No

Briefly state what hurt you most in their behaviour or what they said

Describe how you wish Management, Supervisor, Co-worker could have supported you when you came back to work.

What is POSITIVE that was offered by your organization that you felt helped you to cope with your grief when you came back to work?

Describe any suggestions on how your organisations can effectively support or care for the bereaved employees

Would you recommend the following:

All employees be educated on the grief process to enable them to cope

Yes No

Having lay/volunteer bereavement counselors in your organization

Yes No

In your view does your organization cater for cultural differences in those who are bereaved?

Yes No

Please explain

Were people in your organization aware of your miscarriage?

Yes No

Were you treated like any other bereaved employee in your organization?

Yes No

If no what was different?

Thank you for sharing your experiences.

APPENDIX C

“CARING FOR BEREAVED PERSONNEL IN ORGANISATIONS: MANAGERS AND CO-WORKERS RESPONSIBILITY”

QUESTIONNAIRE FOR MANAGERS AND HUMAN RESOURCE OFFICERS

INTRODUCTION

Bereavement is associated with increased risk of mental and physical impairment as well as behaviours like social isolation. Research has shown that some reactions to loss of a loved one can affect work productivity adversely.

This study plans to explore individuals' experiences, perceived support to bereaved personnel as well as identify possible and effective support measure. It is envisaged that support is not only beneficial to the bereaved individual, but the organization also gains.

You are kindly requested to complete this questionnaire specifically directed to Managers and Human Resource Personnel.

Confidentially and anonymity of the respondent will be maintained.

NB. Should you have also been recently bereaved, you are also invited to complete the questionnaire for bereaved personnel.

DEMOGRAPHIC DATA

1. Gender: Female Male
2. Age:.....
3. Marital Status: Single Married
Widowed Divorced Living with a Partner
4. Home Language:
5. Race (Included only for statistical and cultural data)
Black Coloured
Indian White
Other Specify
6. Nationality: South African
Other Specify
7. Religious/Spiritual Orientation:
8. Designation: Manager Human Resource Officer

QUESTIONNAIRE

1. Does your organization have an EAP/Wellness Programme?

Yes No

2. If yes, does it include referrals for bereavement support?

Yes No

3. Does your organization accept observation of diverse cultural bereavement rituals?

Yes No

4. Are bereaved employees allowed temporal readjustment to the workload? e.g. alternative placement?

Yes No

5. Do you think 3 days family responsibility leave is enough?

Yes No

If not how many days would you suggest?

6. Are all the employees in the organization aware of the Family responsibility leave?

Yes No

7. What internal bereavement support policies does your organization have or allow? Formal e.g. Donating some money to the bereaved employee

.....

Informal/Cultural e.g. Sending a delegation to attend a funeral or memorial service

.....

8. As a Manager/Human Resource Officer do you feel adequately skilled to offer support to a bereaved employee?

Yes No

9. Have you ever referred a bereaved employee for counseling/therapy to a psychologist?

Yes No

10. Have you ever avoided a recently bereaved colleague/employee because you simply did not know what to say?

Yes No

11. Would you support the following recommendations?
Unused Family Responsibility Leave days be allowed to accumulate

Yes No

Family Responsibility Leave days be extended beyond deaths of relatives as mentioned in the Basic Conditions of Employment Act. No.75 of 1997.

Yes No

Bereavement support/counselling and grief processes education be allocated same focus in Organisations like HIV/AIDS

Yes No

Training of volunteer bereavement lay counsellors within your organization

Yes No

Education on how to cope with own grief be integrated into all employees' training programmes

Yes No

12. Comments/suggestions on how Organisations can ensure effective caring for bereaved employees

Thank you for your input.

