

**IMPACT OF STIGMA OF HANDLING DEAD BODIES ON THE PSYCHOLOGICAL
WELL-BEING OF MORTUARY WORKERS IN NAIROBI COUNTY, KENYA.**

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DECLARATION

The report is my original work and has not been presented for a degree in any other University or for any other award

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DEDICATION

I dedicate this research to my beloved children, Antony, Melissa, Chadwick, David, and my dear friends Catherine and Oliver for all their support.

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OPERATIONAL DEFINITIONS OF TERMS

Embalmers: Persons who preserve human remains by treating them to forestall decomposition.

Mortuary: Also known as funeral home, is a room or building where dead bodies are kept for hygiene, examination, and preparation for burial.

Mortuary workers: Persons responsible for handling, moving, cleaning, embalming and preparing a corpse for burial or cremation.

Morticians: People whose job is to prepare human remains for burial and to arrange and manage funerals.

Stigma: The knowledge that an individual touches or works with dead bodies regularly in order to earn a living where touching human remains is considered taboo.

Psychological distress: Symptoms of anxiety, worry and depression in persons who do not fit an established criterion of psychological disorder.

Psychological Wellbeing: A multifaceted construct that encompasses an individual's overall happiness, life satisfaction, and mental and emotional health.

Wellness: Holistic health of an individual.

LIST OF ABBREVIATIONS AND ACRONYMS

| | |
|-----------------|--|
| EDS: | Everyday Discrimination Scale |
| KUERC: | Kenyatta University Ethics and Review Committee |
| K 10: | Kessler Wellness Scale |
| MDD: | Major Depressive Disorder |
| NACOSTI: | National Commission of Science Technology and Innovation |
| SPSS: | Statistical Package for the Social Science |
| USA: | United States of America |

ABSTRACT

Research has shown that stigma can lead to harmful effects on an individuals' self-concept and their mental health. Many studies indicated that mortuary workers carry an important role in society by handling the dead bodies in preparation for burial or cremation on behalf of the bereaved families yet there were a few studies that have investigated the psychological effects of mortuary work on mortuary workers especially in the Kenyan context. This study sought to establish the impact of stigma on psychological distress of mortuary workers. Social stigma theory was used to inform the study. The researcher employed Concurrent triangulation design to determine the relationship between the independent variable, stigma and the dependent variable, psychological distress of mortuary workers in Nairobi County. Purposive sampling was used to select a sample of 60 funeral workers that handled dead bodies from public, institutional and private mortuaries in Nairobi County. The study adopted three different instruments- Kessler Wellness Scale (K-10) to test anxiety and depression, Everyday Discrimination Scale to test perceived stigma experience and a self-developed individual interview schedule to assess perceived stigma. Descriptive statistics in form of frequencies and percentages were used to analyze demographic data while linear regression analysis was used to make inferences on collected data. The discrimination scale determined that most mortuary workers faced stigma, up to 46.7% receiving poorer service, 29.7% being considered worse than other people, and 57.5% being insulted. In addition, the Kessler Scale found that 43.5% of the respondents agreed that they experienced depressed mood over the past 30 days. Moreover, more than 60% established that they felt fidgety, nervous, sad, and worthless. Linear regression findings established that level of stigma had a statistically significant positive impact on psychological distress ($\beta=0.305$, $p=0.002$). The study recommended that mortuary workers be provided with professional support as well as funeral homes administrators improving working environment of mortuary workers through training and providing psychological help in order to mitigate the effects of psychological distress.

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Funeral homes which are also referred to as mortuaries, morgues, funeral parlors or final resting houses are a segment of the wide “death industry” (Kiragu, 2013). The other segment is referred to as funeral services according to Spencer (2011). Funeral homes are involved in the processes of funeralizing the “body” by offering services to the body. The funeral homes are involved in activities such as casket making, florist, transport and cremation (Bunch-Lyons, 2015). Disposal of the deceased is viewed a public health function involved separate from the mainstream medical health (Korai & Souiden, 2017). Funeral homes are therefore categorized under public health, a division of health that deals with maintenance of the environment because funeral homes play an important role (Barrett, 2012).

Funeral home services are undesired because death is unwanted and is therefore stigmatized (Howarth, 2016). Even though the employees may be stigmatized, their satisfaction is critical for funeral homes to offer quality services. They undergo emotional stress due to the nature of their work and the working environment, yet customers expect delivery of quality service from them (Simone, 2011).

Historically, this type of work was assigned to the lower class. In America, the lower-class people are those that are at or near the lower end of the social-economic hierarchy. People were classified based on economic value so they were considered the poorest people (Audretsch et.al., 2013). In Japan, these people were the Eta, or the Burakumin. They were considered ‘filthy commoners’, who included ex-convicts, beggars, prostitutes, street-sweepers, acrobats and other entertainers (Benedict, 2006). In India, these people were known as the Untouchables, or the Dalits. They were

given the ‘unclean work’, and works of humiliation, including cremating the dead, sweeping the streets, cleaning latrines and removing the lifeless animals from busy roads (Hanchinamani, 2001). The bereaved families are mostly presented with the finished product without witnessing the invasive process of embalming and preservation of the deceased, (Parsons, 2003). Most of the mortuary workers who do this work are viewed with a negative attitude, but not by the people who they help when their loved ones die (Marcinkowski & Barboukov, 2018). This negative attitude can lead to discouragement, irritability and hopelessness leading to adverse effects on the mental health of the morgue workers and have harmful effects on their self-concept (Livingston & Boyd, 2010).

Psychological wellbeing is not only the absence of illness, but the presence of something positive: growth, positive relationships, autonomy, purpose and environmental mastery (Ryff & Keyes, 2001) Thus, it’s important that the mortuary workers try to maintain psychological wellness so as to be able to operate in a healthy manner (Usman et al., 2021).

A study conducted in Italy to examine the role of death exposure on the well-being of funeral and mortuary operators discovered that workers who were always/very frequently exposed to death through sight or manipulation of bodies had better psychological and occupational well-being than those who were not at all/very rarely involved in these tasks. Those who interacted with the bereaved on a regular basis reported higher levels of psychological and occupational well-being than those who never/very rarely engaged in these relational tasks (Guidetti et al., 2022).

A similar study was undertaken in South Africa with mortuary personnel, who filled out a battery of questionnaires evaluating depression, physical health, perceived stress, fear of blood/injury/mutilation, and resilience. Inexperienced mortuary workers reported a greater incidence of depression (16.7%) than experienced workers (9.5%). The prevalence of PTSD was

not significantly different between inexperienced (4.2%) and experienced (4.8%) personnel. Physical health, perceived stress, fear of blood/injury/mutilation, and resilience were all strong predictors of depression in the combined group (experienced and inexperienced). However, in multiple regression, stress was the sole significant predictor of depression in the combined group (Nöthling et al. 2015).

There are four distinct types of stigma: public stigma, self-stigma, (Link and Phelan, 2001), stigma by association and structural stigma. Public stigma involves public invoking, labeling, stereotyping, separation, status loss and discrimination upon a target group. Public stigma is therefore the public's endorsement of a prejudice or bias against stigmatized groups (Kreiner et al., 2022). It manifests as acts of discrimination which can range from subtle actions to very apparent and outward bigotry (Brown et al., 2017). When public stigma is perpetuated and endorsed by the public, stigma turns to self.

Extended periods of exposure to public stigma can negatively affect a stigmatized individuals' sense of self, (Vogel et al., 2014) and can lead to internalizing of biases and prejudices within the self-concept (Corrigan & Shapiro, 2016). This is the self-stigma or internalized stigma. Both public and self-stigma have been associated with a lowered satisfaction with life and increased negative affect, both of which are negative outcomes (Dreves, 2015).

A study by Haghshenas et al. (2004), on mental health and job satisfaction among employees of Behesht Zahra, a mortuary service institute, delves into the intricate relationship between these factors and the presence of stigma within the profession. The findings reveal that the nature of work in mortuary services, often involving exposure to distressing scenes and proximity to grief-stricken families, can have a significant impact on the mental well-being of employees. Moreover, the study highlights the role of stigma, both societal and internalized, which can further exacerbate

mental health challenges (Naushad et al, 2019). Employees may face reluctance in seeking support due to the stigma attached to their profession. Understanding this dynamic is crucial in developing targeted interventions to promote mental health and job satisfaction within the mortuary industry, ultimately fostering a healthier and more supportive work environment for its employees.

Stigma by association especially affects those people associated with the stigmatized individuals such as caregivers, friends and family who get devalued based on how they are connected to the stigmatized persons (Hebl & Mannix, 2003). Perception of stigma by association is related to psychological distress and lower self-esteem of those connected to the stigmatized people (Mak & Kwok, 2010). For the funeral workers, their relationship with family and friends can get strained. Structural stigma refers to cross-cultural and historical societal structures that promote stigmatization leading to social inequality (Yang et al., 2022). This is perpetuated by exercising and hegemony of social, economic and political power (Muldoon et al., 2021). Mortuary workers are considered low level workers making them vulnerable to structural stigmatization.

Although there exists an immense plethora of literature related to the experience as well as coping mechanisms associated with the death of a loved one (Freud, 1917; Kubler-Ross, 1969; Bowlby, 1969; Rando, 1993), much less work has been undertaken in order to understand the well-being of individuals who engage with death regularly, as part of their occupations. Dhaka and Kurz (2023) investigated the lived experiences of corpse handlers in order to uncover psychological stressors and coping techniques. As part of this qualitative study, a self-designed interview guide was used to collect data from a sample of nine mortuary employees drawn from a population of 46, comprising forensic medical officers, mortuary work hands, mortuary assistants, and police officers. Interpretative Phenomenological Analysis (IPA) was used to investigate the experiences of corpse handlers as they lived them. Several stressor and coping themes were identified based

on corpse handler reports, including occupational expectations, traumatic experiences, and secondary traumatic stress. Although specialized to their line of employment, these themes connected with psychiatric symptoms, psychopathology, and coping strategies.

In Kenya, research on funeral workers has concentrated on occupational hazards facing mortuary attendants (Sirengo, 2014), Nyaberi (2017) while Kiragu (2015) looks at employee satisfaction of funeral workers and both Waithaka (2001) and Muriithi (2009) have studied the business aspects of funeral homes. This study therefore will focus on psychological distress of mortuary workers in Nairobi, Kenya.

1.2. Statement of the problem

Numerous descriptive as well as prospective studies indicated that mortuary workers and those tasked with the work of handling human remains were at risk of symptoms related to post traumatic stress disorder and other psychological distress including anxiety, worry, disturbed thoughts, and depression, (Santiago, Oravec & Ursano, 2018), and (Mridula Ganesh, 2016). Mortuary workers face stigma because of handling dead bodies and because they are deemed to profit from death. Research has shown that stigma can lead to harmful effects on an individuals' self-concept and their mental health (Livingston & Boyd, 2010), and (Ursano et al., 2010). In Africa, the few studies on funeral workers dwell on medical risks encountered during embalming and other work in the mortuary. In Kenya, research on funeral workers has concentrated on occupational hazards and employment factors facing mortuary attendants (Sirengo, 2014), and Nyaberi (2017) explore the biological risks of mortuary work, while Kiragu (2015) looks at employee satisfaction of funeral workers. Both Waithaka (2001) & Muriithi (2009) have looked at the business aspects of funeral homes. There was limited information on the impact of stigma on the psychological well-being of mortuary workers. It was against this background that the study aimed to explore the effect of

stigma of handling dead bodies on the psychological well-being of mortuary workers in Nairobi. The major premise of this study was to establish if the stigma of handling dead bodies affected the psychological well-being of mortuary workers and how this could be mitigated.

