

## **Navigating Grief in Academia: Prioritizing Supports for Women Scholars through Informed Approaches**

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## **1. Introduction**

Within the context of academia, the imperative to address grief is particularly salient for women scholars. They often navigate a complex web of responsibilities balancing research, teaching, mentorship, structural inequities and caregiving roles [1], [2], [3], [4]. The experience of grief can further compound these challenges, affecting the ability to meet professional demands while coping with personal loss. Moreover, societal norms and the culture of overwork in the United States [5] is demanding of productivity, and detrimental to individuals having to manage emotions and uphold productivity standards while facing their bereavement and pain. Recognizing and addressing the impact of grief on women in academia is not only essential for promoting their well-being but also for fostering an inclusive and supportive academic culture that values the holistic needs of all its members.

Beyond the realm of gender disparities lies another crucial aspect of workplace dynamics in academia: the recognition and understanding of bereavement and grief. While academic environments often prioritize productivity and intellectual pursuits, the emotional well-being of faculty, staff, and students [6], [7] is frequently overlooked. Hay [6] explains how feelings of disenfranchisement lead students to “avoid grief related emotions, communications and support seeking” [6], which leads to further negative health and emotional outcomes. Bereavement can profoundly impact an individual's ability to function effectively in the workplace. The failure to acknowledge and support individuals experiencing grief not only undermines their personal well-being but also jeopardizes their professional contributions and overall organizational health.

In this study, the researchers examined the literature concerning grief and bereavement, with a specific focus on the profound ramifications for women in academic settings. Moreover, they critically investigated existing organizational policies and grief and bereavement support initiatives within academic institutions. Drawing insights from their analysis, recommendations and a preliminary framework tailored to address support systems for women grappling with grief in academia are provided. They also propose an outline for training modules aimed at equipping colleagues with the necessary skills to offer empathetic and adaptable support to female academics navigating bereavement.

## **2. Literature Review**

### **Gendered Realities: Unmasking Challenges faced by Women in Academia**

The representation of women in academia, despite significant advancements, still reflects persistent disparities. While women account for 53% of doctoral graduates in the United States (U.S.) [8], their presence diminishes as they ascend the academic ladder, where they comprise only 48% of full-time faculty positions [9]. This trend is further exacerbated by the scarcity of

women in senior academic roles; where they hold 35.7% of full professorships in the U.S. [9]. Similarly, within STEM disciplines in Canada, women constitute only 29% of faculty members, indicative of systemic barriers hindering their advancement. Earnings disparities also persist, with women in academia earning 82% of their male counterparts' salaries in the U.S [9]. This underscores the ongoing need for concerted efforts to address gender inequities and promote inclusivity within academic institutions.

Research indicates that women in academic settings confront significant challenges that include gender bias, stereotypes, and systemic inequalities. In particular, gender disparities persist in STEM fields, with women facing issues such as sexism, gender pay inequity, and limited opportunities for advancement, contributing to an enduring imbalance in academic workplaces [1]. Casad et al. (2021) identify numeric underrepresentation and stereotypes, lack of supportive social networks, and chilly academic climates as key factors exacerbating gender inequalities in academic STEM fields [2].

Women faculty in STEM often grapple with obstacles such as hostile work environments, rigid work practices, and difficulties related to family care responsibilities, leading to higher attrition rates [3]. Despite growing calls for gender diversity, prevalent stereotypes portraying women as lacking in qualities associated with scientific success continue to impede their career advancement [4]. A study by Conrad et al. (2021) reveals that over 90% of women encounter institutional barriers, citing challenges in achieving work-life balance, gender bias, discrimination, and high stress levels [10]. Co-existing within a male dominant discipline, women faculty in STEM can force themselves to change their view of femininity in order to adapt to the dominant masculine culture [11].

Racialized women, those with disabilities, and individuals identifying as a sexual minority face additional cultural barriers and stigma, which compound the challenges in academia [10]. Even with initiatives to promote diversity and inclusion, academia is a place of struggle to certain individuals where western, upper-class and paternalists are favoured[12]. The cumulative effect of gender inequities and professional challenges contributes to high levels of burnout among women in academia, impacting their health and well-being [13]. Notably, studies suggest a potential gender disparity in burnout, with women experiencing higher levels compared to their male counterparts, and marginalized groups facing heightened risks [14], [15].

### **Threats to Professional Performance and Productivity**

In academic settings, doctoral students are the most at-risk for experiencing mental health challenges [16]. A major threat to professional performance and productivity in academia is depression and burnout [17]. The fast-paced and competitive nature of academia requires long hours that can be highly stressful for graduate students. Financial constraints, isolation, and program attrition further exacerbate the challenges faced by graduate students, impacting their well-being [18]. Having a supportive supervisor along with departmental or faculty support can mitigate emotional exhaustion [18]. In Canada, it has been reported recently that graduate students are facing serious financial challenges, largely due to limited funding available from both institutions and funding agencies [18]. This further adds to the stress and anxiety that many

early-career academics face and highlights the reality of the many challenges faced by graduate students on a daily basis, not including the added element of experiencing grief.

Despite the substantial impact of grief and traumatic events on academic performance, research on grief and bereavement within academia, particularly among graduate students and faculty, remains limited. Academics, especially women, already grapple with a myriad of demands, and grief adds another layer of emotional, physical, and psychological challenges, disrupting work-life balance [11]. As grief in academia is multifaceted, there is a need for supportive and inclusive environments that acknowledge and address the diverse experiences of grief among women in academia.

