WORK RELATED STRESSORS AMONG WOMEN IN NORTH CAROLINA WHO MISCARRIED DURING THE COVID-19 PANDEMIC

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Abstract

Miscarriage is highly prevalent in the United States, yet limited research has explored how work-related stressors impact women's bereavement period. The COVID-19 pandemic introduced new workplace stressors, including job instability, heavier workloads, and managing multiple responsibilities remotely. This study explored the work-related stressors experienced by women in North Carolina who suffered a miscarriage of a desired pregnancy between March 30, 2020, and February 24, 2021. An interpretive descriptive design was employed, guided by the transactional stress and coping theory developed by Lazarus & Folkman. We analyzed 18 interview transcripts using conventional content analysis and identified five major themes: *Work-life Balance, Work From Home, Work Accommodations, Workplace Social Support, and Mental Health*. Findings revealed that participants had negative impacts on their mental health, experienced stress, anxiety, isolation, and frustration as a result of inadequate work accommodations, blurred work-life boundaries, remote work challenges, and limited social support from coworkers and employers. There is a need to further explore the workplace stressors women face following a miscarriage, as well as to implement and evaluate the effectiveness of workplace policy changes and educational initiatives in mitigating the impact on their mental health outcomes.

Work Related Stressors Among Women in North Carolina who Miscarried During the COVID-19 Pandemic

Miscarriage, experienced by 1 in 8 pregnancies (National Health Service, 2022), is a traumatic and life-altering experience for women that requires support, accommodations, and time. Despite this, the workplace, employers, and fellow employees often fail to be supportive or even recognize women experiencing a miscarriage and their grief (Meunier et al., 2021). Limited research on miscarriage bereavement in the workplace indicates that women experience increased stress due to perceived incompetence related to mental health concerns during their loss (Gilbert et al., 2022). Women feel the need to hide their grief and are uneasy disclosing their miscarriage out of fear of discrimination, lack of job security, and interference with job advancement (Gilbert et al., 2022). This issue becomes more complex when we consider the additional mental health impact that the COVID-19 pandemic introduced, including heightened feelings of anxiety and isolation (Heaney et al., 2023).

Within this context, there is a unique and understudied group of women who had the compounded stress of miscarrying while the stay-at-home mandates were in place. Women receiving maternal health care during the COVID-19 pandemic experienced a variety of mental health concerns including anxiety, depression, post-traumatic stress disorder (PTSD), and an increased sense of loneliness (Wall & Dempsey, 2022). During the COVID-19 pandemic, many people also experienced work-related stress from the drastic changes made to their work environment, particularly during the lockdown period. For some women, poor maternal mental health stemmed from the lack of funds to afford food or the need to travel for work during the lockdown (Wall & Dempsey, 2022). Further, pregnant women with a history of miscarriage faced anxiety about going to work during the pandemic, fearing they would miscarry again or

increase their risk of miscarriage (Heaney et al., 2023). The compounded stress of various concerns, such as disclosing a pregnancy or miscarriage at work, increased mental health issues, and financial challenges, may have been exacerbated by the pandemic, potentially leading to heightened work-related stress and negative mental health outcomes for those experiencing a miscarriage. However, there is still a significant gap concerning work-related stress.

Background

Miscarriage is a prevalent and deeply impactful experience for countless women, yet it often remains overlooked and inadequately addressed in the workplace. Given that the loss is not evident, this grief is often overlooked, and many women are not provided adequate accommodations in the workplace (Gilbert et al., 2022). Limited existing research indicates that miscarriage in the workplace is difficult to navigate and may be shrouded in silence due to stigma or shame (Gilbert et al., 2022). Many women may have difficulty working due to physical pain from the miscarriage or struggles with their mental health (Gilbert et al., 2022). They may also experience feelings of neglect and discrimination from employers, such as being overlooked for work opportunities or even facing threats to job security (Gilbert et al., 2022).