APPENDIX D

“UKUNAKEKELWA KWABASEBENZI ABASHONELWE. IQHAZA ELINGABANJWA ABAPHATHI KANYE NABANYE ABASEBENZI”

UHLU LWEMIBUZO OLUQONDENE NABASEBENZI ABASHONELWE

ISINGENISO

Ukushonelwa osondelene naye / othandiweyo kungenye yezinto ezibuhlungu umuntu ake abhekane nayo empilweni yakhe. Ukunakekelwa nenduduzo esiyithola kwabanye ngalesi sikhathi esinzima isemqoka kakhulu. Ukwedlula kwalesi simo akusheshi, umuntu uze abuyele emsebenzini esazithwele izinhlungu. Lolu cwaningo luzama ukubheka izigigaba abashonelwe abahlangabezana nazo kanye nenduduzo abayitholayo kumqashi kanye nozakwabo emsebenzini. Igalelo lakho lingasiza ekutholeni ukuthi yini esilele nengenziwa ekuthuthukiseni indlela abasebenzi abanganakekelwa ngayo emsebenzini.

Uyacelwa ukuba uphendule lolu hlu lwezimpendulo ngokugcwalisa ibhokisi elifanelekile ngesiphambano nangokuchaza ngamafuphi lapho kufanelekile khona.

Igama lakho aliyukudalulwa.

Ukuhleleka Kwabantu (Amademografiksi)

1. Ubulili:

Isifazane

Isilisa

2. Iminyaka: _____

3. Mayelana nokugana/ganwa: Awushadile

Ushadile

Uhlukanisile

Washonelwa

Nihlalisene nomuntu

4. Ulimi lwasekhaya: _____

5. Ubuhlanga (Kufakelwe izibalo ezimayelana nobuzwe namasiko)

Abansundu

Amakhaladi

Abomdabu

BaseNdiya

Abamhlophe

Abanye Chaza _____

6. Ubuzwe Ungowase-South Africa Okunye
Chaza _____

7. Inkolo _____

8. Isikhundla: Umsebenzi nje Umphathi
Umphathi jikelele H.R.O.

9. Izinga eliphezulu lemfundo _____

IMIBUZO MAYELANA NONGASEKHO

1. Uhlobene kanjani nongasekho ?

Oshade naye Ingane
Umama Umkhulu
Ubaba Ugogo
Udade Umfowenu
Isihlobo Chaza _____

2. Ukusondelana kobuhlobo

5. Nazana ngokwedlulele 4. Nazana kakhulu
3. Nazana kahle 2. Nazana nje
1. Nazelana kude

3. Iminyaka yoshonile

4. Isikhathi sokushona Unyaka _____

Inyanga _____

5. Imbangela yokushona

1.1. Okuzumayo: Isibonelo: Ingozi yemoto
1.2. Okushaqisayo: Isibonelo: Ubulewe noma uzibulele .
1.3. Okulandela ukugula isikhathi eside _____

QAPHELA: Uma ukhululekile ungasigagula isifo: Isibonelo: Umdlavuza

1.4. Zase zibonakala yini izinkomba zokuthi angashona?

Yebo Qha

6. Usuke washonelwa yini kaningi esikhathini esingangonyaka?

Yebo Qha

Uma uvuma sicela

uchaze _____

7. Ngesikhathi ushonelwe, zikhona yini ezinye izingxaki owawubhekene nazo?

Yebo Qha

Uma uvuma sicela uchaze ngamafuphi

IZIMO OWAWUKUZO NGESIKHATHI UBIKELWA NGESIFO

1. Wawukuphi ngesikhathi uzwa ngesimo?

Emsebenzini Ekhaya/Engxenye

Uma ngabe wawusemsebenzini zikhona yini izinkomba zokuzwelana nawe ezavela kulaba abalandelayo:

Abaphathi: Yebo Qha

Sicela

uchaze _____

Izinduna: Yebo Qha

Sicela

uchaze _____

Osebenza nabo: Yebo Qha

Sicela

uchaze _____

2.Chaza kabanzi ezinye izinyathelo ezaqhakanjiswa umqashi/ emsebenzini njengokuya emngcwabeni, njll _____

IZINSUKU ZEKHEFU EZATHATHWA

1.Ikhefu eliqondene nezomndeni okuyizinsuku ezintathu:

Yebo

Qha

Uma uphika kungabe zase ziphelile? Yebo Qha

2.Ikhefu lokuphumula Yebo Qha

Uma uvuma zingaki? _____

3. Isamba sezinsuku ezisetshenziswe ekhefini _____

4. Ngaphambi kwesifo wawazi yini ngekhefu eliqondene nezomndeni

Yebo

Qha

5. Ngokwakho zingaki izinsuku obona ukuthi zilungele ikhefu eliqondene nezomndeni? _____

6. Ngokubona kwakho kulungile yini ukulingana kwezinsuku ezinikezwa ikhefu lezomndeni kungabhekwa ukusondelana ngobuhlobo noshonile?

