

Theoretical Review on Risks, Burn out and Interventions among Morticians

Rodah Jephchirchir Kirongo^{1*}, Benson Mbithi²

¹Great Lakes University Kisumu

²Jaramogi Oginga Odinga University of Technology (JOOST)

*Corresponding author: Rodah Jephchirchir Kirongo

| Received: 18.10.2024 | Accepted: 22.11.2024 | Published: 27.11.2024 |

Abstract: Prioritizing the work of Morticians is an important dimension in the medical sector due to their ability in dealing grieving people. An important aspect of the profession the care taken in handling the coffin and the procedures thereof to manage hard feelings that arise in relatives, who wish to protect the dead person. An important aspect is the perception and expressions by morticians while dealing in a manner appropriate to the circumstances. This article has explored, identified and analysed risks involved, the element of burnout and possible interventions among morticians. It aims to theoretically contribute to the existing studies and discussions within the context and related social situations. Among the key highlights is the importance of considering the stress and risks among morticians, their daily exposure not only with the dead, but equally with suffering people. In this regard grief and emotional skills are pertinent in coping with the profession's job characteristics. Monitoring symptomatic levels among morticians to avoid chronicity, but also to provide them with psychological support and training concerning secondary trauma and its consequences.

Keywords: Mortician Stress, Grief Counseling, Occupational Burnout, Secondary Trauma, Funeral Industry.

INTRODUCTION

The term 'mortician' has been interchangeably used in literature with 'funeral director', 'embalmer' as a caregiving profession with minimal differences separating the three. Its important to note that not all funeral directors perform embalming which is relatively new practice. Moreover, with the rise of cremation, the relevance of embalming is declining. A mortician's role is executed within and under the support of an existing funeral home handling burials, cremations, embalming, caretaking roles and funerals. It is a profession that requires specialized training in mortuary science and a license to legally operate. Ancient Egyptians and Romans are recorded as the first societies to support full-time morticians though majorly for the wealthy and the royalty. Its worthy noting that the early morticians popularly referred to as 'undertakers' then were woodworkers and carpenters due to their skills in making caskets as opposed to modern medical professional or religious cadres.

Risks associated with funeral and mortuary sector have been noted by Pinheiro *et al.*, (2012) by advancing that unlike other occupational category such as health care and social work, mortuary workers

'morticians' are confronted by work related risks which may affect their well being. Goldenhar *et al.*, (2001) also noted morticians are faced aspects such as counselling bereaved families, working with human remains and social stereotypes in the course of duty. Such psychosocial factors impact on mortician's burn out levels. Developing depression and psychiatric disorders coupled with exposure to deceased victims of violent deaths have risks associated with morticians (Nöthling *et al.*, 2015). Similarly, mortuary workers have been at risk of traumatic stress due to constant associations to both positive and negative psychological changes, death exposure, death attitudes.

Harrawood *et al.*, (2009) on examining the relationship between the level of death anxiety among a national sample of morticians with varying levels of death exposure, age, and sex found a significant negative correlation with age in both men and women in several fears of death including fear of the dying process, fear for significant others and fear of premature death. The significant negative correlations were stronger for women than men across all three subscales. Kömür *et al.*, (2017) investigated on Posttraumatic Stress and Burnout Symptoms in Forensic Doctors and Staff in a Mortuary with findings suggesting that Forensic medicine staff

Quick Response Code



Journal homepage:
<https://saspublishers.com/>

Copyright © 2024 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution **4.0 International License (CC BY-NC 4.0)** which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

Citation: Rodah Jephchirchir Kirongo & Benson Mbithi (2024). Theoretical Review on Risks, Burn out and Interventions among Morticians. *Cross Current Int Peer Reviewed J Human Soc Sci*, 10(9), 200-203.

members are at risk for developing psychological health symptoms, such as burnout or posttraumatic stress, due to work-related stressors. The studies further observed that autopsy technicians seemed to have more emotional exhaustion and posttraumatic stress disorder symptoms, whereas resident doctors had a lower sense of personal accomplishment.