### **Work-Life Balance**

Work-life balance can be defined as the act of managing the responsibilities and roles that a person assumes both in their workplace and personal life while being fully engaged in each role and demonstrating an attitude of attentiveness and care [19], [20]. Work-life balance was identified as one of the necessary key elements required in any organizational setting that contributes to promoting employee engagement and improving satisfaction [21]. Conversely, a lack of satisfaction, engagement or attentiveness characterizes a negative role balance [19]. Various concepts have been identified in the literature to describe this balance, including: accommodation, compensation, resource drain, segmentation, work-family conflict, work-family enrichment, and work-family integration [19]. Overall well-being in the workplace requires resources and support that can be offered at different levels: the individual, the group, the leader, and the organizational level [22]. While discussions around work-life balance have been addressed for quite some time in academia, finding that balance remains a challenge [23]. While flexible working hours are viewed as advantageous, they are not adequate for women in academia who juggle a multitude of responsibilities [23]. Women academics in STEM face additional struggles to achieve work-life balance, because prioritization of family commitments conflict with prevailing norms within the academic culture [11]. As women have to provide care to their dependents, even a structured program to promote work-life balance fails to provide them with enough support to be promoted to leadership positions in academia [24].

### **Mental Health and Wellbeing**

The World Health Organization (WHO) defines mental health as “a state of mental well-being that enables individuals to cope with the stresses of life, realize their abilities, learn and work efficiently, and contribute to their community and to socio-economic development” [25]. In academia, students and professors alike struggle with their mental health and well-being. Faculty at all levels must balance many roles and responsibilities such as teaching, mentorship, research and administrative tasks. Similarly, graduate students must complete course and/or laboratory work, teaching or research assistantships, secure funding to cover costs of tuition, write and publish papers, attend meetings, and complete administrative tasks. Notably, graduate students experience rates of depression and anxiety at rates six times higher than the general population [26]. Research indicates that job insecurity, an emphasis on productivity, and absence of policies to support families contribute to stress and increase vulnerability to mental health challenges in academia [27]. Research also suggests that doctoral researchers experience higher stress levels

than the general population [28], with female researchers and those who experience isolation at the highest risk for mental health issues [28]. Notably, protective factors include engaging in self-care, having a supportive supervisor, and seeking social support [28] and should be emphasized

### **Contextualizing Grief and Bereavement: Psychological Impacts Across Different Bereavement Experiences**

Acknowledging that grief and bereavement are used interchangeably this brief overview illustrates the multifaceted nature of grief and bereavement, touching on theoretical underpinnings, diverse contexts, and the influence of cultural and social factors.

Grief is emotional pain and sadness, typically involving the time period right after loss[29]. It is defined by the American Psychological Association (2018) as the anguish following significant loss, particularly the death of a beloved person, and manifests as a complex and deeply personal experience with emotional, cognitive, and behavioral responses [30]. The psychological impact of grief is profound and has been explored through various theoretical frameworks [31], [32], [33], [34], [35]. Elisabeth Kübler-Ross's classic five stages of grief—denial, anger, bargaining, depression, and acceptance—were foundational in understanding the grieving process [36]. Since then, researchers have expanded and modified our thinking around models that help us theorize about this process and attempted to create effective tools and interventions to promote healing [37].

Bereavement is the term commonly used to describe the reaction to the loss of someone because of death [38], [39], [40], [41], however, the cause and circumstances surrounding the loss or death incite different reactions hence a different grieving experience [42]. While research has shown that the perception of natural death may decrease the negative psychological outcomes of grief, a sudden death may lead to complicated or prolonged grief [40], [41], [43]. The toll of grief and its negative impacts on the physical and psychological health of bereaved individuals can be described as simultaneously expansive and unique [41]. Parents who lost a child reported that they continued to feel overall weakness and deteriorated health [44]. In general, grieving individuals suffer from short-term or long-term adverse psychological reactions that range from negative emotions like sadness, disbelief, anger or guilt[40], to more complex health problems that may include fatigue and sleep problems, and an increased risk of mortality [40], [41].

### **Diverse contexts of Grief and Bereavement: Unique Challenges for unique Types**

The psychological impact of grief and bereavement varies across contexts, such as dementia caregiving, perinatal loss, intellectual disability, and the sudden loss of a child due to illness or accident. In dementia caregiving, anticipatory grief patterns change with disease progression [45], [46]. Perinatal loss and development of complicated grief, as outlined by Kersting & Wagner (2012) review, is influenced by factors such as lack of social support, pre-existing relationship difficulties, absence of surviving children and attitudes surrounding reality of the pregnancy [47]. Additionally, the review revealed that men and women differ in patterns of grief, contributing to relationship decline. Sudden loss of a child results in intense, long-lasting grief reactions [48], with parental bereavement described as a tsunami of emotional turmoil [49].

Sense-making, as identified by Keesee et al. (2008), emerges as a predictor of grief severity, emphasizing the importance of understanding the child's death in the grieving process [50]. Parents who reported having made little to no sense of their child's death were more likely to report intensity of grief.