Yebo

Qha

UKUBHEKANA NOKULAHLEKELWA

Kulokhu okulandelayo veza indlela owaphatheka ngayo ngokulahlekelwa. Kusukela ngesikhathi uzwa ngokushona kwakhe (noma ngokuchithekelwa isisu)

IMIZWA

Ukwethuka

Ukudabuka

Ukuthukuthela

Ukukhathazeka

IMICABANGO

Ukungakholwa

Ukungamukeli(Akakwazi ukufa)

Ukudideka/ ukuphambana komqondo

Inkumbulo ngokucabanga oshonile

Ukufisa ukubona noma ukuba nomufi ☐ Ukuba nomuzwa wokuthi usaphila ☐
Ukuba nesizungu ☐ Ukubona imifanekiso yomufi ☐
Ukuzizwa unecala ☐ Ukuphupha umufi ☐
Ukwesaba ☐ Imicabango yezinto ezinhle kuphela
Ebezenziwa umufi ☐

Ixhala ☐

Umwangedwa ☐

IZINTO OZIZWA EMZIMBENI

Ukuzizwa ungenalusizo ☐
Ukuphelelwa ithemba ☐
Inzondo ☐
Imizwa exubile ukuthanda
nokuzonda oshonile ☐

Umlomo owomile ☐
Ukugcwala umoya esiswini ☐
Ukucinana komphimbo/kwesifuba ☐
Ukwethuka izanya ☐
Ukuphefumula kanzima ☐
Ukuphelelwa amandla ☐.

UKUZIPHATHA

Ukuqwashwa ☐

Ukuthanda kakhulu /ukungathandi ukudla ☐
Isimo sokungakwazi ukwenza into eyodwa ☐
Ukungaxhumani nabanye ☐
Ukwehla kwezinga lokulangazelela ucansi ☐

UKUZIPHATHA

Ukucikeka ☐

Iziwombe zokukhala ☐
Ulaka olungalawuleki ☐
Ukuncika kubantu ☐

ISIMO OWAHLANGABEZANA NASO USUQALA EMSEBENZINI

**Wahlangabezana yini nokunye kwalokhu okulandelayo ngesikhathi
ubuyela**

emsebenzini?

Isimo sokukhathazeka ☐
Ukwehluleka ukuhlelela ikusasa ☐
Ukuphazamiseka kalula ☐
Izinkinga zokuhluleka ukunaka into oyenzayo ☐

Ukwejwayela ukwenza amaphutha ngenxa yokungaqikeleli

Ukungayijabuleli impilo

Ukuphazamiseka ebuthongweni

Imicabango ehlala ibuya ngomufi

Sicela uchaze kabanzi eminye imizwa, imicabango isimo sokuziphatha, owawusenayo

Kokubhalile ngenhla ikuphi okwakuphazamisa kakhulu ekwenzeni umsebenzi wakho?

Ngokubona kwakho wawusesimweni esifanele ukuthi usungabuyela emsebenzini?

Yebo

Qha

INDUDUZO NOKUNAKEKELWA OWAKUTHOLAYO UMA USUBUYELA EMSEBENZINI

Chaza kabanzi izinyathelo ezenziwa yilaba abalandelayo:

Abaphathi

Izinduna

Osebenza nabo

Uma kungekho nduduzo nokunakekela okwakhonjiswa veza ngokusobala ukuthi “Akukho”

UKUXHUNYANISWA NABAZI KABANZI

Emsebenzini wakho ngabe banalo yini uhlelo lokusiza abasebenzi (EAP)?

Yebo Qha Angazi
Waxhunyaniswa nabasebenzi baka-EAP Yebo Qha

Uma uvuma ubani owakuxhumanisa?

Abaphathi Induna Nguwe uqobo

Osebenza naye

Ngenkathi uxhunyaniswa nabo, yini eyayikukhathaze kakhulu?