Correlations between the level of death exposure and age/gender examined by Harrawood *et al.*, (2009) resulted to being significantly negative, however significant negative correlations were stronger for women than men. On examining Posttraumatic Stress and Burnout Symptoms in Forensic Doctors and Staff in a Mortuary, Kömür *et al.*, (2017) the professionals being at risk of developing psychological health symptoms, burnout or posttraumatic stress, due to work-related stressors. Excesses emotional exhaustion and stress disorders are associated more with mortuary workers 'morticians' than resident doctors. Limited capacity in funeral homes has subsequently contributed morticians being overburdened (Van Overmeire & Bilsen, 2020).

Risks and Stress on Morticians

Exposure to various psychosocial risks like painful contacts and exposure death experience work content compounded with emotions attached to them is attracting attention on morticians' wellbeing (Colombo *et al.*, 2019). Continuous contact with other's suffering is connected to emotional disorders in addition to secondary traumatic stress (STS) which is an occupational risk factor towards morticians. Stress and anxiety have been associated with morticians in their over exposure to the dead. A case in point is development of compassion fatigue a situation where morticians low ability to be emphatic after overly exposed to the suffering. Dong & Bouey (2020) advanced that compassion fatigue emanates due caregiver's input in energy for the dead while Figley (1995) has associated it with both burnout and secondary trauma. Both Sacco *et al.*, (2015) and Zhang *et al.*, (2018) have differentiated 'burnout' from 'secondary trauma' as frustration with the work environment and other environmental factors referring to the former while repeated exposure to details of patients lives as exhausting referring to the latter.

Funeral industry workers have been associated with physical and mental health with the risk of infections while embalming corpses since in most cases they initially hardly know the cause of death due to professional secrecy. The situation worsens in cases where there is minimal knowledge on the guidelines for treating corpses (Davidson & Benjamin, 2006). Mortuary workers have further been at risk of bacterial/viral pathogens and prion-mediated diseases. Morticians' routine brings about a significant risk due to infectious agents, splashes to the mucus membranes, inhalation of aerosolized body fluids and direct inoculation (Davidson & Benjamin, 2006). Healing *et al.*, (1995) further argue that transportation and

embalming of cadavers is another avenue of risk exposure through mucocutaneous contamination, aerosolization, and direct inoculation. Moore *et al.*, (2005) while explaining how infectious agents transmitted are a risk hazard to the morticians conclude that mycobacterium tuberculosis and the virus responsible lead to severe acute respiratory syndrome (SARS). The risk nature of morticians' profession led Kelly & Reid (2011) to highlight need for occupational health advice and services coupled with a strong desire for regulation of the profession.

According to Cox and Griffiths, (1995) psychosocial and organizational risk factors are not only confined to the workplace but also to the physical and psychological workers' wellbeing and further connected with social and relational aspects, which includes the support of superiors and colleagues, or the organizational climate. More generally, that can potentially affect the quality of working life and the perception of safety in the workplace.

Interventions and Mitigations on Morticians' Mental Health Consequences

Exposure prevention and postexposure strategies in funeral business have been found challenging and difficult. It is common sense that compliance is greater when considered mandatory by the funeral facility with priorities in safety by adequate provision of protective equipment (Moore *et al.*, 2005). Funeral homes fall under the mandates of the Occupational Safety Hazard Association's Bloodborne Pathogens Standard, which requires that employers have a written exposure control plan and meet the methods of compliance (Occupational Information Network, 2004). Studies in mental health effects of forensic mortuary work mitigation (Ward *et al.*, 2017), have concluded that there is an increment in self-awareness, improved ability to tolerate unchangeable stressors. Cegelka *et al.*, (2020) have further argued that for mitigation purposes, focus should shift towards health promotion programming with an emphasis on improving the overall health and well-being of morticians. Compliance among morticians can be advanced by continuing education with the aim of ensuring adherence to infection control policies (Davidson & Benjamin, 2006). On the international scale more than 30 states require annual continuing education credits for licensed morticians and embalmers (National Funeral Directors Association, 2005).