1.3 Purpose of Study

The purpose of the study was to find out the relationship between stigma of handling dead bodies and psychological distress of mortuary workers.

1.4 Research Objectives

This study was guided by the following objectives:

1. To investigate stigma experienced by mortuary workers in Nairobi County.
2. To explore the intensity of psychological distress of mortuary workers in Nairobi County.
3. To explore the relationship between stigma and psychological distress of mortuary workers in Nairobi County.

1.5 Research Questions

1. What is the nature of stigma experienced by mortuary workers in Nairobi County, Kenya?
2. What is the intensity of psychological distress experienced by mortuary workers in Nairobi County, Kenya?
3. What is the relationship between perceived stigma and psychological distress of mortuary workers in Nairobi County?

1.6 Justification and Significance of the study

Mortuary workers play a significant role in society by preparing the dead bodies and preparing them burial or cremation. They do this work on behalf of the bereaved families and through their services are considered gruesome, they are necessary. Due to the nature of their work, they are prone to psychological distress and are likely to face stigma on a day-to-day basis. The challenges

faced and the burden of perceived stigma carried by mortuary workers is an issue for concern. They are socially ostracized and isolated and so it becomes necessary to assess how this can lead to psychological distress (Walter, & Ford, 2017).

This study may help in the creation of awareness and dispersing of information, leading to a more accommodative environment for mortuary workers to live a healthy psychological life. The study's findings may benefit policymakers in developing policies which address psychological wellness of mortuary workers. Socially, it may help to encourage the acceptance of mortuary workers and the work of body handling by addressing misconceptions which leads to stigma. Acceptance of mortuary workers as ordinary members of society would minimize their levels of psychological distress and the need to keep the nature of the work, they do private. This may help them seek help for work-related psychological distress symptoms. The study may be beneficial by bringing understanding to the general public on the subject of death care. Finally, the findings may be used as a basis for further research into how psychological distress among mortuary workers can be mitigated.

1.7 Scope and Limitations of the Study

For the purpose of this research, the researcher concentrated on the psychological aspect of wellbeing so as to deal with it in depth and broadly. This involved the mental and the emotional aspect. Therefore the study was limited in the sense that it did not explore other attributes of wellbeing.

The research was carried out in Nairobi County. It involved both private and public morgues and funeral homes. Nairobi being the capital city of Kenya implied that there are more funeral homes to cater for the large populations. The morticians were likely to have a wide range of experiences from both the nature of the dead bodies they handle and the many clients from different

communities who had various beliefs about death and those who handled dead bodies. The study findings will therefore be limited to mortuary workers in Nairobi County.

The study employed correlational research design to establish the relationship between the variables and was therefore limited in that it could not establish a causal link between the variables.

This study can however form a basis for future cause and effect studies.

1.8 Assumptions of the Study

The study was based on the following assumptions:

- i. Morticians experienced stigma for the kind of job they do
- ii. Morticians experienced a range of psychological distress related to their work.
- iii. Morticians would provide the information required

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1 Introduction

The study aimed at investigating the impact of stigma of handling dead bodies for mortuary workers on the psychological wellbeing. This chapter discussed the theoretical framework and literature related to perceived stigma and psychological distress experienced by mortuary workers. The theory of focus was the Social Stigma Theory by Goffman (1963). Literature review is based on the study variables, that is, perceived stigma of handling dead bodies and psychological distress.

2.2 Theoretical Framework

The study was guided by social stigma theory by Goffman (1963). This theory was used to inform the study in understanding of how the stigma of handling dead bodies relates with the psychological distress of mortuary workers.

2.2.1 Social Stigma Theory

Goffman (1963) defines stigma as the situation of the individual who is disqualified from full social acceptance and any attribute that is deeply discredited. Stigma may affect the behavior of those who are stigmatized and also shape their beliefs and emotions which can lead to psychological distress (Major & O'Brien, 2005; Rodger & Mike, 2010). The theory posits that these stigmas threaten a person's social identity, which may lead to low self-esteem, worry, depression and anxiety (Lee & Robbins, 1998). He asserts that stigmatized persons are ostracized, devalued, rejected, scorned and shunned, which can lead to anxiety, worry and even depression.

Sociologist Goffman (1963) studied how stigmatized people managed the social identities and found out that people have anticipations of what others are supposed to be like and these anticipations become demands and expectations of normative behavior. The study further found out that anyone who differed from the norm may seem undesired and may therefore become

ostracized and discounted in various ways. This aspect is what leads to stigma which is a shift in acceptance. Goffman (1963) also asserted that stigma is a special discrepancy between virtual and actual social identity which suggests that stigma is more to do with the perception of the stigmatized individual and it is societal perception that defines what is stigmatized and what is not. For the purpose of this study, stigma was limited to the knowledge that an individual touches or works with dead bodies regularly in order to earn a living in a society where touching human remains is considered taboo. Frost (2021) asserts that, the stigmatized individual also has the same views regarding social identity as the non-stigmatized and this may lead to psychological distress as he or she tries to live up to the standards and expectations of a non-stigmatized society. When the non-stigmatized claim to accept stigmatized individuals, the latter assume that others rarely view them on equal terms and in most instances, the assumption holds true. This makes the stigmatized individual learn to manage how they present themselves in order to find societal acceptance a situation that can lead to psychological distress.

Goffman (1963) talks of a physical divide in death care facilities which separates what happens front and back stages. Symbolically, this splits those who work with the dead from those who work with the living and also keeps the public from knowing fully what goes in the preparation process. This shroud of mystery makes death care seem far from the norm further enhancing stigmatization. Society expects every able-bodied person especially males to work for a living and this makes it normal to ask what one does for a living as an 'icebreaker'. According to Thompson (1991), a person is often judged based on their profession. For death care workers, withholding this information is a tactic to avoid feeling the stigma associated with work and the negative view outsiders attach to it (Ashford et al., 2007). Since dead bodies are stigmatized due to decay,

individuals whose job entails having frequent contact with these bodies will often feel more stigmatized than those with less physical contact (Simone, 2011).

2.3. Review of Related Literature

This section discusses the findings of studies carried out on the main variables of the study and how these findings contribute to the understanding of the current study. The variables, which are drawn from the study objectives are effects of the stigma of the mortuary workers and psychological well-being. The association between these variables forms the basis for the argument in the literature review.

2.3.1 Stigma of Mortuary Workers

Stigma causes mortuary workers to be ostracized, devalued, rejected, scorned and shunned by the rest of the society (Goffman, 1963). According to Thompson (1991), his research on 19 funeral directors, embalmers and morticians concluded that they face stigma because handling dead bodies and profiting from death are considered taboo.

Flynn et al (2014) studied resilience of military mortuary workers in the battlefield. The study involved 34 military and civilian mortuary workers. The study found out that stigma made the mortuary workers work environment very difficult because their relationship with colleagues was quite complex. They felt stigmatized and were also geographically separated from their colleagues, rarely coming into contact from them (Sood & Rashid, 2014). The mortuary workers were rarely acknowledged by the rest of the military except when they had to deal with them directly. Many reported that they found it difficult to share their experiences with others for fear of being stigmatized, misunderstood and also passing trauma vicariously to friends and family (Billings et al., 2021). This study discussed the distress and trauma experienced by mortuary workers in the military and how they felt stigmatized by the rest of the military. The study was specifically carried

on those who had served in the battlefield handling the dead both military personnel and civilian mortuary workers. Their experiences in the military and in the battlefield could be different from mortuary workers in private or state-owned funeral homes and mortuaries. The current study was carried out among civilian population in Nairobi County Kenya.

Simone (2011) studied the stigmatization of Death care workers in Florida USA. The 15 individuals in the study included removal staff (those who collect bodies from places of death, then identify, tag, lift and transport to the mortuary), embalmers (those who wash, prepare, embalm, dress and apply makeup before placing the body in the coffin) and hairdressers who style the hair in preparation for the family to view the body. The study was aimed at finding out if the frequency of contact with dead bodies increased the levels of stigma felt by mortuary workers. The evidence proved that the more contact the mortuary workers in the above categories had with the dead bodies, the more stigmatized they were even by their colleagues who did not directly handle the dead bodies though they worked in the mortuary. However, this study was carried out on participants of a developed country where funeral work was not necessarily assigned to the poor and lower socioeconomic classes.

Carden (2014) carried out a study on delimiting stigma among funeral workers in the Australian funeral industry and found out that these group find themselves in the unusual and ambiguous position of being proud of the work that they do whilst feeling shunned by the society for whom they provide a service. However, because of their belief in the value of the work that they do, most funeral staff are comfortable with how others view or stigmatize, even while disliking the effects that go with it (Grandi et al., 2021). Modern marketing by the funeral industry has attempted to delimit the stigma by presenting images of death care as nurturing in its advertising and by offering a wider range of personnel and services (Kelly & Reid, 2011).

Patwary (2010) carried out a study of mortuary workers in Dhaka, Bangladesh titled *Domes and the Dead; an example of Extreme Fatalism among Mortuary Workers in Bangladesh*. The study involved interviews with 17 mortuary workers, 16 male and 1 female. The study found out that this group suffered many stresses attributable to social ostracism which means that they are stigmatized by the society and also suffer stress from the job itself. While this study was relevant to the current study, it was limited by its sample size. The current study had a sample size of 60 mortuary workers.

McClanahan (2020) conducted a study in the United States on the prevalence posttraumatic stress disorder (PTSD) among mortuary workers. The study consisted of 333 participants. Self-report results revealed that the key predictors for PTSD in mortuary workers were stigma, location, gender, active coping, and avoidant coping. The findings showed that the mortuary workers were more likely to face stigma because historically, handling dead bodies was done by lower social classes. This study explored the relationship between stigma and PTSD, while the current study evaluated the impact of stigma on psychological wellbeing.

Nothling et.al (2015) performed a study on 45 mortuary workers in the Western Cape Region of South Africa. The purpose of the study was to determine the relationship between perceived stress and depression among mortuary workers. The study found out that 13.3% of the mortuary workers were suffering from depression. Also, female mortuary workers reported higher levels of somatic illnesses compared to their male counterparts. With these South African mortuary workers, an overburdened healthcare system and lack of social support increased depression prevalence because death is a topic that is mostly avoided. Dealing with dead bodies led to social ostracism, harassment, and discrimination, leaving the mortuary workers vulnerable to psychological distress

(Castle & Starcevic, 2016). While this study was conducted in the African region, it explored the relationship between perceived stress and depression among mortuary workers, while the current study explored the relationship between stigma and psychological wellbeing.

Brysiewicz (2007) carried out a four-year study in South Africa which dealt with the management of sudden death. The study was undertaken in two mortuaries, one private, and a state one, on individuals who had worked for 6 months or more in the mortuary. The study revealed that mortuary workers were victims of dehumanization and lack of psychological assistance after handling the dead. Also, they faced stigma because showing stress was seen as a sign of weakness by other people. Even when psychological support was offered, they considered it too late because they were already deeply scarred. In their self-reports, the participants were mostly psychologically distressed by memories of cutting up bodies and recurrent dreams of the dead (Nagamine et al., 2020).

2.3.2 Psychological Distress of Mortuary Workers

Goldenhar et al. (2001) carried out studies that related specifically to the distress experienced by corpse handlers. The study found that they suffered psychological distress due to stressors such as, working with human remains, shift work, discrimination, finding the balance between work and family life, counseling bereaved families and social isolation. Therefore, the mortuary workers experienced a great deal of stigma and have to cope with it in order to work as effectively as possible (Srivastava, Paul, & Razdan, 2022). However, this study concentrated more on stress experienced by mortuary workers and how they cope with the stress. It does not dwell much on stigma of handling dead bodies though it was identified as one of the stressors.

