

Rapid Review on the Effect of Bereavement Leave on Recovery Outcomes

Psychological Health Center of Excellence

Prepared by the Evidence Synthesis & Dissemination Section
January 2020



Released July 2020 by the Psychological Health Center of Excellence.
This product is reviewed annually and is current until superseded.
301-295-7692 | pdhealth.mil

REQUEST: From CDR Lippy (12/20/2019): Respectfully request permission for your staff to conduct a rapid review on this topic: does bereavement leave lead to improved coping/healing?

RESEARCH SYNTHESIS OBJECTIVE: Identify and summarize evidence that explores the effects of bereavement leave on recovery outcomes.

Key Findings

- We identified no studies that explicitly examined the effects of length of bereavement leave on psycho-social functioning, or that evaluated optimal duration of bereavement leave.
- Several studies found that bereavement can exert long-term effects on psychological functioning and that it may increase the risk of sickness absence among the bereaved for up to three years following bereavement.
- A review of labor policies in Canada and internationally found that bereavement leave typically lasts 3–5 days.
- Several published articles argue that, given the psychological toll of bereavement, typical duration of bereavement leave of 3–5 days may be insufficient. An increased risk of sickness absence among the bereaved relative to the control group in the years following bereavement may support this argument.

Methods

Research question: Is there empirical evidence that bereavement leave results in better recovery, health, and work outcomes.

Rapid review: We used established rapid review methodology to evaluate empirical evidence for this research question. A rapid review is an accelerated form of evidence synthesis that provides timely information for decision makers who require short deadlines. Rapid reviews enable production of an expedited report while maintaining methodology that minimizes the introduction of errors and biases. To provide a timely review, limitations are imposed on scoping of the question, the comprehensiveness of the search strategy, screening and selection of studies, assessments of evidence quality, and synthesis of results (please see Appendix A for a description of the methodology used in this review).

Results

Research Evaluating the Effect of Bereavement Leave on Recovery Outcomes

We identified no studies that explicitly examined the effects of length of bereavement leave on psycho-social functioning or that evaluated optimal duration of bereavement leave.

Research Evaluating Bereavement-related Health Outcomes

Based on a national survey, death of a loved one is considered one of the most stressful life events (Hobson, Kesic, & Delunas, 2001). It has an adverse effect on psychological functioning (Sirki, Saarinen-Pihkala, & Hovi, 2000) and is marked by feelings of sadness, tiredness, loneliness, confusion, and difficulty concentrating, sleeping, and making decisions that can persist for up to one year following bereavement (DiGiulio, 1995). In a study of bereaved parents in Finland who lost a child to cancer, 39% reported mental health or physical health problems following bereavement (Sirki et al., 2000). In some circumstances, when loss involves financial strain or other experiences of inequality, distress can last even longer (Bindley, Lewis, Travaglia, & DiGiacomo, 2019). Bereaved parents in the Finnish study required an average of 14 months to recover. Grief that parents have not worked through can be particularly detrimental, with lasting health consequences for up to nine years following death of a child (Lannen, 2008).

Research Evaluating Bereavement-related Work Outcomes

The experience of bereavement during the course of a working life seems to be fairly common. A survey of child welfare workers found that 71% of workers experienced death of a loved one during their current employment (DiGiulio, 1995). Consequently, bereavement leave policies have significant relevance to a great part of the workforce. Death of a family member increases the risk of sickness absence from work (Hjelmstedt, Lindahl Norberg, Montgomery, Hed Myrberg, & Hoven, 2017; Sirki et al., 2000; Vignes, 2017; Wilcox, Mittendorfer-Rutz, Kjeldgard, Alexanderson, & Runeson, 2015). Even three years after the death of a child, parents are more likely than the control group to take sick leave (Hjelmstedt et al., 2017). In a prospective study comparing bereaved parents in Sweden to a non-bereaved reference group, bereaved parents had an increased risk of sickness absence due to psychiatric diagnoses such as stress-related disorders, depression, and anxiety (Wilcox et al., 2015). Notably, one study found that continued employment among the bereaved was an important protective factor, with bereaved individuals who stopped working permanently having a more intense grief reaction than

those who resumed working following bereavement (Roulston et al., 2017). Bereavement leave may contribute to keeping bereaved individuals in the workforce.

Bereavement Leave Policies

We identified very few studies that examined bereavement leave policies. A review of labor policies in Canada and internationally found that bereavement leave typically lasted between three and five days (Macdonald et al., 2015), a duration considered sufficient to cover funerary obligations only. Several published articles have argued, however, that, given the psychological toll of bereavement, this typically short duration may be insufficient. Macdonald et al., 2015 suggest that such brief absence does not provided enough time to deal with the distress that the death of a loved one involves, and is especially inadequate to address the devastation experienced from the death of a child.

