



# Psychosocial stressors and coping mechanisms of morticians during the COVID-19 pandemic: A qualitative study

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## **DECLARATION**

I, Omolemo Melissa Jabulile Mashaba, hereby declare that this study titled “Psychosocial stressors and coping mechanisms of morticians during the COVID-19 pandemic: a qualitative study” is my own study and has not been submitted to any tertiary institution previously. I would like to further declare that this is my own original work and that all the cited sources have been acknowledged and referenced in the study.

.....

Omolemo Melissa Jabulile Mashaba

Date: 18 September 2023

## **DEDICATION**

This study is dedicated to my greatest cheerleader, my father, Peter Mashaba. Your unwavering love, support and encouragement throughout my studies have been a tremendous inspiration.

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Jehovah our Heavenly Father – His boundless love and unending grace provided me with the strength and encouragement needed to successfully complete this enlightening study.

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## Table of Contents

|                                                                                               |            |
|-----------------------------------------------------------------------------------------------|------------|
| <b>DECLARATION.....</b>                                                                       | <b>ii</b>  |
| <b>DEDICATION .....</b>                                                                       | <b>iii</b> |
| <b>ACKNOWLEDGMENTS.....</b>                                                                   | <b>iv</b>  |
| <b>LIST OF APPENDICES .....</b>                                                               | <b>6</b>   |
| <b>LIST OF ACRONYMS AND ABBREVIATIONS .....</b>                                               | <b>7</b>   |
| <b>ABSTRACT.....</b>                                                                          | <b>8</b>   |
| <b>Background .....</b>                                                                       | <b>8</b>   |
| <b>Aim.....</b>                                                                               | <b>8</b>   |
| <b>Methodology.....</b>                                                                       | <b>8</b>   |
| <b>Results.....</b>                                                                           | <b>8</b>   |
| <b>Conclusion .....</b>                                                                       | <b>9</b>   |
| <b>CHAPTER ONE:.....</b>                                                                      | <b>10</b>  |
| <b>INTRODUCTION .....</b>                                                                     | <b>10</b>  |
| <b>1.1 Background of the study .....</b>                                                      | <b>10</b>  |
| <b>1.2 Problem statement.....</b>                                                             | <b>16</b>  |
| <b>1.3 Rationale of the study .....</b>                                                       | <b>18</b>  |
| <b>1.4 Research questions.....</b>                                                            | <b>19</b>  |
| <b>1.5 Aims and objectives of the study .....</b>                                             | <b>19</b>  |
| <b>1.6 Contribution of the study.....</b>                                                     | <b>19</b>  |
| <b>1.7 The setting of the study .....</b>                                                     | <b>20</b>  |
| <b>1.8 Definition of terms .....</b>                                                          | <b>21</b>  |
| <b>1.9 Structure of this mini-dissertation/outline of chapters .....</b>                      | <b>22</b>  |
| <b>1.10 Summary of the chapter .....</b>                                                      | <b>22</b>  |
| <b>CHAPTER TWO:.....</b>                                                                      | <b>23</b>  |
| <b>THEORETICAL FRAMEWORK AND LITERATURE REVIEW.....</b>                                       | <b>23</b>  |
| <b>2.1 Introduction .....</b>                                                                 | <b>23</b>  |
| <b>2.2 Theoretical framework.....</b>                                                         | <b>23</b>  |
| <b>2.2.1 The transactional model of stress and coping by Lazarus and Folkman (1987) .....</b> | <b>23</b>  |
| <b>2.3 Theoretical perspectives of stress and coping .....</b>                                | <b>26</b>  |

|                                                     |                                                                    |           |
|-----------------------------------------------------|--------------------------------------------------------------------|-----------|
| 2.3.1                                               | General adaptation syndrome by Hans Selye (1936) .....             | 26        |
| Stage 1: Alarm reaction .....                       |                                                                    | 26        |
| Stage 2: Resistance .....                           |                                                                    | 27        |
| Stage 3: Exhaustion .....                           |                                                                    | 28        |
| 2.3.2                                               | The repression-sensitisation theory of coping by Byrne (1961)..... | 28        |
| <b>2.4</b>                                          | <b>Literature review .....</b>                                     | <b>30</b> |
| 2.4.1                                               | The COVID-19 pandemic and the effect on morticians.....            | 30        |
| 2.4.2                                               | Triggers of stress experienced by morticians during COVID-19.....  | 33        |
| 2.4.3                                               | Psychosocial stress among morticians .....                         | 35        |
| 2.4.4                                               | Mortician psychosocial stressors .....                             | 37        |
| 2.4.5                                               | Coping mechanisms used by morticians .....                         | 40        |
| 2.4.6                                               | The impact of COVID-19 on coping mechanisms of morticians.....     | 44        |
| <b>2.5</b>                                          | <b>Chapter summary .....</b>                                       | <b>45</b> |
| <b>CHAPTER THREE: RESEARCH METHODOLOGY .....</b>    |                                                                    | <b>47</b> |
| <b>3.1</b>                                          | <b>Introduction .....</b>                                          | <b>47</b> |
| <b>3.2</b>                                          | <b>Research approach.....</b>                                      | <b>47</b> |
| <b>3.3</b>                                          | <b>Research design .....</b>                                       | <b>48</b> |
| <b>3.4</b>                                          | <b>Population and setting .....</b>                                | <b>50</b> |
| <b>3.5</b>                                          | <b>Sampling method .....</b>                                       | <b>51</b> |
| <b>3.6</b>                                          | <b>Participants of the study .....</b>                             | <b>52</b> |
| <b>3.7</b>                                          | <b>Data-gathering procedure.....</b>                               | <b>54</b> |
| <b>3.8</b>                                          | <b>Data-gathering method .....</b>                                 | <b>55</b> |
| <b>3.9</b>                                          | <b>Data analysis.....</b>                                          | <b>57</b> |
| Step one: Familiarising oneself with the data ..... |                                                                    | 57        |
| Step two: Generation of initial codes.....          |                                                                    | 58        |
| Step three: Searching for themes.....               |                                                                    | 59        |
| Step four: Reviewing the themes. ....               |                                                                    | 60        |
| Step five: Defining and naming themes.....          |                                                                    | 60        |
| Step six: Producing a report.....                   |                                                                    | 61        |
| <b>3.10</b>                                         | <b>Trustworthiness .....</b>                                       | <b>62</b> |
| Credibility .....                                   |                                                                    | 62        |
| Transferability .....                               |                                                                    | 62        |
| Dependability .....                                 |                                                                    | 63        |

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| Confirmability.....                                                                   | 64        |
| <b>3.11 Ethical procedures and considerations.....</b>                                | <b>64</b> |
| Informed consent.....                                                                 | 65        |
| Confidentiality .....                                                                 | 65        |
| Anonymity .....                                                                       | 66        |
| Privacy .....                                                                         | 67        |
| Debriefing.....                                                                       | 67        |
| <b>3.12 Chapter summary .....</b>                                                     | <b>68</b> |
| <b>CHAPTER FOUR:.....</b>                                                             | <b>69</b> |
| <b>FINDINGS AND DISCUSSIONS .....</b>                                                 | <b>69</b> |
| <b>4.2 Demographic information.....</b>                                               | <b>69</b> |
| <b>4.3 Themes and sub-themes.....</b>                                                 | <b>71</b> |
| <b>4.4 Discussion of themes and sub-themes .....</b>                                  | <b>72</b> |
| <b>Theme 1: Psychosocial stressors experienced by morticians. ....</b>                | <b>72</b> |
| Sub-theme 1: Death overload.....                                                      | 73        |
| Sub-theme 2: Insomnia.....                                                            | 74        |
| Sub-theme 3: Stigmatisation .....                                                     | 75        |
| Sub-theme 4: Social isolation.....                                                    | 77        |
| Sub-theme 5: Anxiety.....                                                             | 78        |
| <b>Theme 2: Work stressors morticians experienced.....</b>                            | <b>79</b> |
| Sub-theme 1: Trauma from work .....                                                   | 81        |
| Sub-theme 2: Fear of exposure and contracting the virus. ....                         | 82        |
| Sub-theme 3: COVID-19 regulations .....                                               | 84        |
| <b>Theme 3: Coping mechanisms by morticians.....</b>                                  | <b>85</b> |
| Sub-theme 1: Acceptance.....                                                          | 85        |
| Sub-theme 2: Avoidance.....                                                           | 87        |
| Sub-theme 3: Resilience.....                                                          | 88        |
| Sub-theme 4: External support.....                                                    | 89        |
| Sub-theme 5: Religion.....                                                            | 90        |
| <b>4.5 Chapter summary.....</b>                                                       | <b>92</b> |
| <b>CHAPTER FIVE:.....</b>                                                             | <b>93</b> |
| <b>SUMMARY OF FINDINGS, CONCLUSIONS, RECOMMENDATIONS AND CRITICAL REFLECTION.....</b> | <b>93</b> |
| <b>5.1 Introduction .....</b>                                                         | <b>93</b> |

|            |                                                           |            |
|------------|-----------------------------------------------------------|------------|
| <b>5.2</b> | <b><i>Synopsis of the study</i></b>                       | <b>94</b>  |
| 5.2.1      | <i>Research objective 1</i>                               | 94         |
| 5.2.2      | <i>Research objective 2</i>                               | 95         |
| <b>5.3</b> | <b><i>Strengths of the study</i></b>                      | <b>96</b>  |
| <b>5.4</b> | <b><i>Limitations of the study</i></b>                    | <b>97</b>  |
| <b>5.5</b> | <b><i>Recommendations</i></b>                             | <b>98</b>  |
| <b>5.6</b> | <b><i>Critical reflection on the study</i></b>            | <b>99</b>  |
|            | <i>Reflection on the research process</i>                 | 100        |
| <b>5.6</b> | <b><i>Chapter summary and conclusion</i></b>              | <b>102</b> |
|            | <b><i>References</i></b>                                  | <b>104</b> |
|            | <b><i>Appendices</i></b>                                  | <b>121</b> |
|            | <b><i>Appendix A: Informed Consent Form</i></b>           | <b>121</b> |
|            | <b><i>Appendix B: Interview Guide</i></b>                 | <b>126</b> |
|            | <b><i>Appendix C: Advertisement</i></b>                   | <b>127</b> |
|            | <b><i>Appendix D: COMPRES Approval Letter</i></b>         | <b>128</b> |
|            | <b><i>Appendix E: HREC Approval letter</i></b>            | <b>130</b> |
|            | <b><i>Appendix F: NDFA Goodwill Permission Letter</i></b> | <b>132</b> |

## LIST OF TABLES

|                                                                                                                          |    |
|--------------------------------------------------------------------------------------------------------------------------|----|
| <b>Table 1:</b> Summary of psychosocial stressors reported in various literature .....                                   | 39 |
| <b>Table 2:</b> Summary of the four main coping mechanisms.....                                                          | 43 |
| <b>Table 3:</b> Demographic profile of the sample by occupation and sex (n = 10).....                                    | 70 |
| <b>Table 4:</b> Demographic profile of the sample by occupation and age (n = 10) .....                                   | 70 |
| <b>Table 5:</b> Demographic profile of the sample by occupation and marital status (n = 10).....                         | 70 |
| <b>Table 6:</b> Demographic profile of the sample by occupation and duration of employment at the mortuary (n = 10)..... | 71 |
| <b>Table 7:</b> Themes and sub-themes .....                                                                              | 71 |

## **LIST OF APPENDICES**

|                                              |     |
|----------------------------------------------|-----|
| Appendix A: Informed Consent.....            | 118 |
| Appendix B: Interview Guide.....             | 123 |
| Appendix C: Advertisement.....               | 124 |
| Appendix D: COMPRES.....                     | 125 |
| Appendix E: HREC Approval.....               | 127 |
| Appendix F: NFDA Permission Letter.....      | 129 |
| Appendix G: Language Editor Declaration..... | 130 |

## LIST OF ACRONYMS AND ABBREVIATIONS

| Abbreviation/Acronym | Meaning                                  |
|----------------------|------------------------------------------|
| COMPRES              | Community Psychosocial Research          |
| COVID-19             | Coronavirus Disease 2019                 |
| GAS                  | General Adaptation Syndrome              |
| HREC                 | Health Research Ethics Committee         |
| IPA                  | Interpretative Phenomenological Analysis |
| NFDA                 | National Funeral Directors Association   |
| PPE                  | Personal Protective Equipment            |
| PTSD                 | Post-Traumatic Stress Disorder           |
| WHO                  | World Health Organization                |

## **ABSTRACT**

### **Background**

The coronavirus disease 2019 (COVID-19) outbreak was declared a pandemic by the World Health Organization (WHO) in March 2020. Measures were put in place to contain the spread of the virus. These measures included social distancing, wearing of masks, curfew, and prohibition of gatherings. Since then, the COVID-19 death toll in South Africa continued to rise exponentially, thus putting more pressure on funeral parlours and their morticians. The drastic increase in deaths thus overwhelmed the funeral parlours, precipitating stress for morticians. Due to the psychosocial stressors that morticians are exposed to, they resort to coping mechanisms to handle their daily lives. Few studies have examined the psychosocial stressors and coping mechanisms of morticians during the COVID-19 pandemic within the South African context.

### **Aim**

The present study aimed to explore the psychosocial stressors morticians experienced as well as their methods of coping during the COVID-19 pandemic in the North West province.

### **Methodology**

The study employed a qualitative approach. An interpretative phenomenological analysis (IPA) design was utilised. Semi-structured interviews were conducted to collect data, sampling a total of 10 morticians using purposive sampling techniques. The interviews were audio-recorded, transcribed verbatim and translated. The data were then analysed using thematic analysis.

### **Results**

The findings of the study revealed that morticians struggled with psychosocial stressors during the COVID-19 pandemic. The psychosocial stressors were death overload, insomnia, stigmatisation, social isolation, and anxiety. The work stressors that exacerbated the psychosocial stressors include trauma from work, fear of exposure and contracting the virus, and

COVID-19 regulations. The findings further indicate that although morticians experienced a variety of stressors, they utilised coping mechanisms. These coping mechanisms include acceptance, avoidance, resilience, external support, and religion.

## **Conclusion**

The COVID-19 pandemic caused a variety of stressors for morticians and literature regarding an understanding of their specific challenges in the South African context is limited. This study offers valuable insight into morticians' psychosocial stressors and their coping mechanisms during the COVID-19 pandemic. The experiences of these participants underscore the critical importance of promoting social inclusion and facilitating opportunities for morticians to express themselves and bring awareness to the general public. It is thus recommended that mortuary governing boards need to develop awareness programmes and counselling services for morticians. Therefore, this study sheds light on the importance of mental health services for morticians during difficult times such as the pandemic.

**Keywords:** coping mechanisms, COVID-19, morticians, pandemic, psychosocial stressors

## CHAPTER ONE:

### INTRODUCTION

#### 1.1 Background of the Study

*“The funeral director operates in a market with a seemingly endless source of supply – death will always occur, and this service will always be required” (Parsons, 2003, p. 70).*

The significance of funerals was emphasised during the COVID-19 pandemic declared by WHO in March 2020. (Ciotti et al., 2020). COVID-19, a severe respiratory disease mostly affecting the lungs (Vidua et al., 2020), first appeared in Wuhan, China, before quickly spreading worldwide (Chandra & Vanjare, 2020).

In South Africa, COVID-19 was declared a state of disaster on 15 March 2020 (South Africa. Department of Co-operative Governance and Traditional Affairs, 2020). The first case of COVID-19 in South Africa was reported in March 2020. The traveller had returned from Italy and was diagnosed on 5 March 2020 (Abdool Karim, 2020); the government then implemented a national lockdown with different levels. There were five different levels that focused on restrictions on leisure and social activities to prevent a resurgence of the virus. The criteria for determination of alert levels in South Africa included the following:

“Alert level 1” indicates a low COVID-19 spread with high health system readiness. “Alert level 2” indicates a moderate COVID-19 spread with high system readiness. “Alert level 3” indicates a moderate COVID-19 spread with moderate health system readiness. “Alert level 4” indicates a moderate to high COVID-19 spread with a low to moderate health system readiness. “Alert level 5” indicates a high COVID-19 spread with a low health system readiness (South Africa. Department of Health, 2020).

Measures were put in place to contain the spread of the virus. These measures included social distancing, wearing of masks, curfew, and the prohibition of gatherings (Pillay et al., 2020). Since then, the COVID-19 death toll in South Africa continued to rise exponentially, thus putting more pressure on funeral parlours and their morticians. On 31 March 2020, the total number of confirmed COVID-19 cases was 1 353, with Gauteng being the province with the most total cases (Department of Health, 2021). On 19 May 2020, South Africa recorded 17 200 COVID-19 cases (Department of Health, 2021). South Africa reported 1.65 million of COVID-19 cases, 1.55 million individuals who had recovered and 56 416 deaths by 29 May 2021. These numbers continued to rise (COVID-19 Coronavirus South African Resource Portal, 2021). The drastic increase in deaths overwhelmed the funeral parlours, precipitating stress for morticians. On 20 July 2020, a cumulative total of 373 628 confirmed COVID-19 cases in South African were recorded, with a total number of deaths of 5 173. On 27 December 2020, a total of 1 004 413 cases were reported, with the total deaths being 26 735 and North West reporting 1 949 of those deaths. On 30 March 2021, the cumulative COVID-19 cases were 1 546 735, with 78 deaths reported on the day (Department of Health, 2021). The increase in deaths may have resulted in the morticians' having to adapt quickly in their response to safe burials. With an increase in deaths and the fear that surrounded COVID-19, morticians may have experienced some form of stress.

Individuals working in areas such as hospitals, clinics or mortuaries are at an increased risk of getting infected with COVID-19 due to their continuous contact with those who have contracted the virus (Stawicki et al., 2020). Moosavi et al. (2023) reported a 23.5% increase in occupational exposure to COVID-19 attributing it to their involvement in various clinical procedures and close contact with the virus. In addition, a study conducted

by Vizheh et al. (2020) further elaborated that those frontline workers who operated in high infection rate areas experienced severe degrees of all psychological symptoms. Presently, there is limited information related to the psychosocial impact COVID-19 has on South African's frontline workers, specifically morticians (Greenberg et al., 2020).

Mortuaries are often perceived as enigmatic, sombre and intimidating places that many are disinclined to work in (Sirohiwal et al., 2011). Soria Batista and Codo (2018) discussed that morticians experience quite a substantial amount of stigma due to their immersion in human remains. Morticians spend a significant amount of time working with deceased individuals and are often undervalued for their contributions to society (Mridula & Ganesh, 2016). Morticians have always been faced with stressful situations due to their line of work; constantly being around dead bodies may take a toll on their psychological health as they often see traumatic injuries and have to console grieving family members (Brysiewicz, 2007). Although their line of work is recognised for stressful situations, the COVID-19 pandemic exasperated several issues. According to Afifi et al. (2023), 77% of morticians expressed that their greatest challenge, since the beginning of the pandemic, is the stigma they face within communities. Furthermore, social support varied according to the gender of the mortician. Afifi et al. (2023) found that male morticians received more social support from family members than female morticians. Cabarkapa et al. (2020) elaborated that due to the perceived stigma from society, morticians were at risk of acquiring stress-related disorders, such as depression, anxiety, and isolation.

