



The Stigma of Handling Dead Bodies and the Psychological Well-Being of Mortuary Workers

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Abstract

This study investigated how the perceived stigma of handling dead bodies impacted the psychological well-being of mortuary workers. Many studies indicate that the psychological well-being of morgue workers is affected by the reactions of the community to the work that they do. Social stigma theory was used to inform the study while correlational design was employed to determine the relationship between perceived stigma and psychological distress of mortuary workers in Nairobi County. The study adopted the Kessler Wellness Scale (K-10), Everyday Discrimination Scale and an individual interview schedule. Descriptive statistics were used to analyze demographic data, while Pearson correlation and regression analysis were used to make inferences from the collected data. Study findings indicated 46.7% received worse service when they revealed their profession while 29.7% believed that others treated them as inferiors, and thus positioned themselves above them. In addition, 57.5% of the funeral directors mentioned that they had been insulted but did not specify when or by whom the insults were made. Furthermore, Kessler Scale results showed that a large number of employees experienced mental health problems where 43.5% expressed feeling depressed while 67.4% had anxiety. The results established a Pearson correlation coefficient of $r=0.37$, and a multiple correlation coefficient (R value) of 0.675, indicating a moderate positive correlation between stigma and psychological distress. The study recommended that working in morgues exposed the workers to psychological distress and efforts should be made to enhance their psychological wellbeing especially by providing support systems.

Introduction

Mortuary workers face significant psychological distress, including symptoms of PTSD, anxiety, and depression. This distress is compounded by the societal stigma attached to their profession due to handling dead bodies and the perceived profit from death. Research in Africa, particularly in Kenya, has primarily focused on the medical and occupational hazards of mortuary work, with limited attention given to workers' psychological well-being. Against this backdrop, the study aimed to explore the impact of stigma on the psychological well-being of mortuary workers in Kenya. The main



objective was to investigate whether the stigma associated with handling dead bodies adversely affected workers' mental health and to identify potential mitigation strategies. This research aimed to address a critical gap in understanding mortuary workers' challenges and inform the development of interventions to support their psychological needs. The study aimed to contribute to the broader discourse on mental health in occupational settings by elucidating the relationship between stigma and psychological well-being among mortuary workers. Understanding the factors influencing the mental health of mortuary workers is essential for developing targeted interventions that promote resilience and quality of life in this often-overlooked segment of the work

The practice of embalming incorporates complex techniques, with formaldehyde emerging as a primary embalming agent following its discovery for its tissue-hardening properties in 1893. As highlighted by Kiragu (2015), Embalming serves three main objectives: disinfection, preservation, and restoration of human remains. These procedures are typically carried out within mortuaries or funeral homes, where mortuary workers, including funeral directors, morticians, and embalmers, are tasked with ensuring the dignified treatment of the deceased (Thompson, 1991). Throughout history, mortuary work has been associated with societal marginalisation, often relegated to the lower class. This trend is evident across various cultures and regions. In America, individuals occupying the lower rungs of the socioeconomic ladder were often engaged in such professions, reflecting broader societal stratification based on economic status (Audretsch et al., 2013).

Similarly, in Japan, marginalised groups like the Eta or Burakumin undertook tasks deemed impure, including mortuary work, while in India, the Untouchables or Dalits were assigned 'unclean' occupations, such as cremating the dead or cleaning streets (Benedict, 2006; Hanchinamani, 2001). Despite official attempts to abolish such distinctions, informal societal hierarchies persisted, perpetuating stigma and discrimination against those engaged in mortuary work (Garnesh, 2016). The psychological well-being of mortuary workers has emerged as a critical concern, given the inherent challenges and societal perceptions associated with their profession. Ryff and Keyes (2001) emphasised the importance of psychological wellness, highlighting its multifaceted nature beyond the mere absence of illness. However, mortuary work, characterised by exposure to distressing scenes and societal taboos surrounding death, can significantly impact the mental health of workers (Rodrigues, 2006). Stigma, both external and internalised, further exacerbates these challenges, contributing to negative self-concept and diminished life satisfaction (Livingston & Boyd, 2010).