Different life events other than death could trigger the emotional reaction of grief along with its subsequent physical and psychological manifestations. These events include being furloughed, illnesses, or other major life transitioning events [51]. Professionals that experience involuntary job loss may show symptoms of grief [52] and even complicated grief, which can be assessed using the Job Loss Grief Scale (JLGS) [53]. Radosh and Simkin [54] coined the term “sexual bereavement” when older adults mourn the loss of sexual intimacy, and emphasized the negative impacts of disenfranchised grief both emotionally and physically [54]. Childless professional women experience another form of disenfranchised grief which is rarely recognized in the organizational space [55]. Losing a pet is another experience that may trigger complicated grief, however, it may not be as severe as losing a human [56]. The type of loss also influences the entire grieving experience. One of the most devastating experiences is the loss of a child. The grief that a parent endures is described as profoundly disruptive, devastating and traumatic [57], and it may have long-term effects including depressive episodes, poor overall well-being, in addition to many health problems [58]. Beyond individual differences, cultural and social factors play a significant role in shaping the grief experience. The heterogeneity of North American society adds complexity, requiring awareness of diverse cultural and traditional practices along with religious perspectives for effective support [59].

### **Intersection of Grief and Women in Academia and Associated Challenges**

Women in academia face a myriad of challenges that impact their professional and personal lives. In addition to challenges faced due to gender inequalities, lack of diversity and inclusion, additional challenges are consequences of natural events that occur in women's lives. For example, the “maternal wall” is a significant challenge that women face where their professional progress is inhibited once they become mothers [60]. Women can also face health issues that directly impact their professional advancement, work-life balance, and quality of life. For example, dysmenorrhea, endometriosis [61], fibromyalgia [62], autoimmune disease [63], and menopause [64] can affect women at different ages, with increased evidence that middle-aged women are most affected [63]. Caring for an aging parent is another life event that brings a toll of emotional and cognitive load on adult children [65], especially women [66]. The time spent caring for an aging parent was found to increase significantly in cases where a parent dies within a year from the start of needing care [66]. The sense of responsibility to provide care is present even in cases when an adult child is geographically in a different location [67]. In the study conducted by Wolf et al. (2015), non-care-giver adult children were found to experience significant depressive symptoms even though they are not physically providing care for their aging parents [65]. In fact, being away from home adds more challenges on migrants, especially women, where they have to adapt to cultural and identity challenges [67]. Although everyone will experience grief during their life, its impact on women's lives is notably different. Existing literature focuses on women's experiences in various contexts and provides valuable insights but lacks specificity regarding the unique needs and contexts of women in

academia facing bereavement. We will explain the challenges that women in general experience while facing bereavement, relying on the existing body of research.

Mothers who are grieving the loss of their child are susceptible to additional mental and physical health issues that are long lasting [58] with an increased risk of mortality [57]. Such loss leaves the parent with a disrupted personal identity and life purpose [44]. Surviving is one of several choices that mothers can make following the death of their child. This pattern of response to bereavement is referred to as “reintegration”; those mothers explore different coping strategies and invest their “mothering skills” to support others [44]. Another choice that grieving mothers make is to be perpetually bereaving, because finding purpose in life would mean that they are denying the death of their child, with this pattern referred to as “disintegration” [44].

Grieving the loss of a parent is another tragic event that an individual faces. However, the effect on women is more severe with evidence that women who care for a dying parent, experience higher levels of depression after the passing of the parent[66]

Despite the considerable challenges faced by women in academia, particularly those in STEM fields, there is a notable absence of research addressing their experiences of grief and loss, and unmet support needs. The impact of grief and loss on women’s academic and personal lives remains largely untouched, and the unique intersection of gender and academic disciplines presents complex dynamics that require further exploration. Understanding the nuanced experiences of grief among women in academia, especially those in STEM, is crucial for developing tailored support systems and a more inclusive and supportive academic environment.

## **Coping Strategies**

Coping is defined as the cognitive and behavioral ways that an individual responds to challenging circumstances [68]. Everyone copes differently with grief due to differences and varied life experiences, and there are evidently many ways that individuals can respond to grief, as reflected in the BRIEF COPE questionnaire, a 28-item survey that contains 14 sub-scales to capture various coping strategies[69]. These are: active coping, planning, positive reframing, acceptance, humor, religion, using emotional support, using instrumental support, self-distraction, denial, venting, substance use, behavioral disengagement, and self-blame [69]. In a systematic review that explored how families cope with the loss of a child to cancer, five key coping strategies were identified: “continuing bonds, meaning-making, emotional expressions, distraction and refocusing, and taking care of others” [70]. Coping strategies recommended by the American Psychological Association include: “talk about the death of your loved one, accept your feelings, take care of yourself and your family, reach out and help others dealing with the loss, and remember and celebrate the lives of your loved ones” [71]. The Canadian Mental Health Association also recommends that grieving individuals connect with others, allow themselves to feel their feelings, seek help if needed, take care of their physical health, and helping other loved ones who are also grieving [72]. Grief is a unique experience, thus coping strategies can vary greatly from individual to individual.

## **Informal Supports: Role of family and friends**

Family and friends play an important role in providing informal support to someone grieving and are the primary source of support for bereaved individuals. A systematic review that examined the benefit of peer support for bereaved individuals that experienced a sudden death reported that peer support reduced symptoms of grief and increased an individuals' well-being, personal growth and positive meaning of life [73]. Peer support is thus a highly beneficial source of support for bereaved individuals and can be an important source of strength for a person experiencing grief. Family and friends are considered the first line of support to grieving people. However, their support may not be the best course of action as it could be influenced solely by cultural and societal norms and customs on how people should grieve [74], [75]. Some of those behaviors are identified in research as "policing of grief" where bereaved people are rushed through their grief under the social assumption that returning to normal can be achieved after the funeral [76].