Table 1. Summary of Included Studies on the Effects of Bereavement and Bereavement Leave Policies

Study	Study Design	Sample Size	Population	Country	Study Aims	Key Findings
Bindley, K., et al., 2019	Scoping review	NA	Bereaved adult populations	USA	Summarize published research on experiences of social and structural inequities in the context of bereavement due to life-limiting illness.	Specific groups of bereaved individuals may be disadvantaged following death of an adult with life-limiting illness. For example, women experience greater financial strain following bereavement, which may contribute to experiencing prolonged distress.
DiGiulio, 1995	Cross-sectional	106	Child welfare workers	USA	Examine child welfare workers' personal losses and their agencies' responses.	Nearly 3/4 of surveyed child welfare workers experienced loss, accompanied by sadness, fatigue, insomnia, cognitive difficulties, and loneliness, during current employment. Most were satisfied with level of employer and coworker support.
Hjelmstedt, S., et al., 2017	Cohort Study	3,626	Parents of children diagnosed with cancer	Sweden	Examine the association of childhood cancer with parents' sick leave.	Parents following death of child to cancer have increased risk of sick leave for up to 3 years following bereavement.
Hobson, C. J. et al., 2001	Cross-sectional	3,122	Adults with high levels of stress	USA	Contextualize results of a national survey of stress life events to design corporate benefit packages to meet employees' needs.	Death of a spouse/mate rated as the most stressful life event, followed by death of close family member. Recommends generous bereavement leave (minimum 3–5 days).
Macdonald, M. E., et al., 2015	Scoping review of bereavement leave policies	NA	NA	Canada	Examine labor policies and practices related to employment leave for bereaved parents in Canada as compared to international labor standards.	Bereavement leave of 3–5 days sufficient to cover funerary obligations, insufficient to deal with distress caused by the death of a loved one. It is particularly not sufficient with the devastation experienced due to the death of a child.
Lannen, P. K., et al., 2008	Cross-sectional	499	Parents who lost a child to cancer	Sweden	Assess unresolved parental grief, the associated long-term impact on mental and physical health, and health service use.	Parents with unresolved grief reported significantly worsening psychological and physical health compared with those who had worked through their grief. Fathers with unresolved grief had significantly higher risk of sleep difficulties, mothers with unresolved grief had more physician visits and greater likelihood of sick leave.

Table 1. Continued

Study	Study Design	Sample Size	Population	Country	Study Aims	Key Findings
Roulston, A., et al., 2017	Cross-sectional	1,495	Adults who registered the death of a person with cancer	United Kingdom	Determine risk factors of family carers bereaved through cancer in Northern Ireland.	More intense grief reactions among bereaved individuals who stopped working to provide end-of-life care to persons with cancer, compared to those who continued working. Lower socioeconomic status associated with increased grief scores following bereavement.
Sirki, K. et al., 2000	Cross-sectional	70	Parents of children with cancer	Finland	Characterize the main problems of the families during the mourning process after death of child from cancer.	Following death of a child, up to 39% of parents reported physical or mental health problems. Recovery period averaged 16 months, longer for mothers than fathers. Return to work within one month for all fathers, but only about half of mothers.
Vignes, B., 2017	Retrospective cohort	908,468	Adults with spousal loss	Norway	Examine the effects of spousal loss on sickness absence due to illness or injury among employed individuals in Norway.	Sickness absence is higher in widowed persons than in those continuously married. About half receive 14 days of sickness absence during the year after spousal loss. Recovery period is prolonged among young widows, as indicated by sickness absence.
Wilcox, H. C., et al., 2015	Prospective cohort	1,051,515	Parents of offspring aged 16–24 years	Sweden	Examine the risk of parental sickness absence with psychiatric or somatic disorders after offspring death due to suicide, accidents, or natural causes.	Higher risk of sickness absence among bereaved parents due to psychiatric diagnoses, especially stress-related disorders, depression, and anxiety.
Wilson, D. M., et al., 2019	Cross-sectional	28,970	Employees of different organizations	Canada	Investigate the annual incidence of bereavement leaves from a representative sample of 300 Canadian organizations.	40% of organizations reporting bereavement leaves in last year reported that accommodation was provided following return to work. 11% of organizations reported concerns about employees after bereavement leave (unable to focus on work, emotionally distracted, and irritable). Average of 3.4 days of leave were taken in organizations with a bereavement policy.