Kogler et al. (2015) defined psychosocial stressors as life situations caused by social threat, social evaluation and exclusion that create an unusual or intense level of stress that may contribute to the development or aggravation of mental disorder, illness, or maladaptive behaviour. Therefore, Goldenhar et al. (2001) reported a link between these

stressors with depression and anxiety. Kurz (2018) identified three stages during which morticians experience stress. These stages are during the preparation, the process, and the aftermath of handling human remains. Van Overmeire et al. (2021) supported previous research by reporting that during COVID-19, morticians experienced high levels of stress and others were diagnosed with depression (Bensimon, 2021). Kurz (2018) further stated that morticians often face stressors, such as work-related demands in the form of work accumulation and court appearances; reminders about work incidents on the news; threats to health and well-being and continuous physical contact with human remains. McCarroll et al. (1993) together with Keller et al. (2007) and McCormack (2015) further elaborated on these three stages by adding that during the before period, the anticipation that morticians faced due to the lack of information on the nature of the death often aroused stress for the morticians. During the exposure period, McCormack (2015) found that multi-sensory stimulation, which includes sights, sounds, tactile and smells, was found to be disturbing during this stage.

The mass quarantine experienced worldwide during the COVID-19 outbreak created a spread of fear and pervasive community anxiety (Serafini et al., 2020). The community was exposed to anxiety-provoking topics related to the pandemic crisis, such as mass casualty, inconsistent information from public health authorities and lockdown, thus leading to mental health consequences such as stress, anxiety and depression on a global scale (Serafini et al., 2020). Furthermore, the unpredictability, lockdown regulations and limited access to basic services increased the risk factors for mental health issues across the globe (Moreno et al., 2020). Morticians faced mental health issues such as burnout and compassion fatigue, due to dealing with mass casualty during a pandemic and showed an increase in stressors.

Although one can assume that morticians faced immense stressful circumstances during this pandemic, one needs to also understand the different coping mechanisms, both positive (adaptive) and negative (maladaptive), that they put in place to work efficiently and live a healthy life. Patwary (2010) discovered that morticians were able to cope with their stresses by developing positive coping mechanisms such as receiving emotional benefits from soothing grieving relatives and negative coping mechanisms such as the consumption of alcohol. Moreover, Kar et al. (2021) indicated that coping mechanisms such as sharing feelings with others, remaining busy, having faith, humour, speaking with bereaved relatives and hoping for the best were often used during the COVID-19 pandemic. Positive coping mechanisms can involve problem-solving and seeking information, while negative coping mechanisms may include distraction, withdrawal, wishful thinking and substance use (Kurz, 2018). Gurvich et al. (2021) asserted that positive self-talk, humour and acceptance were the coping strategies related with improved mental health, while substance use, self-blame, self-distraction and behavioural disengagement related to poor mental health. Due to certain restrictions put in place such as social distancing and limiting contact with the human remains of those who were infected by COVID-19, one could question certain coping mechanisms (positive reframing, substance abuse or avoidance) morticians used during the pandemic and whether they were the most adaptable (Holland et al., 2021). Baqutayan (2015) defined coping as an individual's cognitive and behavioural efforts to manage, reduce or endure environmental demands, whether positive or negative. Individuals often use certain coping mechanisms to deal with stressors in one's life (Baqutayan, 2015). Kurz (2018) identified the following coping mechanisms used by morticians: emotional coping mechanisms such as venting, the pleasure of helping others or suppression of sorrow, seeking support, the use of substances, and exercise. With

restrictions of human interaction, and the increasing work pressures morticians face, it may thus be inevitable that they experience an imbalance in their lives, thus leading to burnout (Van Overmeire et al., 2021).

Moreover, a study conducted in China by Duan et al. (2020) indicated that different coping mechanisms were measured to be important mediators in the relationship between stress and emotion, and that certain stressors, such as everyday problems, showed increased positive social response. Little research has been done on morticians that have yielded similar outcomes (Gurvich et al., 2021; Shamblaw et al., 2021). According to Goldenhar et al. (2001), the psychosocial stressors experienced by morticians include working with remains, counselling bereaved families, social isolation, and discrimination. Furthermore, Van Overmeire and Bilsen (2020) stated that due to the high demands of morticians' work, the over-exposure to death and the challenges they faced during the COVID-19 pandemic, has had a significant impact on morticians' mental health. An online survey done in Belgium by Van Overmeire et al. (2021) indicated that morticians experienced a significant increase in stress as they feared infecting their family and friends with COVID-19, and the risk of developing post-traumatic stress disorder was significant. The question of whether morticians face psychosocial stressors in their work environment and how they cope with them is a complex and nuanced issue. There are varying opinions on the matter, with some arguing that the nature of the job itself can create stress (Van Overmeire & Bilsen, 2020) and others contending that it depends on the individual (Gurvich et al., 2021). In addition, the effectiveness of coping mechanisms utilised by morticians is up for debate, with some being viewed as adaptive and others as maladaptive (Kar et al., 2021).

## 1.2 Problem Statement

The COVID-19 pandemic has caused morticians to become overburdened due to the high volumes of deaths (Van Overmeire & Bilsen, 2020). This has resulted in an increased risk of becoming infected when embalming a corpse (Okafor & Chia, 2021). During the beginning of the pandemic, guidelines were constantly changing, resulting in morticians' feeling confused. The limited knowledge of the virus and heightened stress may have impacted the mental health of morticians (Van Overmeire & Bilsen, 2020). A study done by Lebina et al. (2019) indicated that the number of funerals, the high demands of the job and over-exposure to death can lead to a negative impact on the mortician's mental health.

Contact with human remains for morticians has been associated with negative major health outcomes such as burnout and compassion fatigue, which can have crippling effects (Nöthling et al., 2015). After the first wave of the pandemic, morticians reported experiencing higher levels of burnout (Dwyer et al., 2021; Van Overmeire, et al., 2021). A study done in the United States of America stated that morticians admitted that they feel some degree of stress when dealing with mass causality (Flynn et al., 2015). This can, therefore, indicate that morticians are often faced with stressors in their working career. Flynn et al. (2015) stated that morticians face unique psychosocial stressors such as direct exposure to remains, dealing with the family of the deceased, and the personal effects of the deceased, which could have increased during the pandemic. A study done in Belgium by Van Overmeire et al. (2021) indicated that morticians felt more stress during COVID-19 than before the pandemic. This is supported by a study done in South Africa that expressed that morticians are often subjected to stigma due to their occupation, leading to morticians' needing to employ several coping mechanisms to cope with the emotional and physical stress that they experience (Nel, 2002). However, another study that was done in Namibia

stated that the mortician's coping mechanisms at the time the research was done had a potential impact on promoting well-being and reducing vulnerability (Kurz, 2018). Morticians that participated in a study done in Nigeria stressed the need for good occupational safety to reduce infectious hazards (tuberculosis, hepatitis B and hepatitis C) as well as psychosocial hazards (stress, stigmatisation, depression, substance abuse) (Pobari & Obiechina, 2021). One thus wonders about the effect that the COVID-19 pandemic would have on the mortician's coping mechanisms. In addition, a study done in KwaZulu-Natal explored the lived experience of working in a mortuary; the research found that morticians experienced significant stress when faced with a crisis, which led to maladaptive, self-defeating, neurotic avoidant coping mechanisms such as alcohol abuse (Brysiewicz, 2007). Thus, the issue of whether the COVID-19 pandemic has increased or reduced maladaptive, self-defeating or neurotic coping strategies is presented in this study.

According to Goldenhar et al. (2001), the psychosocial stressors experienced by morticians are caused by working with remains, counselling bereaved families, social isolation and discrimination. This study subsequently focused on understanding morticians' psychosocial stressors and coping mechanisms to narrow the research gap, as there is a lack of information regarding morticians' psychosocial stressors as well as their coping mechanisms during the COVID-19 pandemic in the South African context.

Although limited studies have been done in South Africa about the psychosocial stressors that morticians endure, one can only wonder about the psychosocial stress morticians are facing during the COVID-19 pandemic, thus making this research a necessity. A few studies have been conducted in South Africa regarding the impact COVID-19 has had on morticians. The absence of insight about morticians' experiences during the COVID-19 epidemic restricts the identification of potential psychosocial areas of concern. Additionally,

due to the limited information on morticians' psychosocial and coping mechanisms, the development of preventative designs and supportive structures to address the mortician's psychosocial stressors remains obscure. This study accordingly plans to understand the various psychosocial stressors that morticians endured and coping mechanisms utilised during the COVID-19 pandemic, specifically in the North-West province.

### **1.3 Rationale of the Study**

The emergence of the COVID-19 pandemic has demanded considerable changes in morticians' regular practices. Individuals prepared for a return to normalcy, while pandemic-induced measures introduced psychosocial stressors that tested their regular coping mechanisms. In response to this changing circumstance, this study explores the psychosocial stressors encountered by morticians in the North-West province and the ways they coped with these stressors during the COVID-19 pandemic.

In recognising the importance of good coping mechanisms for reducing psychosocial stressors, much of the previous research has concentrated on frontline healthcare personnel such as doctors and nurses. However, this leaves a gap in the understanding of how COVID-19 will affect other crucial professions, such as morticians. Although some research has investigated changes in funeral protocols during the pandemic, there has been a lack of research into the stress encountered by morticians and their coping methods.

As a result, the purpose of this study is to shed light on the relationship between COVID-19 and psychosocial stress, as well as COVID-19 and coping mechanisms of morticians in the North-West region. The current study adds to the body of knowledge, especially considering the scarcity of literature on psychosocial stressors and coping

mechanisms of morticians during the COVID-19 pandemic in the South African context.

#### **1.4 Research Questions**

The research questions for this study were:

1.4.1 What are the psychosocial stressors that morticians are facing during the COVID-19 pandemic?

1.4.2 How are morticians coping with the psychosocial stressors during the COVID-19 pandemic?

#### **1.5 Aims and Objectives of the Study**

The aim of the study is to explore the psychosocial stressors morticians experienced and their methods of coping during the COVID-19 pandemic in the North-West province.

##### ***Objectives of the study***

The research objectives include:

1.5.1 To explore psychosocial stressors that morticians face during the COVID-19 pandemic.

1.5.2 To investigate the coping mechanisms that morticians use during the COVID-19 pandemic.

#### **1.6 Contribution of the Study**

This study is likely to carry both theoretical and practical implications. The argument of the study is that the findings reflect trends in psychosocial stress and coping techniques utilised by morticians during the COVID-19 pandemic. As a result, professionals dealing with stress and coping have a greater understanding of morticians' stress and coping behaviour.

Furthermore, the findings of this study could be used to raise knowledge about how to manage stress, thus advancing psychoeducation and psychological interventions. The findings of this investigation contributed to the existing literature on psychosocial stressors and coping mechanisms of morticians during the COVID-19 pandemic in the South African context.

### **1.7 The Setting of the Study**

The study took place in the North-West province, with a focus on Rustenburg and Mahikeng. North-West is in the central north of South Africa, with Botswana in the north, Limpopo and Gauteng in the east, Free State in the south and Northern Cape in the west. North West's mortality profile is based on an average of 25 246 male and 19 931 female deaths (Department of Statistics South Africa, 2011). North-West is meant to serve a population of 4 186 984, with the majority being black Africans (Department of Statistics South Africa, 2011). Rustenburg and Mahikeng were two of the areas which were mostly affected by COVID-19 within the North-West province. Morticians were part of the frontline workers who had more direct exposure to the COVID-19 than the general population. Morticians in this area were overwhelmed by workload during the pandemic. These factors of increased workload and high exposure to the COVID-19 affected the morticians' well-being (Hicks et al., 2022; Van Overmeire et al., 2022). Similarly, morticians across the world were affected by the pandemic, of which South African morticians were no exception (Afifi et al., 2023).

## 1.8 Definition of Terms

1.8.1 **Psychosocial stressors** are a state in life that puts one under an unusually high level of stress that could lead to the onset or escalation of a mental disorder, a sickness or maladaptive behaviour (Kogler et al., 2015). These may include life-changing situations such as death, a natural catastrophe or a prolonged competitive work environment (American Psychological Association [APA], 2023). The psychosocial stress that a person experience is a result of the interplay between their internal experiences, such as thoughts, emotions and coping mechanisms, and their external environment, including relationships, work and culture.

1.8.2 **Coping mechanisms** are any efforts, healthy or pathological, conscious, or unconscious, to prevent, remove or weaken stresses or to tolerate their effects in the least harmful way possible (Baqtayan, 2015). Coping mechanisms are critical for morticians during the COVID-19 pandemic since they encounter particular challenges and emotional strains.

1.8.3 **Morticians** are individuals whose job entails the burial or cremation of the dead, as well as the arrangements for the funeral ceremony (Cambridge Dictionary, 2021). The role of a mortician includes handling and preparing bodies, as well as engaging with bereaved families (McClanahan, 2020). Morticians had direct contact with COVID-19 bodies.

1.8.4 **Pandemic** is the widespread of a disease or disorder that occurs globally or over a big geographic area, crosses international borders, and usually affects a significant number of people (Kelly, 2011). The pandemic, which frequently refers to the global COVID-19 pandemic caused by the transmission of the new

coronavirus, has had serious consequences for morticians.

**1.8.5 Coronavirus Disease of 2019 (COVID-19)** is a severe respiratory illness caused by the corona virus, affecting the respiratory system, particularly the lungs (Vidua et al., 2020). COVID-19 is the disease that caused many fatalities, thereby leading to increased workload for morticians.

### **1.9 Structure of this Mini-dissertation / Outline of Chapters**

The research study titled “Psychosocial stressors and coping mechanisms of morticians during the COVID-19 pandemic: a qualitative study” follows the following sequence.

The first chapter contextualised and described relevant concepts related to the study. Chapter Two analyses and critiques existing literature about theories and concepts which include psychosocial stressors coping mechanisms and the impact COVID-19 had on these concepts. In Chapter Three, the research design and methodology, as well as ethical considerations, are discussed. Chapter Four reports on the findings that were generated, and the synthesis and explanations of the qualitative findings are discussed. The summary of findings, conclusions, limitations and recommendations are presented in Chapter Five.

### **1.10 Summary of the Chapter**

Chapter One provided an introduction and overview of the study. It unpacked the COVID-19 pandemic, morticians and their role during the COVID-19 pandemic. This chapter further discussed the problem statement, rationale of the study, research objectives and questions, the setting of the study and definition of terms. Chapter Two provides an overview of the theoretical framework and literature review.

## **CHAPTER TWO:**

### **THEORETICAL FRAMEWORK AND LITERATURE REVIEW**

#### **2.1 Introduction**

The preceding chapter provided an overview of the entire study. This chapter provides a general background for the research by providing a brief review of relevant studies. This literature study aims to contextualise the results and findings presented in Chapters Four and Five respectively. In doing so, the chapter begins with the theoretical framework and perspectives. It further investigates the background of the COVID-19 pandemic and the role morticians played. This is then followed by a brief explanation of stress followed by psychosocial stress and its effect on morticians. This chapter further explains the history of coping mechanisms followed by the way morticians cope during the COVID-19 pandemic.

#### **2.2 Theoretical Framework**

##### ***2.2.1 The transactional model of stress and coping by Lazarus and Folkman (1987)***

Significant life experiences and uncertainty such as illness, death and changes in the work environment could be a considerable source of distress for morticians. Mokhoali (2021) expressed that morticians were under tremendous strain during the COVID-19, as a result of the large number of burials they had to undertake.

The transactional model of stress and coping developed by Lazarus and Folkman proposes that stress is seen as a relationship or transaction between the individual and their environment (Krohne, 2002). Based on the impact of an external stressor, this model describes the process of stress as it is mediated by cognitive assessments and coping

mechanisms. For instance, the external stressor in this case is the COVID-19 pandemic. Morticians may have viewed it as a significant stressor due to its health risks and disruptions to daily life. Through assessing the risk COVID-19 poses, individuals evaluate their available resources and coping mechanisms such as access to healthcare, personal health and social support networks. Therefore, the transactional model identifies two processes as central mediators within the person-environment transaction, namely cognitive appraisal and coping. Cognitive appraisal is the personal perception of an event that ultimately impacts the degree to which the situation is seen as stressful (Campbell et al., 2013). Accordingly, this implies that, depending on how each person perceives the stressful scenario in question, what is difficult to one person may not be stressful to another. Therefore, some morticians may have access to good healthcare, while others may not. Some may have chronic conditions which increase their risk of fatality, while others do not have a good social support structure. All these factors play a role in how the stress is perceived.

Lazarus and Folkman's theory emphasises that there are two types of appraisals, namely primary and secondary appraisals. According to Cooper and Quick (2017), the primary appraisal is the initial assessment a person makes after being exposed to a stressful situation. This assessment evaluates whether the situation is a threat, a challenge or a loss (Cooper & Quick, 2017). Throughout the COVID-19 pandemic, the world viewed the pandemic as a threat or harm. According to Silinda (2019), threat or harm appraisals apply to transactions that have the potential to harm and elicit unfavourable emotions. McCarty et al. (2023) reported that individuals experienced COVID-19 as threatening and harmful, which led to reduced mental well-being, lower levels of life satisfaction and greater negative affect. When a situation or event is deemed extremely relevant and potentially harmful to an individual's well-being and objectives, they are likely to experience intense

emotions in response to that situation or incident (Gorban et al., 2016). For instance, when the world found out that COVID-19 corpses still carry the infection, civilians may have interpreted this information as a challenging appraisal, while morticians evaluated this information as highly relevant and a threat to their well-being and occupational objectives. Morticians may have evaluated this as a threat due to the risk of infection being high, while also viewing it as a challenge due to the increase in pandemic deaths, which resulted in an increase in their workload.

Individuals consider the information significant and potentially harmful to their well-being and objectives, and they are more likely to engage in secondary appraisal. This means that the mortician would assess whether they can cope with the stressor effectively. Secondary appraisal refers to the individual's cognitive assessment of the resources available to them that are relevant to coping (Cooper & Quick, 2017). These resources for morticians can involve a good working environment, following COVID-19 protocols, a good support system and access to healthcare. This includes evaluating their coping style, available resources and situational variables (Cooper & Quick, 2017). During the second appraisal, an individual will begin to process if they could cope with the situation by balancing the risks, difficulty and uncertainty while exploring the perceived available resources. For instance, morticians may evaluate the increased workload and their proximity to a body that hosts a highly transmittable disease and feel that they do not have control over the situation and believe they may be infected with COVID-19. The first and second appraisals thus have an impact on the coping mechanisms chosen.

## **2.3 Theoretical Perspectives of Stress and Coping**

### **2.3.1 *General adaptation syndrome by Hans Selye (1936)***

The general adaptation syndrome (GAS) was developed by Selye; it evaluates the individual's response to stress (Cooper & Quick, 2017). Selye maintained that when a change transpires or is introduced into the body due to stress, the human body can restore homeostasis (Cunanan et al., 2018). GAS offers a perspective to comprehend how one's body reacts and adjusts to stress, whether physical or psychological. To maintain homeostasis, the body employs a hormonal system known as the fight-or-flight response. Furthermore, Selye believed that the human body possesses resources that allow it to adapt and maintain a state of homeostasis (Gorban et al., 2016). This includes the three stages, which are alarm reaction, resistance and exhaustion. To maintain homeostasis, the body navigates the three stages of the GAS to allow the body to adjust to any hazard or uncertain events to guarantee survival. These stages illustrate the physiological and psychological reactions that happen when the body encounters different stressors. The three stages have been applied to morticians' experiences, as discussed next.

#### ***Stage 1: Alarm reaction***

The first stage refers to the initial shock phase, which involves activating the sympathetic nervous system shortly after a stressful event. When exposed to a stressor, the body senses it as a threat and initiates the "fight-or-flight" reaction (Cunanan et al., 2018). The sympathetic nervous system becomes hyperactive, generating stress chemicals such as cortisol and adrenaline. Higher heart rate, heightened senses and higher blood pressure ensue, preparing the body for urgent action (Gorban et al., 2016). During the news of the pandemic outbreak, people experienced the alarm reaction mode. The surge in anxiety,

uncertainty about the virus, and the sudden increase in COVID-19-related deaths heightened concerns about personal safety and health. With new regulations put into place in mortuaries, such as Personal Protective Equipment (PPE), wearing of masks, and changes in burial traditions, morticians experienced an alarm response. With heart rates increasing and stress hormones surging, morticians felt a rush of energy as they adapted to the sudden change in their daily routines.