Research suggests that organizations can positively impact mental health of grieving women by educating employees on physical and emotional reactions to bereavement, remaining compassionate and culturally sensitive, and providing assistance or gestures of support (Fitzpatrick, 2007). However, many organizations do not have policies to support women through the perinatal bereavement process, and in organizations that do have policies in place, such as paid leave and slower reintegration programs, their implementation has been inconsistent with what was intended (Meunier et al., 2021). Women have reported not being offered time off and feeling pressured to return to work sooner than they were ready, despite laws that guaranteed

work leave, with some women even discussing the inability to take leave due to potential salary loss or employment loss (Meunier et al., 2021). This lack of compassion may stem from the misconception that work and home life should remain separate, which is unrealistic, particularly under such circumstances (Thompson & Bevan, 2015).

The COVID-19 pandemic added further challenges, such as social isolation, financial problems, domestic violence, economic stress, and job insecurity thereby potentially worsening maternal mental health (Wall & Dempsey, 2022). Lockdowns led to economic concerns (e.g., unemployment and decreased salaries), reduced support from loved ones and hospital staff due to social restrictions, and prolonged isolation (Wall & Dempsey, 2022). Women who miscarried during the pandemic often experienced heightened feelings of loneliness and anxiety which were exacerbated by attending perinatal appointments alone or having to deliver the news of their miscarriage to their partner alone (Heaney et al., 2023). Many women also faced delayed or canceled hospital procedures, tests, and treatments, along with feeling an absence of support or feeling rushed by healthcare providers (Heaney et al., 2023). The need for assistance during the bereavement process was severely interrupted during the pandemic, with healthcare professionals lacking adequate training to deliver bad news and provide remote support (Heaney et al., 2023).

Additionally, the COVID-19 pandemic disrupted many individuals' work environments for various reasons, such as remote working and lack of social interaction (Wall & Dempsey, 2022). These additional work-related stressors amidst the pandemic could have influenced women’s miscarriage bereavement experience, however, there is a dearth of research on this particular topic. Therefore, this paper aims to explore the work-related stressors experienced by women in North Carolina who suffered a miscarriage of a desired pregnancy between March 30,

2020, and February 24, 2021 (the period of stay-at-home ordinances), during the COVID-19 pandemic. It is anticipated that the results will highlight the need to ensure employer policies are in effect that provide time off and additional support measures for these women, especially during times of crisis.

Research Question

What is the impact of work-related stress on women suffering a miscarriage in Eastern North Carolina between March 30, 2020, and February 24th, 2021, during the COVID-19 pandemic?

Methods

Design

This study employed an interpretive descriptive design approach, drawing on the transactional stress and coping theory developed by Lazarus & Folkan (Lazarus & Folkman, 1984). This design facilitates an iterative examination and exploration of complex phenomena in ways that can lead to practical implications (Thorne, 2016). From an original project (Fernandez et al., 2024), the need to further explore the work-related stressors experienced by women in NC who suffered a miscarriage was identified. In the current study, we utilized a conventional content analysis approach, which allows a phenomenon to be explored when prior research is limited, allowing the themes and categories to emerge from the data (Hsieh & Shannon, 2005). The University and Medical Institutional Review Board at East Carolina University approved the study before initiation.

Theoretical Framework

The transactional stress and coping theory (TTSC) is a well-established model utilized for research specifically in miscarriage (Isguder et al., 2018; Swanson, 2000; Swanson et al., 2003). This theory considers and explores how people perceive and react to stressors by evaluating their

interactions with their environment. Initially, individuals assess if a stressor may affect them, a process that is known as primary appraisal. After this, if a stressor is seen as significant to them, a second appraisal occurs where the individual would examine their coping response. Furthermore, an individual would then evaluate their ability to cope in addition to the recourses necessary. They then implement coping strategies and evaluate the effectiveness of those coping strategies (Lazarus & Folkman, 1984; Park & Folkman, 1997).

Participants and Recruitment

As previously described (Fernandez et al., 2024), the inclusion criteria for the sample were: women (as identified by biological sex) who experienced a miscarriage (<20 weeks' gestation) of a desired pregnancy, between March 30, 2020, and February 24, 2021; reside in North Carolina; 18 years or older; and able to speak and read in English or Spanish. In the original project, the research team used a nested sampling approach to invite participants for detailed interviews from 71 individuals who had completed an online survey and provided their email addresses. Research suggests that a sample of 16 to 24 is required to achieve conceptual saturation (Hennink et al., 2017). Data saturation was reached with 16 interviews, but an additional two interviews were conducted with women from underrepresented racial/ethnic backgrounds to improve diversity. Therefore, a total of 18 in-depth interviews were completed.