Ngesikhathi sokulila wake waxilongelwa lokhu okulandelayo:

- Isimo esikhulu sokukhathazeka (Major Depressive Disorder)
- Ukwethuka nokudideka kamuva (Post Traumatic Stress Disorder)
- Ukwenza izinto ngokwedlulele (any other Anxiety Disorder)
- Ukusebenzisa izidakamizwa nokuzelapha (Substance Abuse including self medication)
- Izingqinamba zokubhekana nesimo (Adjustment Disorder)

Chaza kabanzi ukuthi ufisa ukuthi ngabe abaphathi, izinduna, nosebenza nabo bakududuza kanjani ngesikhathi ubuyela emsebenzini.

Yikuphi okuhle okwenziwa emsebenzini obona ukuthi kwakusiza ukuthi ubhekane nesimo sokushonelwa ngesikhathi ubuyela umsebenzi?

Chaza kabanzi ngokwenza imibono engasiza ukududuza noma ngokunakekela abasebenzi abashonelwe.

Ungakuncoma yini lokhu okulandelayo :

-Bonke abasebenzi bafundiswe ngokubhekana nokushonelwa ukuze bakwazi Ukuzimela.

Yebo

Qha

-Kube khona abasebenzi abazovolontiya ukududuza abashonelwe

Yebo

Qha

Ngokubona kwakho inhlangotho yakho iyazibhekelela yini izinhlobo ezahlukene zamasiko / zenqubo yalaba abashonelwe?

Yebo

Qha

Sicela uchaze

Babazi yini abantu emsebenzini ngokuchithekelwa kwakho yisisu?.

Yebo

Qha

Ngabe waphathwa njengawo wonke umuntu oshonelwe?

Yebo

Qha

Uma uphika kwaba yini umehluko?

SIYABONGA IGALELO LAKHO

APPENDIX E

“UKUNAKEKELWA KWABASEBENZI ABASHONELWE: IQHAZA LABAPHATHI KANYE NABANYE ABASEBENZI”

UHLU LWEMIBUZO OLUQONDENE NABAPHATHI BOMSEBENZI KANYE NABANGAMELE IZINDABA ZABASEBENZI (HUMAN RESOURCE OFFICERS)

ISINGENISO

Ukushonelwa kuhambisana nokwenyuka kwezinga lokukhandleka komqondo, okomzimba kanye nokuzithola ungasasondelani namuntu.

Ucwaningo selukhombisa ukuthi indlela esenza ngayo uma sishonelwe, ingaholela ekuphazamisekeni komkhiqizo emsebenzini.

Lolu cwano luhlose ukucubungula izigigaba eziqondene nabantu ngabanye. Sizocubungula ubukhona kanye nokungabi bikho kokunakekelwa kwabasebenzi abashonelwe. Siyokwedlulela ekwakheni izindlela okungalekelelwa ngazo labo abasuke beshonelwe. Sibona ukuthi usizo olutholwa yilowo oshonelwe, alugcini ngaye nje, kodwa kuye kuze kusizakale inhlango yonkana.

Uyacelwa-ke uphendule lolu hla lwezimpendulo oluqondene ngqo nabaphathi bomsebenzi (izimenenja) kanye nabangamele izindaba zezabasebenzi.

Uyathenjiswa ukuthi igama lakho ngeke lidalulwe.

Qaphela: Uma usanda kushonelwa, ungagcwalisa uhlu lwemibuzo lwabasebenzi abashonelwe.

Ukuhleleka Kwabantu (Amademoorafiksi)

