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The Effects of the 2020 COVID-19 Extreme Death Event on the Health of Funeral Industry Workers

A Dissertation Submitted in partial fulfillment of the
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Doctor of Public Administration

Brenda Threatt

College of Arts and Sciences

Department of History & Government

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The Effects of the 2020 COVID-19 Extreme Death Event on the Health of Funeral Industry Workers

by Brenda Threatt

This dissertation written by

Brenda E. Threatt

has been approved by the

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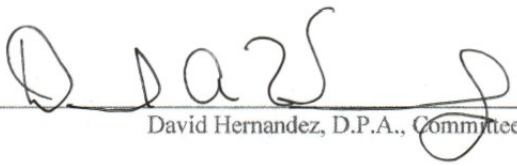

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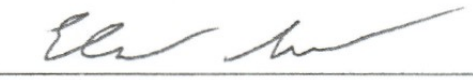

Elaine Ahumada, D.P.A., Committee Member

Adrian P. Stevens D.P.A., Committee Member

Lisa Hernandez, Ph.D., Dean College of Arts and Sciences

ABSTRACT

The 2020 COVID-19 pandemic overwhelmed America's emergency response and medical systems. The Centers for Disease Control and Prevention ([CDC], 2020) defined the 2020 COVID-19 pandemic as an extreme death event causing a large number of people to die in a short period of time. This study examined the impact of the COVID-19 extreme death event on the funeral industry. The purpose of this qualitative phenomenological study was to analyze the effects of the 2020 COVID-19 extreme death event on the health of funeral industry workers and the subsequent possible impact on the overall funeral care industry. This researcher conducted 20 interviews with funeral industry workers who worked in funeral homes in 2020. The phenomenological interviews captured the data from the personal experiences shared by each of the participants. This study demonstrated how the extreme death event resulted in the emotional distress of funeral industry workers. The findings from this study concluded that funeral industry workers are essential workers in a national health crisis who suffer the same stresses that first responders and medical professionals suffer. The findings provided information about improving the health of all essential workers during a national health crisis and thereby improving the systems that address public health. This study may produce further interest in individuals who work in the deathcare industry and help to bring the value of their services on par with those of first responders.

Keywords: COVID-19 extreme death event, death care industry, death care worker, funeral industry worker, last responder, public health

ACKNOWLEDGEMENTS

When I walked into the California Baptist University classroom and noticed that I was twice the age of almost everyone in the program, and it had been many years since I had been in school, I was very concerned about my ability to learn and to keep up. Dr. Elaine Ahumada, DPA., Professor of Public Administration/Program Director of Doctorate in Public Administration, stood at the front of the class, and her poise, her presence, and her prayers braced us all for the journey. Every instructor challenged us to learn academically, but also to grow spiritually. Our faith was acknowledged to be an essential part of the journey.

I want to acknowledge Dr. E and all the instructors in the DPA Program at California Baptist University. It was grueling! However, each class and each semester challenged us to learn and to keep going. I also must acknowledge Dr. Marlow Lemons (Dean of Mathematical Sciences, El Camino College) who tutored me in statistics, would not let me throw in the towel, and encouraged me every step of the way. I am grateful to Dr. David Hernandez, my committee chairperson for his guidance through the final chapter, the IRB submission, and the research process. I am grateful for this program that encouraged me to explore, think, and keep pursuing knowledge. I have learned through this journey that youthfulness and vitality are the treasures of learning.

I must acknowledge my children: Rajan and Sarah, Zach and Margaret and grandchildren, Senna and Wren, for loving me through the mountains and valleys of this dissertation journey. Thank you, my children, for allowing me to be your mother and helping me to “grow up” and be all that I can be! And most importantly, THANK YOU GOD!

DEDICATION

This research project was inspired by my friendship with Nickol Ladd, Vice President, Forest Lawn Memorial Parks and Mortuary, Cypress, California.

April 2020, I was sitting in my living room watching the news and observing the daily number of deaths from COVID-19 across the country. The news cameras panned to community leaders lauding the work of first responders and demanding more support for them. The cameras then panned to the dead bodies in crowded rooms of funeral homes and stacked into refrigerated containers. The images of the dead bodies did not generate attention to those whose business it is to dispense with the dead bodies and help the bereaved who grieved their deaths.