Flynn et.al. (2015) did a study and interviewed 34 military and civilian personnel to learn more about their work stresses and rewards. The death of a military service member in war provoked

feelings of distress and pride in mortuary workers who process the remains. The study also learnt that funeral workers fear being misunderstood, therefore in turn traumatizing others, especially their own family members. This study incorporated both military and civilian population and was carried out in a developed country, while the current study consisted of only civilian population.

Thompson (1991) analyzes the ways in which morticians and funeral directors attempt to overcome the stigma associated with their work. It reflects over 2 years of field work involving extensive ethnographic interviews with 19 morticians and funeral directors in four different states.

The qualitative analysis reveals that morticians and funeral directors are acutely aware of the stigma associated with their work, most of which comes from handling the dead and being viewed as profiting from death and grief (Cegelka, Wagner-Greene, & Newquist, 2020). Within the general theoretical framework of symbolic interactionism, the author identifies and examines the symbolic and dramaturgical techniques employed by morticians and funeral directors to neutralize and diminish the stigma associated with their work (Bartlett & Riches, 2007). Among these are symbolically redefining their work, practicing role distance, emphasizing professionalism, cloaking themselves in the “shroud of service,” and enjoying socioeconomic status over occupational prestige (Carr, 2019). Morticians and funeral directors made special efforts to shift the emphasis of their work away from the handling of the dead to providing important and necessary services for the living.

Patwary (2010) analyzed stigma of mortuary workers in Dhaka, Bangladesh. The study found out that these mortuary workers are disadvantaged by the structure of the society. They are drawn from the lowest caste the untouchables and they are further stigmatized by the nature of the work they do- handling dead bodies. According to the study, they worked under psychologically distressing conditions and due to their station in life, they have accepted their position in life and their inability

to change it with extreme fatalism. They get no reward from the job neither do they get any sense of worth from it which leads to low esteem. The study is however based on a society whereby one's station in life is predetermined by their caste and thus there is no means of escape. In other societies, one can be accepted by the society due to economic status.

Ganesh (2016) conducted a study in Bengaluru, India. The study was aimed at finding out if there is a need to offer counseling to mortuary workers. The study found out that mortuary workers experience psychological distress and they use maladaptive means like substance abuse in order to cope. Among the Hindus, funeral work tends to run in families. They seem to join the profession and continue with it due to a sense of fatalism, and the belief that it is a family traditional occupation.

2.3.3 Relationship between Perceived Stigma and Psychological Distress

According to Goffman (1963), stigma affects the behavior of those who are stigmatized especially due to prejudice and rejection they face which can lead to psychological distress. Goffman's theory posits that stigma threatens the person's social identity leading to worry and anxiety. Thompson (1991) looked at the trends of 19 funeral directors and embalmers and morticians on how these mortuary workers manage the stigma from their work. In addition, the study found out that these workers face social exclusion because they do work that others are not willing to do. The public felt glad that it was others who were handling the dead bodies. Due to this ostracization, the mortuary workers shifted their focus by redefining their work and concentrating on the service they offered to the society. They presented themselves as cloaked in a "shroud" of service to make themselves more presentable to those who stigmatize them.

Mortuary workers experienced self-stigma especially because they were devalued by the public for seeming to profit from death. Goffman (1963) found out that the awareness of being

stigmatized by the public or the society leads to one being uncertain of his or her identity a situation that lowers one's self-esteem. Interestingly, Goffman also found out that stigmatized individuals hold the same view as the non-stigmatized groups regarding identity. The stigmatized person was therefore forced to manage the way he or she presented themselves to others. Further, the study also found out that the stigmatized person has to carefully plan on how to create the right impression on stigmatized individuals in order to manage the stigma. This planning and the pressure to create a particular impression leads to psychological distress.

In addition, Ashford (2007) found out that mortuary workers used a lot of effort to conceal their stigmatized identities. For example, those involved in removal of bodies would simply claim to be in the transport industry in order to hide or disguise their stigmatized job labels. Kurz (2018) carried out a study on 46 corpse handlers in mortuaries at a state facility in Windhoek which handled about 4000 bodies in 2016. The research was on experiences of mortuary workers in order to identify their psychological experiences and how they cope. The researcher used interview guides on 9 mortuary workers and he found out that they suffer psychological distress from contact with human remains and the stigma associated with this line of work. The funeral workers experienced disapproval from friends while others perceived them as abnormal. They also experienced social exclusion and isolation both elements of public stigma. Some of the study subjects reported they did not reveal the type of work they do for fear of being ostracized and they also did not seek help for any work-related psychological issues for the same reason. However, a few of them reported that they usually got support from society once they explained the exact nature of their work to friends and relatives. This study agreed with the two aspects of public stigma; handling dead bodies which is considered a taboo and the taboo of profiting from death

and grief. However, the study was carried out at a one mortuary facility and therefore the findings cannot be generalized to all mortuary workers (Brondolo et al., 2012).

Simone (2011), observed that the stigma of handling dead bodies caused significant distress which led to mortuary workers attempting to manage the impression they presented to the public. Mortuary workers experience a great deal of stigma and have to cope with it in order to work as effectively as possible. Coping can be defined as ‘a process by which a person deals with stress, solves problems or makes decisions. Stress has been defined as ‘a particular relationship between a person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being.’

2.4 Summary of the Literature Review

This study was based on two variables, which are, stigma of handling dead bodies, and the psychological distress of mortuary workers. Stigma is mostly from handling of human remains which is considered taboo in most societies and also seeming to profit from death (Suwalowska et al., 2021).

A review of related literature has established that the studies identifying stigma among mortuary workers have mostly been conducted among a sample of military personnel in developed countries. Literature review has established that due to psychological distress the mortuary workers have maladaptive coping mechanisms, which include alcohol abuse, humor, repression, rationalization, intellectualization and engrossing themselves in religion.

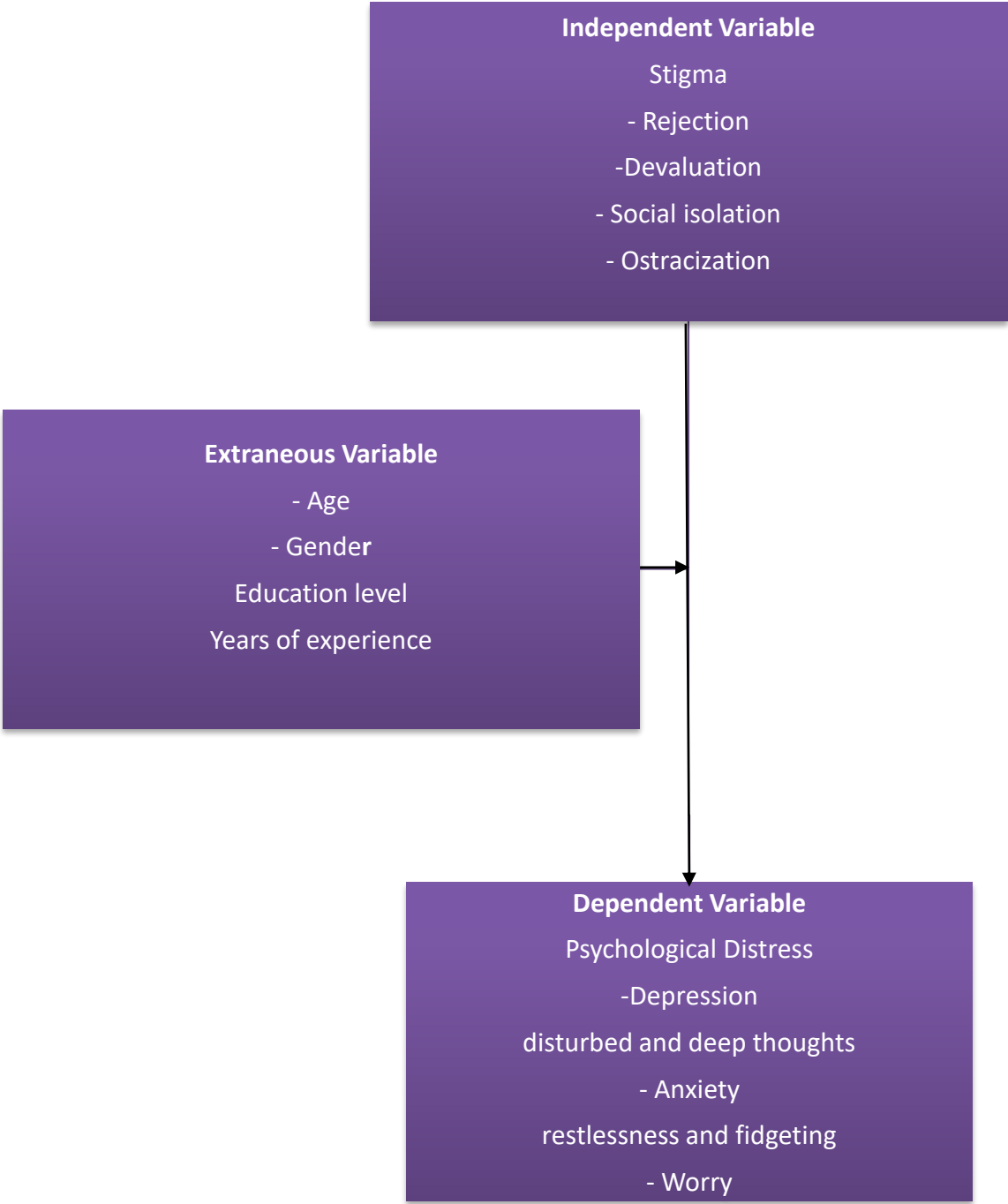
Literature review from previous studies has also established that studies conducted have mostly focused on stigma and levels of depression and stress as opposed to psychological wellbeing, which was the focus of the current study.

2.5 Conceptual Framework

The conceptual framework in the study illuminates stigma experienced by mortuary workers as independent variable and the impact it has on their psychological wellbeing as the dependent variable. The extraneous variables of the study included; age, gender, education level and years of experience.

The figure 2.2 below diagrammatically represents the conceptual framework:

Figure 2.1 *Conceptual Framework*



CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter discussed the methodology used in this study. It started with a description of the research design to be employed. This is then followed by study variables and site of the study. Target population was provided with sampling procedure and sample size. Research instruments were explained and then followed by validity and reliability of the instruments. Pilot study was then explained which was followed by data collection procedure. This was followed by data analysis, presentation, interpretation and discussion. The chapter ended with a discussion of data management and ethical considerations for the research.

3.2 Research Design

The researcher employed concurrent triangulation design. Using this strategy, quantitative and qualitative data are collected simultaneously, albeit one type of data may be prioritized over the other. Concurrent triangulation designs use both qualitative and quantitative data to better characterize the relationships between variables of interest (Creswell et al., 2003). These design was used to determine the relationships between the independent variable, stigma, and dependent variable, psychological distress among the mortuary workers in Nairobi County. Correlational research design was incorporated to explore the strength and direction of the association between stigma of handling dead bodies and psychological distress symptoms (Lawson, 2007). The researcher used an interview guide to further clarify the experiences of mortuary workers. Semi-structured interviews are commonly used in phenomenological research (Smith & Osborn, 2015).

3.3 Study Variables

The independent variable was perceived stigma of mortuary workers. Stigma variable was operationalized by using perceived stigma including verbal rejection, social isolation and devaluation and avoidance in social situations. It was measured using the Everyday Discrimination Scale. The dependent variable was psychological distress of mortuary workers which was characterized by depressive symptoms, anxiety, and feelings of worthlessness, sadness and worry which was measured using Kessler Wellness Scale. The extraneous variables included the demographic characteristics, including age, gender, education level and years of experience which were controlled by being incorporated in the study.