### ***Stage 2: Resistance***

The body reaches the resistance stage if the stressor persists. The body attempts to adapt and cope with the persistent stressor throughout this phase. After the initial shock of the alarm stage has worn off, the body's physiological responses begin to stabilise to some extent (Cunanan et al., 2018). The adrenal glands continue to produce stress hormones, at a lower level than during the alarm stage. The body directs its resources towards dealing with the stressor, and several physiological systems remain activated to maintain a state of readiness (Gorban et al., 2016).

As the pandemic prolonged and regulations constantly changed, morticians may have experienced feelings of confusion and the stress may have persisted. During this phase, morticians may have stabilised in their new work routine while finding ways to cope with the workload. In addition to the rise in deaths, morticians faced longer work hours and had to find ways to stay productive despite the stress of uncertainty and isolation. Additionally, health precautions like wearing masks, maintaining distance, and wrapping coffins became routine habits to protect themselves and their clients. As a result, their bodies adapted to these practices over time.

### ***Stage 3: Exhaustion***

The exhaustion stage can occur if the stressor persists for an extended amount of time or if the body fails to adjust properly during the resistance stage. During this stage, the body's resources are drained, and the ability to cope with the stressor is significantly reduced (Cunanan et al., 2018). The physiological mechanisms that were first stimulated in the body become impaired. Prolonged stress hormone exposure can result in a variety of physical and psychological health issues, including exhaustion, burnout, anxiety, sadness and even sickness (Gorban et al., 2016). This may be evident in morticians, as the prolonged exposure to the stressors experienced during the pandemic may result in compassion fatigue, burnout and anxiety (Miguel-Puga et al., 2021; Overmeire et al., 2022; Sritharan & Sritharan, 2020).

Morticians have been facing a great deal of strain due to the ongoing demands caused by COVID-19 fatalities. The combination of emotional stress, long working hours and constant exposure to high-stress situations has led to physical and mental exhaustion, ultimately impacting their overall well-being. Additionally, many morticians have been forced to isolate themselves from the public because of quarantine or social distancing measures, leading to chronic loneliness and limited social interaction. Finally, the constant exposure to grief and loss can also contribute to morticians' experiencing burnout.

#### ***2.3.2 The repression-sensitisation theory of coping by Byrne (1961)***

The repression-sensitisation coping theory is a psychological theory that examines how people cope with and respond to stress and traumatic situations. Krohne (2002) suggested that humans have several coping methods, which can be broadly classified as either repressive or sensitising.

Repression is a coping technique characterised by an individual's inclination to avoid or suppress stressful or distressing thoughts, memories, and feelings (Krohne, 2002). Individuals who utilise repression frequently engage in denial and downplay or minimise the event's influence on their psychological well-being (Hock & Kohlmann, 2020). They may also be reluctant to seek social support and demonstrate low levels of self-disclosure. For instance, morticians may isolate themselves or avoid talking about the stressors they face at work with loved ones to "forget" or not engage with their feelings or thoughts. This can manifest as trying to avoid thinking about the potential dangers their job entails, and the uncertainties they face as morticians. Furthermore, by avoiding negative emotions such as fear, anxiety and sadness, morticians might engage in activities that distract them from their reality such as excessive work or social isolation.

Sensitisation, however, is a coping mechanism defined by increased emotional and cognitive processing of stresses and traumatic experiences (Krohne, 2002). Individuals who engage in sensitisation tend to challenge and interact with the emotional aspects of the situation (Hock & Kohlmann, 2020). They may feel deep emotions and be more inclined to express and discuss their feelings. Individuals who engage in sensitisation are more prone to seek social assistance and engage in problem-solving tactics. For instance, morticians who would engage in sensitisation would feel more inclined to speak to co-workers and family members about their experience or engage in religious activities such as prayer and talking to leaders of the church to express their challenges and emotions in order to find meaning.

Individuals use these coping techniques to manage distress and safeguard their psychological well-being. Although repressive coping is regarded to be a defence strategy

designed to alleviate acute distress, it may have long-term detrimental implications such as increased physiological arousal and reduced psychological adjustment (Hock & Kohlmann, 2020). Sensitisation coping, however, is thought to improve psychological adaptation by allowing people to absorb and integrate their feelings and experiences (Hock & Kohlmann, 2020). The literature that has been examined pertains to the theoretical framework and various perspectives that are relevant to the subject at hand. This review of literature, as is presented below, delves into the intricacies of the subject matter, providing a comprehensive analysis of the various theoretical frameworks and perspectives. The aim is to gain a deeper understanding of the subject matter by exploring the various concepts pertaining to the research study.

## **2.4 Literature Review**

### ***2.4.1 The COVID-19 pandemic and the effect on morticians***

The death toll of the COVID-19 has continued to grow for more than two years since the virus was discovered in South Africa in March 2020. As of 15 December 2022, the death toll stood at 103 000 deaths due to COVID-19 (South Africa. Department of Health, 2021). Miguel-Puga et al. (2021) highlighted psychological issues such as burnout, depersonalisation, and post-traumatic stress disorder since the beginning of the pandemic. Temsah et al. (2020) agreed that healthcare workers were vulnerable towards psychological issues due to the overwhelming fear of acquiring COVID-19, and this was no exception among morticians.

Additionally, Sritharan and Sritharan (2020) further added that healthcare workers experienced stigma from the general population, out of the fear of spreading COVID-19, which thus heightened the stress, and perpetuated burnout. The literature highlights the

importance of protecting frontline workers such as doctors and nurses; morticians are still considered frontline workers, as they are at the end of an individual's unfortunate journey with COVID-19.

Due to COVID-19, morticians have experienced an increase in their workload, resulting in increased stress. Brysiewicz (2007) stated that under stress, morticians are vulnerable to the development of psychological challenges. Not only are morticians subjected to physical issues, but they are also subjected to psychological issues. A substantial amount of literature has indicated an interest in the impact of COVID-19 on morticians (Durand-Moreau & Galarneau, 2021; Hicks et al., 2022; Mas'amah et al., 2023; Van Overmeire et al., 2022). Van Overmeire and Bilsen (2020) reported that morticians ran the risk of becoming infected with COVID-19 as the guidelines for treating COVID-19 corpses were vague at the beginning of the pandemic. Furthermore, the research by these authors further indicates that the COVID-19 seems to be more contagious and can survive in corpses.

The increased workload, fear of infection and lack of PPE may have led to morticians' experiencing more stress during the COVID-19 pandemic (Jungmar Ridell & Orvelius, 2023). A study on post-traumatic stress among morticians during the COVID-19 pandemic was done by Van Overmeire et al. (2022). They revealed that morticians denoted that the pandemic is a traumatic event for them due to the high volume of work. In addition, according to Durand-Moreau and Galarneau (2021), anxiety and depression were common among Canadian morticians, indicating high rates of anxiety and depression. In this study, 32% of their participants reported moderate to severe symptoms while 29% reported moderate to severe depressive symptoms (Durand-Moreau & Galarneau, 2021). The results were similar in the United States of America by Afifi et al. (2023), which revealed

that morticians experienced higher levels of stress and anxiety from COVID-19. A study done in India by Mas'amah et al. (2023) indicated that the increase in death cause by COVID-19 leads to poor psychological well-being in morticians. In Belgium, Van Overmeire et al. (2021) explained that due to the increase in their workload, morticians experienced higher levels of burnout after the first wave of COVID-19. In the United States of America, it was reported that 50% of the participants in the Hicks et al. (2022) study met the criteria for provisional PTSD.

Before the pandemic, studies showed that morticians may experience negative effects on their mental health due to high job demands (Goldenhar et al., 2001), exposure to occupational death (Linley & Joseph, 2005) and an uptick in the number of funerals (Harrawood, 2009). Morticians face various psychosocial and external stressors. They must balance work and family, provide counselling to bereaved families and deal with social isolation (Goldenhar et al., 2001). Embalming human remains, fear of making mistakes and lack of coping mechanisms are external stressors. They also experience internal stressors related to difficulty compartmentalising and grieving (Bailey, 2019).

Contrarily, Harrawood (2009) showed a weak relationship between the levels of death anxiety and the number of cases a mortician receives, whereas Thorson and Powell's (1996) findings indicated that morticians experience high levels of death anxiety, despite the workload they receive. It is thus evident in past literature that without a pandemic or an abnormal number of deaths, morticians are still faced with an indiscriminate amount of stress, whether external or internal.

The increase of COVID-19 deaths may put morticians under significant stress. Apart from the usual stressors that morticians face such as stigma, work-family balance, harassment and social isolation (Goldenhar et al., 2001), with the current pandemic, there

are added risk factors such as concerns about the level of readiness from the government, insufficient supply of PPE, the anxiety of contact with the COVID-19 and the need to safeguard themselves as well as their family members, the extra working hours as the death toll continues to soar, and colleagues' becoming infected (Chandra & Vanjare, 2020). Morticians who are at the forefront of the COVID-19 pandemic are exposed to the threats of working with bodies that have been infected with COVID-19, which places them at risk of infection. Therefore, the increase in their workload and over-exposure to mortality amplified their levels of stress (Hernández-Fernández & Meneses-Falcón, 2022; Ramanathan & Desrouleaux, 2022).

#### ***2.4.2 Triggers of stress experienced by morticians during COVID-19***

Stress is a natural response of the body, involving both physiological and psychological reactions (Popović & Lavie, 2023). It evokes different emotions and responses in different people, including morticians. Individuals are stressed by a variety of factors, including family, relationships, environmental conditions at home, working conditions, medical conditions, and the adoption of safety precautions (Kapur, 2021). Afifi et al. (2023) explained that morticians experienced work-related stress, lack of familial support and stigmatisation during the pandemic.

Some theoretical perspectives suggest that stress is intrinsic to a specific situation. Rothmann and Viljoen (2009) noted that stress is an individual's reaction to self-perceived imbalances between the demands of the situation and the resources available for responding effectively. When evaluating the impact of the COVID-19 pandemic, the inclusion of this unprecedented global disaster has the ability to dramatically magnify and exacerbate the inherent stress in settings such as mortuary work, for instance longer working

hours and increase in health risks. Brown and Harvey (2006) expanded on this idea by considering stress as an interaction between an individual and their environment that has an impact on their mental and physical well-being. Therefore, stress is not solely an internal response but rather a dynamic process influenced by both personal characteristics and external circumstances. Throughout the COVID-19 pandemic, stress can thus manifest for morticians in environmental factors, such as workload and demands as well as health concerns, which change funeral practices (Chandra & Vanjare, 2020; Hernández-Fernández & Meneses-Falcón, 2022; Van Overmeire, Van Keer et al., 2021).

According to Bearschank (2010), stress is a multifaceted phenomenon that involves three aspects. The first is the triggers of stress that are experienced within the environment. The stress triggers include work pressure, health issues, over-exposure to the virus and limitations on gatherings and traditional rituals (Burrell & Selman, 2022; Hicks et al., 2022; Tan et al., 2023). Secondly, one's perception and evaluation of the nature of the stressor involves their assessment on the significance of the stressor and their ability to cope with it. For instance, the way morticians perceive the virus as a severe threat due to its potential to spread even after death leads to increased anxiety and caution and the unprecedented nature of the pandemic might result in higher levels of stress (Afifi et al., 2023; Chandra & Vanjare, 2020; Van Overmeire, Van Keer et al., 2021). Lastly, the emotional responses that arise when the stressor is perceived as threatening by the individual may include frustration due to changes in regulations and procedures, grief and sadness from witnessing the impact of the pandemic, and anxiety about the potential exposure of the virus (Hernández-Fernández & Meneses-Falcón, 2022; Tan et al., 2023).

### **2.4.3 Psychosocial stress among morticians**

To overcome stress, one needs to be aware of the different types of stress, as the types of stress may cause different unfavourable effects, both physically and psychologically (Kapur, 2021). According to Kaplan (2013), psychosocial stress refers to the interaction of psychological and social factors that could culminate in stress. This kind of stress is a result of the interplay between an individual's inner experience (thoughts, emotions and coping mechanisms) and their external environment (relationships, work, culture). It results from the interaction of an individual's personal characteristics, such as thoughts, emotions and coping mechanisms, with their social environment, which includes relationships, employment and cultural factors.

The psychological component of psychosocial stress encompasses affective, cognitive and behavioural components that are mutually interrelated (Kaplan, 2013). Psychologically, the emotional and cognitive responses that people have when confronted with difficult situations are triggered (Crosswell & Lockwood, 2020). This includes their affective component such as emotional response, which is when one is faced with a high-stressed situation, such as the pandemic, leading to emotions such as anxiety, fear and frustration (Pandey et al., 2022). The cognitive responses include cognitive appraisal, which is whether an individual interprets a situation as either threatening or challenging (Cooper & Quick, 2017).

When confronted with stressors, people frequently experience a variety of psychological processes that vary in intensity and duration. These processes include emotional distress, such as anxiety, fear, anger or irritability; cognitive processes, such as difficulties with concentration, memory, decision-making and problem-solving; and appraisal and perception, which entails how an individual perceives and interprets a

stressful situation (Giannakakis et al., 2019).

The social component of psychosocial stress describes the impact of social factors on an individual's stressful experience (Kaplan, 2013). The social component recognises that various stressors can arise from a variety of social sources, including relationships, roles and the broader social environment. Social relationships play a significant role in psychosocial stress. Stress can be exacerbated by interpersonal problems, poor relationships or a lack of social support (Kaplan, 2013). For example, due to the COVID-19 lockdown regulations, isolation and loneliness may precipitate one to experience heightened stress levels. Furthermore, failing to meet societal norms or confronting discrimination and stigma can contribute to chronic stress (Sorokin et al., 2020). As mentioned earlier, social relationships have a significant impact on an individual's overall well-being. The pandemic has caused morticians to experience loneliness and isolation due to the nature of their work. Due to restrictions on gatherings and social distancing protocols, morticians may have found themselves cut off from their typical support system (Mas'amah et al., 2023).

Additionally, morticians have faced stigmatisation because of their association with handling deceased COVID-19 cases, leading to fear and apprehension from the general public (Afifi et al., 2023). Lastly, the pandemic has led to changes in how funeral services are conducted, often differing from known societal norms. This has resulted in morticians' having to quickly adapt while still respecting the traditions and expectations of families, which can contribute to ongoing stress (Tan et al., 2023). The COVID-19 pandemic had a substantial impact on many people's experiences with psychosocial stress. The pandemic instilled anxiety and uncertainty about one's own health, the health of one's loved ones, job security and the future (Khudaykulov et al., 2022). Additionally, measures such as

lockdown, social distancing and quarantine have resulted in a lack of social interactions, leading to feelings of isolation and loneliness. Due to a lack of social support, traditional coping strategies deteriorated, potentially perpetuating stress levels (Birmingham et al., 2023). Similarly, disruptions to one's regular routine and a sense of powerlessness may have led to psychosocial stress.

#### ***2.4.4 Mortician psychosocial stressors***

Paradies (2010) indicated that stressors are classified into three categories, which are life events, chronic stressors and daily hassles. Paradies (2010) further stated that life events are often acute, observable events that require major readjustment within a relatively short period of time, and are self-limiting in nature, such as the COVID-19 pandemic. Morticians spend much of their working hours with dead bodies and are often unacknowledged for the contribution they add to society (Mridula & Ganesh, 2016). Morticians are more likely to experience quite a substantial amount of stigma due to their immersion with human remains (Guidetti et al., 2021). To cope with the stigma, morticians often use techniques such as reframing; for example, instead of dwelling on the stigma, morticians may shift their perspectives on the vital role of providing essential services to grieving families; and resignification; for example, morticians may view their work as a way to honour cultural and religious traditions. (Batista & Codo, 2018). Morticians operate in a unique professional environment that includes both emotional and physical stresses (Grandi et al., 2023). Their work environment includes difficult shift work, handling human remains, providing emotional assistance to grieving families, dealing with societal discrimination and working in high demand, low-control workplaces (Goldenhar et al., 2001). These issues can cause severe psychological stress, which can result in negative

health effects (Brysiewicz, 2007; Goldenhar et al., 2001).

Goldenhar et al. (2001) reported a link between these stressors and depression and anxiety. Morticians who are at the forefront of the COVID-19 pandemic are exposed to the threats of working with bodies that have been infected with COVID-19, which places them at risk of infection. In addition, the increase of COVID-19 deaths may put morticians under significant stress. Apart from the usual stressors that morticians face such as stigma, work-family balance, harassment and social isolation (Goldenhar et al, 2001) with the COVID-19 pandemic, there are added risk factors, such as concerns about the level of readiness from the government, insufficient supply of PPE, the anxiety of contact with COVID-19 and the need to safeguard themselves as well as their family members, the extra working hours as the death toll continues to soar and colleagues' becoming infected (Chandra & Vanjare, 2020).

According to McClanahan (2020), morticians commonly experience stress arising from professional responsibilities such as managing workload, dealing with traumatic news, exposure to health hazards, and handling human remains regularly. This was evident during the pandemic as Guidetti et al. (2021) discovered that morticians experience detrimental effects on their mental well-being because of job demands, stigma and work-to-family imbalance, which remain prevalent even amidst the pandemic.

In addition, morticians may experience mental health issues such as exhaustion and languor. During a pandemic, morticians may face additional stressors due to the high number of casualties (Flynn et al., 2015). Given the unprecedented and overwhelming number of deaths caused by the pandemic, morticians have been faced with an exceptional demand for their services, leading to increased levels of stress and exhaustion which can further amplify burnout and compassion fatigue. According to Goldenhar et al. (2001), the

psychosocial stressors experienced by morticians are working with remains, counselling bereaved families, social isolation and discrimination. Dealing with human remains can be a challenging and emotionally taxing task that can cause feelings of unease and distress. Morticians, due to the nature of their work, may feel detached from the larger community. They may also face societal discrimination or bias because of their profession. This can manifest in various forms, with people who fail to understand or value the essential role that morticians play in providing empathetic end-of-life care. The unique challenges and experiences they face can make it difficult to relate to individuals outside of the profession, potentially leading to a lack of understanding and connection. Furthermore, Van Overmeire and Bilsen (2020) stated that due to the high demands of mortician's work, the over-exposure to death and the challenges they faced during the COVID-19 pandemic have had a significant impact on mortician's mental health. Table 1 thus summarises the psychosocial stressors reported in various literature.

**Table 1**

*Summary of Psychosocial Stressors reported in various Literature*

| Author                  | Psychosocial stressors reported                                                                                                                                                                                                             |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Kurz (2018)             | <ul style="list-style-type: none"> <li>• Work accumulation and court appearances</li> <li>• Reminders of work incidents on the news</li> <li>• Threats to health and well-being</li> <li>• Continuous contact with human remains</li> </ul> |
| Flynn et al. (2015)     | <ul style="list-style-type: none"> <li>• Burnout</li> <li>• Compassion fatigue</li> </ul>                                                                                                                                                   |
| Goldenhar et al. (2001) | <ul style="list-style-type: none"> <li>• Working with remains</li> </ul>                                                                                                                                                                    |

|                                 |                                                                                                                                         |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
|                                 | <ul style="list-style-type: none"> <li>• Counselling bereaved families</li> <li>• Social isolation</li> <li>• Discrimination</li> </ul> |
| Van Overmeire and Bilsen (2020) | <ul style="list-style-type: none"> <li>• High working demands</li> <li>• Over-exposure to death</li> </ul>                              |
| Van Overmeire et al. (2022)     | <ul style="list-style-type: none"> <li>• Fear of infecting family and friends with COVID-19</li> </ul>                                  |

#### ***2.4.5 Coping mechanisms used by morticians***

Algorani and Gupta (2022) defined coping as the thoughts and behaviours that individuals use to manage or adapt to challenging internal and external situations. Baqutayan (2015) further elaborated by stating that coping is an individual's cognitive and behavioural efforts (whether positive or negative) to master, reduce or withstand environmental demands. Smith and Osborn (2015) affirmed that coping mechanisms refer to the cognitive and behavioural ability to regulate internal and external demands that are greater than personal resources. One often uses certain coping mechanisms to deal with stressors in one's life. When individuals are exposed to a stressor, they develop coping mechanisms, which Algorani and Gupta (2022) defined as a set of stable traits that influence an individual's behaviour in reaction to stress. It is evident from the definitions given above that coping may try to address the stressor that is the root of one's approach to dealing with unfavourable emotions (Roncaglia, 2014). Therefore, coping mechanisms can either be adaptive or maladaptive.