1. **Ubulili:** Isifazane Isilisa

2. **Iminyaka:** _____

3. **Isimo sokushada:** Awushadile Ushadile

Washonelwa Uhlukanisile Nihlalisene

4. **Ulimi lwasekhaya:** _____

5. **Ubuhlanga (Kufakelwe ukwazi ngokwezibalo nangokwehlukana kwamasiko)**

Onsundu Umkhaladi

OwaseNdiya Omhlophe

Okunye Chaza _____

6. **Ubuzwe:** Ungowase-South Africa Okunye
Chaza _____

7. **Inkolo:** _____

8. **Umsebenzi owenzayo:** Umphathi/ Imenenja
Ophethe ezabasebenzi

UHLU LWEMIBUZO

1. Inhlangotho yakho inalo yini uhlelo lokusiza abasebenzi abanezinkinga (E.A.P./Wellness Programme)?

Yebo

Qha

2. Uma uvuma, lukhona yini oluqondene nokusiza labo abasuke beshonelwe?

Yebo

Qha

3. Inhlangotho yakho kungabe iyakwemukela yini ukwehlukana kwamasiko nokuhambisana nemikhuba ehlukeneyo yokuzila?

Yebo

Qha

4. Abasebenzi abashonelwe bayancishiselwa yini umthwalo womsebenzi okwesikhashana?

Yebo

Qha

5. Ucabanga ukuthi izinsuku ezintathu zekhefu zanele yini?

Yebo

Qha

Uma uphika, zingaki ongaziphakamisa? _____

6. Ngabe bonke abasebenzi bayazi ngekhefu eliqondene ezomndeni?

Yebo

Qha

7. Inhlangotho yakho inayo yini inqubo yangaphakathi eqondene nokusiza labo abashonelwe ehlelekile? Isibonelo: Ukunikelela umsebenzi oshonelwe

Eyokuzenzela nje eyisiko. Isibonelo: Ukuthumela ithimba emngcwabeni noma enkonzweni yesikhumbuzo

8. Njengomphathi noma isikhulu sezindaba zabasebenzi uzizwa uqeqesheke

ngokwanele yini mayelana nokukwazi ukusiza abasebenzi abashonelwe?

Yebo

Qha

9. Usuwake wamthumela yini umsebenzi oshonelwe kulabo abangongoti

bokweluleka abanezinkinga (Counsellors) kanye nezengqondo (Psychologists)

Yebo

Qha

10.Usuwake wakugwema yini ukubhekana nomsebenzi osanda kushonelwa ngenxa yokuthi ungazi ukuthi kufanele uthini kuye?

Yebo

Qha

11.Ungazeseka yini lezi ziphakamiso ezilandelayo?

Ukubekelwa kwezinsuku zekhefu/ zelivu eziqondene nomndeni.

Yebo

Qha

Izinsuku zekhefu/ zelivu eliqondene nomndeni zenatshiselwe nakwezinye izihlobo ezingagaguliwe emthethweni wabasebenzi (Basic Conditions of Employment Act No 75 of 1997)

Yebo

Qha

Ukunakekelwa nokwelekelwa kwabashonelwe kanye nokufundisa ngezokuzila kunakwe ngokufanayo neSandulela Ngculazi (H IV/AIDS)

Yebo

Qha

Ukuqeqesha abasebenzi abazinikela ukweluleka labo abanezinkinga emazingeni aphantsi (Volunteers)

Yebo

Qha

Ukufundiswa ngokuthi umuntu nomuntu angabhekana kanjani nesimo sokushonelwa. Lokhu kufakwe ohlelweni lokuqeqesha bonke abasebenzi.

Yebo

Qha

12. Izenanelo neziphakamiso mayelana nokuthi emsebenzini kungaqinisekwa kanjani ukunakekelwa kwabasebenzi abashonelwe

SIYABONGA IGALELO LAKHO

APPENDIX F

Interview schedule for Managers and Human Resource Officers

1. In my view bereaved employees in organisations are the managers and co-workers responsibility. Do you agree or not?.....Why?
2. Exploration of effectiveness of EAP
 - 2.1 Is EAP effective in your organisation? Please motivate your answer.
 - 2.2 Extent of referrals of employees to EAP
 - Have you ever referred a bereaved employee to the EAP?
 - Do some of the bereaved employees refer themselves to EAP?
3. Measures of respecting cultural differences
 - How does your organisation cater for the different cultures?
4. Family Responsibility Leave
 - 4.1 What are your views on Family responsibility Leave?
 - 4.2 Is it amenable to abuse, if so what do you recommend?
5. Internal bereavement policies including how they have been developed
 - 5.1 Which core bereavement policies do you have?
 - 5.2 How were they developed?
5. How can the organisation further improve support offered?

Closing comments

Summary

Thank the participant/s.