3.4 Site of the Study

The study was carried out in Nairobi County. The County borders Kiambu County to the North, East and West and Machakos County and Kajiado County to the South. It involved institutional, private and public morgues and funeral homes. Nairobi County is bordered by Kiambu County in the East, Nairobi County had been chosen because the lifestyle of people living in Nairobi is quite challenging and they normally seek the white-collar jobs. This would affect any person who is not in the white-collar field and more so the morticians. Additionally, Nairobi being the capital city of Kenya implied that there were more funeral homes to cater for the large populations. The morticians were likely to have a wide range of experiences from both the nature of the dead bodies they handled and the many clients from different communities with various beliefs about death and those who handled dead bodies.

3.5 Target Population

Mugenda and Mugenda (2003) define target population as a set of individuals or objects with a common characteristic from which the researcher wants to generalize the results of the study.

Tromp (2006) defines a population as a group of individuals, items or objects from which samples are taken from for measurement. In the selected funeral homes, there were different professionals but this study only targeted embalmers and morticians because they came into direct contact with dead bodies as part of their daily routine. The mortuary workers provided data regarding perceived stigma and psychological distress by responding to items on the questionnaires.

3.6 Sample Procedure and Sampling Size

Kombo and Tromp (2006) define sampling design as the part of the research plan that indicates how the study participants were selected for observation. Purposive method was used as a deliberate selection of study participants, who were mortuary workers in funeral homes in Nairobi County. The mortuaries were purposefully selected on basis of having populations that corresponded with the research concerns; handling dead bodies. The mortuaries were preferred because they were in Nairobi County, and they included public, hospital, and private mortuaries. Purposive sampling was useful in the selection of a homogenous sample, in this case mortuary workers.

Target population less than 10,000, final estimate (nf) is calculated as;

$$nf = \frac{n}{(1+n)/N}$$

Where: nf = the desired sample size (if the desired population is greater than 10,000)

n = the desired sample size (when the target population is greater than 10,000)

N = the estimate of the population size

The sample size was 60 mortuary workers

| Funeral Homes | Population No. of Employees | Morticians and Embalmers | Total |
|--|--------------------------------|--------------------------------|-------|
| Public Funeral homes City Mortuary | 120 | 12 | 12 |
| Total | 120 | 12 | 12 |
| Institutional Funeral Homes | | | |
| Chiromo Parlour | 35 | 6 | 6 |
| Kenyatta National Hospital Mortuary | 54 | 14 | 14 |
| Kenyatta University Funeral Home | 43 | 6 | 6 |
| Total | 132 | 26 | 26 |
| Private Funeral Homes | | | |
| Lee Funeral Home | 20 | 6 | 6 |
| Montezuma | 48 | 8 | 8 |
| Umash | 67 | 8 | 8 |
| Total | 135 | 22 | 22 |
| Grand Total | 387 | 60 | 60 |

Source: HR Department of Funeral Homes, 2019

3.7 Research Instruments

The researcher adopted two questionnaires regarding the area of study; Kessler Wellness Scale (K10) and an Everyday Discrimination Scale (EDS) to measure stigma. The adapted instrument had five items where the respondent ticked accordingly. The respondents rated themselves on a 5-point Likert scale regarding frequency (0- Never, 1- Rarely, 2 - Sometimes, 3- Often and 4 – Strongly agree).

The researcher used an interview guide to get more information from the participants. Interviews give a researcher an important opportunity to get into the world of the subjects and collect valuable in-depth data (Lopez & Whitehead, 2012). A fourth instrument was the demographic information of the subjects. It captured age, gender, highest level of education attained and number of years of experience at mortuary work.

3.7.1 Kessler Wellness Scale

Kessler Wellness Self-Rating Scale was used to measure the levels of depression and anxiety. The scale was adapted from the Kessler Psychological Distress Scale (K10). It is a 10-item questionnaire that was intended to yield a global measure of distress based on questions about depressive and anxiety symptoms that a study participant had experienced in the most recent four-week period. This scale used a 5-point Likert scale to measure psychological distress.

3.7.2 Everyday Discrimination Scale

Williams (1999) Everyday Discrimination scale was modified and used to measure stigma. The modified EDS read, “In your day-to-day life, how often have the following things happened to you because of your work as a funeral worker?”

The scale was a question tool that measured how often people feel that others treated them badly or unfairly on basis of what made them different from the norm: In the case of this study, handling human remains. Everyday Discrimination Scale is a 6-point Likert scale with responses ranging from ‘never’= 1 to ‘almost always’ =6. Responses were summed across items to produce a score ranging from 10 to 60. To facilitate comparisons, the scores were divided into low moderate and high levels of stigmatization.

3.7.3 Interview Schedule

A semi-structured interview schedule designed by the research to further probe stigma and psychological distress among the mortuary workers.

3.8 Pilot Study

A pilot test was carried out to ensure the validity of the study instruments. The pilot study helped to identify any ambiguity with the items of the instruments and whether the tools meet the study objectives. The study was done in one funeral home in Kiambu County using 10% of the sample ($n = 60$), hence 6 participants took part in the pilot study. The researcher used Kiambu County because the county is near Nairobi County and the experiences were closely related regarding perceived stigma and psychological distress. The researcher sought permission from the identified funeral home in Kiambu to administer the data collecting tools to the embalmers and morticians. Once granted, the data collecting tools were administered by the researcher and a second sample was administered after three days in order to check reliability of the tests. The responses were used to correct the items on the instruments before they were administered on the final sample. The pilot samples were not included in the final sample.

3.9 Validity and Reliability

3.9.1 Validity of the Questionnaires

Validity, as explained by Robinson (2002), is the extent to which results obtained from the analysis of the data represent the occurrence under research. K10 was a scale that was fast because of its brevity, easy to use and has shown good performance when identifying psychological distress. EDS had also been widely used to measure perceived discrimination and stigma. To ensure content validity, the study objectives informed the choice of scales used in the study. The supervisor also

reviewed the study questionnaires to ensure that they measured the constructs that they purported to measure.

3.9.2 Reliability of the Questionnaires

Reliability refers to the measure of the extent to which research instruments yield consistent results (Mugenda & Mugenda, 2003). In this study, internal consistency technique was used to establish the reliability of the instruments. Easton et al. (2017) indicate K10 has strong reliability with Cronbach alpha equal to 0.81. Gonzales et al (2015) yielded a high internal consistency of Cronbach alpha 0.92 on the Everyday Discrimination Scale (EDS). Therefore, the tools had good reliability and psychometric properties from previous studies. In order to demonstrate the internal consistency of the scales in the current study, Cronbach's alpha was conducted by correlating the items measuring the same construct. A score of 0.7 and above indicates that the scales are internally consistent and hence reliable (Schrepp, 2020). Results showed that the Cronbach's alpha scores from the scales were above 0.7, indicating a high level of internal consistency and suggesting that all the scales were reliable.

3.10 Data Collection Procedure

The process started with the researcher receiving a letter of introduction from the University's graduate school to the National Council of Science and Technology Institute (NACOSTI). The researcher then applied for a research permit to NACOSTI for data collection.

Once granted permission, the researcher visited the selected funeral homes in order to outline a brief plan of the study and for subjects to give their consent to participate. Only those who showed their interest participated in the study. Once they provided their consent, the subjects were briefed that the study was confidential and hence they should not include their names, phone number, e-mail or residential address.

The questionnaires were then given to the respondents to fill in. They were allowed one hour when they were expected to hand in the tool back. The researcher used an interview guide to get more information from selected participants. This was used to corroborate the information collected using the questionnaires.

3.11 Data Analysis and Presentation

Data was analyzed using quantitative analysis in corroboration with qualitative analysis. Regarding quantitative, analysis of the data was through cross-tabulations, percentages and measures of central tendency. Linear regression was used to establish the impact of stigma of handling dead bodies on psychological distress of mortuary workers. The IBM Statistical Package for Social Sciences (SPSS) version 21 was used for data entry, data cleaning, and running the regression analysis. Multiple regression analysis was used to assess the effect of the variables on psychological distress. The data obtained was then presented in the form of tables and figures.

3.12 Data Management and Ethical Considerations

The researcher was careful to avoid any strategies that would compromise the subjects' values or expose them to risk. Informed consent and confidentiality were the main ethical issues that were put into consideration. Hence, ethical standards were observed and maintained at all levels of the process which including administering the questionnaires and collection of data, data analysis, interpretation and publishing of the findings. The researcher disclosed all the necessary information about the study to the respondents and after that asked them to fill a consent form. By so doing, the respondents had a chance to declare their interest to participate.

For purposes of confidentiality, the respondents were not required to indicate their names on the questionnaires and the information received was coded to hide the identity of the respondents. In

addition, once the information was used, the questionnaires were destroyed immediately. After completing the process of filling the questionnaire, the respondents were debriefed.

They were also informed that the information they provided would be used only for the stated objectives and purpose and that their participation had no financial benefit for the researcher. It was also brought to the participants' awareness that they could withdraw from participating in the study.

Before embarking on the data collection, the Kenyatta University ethics and research committee (KUerc) reviewed to ensure that all the study ethics had been followed.

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 Introduction

The chapter discussed the analysis of data, interpretation, presentation and discussion of the research findings. The chapter presented the research findings as related to the research questions and objectives that guided the study. The main purpose of the study was to find out the relationship between stigma of handling dead bodies and psychological distress of mortuary workers.

4.2 Questionnaire Response Rate

The response rate of this study was 46 questionnaires out of the sampled 60 participants, indicating a 76.6% response rate. The summary of the response rate is provided in Table 4.1.

Table 4.1 *Response rate*

| Questionnaires | Frequency | Percentage |
|-----------------------|------------------|-------------------|
| Completed | 46 | 76.6% |
| Not completed | 14 | 23.4% |
| Total | 60 | 100.0 |

Table 4.1 provided information about the response rate of the study, which targeted 60 morticians and embalmers from public, institutional, and private funeral homes in Nairobi, Kenya. The table showed that out of the 60 participants, 46 responded to the questionnaires, resulting in a response rate of 76.6%. This response rate is generally considered adequate for drawing conclusions about the population of interest, as it exceeds the minimum threshold of 30-40% recommended for external surveys by Fincham (2008). However, it fell slightly below the 80% response rate suggested for internal surveys.

4.3 Demographic Characteristic of Participants

This section presented the demographic characteristics of the respondents. They include age, gender, education level and number of years of experience.

4.3.1 Age of the Respondents

The study sought to determine the age of the respondents. Determining the age of the applicants was important for the study because the age of the mortuary workers could have an effect on the psychological distress caused by stigma experienced. The findings were shown in Table 4.2.

Table 4.2 *Age distribution*

| Age of the respondents(yrs.) | Frequency | Percentage (%) |
|-------------------------------------|------------------|-----------------------|
| 20-30 | 14 | 30.4 |
| 31-40 | 10 | 21.7 |
| 41-50 | 07 | 15.3 |
| Above 50 | 15 | 32.6 |
| Total | 46 | 100.0 |

Table 4.2 present the age distribution of the respondents in the study. The table show that the majority of the respondents (35%) were between the ages of 31 and 40, which was the largest age group. This indicated that the study attracted a significant number of respondents who were in their thirties, who may have different perspectives and experiences compared to those who were younger or older.

The second-largest age group was respondents aged between 20 and 30 years, accounting for 28.3% of the total respondents. This suggested that the study was also able to attract a considerable number of young adults who may have different attitudes and opinions about the subject matter.