With restrictions of human interaction and the increasing work pressures morticians face, it may thus be inevitable that they experience an imbalance in their life, thus leading to burnout. In a research study carried out in China by Duan et al. (2020), it was revealed that employing various coping mechanisms can significantly influence the

correlation between stress and emotion. The study also found that certain stressors, such as routine tasks that may seem mundane, can have a significant impact on an individual's emotional well-being. Although some literature highlights morticians' coping mechanisms, there appears to be a lack of in-depth knowledge regarding the emotional experiences of morticians (Duan et al., 2020; Shamblaw et al., 2021).

Four main categories of coping mechanisms are commonly observed, namely problem-focused, emotion-focused, meaning-focused and social/support-seeking coping.

*Problem-focused* coping is identifying the source of stress in practical ways to either manage it or adjust it, resulting in stress reduction (Roncaglia, 2014). Examples include seeking information about the stressor, planning and finding solutions to direct or resolve the stressor (Algorani & Gupta, 2022). As a result, it entails taking control of the stressful events and assessing the positive and negative aspects of the stressor (Roncaglia, 2014). For instance, morticians can take measures to protect themselves from exposure to COVID-19 while handling deceased individuals who may have been infected. This includes wearing appropriate PPE such as masks, gloves, gowns and face shields. Adapting to changing regulations and restrictions is also important, and morticians may offer alternatives such as smaller private services or delayed memorial events to comply with public health guidelines. These precautions can help reduce the risk of spreading the virus.

*Emotion-focused* coping involves dealing with regulating and managing emotional discomfort caused by the stressor (Galor, 2012). The objective is to mitigate the negative emotions connected with the problem rather than solve it (Galor, 2012). The utilisation of this coping technique aids in the reduction of negative emotions to assist the individual in accepting the stressor, resulting in a reduction in the experience of chronic stress (Algorani & Gupta, 2022). Morticians, for example, can talk to co-workers, acquaintances, family

members or support groups about their sentiments and experiences. Sharing emotions with those who understand the difficulties they are experiencing can bring comfort and validation. Furthermore, engaging in hobbies and activities that bring joy and fulfilment outside of work can serve as a distraction from stressors and contribute to overall emotional balance.

According to Carver (2013), individuals that employ meaning-focused coping depend on their beliefs and values to discover benefits in stressful situations to remind themselves of the positive aspects of their lives. According to Guo et al. (2013), meaning-focused coping differs from problem-focused coping in that it does not strive to improve an adverse situation or reduce the pressure created by unpleasant emotions. Morticians, for example, can see their employment as contributing to public health and safety. They are preventing the spread of the virus and protecting their communities by following instructions and safeguards. They can assist families in carrying out cultural and religious practices, even in the face of the pandemic. This can be a way to honour traditions while also providing meaning. Finally, morticians can promote a sense of community and friendship among their peers. Sharing experiences and encouraging one another might help people find significance in their work.

*Social coping (support-seeking)* is a stress-reduction strategy in which an individual seeks emotional support from their community (Roncaglia, 2014). This entails requesting help and support from others, such as friends, family or support organisations. Individuals can handle stress and gain perspective by talking to someone, sharing their experiences and receiving assistance or empathy (Carver, 2013). For example, morticians can lean on their close friends and family members for emotional support. Morticians can also connect with cultural or spiritual communities that share their values and beliefs, providing an additional layer of

emotional support. Table 2 summarises the four main coping mechanisms.

**Table 2**

*Summary of the Four Main Coping Mechanisms*

| Categories of coping mechanisms | Definition                                                                                                                                                                              |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Problem-focused                 | <ul style="list-style-type: none"><li>Identifying the source of stress in practical ways to either manage it or adjust it, resulting in stress reduction.</li></ul>                     |
| Emotion-focused                 | <ul style="list-style-type: none"><li>Involves dealing with regulation and managing emotional discomfort caused by the stressor.</li></ul>                                              |
| Meaning-focused                 | <ul style="list-style-type: none"><li>The use of beliefs and values to discover benefits in stressful situations to remind themselves of the positive aspects of their lives.</li></ul> |
| Social/support-seeking          | <ul style="list-style-type: none"><li>Refers to when an individual seeks emotional support from their community.</li></ul>                                                              |

With restrictions of human interaction, and the increasing work pressures morticians face, it may be inevitable that they experience an imbalance in their life, thus leading to burnout. A study done in China by Duan et al. (2020) indicated that different coping mechanisms were measured to be important mediators in the relationship between stress and emotion, and that certain stressors, such as everyday problems, showed increased positive social response. Although some literature highlights morticians' coping mechanisms, there appears to be lack of in-depth knowledge regarding the emotional experiences of morticians.

#### ***2.4.6 The impact of COVID-19 on coping mechanisms of morticians***

The COVID-19 pandemic has significantly impacted people's ability to deal with numerous areas of their lives. The pandemic has brought enormous changes and challenges, altering physical and emotional well-being, social interactions and general coping techniques. Chankasingh et al. (2022) noted that individuals use several coping mechanisms such as positive reframing, humour and acceptance to reduce psychological and physiological stress. Shamblaw et al. (2021) investigated the different approaches to coping during the COVID-19 pandemic and found that avoidance coping was associated with higher risk of stress and mental health issues such as depression and anxiety, while approach coping was associated with a better quality of life. It was further elaborated that coping strategies such as positive reframing was the most beneficial (Chankasingh et al., 2022). However, Wang et al. (2020) discovered that a widely defined negative coping style was related with higher levels of psychological stress than a generally characterised positive coping style during the COVID-19 pandemic. This was related to the population's perception of COVID-19 as a form of life-threatening event, which resulted in a variety of negative emotions such as anxiety, depression, and fear (Wang et al., 2020). However, Afifi et al. (2023) found that morticians utilised more adaptive coping mechanisms, such as active coping, acceptance, and positive reframing.

Mishra et al. (2023) discovered that frontline workers experience psychological distress while using emotion-focused coping strategies (venting, acceptance, self-blame, religion) and avoidant coping behaviours (self-distraction, behavioural disengagement, denial). A study on coping during the COVID-19 pandemic showed that various coping mechanisms such as "hoping for the best", sharing feelings, remaining busy and coping

using religious beliefs were the main coping mechanisms, while avoidant thinking, being unaware of coping mechanisms and struggling to cope were fairly used (Kar et al., 2021). In Africa, participants rely on religious faith, conversations with colleagues, self-disguise and self-motivation, which confirms the previous findings (Mudenda et al., 2022).

The evidence thus supports that positive coping mechanisms were utilised by frontline workers during the COVID-19 pandemic as a study done in South Africa highlighted that healthcare workers drew on positive coping mechanisms and active coping was positively recommended (Cook et al., 2021). However, one cannot discard the negative coping mechanisms used during the COVID-19 pandemic and its impact. The results from Shamblaw et al. (2021) show the greater the use of avoidance coping mechanisms, the poorer quality of life one experiences. Budimir et al. (2021) elaborated that individuals who used substances such as alcohol and cigarettes were associated with a poor quality of life and was a direct predictor for perceived psychosocial stress. Besirli et al. (2021) found similar results that behavioural disengagement and substance abuse led to an increase in psychological stress and depression. Although there is sufficient evidence that indicates the impact COVID-19 had on coping mechanisms within the healthcare workers or frontline workers such as nurses and doctors, there is limited literature that investigates the impact COVID-19 had on morticians' coping mechanisms.

## **2.5 Chapter Summary**

The chapter has delved into the effects of the COVID-19 pandemic on the mental and emotional well-being of morticians. As morticians, they have had to navigate several stressors and psychological challenges, which have undoubtedly taken a toll on their overall health. This chapter has shown that, thus far, morticians have experienced a variety of

stressors and psychological challenges during the COVID-19 pandemic. Previously, not much attention was paid to morticians; however, throughout the pandemic, their struggles have been acknowledged. Psychosocial stressors such as social isolation, stigmatisation, anxiety, work-related demands and over-exposure to death have been highlighted in previous literature.

Despite the difficulties faced, these individuals have continued to provide compassionate and dignified services to families in need while prioritising their own self-care. During the discussion, we explored coping mechanisms in relation to psychosocial stressors, referencing current literature. The research indicates that morticians often rely on constructive coping mechanisms, such as positive reframing, acceptance, religious practices and social support. Nevertheless, certain studies have identified that morticians may resort to avoidance and substance use as coping mechanisms.

As part of this chapter, the researcher presented the psychosocial stressors and coping mechanisms of morticians during the COVID-19 pandemic. The researcher presented the theoretical framework and perspectives. This was followed by relevant literature on COVID-19 and the role morticians played while unpacking the stress, psychosocial stress and how it impacts morticians. Furthermore, the researcher reviewed relevant literature on the coping mechanisms of morticians and the impact of COVID-19 on coping.

## **CHAPTER THREE:**

### **RESEARCH**

### **METHODOLOGY**

#### **3.1 Introduction**

Building on the comprehensive examination of various topics in the preceding literature chapter, such as COVID-19's global impact, the nature of stress, the psychosocial challenges faced by morticians, their unique coping strategies, and the pandemic's effect on these coping mechanisms, the researcher will now segue into an exploration of the methodology used to further our understanding in these areas. The researcher will delve into the nuances of the research paradigm in this chapter and clarify the numerous elements that went into this study. This entails taking a deeper look at the research design, the population under investigation, the sampling strategies, as well as the procedures used to gather and analyse data. The researcher will also go over the ethical considerations that have guided her throughout this scholarly pursuit.

#### **3.2 Research Approach**

A qualitative research approach is a research strategy that tries to explore and comprehend complex phenomena in depth by investigating subjective experiences, perspectives and meanings (Maxwell, 2012). It describes the systematic and organised procedure that researchers use to collect, analyse and evaluate data to create new knowledge or contribute to current knowledge in a certain discipline (Amaratunga et al., 2002; Tuffour, 2017). A qualitative approach was used in this study as it allowed the researcher to explore the psychosocial stressors and coping mechanisms of morticians

during the COVID-19 pandemic. This was done by conducting in-depth interviews in order to encourage participants to share their experiences, challenges, emotions and strategies for coping with the unique stressors they faced.

### **3.3 Research Design**

An interpretative phenomenological analysis (IPA) was conducted to understand the psychosocial stressors and coping mechanisms of morticians. Miller et al. (2018) explained that IPA is used by researchers to explore individuals' perceptions of meaning in relation to specific influential experiences. Additionally, the IPA approach's adaptability promotes the growth of the phenomenon and prioritises the diversity of lived experience, the freedom of exploring the context and its connection to life narratives (Chan & Farmer, 2017; Smith et al., 2009).

The researcher had carefully chosen to implement an IPA design as it had facilitated the interest in learning about the psychosocial stressors and coping mechanisms of morticians during the COVID-19 pandemic as well as to raise awareness regarding their psychosocial stressors and coping mechanisms. An IPA is relevant to this research since it allows for the exploration of more personal perspectives. Morticians, being directly involved in handling deceased individuals during a pandemic, likely faced a range of emotions, challenges and coping strategies that go beyond what quantitative methods can capture. The focus of IPA on personal narratives allows these experiences to be understood in depth. By employing IPA, the researcher aimed to go beyond surface-level understanding and uncover the intricate nuances of how morticians navigated their psychosocial stressors. This method allows for an in-depth exploration of the various dimensions of their experiences, offering insights into both the challenges they encountered and the strategies

they employed to cope.

Furthermore, IPA enables a complete study of the phenomena by allowing an in-depth comprehension of the participant's experiences and emphasising rich descriptions and personal significance (Larkin & Griffiths, 2004). Moreover, IPA puts participants at the centre of the research process because it recognises the value of their unique perspectives and seeks to capture their subjective experiences (Tuffour, 2017). It explores how personal, societal and cultural factors influence the meaning-making process, providing a comprehensive view of participants' lived experiences as it emphasises the socio-cultural circumstances that form individual experiences (Chamberlain, 2011; Giorgi, 2010; Wagstaff et al., 2014).

An IPA frequently involves a small number of participants due to its emphasis on a meticulous review of individual cases, resulting in a lack of generalisability of findings to broader populations (Smith, 2018). Therefore, the researcher identified ten potential participants who are morticians and had direct contact with COVID-19 bodies. Furthermore, IPA requires subjective interpretation, since researchers analyse the data using their own perspectives and theoretical frameworks. By transcribing the interviews verbatim while capturing both verbal and non-verbal aspects, the researcher was able to immerse herself in the data to gain an understanding of the participants' experiences. Subjectivity can inject bias into the analysis, potentially influencing the results (Van Manen, 2017). The flexibility of IPA is an asset, although it lacks standardised procedures when compared to quantitative approaches. Therefore, the choice of IPA allowed the researcher flexibility to explore the diversity of the mortician's lived experiences through the COVID-19 pandemic, while allowing the participants to narrate their experience through their own perceptions. By developing a narrative for each participant, the researcher was able to

integrate their experiences into a coherent story and connect individual narratives to the overarching themes identified in the analysis.

The researcher chose IPA because it helped fulfil her interest in learning about events from the people who lived through them, specifically enabling her to understand the experiences of morticians during the COVID-19 pandemic (Roberts, 2013). As a result, it enabled the researcher to understand the experiences of morticians as they perceived them. In contrast to the formation of objective claims or casual correlations that are obvious in quantitative research, data-gathering and interpretation thus focused on the quality of each individual account (Smith & Osborn, 2015). This was made possible by limiting the sample size and focusing on those who had first-hand experience of the phenomena (Smith, 2018). Additionally, the use of structured data collection methods was avoided because it frequently relies on the researcher's prior understanding of stressors and coping mechanisms being complete and accurate (Mazzola et al., 2011). An IPA research design allowed the researcher to explore the phenomenon within the social environment from the participant's perspective (Roberts, 2013).

### **3.4 Population and Setting**

The study population was made up of all employees who had direct contact with human remains at any mortuary facility in the North-West during the COVID-19 pandemic. North-West province comprises four districts, namely Dr Ruth Segomotsi Mompati District Municipality, Bojanala Platinum District Municipality, Ngaka Modiri Molema District Municipality and Dr Kenneth Kaunda District Municipality. The province has 19 local municipalities and Mahikeng is the capital city. The North-West province has 272 private mortuaries (Van Staden, 2020). The study population included approximately 38 permanent

workers at the private mortuaries. While there are other employees at the facilities, the study population excluded workers whose employment terms do not require them to make direct contact with human remains. This was to ensure that the research questions were answered, as the other employees were not classified as morticians. The female employees at the facilities were not morticians and had no contact with the COVID-19 bodies or grieving family members.

### **3.5 Sampling Method**

Purposive sampling is the process of selecting certain individuals or cases from a population based on their distinctive characteristics or qualities that are relevant to the research purpose (Patton, 2002). Purposive sampling, as opposed to random selection, relies on the researcher's judgement and skill to handpick individuals who possess the desired traits or can provide significant insights (Creswell & Plano Clark, 2011). Purposive sampling was chosen because it allows the researcher to select participants who can describe their experience working as a mortician during the COVID-19 pandemic (De Vos et al., 2011). Purposive sampling was the most appropriate sampling technique for the research as it allowed the selection of participants that are most likely to yield appropriate and valuable information while using limited resources efficiently (Palinkas et al., 2015). Thus, in accordance with IPA guidelines, information was gathered from a purposive sample of 10 participants, allowing for a case-by-case analysis of the details provided by each participant. The research problem was used to define the type of information needed, and the purposive sample approach was used to identify the group of persons who would be most equipped to offer this information.

The researcher determined the characteristics or qualities that would be relevant to the research. This entailed applying the inclusion and exclusion criteria such as their job roles that would contribute to a comprehensive understanding of the participants' experiences as morticians during the pandemic. Furthermore, the researcher actively sought out and identified individuals who met the established criteria. This could involve reaching out to professional organisations, funeral homes or other relevant sources to find potential participants. As potential participants were identified, the researcher evaluated them against the inclusion criteria. Those who met the criteria and were willing to participate were selected for the study. The goal is to ensure that the selected participants collectively provide a diverse and comprehensive range of experiences and insights. Once the participants had been selected, the researcher conducted semi-structured interviews to gather detailed information about the morticians' experiences.

### **3.6 Participants of the Study**

The sample consisted of ten African males employed in private mortuaries in the North-West province, particularly the Bojanala District Municipality and Ngaka Modiri Molema District Municipality. The inclusion of the participants was based on the following criteria:

- The individual should be employed for at least 3–5 years by a funeral parlour, as these individuals have experienced a “normal working environment” before the COVID-19 pandemic and should have direct contact with human remains.
- The individuals were over 18 years old as they had to give consent to participate in the study. Due to the emotional impact on participants, by focusing on adults, the researcher aimed to minimise the potential for additional emotional distress that could

be caused by involving minors.

- The individual should work at a funeral parlour that received COVID-19 corpses/bodies as the research study aimed to understand how those who worked in a funeral parlour that received COVID-19 corpses/bodies coped as well as their psychosocial stressors.

### **3.7 Data-gathering Procedure**

As is common practice in qualitative research, data collection was conducted in a natural setting (Pietkiewicz & Smith, 2014), which, in this case, was at the mortuaries where the participants work. Each participant was interviewed individually. Goodwill permission to conduct the study in this setting was obtained from the National Funeral Directors Association (NFDA) (Appendix F) and approval from the subject group psychology, the Community Psychosocial Research (COMPRES) (Appendix D) and the Faculty of Health Sciences Health Research Ethics Committee (HREC) (Appendix E) prior to its commencement were obtained.

In preparation for data collection, mortuary management was contacted by an independent person for permission to schedule data collecting appointments during work hours. An advertisement (Appendix C) was then sent to the mortuary managers to distribute to potential participants. The independent person made use of this opportunity to build rapport with potential participants. The goal and nature of the study, the principle of voluntary participation, the boundaries of confidentiality, how their privacy would be managed, and their right to withdraw from the study at any step of the procedure were then explained to potential participants. The explanation included reading and discussing the information letter and informed consent form, both of which can be found in Appendix A. This gave the morticians the opportunity to ask questions and to consider their willingness to participate. They were then given the researcher's contact information so that they could express their desire to participate directly. Thereafter, formal interview times were set between 27 June and 3 July 2023.

### **3.8 Data-gathering Method**

Data were gathered using individual semi-structured interviews. Individual interviews effectively comprehended the participants' experiences while providing their perspectives (Maree, 2016). The researcher used semi-structured interviews to obtain the participants' perspectives and experiences of COVID-19 and its relationship with psychosocial stressors and their coping mechanisms. This allowed the participants to freely express their viewpoints and introduce the experiences that were important to them in a flexible approach. The use of the semi-structured interview gave the researcher flexibility to explore and probe on certain responses provided by the participant while ensuring consistency and standardisation across all interviews (De Vos et al., 2011).