Data Collection

Interviews were offered in person in a place of their choosing or on Microsoft Teams (audio conferencing). Participants were asked demographic questions including age, marital status, race, ethnicity, annual income, employment status, residential area, and health insurance type. The interview questions, developed by the research team, were designed based on current practice, research, and concepts of the TTSC. A 10-question interview guide explored women's

experiences with miscarriage, including their psychological experience and how the COVID-19 pandemic impacted them. The interview guide also included questions on provider care, coping mechanisms, social support, subsequent pregnancies, and desired emotional support interventions. Interviews were recorded through Microsoft Teams' audio recording feature, which also generated simultaneous transcriptions. The research team answered participant questions and reviewed participant rights before starting the interviews. They also guided the conversation and took field notes (Carter et al., 2014). Interviews lasted between 42 and 112 minutes and detailed field notes were recorded throughout. Participants were provided with a $50 Clincard for compensation after completing the interview.

Data Analysis

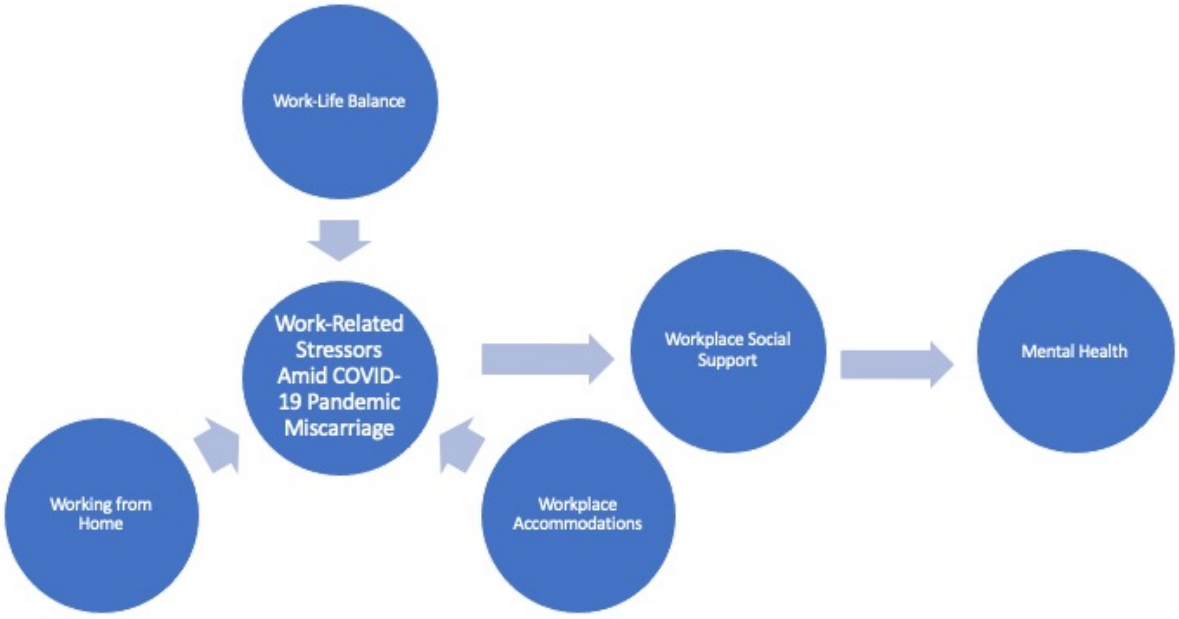
A structured, inductive process was used to analyze and code the transcripts using NVivo12. The process involved multiple stages of first and second-level coding to refine the codebook and identify keywords related to work-related stressors (Miles et al., 2020). Two members of the research team (myself and my research mentor) independently examined all 18 transcripts. We developed a matrix display that showcased the coded segments along with their corresponding initial codes. In the first cycle of coding, we produced 24 codes, which included "sacrificed health," "essential worker," "work performance," and "COVID restrictions". A second cycle of coding was then conducted, leading to 9 categories. After several collaborative discussions, and further collapsing of categories, the final themes emerged (Miles et al., 2020). A third team member independently reviewed the matrix display, codes/categories, and final themes to ensure accuracy and completeness. Furthermore, all team members collaborated to discuss how themes were related and created a display model (see Figure 1).