### **Formal Supports: Unveiling Services, Outcomes and Unmet Needs**

The research and professional consensus suggest that the majority of bereaved individuals can navigate the challenges of "normal" grief without professional assistance, with time contributing to their eventual improvement [77], [78], [79]. However, some may experience complicated grief, where the transition from initial acute grief to integrated grief is impeded, leading to persistent and debilitating symptoms [79] which may require more formal systems of support.

Bereavement is associated with negative mental and physical health outcomes, including an increased risk of mortality, suicidality, morbidity, depression, and post-traumatic stress disorder (PTSD) [78]. Therapy and counseling play a crucial role in assisting individuals to manage their emotions throughout the grief process [80], employing effective interventions tailored to the differed reactions during bereavement and grief. The Institute of Medicine (US) Committee for the Study of Health Consequences of the Stress of Bereavement (1984b) outlined four main approaches to helping the bereaved: mutual support, hospices, psychotherapy, and medication use [81]. Mutual support or help groups align based on shared life issues, often complementing professional services. Hospices, originating as grassroots movements, provide compassionate care to the terminally ill and support families before and after death. Psychotherapeutic interventions, involving verbal techniques, are delivered by various professionals such as psychiatrists, social workers, psychologists, nurses, counselors, or therapists, drawing from diverse theories and targeting individuals, families, or communities. Pharmacologic interventions, including medications for anxiety, hypnotics, and antidepressants, are also considered, though their efficacy was not well-established at the time of publication. More recently, a scoping review by Wilson et al. (2017) categorized bereavement services as (i) crisis intervention, (2) ongoing services during the grief process, and (3) services identifying individuals needing professional treatment [82]. The comprehensive evaluation did not yield clear evidence of effectiveness, with no specific service demonstrating unequivocal efficacy. However, most services were found to have value, particularly in providing grief information and emotional support. Positive outcomes in bereavement services may result from the provision of helpful educational information and emotional support until more research establishes consistent effectiveness [82]. Rumbold & Aoun (2014) suggest counseling as the normative approach to addressing bereavement, underscoring the significant role of professional counseling in supporting individuals experiencing grief and loss [83].



In a digital era, there are many possible online resources to draw from. A recent study by Beaunoyer et al. (2020) mapped online support for grief and bereavement concluding that informational support (i.e. websites giving information or advice to help grieving people) was the most prevalent followed by practical support (i.e., administrative or legal information about bereavement) [84]. Other types of online support included services (i.e., emotional support services such as counseling, spiritual, listening, education offered by the website or organization), peer support (i.e., online or offline to share with other grieving persons) and resources (i.e., lists of websites, books, reading material). In a systematic review conducted by Zuelke et al. (2021), it was found that internet- or mobile-based interventions could be effective treatments for symptoms of grief in bereaved adults; however, the need for additional research is emphasized due to the limited number of studies and small sample sizes included in the review [85].

### **Chatbots: A new era of coping aids**

A chatbot is a computer program that automatically provides services conversing with the final user through diverse communication channels while imitating human written or spoken natural language [86], [87]. Social chatbots have been in use for more than a decade. These chatbots were designed and implemented to support social relationships with users [88]. Replika is an example, and Replika introduces itself as “The AI companion who cares. Always here to listen and talk. Always on your side” [89]. Even though the use of chatbots to provide psychotherapy to patients dates back to the innovation of Eliza in 1966 [90], a surge in using social chatbots was observed during COVID-19, which led to what is referred to as human-chatbot relationships (HCRs) [88]. The use of chatbots to provide psychotherapy has been proven to be effective with several advantages including accessibility [90]. An individualized chatbot can be created by training an AI system to mimic the behavior of a specific person, whether it is their writing style, their speaking behavior, or even their sarcasm [86]. This innovation has led to the creation of “Deathbots” [87] or “Thanabots” [91] which some individuals resort to as a coping aid during their grief journey.

### **Existing Policies and bereavement support programs**

It is estimated that every employee will experience grief due to the loss of a loved one at least once during their years of employment [34], [51] with at least one in ten employees being affected at any given time [92]. Within any organization, it is plausible to assume that at least once a year, one employee will experience grief. In organizations, occupational health interventions aim to improve the health and well-being of employees [93]. These interventions require planning, as well as developing theory-based actions in order to be effective [93].

### **Policies mandated by governmental entities**

In the U.S., Canada, the European Union, and other countries, policies and laws for employees' bereavement leave can be regarded as generic and insufficient responses to such a tragic event [38], [57]. The Fair Labor Standards ACT (FLSA) does not require payment for time

not worked, including attending a funeral. Paid funeral leave is a benefit offered to employees that provides them with time off from work due to a death in the family. The leave can be up to three days for immediate family members and one day for other relatives [94]. These benefits are always offered to full-time workers, and less prevalent among part-time workers [95]. They are not mandated by the Fair Labor Standards ACT (FLSA) which states that “FALSA does not require payment for time not worked, including attending a funeral” [96]. The U.S Office of Personnel Management indicated that “an employee is entitled to use sick leave to make arrangement necessitated by the death of a family member.” [97]

In their report on “Workplace Stress”, OSHA provides guidance and tips for employers on managing stress at the workplace. In the report, it is explained that emotional load is unique to the individual’s own circumstances, including grief [98]. In Canada, bereavement leave ranges from one to seven days and is intended to give employees the opportunity to mourn in addition to taking the time to make funeral arrangements [57].