Before the interviews, participants were informed about the study's purpose, procedures and confidentiality measures. They provided their informed consent to participate. The researcher prepared a list of semi-structured interview questions that covered various aspects of the participants' experiences, psychosocial stressors and coping mechanisms related to their work during the pandemic. The interviews were conducted individually in a private setting. During the interviews, the semi-structured nature of the questions allowed the researcher to probe deeper into specific responses and ask follow-up questions to explore details that would provide richer insights. With the participants' permission, the interviews were audio-recorded to ensure accurate capturing of their responses.

Due to the unique nature of the study, the researcher thus developed an instrument that consisted of questions for the data-gathering process. A self-designed demographic questionnaire included biographical information such as gender, age, duration of employment and marital status (Appendix B). To obtain data, a semi-structured interview

guide with open-ended questions was employed (Appendix B). The interview guide was based on the topic's literature. The open-ended questions allowed for probing for responses from participants as necessary to examine significant problems.

The interviews were conducted in both English and Setswana and lasted between approximately 20 minutes to an hour. The interviews were audio-recorded with the consent of the participants. The audio-recording allowed the researcher to be fully engaged in the interview process by paying attention to the responses provided. All interviews were held at the participant's place of work in a private boardroom which was made available.

Field notes were made throughout the process to capture the researcher's observations during the interviews. Field notes allow the researcher to capture extensive descriptions of events, behaviour and interactions (Phillippi & Lauderdale, 2018). Furthermore, they enable the researcher to reflect on their own thoughts, biases and emotions while conducting research (Deggs & Hernandez, 2018; Wolfinger, 2002). Field notes are a useful resource during the analysis and interpretation stages. According to Phillippi and Lauderdale (2018), field notes are the private, personal thoughts, ideas and questions that researchers have about their research observations and interviews. The researcher observed that most participants have a passion for their job; however, their resilience was often tested during the COVID-19 pandemic. Furthermore, participants often sighed when they were asked about their experience during the COVID-19 pandemic. At the beginning of the interview, most participants were reluctant to speak about their experiences; however, with reassurance and with the researcher's emphasising that they were in a safe space, they began to feel more relaxed.

### **3.9 Data Analysis**

Data analysis is the process of converting and modifying raw data to make it comprehensible and unearth valuable information (Maree, 2016). Thematic analysis (Braun & Clarke, 2013) was used to analyse and report the themes in the data to obtain the collective or shared meanings and experiences of the morticians' psychosocial stressors and coping mechanisms during the COVID-19 pandemic. Braun and Clarke (2013) defined thematic analysis as a systematic method to identify, organise and obtain insight into patterns or themes found in the data collected. The researcher used the reflexive approach from Braun and Clarke (2020), which entails the later development of themes as well as conceptualised patterns of shared meaning. Thematic analysis is an applicable choice for this research as the researcher intended to explore the psychosocial stressors and coping mechanisms and experiences of morticians during the COVID-19 pandemic. Thematic analysis allowed the researcher to identify and understand the shared psychosocial stressors and coping mechanisms of the morticians during the COVID-19 pandemic. According to Braun and Clarke's (2006) approach to data analysis, six steps were followed.

#### ***Step one: Familiarising oneself with the data.***

This first stage of thematic analysis requires the researcher to immerse themselves completely in the data that they had gathered. Notes were taken, documenting first thoughts that would later be examined in greater depth (Braun & Clarke, 2006). The recorded interviews were transcribed verbatim in English by an independent transcription service, during the first phase of data processing. The data that was in Setswana was translated then transcribed. The transcripts were carefully read numerous times, noting common concepts that were then collected. During this stage, the transcripts and field

notes were read carefully while making notes on the initial ideas and phrases.

The interview transcripts had to be read as a first step. This was done to make sure the researcher was aware of every facet of the data and to draw attention to important ones. Furthermore, the researcher read through the transcripts to understand the context in which the information was collected. This includes knowing who the participants are as well as the cultural norms that influence the participant's behaviour. This reading procedure was crucial because it gave the researcher fresh perspectives on the accounts each participant provided. In addition, the researcher immersed herself to become deeply familiar with the content. This was done by highlighting key passages or quotes that stood out as potentially significant. Throughout the immersion, the researcher made notes on her initial impressions about the data. Finally, after each reading, the researcher created summaries of themes that emerged within that section.

***Step two: Generation of initial codes.***

In this second phase, the researcher was expected to be familiar with the data acquired; the researcher jotted down interesting ideas concerning elements of the data that stood out (Braun & Clarke, 2006). The researcher then began to manually code these noteworthy qualities in an organised manner across the whole data collection (Seale, 2000). This was done by highlighting segments of the data that the researcher found interesting, relevant or meaningful. These segments included words and short phrases that capture the essence of a particular concept or emotion in the data.

To identify potential codes, this phase involved reviewing the transcripts again. To transform early notes into focused topics during this process, a simple psychological dialect

was cautiously introduced. Themes that recurred were noted using the same language over the course of each transcript. As the researcher reviewed the transcripts, she began taking initial notes that stood out. The researcher then began looking for recurring words, phrases or concepts across the transcripts. For example, if multiple participants talk about feeling isolated due to COVID-19 restrictions, “isolation” could be an initial code. This helped the researcher identify codes and group them accordingly.

### ***Step three: Searching for themes.***

In this step, the researcher had collected all codes from the research and began searching for and compiling themes that showed promise. Relevant data were gathered from a variety of previously developed codes and organised into related themes. Various codes were established to build overarching themes (Braun & Clarke, 2006).

Identifying links between the themes was necessary for the third phase, which involved writing each one down on a separate piece of paper before trying to list them. To cluster ideas easily and discover sub-themes within the main themes, the order of topics needed to be rearranged from chronological to theoretical.

Based on the recurrence of a code, the researcher began grouping them into main themes. By listing the themes, the researcher was able to visualise them and begin looking for connections, overlaps or similarities between themes. During this stage, the codes were grouped into themes. Codes that were not relevant enough, such as alcohol as a coping mechanism, were discarded. Other codes became themes, for instance isolation became a theme merged with other codes such as loneliness. Themes that shared common aspects or that had a conceptual connection were grouped together. Within each main theme, the researcher observed any recurring patterns or variations that represented sub-themes.

***Step four: Reviewing the themes.***

The researcher was responsible for determining if the extracted themes perform well in conjunction to the coded data as well as the full data set given during this stage of thematic analysis.

Cross-referencing between the themes and the actual text in the transcript was done at this stage. Through this procedure, the researcher was able to continue interpreting the participant's narrative while also recording their own interpretations in line with their iterations. By beginning with one theme at a time, the researcher took each theme identified and gathered all coded segments and quotations that were related to that theme. For instance, Participant 3's transcript has a recurring theme of isolation. The researcher then systematically went through the transcript to identify and highlight passages where the theme was discussed. Reading through the coded segments and quotations allowed the researcher to confirm that the theme accurately captured the essence of the participant's experience. This was repeated for each transcript and its related themes.

***Step five: Defining and naming themes.***

The researcher was constantly analysing and reanalysing the existing themes at this level. The researcher looked for topics that overlapped and joined them while trimming concepts that could not be expanded (Frith & Gleeson, 2004). At this point, the process was completed with the naming and a clear definition of the final themes.

The fifth step involved creating an organised table of the key themes and sub-themes. Several themes were simultaneously dropped since they either did not make sense in the context of the original participant story or did not have enough evidence to support

them. The researcher chose appropriate and meaningful names for each theme that accurately conveyed its concept. The names chosen were concise yet descriptive, allowing the readers to understand the focus of the theme. Each theme was clearly defined and a concise description that captured the essence of the theme and its relevance to the participants was made. The researcher finally ensured that the refined themes aligned closely with the participant's narratives.

***Step six: Producing a report.***

The researcher had a set of fully developed subjects on which to build and produce a report. During the report's composition, the researcher submitted data set extracts to support the topics that were picked and identified. It was critical that the final report included documentation of the retrieved raw data (Braun & Clarke, 2006). The researcher used all the previously outlined processes in conjunction to extract useful and rich information from the data collection. Therefore, vivid and intriguing extracts were chosen in order to connect them to the study objectives and the literature.

The sixth and last step consisted of developing a summary table that incorporated all the transcript interpretations while keeping the most compelling phrases that supported each theme. This step was challenging since it required concurrently naming, prioritising and condensing the concepts. The report includes findings, discussions, theoretical frameworks and literature review. Each theme was given a clear and concise definition which supported data extracts and relevant quotes from participants. A discussion on how the themes relate to existing literature and theories was done to interpret the findings.

### **3.10 Trustworthiness**

Connelly (2016) stated that trustworthiness is the degree of confidence in the raw data, interpretation of the data as well as the methods used to ensure the quality of the study. Trustworthiness is one technique for researchers to reassure themselves and their readers that their research findings are significant (Nowell et al., 2017). The following criteria were used by the researcher to ensure trustworthiness in the study: credibility, transferability, dependability, and confirmability.

#### ***Credibility***

The credibility of the study refers to the congruency of the findings in terms of reality (Shenton, 2004). The following procedures were put in place to ensure the study's credibility. Participants were allowed to use the language of their choice, such as Setswana, during the interview. This allowed them to communicate and share their experiences comfortably; field notes were evaluated and integrated into the study; and precise selection criteria were utilised to determine eligible participants in line with certain features linked to the research issue. To maintain consistency and uniformity among all participants and to lessen researcher bias, an interview guide was created and used throughout the study. In addition, the researcher used an independent co-coder to maintain the reliability of the study.

#### ***Transferability***

Transferability refers to the generalisability of the analysis (Nowell et al., 2017). This is to ensure that descriptions from this context may be applicable to another (Stahl & King, 2020). To ensure transferability, the researcher is responsible for providing detailed

descriptions so that individuals who want to implement the findings on their own site can assess transferability (Nowell et al., 2017). This includes providing extensive descriptions of setting, participants, and analytical techniques of the research. The research context, participant and methods used within the study were included. It allows others to understand and analyse the findings' applicability to various settings or populations.

To ensure transferability, the researcher included a comprehensive and detailed description of the research method, data collection and data analysis to maintain consistency. Furthermore, the researcher explains the analytical process such as thematic analysis which is utilised to interpret the data. Providing the six steps of thematic analysis and how conclusions were derived can help other researchers understand and potentially apply similar techniques. Alongside the findings, the researcher reflected on the insights gained. Lastly, acknowledging the limitations of the study will allow readers to critically evaluate how the findings might align with different contexts.

### ***Dependability***

Dependability can be referred to as the strength of the data over time (Polit & Beck, 2014). To accomplish dependability, the research ensured that the research procedure was logically traceable and thoroughly documented (Nowell et al., 2017; Tobin & Begley, 2004). To ensure dependability, an audit trail was created. An audit trail, according to Nowell et al. (2017), provides readers with documentation of the researcher's actions and decisions on methodological and theoretical matters throughout the study. Keeping records of raw data, field notes, transcripts and a reflective journal to systemise, connect and cross-reference data is a component of dependability. The researcher attended supervision with her supervisors. This was to address any feedback and make necessary revisions to improve clarity, coherence

and rigour in the study. Email messages and other communication messages were kept to help contextualise the participant's responses through record-keeping. In addition to ensuring dependability, process notes such as field notes and a research diary during the data-gathering and analysis process were followed to observe the implementation of the chosen research design. Validation of findings was done by using previous literature to verify conclusions. Additionally, engaging in a discussion of the limitations of the study and where transferability might be challenged was done.

### ***Confirmability***

Confirmability pertains to demonstrating that the researcher's interpretations and findings are clearly drawn from the data, which necessitates the researcher's demonstrating how conclusions and interpretations were reached (Nowell et al., 2017). To address confirmability, the researcher provided the rationale for theoretical, methodological and analytical choices throughout the research project. In addition, the researcher reflected honestly to avoid any form of bias by linking the findings to the theoretical framework and perspectives. To address biases and potential influence on the research process, a reflection note was included. Measures such as keeping a research diary and seeking diverse viewpoints from supervisors helped to mitigate bias. Triangulation was used to ensure consistency of findings across different literature.

### **3.11 Ethical Procedures and Considerations**

With regard to the procedure of obtaining ethical clearance, the researcher presented the study to the Scientific Subject Group of Psychology at North-West University, Mahikeng Campus. After the presentation Subject Group of Psychology, the researcher

sent the study to the COMPRES for approval from the scientific committee, which was then followed by a request for ethical approval. Ethical approval for the study was obtained from the North-West University HREC (NWU-00171-22-S1) (Appendix E). Goodwill permission was granted by the NFDA as well as the various funeral homes (Appendix F).

Ethical considerations in research relate to the concepts and criteria that researchers must follow to guarantee that their studies are carried out in a morally responsible manner, regarding the rights, well-being and dignity of participants (Awang, 2012). These factors are critical in ensuring the safety of human subjects while also maintaining the integrity and legitimacy of scientific research (Maree, 2016). This includes informed consent, confidentiality, and debriefing. These are discussed next.

### ***Informed consent***

Participants were given consent forms detailing the information about the research as well as the aim of the study. They were informed that participation was voluntary, and they had the right to withdraw from the process at any stage. The participants were informed of the audio-recording of the interview, and permission was given. The consent forms were signed by willing participants. This ensured transparency and allowed individuals to make informed decisions about their involvement. In addition, the researcher showed ethical conduct by addressing audio recordings during interviews.

### ***Confidentiality***

Confidentiality involves safeguarding participant information from unauthorised access or disclosure (Kaiser, 2009). To safeguard and show consideration for the participants, all information about them was handled in a confidential manner. This was

done by storing sensitive physical documents in a locked file cabinet. All information obtained from participants, including their consent forms, interview responses and any other collected data, was handled in a manner that prevented unauthorised access. This involved password protection and encryption of all soft copy documents obtained. The researcher was the only person to have access to the participant's biographical information. Furthermore, the co-coder, transcription service and independent person all signed confidentiality and/or NWU code of conduct forms. For instance, any identifying information was not verbalised during the recording process during the interview. The interviews were conducted in an area that was convenient for all participants to protect participant confidentiality. Lastly, once the interviews had been completed, the audio recordings were named with pseudonyms and were stored on a password-protected laptop. Once transcriptions had been completed, the recordings are stored in a password protected laptop for a 5-year-period before deletion.

### ***Anonymity***

Anonymity in research refers to the practice of concealing study participants' identities and personal information to protect their privacy and confidentiality (Saunders et al., 2015). The information gathered was handled in an anonymous manner and used for this study only. The researcher ensured the anonymity of the participants by altering any potentially identifying information such as other areas of work, home locations and names. The researcher stored the data securely, using encryption and access controls to prevent unauthorised access. The research report and transcripts did not contain anything that would have revealed the participants' identities. When reporting findings, the researcher used general descriptors such as "Participant 1". Any data shared were appropriately de-

identified and stripped of any potentially identifying information.

### ***Privacy***

Ensuring privacy in research is crucial to protect the rights and confidentiality of research participants. It also helps researchers maintain trust with their subjects and abide by ethical principles. To ensure the privacy of the participants, the researcher anonymised the data by removing or encrypting any personal information of the participants. The researcher was given full access to a private room. The rooms had two doors – one near the reception area and another door at the back. The participants used the back door to maximise privacy. The researcher entered the room alone and employees were instructed to vacate the area for the duration of the interview process. In addition, the researcher minimised the collection of sensitive or personally identifiable information. Limiting access control was vital to ensure the privacy of the participants. The researcher used data transfer protocols such as using a secured platform between supervisors and third parties. Thus, the researcher made use of pseudonyms. Furthermore, the researcher monitored data access by limiting access to the data to only authorised personnel who needed it for the research. Finally, ensuring secure data storage was essential to protect the participant's personal information. This was done by using encryption and access controls to protect data from unauthorised access.

### ***Debriefing***

To cope with any emotional reactions that could develop during the interview and to prevent participants from harm, the researcher set up a debriefing session with a registered counsellor for participants who might have been feeling emotionally

uncontained. Before commencing with the interviews, the participants were informed that a counsellor is available for debriefing sessions. After the interview had been completed, the researcher reminded the participant of the availability of the counsellor and was thus asked if debriefing was needed.

### **3.12 Chapter Summary**

This chapter explained why the qualitative approach and interpretative phenomenological (IPA) design were appropriate for the investigation. It further showed how the method of the study was applied in the fieldwork. As a result, it described the methodology, data collection and analysis, as well as the measures made to ensure academic rigour and information quality. The following chapter will highlight the themes that arose from the findings through the examination of the psychological stressors and coping mechanisms of morticians during the COVID-19 pandemic using the theoretical framework and perspectives that were discussed in Chapter Two.

## **CHAPTER FOUR:**

### **FINDINGS AND DISCUSSIONS**

#### **4.1 Introduction**

Chapter Three discussed in detail the complexities of the research paradigm and clarified the many components that went into the study, including the research design, the population being studied, the sampling techniques, as well as the methods utilised to collect and analyse data. This chapter will explain the data obtained in detail and present the themes that emerged thoroughly from the findings. The findings will be examined in conjunction with theoretical framework and perspectives and reviewed literature cited in Chapters One and Two. The provided findings are based on an examination of interview transcripts on morticians' psychosocial stressors and coping mechanisms during the COVID-19 pandemic.

The demographic information of the study sample is presented, and findings are provided in the following sections: the initial segment focuses on the themes and sub-themes produced during data analysis, while the second section focuses on the discussion of the themes and sub-themes.

#### **4.2 Demographic Information**

Tables 3–6 present the demographic profile of 10 morticians who participated in the study sample. The sample included 10 males only, indicative of this male-dominated profession (Murphy, 2014). The group of individuals who participated were relatively middle-aged, with two participants under the age of 30, four participants over 30, two

participants over 40 and two participants over 50.

**Table 3**

*Demographic Profile of the Sample by Occupation and Sex (n = 10)*

| <b>Occupation</b> | <b>Male</b> | <b>Female</b> | <b>n</b> |
|-------------------|-------------|---------------|----------|
| Mortician         | 10          | 0             |          |
| <b>Total</b>      |             |               | 10       |

**Table 4**

*Demographic Profile of the Sample by Occupation and Age (n = 10)*

| <b>Occupation</b> | <b>20–30<br/>years</b> | <b>30–40<br/>years</b> | <b>40–50<br/>years</b> | <b>50+<br/>years</b> | <b>n</b> |
|-------------------|------------------------|------------------------|------------------------|----------------------|----------|
| Mortician         | 2                      | 4                      | 2                      | 2                    |          |
| <b>Total</b>      |                        |                        |                        |                      | 10       |

**Table 5**

*Demographic Profile of the Sample by Occupation and Marital Status (n = 10)*

| <b>Occupation</b> | <b>Married</b> | <b>Divorced</b> | <b>Unmarried</b> | <b>Single</b> | <b>Widow</b> | <b>n</b> |
|-------------------|----------------|-----------------|------------------|---------------|--------------|----------|
| Mortician         | 4              | 0               | 3                | 2             | 1            |          |
| <b>Total</b>      |                |                 |                  |               |              | 10       |

**Table 6**

*Demographic Profile of the Sample by Occupation and Duration of Employment at the Mortuary (n = 10)*

| Occupation | 6 months-<br>1 year | 1–5<br>Years | 5–10<br>years | 10–15<br>years | 15–20<br>years | n  |
|------------|---------------------|--------------|---------------|----------------|----------------|----|
| Mortician  | 0                   | 1            | 3             | 4              | 2              |    |
| Total      |                     |              |               |                |                | 10 |

### 4.3 Themes and Sub-themes

Table 7 below includes the identified themes from interviews with the participants. The first column lists the themes while the second column includes sub-themes. The table below presents the main themes and sub-themes.

