

# Delphi-Study Building Consensus on Workplace Grief Literacy and Bereavement Training

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## Introduction

Grief is a universal human experience with significant implications for individuals, families, communities, and workplaces. In Australia, more than 185,000 deaths occur each year, Australian Bureau of Statistics (2024), with each death affecting multiple family members, friends, and colleagues (Australian Institute of Health and Welfare [AIHW], 2023). It is commonly estimated that approximately nine people are significantly bereaved following each death, meaning that grief touches a substantial proportion of the working population at any given time (Breen & O'Connor, 2011). These figures relate only to death-related bereavement and do not account for non-death losses, further underscoring the pervasiveness of grief within workplaces.

This understanding - that most bereaved people adapt without the need for specialist intervention when supported through everyday social care - is reflected in public health approaches to bereavement care, including the Irish Bereavement Care Pyramid, which emphasises that most people are best supported through every day, informal care, with only a smaller proportion requiring specialist or clinical services (Aoun et al., 2018; Irish Hospice Foundation, 2024). From this perspective, grief is not viewed as a condition to be treated in most cases, but as a normal human response that can be significantly influenced by the quality of social and organisational environments.

Despite this evidence, grief in the workplace remains poorly understood and inconsistently supported. Organisational responses frequently rely on limited bereavement leave provisions, individual managerial discretion, or referral to employee assistance programs, while everyday interactions with colleagues often remain unaddressed. In many cases, discomfort with grief leads to avoidance, minimising language, or pressure to “return to normal,” which can inadvertently increase isolation and distress for grieving employees (Vickers, 2009; Pitimson, 2021).

Public health approaches to bereavement increasingly emphasise grief literacy, defined as the capacity of communities and organisations, to respond to loss with understanding, compassion, and appropriate boundaries (Aoun et al., 2018; Breen et al., 2020). Within this framework, workplaces are not expected to provide therapy. Rather, they are uniquely positioned to offer Level 1 support through acknowledgement of loss, respectful communication, flexibility, and environments that allow grief to be present without stigma. However, many workplaces lack shared language, confidence, and guidance for providing this foundational level of care. This study responds to this gap by seeking expert consensus on what effective workplace grief literacy training should prioritise and how organisations can strengthen Level 1 support so that most grieving employees are met with dignity, understanding, and care.

## **Aim of the Study**

The aim of this Delphi study was to establish expert consensus on the core aims, content priorities, theoretical frameworks, skills, and implementation principles required for effective workplace grief and bereavement training, with a particular focus on strengthening Level 1 grief literacy.

## **Methodology**

This study employed a Delphi methodology to facilitate structured consensus-building among experts in grief, workplace wellbeing, and organisational support. Delphi methods are well suited to areas where

empirical evidence is emerging, and expert judgement is required to inform practice development. The study was conducted across three rounds.

Participation was voluntary, and informed consent was obtained from all panel members prior to involvement. Participants were informed of the study purpose, the Delphi process, the use of anonymised data, and the intended use of findings for research, training development, and publication. Given the sensitive nature of grief and bereavement, particular care was taken to support psychological safety. Responses were anonymised across all rounds to encourage open expression and reduce perceived pressure to conform.

Consensus thresholds were defined *a priori*. Agreement was defined as at least 75% of panel members rating an item as “agree” or “strongly agree,” consistent with commonly cited Delphi methodology standards (Diamond et al., 2014). Areas that did not reach consensus were reported transparently rather than forced. The study does not claim clinical efficacy, diagnostic outcomes, or causal effects. Findings represent expert consensus on training priorities and implementation principles, not prescriptive or therapeutic guidance.

## **Expert Panel**

The expert panel comprised 21 participants with diverse professional and lived-experience backgrounds. Panel members included grief counsellors, psychologists, employee assistance practitioners, human resource professionals, organisational leaders, General Practitioner, community service providers, and individuals with lived experience of workplace grief. Participants were drawn from multiple countries, providing international perspectives across organisational, cultural, and policy contexts.

## **Data Collection and Delphi Rounds**

### **Round 1**

Round 1 consisted of open-ended questions designed to elicit expert perspectives on challenges associated with grief in the workplace, common organisational responses and shortcomings, essential knowledge and skills for workplace grief literacy, and priorities for training design and delivery. Responses were analysed thematically to identify recurring concepts and areas of convergence. These themes informed the development of structured statements for subsequent rounds.

## **Round 2**

In Round 2, participants were presented with structured statements derived from the thematic analysis of Round 1 responses. Participants rated their level of agreement using a Likert scale. Statements meeting the pre-defined consensus threshold of 75% agreement were retained.

## **Round 3**

Round 3 focused on statements that did not reach consensus in Round 2. These items were revised in response to panel feedback, with clarifications made to reduce ambiguity, avoid medicalising grief, and strengthen role boundary distinctions. Participants were then invited to re-rate the revised statements.

## **Results**

Strong consensus was reached across the expert panel regarding the purpose of workplace grief literacy training. Panel members agreed that its primary aim is to strengthen every-day, compassionate responses to grief in the workplace, rather than to pathologise grief, or rely on avoidance. There was clear agreement that grief should be understood as a normal, non-linear experience that may affect employees over extended and fluctuating periods.

Strong consensus also supported equipping staff with foundational knowledge and skills, including acknowledging loss, listening without fixing or minimising, and using respectful, non-judgemental

language. Panel members emphasised the importance of cultural awareness, clear role boundaries, and embedding training within organisational culture.