On an organizational level, Human Resources Management (HRM) are the strategic partners that help organizations achieve their goals while being employee centered. HRM focuses on setting forward the policies and rules guiding work regulation, employee performance, and compensation. It is clear that bereavement is a very unique and personal experience, however, policies set forth by organizations are more of a one-size-fits-all, regardless of the context or the experience[51], [92]. These policies lack several important aspects including flexible work arrangements [38], and have a narrow view of grief as either normal or complicated [51].

### **Employee Assistance Programs**

Organizations including universities provide Employee Assistance Programs (EAP) to help employees with behavioral and mental health issues including grief, safety, wellness and wellbeing, child care, elder care, legal or financial issues[99], [100]. EAP is offered in the United States, Canada, Australia, Latin America, and some countries in Asia and Africa [101]. Attridge [99] described the objective of EAP as “... to understand the clinical and work impacts of these kinds of issues and how to provide counseling that can restore both better health and work performance” [99]. The services provided through EAP can be offered directly by the organization (internal model) or outsourced by a third party (vendor model), or a hybrid model where some services are provided by the organization itself and the rest are outsourced [99]. A challenging aspect of EAP management stems from adopting cost-benefit analysis models to assess their effectiveness, which may influence the decisions regarding the cost of the service and consequently the quality of the service [100].

### **Inequities and Access Challenges in Grief and Bereavement Support**

Several disparities in accessing bereavement and grief support have been identified. Selman et al. (2023) recently revealed unmet needs among various groups seeking community and voluntary sector bereavement services, even predating the COVID-19 pandemic [102]. These groups include individuals from ethnic minorities, sexual minority groups, deprived areas, and men [102]. Findings also suggested that the digitally excluded, homeless people, people with learning and physical disabilities, travelling communities, non-English speakers and rural communities also faced unmet grief and bereavement service needs. A 2021 systematic review in the UK

highlighted a lack of evidence regarding bereavement care for ethnic minorities [103]. The study identified key barriers, such as: (i) lack of cultural awareness by healthcare professionals, (ii) limited awareness of available supports by the bereaved, (iii) insufficient interpretation or translation services, (iv) inadequate availability of bereavement and counseling support, (v) varied types and formats of supports (e.g., family, religious, community specialist), (vi) socio-economic factors (e.g., financial, legal, housing issues) and (vii) culturally specific beliefs hindering help-seeking, potentially increasing the risk of depression due to associated stigma and shame [103].

To address these barriers, identified facilitators include readily available information (e.g., details about diverse support groups for health professionals) and inclusive approaches. The authors emphasize the importance of participatory or co-designed methodological approaches for meaningful interventions [103].

In the United States, financial barriers pose challenges to accessing bereavement support. Structural vulnerability in bereavement is linked to financial challenges, such as a lack of knowledge about income support benefits and reduced social security benefits following a death. This results in increased financial strain and limited access to support [104], [105], [106]. Unfortunately, women face a greater financial disadvantage than men after the death of a partner, leading to a higher risk of poverty [105]. Women, especially those at older ages, from diverse ethnicities, and adhering to societal expectations and cultural norms, are at a heightened risk of experiencing negative health, social, and economic outcomes [104].

### **Challenges of returning to work after bereavement**

While there has been an extensive body of research on bereavement and grief, little is known on how grief affects professionals as they return to work [107]. There are several reasons for the lack of research in this area, including how death is still regarded as a taboo in society [107] which is not often discussed [108]. However, the available research identified basic elements that influence the experience of returning to work after bereavement.

**Expressing and sharing emotions:** Upon returning to work after bereavement, emotions are expected to be managed, controlled [109] and sometimes concealed which is defined by the work of Hochschild as ‘surface acting’ [107]. These behaviors are governed by the societal and cultural norms and traditions of both the organization and the bereaved individual [107]. Disenfranchised grief is what employees resort to in order to align with workplace expectations of achieving productivity levels and maintaining high morale [110]

**The fallacy of going back to normal:** most U.S. organizations offer 3 days bereavement leave [109], employees are expected to go back to work afterwards without knowing, in most cases, how to navigate the workplace and carry out their responsibilities. Usually, they are battling two contradictory states of mind and emotional toll where outside of the workplace (i.e. home) they are struggling with grief, while at the workplace rationality and order rules [107]. Upon returning to work, performance will certainly be affected by grief. Accordingly, accommodations are needed to prepare employees to return to work and in some cases assist them to regain the capacity to perform work requirements [111].

**Compassion Fatigue:** Compassion fatigue is a challenge that coworkers may experience when supporting a bereaved colleague [112]. Compassion fatigue may result from feeling overwhelmed by the event and lacking the capacity to care or support the bereaved person, and is associated with burnout, secondary trauma, and PTSD [113]. We have shown previously that peer support is crucial in helping bereaved persons cope with both grief and being able to return to work. In order to sustain the positive supportive role of peers, it is mandatory to enable them to accomplish this role without subjecting them to any psychological or physiological challenges. To effectively prepare them for that role, they need to receive training on how to support their coworkers while maintaining their own overall health.

