REMOVING THE MASK: WOMEN RETURNING TO WORK AFTER A DEPRESSION

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Canada

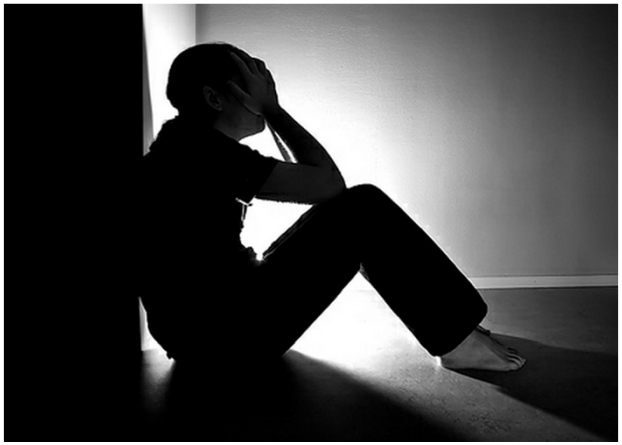
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LITERATURE ON DEPRESSION

- Urgent and complex
- Leading cause of disease worldwide
- 70% of one million Canadians with depression are working
- Productivity plummets
- More lost work days than any other medical conditions
- 5 to 10 times more common than other diseases
- Length of episodes longer
- Depression affects more women than men at a ratio of 2:1
- May be due to multiple roles



Purpose

- The purpose of this grounded theory study is to expand our gender-based knowledge, inform policy and practice by exploring the experiences and implications of workplace re-entry for women's health and well being following a lapse in employment due to depression.

Methodology

Qualitative Research

Grounded Theory

40 women who have returned to work after depression

Used an interview guide

Conversational approach

Pilot project with 10 women



Sample continued

- Convenience and purposive sampling techniques – posters, newspapers
- Wanted a community sample rather than a single workplace
- Sample included women from universities, hospitals, government offices, retail businesses, teachers, etc.

Sample

- 40 English speaking women over 19 years of age who have returned to work following depression. Age range 23 to 64. Mean age 46.5
- 19 Single – 21 Married
- One First Nation, 5 Francophone
- Ten were mothers
- Currently employed full-time, part-time or seasonal
- At least a 3 month lapse from work that was due to depression

Data Collection and Analysis

- Audio recorded interviews
- Transcribed verbatim
- Used data analysis platform Nvivo
- Line by line open coding
- Constant comparison
- Categories
- Theoretical sampling
- Theory development

The Depression Experience

- “Black Hole”
- Overwhelming Fatigue and Sadness
- Poor Memory and Inability to
  - Concentrate
- Changes in Eating and personal grooming
- Disinterest in Normal Activities



Depression and Work

- “Couldn’t get out of bed. Lived on the couch”
- “Got really behind at work. Couldn’t keep up
  - with e-mail”
- “Avoided social contact”
- “Had to put on a face”
- “Overwhelmed by the amount of
  - work”
- “Couldn’t focus”
- “No attention span”



“RELIEF THAT I DIDN’T HAVE TO GO OUT OF MY HOUSE”

“DIDN’T HAVE TO PUT ON A FACE”

“NO MORE ACTING”

“WORRIED ABOUT WHAT PEOPLE WOULD THINK”

“NO CONTACT FROM WORK”

Returning to Work

- “Need a gradual return”
- “Memory poor and no concentration”
- “No support. If I had had a broken leg there would have been support.”
- “Once you’re back the work is
  - piled on as if you’re fixed”
- “Was put at a desk with nothing
  - to do”

Returning to Work

- “I am at the end of a hallway and I don’t see anyone. I only see them if they go to the photocopier. I have nothing to do and no one to talk to. It is very strange. A broken boardroom chair that I’m sitting on and a 1960 desk. “ Interview 27

Barriers to Returning to Work

- Stigma and discrimination
- Fear of self-disclosing
- Concentration and memory issues

Stigma

- “Because once you are tagged with mental illness you’re a problem to the corporation. You are either going to be laid off or fired or you are just seen as somebody that cannot handle responsibility, that’s too fragile. I cannot tell you the amount of prejudice in the workplace.” Interview 3

"…ONE PERSON THAT I TOLD THAT I WAS OFF FOR ANXIETY AND DEPRESSION SAID OH YEAH WE'RE ALL STRESSED HERE BUT WE DON'T GET TO TAKE THE SUMMER OFF." INTERVIEW 1

Benefits to Returning to Work

- Economics
- Structure helpful in recovery
- Combats social isolation

Reoccurring Theme Battling Adversity

- Battling Depression
- Battling the Workplace
- Battling the Institution

- Institutional Focus
  - - institution
  - - workplace
  - - health care system

Battling Adversity

- “I was told by the insurance company that I had to return to work or my benefits would be cut off. I wasn’t ready but I went back. After my 30 day progressive return I met with HR and they told me that my corporate values differed from theirs and that they were laying me off. Then the security guard accompanied back to my office and I picked up my stuff. They gave me $25,000 dollars to shut up. I was disgusted but too weak to fight them.” Interview 7

Reoccurring Theme: The Active Practice of Silence

- Concealing their Depression
- Strategic Disclosure
- Secrecy within workplace



Concealing Depression

- “So I didn’t tell them I had a depression I just told them I had surgery, it’s easier that way.” Interview 8

Concealing Depression

- “I didn’t disclose. I had taken some time off and so they knew I was taking off for sick reasons, initially it was just vacation days and stuff like that and in all honesty I wasn’t getting any support.” Interview 6



Secrecy within Workplace

- “ Yeah, it’s the silence. If I had arthritis they would be saying hey you want to check out this book or that site but with depression it is so silent.” Interview 9

Secrecy in Workplace

- “ Part of my depression was a feeling of loneliness and so I’m still feeling lonely within my work environment. I’ve been back now for 3 weeks , nobody has come down to my office to see how I’m doing.” Interview1





The Multiple Masks of Depression

Nurse.

Nurse.

You may not see me but I am here.

Nurse.

If you want me to be happy I'll put on a smile.

If you think I am sad I'll put on that face too.

You see, I have many faces.

I aim to please.

Nurse.

Nurse.

Do you want to see the real me?

Come sit with me, hold my hand.

Let me know that you care.

Let me know that you want in.

Nurse.

I want to be seen.

Questions