Whereas, 15.3% of the respondents fell between the ages of 41-50, which suggested that this age group was relatively smaller compared to the other age groups.

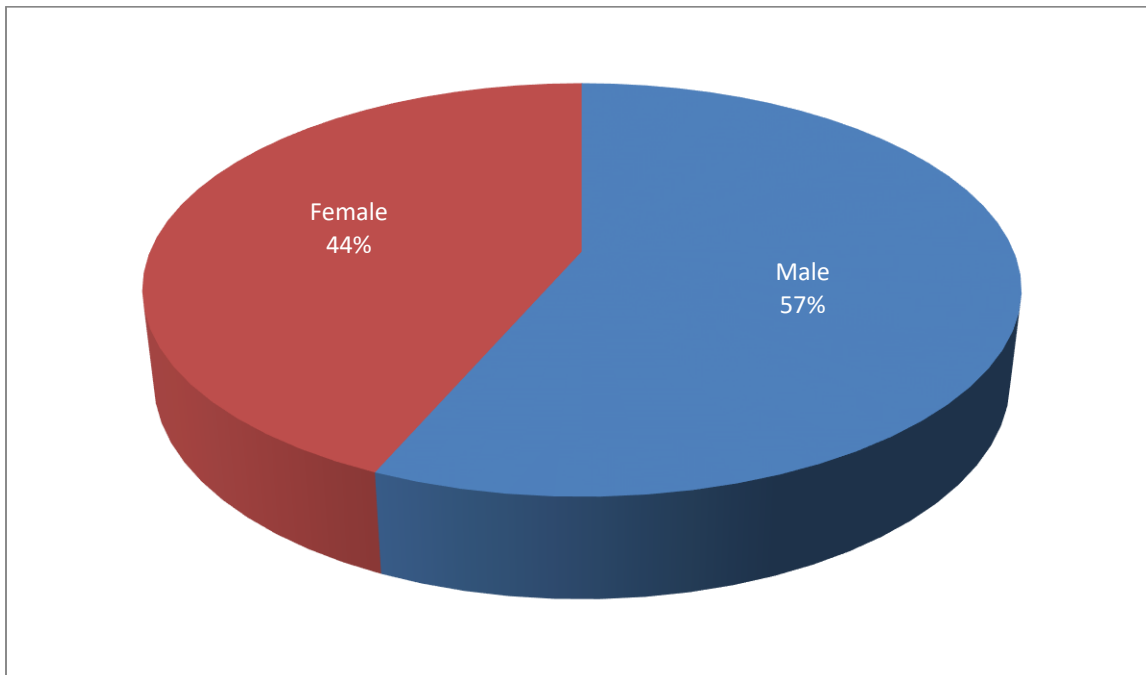
Overall, this age distribution provides valuable insights into the demographic characteristics of the respondents, which draws the conclusions that because most of the mortuary workers are between the ages of 20 and 40 which is the most economically active age group, and therefore more likely to get the brunt of psychological distress from any perceived stigma experienced, as opposed to older individuals.

4.3.2 Distribution by Gender

The study sought to determine the gender of the respondents. Gender was important for this study because the biological making of a mortuary worker could directly impact psychological distress.

The findings were shown in the chart below.

Figure 4.1 *Gender Distribution of Participants*

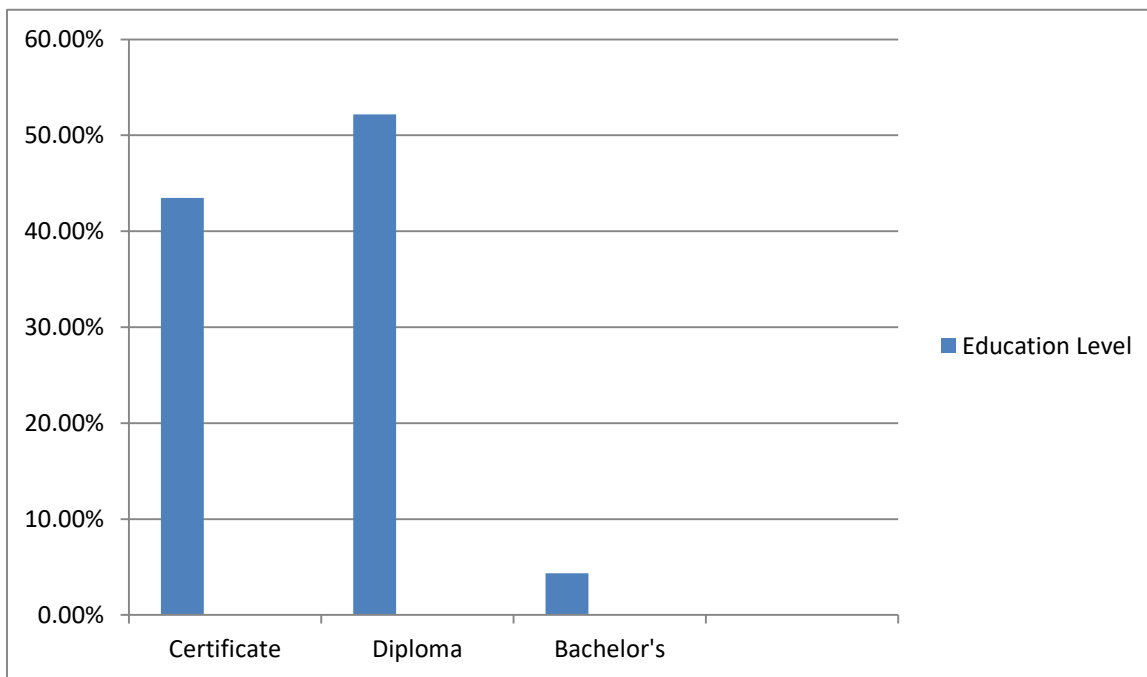


The pie chart above indicated that majority (57%), of the population sampled were male while 44% were female. Women experience several barriers to entering these occupations and positions and to mobility once within them (Lewis and Simpson, 2012). Although some scholars argue that women’s ability to enter such positions represents progress and transformation (Kelan, 2010), inequalities persist between men and women at work (England, 2010). It follows, then, that the transformative effects of women’s participation in male-dominated jobs has limits (Shank, 2021).

4.3.3 Education Level

The respondents were asked to indicate their education level in the mortician field. Education level was a key factor in this study because it determined the level of work given at a funeral home, which could directly affect psychological distress. The findings are shown in figure 4.2.

Figure 4.2 *Participants Education Level*



The majority (52.17%) of respondents had a Diploma, 43.48% had gotten a Certificate, and 4.35% had completed their Bachelor's degree education. The findings were in disagreement with Garnesh (2016) study conducted India, which stated morgue attenders were untrained nor were they exposed to the science of pathology and forensic medicine, where they learn from their seniors instead.

4.3.4 Number of Years of Experience

The respondents were asked to indicate the number of years that they have done work in the mortuary field. The number of years of experience was important for this study because the more the mortuary workers are exposed to dead bodies, the higher the levels of psychological distress and perceived stigma. The findings are presented in figure 4.3.

Figure 4.3 *Participants Years of Experience*

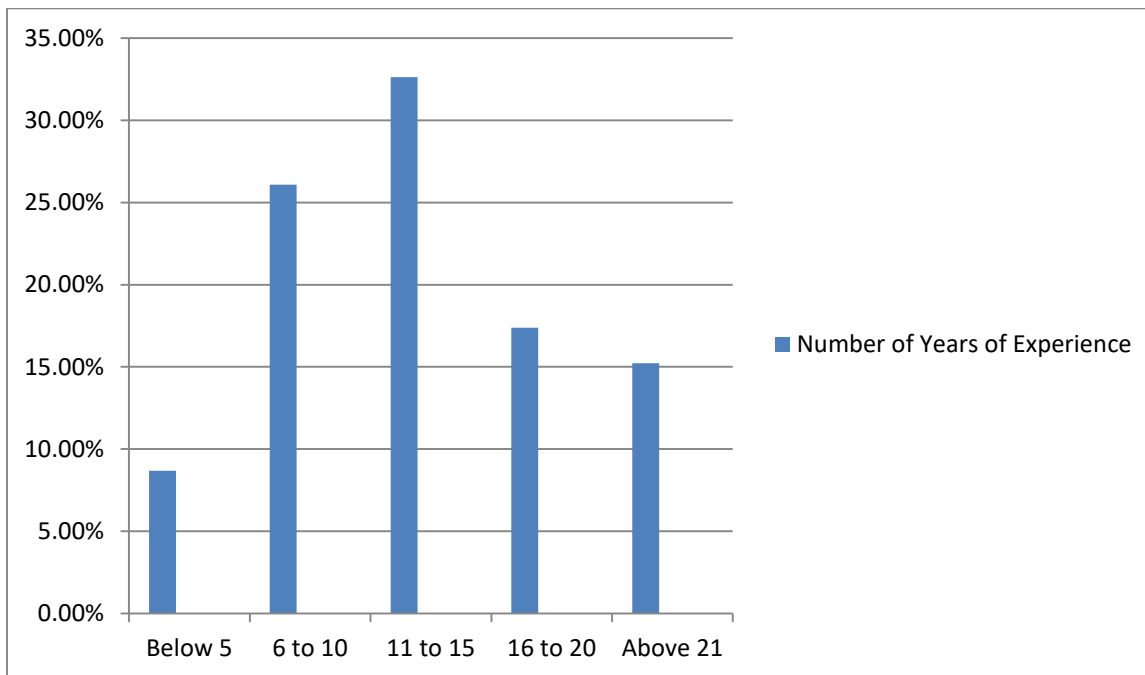


Figure 4.3 represents the number of years of experience, where the majority, 32.61% had worked for 11 to 15 years, 26.09% for 6 to 10 years, while 8.69% for 0 – 5 years. The findings imply that

most of the mortuary workers are likely to have been exposed to stigma and psychological distress because they have worked many years in the mortuary. The findings are in line with Borselli (2020), who stated that the stresses experienced by mortuary workers will continue the more they work.

4.4 Findings on the Study Objectives

The objectives of this study were:

1. To investigate stigma experienced by mortuary workers in Nairobi County analyzed using descriptive statistics such as frequencies and percentages and qualitatively through thematic analysis.
2. To explore the intensity of psychological distress of mortuary workers in Nairobi County analyzed using descriptive statistics such as frequencies and percentages and qualitatively through thematic analysis.
3. To explore the relationship between stigma and psychological distress of mortuary workers in Nairobi County analyzed using linear regression.

The findings of the study according to the objectives are presented in subsections 4.4.1 to 4.4.4.

4.4.1 Stigma Experienced by Mortuary Workers

The first objective of the study was to investigate the nature of stigma experienced by mortuary workers in funeral homes in Nairobi County, Kenya. The Everyday Discrimination Scale has been proven to be efficient in measuring perceived discrimination and as a predictor variable in statistical models (Burgos and Rivera, 2009; Hunte, 2011; Ryff et al., 2004).

The respondents were therefore presented with statements and questions where they were expected to express their opinion. This was done using structured questions, and the possible responses were structured as follows; 5 represented with almost every day, 4 = at least once a week, 3

= a few times a month, 2= a few times a year, 1= less than once a year, and 0= never. The findings are presented in table 4.3.