**Table 7**

*Themes and Sub-themes*

| Main theme                                                | Sub-theme                                                                                                                                                                                                                        |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Theme 1: Psychosocial stressors experienced by morticians | <ul style="list-style-type: none"> <li>• Sub-theme 1: Death overload</li> <li>• Sub-theme 2: Insomnia</li> <li>• Sub-theme 3: Stigmatisation</li> <li>• Sub-theme 4: Social isolation</li> <li>• Sub-theme 5: Anxiety</li> </ul> |
| Theme 2: Work stressors morticians experienced            | <ul style="list-style-type: none"> <li>• Sub-theme 1: Trauma from work</li> <li>• Sub-theme 2: Fear of exposure and contracting the virus</li> <li>• Sub-theme 3: COVID-19 regulations</li> </ul>                                |

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|                                          |                                                                                                                                                                                                                            |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Theme 3: Coping mechanisms by morticians | <ul style="list-style-type: none"> <li>• Sub-theme 1: Acceptance</li> <li>• Sub-theme 2: Avoidance</li> <li>• Sub-theme 3: Resilience</li> <li>• Sub-theme 4: External support</li> <li>• Sub-theme 5: Religion</li> </ul> |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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#### 4.4 Discussion of Themes and Sub-themes

##### **Theme 1: Psychosocial stressors experienced by morticians.**

Morticians who worked during the COVID-19 pandemic experienced several psychosocial stressors in their lives. All 10 participants had experienced psychosocial stress continuously throughout the pandemic, as captured in the excerpts below.

Participant 2 said: *“It would be COVID funerals; I am a mortician and had to do my job. In the beginning, it was stressful. I luckily never contracted COVID.”* The participants clearly understood their job descriptions and willingly prioritised providing exceptional service, even at the expense of their own needs. Participant 7 stated: *“Eish, we never rested. There were so many deaths ... we hardly rested. We also dealt with difficult customers (families). We would drive 150 km in the early am to please our customers.”* The participants understood the difficulties they faced in their job; however, the pandemic added more obstacles for them to navigate. Participant 4 expressed: *“Working with people is difficult and it’s stressful. You meet various types of people and families. The pandemic made it harder.”* At the height of the pandemic, the participants expressed that death overload was immense.

### ***Sub-theme 1: Death overload***

The participants experienced death overload during the COVID-19 pandemic. The constant increase of COVID-19 deaths resulted in the participants experiencing stress. Participant 7 stated the following: *“Working with COVID deaths, there was no way of even running from it. Most people who died were COVID corpses. We would wear PPE and wear three pairs of gloves.”* Participant 10, who shared their thoughts and feelings, expressed the following sentiment: *“One hardly rested; with COVID-19, you could not have a corpse for five days, we had funerals every day to cater for all the deaths.”* The increase in COVID-19 fatalities resulted in morticians feeling overworked with little to no rest. This is congruent with the literature, which stated that an increase in workload and over-exposure to mortality amplified morticians’ stress (Hernández-Fernández & Meneses- Falcón, 2022). Most of the morticians mentioned that they often found themselves feeling overworked and over-exposed to COVID-19 corpses.

The outbreak of the COVID-19 pandemic has brought about a slew of modifications in the mortuary services sector, such as shift work and an increase in work responsibilities. Morticians have been under immense pressure due to the skyrocketing death rate, resulting in a significant increase in burials (Van Overmeire & Bilsen, 2020). This change has had a substantial impact on their lives, causing them to experience a great deal of distress and anxiety (Mokhoali, 2021). It is evident that most participants displayed a primary appraisal of threat of harm towards the increase of COVID-19 corpses. This is congruent with literature, as the study done by McCarty et al. (2023) revealed that the COVID-19 pandemic was commonly acknowledged as threatening and harmful, causing a surge in stress levels among morticians due to the potentially devastating impact it can have. The death overload as a result of the pandemic resulted in participants experiencing insomnia.

### ***Sub-theme 2: Insomnia***

Participants described negative changes in their sleeping patterns during the COVID-19 pandemic. Most participants indicated experiencing insomnia. Participant 2 stated the following: *"During the pandemic, it was very busy, the workload was a lot. Thousands of people were dying every day. I had insomnia because my mind didn't close off. I was always thinking about what awaited tomorrow."* Participant 3 revealed the following: *"The workload led to fatigue; we would wake up sometimes at 3 am to go to work due to the distance where we had to take the bodies for burial."* It is evident that due to the uncertainty of death and the increase in workload resulted in morticians' constantly thinking about the next burial, leading to sleep irregularities. Participant 9 expressed the following: *"Uhm... I would say we were overloaded with workload, fatigued, and didn't rest at all. Most hospitals could not accommodate dead bodies so we would have to go get the body and we would have to attend a funeral the following day. And after the funeral, one had to attend to more bodies to prepare them for burial."*

Participant 9 is facing a stressful situation, as per the transactional model of stress and coping. The situation includes an excessive workload, exhaustion, and the responsibility of handling dead bodies amidst a shortage of hospital resources. During the primary appraisal, Participant 9 perceived this situation as a threat, due to the immense workload and emotional burden of handling dead bodies. This perception has caused stress, as the participant feels that the demands are greater than their available resources.

During this study, it was observed that participants exhibited the "fight-or-flight" response, which is a crucial component of the GAS theory. This response is triggered in the human body when it perceives a danger or threat, prompting the activation of the sympathetic nervous system. Consequently, this leads to an increase in heart rate,

breathing rate and heightened senses (Gorban et al., 2016). The COVID-19 pandemic had been a highly stressful period for individuals worldwide, and the participants were no exception. As a result, they remained in a constant state of alertness, preparing for future burials, which ultimately led to insomnia and heightened alertness among morticians. Insomnia was a common symptom of mental health issues during the pandemic, and it often led to burnout and compassion fatigue (Temsah et al., 2020). Many participants experienced stigmatisation from the public due to their high risk of contracting the COVID-19.

### ***Sub-theme 3: Stigmatisation***

Amidst the ongoing COVID-19 pandemic, morticians have been facing a significant amount of stigmatisation. Prior to the pandemic, Goldenhar et al. (2001) suggested that many of the morticians have been subjected to harsh treatment from their communities and even loved ones. This had resulted in a challenging work environment where they had to deal with not just the physical risks of the pandemic but also emotional distress. Participant 5 declared: *“Some people knew where I worked and they would gossip about me, about where I worked, and they stayed far away from me in fear because they feared contracting COVID.”* Participant 8 shared the same sentiments by stating: *“People feared us, they looked at us like zombies. They thought we had COVID-19 and were scared that we would pass it on to them.”* Amidst the ongoing pandemic, there has been a surge in apprehension and negative social perception towards morticians. This has resulted in the unfortunate denial of their access to public transportation. Participant 7 expressed the following: *“The worst was in the taxis; people treated me differently and almost in a judgemental manner because they knew where I worked, or they would see due to my*

*uniform.*” The participants in question have experienced negative social interactions, leading to morticians viewing the stressor in a negative and isolating manner. When applying the transactional model of stress and coping, it becomes clear that gossip and fear-driven avoidance from others indicate a negative evaluation of the situation. As a result, morticians are likely to feel rejected and stigmatised.

In the sub-theme of stigmatisation, the initial alarm stage would be triggered when the individual becomes aware that people are gossiping about them due to their work in a COVID-19-related environment. This might cause feelings of surprise, anxiety and social discomfort. If the gossip and avoidance persist without effective resolution, the morticians might eventually enter the exhaustion stage. In this stage, prolonged exposure to stressors can lead to physical and emotional exhaustion (Cunanan et al., 2018).

Literature indicates that failing to meet societal norms and facing stigmatisation can contribute to chronic stress (Sorokin et al., 2020). Furthermore, due to their unique professional environment, morticians experienced stigmatisation as a psychosocial stressor before the pandemic (Goldenhar et al., 2001), and the fear that ensued during the pandemic within the general population intensified the challenges morticians faced (Overmeire & Bilsen, 2020). Therefore, the primary appraisal of the stigmatisation, according to the transactional model of stress and coping, may have been evaluated as a challenge by the morticians, thus increasing the exposure to a stressful environment. Due to the stigmatisation the participants experienced; social isolation was emphasised by the participants.

#### ***Sub-theme 4: Social isolation***

Within the mortician profession, there are those who have actively chosen to live in social isolation and those who have been compelled to do so out of a sense of caution or concern for the perceptions of others. This divergence in approach towards social interaction reflects the complex nature of the job and the unique challenges faced by those who work in this field.

Participant 10 stated: *"After fetching a body, I could not see or be with my family for up to 2 days, I did not spend time with them at all."* Although the above statement was common among many of the participants, they would amplify that it was the best decision to protect their family. Another participant (6) stated: *"There was no time to spend with them, they would ensure that I would sanitise and keep my distance."* Some participants expressed the emotional burden of isolating from loved ones. Participant 3 stated: *"It was hurtful ... I had to communicate with them via cell phone. We couldn't share our work struggles with our families."* Several participants expressed that they were experiencing a sense of disconnection from their family, attributable to the notion that any form of engagement with them would lead to unfavourable outcomes not only for themselves but also for their loved ones.

Apart from the psychosocial stressor of social isolation, with the COVID-19 pandemic, there were added risk factors, such as the insufficient supply of PPE and the need to safeguard themselves as well as their family members, which were of paramount importance to the morticians. However, due to their increase in workload and COVID-19 lockdown regulations, isolation and loneliness may precipitate one to experience heightened stress levels (Sorokin et al., 2020). The results shown in this subsection support previous research, which suggests that social isolation can have a negative impact on well-

being and cause increased stress for morticians (Birmingham et al., 2023; Chandra & Vanjare, 2020; Kaplan, 2013). Most participants reported symptoms of anxiety because of lack of interaction with loved ones and death overload.

#### ***Sub-theme 5: Anxiety***

Many participants expressed that COVID-19 caused them to experience high levels of anxiety, particularly as the number of deaths continued to increase rapidly. With new regulations and changes in the work environment, morticians found themselves adjusting to the changes with feelings of uncertainty. Participant 10 stated: *"It was tough; you stayed in fear of even contracting COVID-19. I was always anxious when I had to go for tests."* Participant 5 stated: *"People were just dying; I was scared of contracting COVID even from the corpses. Any symptom would cause me stress, thinking that I might have contracted COVID-19."* The fear of the unknown and what the next day might hold solidified the morticians' primary appraisal of viewing the pandemic as a threat. The uncertainty about the next day's events and outcomes triggers a negative emotional response. This primary appraisal categorises the situation as demanding and potentially exceeding their coping abilities. Participant 1 expressed the following: *"I was always stressed about whether I will come home okay and not get COVID-19 and pass it on to my family."*

Psychosocial stressors such as social isolation, stigmatisation, insomnia, difficulty in shift work and handling remains are directly linked to anxiety (Goldenhar et al., 2001). Amid the pandemic, studies have shown that morticians experience heightened anxiety due to inadequate availability of PPE and the need to protect themselves and their loved ones while working longer hours as the death toll rises (Chandra & Vanjare, 2020). Furthermore, the perceptions of COVID-19 as a form of a life-threatening event resulted in emotions such as fear and anxiety (Wang et al., 2020), which was evident in the morticians' experience. The

perceptions morticians have of COVID-19 result in fear and anxiety. These primary appraisals contribute to a perception of high demand. The transactional model of stress and coping indicates that the chronic stress they experience is also recognised as a threat (Cooper & Quick, 2017).

The chronic stress the morticians experienced during the COVID-19 pandemic thus led to physical and psychological health issues, which include exhaustion, anxiety and burnout which is often seen in stage 3 of the GAS theory, called exhaustion, as the body reaches resistance if the stressor persists. In addition to psychosocial stresses experienced outside of the workplace, several of these stressors were also a direct outcome of the participants' workplace environments.

## **Theme 2: Work stressors morticians experienced.**

The work of a mortician can be emotionally and mentally challenging due to the nature of the job. Morticians work closely with grieving families and deal with death daily (Brysiewicz, 2007). This exposure to grief and loss can take an emotional toll on them, as they often need to provide support and comfort to grieving families while coping with their emotions. Morticians must adhere to various legal and regulatory requirements, which can be complex and time-consuming, adding to their stress (Hicks et al., 2022). Tan et al. (2023) elaborated that due to the changes in how funeral services are conducted, morticians experience chronic stress. Van Overmeire and Bilsen (2020) reported that morticians ran the risk of becoming infected with COVID-19 at the beginning, as the guidelines for treating COVID-19 corpses were vague at the beginning of the pandemic. This led to strict protocols that needed to be followed within the workplace to minimise the risk of infection.

Undertaking the role of a mortician amid the COVID-19 pandemic is a profoundly challenging and taxing occupation. As frontline workers who confront the deceased and their mourning loved ones, morticians have been subjected to unparalleled and amplified strains during this unparalleled period (Birmingham et al., 2023).

The COVID-19 pandemic had a profound impact on morticians, as revealed by Van Overmeire et al. (2022). The outbreak created a surge in their workload, leading to elevated levels of stress due to the heightened job demands and anxiety about contracting the virus. Morticians recognised the importance of prioritising safety, both for themselves and their community.

This can be explained by the transactional model of stress and coping, which states that stress is viewed as a relationship between an individual and their environment (Krohne, 2002). The mortician's working environment, which entails both emotional and physical aspects, resulted in experiencing psychosocial stressors such as work overload, insomnia, discrimination and anxiety. The result of working as a mortician during the COVID-19 pandemic directly impacted their psychosocial stress. Most participants experienced heightened work stress during the COVID-19 pandemic. Although some tried to compartmentalise the stress, others felt overwhelmed by the changes made within the work environment.

Participant 5 stated: *"It was rough. We needed counselling, we were affected and there was no one to talk about our experience and stressors."* Some of the participants (participants 5, 9, 2 and 6) shared similar sentiments with Participant 5, while others tried to compartmentalise their work-related stress, such as Participant 9 who stated: *"The stress at work was too much. At first, I was always thinking about my stress then decided that I will not think about it once I get home."* Participants expressed symptoms of trauma that

are related to their working environment. The reported symptoms convey a deep sense of unease and psychological distress that has emanated from their daily work experiences. This manifested as heightened anxiety, persistent feelings of dread or apprehension, and an overwhelming sense of helplessness (APA, 2022). Additionally, participants described a sense of detachment to cope with the overwhelming stressors within their work environment. This emotional withdrawal impacted their ability to engage fully with both their work tasks and personal relationships.

### ***Sub-theme 1: Trauma from work***

According to Van Overmeire et al. (2022), the traumatic stress morticians experienced during the COVID-19 pandemic was directly correlated to the high volume of work. The participants described symptoms of trauma such as isolation, fear and sleep disturbance (APA, 2022).

The task of managing death and providing support to bereaved families can be emotionally draining for morticians. The pandemic had only added to the difficulty of this already challenging job. Morticians have been confronted with an unprecedented number of deaths, which have included those of their fellow colleagues. In addition, they have had to assist families who were unable to hold traditional funerals due to the restrictions on gatherings. All these factors have made the process of dealing with death and loss even more complicated.

Participant 5 stated: *“One hardly rested; with COVID-19, you could not have a corpse for five days. We had funerals every day to cater for all the deaths.”* The task of managing the high mortality rate is linked to their lack of sleep and negative emotional state. The trauma that they experienced is evident in what Participant 8 stated, which is: *“COVID was*

*hectic, we worked with COVID corpses, and we were always in fear of contracting the virus. The corpses were covered with three bags and when they got to the mortuary, we would remove them from those bags and make them decent for their send-off. There's nothing we could do but our job."*

Therefore, this constant exposure and lingering fear left morticians in a constant fight-or-flight reaction, leading to their sympathetic nervous system generating stress chemicals (Gorban et al., 2016) and feeling the need to prepare the body for urgent action, resulting in sleep disturbance.

### ***Sub-theme 2: Fear of exposure and contracting the virus.***

Concerns regarding the risk of contracting COVID-19 among morticians are justified and rooted in the nature of their work. Morticians have the solemn responsibility of handling deceased individuals, some of whom may have succumbed to infectious diseases like COVID-19 (Rani, 2020). As part of their duties, they were required to perform intimate tasks such as embalming, dressing and preparing the body for burial or cremation, which often involves close contact with the deceased (Okafor & Chia, 2021). During the height of the COVID-19 pandemic when the transmission rate was at its peak, morticians were at an elevated risk of exposure to the virus if proper precautions were not taken. While the virus primarily spreads through respiratory droplets from an infected person, there was also a legitimate concern about the possibility of transmission from deceased individuals who may still harbour the virus in their bodies. The participants were afraid of catching the virus or being exposed to it. They were also worried about potentially transmitting it to their family and friends.

Sritharan and Sritharan (2020) explained that frontline workers, including morticians, were vulnerable to stress due to the overwhelming fear of contracting COVID-19. Participant 10 stated that: *"You stayed in fear, and always had to be careful and learn and understand that ways of work have changed."* This fear of exposure and contracting COVID-19 was shared with all the participants, as Participant 6 stated: *"People were just dying; I was scared of contracting COVID-19 even from the corpses. Any symptom would cause me stress, thinking that I might have contracted COVID."* Participant 2 expressed: *"I feared contracting COVID-19 and passing it onto the little ones at home. We had first-hand experience of how COVID plays out and I feared for my wife and kids."*

Based on this external stressor, which is the fear of contracting COVID-19, the morticians' cognitive appraisal, which is contracting COVID-19, impacted the degree to which their work environment is seen as stressful (Campbell et al., 2013). The morticians' initial assessment, according to the transactional model, of the impact COVID-19 has on their job was thus evaluated as an extreme threat to their own well-being and their loved ones. This threat triggered emotional responses such as fear, anxiety and stress. The fear of exposure and the potential consequences of infection lead to a sense of high demand and potential resource inadequacy. Since the potential to contract COVID-19 due to the nature of their work is seen as a threat or harmful appraisal, it thus leads to unfavourable emotions (Silinda, 2019). This correlates with previous literature which reported that individuals found COVID-19 as threatening and harmful, which led to reduced mental well-being, life satisfaction and greater negative affect (McCarty et al., 2023). The COVID-19 regulations played a significant role in how the participants managed their work duties. Thus, the constant change in these regulations resulted in experiences of stress within the workplace.

### ***Sub-theme 3: COVID-19 regulations***

The pandemic's ever-changing nature had forced morticians to comply with new regulations. The ongoing duration of the pandemic and the constant alterations in regulations had resulted in confusion and stress for morticians. The shift in COVID-19 rules had significantly impacted their workload and stress levels. For example, if restrictions are lifted and cases rise, morticians face an increase in the number of corpses, leading to more stress and burnout. As rules change, there are fluctuations in the requirements for PPE, which affects morticians' safety. Inconsistent guidelines create confusion and increase the risk of exposure to the virus, leading to higher levels of stress. Serafini et al. (2020) stated that poor and insufficient information from public health authorities contributed to increased stress levels. Therefore, morticians had to quickly adjust to new protocols, guidelines and procedures due to changes in COVID-19 rules.

Participants expressed their worry about the change in COVID-19 regulations. Participant 3 detailed: "This was for my own safety and that of my colleagues and others. We used to wrap the corpses first and then that was changed. People knew we could not open the corpses; however, they would still ask that we open the wrapping so they can see their loved one. And this was not allowed due to the regulations put in place."

Participant 5 explained: *"The regulations changed too much. One minute we must wrap the coffin and the next we didn't have to. Now family members think we favour others in the community when it's not the case."* Participant 7 uttered: *"Yes, and I realised that I contracted it at the hospital when we were fetching a corpse, I was wearing a cloth mask and the regulations said it's okay for us to wear this kind of mask."* The implementation of COVID-19 regulations was difficult to adjust to for morticians in the beginning, as stated by Participant 9: *"It was all well, there were no hectic regulations, and then COVID-19*

*happened, and all these PPEs and regulations were enforced on us. I was scared.” Although these regulations were placed within their work environment, they had a direct impact on the relationships morticians had with others. Participant 10 stated: “There was no time to spend with my family; they would ensure that I would sanitise and keep my distance.”*

The implementation of measures such as lockdown, social distancing and quarantine has caused a decrease in social interactions, resulting in feelings of isolation and loneliness for many individuals (Khudaykulov et al., 2022). Additionally, morticians have faced increased levels of stress due to the added workload, fear of infection and constantly changing COVID-19 regulations during the pandemic.