Three techniques and five ideologies have used to moderate stigma on morticians. Resignifications, Reorientations and Reframing of Dirty Work techniques have been advanced by Batista *et al.*, (2018) from interviews with morticians. Ideologies emanating from the techniques include; doing the right thing, dirty work, ongoing employment, focusing on the aesthetics of death and on emotional skills to deal with mourning families (Batista *et al.*, 2018). Morticians transform the necessary evil aspects into a subtle way of doing the right thing by

handling death, social banning and social necessity. The mortuary worker prepares the corpse to present it in a more acceptable way to the family behind the scenes of dirty work. Unnecessary stigma is averted when morticians drift attention away from the more stigmatizing characteristics of work and focus it on those that are not stigmatized or less stigmatized. Further, morticians consider dead body preparation activities as desirable and, therefore, these practices are considered less relevant than those involved in achieving the aesthetics of death, such as make-up of the deceased, hairstyle, proper clothing, position of hands. The third technique is the resignify work of morticians as a way of doing the right thing, especially for the family of the dead. They reorient work by positively highlighting exterior aspects, such as free time to do other activities and public employment advantages, independently of work content.

Education and the promotion of mortuary activities anatomical pathology technologists (APTs) has been found to impact outdated perception of 'dirty work' towards a more relevant and enlightened vision of mortuary settings. Moreover APTs are important components of hospital-based bereavement care services in developing a 'community of practice' (Woodthorpe & Komaromy, 2013) while entertaining focussed training on mortuary attending processes in managing others' pain and emotions. Awareness of Secondary traumatic stress (STS) characteristics is inevitable in protecting morticians against physical symptoms and traumatization in general. Further to Woodthorpe & Komaromy (2013) arguments, Colombo *et al.*, (2019) proposes specific training for employees in facing traumatic situations in addition to the organization in programming focused intervention aimed at addressing empowerment and activating positive circles at work.

CONCLUSION

Mortuary workers profession is not an all time favourite for health workers. It is a profession that comes with myriad challenges in the course of duty. Nontraditional work hours where workers are on-call or long work hours possess a unique challenge. The working has minimal flexibility especially while required to work on-site. Control on the number of clients accepted may overcome the challenge while learning work flexibility in scheduling in handling diverse and often nontraditional needs of the position.

Career stigma compounded by limited knowledge on mortician's role in offering bereavement support to families is another area of concern to be addressed. There is emotional drainage in working with families in grief, and with morticians' proximity around death daily frequently affect their outlook on life. Practicing self-care and a constant reminder of the importance in offering guidance and support to families is a cushion and morale booster. Morticians further require diverse knowledge and skills which include and

not limited to finance skills to help families manage their budgets, while offering technical skills to update customer records, good problem solving and project management skills necessary when preparing the body according to state and federal laws. These prompts morticians to maintain an ongoing training schedule to update skills and acquire necessary certifications. Finally, medical risks due to constant handling of corpses where morticians are exposed to risks of infection or disease. Proper training and use of relevant equipment can mitigate the challenge. Whether morticians choose to outsource handling afterlife care, they may still be responsible for overseeing it.