I called my friend Nickol, who works at Forest Lawn, Cypress, California. I asked how she was doing; how was she faring in this extreme death event? She tearfully said it was overwhelming. The numbers of deaths were overwhelming. The grief was overwhelming, and she, her staff, and all the staff of all the Forest Lawns were working around the clock because Forest Lawn was dedicated to serving the families of those who died. FOREST LAWN TURNED NO ONE AWAY. They served every family who called. People called from all over the county because local funeral homes in their communities were filled and could not assist them. Forest Lawn assisted everyone who called them for assistance, including this writer. My turn came to cry for help; my mother died. Nickol Ladd and Forest Lawn got me and my family through our grief and buried my mother with dignity.

This work is dedicated to Nickol Ladd, Forest Lawn Memorial Parks and Mortuaries, and all members of the funeral industry. I personally thank each of them for the tireless and thankless work they do. They give comfort, support, and strength at the most critical time in life—when death comes. They are our last responders. They are our heroes.

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CHAPTER 1: INTRODUCTION

February 29, 2020, the Centers for Disease Control and Prevention ([CDC], 2020) reported the first COVID-19 death in the United States. The CDC explained that COVID-19 is not a common coronavirus, such as influenza, that causes an infection in one's nose, sinuses, or upper throat. COVID-19 was a new and novel strain of coronavirus that primarily attacks the respiratory system and can cause severe illness and even death. Johns Hopkins Medicine (n.d.) explained that there are different kinds of coronaviruses, and some have been around for several years. In December 2019, a new coronavirus was identified. The new organism caused COVID-19, a highly infectious, deadly coronavirus strain that affects the respiratory system triggering fever, fatigue, and an extreme shortness of breath. U.S. citizens fell victim to COVID-19 infections, serious diseases, and the subsequent extreme numbers of deaths caused by the virus in 2020.

The *New York Times* (2021) reported that in May 2020, 100,000 Americans had died from COVID-19; by the end of the year in 2020, 33.5 million Americans had contracted the virus, and over a half million had died. Woolf et al. (2021) stated that between March 1, 2020, and January 2, 2021, the United States experienced a 22.9% increase in expected deaths. Troeger's 2022 study provided context for the scope of the COVID-19 extreme death event by comparing COVID-19 deaths to other extreme death events. He stated that more people in the United States died of COVID-19 than died of seasonal influenza during the last 10 years (2010–2020) combined. COVID-19 is the deadliest disease in U.S. history, surpassing deaths during the 1918 influenza pandemic, which killed an estimated 675,000 Americans.

Evidence of the COVID-19 extreme death event was captured in Fernandez's (2021) investigation into a Los Angeles funeral home where rooms were crowded with bodies in zippered bags, cardboard boxes, and racks of bodies covered in sheets. The workers reported that they were surrounded with the silent despair of death filling every corner of the building. The extreme and constant death was traumatizing. The U.S. Department of Health and Human Services (2020) report cautioned that funeral industry workers should seek mental health support to address the trauma they experienced of dealing with the excessive numbers of dead bodies day after day while trying to provide solace for the displaced grief of the families of the COVID-19 victims. The investigation observed that the outcomes for funeral industry workers who could not afford therapy had not been determined; however, the turnover rate was a detrimental sign. Additionally, Feuer and Rashbaum (2020) reported that the funeral industry workers saw their colleagues fall victim to the disease, and some workers died. The *New York Times* investigation reported that the deathcare industry, including funeral workers, spent their days working with stress and the constant fear of contracting COVID-19 disease and dying themselves. The National Funeral Directors Association (n.d.) identified the deathcare industry to consist of those who work in funeral homes, mortuary services, cremation services, those who transport remains, burial and disposition of remains; and those who manage the grieving process and ceremony for bereaved families.