Results

The majority of participants were White (77.8%) and non-Hispanic/non-Latina (83.3%) and either married (83.3%) or in a committed relationship (16.7%). Educational levels varied, but most participants had a Baccalaureate degree (44.4%), and a significant portion were full-time employees (55.6%). Most participants had private insurance (88.8%) and an annual household income (33.3%) of $101,00-150,000. An analysis of the results identified five themes for Work-Related Stress During Pandemic Miscarriage including, (1)*Work-life Balance*; (2) *Work From Home*; (3)*Work Accommodations*; (4) *Workplace Social Support*; and (5) *Mental Health*.

Figure 1

Work-Related Stressors During Pandemic Miscarriage



Work-Life Balance

Some participants in this study felt burdened by the lack of fluidity between their professional and personal lives, placing pressure to exclude their personal experiences from the

workplace. Study participants felt restricted from sharing details about their situation with their employers and coworkers. The reluctance to share their experiences at work stemmed from stigmas surrounding grief at work, and the distorted concept that work life should not interfere with home lives. One participant elaborated on this issue stating that,

> I think part of that is just like the cult of academia, you know, people just working through illness and other stuff, but we shouldn't do that, and I think something I've learned through this, you know process of having recurrent miscarriages that I need to have like better boundaries with work. (ID:100, 40 y/o, non-Hispanic/non-Latina White).

Two participants shared that their employer was short-staffed possibly due to pandemic constraints and felt pressure to be present despite their miscarriage and personal grief. One of the participants shared that,

> …and like a work-life balance, the day I found out [about my miscarriage], my employer was short already and so I didn't tell anyone and I went to work the same day, that was a choice, I didn't tell anyone what was going on at work, but I will say I did feel like due to pandemic constraints that I had to be present and maybe could not deal with the physical things happening to me… at that time, due to work constraints. (ID:121, 33y/o, non-Hispanic/non-Latina White)

Work From Home

Working from home during the COVID-19 pandemic posed many challenges and impacted women's experience during miscarriage. Working remotely caused many women to feel isolated and uncomfortable confiding in others. One participant shared the hardship of both partners working from home, never leaving the house, and how difficult it was during the grieving process to not be able to take in the simple joys such as meeting with friends due to

pandemic restrictions. Additional complications arose when some families had one partner at home and one partner working remotely or staying at home. One woman shared, “I was kind of just here with my dogs and with my thoughts” (ID:104, 28 y/o, non-Hispanic/non-Latina Native Hawaiian or other Pacific Islander). Women experiencing miscarriages while having children at home also faced significant challenges, such as balancing remote work, raising children, and navigating stay-at-home restrictions. One woman shared her experience stating,

> You came back to a home that needed you…my husband was working from home, my sister was taking college courses from my house, my daughters daycare was shut down, so she is there and needing to be entertained and we were in a 3 bedroom 2 bath house that was 2500 square feet like it was, there was no at best, at best it was 2500 square feet like at most. (ID:63, 38 y/o, non-Hispanic/non-Latina White)

In contrast, one woman enjoyed being able to work from home while grieving. One woman spoke about some of the positives that working from home allowed,

> Our fertility clinic is in New York, so for any of the procedures we would travel to New York and we're like, OK, we're still working remotely. So we could technically do that from there as well if we needed to. So again, kind of timing-wise with the pandemic that was helpful, … that we weren't having to go into the office every day. (ID:15, 37 y/o, Hispanic/Latina White)

Work Accommodations

The work accommodations, or lack thereof, that participants received from their employers at the time of their miscarriage, impacted their miscarriage and the grieving process that followed. Some participants reported receiving accommodations in the form of time off and/or counseling. One participant stated,

> Well, I had told a coworker of mine who [was a friend] and she showed them that I wasn't doing well... they knew I was out of work for a while, so they offered an employee assistance program, and office counseling. (ID:130, 34 y/o, African American/Black).