Table 4.3 *Nature of Stigma Experienced by Participants*

| | Almost everyday 5 | At least once a week 4 | A few times a month 3 | A few times a year 2 | Less than once a year 1 | Never 0 |
|--|----------------------|---------------------------|--------------------------|-------------------------|----------------------------|------------|
| 1. You are treated with less courtesy than other people are. | 44.5% | 36.4% | 9.4% | 4.3% | 5.4% | 0.0 % |
| 2. You are treated with less respect than other people are. | 37.7% | 20.1% | 15.4% | 17.4% | 5.1% | 4.3% |
| 3. You receive poorer service than other people. | 46.7% | 39.6% | 7.9% | 2.7% | 3.0% | 0.1% |
| 4. People act as if they think you are not smart. | 30.6% | 56.4% | 11.1% | 1.1% | 0.4% | 0.4% |
| 5. People act as if they are afraid of you. | 64.7% | 14.4% | 9.1% | 1.7% | 9.4% | 0.7% |
| 6. People act as if they think you are dishonest. | 17.6% | 18.1% | 47.8% | 15.1% | 0.9% | 0.5% |
| 7. People act as if they're better than you are. | 29.7% | 26.7% | 28.5% | 10.4% | 1.7% | 3.0% |
| 8. You are called names or insulted. | 57.5% | 22.9% | 17.0% | 2.2% | 0.4% | 0.0% |

From table 4.3, most of the mortuary workers felt stigmatized in one way or the other. 44.5% of the respondents indicated being treated with less courtesy than other people almost every day and 36.4% at least once a week. The findings resonate with those of Patwary (2010) who found out that mortuary workers experienced social ostracism. The study was conducted in Bangladesh, where there is a cultural taboo surrounding death and those who handle dead bodies. Patwary (2010) found that mortuary workers were often looked down upon by others in society and were excluded from social gatherings. The study also found that mortuary workers faced discrimination when it came to finding marriage partners or even renting a house. Many landlords refused to rent

their properties to them, fearing that the presence of a mortuary worker would bring bad luck. Patwary's findings shed light on the issues faced by those working in the funeral industry, especially in cultures where death is considered taboo.

The findings also indicated that 46.7% of the mortuary attendants received poorer service than other people almost daily and 39.6% at least once weekly. According to the table, a majority of the mortuary workers experienced levels of discrimination more often than not. These findings align with Brysiewicz (2007) who noted that mortuary workers were victims of dehumanization and lacked psychological assistance when needed. Brysiewicz (2007) noted that this phenomenon occurs when individuals are treated as objects rather than human beings. This can happen in a number of ways, such as when mortuary workers are expected to handle bodies without regard for their emotional well-being or when they are subjected to harsh working conditions with little support from management.

The table also showed that 37.7% said that they were less respected than others almost every day, 20.1% at least once a week, 15.4% a few times a month, 17.4% a few times a year, 5.1% less than once a year, and 4.3% never. The findings are supported by Kurz (2018), who stated that mortuary workers faced disrespect from grieving families and aggressive civilians who were resistant to the process of collecting the dead bodies.

From the table, the findings indicated that most of the mortuary workers were viewed as being less smart than other people, which made them feel stigmatized. The study highlights the emotional toll that working in the mortuary industry can take on individuals, particularly due to the lack of recognition and appreciation for their work. Kurz's research emphasizes the need for greater awareness and understanding of the role of mortuary workers in society, as well as better support systems for those working in this field. The study also highlights the importance of improving

communication between funeral directors and families, to ensure that everyone involved is aware of each other's needs and expectations. Overall, these findings provide important insights into the challenges faced by mortuary workers, and highlight the need for greater respect and support for these professionals in their important work. By acknowledging and addressing these issues, we can help to create a more compassionate and supportive environment for all those involved in end-of-life care.

Dartey et al. (2022), performed a qualitative study on the biological hazards of embalmers in work associated mortuary in a Ghanaian context. They looked at the challenges that were faced by the workers that attended to deaths from the general public. The qualitative study researched the perception and experiences of people that worked in this field. The workers are faced with many difficulties with an expectation of very high infectious risk of being exposed to diseases, since they do not get enough training, coaching and guidance from the senior staff (Emmanuel & Police, 2021). The stresses are completely visible as they are anxious and afraid while they work with the dead bodies.

The table also showed that more than 80% of the respondents were called names or insulted, experienced fear from others, and had people act as if they are not smart most days. 47.8% mortuary workers reported that at least once a month, people felt that they were dishonest. The findings resonate with those of Kurz (2018), who mentioned that mortuary workers experienced disapproval from their friends about their careers, others had the perception that they were abnormal, and three respondents said that people were afraid of them. The study also noted that they experienced social exclusion and isolation, which caused stress.

Discrimination of mortuary workers is a prevalent issue that has been highlighted by recent research. According to the study conducted by the National Funeral Directors Association, more

than 70% of mortuary workers have experienced discrimination based on their profession. The discrimination faced by these workers ranges from social stigma to outright harassment and abuse. Many people still view death as a taboo subject, and those who work in the funeral industry are often seen as strange or morbid. This attitude can lead to ostracization and exclusion from social circles.

In support of the findings from the feeling of ostracization and being excluded from events, the following are some verbatim statements from the participants. Some mortuary workers had the following to note:

“Even proposing to a woman or showing romantic interest in them can be a challenge due to the misconceptions of mortuary work. Some people think you have malicious intentions like wanting to kill them.”

One interviewee, an embalmer mentioned;

“My family members are unhappy that I am working here. They always tell me to change to another unit in the funeral home to prevent touching dead bodies.”

Another said;

“People in the church think that working with dead bodies means that I must be abnormal. Some are even afraid to give me a hug or be close to me because they think I am not normal.”

Another mortuary worker said;

“My friends used to say that I would get mad from my job, because it is an abnormal career to participate in. They would be quite negative.”

The verbatim statements from the study participants are in line with Kurz (2018), who mentioned that the mortuary workers had a lived experience of being considered abnormal due to the nature of dealing with dead bodies. The sentiments are also in line with Colombo, et.al (2019), who stated

that funeral workers faced secondary traumatic stress from their jobs from being seen as abnormal for viewing dealing with dead bodies casually.

The results of this study suggest that the stigma and discrimination experienced by mortuary workers are more widespread than previously thought. Despite the unique nature of their profession, mortuary workers require equal respect and recognition like any other profession. It is therefore important for policy makers to take steps to raise awareness and reduce the stigma associated with working in a mortuary setting.

Another aspect of stigma analyzed in the research was self-stigma. The Everyday Discrimination Scale (EDS) failed to cover the self-stigma faced by mortuary workers, a vital aspect in their psychological distress. Self-stigma occurs when individuals internalize the negative stereotypes and prejudices associated with their condition or identity, leading to a loss of self-esteem and confidence. Mortuary workers are often stigmatized for the nature of their work. They are perceived as dealing with death and corpses daily (Jordan, Ward, & McMurray, 2019), leading to assumptions that they are emotionally detached or disturbed individuals. This stigma can lead to self-stigmatization where mortuary workers feel ashamed or guilty about their profession (Akinyemi et al., 2021).

Qualitative findings on the aspect of self-stigma faced by mortuary workers brought out the following verbatim statements in support of the experience:

“I still feel shame and embarrassment about working at the mortuary sometimes.”

Another funeral worker mentioned:

“Sometimes I feel like I should not do the job that I am doing because it is embarrassing to handle dead people all day.”

These statements from the study participants are in agreement with Picozzi, (2019), where a group of researchers conducted a study on the self-stigma of mortuary workers. The study aimed to

explore the self-stigma experienced by mortuary workers and how it affects their job satisfaction and psychological well-being. The researchers found that mortuary workers often feel stigmatized due to societal perceptions surrounding death and their profession. According to Bailey (2019), mortuary workers experience significant levels of self-stigma, which can lead to negative mental health outcomes such as depression, anxiety, and burnout. They also found that these workers often struggle with finding a balance between being compassionate towards families who have lost loved ones while maintaining professional boundaries.

4.4.2 Intensity of Psychological Distress among Mortuary Workers

This objective sought to establish the intensity of psychological distress experienced by the mortuary workers in Nairobi County. The respondents were asked a number of questions that characterized the extent of their psychological distress when handling dead bodies. As Kurz (2018) mentioned, mortuary workers suffer from stressors including work accumulation, high levels of responsibility, and risks of injury or disease, which could be the cause of the psychological distress they experience. The Kessler (K10) Test was used to measure the levels of anxiety and depression among the mortuary workers. The study provided information on the use of the Kessler scale as an indicator of psychological distress and its relation to other measures of well-being. The information analyzed the association of psychological distress to the performance and wellness of the mortuary workers.

The K10 was scored using a five-level response scale that was based on the frequency of anxiety or depression symptoms reported. The total of the ten items were then summed, where the minimum score was 10 and maximum was 50. The lower the score indicated low psychological distress levels, and vice versa.

The Kessler Scale items are scored as follows; The items ranged from tired to worthless, and each item was scored from 1 to 5- 1 being none of the time, 2= a little of the time, 3= some of the time, 4= most of the time, and 5= all of the time.

Table 4.4 presents the findings as hypothesized by the respondents.

Table 4.4 *Participants Psychological Distress*

| Please tick (√) in the correct column | None of the time | A little of the time | Some of the time | Good part of the time | Most of the time | Total |
|---|------------------|----------------------|------------------|-----------------------|------------------|-------|
| 1. During the last 30days, about how often did you feel tired out for no good reason? | 1 | 2 | 7 | 12 | 24 | 46 |
| 2. During the last 30days, about how often did you feel nervous? | 3 | 1 | 11 | 15 | 16 | 46 |
| 3. During the last 30 days, about how often did you feel so nervous that nothing would calm you down? | 0 | 6 | 10 | 13 | 17 | 46 |
| 4. During the last 30 days, about how often did you feel hopeless? | 2 | 7 | 16 | 6 | 15 | 46 |
| 5. During the last 30 days, about how often did you feel hopeless and fidgety? | 2 | 13 | 5 | 11 | 15 | 46 |
| 6. During the last 30 days, about how often did you feel so restless you could not sit still? | 4 | 10 | 7 | 11 | 14 | 46 |
| 7. During the last 30 days, about how often did you feel depressed? | 0 | 7 | 8 | 12 | 20 | 46 |
| 8. In the last 30 days, about how often did you feel that everything was an effort? | 3 | 5 | 13 | 9 | 16 | 46 |
| 9. In the last 30 days, how often did you feel so sad that nothing could cheer you up? | 1 | 13 | 6 | 10 | 16 | 46 |
| 10. In the last 30 days, about how often did you feel worthless? | 1 | 4 | 5 | 17 | 19 | 46 |

Psychological distress was measured by the K10 scale as demonstrated by the table above. The items were then summed to generate a total score per respondents. As shown in table 4.4, 20 of

the mortuary workers indicated feeling depressed most of the time during the last 30 days, 12 felt depressed a good part of the time, 8 some of the time, and 7 a little of the time. From the findings, high percentages of psychological distress were experienced by the mortuary workers occurred most of the time as opposed to a little of the time, implying that many mortuary workers had high chances of being depressed.

Qualitative findings from the interviews on the mortuary workers experiencing depression showed a similar pattern as some respondents stated:

“Most people that come in here are sad because they have lost a loved one, and more often than not, I feel depressed because I can understand that it is not easy to lose someone.”

“I don’t think people understand what I go through when dealing with dead bodies every day, so it can be a lonely journey. Apart from the debriefing in the funeral home, I have no other form of mental and emotional support.”

The findings on the prevalence of depression among mortuary workers align with studies by Nöthling et.al. (2015), who stated that mortuary workers are more likely to suffer from major depressive disorder (MDD).

In addition, table 4.4 indicated that nothing could cheer the participants up over the last 30 days, where 16 participants felt that nothing could cheer them up most of the time, 10 felt the same a good part of the time, 6 felt that some of the time, and 13 felt the same a little of the time. These findings noted that many mortuary workers indicated low mood because of their job and other factors. This is consistent with previous research on depression in mortuary workers, which found high rates of MDD among this population. Furthermore, it is important to note that while some participants reported feeling better after certain activities, such as talking to friends or family

members, this did not seem to be enough to consistently lift their mood. This indicates that there is an urgent need for more effective interventions to help this vulnerable group of workers.