REFERENCES

- Cegelka, D., Wagner-Greene, V. R., & Newquist, J. (2020). Health behaviors of funeral directors in the US: a needs assessment. *American Journal of Health Behavior*, 44(6), 864-875.
- Colombo, L., Emanuel, F., & Zito, M. (2019). Secondary traumatic stress: Relationship with symptoms, exhaustion, and emotions among cemetery workers. *Frontiers in Psychology*, 10, 633.
- Cox, T., & Griffiths, A. (1995). The nature and measurement of work stress: theory and practice. *The evaluation of human work: A practical ergonomics methodology*. London: Taylor & Francis.
- Davidson, S. S., & Benjamin Jr, W. H. (2006). Risk of infection and tracking of work-related infectious diseases in the funeral industry. *American journal of infection control*, 34(10), 655-660.
- Dong, L., & Bouey, J. (2020). Public mental health crisis during COVID-19 pandemic, China. *Emerging infectious diseases*, 26(7), 1616.
- Figley, C. R. (2013). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Routledge.
- Goldenhar, L. M., Gershon, R., Mueller, C., Karkasian, C., & Swanson, N. A. (2001). Psychosocial work stress in female funeral service practitioners. *Equal Opportunities International*, 20(1/2), 17-38.
- Harrawood, L. K., White, L. J., & Benschoff, J. J. (2009). Death anxiety in a national sample of United States funeral directors and its relationship with death exposure, age, and sex. *OMEGA-Journal of Death and Dying*, 58(2), 129-146.
- Healing, T. D., Hoffman, P. N., & Young, S. E. (1995). The infection hazards of human cadavers. *Communicable disease report. CDR review*, 5(5), R61-8.
- Kelly, N., & Reid, A. (2011). A health and safety survey of Irish funeral industry workers. *Occupational medicine*, 61(8), 570-575.
- Kömür, İ., Ozdemirel, R. O., Ozver, İ., Başpınar, B., Demir, M., Gönen, F., ... & Emul, M. (2017). Posttraumatic stress and burnout symptoms in forensic doctors and staff in a mortuary. *The*

American Journal of Forensic Medicine and Pathology, 38(3), 184-188.

- Linley, P. A., & Joseph, S. (2005). Positive and negative changes following occupational death exposure. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, 18(6), 751-758.
- Moore, D., Gamage, B., Bryce, E., Copes, R., Yassi, A., & BC Interdisciplinary Respiratory Protection Study Group. (2005). Protecting health care workers from SARS and other respiratory pathogens: organizational and individual factors that affect adherence to infection control guidelines. *American journal of infection control*, 33(2), 88-96.
- National Funeral Directors Association. Careers in funeral service. 2005. Available at: <http://www.nfda.org/careers.php>. Accessed April 6, 2005.
- Nöthling, J., Ganasen, K., & Seedat, S. (2015). Predictors of depression among a sample of South African mortuary workers. *The Journal of Nervous and Mental Disease*, 203(3), 226-230.
- Occupational Information Network. (2004). Summary report for: 11-9061.00 Funeral Directors. 2004. Available at: <http://online.onetcenter.org/link/summary/11-9061.00>.
- Pinheiro, F., Fischer, F. M., & Cobiauchi, C. J. (2012). Work of gravediggers and health. *Work*, 41(Supplement 1), 5819-5822.
- Sacco, T. L., Ciurzynski, S. M., Harvey, M. E., & Ingersoll, G. L. (2015). Compassion satisfaction and compassion fatigue among critical care nurses. *Critical care nurse*, 35(4), 32-42.
- Soria Batista, A., & Codo, W. (2018). Dirty Work and Stigma. Caretakers of Death in Cemeteries. *Revista de Estudios Sociales*, (63), 72-83.
- Van Overmeire, R., & Bilsen, J. (2020). COVID-19: The risks for funeral directors. *Journal of Public Health*, 42(3), 655-655.
- Ward, C. L., Flisher, A. J., & Kepe, L. (2006). A pilot study of an intervention to prevent negative mental health consequences of forensic mortuary work. *Journal of traumatic stress*, 19(1), 159-163.
- Woodthorpe, K., & Komaromy, C. (2013). A missing link? The role of mortuary staff in hospital-based bereavement care services. *Bereavement Care*, 32(3), 124-130.
- Zhang, Y. Y., Zhang, C., Han, X. R., Li, W., & Wang, Y. L. (2018). Determinants of compassion satisfaction, compassion fatigue and burn out in nursing: A correlative meta-analysis. *Medicine*, 97(26), e11086.