She participated, but even then, she reported feeling rushed during the counseling sessions due to it being a virtual interaction. The majority of participants experienced a lack of accommodations, making it challenging to navigate their grief while maintaining their work responsibilities. The pandemic exacerbated these hardships, especially while work accommodations were scarce. One participant who was considered an essential worker shared her experience with the lack of work accommodations provided to her by stating,

> ...they appeared that they were going to be very understanding and work with me. But then that didn't happen. So it was really frustrating for me because I loved the company initially and even, you know, up until the time I got pregnant and I felt it was a great company to work for (ID:72, 35 y/o, non-Hispanic/non-Latina White)

This participant eventually decided to part ways with their job due to the lack of accommodations and empathy provided to them during their miscarriage.

Workplace Social Support

Workplace social support played a crucial role in participants' experiences of miscarriage. Two participants highlighted the importance of being able to share and discuss their experiences with coworkers. One woman shared,

> I actually reached out to a girl at work, or that I used to work with as well because she had a miscarriage… you almost feel bad to ask somebody about it… but at the same time, I wanted to talk about it. (ID:30, 28 y/o, non-Hispanic/non-Latina White)

Some women found solace in coworkers and considered them a significant source of support, even if they had not been in a similar situation. This strengthened some participants' relationships with their coworkers, while others experienced weakened connections due to a lack of social support in the workplace. One woman mentioned that she didn't seek support because nobody offered any accommodations or help. She elaborated by stating,

> I think some people without children think that parents get like special privileges or something, I don't find that to be true, but my Dean is very, my Dean does not have kids, and she's also wanting to also make sure everything looks equitable on the outside, and so even bringing up something like my childcare needs for my teaching schedule was, like, frowned upon. (ID:100, 40 y/o, non-Hispanic/non-Latina White).

Another participant shared, “My friends from work, what I thought were my friends from work, would randomly call or message me to see how I was doing. Once quarantine hit, they didn’t reach out to me anymore” (ID:72, 35 y/o, non-Hispanic/non-Latina White).

Mental Health

Experiencing a miscarriage during the COVID-19 pandemic intensified or manifested mental health struggles for a vast majority of participants. Many women shared feelings of anxiety and hopelessness, and one woman shared her experience with worsening PTSD symptoms during the pandemic. Participants described a significant increase in anxiety on top of their regular work stress while navigating their grief. Two participants discussed their declining mental health and an increase in anxiety that was negatively affecting their work performance. One woman shared,

> I don't think people really understand how much of it could be like a setback or it not only affects you physically, but also like, mentally, and it's hard to be kind of on your A

> game, you know, when you're dealing with that and you know, adding in like a global pandemic, you know, it just basically makes it really tough to function (ID:100, 40 y/o, non-Hispanic/non-Latina White).

Another participant shared that her employer noticed her declining mental health and how this experience was affecting her work and arranged for her to see a counselor. Participants also highlighted the impact the pandemic had on their jobs even before experiencing a miscarriage, as they were already juggling increased responsibilities and changes at home due to the pandemic. Additionally, one participant spoke about the struggle of being an essential worker and having to judge these responsibilities while working in person, stating that

> I feel like my experience was totally different than others because I was an essential worker. So I had to still work through everything and I think because I had to work through, having to adjust to all the pandemic mandates, … on top of my normal work stress, it really made life a whole lot more challenging. (ID:72, 35 y/o, non-Hispanic/non-Latina White)

Discussion

This study aimed to explore the work-related stress of women who suffered a miscarriage during the COVID-19 pandemic. The findings show the challenges they faced in maintaining a work-life balance. Personal grief impacted their professional responsibilities; working from home as remote work, which became a new norm for many, and the accommodations, or lack thereof, provided to these women by their employers were challenges. Additionally, the lack of social support these women received and the avoidance coping they employed while grieving were factors that impacted their mental health.