Table 4.4 had a question with the strongest responses- the first one, where 24 mortuary workers felt tired for no reason. 12 workers felt tired a good part of the time and 7 some of the time. Around three individuals were not very much affected by tiredness. These findings are in line with Roche et.al, (2022), who found out that funeral industry workers in Australia and Ireland work within commoditized death-management systems, where 45 participants in the study reported psychosocial hazards, fatigue and work pressures.

Qualitative findings on the mortuary workers' experience with fatigue and tiredness showed the same pattern as one participant noted:

“I feel exhausted from handling dead bodies all day, because the process of making the body ready for burial takes a lot of time.”

Another participant stated:

“I sometimes get emotionally exhausted because of the pressure of handling the families of the deceased people that come to the funeral home. I feel like I cannot handle their extreme emotions caused by grief.”

In line with that, a mortuary worker mentioned:

“The process of putting on makeup on a dead body can take a long time depending on how they died and the damage caused. For example, the more bruises someone has, the more time I spend preparing them. This is tiring for me.”

The results of the qualitative findings indicated that many participants experienced feelings of fatigue and tiredness, suggesting that they may be at risk for developing MDD. The study also

revealed that a significant proportion of participants felt that nothing could cheer them up most or a good part of the time.

The second question with the highest responses was about how workers felt emotionally drained after working in a funeral home. The table indicated that over the last thirty days, 16 felt emotionally drained most of the time, 9 a good part of the time, 13 some of the time, 5 a little of the time, and 3 none of the time. The high responses show that more mortuary workers suffer from burnout than not, when working in a funeral home due to the stress they get from the workplace. This is supported by previous research which found that funeral industry workers experience more stress than those in other sectors (Bryant, 2020). Funeral professionals often have to manage complex emotions from grieving families and the pressure of having to be available 24/7 for any emergency services. The emotional toll of this work can be overwhelming and lead to burnout (Kömür et al., 2017).

In particular, one worker noted that handling the emotions of grieving family members was particularly difficult. Additionally, studies by Gifford et al. (2018) and Koster et al. (2018) have shown that feeling emotionally exhausted is a common experience for mortuary workers, as they must often deal with difficult situations and traumatic events in the course of their work. Also, Dekkers et al. (2016), study states that funeral workers found a direct correlation of significant association between potentially traumatic events and psychological symptoms. It points out that exposure to such traumatic incidents in the professional domain is correlated with enhanced form psychological danger as detected among funeral workers (Kumari, 2022). It includes incidents such as deaths that happen to be violent, heart-rending scenarios, and the overall emotional impact of the job culture. The finding of the study suggests the urge for norms for their industry's mental health aid and schemes, as the mitigation of potentially traumatic events can give the psychological

healing of the afflictions of the funeral workers. It helps them to render effective support and empathy for the burdening families (Douglas & Peterside, 2016).

Qualitative findings on the mortuary workers' feeling emotionally drained were further highlighted by verbatim statements from the participants, where one noted:

"Sometimes we get insulted by the loved ones especially when we are unable to fulfil their demands as fast as they would like."

Another mortuary worker stated:

"The grieving families can be very aggressive with us because they are going through a hard time emotionally, which makes it hard for us emotionally too."

The above verbatim statements indicated that dealing with the families of the deceased caused emotional distress to the mortuary workers. These feelings are not exclusive to this survey; they have been observed in other studies as well. For instance, an analysis by De Silva and Zhang (2019) found that many funeral directors experienced high levels of emotional labor, as they had to manage the emotions of grieving families while also performing their regular duties.

Findings on Table 4.4 also assessed the levels of nervousness as an indicator of psychological distress among mortuary workers. 31 respondents felt nervous most or all of the time. Results showed that many mortuary workers experienced psychological distress at a high level. 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, 1 a little of the time, and only 3 said that they were not nervous at all. This set of respondents could imply a group of mortuary workers whose job had affected their well-being by making them more nervous, which is in agreement with the other question that asked if the participants were unable to calm down over the past 30 days. From individual summed scores, many participants experience moderate to

high distress. According to Abbas & Faraj (2021), the impact of dealing with dead bodies and violence victims made the psychological state of funeral workers worse, especially the female workers.

Working with dead bodies every day is a challenging job that requires immense emotional strength and resilience. However, many people fail to comprehend the gravity of this situation and often overlook the emotional toll it takes on professionals.

Dealing with death can be overwhelming, and those who work in the field need to be supported and appreciated for their hard work. It is essential to acknowledge their contributions and provide them with necessary resources to cope with the stress associated with working in such an environment.

The results of the study mentioned above are in line with the findings of Goldenhar et al. (2001), which suggest that healthcare workers in the funeral service industry experience significant stressors that can affect their mental health. Specifically, job demands, such as long working hours, high job responsibilities, and emotional demands, were reported as common sources of stress. In addition, harassment, including verbal and sexual harassment, and the physical work environment, such as exposure to infectious diseases and chemicals, were identified as additional sources of stress.

The findings of the study resonate with those of Patwary (2010) who found out that mortuary workers experienced a high level of stress and emotional distress due to their job. The job of mortuary workers involves handling dead bodies, which can be a traumatic experience for some individuals. They are also exposed to hazardous substances such as formaldehyde, which can have harmful effects on their health.

The answers to the questions could indicate that the group of respondents had been under a lot of stress due to their jobs. Stress is a common experience in life, and it can be caused by various factors such as work, family, finances, health problems, or personal relationships. The way people respond to stress can vary widely from person to person. Some may become anxious or depressed, while others may feel angry or irritable. This is further emphasized by the fact that only 3 of them indicated that they were not nervous at all. It can be assumed that this group of people has been struggling with feelings of anxiety, which could have a negative impact on their overall mental health and wellbeing. It is important for these individuals to take steps to manage their stress and take care of themselves in order to improve their mental health and quality of life.

Table 4.4 also assessed the levels of hopelessness as an indicator of psychological distress among mortuary workers. Twenty-one mortuary attendants were hopeless most or all the time, while 16 had this feeling some of the time. Seven attendants felt hopeless a little of the time, while two workers never felt anything at all.

In addition to that, table 4.4 also assessed anxiety as an indicator of psychological distress among mortuary workers, where 6 mortuary workers felt unable to calm down a little of the time, 10 felt the same some of the time, 13 a good part of the time, and 17 felt that nothing could keep them calm most of the time over the 30 days. Based on the rankings, the mortuary workers were fidgety, which is a sign of being nervous. 15 of them claimed to experience this most of the time, 11 a good part of the time 5 most of the time, 13 a little of the time, and only two none of the time. When the participants were asked about feeling so restless they could not sit still, 14 answered that they felt that way most of the time, 11 a good part of the time, and 7 some of the time. This view agrees with that of Abbas & Faraj (2021), who mentioned that the impact of dealing with dead bodies and

violence victims made the psychological state of funeral workers worse, especially the female workers.

The qualitative findings on anxiety as an indicator of psychological distress among mortuary workers supported the findings from the table, with some participants noting:

“For the first few weeks, handling corpses was difficult and caused nervousness but I had to get used to it. I don’t sleep that well so sometimes I get the feeling that I use more energy at work.”

“When you deal with something like a homicide or an accident involving children, it’s hard not to take that home with you.”

The interviews in the qualitative process implied that mortuary workers experienced nervousness and had a difficult time dealing with the deaths they faced every day. In addition, one mortuary worker mentioned that anxiety can result from handling traumatic deaths. As a mortuary worker, dealing with death on a daily basis can be an emotionally difficult task. From time to time, workers may come across particularly traumatic deaths that can have a profound effect on their mental health. In a recent interview, one mortuary worker has revealed the psychological toll of working in the industry and how traumatic deaths can lead to anxiety.

The high levels of anxiety agrees with the research of Katongole et.al, (2021), who mentioned that mortuary attendants were among the healthcare workers who experienced restlessness when coming in contact with the bodies. Dumahasi (2020), noted that mortuary attendants are often overlooked as healthcare workers despite their critical role in ensuring the proper handling and disposal of deceased persons.

The table also shows how many respondents felt everything was an effort in the last 30 days. Sixteen mortuary attendants felt that everything was an effort most of the time, while a good part of the time, 9 participants felt so. Thirteen attendants had this feeling some of the time, and 5 of

them a few times. Three respondents never experienced this feeling at all. Regarding sadness, 16 attendants felt sad most of the time, while 10 had that feeling a good part of the time. Nineteen workers felt sad a few times or some of the time, while only 1 didn't experience any sadness.

Regarding feeling worthless, 19 individuals felt that way most or all the time. Seventeen experienced the feeling of worthlessness a good part of the time in the past 30 days, while 5 felt like that sometimes. Four attendants experienced this feeling a few times, while 1 individual didn't experience it at all in the last 30 days.

Overall, the survey revealed that mortuary workers often experience emotional, physical, and psychological stress as part of their job (Jain & Sharma, 2019). These findings are in line with other studies that have documented the unique difficulties faced by those employed in the funeral industry. It is clear that more research is needed to better understand these issues and develop strategies to support mortuary workers (Luan et al., 2020).

These findings suggest that healthcare workers in the funeral service industry are exposed to significant stressors that can affect their mental health. Addressing these stressors and promoting mental health among this population is crucial for their well-being and the provision of quality care to their clients. Employers and policymakers should prioritize the development and implementation of workplace interventions to reduce stress and improve mental health outcomes for funeral service practitioners. The mental health of mortuary workers is a serious issue that needs to be addressed. The findings of this study suggest that funeral workers are struggling to remain calm in the face of life-altering events, and that the female workers are even more affected by this stress. To help combat this problem, it is essential that employers focus on providing mental health support services for their employees. This could include offering resources such as counseling and support groups, or implementing policies that address workplace stressors.

Both qualitative and quantitative findings indicated high levels of psychological distress among mortuary workers, with significant markers of burnout, depression, nervousness, and anxiety.

4.4.3 Impact of Stigma on Psychological Distress

This objective sought to determine the impact of stigma and psychological distress of mortuary workers. To establish the impact of stigma on the psychological wellbeing of participants, a linear regression was conducted. A linear regression analysis is a statistics technique used to determine the relationship between an independent variable and related dependent variable (Matthew, 2021). The summary of the regression findings are presented in tables 4.5 to 4.7 that follow.

Table 4.5 *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

From the findings on Table 4.5, participants' level of stigma accounted for 64.5% of the variation in participants' psychological wellbeing as shown by the adjusted R square value. This implies that stigma contributed significantly to psychological wellbeing of the respondents.

Table 4.6 *Regression ANOVA Results*

| 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 ANOVA table above indicates that the level of stigma significantly predicts the psychological distress, as shown by the P value which is less than 0.05. This findings indicate that the regression model was a good fit to establish the impact of stigma on psychological wellbeing of participants.

Table 4.7 *Regression Coefficients*

| Model | Unstandardized Coefficients | | Standardized | T | Sig. |
|-----------------|-----------------------------|------------|----------------------|--------|------|
| | B | Std. Error | Coefficients Beta | | |
| (Constant) | -1.282 | .275 | | -4.664 | .000 |
| Level of stigma | .305 | .178 | -.225 | -1.709 | .002 |

a. Dependent Variable: Psychological distress

From table 4.7, participants level of stigma had a statistically significant positive impact on psychological distress ($\beta=0.305$, $p=0.002$); the relationship was considered significant since the p-value was less than the selected level of significance (0.05). This implies that a unit increase in level of stigma will have an effect on participants' psychological distress by 0.305. This indicated that the more intensity of stigma experienced by mortuary workers in their line of work dealing with dead bodies, the more they experienced psychological distress.