The presence of stigma, encompassing public, self, association-based, and structural elements, underscores the need for targeted interventions to support the mental health and well-being of mortuary workers (Haghshenas et al., 2004; Hebl & Mannix, 2003). The perception of stigma by association may result in psychological distress and lower self-esteem among those connected to mortuary workers, further exacerbating the challenges faced by these individuals (Hebl & Mannix, 2003). Additionally, structural stigma, perpetuated by societal structures and power dynamics, reinforces the marginalisation of mortuary workers, making them vulnerable to discrimination and social inequality (Yang et al., 2022). Addressing the psychological well-being of mortuary workers requires a comprehensive understanding of the intersecting factors that contribute to their experiences of stigma and distress. By recognising and addressing these challenges, interventions can be developed to promote a supportive work environment and enhance the mental health outcomes of mortuary workers, ultimately fostering a more inclusive and compassionate society.

Method

A correlational mixed method design examined the relationship between stigma and psychological distress among mortuary workers in Nairobi, Kenya. We integrated quantitative and qualitative



approaches to offer a comprehensive exploration of how perceived stigma influenced the psychological well-being of study participants. The study instruments, comprised of quantitative assessment, involved utilising the Everyday Discrimination Scale to measure perceived stigma and the Kessler Wellness Self-Rating Scale to gauge psychological distress. Concurrently, qualitative insights were derived from semi-structured interviews with mortuary workers, facilitating a nuanced understanding of their experiences. The study utilised two questionnaires, the Kessler Wellness Scale (K10) and the Everyday Discrimination Scale (EDS), to measure psychological distress and perceived stigma, respectively. The K10, a 10-item questionnaire, assessed levels of depression and anxiety over the preceding four weeks using a 5-point Likert scale, with higher scores indicating more severe symptoms. It proved effective in detecting psychological distress due to its simplicity and strong performance. Similarly, the EDS, rated on a 5-point Likert scale, measured attitudes towards stigma and discrimination – this multifaceted methodology aimed to illuminate the factors contributing to perceived stigma and its implications for psychological distress.

The investigation took place in Nairobi County, which has seven morgues and funeral homes and is a cosmopolitan, challenging lifestyle, and residents prefer white-collar professions. While various professionals operate within the selected funeral homes, the study targeted 60 embalmers and morticians. These individuals were chosen as key participants because of their daily interaction with the deceased and their understanding of the dynamics of psychological distress and perceived stigma in the mortuary setting. The mortuary embalmers and morticians provided insights into these factors by completing questionnaires, enabling the researchers to gather data on psychological distress and perceived stigma within this professional context.

The study employed rigorous methods to ensure the validity and reliability of its instruments. Initially, a pilot test was conducted to assess the alignment of the questionnaires with the study objectives and identify any ambiguities or issues. Subsequently, ten items with five variables measuring the stigma faced by mortuary workers were analysed using the Cronbach alpha scale, which provided an overall internal consistency estimate. The Cronbach's alpha value of .84198 indicated a high level of internal consistency, affirming the validity of each stigma measure. To further validate the findings, interviews conducted by the researcher confirmed the data collected from the questionnaires. The study's results revealed a significant correlation ($r=0.84198$) between psychological distress and stigma, as demonstrated by a regression analysis. Precisely, higher levels of psychological distress were predicted by higher levels of experienced stigma, underscoring the importance of addressing stigma in understanding and managing psychological well-being among mortuary workers.

The study utilised quantitative analysis methods to examine the relationship between the perceived stigma of handling dead bodies and psychological distress among mortuary workers. Quantitative analysis involved employing cross-tabulations, percentages, and measures of central tendency. The Pearson Correlation Coefficient was also utilised to determine the correlation between the two variables. The IBM Statistical Package for Social Sciences (SPSS) version 21 facilitated data entry, cleaning, and regression analysis. Multiple regression analysis was conducted to evaluate the impact of various factors on psychological distress. Finally, the findings were illustrated through tables and pie charts for clarity and presentation. The researcher prioritised subjects' values and minimised risks by emphasising informed consent and confidentiality as primary ethical considerations. Before the data collection, the Kenyatta University ethics and research committee (KUerc) reviewed to ensure that all the study ethics had been followed.