Work-Life Balance

Balance between work and home life was a struggle women faced, especially in the context of a pandemic and bereavement process. Previous studies have suggested that grief does not have a home in the workplace and women experiencing miscarriage in the workplace may feel ostracized and are left to suffer in silence. For example, Meunier et al. (2021) discussed how conversations surrounding perinatal loss may be completely avoided in the professional sphere, and how women avoid professional discrimination by staying silent about their grief and saving these vulnerable conversations and grief for outside of the workplace. Pitimson (2021) argues that many employees feel pressure to suppress negative emotions and grief in order to maintain their professional identities and adhere to workplace norms, and to only express grief when explicit approval is given. The inflexibility between work and home life highlighted in these studies supports our findings that there is a significant disconnection between these two spheres. To address this issue, it is crucial to foster a workplace environment where professional and personal life integration exists.

Work from Home

Our findings also revealed the impact that working from home had on women's grief. Feelings revolving around remote work during their miscarriage varied. Some women enjoyed being able to spend more time at home with family and have more schedule flexibility to go to hospital appointments. However, some study participants had negative feelings such as isolation and emphasized the difficulties of being unable to leave the house. Not being able to be face-to-face with coworkers, feeling extremely isolated from lockdowns, and having to take care of a family while working remotely made participants feel like nobody understood what they were going through. These findings are consistent with prior research, where Wall and Dempsey (2023) discussed the lack of social support women received during the COVID-19 lockdown

which exacerbated feelings of isolation and loneliness. Yet, prior research has identified some freedoms that remote work gives to employees. Temel et al. (2024) highlighted the flexibility of remote work, reduced commute time, and management of family responsibilities.

Work Accommodations

The availability of work accommodations provided to women in our study, during their miscarriage, influenced their recovery and grieving process. Some participants experienced accommodations in the form of time off and counseling, but the vast majority of participants received inadequate or no accommodations following the loss. Gilbert et al. (2022) highlighted the minimal accommodations provided to women experiencing pregnancy loss with no clear guidelines on how much time they were allowed to take off. Additionally, Schoonover et al. (2023) addressed the inadequate recognition and support employers provide to employees experiencing grief. Their study revealed that existing support strategies were insufficient, forcing employees to return to work sooner than they felt ready with minimal accommodations. This information supports the need for policy changes to allow clear and adequate accommodations for women experiencing a miscarriage in the form of time off, counseling, and work-from-home options. There is some protection for women and families to take unpaid time off for specified family members and medical reasons (US Department of Labor, 2023). However, eligibility requires that employees must work for at least 12-month periods prior to receiving these benefits and be working in a facility that has at least 50 employees (US Department of Labor, 2023).

Workplace Social Support

During the COVID-19 pandemic, social activities decreased due to lockdown restrictions and work-from-home situations. Many participants from this study discussed social support they did or did not receive in their work environments and how lockdowns, stigma, and the variability

of closeness in their work relationships affected their grieving. While some women did receive support in the form of words and gestures, most women experienced the harsh reality of stigma surrounding grief in the workplace. Existing research, including Gilbert et al. (2022) discusses the taboos of miscarriage in the workplace and how grieving goes against the expectations of a committed employee. Pitimson (2021) discusses the shame employees feel from expressing bereavement at work and how many employers do not break the silence on their grief and in turn do not receive social support or empathy from fellow employees. Additionally, Gilbert et al. (2022) also highlighted that although miscarriage is a relatively common experience, the existing policies and expectations for employees to leave their home lives out of their professional lives inhibit the amount of social support they can receive. This only seemed to worsen due to the COVID-19 pandemic where most employees were not interacting face-to-face with their coworkers daily, thus participants from this study experienced a lack of outreach from coworkers once quarantine hit. There is a desperate need for policy change and employer education about supporting employees and decreasing the disapproval of grieving a miscarriage in the workplace. This has been even more of a need, especially following the overturning of Roe v. Wade with a decline of reproductive and sexual rights and in the US and an increase in stigma surrounding reproductive concerns (Kapadia, 2022). Limited support from employers and lack of standardized policies in place to aid these women has suffered. Addressing this issue would allow employers and employees to provide meaningful support and ideally lighten the hardships for these women.