**Role of management:** Leadership plays an important role in instilling and sustaining organizational policies and in guiding staff to achieve strategic goals. In the journey to achieve exemplary leadership, authors Kouzes and Posner identified the five practices and ten commitments for leaders to follow [114]. Leaders are expected to model the way by finding their voice and affirming shared values, then aligning actions with shared values [114]. Accordingly, in critical times, like when a bereaved person returns to work, it is important that the actions of those who are in a leadership position embody the core principles of the organization while aligning those actions with their shared values. Line and direct managers play a huge role in setting the tone of how the organization will respond to a grieving employee [115]. Managers' behavior in the times of bereavement vary based on several factors. However, when bereavement is regarded as a 'specialist area', their behavior lacks the needed support for their staff [112]. However, line managers may not be fully aware of the behaviors needed to support their subordinates [116], hence the need to increase awareness.

**Role of peers:** Social support assists individuals in adjusting to stress through two significant mechanisms: it directly prevents stress from occurring and offers a buffering effect that mitigates the negative consequences following the occurrence of stress [117]. Therefore, during bereavement, social support provided by peers can play a crucial role in reducing the stress associated with loss, especially in the workplace. In the context of bereavement, social support can offer emotional, appraisal, informational, and instrumental [117]. In situations where the bereaved individual lacks access to social support from family and friends, possibly due to lost connections or because they are working in a foreign country (such as an academic who is an international woman of color), peer support may be the only form of social support available to them. It is very common that peers undermine the effect of their support for the bereaved person. Peers may hesitate to offer support for several reasons including-but not limited to-: cultural and religious differences, wrongful estimation of privacy boundaries, psycho-physical state (e.g. suffering from PTSD, traumas, struggling themselves with grief, having mobility issues), lack of awareness of "how to support", assuming that the bereaved person will ask for help when they need to, and assuming that a 'specialist' should be the one offering support. Peer support that is offered via an organized collective manner, which is not left to personal judgement, has been proven to be effective [118].

**Policies:** As discussed in the previous section, the current policies offer a brief bereavement leave that may not be adequate and an EAP that can provide mental health and crisis support. Universities usually include on their website information on the services available

for students and staff. However, those resources focus on the individual experience and lack the social, cultural and practical context, which lead to more isolation for the bereaved person [110]. A recent study by Bakelants [119] has shown that while going through bereavement, students and staff in university settings need “clear processes and procedures, flexibility in policy application, proactive support and recognition, and activities to enhance awareness and interpersonal communication skills” [119]. Accommodation beyond bereavement leave and EAP services are needed to help bereaved person return to their work or school environment. Bereaved persons who choose to return to work need to be enabled to do otherwise they will stumble upon several impediments to work again. Wilson et al. [120] identified several factors that act as impediments to work again, the majority of which can be tackled by raising awareness, training managers and peers, and creating more accommodating and flexible policies [120]. Those factors include “lack of organizational knowledge about bereavement, few organizational programs and services to support bereaved persons, unsupportive immediate manager and /or coworkers, and uninformed human relations staff” [120]

**Lack of Awareness:** Even though an extensive body of literature exists on bereavement and grief, and also the availability of resources like EAP to assist bereaved employees, there is an evident lack of awareness in the workplace on how to support a bereaved employee [120]. Supporting bereaved employees is not solely the responsibility of a grief specialist, on the other hand, an ordinary – none specialized- person whether a coworker or a manager, should be able to provide that support [120]. For the ordinary person to be able to provide support to a bereaved coworker or subordinate, grief support awareness must be promoted. This can be achieved by providing preventative participatory training [121] or recruiting social workers to run educational sessions [120].

**Career advancement:** The negative effects of grief on performance may be for a short term, or a long term in cases of complicated grief. The onset of variation, decrease, in work ability may affect career advancement especially for women in academia. As discussed in a previous section, women in academia, and especially those in STEM face multifaceted challenges in their career. However, they persist and continue to advance relying on their professional, technical, and personal abilities. In times of bereavement, when those abilities are shaken, women in academia face an additional toll of career challenges. These challenges may pose a threat on their current position, for example struggling to be present to teach their course load, failure submit research manuscripts on time, or their research work could be delayed or come to a complete stop which will affect the continuation of the funding they receive.

## **Gaps in practice**

As discussed in previous sections, grief is a tragic and complex experience that is unique to the individual. There is no one-size-fits-all approach to support those who grieve. Currently, the policies adopted, and the benefits offered by organizations (i.e., universities and colleges) lack several the needed support. Despite the abundance of literature on grief and bereavement experiences, there is a notable gap in addressing bereavement or grief supports tailored for women in academia. Based on the literature review, the following two sections provide recommendations for improved policies and practices as well as a training module outline to guide intuitional training.

### 3. Recommendations for improved policies and practices

The recommendations regarding support for women in academia experiencing grief and bereavement were guided by the Social Ecological Model of Grief Experience outlined by Fisk (2023) [122]. While the recommendations in this section target women in academia, they are valid and applicable to providing institutional support to every individual in the organization.