Clear agreement was reached that workplace grief literacy training should focus on Level 1 support, consistent with the Irish Hospice Foundation Bereavement Care Pyramid, with explicit guidance on when and how to refer individuals to additional organisational or external supports. Areas of lower consensus related to the inclusion of organisational risk, presenteeism, and detailed return-to-work planning in all-staff training.

Final agreement indicated that all staff should have a shared understanding of what a healthy, grief-informed return-to-work approach looks like, while detailed policy development, procedural design, and best-practice implementation should be addressed through a separate workshop for leaders.

However, consistent with principles of psychosocial safety leaders are expected to formally and informally consult workers on policies that may affect psychological health and safety. (Safe Work Australia)

Consensus also supported the inclusion of non-linear and relational grief frameworks to support understanding, including contemporary models that emphasise oscillation, continuing bonds, and meaning making, provided these are presented in accessible, non-pathologising ways appropriate for all-staff training

Taken together, these findings indicate strong expert consensus on the purpose, scope, and boundaries of workplace grief literacy training, with emphasis on Level 1, non-clinical support, foundational communication skills, and ethical role clarity, alongside clear delineation of content more appropriately addressed within leadership.

## **Ethical Considerations**

Ethical principles were embedded throughout the study design and Delphi process. Participation was voluntary, informed consent was obtained from all panel members, and responses were anonymised across all rounds. Given the sensitive nature of grief-related content, care was taken to support psychological safety and to maintain clear boundaries between workplace grief literacy and clinical care. No clinical or therapeutic claims are made.

## **Strengths and Limitations**

This study has several strengths. The Delphi methodology enabled structured consensus-building across multiple rounds while preserving participant anonymity and reducing the influence of dominant voices. The expert panel was intentionally multidisciplinary and international, incorporating professional expertise across grief counselling, psychology, employee assistance, human resources, organisational leadership, and community services, alongside lived experience of workplace grief. This diversity of perspectives strengthened the relevance, credibility, and practical applicability of the findings across a range of workplace contexts.

The study also has limitations inherent to consensus-based research. Findings reflect expert agreement rather than empirical evaluation of training effectiveness or workplace outcomes. The relatively small panel size, (22) while consistent with Delphi methodology and comparable to many successful Delphi studies, may limit the generalisability of findings across all organisational, cultural, or industry settings. As with all Delphi studies, the results should be interpreted as guidance to inform practice rather than definitive prescriptions, and future research is needed to evaluate implementation and impact in real-world workplace settings.

## **Conclusion**

This Delphi study established expert consensus on the aims, content priorities, and implementation principles of workplace grief literacy and bereavement training. Drawing on the collective expertise of an international and multidisciplinary panel, the findings reinforce the importance of strengthening

Level 1 workplace support through shared understanding, compassionate communication, clear role boundaries, and organisational responsibility.

By positioning workplaces as sites of everyday compassion rather than treatment, this study contributes to emerging literature on grief literacy as a public health and organisational imperative. The consensus framework provides an ethically grounded foundation for organisations seeking to respond to grief in ways that respect diversity, protect psychological safety, and support both individuals and workplaces over time.

### **Acknowledgements**

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## References

Australian Bureau of Statistics (2024), [Deaths, Australia](#)

Aoun, S. M., Breen, L. J., Howting, D. A., Rumbold, B., McNamara, B., & Hegney, D. (2018). Who needs bereavement support? A population-based survey of bereavement risk and support need. *Palliative Medicine*, 29(10), 899–910. <https://doi.org/10.1177/0269216314541975>

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20–28. <https://doi.org/10.1037/0003-066X.59.1.20>

Bonanno, G. A., Westphal, M., & Mancini, A. D. (2011). Resilience to loss and potential trauma. *Annual Review of Clinical Psychology*, 7, 511–535.

<https://www.annualreviews.org/content/journals/10.1146/annurev-clinpsy-032210-104526> Breen,

L. J., Aoun, S. M., O'Connor, M., Rumbold, B., & Halkett, G. K. B. (2020). Bridging the gaps in palliative care bereavement support: An international perspective on the development of compassionate communities. *Death Studies*, 44(7), 1–10. <https://doi.org/10.1080/07481187.2012.725451>

Diamond, I. R., Grant, R. C., Feldman, B. M., Pencharz, P. B., Ling, S. C., Moore, A. M., & Wales, P. W. (2014). Defining consensus: A systematic review recommends methodologic criteria for reporting of Delphi studies. *Journal of Clinical Epidemiology*, 67(4), 401–409. <https://doi.org/10.1016/j.jclinepi.2013.12.002>

Irish Hospice Foundation. (2024). *Making the case for good grief and bereavement care in the workplace*.

Pitimson, N. (2021). Work after death: An examination of the relationship between grief, emotional labour and the lived experience of returning to work after a bereavement. *Ageing & Society*. <https://doi.org/10.1177/1360780420946344>

Stroebe, M., Schut, H., & Boerner, K. (2017). Cautioning health-care professionals: Bereaved persons are misguided through the stages of grief. *Omega: Journal of Death and Dying*, 74(4), 455–473.

<https://doi.org/10.1177/0030222817691870>

Vickers, M. H. (2009). Journeys Into Grief: Exploring Redundancy for a New Understanding of Workplace Grief. *Journal of Loss and Trauma*, 14(5), 401–419.

<https://doi.org/10.1080/15325020902724198>