Mental Health

The results of this study revealed that women experiencing miscarriage during the COVID-19 pandemic faced declining mental health, marked by predominant feelings of

hopelessness and anxiety. Study participants identified several work stressors that contributed to negative mental health outcomes and were exacerbated by a combination of factors as a result of the pandemic. These factors include managing home and work responsibilities amid a global crisis, combined with having to navigate remote work, essential worker responsibilities, and the various levels of social support, accommodations, and coping strategies employed. The findings are consistent with prior research. Heaney et al., (2023) highlighted that miscarriage was already an emotional challenge but combined with a global pandemic and the result is an increase in negative mental health outcomes. Wall and Dempsey (2023) also identified that anxiety and depression were experienced by many women suffering a miscarriage during the pandemic and risk factors included lack of social support and isolation.

Limitations

This study has several notable limitations, including its lack of racial and ethnic diversity. The study participants identified mostly as White, non-Hispanic/Latina which may limit the transferability of the results. A larger and more racially and ethnically diverse group of participants may have yielded different results. Additionally, the recruitment methods of the original study may have also introduced a sampling bias, with Facebook being the primary recruitment method. The reliance on these platforms could have restricted the diversity of the participant pool.

However, the study has many strengths. The semi-structured interview guides allowed interviewees to keep the conversation on track while still allowing for open-ended responses, giving more detailed, rich data. Additionally, the conventional content analysis allowed for codes to be developed from the interviews, not existing research. This eliminated bias in the results that may have occurred otherwise.

Clinical Implications

Healthcare providers should receive education on reproductive rights and workplace policies regarding miscarriage. Integrating this training into nursing and healthcare curricula would better equip providers to educate patients on both the medical and legal aspects of miscarriage. Providers should be able to inform patients about the federal and state policies that protect them at work, encouraging them to familiarize themselves with their workplace policies regarding job protection and accommodations after miscarriage. This is crucial because existing policies may not be enforced if individuals are unaware of them. Additionally, healthcare providers should offer the necessary medical proof and documentation to help patients secure work leave and accommodations. Furthermore, healthcare providers should be informed about, support, and advocate for state and federal policies that benefit their patients as they are being considered for passage into law. Healthcare workers could have a major influence on advocating for policy reform including making policies on reproductive health more specific so that miscarriage can be explicitly acknowledged, and integrating paid leave options, and more mental health support in the workplace.

Future Research

This study highlights the need for further research into the intersection of miscarriage and work-related stressors, especially within the context of COVID-19 pandemic, which remains underexplored. The findings reveal significant gaps in understanding how miscarriage and grief affect the workplace experience and environment. Future research should focus on larger, more diverse sample sizes to capture a broader range of experiences to include race, socioeconomic status, and cultural backgrounds to provide a more comprehensive view of the issues addressed. Future

research should also include evaluating workplace policies and educational initiatives that mitigate workplace stressors and mental health outcomes of women experiencing a miscarriage.

Conclusion

The negative impact of work-related stress on women experiencing miscarriage during the COVID-19 pandemic is unknown and under-researched. This study explored the consequences and stressors that were experienced by women in the workplace under these unique circumstances, identifying five main ideas. Women experienced a significant lack of work-life balance, with their grief often disregarded in the workplace. Remote work restrictions further intensified feelings of isolation as women were distanced from their colleagues, and furthermore were provided a lack of accommodations from their employers and organizations. Additionally, many study participants felt a decrease in their support systems, likely due to taboos surrounding grief in the workplace and pandemic restrictions, leaving many women without emotional backing. In turn, women utilized avoidance coping while grieving. The compounding of these factors resulted in negative mental health outcomes such as anxiety and hopelessness.

There is a pressing need for education opportunities and policy reform for employers and employees to combat these negative outcomes. Healthcare providers should also be made more aware and equipped to educate patients about recourse and policies, vote on policy changes, and provide the necessary medical proof for their patients' employers.

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