References

- Bindley, K., Lewis, J., Travaglia, J., & DiGiacomo, M. (2019). Disadvantaged and disenfranchised in bereavement: A scoping review of social and structural inequity following expected death. *Soc Sci Med*, *242*, 112599. doi:10.1016/j.socscimed.2019.112599
- DiGiulio, J. F. (1995). A more humane workplace: responding to child welfare workers' personal losses. *Child Welfare*, *74*(4), 877–888.
- Hjelmstedt, S., Lindahl Norberg, A., Montgomery, S., Hed Myrberg, I., & Hoven, E. (2017). Sick leave among parents of children with cancer — a national cohort study. *Acta Oncol*, *56*(5), 692–697. doi:10.1080/0284186x.2016.1275780
- Hobson, C. J., Kesic, D., & Delunas, L. (2001). A framework for redesigning or fine-tuning your benefit package—results from a national survey of stressful life events. *Benefits Q*, *17*(3), 46–50.
- Lannen, P. K., Wolfe, J., Prigerson, H. G., Onelov, E., Kreicbergs, U. C. (2008). Unresolved grief in a national sample of bereaved parents: impaired mental and physical health 4 to 9 years later. *Journal of Clinical Oncology*, *26*, 58–70.
- Macdonald, M. E., Kennedy, K., Moll, S., Pineda, C., Mitchell, L. M., Stephenson, P. H., & Cadell, S. (2015). Excluding parental grief: A critical discourse analysis of bereavement accommodation in Canadian labour standards. *Work*, *50*(3), 511–526. doi:10.3233/wor-141957
- Roulston, A., Campbell, A., Cairnduff, V., Fitzpatrick, D., Donnelly, C., & Gavin, A. (2017). Bereavement outcomes: A quantitative survey identifying risk factors in informal carers bereaved through cancer. *Palliat Med*, *31*(2), 162–170. doi:10.1177/0269216316649127
- Sirki, K., Saarinen-Pihkala, U. M., & Hovi, L. (2000). Coping of parents and siblings with the death of a child with cancer: death after terminal care compared with death during active anticancer therapy. *Acta Paediatr*, *89*(6), 717–721. doi:10.1080/080352500750044070
- Vignes, B. (2017). Crisis or Chronic Strain?: Gender and Age Differences in Sickness Absence following Early Spousal Loss. *J Health Soc Behav*, *58*(1), 54–69. doi:10.1177/0022146516688243
- Wilcox, H. C., Mittendorfer-Rutz, E., Kjeldgard, L., Alexanderson, K., & Runeson, B. (2015). Functional impairment due to bereavement after the death of adolescent or young adult offspring in a national population study of 1,051,515 parents. *Soc Psychiatry Psychiatr Epidemiol*, *50*(8), 1249–1256. doi:10.1007/s00127-014-0997-7

Appendix A. Rapid Review Methodology

Based on the timeline and needs of the requester, the rapid review methodology included the following:

- A systematic search of a single database
- Additional grey literature searching
- English articles only
- Dual screening
- Single-person data abstraction
- No formal assessment of quality
- No quantitative synthesis

Electronic Database Search

Search strategies included both free text and Medical Subject Headings (MeSH) for the concepts of bereavement, work, and leave. Searches were limited to a single database, MEDLINE via PubMed. Additional grey literature searching was conducted to identify any relevant reports. All study designs were included.

- Concept: Bereavement
 - Key Words: bereave* [title/abstract]
 - MeSH Terms: “Bereavement” [exploded]
- Concept: Work
 - Key Words: work, job, workplace, labor, labour, employ* [title/abstract]
 - MeSH Terms: “Employment” [exploded]
- Concept: Leave
 - Key Words: leave, absence, return, policy, policies [title/abstract]

Grey literature searches included the websites of the following:

- National Institute for Health and Care Excellence
- Agency for Healthcare Research and Quality
- Canadian Agency for Drugs and Technologies in Health
- ECRI Institute
- McMaster University Centre for Health Economics and Policy Analysis
- Public Health Agency of Canada
- Centers for Disease Control

Records retrieved from the database search (113) were downloaded into bibliographic database software (EndNote). Titles and abstracts were independently screened by two reviewers according to the following exclusion criteria:

- Not English language
- Not related to bereavement leave or psychological outcomes and sickness leave following bereavement

Disagreements were resolved through discussion and consensus. Full-text articles were obtained for records not excluded (10). For articles not excluded at this stage, a single reviewer abstracted study characteristics (Table 1).