According to the findings, mortuary workers' encounters with stigma and discrimination can damage their psychological well-being, leading to psychological conditions such as depression and anxiety. The stigma may cause the person to delay seeking help, which is aggravated by a lack of understanding from family, friends, coworkers, and superiors. Therefore, addressing stigma among morticians would help in enhancing their psychological wellbeing.

The findings resonated with other scholars, such as Flynn, McCarrol, & Biggs (2014), who mentioned that mortuary workers felt distressed and stigmatized because of the nature of their work. Additionally, Li et.al (2015) also stated that the mortuary workers experienced mental distress from social stigmatization.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of the study was to explore the relationship between stigma of handling dead bodies and the psychological distress of mortuary workers. The specific objectives were to investigate the stigma experienced by mortuary workers in Nairobi County, to explore the intensity of psychological distress of mortuary workers in Nairobi County, and to explore the relationship between stigma and psychological distress of mortuary workers in Nairobi County.

The chapter presents the summary of the research findings, conclusions drawn from the findings highlighted and recommendations made to it. The conclusions and recommendations were drawn in addressing the research question or achieving the research objectives. The study showed a positive relationship between the independent variable- level of stigma, and the dependent variable- psychological distress.

5.2 Summary of Findings

Findings on the first objective established that majority of the mortuary workers felt stigmatized, with 44.5% of the respondents indicated being treated with less courtesy than other people almost every day and 36.4% at least once a week. The study findings show that at least 55% of the mortuary workers were treated with less courtesy and less respect in the society daily or at least once a week, making them feel as if they are not human beings. Moreover, 37.7% stated that they get poorer service than others almost every day, and 20.1% at least once a week. The researcher also found out that most (60.7%) of the mortuary workers experienced that people were afraid of them because of the nature of their work, which made them feel overwhelmed. The findings also stated that 57.5% of the respondents were called names or insulted on a daily basis, whereas 22.9% experienced the same at least once a week. The research also showed that 30.6% of mortuary

workers felt that people thought they were smarter than them, while 29.7% felt that others thought they were better than them. About 30% respondents mentioned that people felt that they were dishonest when speaking to them. The qualitative findings further established that the respondents felt discriminated by the family members, friends and church members as a result of working as mortuary attendants.

Findings on the second objective, found out using the Kessler Wellness Scale, that the mortuary workers experienced psychological distress at high levels when they felt stigmatized. 43.5% of the respondents agreed that they experienced depressed mood over the past 30 days. Moreover, more than 60% established that they felt fidgety, nervous, sad, and worthless. Lastly, the findings showed that more than 32% of the mortuary workers felt that nothing could calm them down and more than 50% considered doing things took a lot more effort. Qualitative findings further showed that the mortuary attendants felt sad and lonely most of the times as a result of their work. Results from the objective further showed that many mortuary workers experienced feelings of anxiety as an indicator of psychological distress. 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, 1 a little of the time, and only 3 said that they were not nervous at all. Qualitative findings also established that the respondents experienced nervousness when handling dead bodies especially those from accidents or homicidal incidences, leading to problems with sleep.

The third objective using linear regression established that level of stigma had a statistically significant positive impact on psychological distress ($\beta=0.305$, $p=0.002$). The relationship was considered significant since the p-value was less than the selected level of significance (0.05). This implied that a unit increase in level of stigma had an effect on participants' psychological distress by 0.305. This indicated that the more intensity of stigma experienced by mortuary workers in their line of work dealing with dead bodies, the more they experienced psychological distress.

5.3 Conclusions

The study findings established that a majority of the mortuary workers in Nairobi County experienced various forms of stigma emanating from self and others and therefore concludes that there is a high level of stigma among mortuary workers in Nairobi County.

The study further established that mortuary workers in Nairobi County suffer psychological distress, including depression, nervousness, and anxiety and consequently concludes that there is a high level of psychological distress among mortuary workers in Nairobi County.

The study findings also established a statistically significant positive impact of stigma on psychological distress ($\beta=0.305$, $p=0.002$) and therefore concludes that the high levels of stigma among mortuary workers in Nairobi County, contributed to higher levels of psychological distress.

5.4 Recommendations of the Study

Based on the findings and conclusions in this chapter, there were various recommendations suggested based on the study findings. The recommendations are for mortuary workers, mortuary administrators, and for further research.

5.4.1 Recommendations for mortuary workers

The study made the following recommendations for mortuary workers based on the study objectives:

- 1) The study recommended that mortuary workers speak up about their stigmas and join support groups to deal with stigma.
- 2) The study recommended that mortuary workers seek professional and family support when they experience high levels of psychological distress due to stigma.
- 3) The study also recommended that the mortuary workers who faced stigma from others and themselves should speak up and help create awareness at their workplaces.

5.4.2 Recommendations for mortuary administrators

From the findings of the study, the study made the following recommendations for mortuary administrators:

1. The study recommended that the mortuary administrators make efforts towards improving the working environment for funeral workers through training, regular interventions, and sanitization to enhance psychological wellbeing.
2. The study also recommended that the mortuary administrators avail psychosocial support to the mortuary workers because of their constant psychological distress. This would enhance their psychological wellbeing.
3. The study recommended that the mortuary administrators find a way to educate the public on mortuary work so as to reduce the stigmatization and discrimination of the mortuary workers. The administration should include brochures, seminars, and other methods to show the public how things work in the mortuary, as this information will provide a different perspective.

5.4.3 Recommendations for Further Research

1. The study recommended that future researchers employ methodologies that provide a wider scope of results, such as more detailed interviews and other data collection methods. This is so as to get as much information as possible regarding the perceived stigma and psychological distress of mortuary workers, as the current study did not establish a cause and effect.
2. Future scholars should also focus on the possible influence of other variables on psychological distress that are unrelated to stigma. Such influences may include personal/home problems, social-economic issues, lack of emotional support, personality factors, and mental illness.
3. Moreover, the study recommended that future research should be done in other counties outside Nairobi County, so as to compare the experiences of perceived stigma and psychological distress among mortuary workers from other counties. This will show if there are any similarities or differences from the results obtained in the study, which was conducted in Nairobi County.

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APPENDICES

Appendix I: Informed Consent Form

My name is Anne Wandati. I am a Master's student from Kenyatta University. I am conducting a study titled: RELATIONSHIP BETWEEN PERCEIVED STIGMA OF HANDLING DEAD BODIES AND PSYCHOLOGICAL DISTRESS OF MORTUARY WORKERS IN NAIROBI CITY COUNTY. The information will be used solely for academic purpose.

Procedures to be followed

Participation in this study will require you to answer a questionnaire issued to you and to participate in a focus group discussion.

Voluntarism

You have the right to refuse participation in this study. You will get the same services and care whether you agree to join the study or not and your decision will not change the care you will receive. Please remember the participation in this study is voluntary. You may ask questions related to the study at any time.

You may refuse to respond to any questions and you may leave the focus group discussion at any time.

Discomforts and Risks

Some of the questions you will be asked may be embarrassing or make you uncomfortable. Please feel free to decline any question you feel is uncomfortable.

Benefits

If you participate in this study, you will help us to learn how stigma of handling dead bodies affects psychological distress of mortuary workers. Thus building knowledge on studies on psychological well-being of mortuary workers.

Reward

There are no rewards or any payment to you if you participate.

Confidentiality

The focus group discussion and questionnaire will be conducted in a private environment whereby the researcher will issue the study tools and conduct one on one interviews. Everything will be kept private and only shared with the study team.

Contact Information

If you have questions about the study contact githaeyunis@gmail.com-0722895270 or the Kenyatta University Ethical Review Committee Secretariat on chairman.kuerc@ku.ac.ke ,

Participant’s statement

The above information regarding my participants in the study is clear to me. I have been given a chance to ask questions and my questions have been answered to my satisfaction. My participation in this study is entirely voluntary. I understand that I will still get the same care and medical treatment whether I decide to leave the study or not and my decision will not change the care I will receive from the clinic today or that I will get from any other clinic at any other time.

Code of participant.....

.....

.....

Signature or thumb print

Date

Investigator`s statement

I, the undersigned, I have explained to the volunteer in a language she/he understands, the procedures to be followed in the study and the risks and benefits involved.

Name of interviewer.....

.....

.....

Interviewer signature

Date

Appendix II: Research Instruments

Instructions:

Kindly give your honest response to each question and tick where appropriate. Do not indicate your name.

SECTION 1

Demographic information

1) Age

20-30

31-40

41-50

50-60

2) Gender: Tick one:

Male () **OR** Female ()

3) The highest level of education in the mortician field

i. Certificate

ii. Diploma

iii. Bachelor's degree

4) Number of years of mortuary work experience

i) 0 - 5 years

ii) 6 – 10 years

iii) 11-15 years

iv) 16-20 years

v) 21+

Section 2

Everyday Discrimination Scale

In your day-to-day life as a mortuary worker, how often do any of the following things happen to you?

| | Almost everyday | At least once a week | A few times a month | A few times a year | Less than once a year | Never |
|--|--------------------|----------------------------|---------------------------|--------------------------|--------------------------------|-------|
| 1. You are treated with less courtesy than other people are. | | | | | | |
| 2. You are treated with less respect than other people are. | | | | | | |
| 3. You receive poorer service than other people. | | | | | | |
| 4. People act as if they think you are not smart. | | | | | | |
| 5. People act as if they are afraid of you. | | | | | | |
| 6. People act as if they think you are dishonest. | | | | | | |
| 7. People act as if they're better than you are. | | | | | | |
| 8. You are called names or insulted. | | | | | | |

Thank you for participation

Section 3

Psychological Distress experienced by Mortuary Workers- K10 Test

These questions concern how you have been feeling over the last 30days. Tick in the column the box that corresponds best with how you have been feeling.

| Please tick (√) in the correct column | None of the time | A little of the time | Some of the time | Good part of the time | Most of the time |
|---|------------------|----------------------|------------------|-----------------------|------------------|
| 1. During the last 30days, about how often did you feel tired out for no good reason? | | | | | |
| 2. During the last 30days, about how often did you feel nervous? | | | | | |
| 3. During the last 30 days, about how often did you feel so nervous that nothing would calm you down? | | | | | |
| 4. During the last 30 days, about how often did you feel hopeless? | | | | | |
| 5. During the last 30 days, about how often did you feel hopeless and fidgety? | | | | | |
| 6. During the last 30 days, about how often did you feel so restless you could not sit still? | | | | | |
| 7. During the last 30 days, about how often did you feel depressed? | | | | | |
| 8. In the last 30 days, about how often did you feel that everything was an effort? | | | | | |
| 9. In the last 30 days, how often did you feel so sad that nothing could cheer you up? | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| 10. In the last 30 days, about how often did you feel worthless? | | | | | | |
|--|--|--|--|--|--|--|

Thank you for participation

Section 4

Interview questions

- What is your work title at the funeral home/mortuary?
- How did you get to do funeral work as a profession?
- Do you easily disclose the work you do for a living?
- If yes, to who?
- If not, why don't you?
- Do you disguise the kind of work you do?
- How do people react when they get to know that your work involves handling dead bodies?
- Do you feel that you are stigmatized because of handling dead bodies?
- What is one thing you wish people knew about your profession?
- Do you feel that the stigma you experience makes you more psychologically distressed?

Appendix 1II: NACOSTI Research Permit

Appendix IV: KUERC Approval