### **Theme 3: Coping mechanisms by morticians**

Dealing with stress, challenges and difficult emotions can be tough, but coping mechanisms can help. These are tools that individuals use to manage and reduce the negative effects of stressors in their lives. However, some coping mechanisms can be harmful. Carden (2001) pointed out that morticians may face stigma, but they cope by using positive reframing, humour and interacting with colleagues. Jordan et al. (2019) also found that morticians cope by disassociating during work and repressing society's preconceived ideas about working with corpses. Coping mechanisms are essential for maintaining overall well-being, managing stress and navigating life's challenges. By adopting and practising healthy coping strategies, individuals can lead more fulfilling and balanced lives.

#### ***Sub-theme 1: Acceptance***

Acceptance is an effective method of coping with challenging emotions and stressors. This strategy entails recognising and acknowledging feelings without any form of criticism

or suppression. By embracing their emotions, individuals can experience less internal conflict and emotional distress, thereby resulting in reduced anxiety and distress. Algorani and Gupta (2022) stated that this type of emotion-focused coping technique aids in the reduction of negative emotions. Some participants found themselves using this type of coping mechanism to reduce stress. Participant 4 stated: *"It was hard at first, working with COVID-19 bodies. But you get used to it as time goes, and you accept it."* Participant 10, who had similar sentiments to Participant 4, declared: *"As the pandemic continued, you learn to accept the workload."* While some people required time to adjust, others did so right away. Participant 8 emphasised the following: *"I just accepted, whatever happens, will happen according to God's will."*

According to the repression-sensitisation theory of coping, the participants who used acceptance as a coping mechanism can be viewed as a form of sensitisation, which includes the cognitive processing of stresses and traumatic experiences (Krohne, 2002). It is evident that these participants expressed their challenges and engage in activities that helped them find meaning in their experience. This pertains to how well participants can evaluate their own internal dialogue as a resource for coping in this sub-theme. This is crucial, as outlined by Cooper and Quick (2017), in balancing the risks, difficulties and uncertainties that accompany the COVID-19 pandemic, according to the transactional model of stress and coping. This relates to literature that discovered that many frontline workers often utilise emotion-focused coping strategies such as venting and acceptance (Mishra et al., 2023). Although acceptance was widely used by many participants, avoidance was reported by some participants as a form to cope with the COVID-19 pandemic.

### ***Sub-theme 2: Avoidance***

According to recent research conducted by Kar et al. (2021), morticians tend to resort to avoidant coping mechanisms, which can lead to difficulties in coping. The study found that the more one relies on avoidance strategies, the lower the quality of life they experience (Shamblaw et al., 2021). A few participants engaged in avoidance of the emotional impact of the stressors as a coping mechanism.

A few participants avoided their thoughts and emotions by using social media, reading and watching television. Participant 2 stated: *"I watched a lot of TV and movies, just to forget so to speak."* Participant 9 detailed: *"I would just read a lot, and sometimes I would read up about soccer games and when they will be reinstated, especially soccer overseas. I didn't want to think about work"*. Other participants used human interaction as a form of self-distraction for their thoughts. Participant 1 asserted: *"Sometimes you go out with friends, and you always want to have company but then they leave, and you are left with your thoughts."*

Krohne's (2002) analysis reveals that individuals who use repression as a coping mechanism tend to have low levels of self-disclosure. This is commonly observed when individuals aim to avoid negative thoughts and emotions. The repression-sensitisation theory of coping is related to previous research that found a connection between avoidance coping and increased risk of stress and psychological problems like depression and anxiety (Shamblaw et al., 2021). Participants who utilised avoidance as a coping mechanism were found to experience more psychosocial stressors, such as insomnia, anxiety and social isolation.

### ***Sub-theme 3: Resilience***

The global outbreak of the pandemic has drastically impacted our daily routines, prompting concerns regarding health, financial stability, social distancing and disruptions to work and education. It is crucial for individuals to develop resilience during these trying times, enabling them to effectively manage their mental, emotional and physical well-being, and overcome the uncertainties that arise (Søvold et al., 2021). Carden (2001) emphasised that although morticians face stigmatisation, they often cope with it using positive reframing, humour, mindfulness and interacting with their colleagues. The use of resilience, which has been indicated as a positive coping mechanism in literature (Duan et al., 2020; Mishra et al., 2023; Mudenda et al., 2022) was used for some participants. Although some were rejected by their family and community members, they showed resilience and coped through positive reframing.

Participant 3 expressed the following: *“At some point I visited my uncle’s home and on arrival his wife was not there and I was busy playing with my cousin. And when she arrived and was not pleased to see me there. My cousin is a young boy and he picked up during his parent’s conversation that they know I work with COVID-19 bodies and don’t want me to visit by saying no visitors are allowed. I had to adjust. I checked on them via my cell phone calls et cetera. I did not take it personally; I understood that they wanted to protect themselves.”*

Others implemented personal changes in their lives to cope better. Participant 4 stated: *“During the pandemic, I did some introspect in my life to see what works for me and what doesn’t.”* Participant 6 stated: *“When it started, there were uncertainties. However, as time went, and I became more informed, I wasn’t as nervous working with the COVID corpses. Even when you fetch the corpses at the hospitals, I was informed of the strict protocols and guidelines on how to go about my work. And I ensured I followed the right steps so that*

*COVID-19 doesn't affect me."*

The problem-focused coping exhibited by the participants was prominent, which resulted in resilience forming within them. These participants were able to identify the source of the stress in practical ways to adjust it, leading to stress reduction (Roncaglia, 2014). Although COVID-19 significantly impacted people's ability to cope with their lives, Shamblaw et al. (2021) emphasised that problem-focused coping was associated with a better quality of life. While resilience played a significant role in some individuals' coping strategies, others valued external support just as much.

#### ***Sub-theme 4: External support***

It is vital to provide support for morticians during the COVID-19 pandemic for various reasons. They have been at the front line of managing deceased individuals during this trying time, which can take a significant emotional and mental toll on them. The increased number of deaths and the potentially traumatic nature of their job during the pandemic, morticians have faced significant stress (Hicks et al., 2022; Miguel-Puga et al., 2021; Van Overmeire et al., 2022). Despite not receiving any psychological support through counselling, they received support from their community, friends and family. Therefore, it was crucial to provide support for morticians during the COVID-19 pandemic to ensure their physical and mental health and well-being. Having social relationships plays a vital role in reducing psychosocial stress (Kaplan, 2013), and many participants leaned on social coping to reduce their stress levels.

Participant 5 stated: *"We helped each other to get through. There were of course those who looked down on us and judged us, but others were much more supportive and comforted us."* Most participants created a support system with their colleagues, as they

better understood the stressors they faced. Participant 3 avowed: *“Personally, it did not affect my life deeply; like I said, we got motivation everyday ... we were even given support throughout the vaccination process as well. We received great support from our manager.”*

Participant 7 expressed: *“I like talking, so I would talk with my colleagues every morning and we comforted each other. Our boss will come to us saying are we having a meeting. We helped each other so that we would not work with the dead bodies for too long.”* Some participants received support from family members. Participant 9 expressed: *“Even at home it was hectic, but my family was supportive.”*

The form of social support as a coping mechanism is seen as a form of sensitisation as it allowed the participants to challenge and interact with the emotional aspects of their job. The mortuaries gave the participants a platform to express and discuss their feelings which resulted in the building of a support system. The support system thus became a safe space to feel deep emotions and thus engage in problem-solving tactics. Some participants found that using religion as a means of coping helped them see their stress from a different perspective.

### ***Sub-theme 5: Religion***

Religion has been an indispensable aspect of human history, particularly during tumultuous periods such as the COVID-19 pandemic (Mishra et al., 2023). It has acted as a source of solace and direction by furnishing answers to the unanswerable and a framework to comprehend affliction and tribulation (Kar et al., 2021). Therefore, the use of religion can be seen as meaning-focused coping as it allowed participants to remind themselves of the positive aspects of their lives. Mishra et al. (2023) concurred that religion is seen as an emotion-focused coping strategy; the research findings of Kar et al. (2021) and Mudenda

et al. (2022) corroborated this claim by showing that individuals who use religious beliefs as a coping strategy tend to have higher levels of resilience and lower levels of stress. This study revealed that a significant number of the participants relied on their religious faith to overcome their stressors, indicating the importance of religion as a coping mechanism. Many participants found themselves using religion as a form of coping.

Participant 9 expressed: *"We stayed in fear of the virus; we got vaccinated, and we prayed for the pandemic to end as well."* While some prayed as colleagues together, others found solace in participating in religion with family members. Participant 8 affirmed: *"On a daily basis, I sit at home and would read my Bible with my family. There are verses that spoke on the virus issues, such as people will close themselves in their houses ... God told us before it happened."* Some participants drew their faith from their religious beliefs. Participant 4 articulated: *"I just accepted ... whatever happens will happen according to God's will."* Others shared similar sentiments, as Participant 5, who stated: *"It is God's will for my life, and he gave me the strength to go through this journey."*

The morticians' religious beliefs aided them in coping with the stress caused by the COVID-19 pandemic. By giving their experiences meaning, they were able to assess the resources available to them and better deal with the stressors. Through religion, they were able to balance the risks and uncertainties and find comfort in exploring the meaning of these risks. Overall, their use of religion helped them cope with the situation. Morticians who engage in religion as a coping mechanism would feel more inclined to use sensitisation as they engaged in cognitive processing of the stressors and emotional turmoil (Krohne, 2002).

#### **4.5 Chapter Summary**

The current chapter delved into the crucial task of identifying the psychosocial stressors that morticians face during the COVID-19 pandemic. Through this study, significant strides were made in understanding and comprehending the various stressors experienced by morticians. This was a positive development, as it sheds light on the challenges faced by these professionals and helps to find ways to address them. Morticians face psychosocial stressors that are intricately related to the nature of their work, and the ways in which they cope with these challenges vary accordingly. The psychosocial stressors were death overload, insomnia, stigmatisation, social isolation and anxiety. The study delved into the coping mechanisms employed by morticians, shedding light on how they manage their stress levels, particularly in the context of the COVID-19 pandemic. The coping mechanisms include acceptance, avoidance, resilience, external support and religion. Understanding the stress and coping mechanisms of morticians can be achieved by utilising several models, such as the transactional model, general adaptation model and repression-sensitisation model. These models provide a comprehensive understanding of how morticians manage stress in their daily lives. It is encouraging to know that most solutions can be implemented at the grassroots level, indicating that there are practical ways to alleviate stressors faced by morticians. Notably, morticians are not passive individuals and play an active role in managing their stressors. This shows their resilience and determination to maintain their well-being while providing essential services to society.

**CHAPTER FIVE:**  
**SUMMARY OF FINDINGS, CONCLUSIONS, RECOMMENDATIONS AND CRITICAL**  
**REFLECTION**

**5.1 Introduction**

The COVID-19 pandemic caused a variety of stressors for morticians. Recent studies indicate a lack of progress in comprehending the various challenges faced by morticians during the COVID-19 pandemic, particularly in relation to psychosocial stressors and the impact of their coping mechanisms on these stressors. This research study aimed to delve into the unique and often overlooked experiences of morticians. It is subsequently asserted that there has not been enough progress in understanding the various difficulties faced by morticians, particularly regarding psychosocial stressors and the impact of their coping mechanisms on their overall experiences. It is essential to acknowledge that a more comprehensive clinical assessment of the mortuary population and the influence of their work environment on their daily lives would yield additional valuable insights. The implementation of the interpretative phenomenological analysis design allowed the researcher to explore the morticians' psychosocial stressors and coping mechanisms during the COVID-19 pandemic, by allowing an in-depth perspective from the participants. In this final chapter, the researcher presents a comprehensive summary of the study's key findings, meaningful conclusions, strengths, limitations, practical recommendations, and reflections in answer to the original research question.

## **5.2 Synopsis of the Study**

The study had two primary objectives to meet by means of qualitative data through conducting semi-structured interviews with morticians. To achieve these objectives, the data set that was generated and presented in the previous chapter was thoroughly analysed. The study was able to successfully meet both of its objectives.

### **5.2.1 Research Objective 1**

The first objective was to explore the psychosocial stressors of morticians during the COVID-19 pandemic. Participants reported experiencing death overload, insomnia, stigmatisation, social isolation and anxiety in both their work environment and community. The uncertainty of the pandemic increased these pressures, intensifying the overpowering fear of the virus and the significant rise in workload. As a result, the participants experienced a variety of psychosocial stressors.

Previous research and research during the pandemic have found that morticians face significant stigma due to their involvement with human remains. A study by Kurz (2018) reported similar findings, while Goldenhar et al. (2001) linked these stressors to depression and anxiety. The COVID-19 pandemic has also heightened the risk factors for those working in this profession, according to the research done by Chandra and Vanjare (2020). Therefore, the stressors that the morticians faced resulted in social exclusion within their community.

The participants faced significant challenges, such as stigmatisation, health and safety concerns, increased workload, isolation and changing regulations because of their social exclusion from the larger society and their lack of recognition. By doing so, we can create a more equitable and just society that values all individuals and their unique

contributions. According to individuals working in the mortuary sector, being able to identify psychosocial stressors can be incredibly helpful. Gaining more insight into the different stressors that may be affecting them, morticians can receive psychoeducation and guidelines on how to select appropriate coping mechanisms. This can lead to a safer and more supportive work environment, ultimately benefiting both the morticians and their clients.

### **5.2.2 Research Objective 2**

The second research objective was to investigate the coping mechanisms that morticians used during the COVID-19 pandemic. In considering the COVID-19 pandemic, it was important to explore the various coping mechanisms utilised by morticians in order to better understand how they were managing their stress levels. Through the study, it was found that the participants employed a range of coping strategies, including problem-focused, emotion-focused, meaning-focused and social/support-seeking techniques. Each strategy played a unique role in helping to alleviate the psychosocial stressors that were present. Despite the numerous challenges that morticians faced in both their personal and professional lives, many were able to demonstrate resilience by embracing the difficulties head-on.

Although most morticians utilised positive coping mechanisms, the study done by Shamblaw et al. (2021) indicated that different approaches to cope during the COVID-19 pandemic, such as avoidance, acceptance and positive reframing, had different impacts on experiencing stress. These different approaches were seen within the study as the participants who utilised avoidance coping mechanisms were seen to experience a variety of psychosocial stressors, while those who processed their emotions through problem-

focused and meaning-focused were found to experience the stressors less intensely. In addition, the study that was conducted by Mishra et al. (2023) was similar to this study, as they discovered that the experience of psychosocial stressors was inevitable whether one uses emotion-focused coping or avoidant coping behaviours. In the study, the participants coped by using religious beliefs, sharing their feelings and remaining busy, which were also found in the study done by Kar et al. (2021). While the previous studies offered valuable information regarding the quantitative aspects of various coping mechanisms, this current study enabled the participants to delve into their coping mechanisms in a more comprehensive manner. Furthermore, by emphasising the importance of community within African perspectives, this study shed light on the role of culture and its effects on coping mechanisms.

The morticians involved in this study demonstrated a deep appreciation for the various resources and supportive structures offered by their respective employers. They expressed gratitude for the thoughtful words of encouragement, patience and care that were extended to them during difficult times, as they could empathise with the experiences of their fellow workers. Despite this, it was discovered that a significant portion of the participants were not aware of any psychological services that may be accessible to them in moments of emotional distress.

### **5.3 Strengths of the Study**

The efficacy of the study was evaluated by analysing its ability to address the research questions highlighted in the introduction, which are:

- What are the psychosocial stressors that morticians are facing during the COVID-19

pandemic?

- How are morticians coping with the psychosocial stressors during the COVID-19 pandemic?

Although not a quantitative study, this research substantiated the fact that an association exists between working as a mortician and encountering psychosocial stressors. Moreover, the study revealed that the COVID-19 pandemic considerably influenced these stressors.

This research endeavour has been aimed at studying the psychosocial stressors and coping mechanisms employed by morticians in the North-West province during the COVID-19 pandemic. It is worth noting that the study is the first of its kind to delve into this area and the South African community, and it was borne out of a pressing need to gather more information on the impact of the pandemic on mortician stress and coping mechanisms. The research findings have proven to be invaluable, as they provide critical insights that can be leveraged to develop preventative, supportive and curative interventions to address the mental health vulnerabilities of this population.

#### **5.4 Limitations of the Study**

It is important to keep in mind that the research study has limitations, especially with regard to the purposive sampling method used. One of the main limitations of the study is that all morticians that participated, were from the private sector. Purposive sampling resulted in limited variation in the characteristics found in the participants. The participants were African men; this lacked the diversity necessary to explore different perspectives or experiences in other genders, cultures or races. The findings obtained from this approach may not necessarily be generalisable to those in other contexts. Given the small number of

participants, which was 10, it may be reasonable to assume that the findings may not be representative of the larger population. However, while this may be considered a small sample, the data were a rich enough foundation for the researcher to build on for upcoming studies. Lastly, the participants were only males, which can be viewed as a limitation as men often use avoidant coping mechanisms; thus, future researchers can include females as a recommendation.

### **5.5 Recommendations**

The experiences of these participants underscore the critical importance of promoting social inclusion and facilitating opportunities for the marginalised group to participate in all aspects of society fully. This suggests that mortuary governing boards need to develop awareness programmes and counselling services for morticians. Participants in this research were only males; thus, future research can explore the psychosocial stressors and coping mechanisms from a female perspective or both gender and sex. The inclusion of both males and females or gender and sex will strengthen the methodology of any study or project. A comprehensive analysis conducted with morticians working in the public sector might provide a more complete understanding of their experiences. Furthermore, future research can examine the effect that different cultures have on mortician stress and coping, since the participants in this research were only from the Setswana tribe. It is essential to acknowledge that a more comprehensive clinical assessment mortuary population and the influence of their work environment on their daily lives would yield additional valuable insights.

## **5.6 Critical Reflection on the Study**

My first encounter with morticians was after the passing of my mother. Although the memories are a blur, I remember how they offered comfort to myself and my family and gave us the space to grieve. My second encounter was my grandmother's passing, which happened in 2021. Seeing the impact of COVID-19 on my family's cultural rituals was frustrating; as such, I wanted the morticians to give some flexibility regarding the regulations since my grandmother's death was not related to COVID-19. At this time, I had my research title approved by my supervisor and had begun my research process. However, due to my own grief, I was not aware of the added stress my family was causing the morticians. The patience and empathy the morticians showed my family is something on which I often reflect. Although they were kind to us throughout the process of viewing my grandmother's body, I don't remember much about the female morticians who held the space for my family through this difficult time.

In the year 2020, I read an article that highlighted the plight of morticians who were dealing with the overwhelming impact of the COVID-19 pandemic. The article emphasised that morticians were feeling neglected, as the rest of the world focused on the impact of the virus on healthcare workers and first responders. This article sparked an interest in morticians' experience, and my love for the topic began. The article made me feel empathetic towards the morticians, who were risking their lives to ensure that the deceased were laid to rest with dignity. It was disheartening to see that despite their significant contribution, morticians were not receiving the recognition they deserved. What intrigued me about morticians was how society often overlooked the critical role they played in ensuring that families could say goodbye to their loved ones. The pandemic had made their work even more challenging, as they were dealing with an unprecedented

number of deaths. The article was an eye-opener that highlighted the importance of recognising the contributions of morticians in society, particularly during a pandemic and after. Their work is critical; it is essential to acknowledge and appreciate their efforts.