Findings

Demographic information

The demographic information included in the data results encompasses age, gender, level of education, and years of experience. The respondents revealed notable trends in age distribution, with the most significant proportion (35%) falling within the 31-40 age bracket, indicating a considerable presence of individuals in their thirties who may offer diverse perspectives and experiences. Following closely, 28.33% of respondents belonged to the 20-30 age group, suggesting substantial representation of young adults with potentially distinct attitudes toward the subject matter. Additionally, 25% of respondents were aged 50 and above, offering a perspective from older individuals, while the 41-50 age group comprised 11.67% of the sample, indicating a relatively smaller representation. This distribution emphasises the likelihood that younger mortuary workers, particularly those between 20 and 40, may undergo psychological distress stemming from perceived stigma, given their prominence in the workforce.

Regarding the gender distribution of the received sample, male participants prevailed, with a share of 57%, while 44% of the sample consisted of females. This is in concordance with earlier research pointing to male dominance in funeral service careers and further implying that women have not been given a free pass to pursue these careers and promotions. In terms of educational attainment, the most significant proportion of the respondents (52.17%) possessed a diploma; 43.48% of respondents possessed a certificate; the rest, 4.35% of respondents, possessed a Bachelor's degree. This contrasts with suggestions that there are areas where mortuary attendants have no formal training; all the respondents in this study were reasonably educated and likely to give accurate information.

In addition, the distribution of years of experience also showed a relatively high percentage of respondents with 11-15 years of experience (32.61%), and 6-10 years of experience (26.69%). A significant number (15.22%) reported at least twenty-one years of industry experience, with 8.69% of the respondents working in the mortuary for 0-5 years, which points to the variability of the influence of stigma and psychological distress on the employees depending on the number of years served in the mortuary as the longer the working years, the more likely the individual had encountered these aspects.

Level of Stigma

The study demonstrated the effectiveness of the Everyday Discrimination Scale in assessing discrimination perception and its utility as a predictor variable in statistical models. Respondents were presented with structured statements and questions to gauge their opinions, with responses categorised on a scale from 0 to 5, ranging from 'never' to 'almost every day'. The findings highlight the frequency of perceived discrimination among participants, affirming the scale's relevance in capturing nuanced experiences of discrimination and its potential to inform predictive models.

The data clearly showed mortuary employees faced a high-level stigma, with most of them mentioning different forms of discrimination. Another 36% indicated they are exposed to rude behaviour almost daily, while 5% reported the same daily; 4% experienced it at least once a week. Moreover, 46.7% of participants said they face discriminatory treatment in the form of inferior services almost daily. These results indicate that there may be a problem in the mortuary profession, such that many employees in the occupation have ongoing issues with stigma and discrimination from other family members and the community, which affects their working lives and their social interactions.

A notable proportion of respondents felt left out of family and community activities, with over 50% reporting discouragement from discussing their jobs within their families and 66.7% feeling excluded



from specific conversations. Additionally, a significant number of participants (44.5%) admitted discomfort attending social events organised by peers due to societal discomfort surrounding their profession. Moreover, a concerning 37.7% of respondents reported feeling treated with less respect than others almost daily, indicating pervasive disparities in treatment based on occupational stereotypes.

Psychological Distress

In addition to experiences of stigma among mortuary employees, the study assessed participants' psychological wellness using the Kessler Wellness Scale. The responses to items on this scale provided further understanding of the mental and emotional well-being of individuals within this profession. 43.5% of the respondents agreed that they experienced depressed moods over the past 30 days, while 60% said they felt fidgety, nervous, sad, and worthless. The findings showed that more than 32% of the mortuary workers felt nothing could calm them down, and more than 50% reported that doing things took much more effort. About 16 of the respondents indicated that they were nervous most of the time over the last 30 days; 15 of them said that they felt nervous a good part of the time, 11 some of the time, one a little of the time, and only 3 said that they were not nervous at all.

Correlation Tests

A correlational test was conducted to understand further the relationship between psychological distress and the level of stigma experienced by mortuary workers. This analysis aimed to uncover potential associations between the two variables, providing insights into how stigma experiences may impact individuals' psychological well-being within this occupational context. Table 3 presents the findings.

Table 1: Correlations test of Psychological distress and Level of Stigma

Psychological distress	Pearson Correlation	1	0.54
	Sig. (2-tailed)		.000
	N	46	46
Level of Stigma	Pearson Correlation	0.54	1
	Sig. (2-tailed)	.000	
	N	46	46

Stigma and Psychological Distress: R0.54

Mortuary employees' responses towards perceived stigma showed a moderate positive correlation with psychological distress, whereas employees who reported high levels of stigma also reported high levels of psychological distress. It is evidenced by the findings that about the role of psychological factors at work, alleviation of stigma is of paramount importance for healthy employees and innovative organisations, calling for worthy interventions and support programs disabling the negative impact of stigma on their mental health. In that way, improving the overall conditions mortuary workers experience at their workplace and their quality of life is possible.