APPENDIX G

Interview schedule for the bereaved respondents:

1. Bereaved employees in organisations are the managers and co-workers responsibility. Do you agree? ...Why?
2. Personal experiences
 - 2.1 Functioning on resuming work
Which reactions you still experienced interfered with your job performance?
 - 2.2 What are the most hurting or most positive that was said by others or you experienced?
3. Personal growth following bereavement
 - Is it possible that following bereavement one may be stronger?
4. Opinions on effectiveness of the current Family Responsibility Leave
 - Do you think this special leave is adequate? Please give your reasons for your answer.
5. How their organisation can further improve support offered to bereaved employees
 - 5.1 How do you feel about current support offered the bereaved in your organisation?
 - 5.2 Are there any improvements needed?
6. Opinion on counselling following bereavement for some
 - How do you feel about counselling for some bereaved individuals?
7. How to deal with disenfranchised grief
At times support for a bereaved employee is not readily forthcoming as

in a Divorcee losing an ex spouse, or some one who has had a miscarriage, why does this happen?

- Gay people
- Living together
- Men
- HIV and Aids

Can you think of anything that is important that we can further discuss on bereaved employees?

Closing comments

Summary

Thank the participant/s.

APPENDIX H

Frequencies: Bereaved employees

Statistics

participant

Valid	72
Missing	0

participant

	Frequency	Percent	Valid Percent	Cumulative Percent
A1	1	1.4	1.4	1.4
A10	1	1.4	1.4	2.8
A11	1	1.4	1.4	4.2
A12	1	1.4	1.4	5.6
A13	1	1.4	1.4	6.9
A14	1	1.4	1.4	8.3
A15	1	1.4	1.4	9.7
A16	1	1.4	1.4	11.1
A2	1	1.4	1.4	12.5
A3	1	1.4	1.4	13.9
A4	1	1.4	1.4	15.3
A5	1	1.4	1.4	16.7
A6	1	1.4	1.4	18.1
A7	1	1.4	1.4	19.4
A8	1	1.4	1.4	20.8
A9	1	1.4	1.4	22.2
B1	1	1.4	1.4	23.6
B2	1	1.4	1.4	25.0
B3	1	1.4	1.4	26.4
B4	1	1.4	1.4	27.8
C1	1	1.4	1.4	29.2
C12	1	1.4	1.4	30.6
C2	1	1.4	1.4	31.9
F1	1	1.4	1.4	33.3
F3	1	1.4	1.4	34.7
F4	1	1.4	1.4	36.1
K1	1	1.4	1.4	37.5
K10	1	1.4	1.4	38.9
K2	1	1.4	1.4	40.3
K3	1	1.4	1.4	41.7
K4	1	1.4	1.4	43.1
K5	1	1.4	1.4	44.4
K6	1	1.4	1.4	45.8
K7	1	1.4	1.4	47.2
K8	1	1.4	1.4	48.6
K9	1	1.4	1.4	50.0
M13	1	1.4	1.4	51.4
M14	1	1.4	1.4	52.8
P1	1	1.4	1.4	54.2
P2	1	1.4	1.4	55.6
Q10	1	1.4	1.4	56.9
Q11	1	1.4	1.4	58.3

Q12	1	1.4	1.4	59.7
Q13	1	1.4	1.4	61.1
Q14	1	1.4	1.4	62.5
Q15	1	1.4	1.4	63.9
Q16	1	1.4	1.4	65.3
Q17	1	1.4	1.4	66.7
Q18	1	1.4	1.4	68.1
Q19	1	1.4	1.4	69.4
Q20	1	1.4	1.4	70.8
Q6	1	1.4	1.4	72.2
Q7	1	1.4	1.4	73.6
Q8	1	1.4	1.4	75.0
Q9	1	1.4	1.4	76.4
R10	1	1.4	1.4	77.8
R5	1	1.4	1.4	79.2
R6	1	1.4	1.4	80.6
R7	1	1.4	1.4	81.9
R8	1	1.4	1.4	83.3
R9	1	1.4	1.4	84.7
SS1	1	1.4	1.4	86.1
T1	1	1.4	1.4	87.5
T2	1	1.4	1.4	88.9
VV1	1	1.4	1.4	90.3
W7	1	1.4	1.4	91.7
W8	1	1.4	1.4	93.1
Z2	1	1.4	1.4	94.4
Z3	1	1.4	1.4	95.8
Z4	1	1.4	1.4	97.2
Z5	1	1.4	1.4	98.6
Z6	1	1.4	1.4	100.0
Total	72	100.0	100.0	