### ***Reflection on the research process***

My research journey began with a research concept paper and a discussion of the research with my then supervisor. The conclusion was to conduct a qualitative research study on morticians during the COVID-19 pandemic, using IPA. Using IPA allowed me to explore the morticians' experiences during the COVID-19 pandemic.

The first step in my research process was the conceptualisation of my study and drafting my proposal. This process was an enjoyable challenge, as I began familiarising myself with literature on morticians' experience and COVID-19. The proposal was presented to the Subject Group Psychology at North-West University, Mahikeng Campus. Once approved, I presented my proposal to the school's COMPRES entity. Changes were thus made to the proposal, and approval from COMPRES was given. The final stage entailed obtaining ethical approval for the study from the North-West University HREC. During this stage, I was quite anxious while waiting for my outcome. I reflected on the time that had passed and the back-and-forth communication that occurred throughout the ethical process. During this stage, there were minimal changes that needed to be made, after which final approval of the study was obtained from HREC. Once approval was obtained, excitement brewed within me as I had to prepare myself for the practical part of going into the field. I emailed the NFDA regarding my research and objectives, and I obtained permission. During this process, I was anxious that it would be a complicated process, but the NFDA were quite efficient in helping me with getting the permission.

Once ethical approval had been obtained, I started my data-gathering process. This comprised visiting mortuaries in the North-West province, primarily the cities of Rustenburg and Mahikeng. I was ecstatic to finally be in the field and to meet potential participants. I first met with the owners of the mortuaries and explained my research to them. They were happy to help as they saw how their employees were overworked during the pandemic. Once I had met the owners and they had spoken to their respective employees, they introduced me to the employees who wanted to participate. The independent person obtained informed consent from the participants and explained the research objectives as well as other pertinent details. The participants were screened in order to ensure that they met the inclusion criteria. Once that was done, the data-gathering process began. At first, I was quite nervous, as this was my first time conducting semi-structured interviews. Although it was an exciting process, as I was in the research field, I felt that I might not gather data correctly. However, as the process began to flow, I felt more at ease. The participants were kind and patient with me, which helped with my nerves. Some were eager to tell their story, as they felt it was the first time being seen by someone outside their profession. It became clear to me through my data-gathering process that the themes I assumed would come out did, however, not surface. This includes alcohol and the use of cigarettes. I probed about substances, but nothing came out. I then reminded myself that there were certain bans during the pandemic, which may have affected the morticians "normal" coping mechanisms. The participants mentioned that the price of alcohol and cigarettes was too expensive, and they could not afford them. This made me more aware of the impact that COVID-19 had. As I was conducting my interviews, I began to see some themes in the stressors and coping mechanisms of morticians during the COVID-19 pandemic. This made me extremely

excited about my data analysis process.

Thematic analysis was used to analyse the data. During this process, the themes were grouped while empathising with morticians and the difficulties they face, especially during times of crisis, such as the pandemic. This affected the way in which I identified the coping mechanisms, as I was more interested in the negative themes. However, by communicating with the co-coder, I managed to take an unbiased approach to identifying the themes.

The themes allowed me to realise the need for psychological interventions for morticians as they do not get social support from society. Seeing the study come to “life” in the presence of all this “death” through the themes was incredible.

## **5.6 Chapter Summary and Conclusion**

The overall research question that guided this study was, “What are the psychosocial stressors and coping mechanisms of morticians during the COVID-19 pandemic?” Having concluded this study, based on the data, the following can, in summary, be posited as conclusions reached by this study:

- i. A considerable number of morticians are oblivious to the pressures they encounter and the unique aspects of their profession.
- ii. Participants have developed only a few coping mechanisms (acceptance, resilience, avoidance and positive reframing) as they perceive their experiences to be typical.
- iii. The study illustrated that morticians do make some attempts, which included obtaining external support from colleagues and family members to mitigate

mental health challenges and address the vulnerabilities arising from their line of work.

- iv. This comprehensive study shed light on the relentless psychosocial pressures the participants grappled with and the ingenious coping techniques they mustered to endure their arduous profession.
- v. This research showcased the invaluable contributions of mortuary sciences to society, highlighting their often-underappreciated role in times of crisis (COVID- 19).

Although the study humbly acknowledged its inherent limitations, it compellingly pointed to a pressing need for future endeavours in understanding and safeguarding the well-being of morticians. With their pivotal role in handling the deceased and comforting grieving families, the resilience and health of morticians warrant closer attention, igniting the call for further studies to illuminate their plight and pave the way for enhanced support mechanisms.

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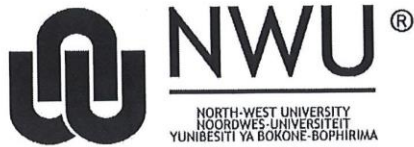
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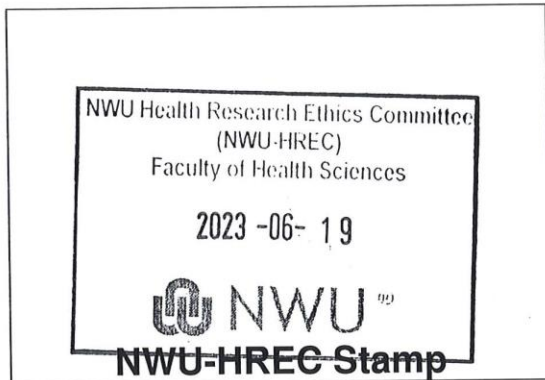
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**Appendices**  
**Appendix A: Informed Consent Form**



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**INFORMED CONSENT DOCUMENTATION FOR MASTERS  
RESEARCH ON PSYCHOSOCIAL STRESSORS AND COPING  
MECHANISMS OF MORTICIANS DURING THE COVID-19  
PANDEMIC: A QUALITATIVE STUDY**

**TITLE OF THE RESEARCH STUDY:** Psychosocial stressors and coping mechanisms of morticians during the COVID-19 pandemic: a qualitative study

**ETHICS REFERENCE NUMBERS:** NWU-00171-22-A1

**PRINCIPAL INVESTIGATOR:** Curwyn Mapaling

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**ADDRESS:** 27 Visrivier Street, Cashan ext 4, Rustenburg

**CONTACT NUMBER:** 076 736 8804

You are being invited to take part in a **research study** that forms part of my a Master's study. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will not affect you negatively in

any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the NWU-Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00171-22-A1) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

#### **What is this research study all about?**

- *We plan to understand the psychosocial stressors that you faced during the COVID-19 pandemic. to*
- *We plan to investigate the coping skills that you used during the COVID-10 pandemic. to*
- *This study will be conducted in Pretoria/Johannesburg in a private venue of your choice and will be done by experienced health researchers trained in clinical psychology. 9 participants will be included in this study.*

#### **Why have you been invited to participate?**

- *You have been invited to be part of this research because you are above the age of 18 years, have worked in a funeral parlour for at least 3 years and have worked in a funeral parlour that received COVID-19 cases*
- *You will unfortunately not be able to take part in this research if you did not have direct contact with COVID-19 cases.*

#### **What will be expected of you?**

- *You will be expected to participate in an interview for 1 hour with 14 questions being asked*

#### **Will you gain anything from taking part in this research?**

- *There will be no direct gains for you in the study.*
- *The other gains of the study is that the scientific field will gain a better understanding of how pandemics affect morticians due to the gap in the knowledge.*

#### **Are there risks involved in you taking part in this research and what will be done to prevent them?**

- *There are more gains for you in joining this study than there are risks.*
- *There is a possibility of psychological harm/ triggers, which will be addressed through debriefing with a psychologist.*

#### **How will we protect your confidentiality and who will see your findings?**

- *Anonymity of your findings will be protected by using a pseudonym. Your privacy will be respected by limiting the utilization of your name during the interview process. Your results will be kept confidential by the researcher on a password protected laptop Pseudonyms will be used when the data is disseminated. Only the researchers and research supervisor will be able to look at your findings.*

*Findings will be kept safe by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected. (As soon as data has been transcribed it will be deleted from the recorders.) Data will be stored for 5 years.*

**What will happen with the findings or samples?**

- *The findings of this study will only be used for this study.*
- *The results will be kept locked at secure for 5 years at the NWU psychology department. Once the 5 years have elapsed, the results will be shredded, and the recordings will be deleted.*

**How will you know about the results of this research?**

- You will receive an email from the gatekeeper (National Funeral Directors Association of Southern Africa) with a summary of the findings of the study. As mentioned earlier, your name will not be mentioned, and you will not be identifiable from the findings.

**Will you be paid to take part in this study and are there any costs for you?**

This study is not funded.

Yes, you will be paid an amount of R100 when you complete the interview.

You had no travel expenses and do not to be refunded for traveling.

There will thus be no costs involved for you, if you do take part in this study.

**Is there anything else that you should know or do?**

- You can contact Melissa Mashaba at 076 736 8804 if you have any further questions or have any problems.
- You can also contact the NWU-Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or [carolien.vanzyl@nwu.ac.za](mailto:carolien.vanzyl@nwu.ac.za) if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

### Declaration by participant

By signing below, I ..... agree to take part in the research study titled: Psychosocial stressors and coping mechanisms of morticians during the COVID19-pandemic: a qualitative study.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ..... on (*date*) ..... 20....

.....  
**Signature of participant**

.....  
**Signature of witness**

### Declaration by person obtaining consent

I (*name*) ..... declare that:

- I clearly and in detail explained the information in this document to  
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) ..... on (*date*) ..... 20....

.....  
**Signature of person obtaining consent**

## Declaration by researcher

I (name) ..... declare that:

- I explained the information in this document to ..... **or.**
- I did/did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them  
or I was available should he/she want to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research,  
as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to  
do so.

Signed at (place) ..... on (date) ..... 20....

.....  
**Signature of researcher**

Current details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.6 Forms\HREC\9.1.5.6\_NWU-HREC\_ICF\_Template\_Feb2019.docm  
7 February 2019

File reference: 9.1.5.6

## Appendix B: Interview Guide

### **Demographic Information:**

Please fill in your biographic information below.

1. Gender: Male..... Female.....  
Other..... (Specify):.....
2. Date of Birth: ..... / ..... / ..... Age: .....
3. Duration of employment: .....
4. Marital status: Married..... Divorced..... Widowed..... Single..... Other  
(Specify).....

### **Interview Questions**

1. What made you decide to become a mortician and have you undergone any kind of training in your field of work?
2. Did your work ever stir up any strong feelings before COVID-19?
3. How are your work and your experience different then with COVID-19?
4. How did working with COVID-19 human remains affect your life?
5. Are there aspects of your job that you find more stressful during the COVID-19 pandemic?
6. How does working with corpses affect your relationship with other people?
7. Are any of these activities aimed at making you feel better after a stressful day/week at work?
8. Which other personal resources do you use to cope with stress?  
Does it make you feel better? For how long?  
Can you elaborate? Do you think these strategies are effective?
9. Do you know of any professional services that may be of use to you in coping with life experiences that you find stressful?
10. Do you engage in any activities that make you feel less stressed but that you know may be harmful to you?

Thank you for participating in my study!

## Appendix C: Advertisement



**NWU<sup>®</sup>**

NORTH-WEST UNIVERSITY  
NOORDWES-UNIVERSITEIT  
YUNIBESITHI YA BOKONE-BOPHIRIMA

# Research participants needed

**My name is Melissa Mashaba and I am currently completing my masters in clinical psychology. As part of the program, I am writing a mini-dissertation on the psychosocial stressors and coping mechanisms of morticians during the COVID-19 pandemic.**

## Who can participate?



- Morticians who have worked for at least 3 years
- Morticians over the age of 18 years
- If your workplace received COVID-19 cases

**Dates and times for participation will be communicated**

## The aims of the study:

- To **explore** the **psychosocial stressors** that morticians faced during the COVID-19 pandemic
- To **investigate** the **coping skills** that they used during the COVID-19 pandemic

**If you are interested please contact:**

**✉ : [mashabamelissa1@gmail.com](mailto:mashabamelissa1@gmail.com)**

**☎ : 076 736 8804**

**Morticians are individuals whose job entails the burial or cremation of the dead, as well as the arrangements for the funeral ceremony**

## Appendix D: COMPRES Approval Letter



### Scientific Committee Approval for a Research Application

Research using human participants, health or health-related studies

| Scientific Committee Information |                 |                                                 |                        |
|----------------------------------|-----------------|-------------------------------------------------|------------------------|
| Name of the scientific committee | COMPRES         | Discipline(s)                                   | MA Clinical Psychology |
| Research Entity                  | COMPRES         | Contact Person for the committee                | Jessica Daniel         |
| Faculty                          | Health Sciences | E-mail address for the committee contact person | 26150600@nwu.ac.za     |

| Study & Scientific Review Information                                   |                                                                                                                                                                                                                                                                                               |                                     |                                                        |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|
| Title of the study:                                                     | Original title (unedited): Psychosocial stressors and coping mechanisms of morticians during the COVID-19 Pandemic: A qualitative study<br>Language edit of original: Psychosocial stressors and coping mechanisms of morticians during the COVID-19 pandemic: a qualitative study [14 words] |                                     |                                                        |
| Researcher/Study Supervisor Initials, Name and Surname:                 | Mr Cunwyn Mapaling                                                                                                                                                                                                                                                                            | NWU Number:                         | <a href="#">Click or tap here to enter text.</a>       |
| Student Initials, Name & Surname:                                       | Melissa Mashaba                                                                                                                                                                                                                                                                               | NWU Number:                         | 27390594                                               |
| Other Researchers involved in the study (Initials, Names and Surnames): | Dr Wandile Tsabedze                                                                                                                                                                                                                                                                           |                                     |                                                        |
| Potential risk level for human participants:                            | No risk                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <b>Motivate:</b> Click here to motivate the risk level |
|                                                                         | Minimal risk                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>            |                                                        |
|                                                                         | Medium risk                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> |                                                        |
|                                                                         | High risk                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            |                                                        |
| Potential risk level for children and incapacitated adults:             | No risk                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <b>Motivate:</b> Click here to motivate the risk level |
|                                                                         | No more than minimal risk of harm                                                                                                                                                                                                                                                             | <input type="checkbox"/>            |                                                        |
|                                                                         | Greater than minimal risk with the prospect of direct benefit                                                                                                                                                                                                                                 | <input type="checkbox"/>            |                                                        |
|                                                                         | Greater than minimal risk with no direct benefit                                                                                                                                                                                                                                              | <input type="checkbox"/>            |                                                        |

|                                                                                                       |                                                                                      |                                                                      |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>Recommendation for the REC:</b>                                                                    | Review by the research ethics committee required <input checked="" type="checkbox"/> | <b>Motivate:</b> Proposed study directly impacts human participants. |
| <b>Any additional comments</b>                                                                        | Motivate: <a href="#">Click here to enter any additional comments</a>                |                                                                      |
| <b>Chairperson of the committee</b>                                                                   | Prof CHM Bloem                                                                       |                                                                      |
| <b>Committee members present during the review</b><br><br>(NB, please ensure no conflict of interest) | <b>Dr Erika Hitge</b><br><b>Mrs Amori Marais</b><br><b>Prof Herman Strydom</b>       |                                                                      |
| <b>Date of review</b>                                                                                 | 2022/05/10                                                                           |                                                                      |

Interim Scientific Committee COMPRES

Digitally signed by Interim Scientific Committee COMPRES  
Date: 2022.06.03 13:25:27 +02'00'

**Signature of Chairperson**

**Date: 2022/06/03**



**Signature of Research Director**

**Date: 2022/06/03**

Form developed by Prof Minnie Greeff, 1 March 2017  
Form updated by Prof Minnie Greeff, 31 January 2019  
Form updated by Prof Minnie Greeff, 8 May 2019  
Form updated by Prof Minnie Greeff, 23 July 2019  
Form updated by Prof Minnie Greeff, 10 August 2019

Original details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.6 Forms\9.1.5.6\_SC Approval\_Human Participants.docm  
10 August 2019  
File Reference: 9.1.5.6

## Appendix E: HREC Approval letter



Private Bag X1290, Potchefstroom  
South Africa 2520

Tel: 086 016 9698

Web: <http://www.nwu.ac.za/>

**North-West University Health Research Ethics  
Committee (NWU-HREC)**

Tel: 018 299-1206

Email: [Ethics-HRECAppl@nwu.ac.za](mailto:Ethics-HRECAppl@nwu.ac.za) (for human  
studies)

19 June 2023

### ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Health Research Ethics Committee (NWU-HREC) on 19/06/2023, the NWU-HREC hereby approves your study as indicated below. This implies that the NWU-HREC grants its permission that, provided the general conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

**Study title: Psychosocial stressors and coping mechanisms of morticians during the COVID-19 pandemic: a qualitative study**  
**Principal Investigator/Study Supervisor/Researcher: Mr C Mapaling**  
**Student: M Mashaba - 27390594**

**Ethics number:**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| N | W | U | - | 0 | 0 | 1 | 7 | 1 | - | 2 | 2 | - | A | 1 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Institution Study Number Year Status

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation;  
A = Authorisation

**Application Type: Single study**

**Commencement date: 19/06/2023**

**Expiry date: 30/06/2024**

**Risk:**

**Medium**

**Approval of the study is provided for a year, after which continuation of the study is dependent on receipt and review of a six-monthly monitoring report and the concomitant issuing of a letter of continuation. Monitoring reports are due at the end of February and June annually until completion of the study.**

#### **General conditions:**

*While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:*

- *The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-HREC:*
  - *six-monthly on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and*
  - *without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.*
- *The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWU-HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.*
- *Annually a number of studies may be randomly selected for active monitoring.*
- *The date of approval indicates the first date that the study may be started.*
- *In the interest of ethical responsibility, the NWU-HREC reserves the right to:*

- request access to any information or data at any time during the course or after completion of the study;
- to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process;
- withdraw or postpone approval if:
  - any unethical principles or practices of the study are revealed or suspected;
  - it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;
  - submission of the six-monthly monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and/or
  - new institutional rules, national legislation or international conventions deem it necessary.
- NWU-HREC can be contacted for further information via [Ethics-HRECAppl@nwu.ac.za](mailto:Ethics-HRECAppl@nwu.ac.za) or 018 299 1206

The NWU-HREC would like to remain at your service and wishes you well with your study. Please do not hesitate to contact the NWU-HREC for any further enquiries or requests for assistance.

Yours sincerely,

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Chairperson NWU-HREC

Current details (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.4 Templates\9.1.5.4.2\_NWU-HREC\_EAL.docm  
20 August 2019  
File Reference: 9.1.5.4.2

## Appendix F: NDFA Goodwill Permission Letter



15 February 2023

Dear NFDA member

Ms Melissa Mashaba is a student who is currently busy with her Masters in Clinical Psychology at North-West University. Her research title is **Psycho-social stressors and coping mechanisms of morticians during the COVID-19 pandemic: a qualitative study.**

The aim of the study is:

- To explore the psychosocial stressors that morticians face during the COVID-19 pandemic
- To investigate the coping skills that morticians used during the COVID-19 pandemic.

Your company has been selected because you are an NFDA member close to the area identified for the research.

The NFDA hereby grants permission to Ms Melissa Mashaba to interview members of the association for the purpose of her research, as explained below.

To complete her research project please allow the following:

1. an interview with the owner/manager of the funeral parlour for the purpose of the research
2. collect and use the data from the interview process for the purpose of the research
3. use data/information for the purpose of the research

The study will acknowledge the organisation and the research will be shared if requested.

You are welcome to contact the NFDA office for further details.

Kind regards

MRS MARTHIE BOTHA  
ADMINISTRATIVE MANAGER

---

P O BOX 251 GERMISTON 1401  
011 825-4404  
081 435 8888  
[secretary@nfda.org.za](mailto:secretary@nfda.org.za)