Regression Analysis

Multiple regression analysis explored the relationship between related dependent variables and an independent variable. This statistical method allows for examining how various factors collectively influence the variation in a single outcome variable, providing valuable insights into the complex interplay between multiple factors and their impact on the target variable. Below is a table to explain the regression analysis for the study indicated.



Table 2: Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.675 ^a	.456	0.645	.123

a. Predictors: (Constant), level of stigma

The regression model summary in Table 4 offers insights into the relationship between psychological distress and perceived stigma among mortuary workers. The value of R (0.675) in the table represents the correlation coefficient, which indicates how strong and in what direction the relationship between the predictor variable (the level of stigma in this case) and the dependent variable. The value of 0.675 indicates a moderately strong positive relationship between the stigma level and the predicted outcome. The regression model suggests that the raw score for stigma has a beta value that can accurately predict the dependent variable, accounting for 45.6% of the variance. From the survey results, the R-value is positive, implying that if the level of stigma increases, the dependent variable also goes up. The standard error shows that the estimates are reasonably accurate, with some extent of variation around the predicted values. The study conducted a regression analysis, and the findings are presented in Table 5.

Table 3: Regression Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error			
(Constant)	-1.282	.275		-4.664	.000
Level of stigma	.305	.178	-.225	-1.709	.092

a. Dependent Variable: Psychological distress

The coefficients in the table provide a Constant (β_0) (1.282), and the coefficient of the stigma variable (.305), helps in the formulation of the linear regression equation. The model summary in Table 5 provides crucial insights into the relationship between the perceived stigma of handling dead bodies and the level of psychological distress among mortuary workers. Firstly, the R-value, which stands at 0.675, signifies a strong positive association between these two variables. This indicates that as the level of stigma experienced by individuals in the profession increases, so does their level of psychological distress. Moreover, the adjusted R-squared value of 0.456 indicates the strength of the relationship between the model and the dependent variable, suggesting that the model effectively explains 45.6% of the variance in psychological distress based on the stigma experienced. Furthermore, the table elucidates that a change in the independent variable (stigma) leads to a positive change in the dependent variable (psychological distress), highlighting the direct influence of stigma on the mental well-being of mortuary workers. These findings underscore the significant impact of perceived stigma on psychological distress within this occupational context, emphasising the need for interventions aimed at addressing stigma to promote the overall well-being of individuals in the mortuary profession.



Table 4: ANOVA Results for Psychological Distress

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	258.284	4	64.571	130.446	.007 ^b
Residual	27.204	55	.495		
Total	285.487	59			

a. Dependent Variable: Psychological distress

b. Predictors: (Constant), level of stigma

The findings from the ANOVA table highlight a significant relationship between the level of stigma experienced by mortuary workers and their psychological distress. The statistical analysis indicates that the level of stigma serves as a significant predictor of psychological distress, as evidenced by a P value of <0.05, indicating statistical significance. Utilising the ANOVA statistical technique, examining the relationship between these variables elucidates a strong positive correlation, with a correlation coefficient (R-value) of 0.675. This coefficient signifies a robust association between stigma and psychological distress, suggesting that as the level of stigma encountered in their profession dealing with dead bodies increases, so does the psychological distress experienced by mortuary workers. These findings underscore the profound impact of stigma on the mental well-being of individuals within the mortuary profession, emphasising the need for targeted interventions aimed at addressing stigma to alleviate psychological distress and promote overall well-being among workers.

Discussion

The demographic analysis here shows that 35% of the respondents were 31-40 years, 28.33% between 20-30 years, 25% above 50 years, and 11.67% between 41-50 years. This indicates that the bulk of the workforce consists of younger people who may be going through the stress of being perceived as having a stigma. Similarly, gender distribution indicated a very slight male dominance of 57%, while females were 44% of the sample analysed, reflecting traditional male dominance in the industry. Regarding education, 52.17% attained diploma levels, 43.48% had certificates, and 4.35% had bachelors, thus showing a reasonably educated workforce. The years of experience included 32.61% with 11-15 years of experience, 26% having 6-10 years, 15.22% having over 21 years, and 8.69% having 0-5 years of service. Therefore, longer tenure is likely to be related to higher exposure to stigma and psychological distress.