**Individual Level:** Adopt a person centered approach - “one size does not fit all”; recognizing the diverse and individual nature of grief experiences [123]. A person’s situation impacts experience of grief; factors influencing grief experience include the type and context of loss, gender, socioeconomic status, health, personality, culture, and religion [122]. Strengthen individuals' resilience and coping capacities [122] which can be done through health programming.

**Interpersonal level:** Embrace a compassionate care approach, acknowledging the importance of supportive relationships (i.e., with family, friends, coworkers and leaders) and promoting education and training for the social network of bereaved women academics [124]. Public education and awareness initiatives on grief and bereavement are essential to address stigma/taboo and promote understanding of the complex experiences associated with loss.

Provide appropriate training for leaders, supervisors and management to support bereaved women scholars, enhancing awareness and addressing needs effectively ([18], [122]). Training has been proven to be effective in increasing awareness and addressing needs on sensitive matters including diversity, equity, inclusion[125] and grief [126] (refer to Table 1 for proposed training outline).

**Organizational level:** Implement policies and practices at the organizational level (i.e., Universities and Colleges), to promote gender diversity, support women's career advancement, and challenge systemic biases within academic institutions. Foster a compassionate organizational culture with policies reflecting grief and bereavement-informed return-to-work procedures and equitable treatment [122]:

- Appropriate work-family policies, job security, equitable treatment (dismantle gender and systemic biases), and career advancement opportunities.
- Appendix A provides recommendations on how to develop and implement a health program.

Establish clear and meaningful organizational procedures to demonstrate commitment to supporting employees' mental health and well-being [127], [128]. Institute evidence-informed bereavement protocols and appropriate training to address emerging needs and policy gaps [129].

- Despite the presence of established policies and procedures for managing bereavement, clearly there is a need for training to address emerging needs and bridge existing policy gaps.
- Institutions should invest in appropriate training, particularly supervisors/leaders supporting students/faculty in the organization.

The Centers for Disease Control and Prevention (CDC) established the Workplace Health Model (WHM) to help organizations develop and employ health program [130] by employing a systematic and stepwise process [131]. Health programs are used to promote health education,

instill company policies to encourage healthy behaviors, devise actions to promote a healthy work environment [130]. The WHM serves as a base model to guide development of a workplace health program specifically designed to help employees with grief and bereavement. It is chosen for its well-established nature and proven effectiveness in organizations in the U.S. and Europe [131].

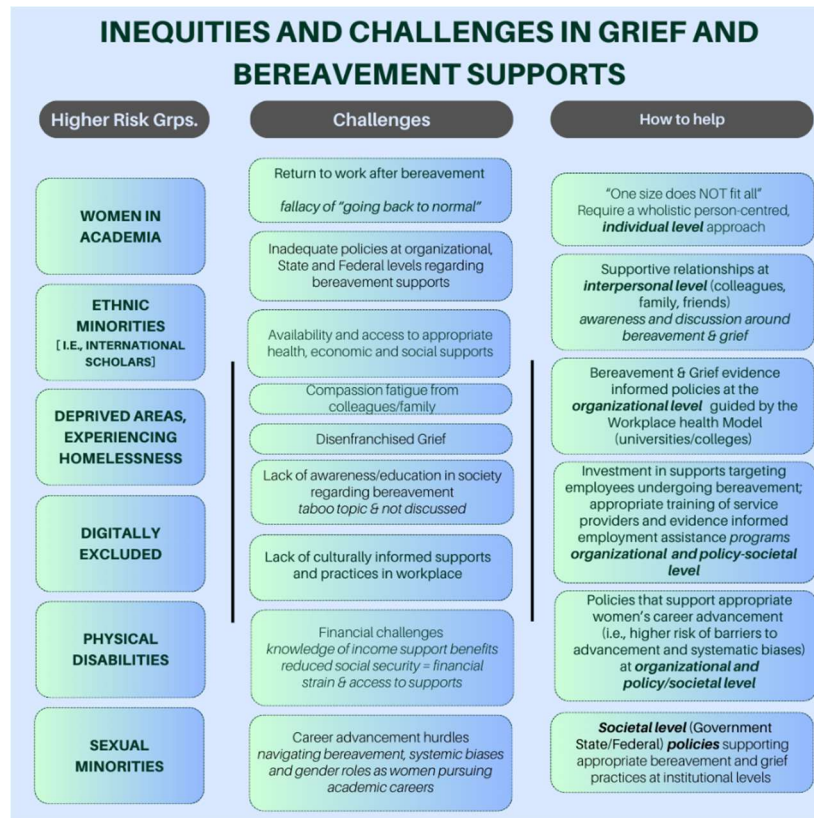
**Societal/Government level:** The collective norms and values of society [122] create the systemic barriers, biases and challenges women academics face. Coupled with society’s taboo and stigma regarding bereavement and grief, grave inequities prevail for women scholars. Address systemic barriers and biases faced by women academics at societal and governmental levels, alongside societal taboos and stigma surrounding grief and bereavement. Advocate for legislation supporting women's career advancement, implementing appropriate bereavement practices/policies (i.e., leaves, financial support etc.), and bereavement and grief training at institutional levels.

Figure 1 provides a summary of the key recommendations at each of the four levels discussed. Figure 2 outlines the summary of key findings of the review outlining inequities, challenges and recommendation in grief and bereavement supports for women in academia.