APPENDIX I

Frequencies: Participating Managers and Human Resource Officers

Statistics

participant

Valid	87
Missing	0

	Frequency	Percent	Valid Percent	Cumulative Percent
A17	1	1.1	1.1	1.1
A18	1	1.1	1.1	2.3
A19	1	1.1	1.1	3.4
A20	1	1.1	1.1	4.6
A21	1	1.1	1.1	5.7
A22	1	1.1	1.1	6.9
A23	1	1.1	1.1	8.0
A24	1	1.1	1.1	9.2
A25	1	1.1	1.1	10.3
A26	1	1.1	1.1	11.5
A27	1	1.1	1.1	12.6
A28	1	1.1	1.1	13.8
A29	1	1.1	1.1	14.9
A30	1	1.1	1.1	16.1
A31	1	1.1	1.1	17.2
A32	1	1.1	1.1	18.4
A33	1	1.1	1.1	19.5
A34	1	1.1	1.1	20.7
A35	1	1.1	1.1	21.8
A36	1	1.1	1.1	23.0
A37	1	1.1	1.1	24.1
A38	1	1.1	1.1	25.3
A39	1	1.1	1.1	26.4
B5	1	1.1	1.1	27.6
B6	1	1.1	1.1	28.7
B7	1	1.1	1.1	29.9
B8	1	1.1	1.1	31.0
C10	1	1.1	1.1	32.2
C11	1	1.1	1.1	33.3
C3	1	1.1	1.1	34.5
C4	1	1.1	1.1	35.6
C5	1	1.1	1.1	36.8
C6	1	1.1	1.1	37.9
C7	1	1.1	1.1	39.1
C8	1	1.1	1.1	40.2
C9	1	1.1	1.1	41.4
D1	1	1.1	1.1	42.5
D10	1	1.1	1.1	43.7
D11	1	1.1	1.1	44.8
D2	1	1.1	1.1	46.0
D3	1	1.1	1.1	47.1
D4	1	1.1	1.1	48.3
D5	1	1.1	1.1	49.4
D6	1	1.1	1.1	50.6

D7	1	1.1	1.1	51.7
D8	1	1.1	1.1	52.9
D9	1	1.1	1.1	54.0
F2	1	1.1	1.1	55.2
I1	1	1.1	1.1	56.3
J1	1	1.1	1.1	57.5
L1	1	1.1	1.1	58.6
L2	1	1.1	1.1	59.8
M1	1	1.1	1.1	60.9
M10	1	1.1	1.1	62.1
M11	1	1.1	1.1	63.2
M12	1	1.1	1.1	64.4
M2	1	1.1	1.1	65.5
M3	1	1.1	1.1	66.7
M4	1	1.1	1.1	67.8
M5	1	1.1	1.1	69.0
M6	1	1.1	1.1	70.1
M7	1	1.1	1.1	71.3
M8	1	1.1	1.1	72.4
M9	1	1.1	1.1	73.6
P3	1	1.1	1.1	74.7
P4	1	1.1	1.1	75.9
P5	1	1.1	1.1	77.0
P6	1	1.1	1.1	78.2
P7	1	1.1	1.1	79.3
P8	1	1.1	1.1	80.5
Q1	1	1.1	1.1	81.6
Q2	1	1.1	1.1	82.8
Q3	1	1.1	1.1	83.9
Q4	1	1.1	1.1	85.1
Q5	1	1.1	1.1	86.2
R1	1	1.1	1.1	87.4
R2	1	1.1	1.1	88.5
R3	1	1.1	1.1	89.7
R4	1	1.1	1.1	90.8
T3	1	1.1	1.1	92.0
W1	1	1.1	1.1	93.1
W2	1	1.1	1.1	94.3
W3	1	1.1	1.1	95.4
W4	1	1.1	1.1	96.6
W5	1	1.1	1.1	97.7
W6	1	1.1	1.1	98.9
Z1	1	1.1	1.1	100.0
Total	87	100.0	100.0	