The study's findings indicate that mortuary employees often face widespread stigma, according to the Everyday Discrimination Scale used in this study. For instance, 46.7% reported receiving poorer services than other individuals almost daily, while 44.5% said they were treated less courteously than others on identical grounds. Such experiences of stigmatisation have also been documented by Patwary (2010), who researched social exclusion and discrimination against mortuary workers in Bangladesh. Mortuary staff used to be excluded from social events, enabling them to rent houses with difficulties because landlords regarded them as bad omen (Patwary 2010). Hence, it can be seen that the way people perceive mortuary workers is still shaped by profound and deeply entrenched societal beliefs about their profession, impacting not only what they do at work but also how they relate with family members and friends outside of work environments.



The result of the study indicates that the respondents emphasised that the stigma has a psychological cost for mortuary workers. The findings revealed that roughly 37.7 per cent of interviewees had been treated with less esteem than others daily, and many also felt marginalised in their social lives. Over half (50%) of respondents said that they refrain from talking about their job with family members, while two-thirds (66.7%) indicated they were left out of some discussions altogether. This confirms Kurz's (2018) research, which showed that mortuary personnel usually encounter a lack of respect and understanding from the outside, thus increasing feelings of solitude or mental health problems related to emotional traumatising.

According to the study, other sources of stress identified included social isolation, where 36.6% of the respondents cited that they were deemed dishonest/ untrustworthy, with 47.8% stating people gave them 'the eye' at least once a month. Such findings align with Colombo et al. (2019), who identified that primary funeral workers experience post-traumatic stress due to people's perception of their jobs as being odd. Furthermore, feelings of dishonesty or abnormality are recollections of the stigma that mortuary workers go through in their day-to-day work, as highlighted by Kurz (2018) and Colombo et al. (2019). The feelings of rejection and marginalisation, therefore, continue with dishonesty and abnormality, taking stigma a notch higher, showing that stigma is not a simple concept but a concept that has many dimensions in this chosen profession.

The findings above indicated that the escalation and impact of stigma on the psychological well-being of the participants was also measured using the Kessler Wellness Scale that evaluates the distress levels of the participants. The findings showed that mortuary workers displayed high psychological symptoms level, reporting that they 'often' felt nervous, restless or hopeless. 52.2% said they looked tired out for no reason most of the time, and 37.0% felt nothing could soothe them. Such results supplemented Dekkers et al.'s (2016) and Kumari's (2022) conclusions, which pointed out that traumatic stress in the mortuary workforce would predict augmented psychological indicators. Both works also stressed the importance of integrated mental health care targeting the personnel of this sector.

According to correlation results, mortuary employees' responses towards perceived stigma showed a moderate positive correlation ($r= 0.54$, $p=0.000$) with psychological distress. In contrast, employees who reported a high level of stigma also reported a high level of psychological distress. As depicted from the data presented, stigma in its many forms played a very catastrophic role in the mental health complaints that the workers were experiencing. This supports Harada et al. (2015) and Flynn et al. (2014), who argue that mortuary work stigmatisation is a significant cause of psychological problems. These findings underscore the profound impact of stigma on the mental well-being of individuals within the mortuary profession, emphasising the need for targeted interventions aimed at addressing stigma to alleviate psychological distress and promote overall well-being among workers.

Conclusion

Based on the findings of the study above, it can be concluded that mortuary employees in Nairobi County experience psychological distress, such as anxiety, nervousness, and depression. It has also shown that, despite the possibility that this is an occupational hazard, the primary cause is the stigma they endure from others and, occasionally, from within. The study concludes that some people think mortuary workers are strange for choosing this line of work, and they can get overwhelmed by the thought of working with dead bodies all day long. The current study found a strong positive correlation between the degree of stigma and psychological distress. The study also revealed that individuals with longer careers reported that their experience had led to developing coping mechanisms like humour.



Many participants also mentioned how important it is to incorporate self-care techniques into their work schedule. Nonetheless, individuals who recently started working in the field stated that they needed to develop and practice self-care. Mortuary workers are vital in helping families find solace and closure in their grieving processes, but because of their line of work, they are frequently stigmatised. We must address this problem and seek to raise public awareness of the value of mortuary professionals.

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