**Figure 1 – Key recommendations for grief and bereavement supports for women in Academia**



**Figure 2 – Key findings of the review outlining inequities, challenges and recommendation in grief and bereavement supports for women in academia.**



#### 4. Training Module Outline

Given the objective of this training module, it is recommended to adopt a participatory approach to create and deploy the training module [121]. This approach ensures that the training achieves its goals especially that it focuses on addressing the needs of minority groups and promote diversity and inclusion. The creation of such training should not be siloed in one specific department like HR [125], it should rather include representative from all stakeholders groups. The proposed questionnaire by Heaney to determine the “strategy choice points for employee participation initiative” could be used or adapted to help in the initial planning of the training. Since this training program will serve as a preventive intervention, its effectiveness can be measured by how much it is achieving the targeted change and training participation [121].

A proposed outline for a training session to be offered to members of academic units is shown in Table 1. The training objective is to raise awareness on how to provide support to bereaved staff and professors in academia, especially women and members of minority groups. This training module is designed to be offered either in-person, or synchronously on-line. This training should be offered at the departmental level in universities and should be attended by faculty, teaching and research assistants, staff, and leaders of registered student organizations, and any other personnel who are in leadership positions and interact with faculty, staff or students. It is recommended that each member of the target audience attend this training at least once. An additional session could be delivered when a member of the department goes through bereavement.



**Table 1: Proposed outline for a training session offered to members of Academic Units**

Topic	Suggested Content	Assessment & Outcome
Introduction on Bereavement and grief	<ul style="list-style-type: none"> <li>- Concepts, definitions and terminology</li> <li>- Impact on overall health and wellbeing</li> <li>- Implications</li> <li>- Negative effects on women and minorities</li> </ul>	<b>Understand</b> that grief is a unique experience and its negative impacts on health and wellbeing can be severe on bereaved persons and even more severe on women and minorities
Policies and resources	<ul style="list-style-type: none"> <li>- Overview of existing policies</li> <li>- Available resources on campus and off campus</li> </ul>	<p><b>Recognize</b> the available resources that they can use or refer the bereaved person to.</p> <p><b>Recognize</b> the policies that are put in place to provide support to bereaved persons.</p> <p><b>Apply</b> those policies to make informed decisions on matters that involved a bereaved person</p>
Coping techniques	<ul style="list-style-type: none"> <li>- Individual level</li> <li>- Role of family and friends</li> <li>- Role of religious entities and community groups</li> </ul>	<p>Understand the different coping techniques that bereaved persons adopt to cope with grief.</p> <p>Recognize the advantages, disadvantages of each coping technique and the emotions that are associated with them</p>
Diversity, Equity, and Inclusion Cultural and religious awareness	<ul style="list-style-type: none"> <li>- Overview on existing policies and expected behaviors.</li> <li>- Special content tailored to the work population</li> </ul>	<p>Identify the policies and adopt appropriate behaviors.</p> <p>Understand the cultural differences.</p> <p>Recognize the appropriate behaviors.</p>
Support at the workplace	<ul style="list-style-type: none"> <li>- Compassion fatigue and maintaining overall wellbeing</li> <li>- Role of peers and managers</li> <li>- Challenges to return to work</li> <li>- Preventative plan to avoid errors, injuries, etc..</li> </ul>	<p>Understand the challenges of supporting a bereaved person.</p> <p>Apply techniques to maintain the trainee's overall wellbeing.</p> <p>Understand the importance of their role in supporting bereaved coworkers.</p> <p>Apply the techniques to provide support</p> <p>Recognize the challenges that a bereaved person may face when returning to work.</p>

Topic	Suggested Content	Assessment & Outcome
		Create a preventative plan and a re-integration plan.
Challenges	<ul style="list-style-type: none"> <li>- Personal challenges</li> <li>- Professional challenges</li> <li>- Financial Challenges</li> <li>- Additional challenges that women and minorities face during bereavement</li> </ul>	<p>Recognize the challenges that a bereaved person may be facing outside of work</p> <p>Understand the impact of those challenges on their overall performance and grieving journey</p>
Workflow continuation	<ul style="list-style-type: none"> <li>- Devise a risk plan to ensure workflow continuation and avoid disruption in delivering classes, running research, or doing community services</li> </ul>	
Plan of action in times of bereavement	<ul style="list-style-type: none"> <li>- Devise a plan of action during times of bereavement to address the needs of the bereaved and take the necessary action</li> <li>- Designate or appoint a team to lead this initiative in times of bereavement</li> </ul>	
Evaluation	Conduct an evaluation based on the listed outcomes	
Conclusions, future plan, improvements	Inquire on how to move forward and what improvements to introduce	

## Conclusion

This study underscores the critical need to prioritize supports for women in academia undergoing with grief and bereavement. Women scholars face a unique intersection of responsibilities, including research, teaching, mentorship, and caregiving, amidst structural inequities and societal pressures. The experience of grief further complicates these challenges, impacting both personal well-being and professional contributions. By examining existing literature and organizational policies, this study illuminates the often-overlooked emotional dimension of academic life and advocates for a more inclusive and supportive culture. Recommendations and a proposed framework for tailored support systems underscore the importance of acknowledging and addressing grief in academia. Moving forward, academic communities must recognize the importance of emotional well-being and implement informed approaches to support individuals navigating grief, particularly women scholars. By fostering a culture of empathy, understanding, and support, academia can better fulfill its mission of advancing knowledge and nurturing the holistic needs of all its members.