The CDC (2015) explained that there is a distinction between deathcare industry workers and coroners. The CDC explained that medical examiner/coroner's office is not part of the deathcare industry. It is part of local health care and law enforcement systems that are responsible for determining the circumstances of unnatural deaths, identifying the

deceased, notifying relatives, and signing the death certificate. The funeral industry provides the spiritual, emotional, culturally relevant, and comforting ceremonies to honor the life of the decedent and to soothe the grief of their loved ones. Fernandez (2021) reported that the excessive number of critically ill from the virus presented a crisis for health care workers (first responders) as hospitals filled with critically ill patients, and personal protective equipment became scarce. The excessive number of deaths from the virus raised a concern that the deceased remains were infectious for funeral care workers (last responders), as Fernandez's report in the *New York Times* showed images of deceased remains crowding into all the rooms of funeral homes. As the public viewed the images of deceased COVID-19 victims crowded into funeral homes, stacked on portable shelving, and stored in refrigerated trucking containers, the public neglected to understand how the workers in the funeral industry handled the carnage caused by the virus. Rossi et al. (2020) provided a framework for understanding the impact of the trauma of COVID-19 on funeral industry workers who were tasked with addressing the pandemic deaths and those who grieved them. Their study demonstrated that work stressors and depression, such as the constant and extreme deaths experienced by funeral industry workers, adversely affect job performance and job retention. Rossi et al.'s study gave evidence that shows a relationship between job stress and hypertension, heart attacks, and other disorders. This study examined the impact of the stresses caused by COVID-19 excessive deaths on the health of funeral industry workers who were the last responders. In examining the effects of the stress on the health of funeral industry workers during the pandemic, it was necessary to look at the public health system's

responsibility to address the health of essential death industry workers during a national health pandemic.

Background

The COVID-19 virus caused a worldwide pandemic that had a devastating effect on the lives of millions of Americans. The World Health Organization (WHO) declared the COVID-19 outbreak a pandemic on March 11, 2020, declaring that people around the world faced a disease with no known cure (Katella, 2021). At the time of this study in 2021, the CDC (n.d.) had reported over 600,000 people had died, and mass vaccinations were the only way to slow down the spread of the disease; getting people vaccinated was a challenge itself. Currently, COVID-19 deaths have slowed, but people continue to die from the disease (CDC, n.d.).

COVID-19 was a public health crisis that was not going away soon (*New York Times*, 2021). The CDC (n.d.) indicated that COVID-19 had caused an extreme death event in the United States that overwhelmed public health agencies, hospitals, and death industry workers. This study focused on the COVID-19 excessive deaths in 2020.

Public administration is concerned with promoting and protecting public interests. Public administration focuses on managing systems that target public concerns (Rosenbloom, 1993). Rosenbloom (1993) indicated that the disposal of death remains falls under the jurisdiction of public health**,** which is a branch of public administration. Funeral industry workers are an essential part of the health care system responsible for the disposition of the death remains caused by COVID-19. This study examined how those excessive deaths affected the health and wellbeing of funeral industry workers who

deal with death, and as a result, how the COVID-19 extreme death event affected the funeral care industry.

The CDC (n.d.) indicated that COVID-19 is still a public health concern because new virus variants are even more contagious than the initial strain. And the additional problem is that less than half the American population has been vaccinated, which presents the potential for another outbreak. Though death levels have lessened, this research is relevant. The National Funeral Directors' Association ([NFDA], n.d.) confirmed that COVID-19 impacted funeral homes across the United States. The NFDA reported that the industry has been adversely affected by the stress funeral care workers endured during the height of the pandemic. Turnover in the sector was high because of stress levels caused by overwork and concerns about contracting the disease. This researcher investigated information on COVID-19 as a public health concern that has affected lives and communities. And though there is not much information on the effects of COVID-19 deaths on the physical and mental health of last responders, mortality salience, which is an awareness of the inevitability of death, helps to provide an understanding of the effects of working in an environment of constant and extreme death.

Statement of the Research Problem

This study examined the wellness of funeral industry workers and the conditions affecting their health during extreme death events. COVID-19 is a deadly pandemic disease threatening public health. Federal, state, and local government agencies are responsible for addressing the health risks and developing processes to deal with a national health crisis (CDC, 2020). In investigating the efficiency of the government response to the COVID-19 pandemic, Maizland's (2020) study included the following:

- The White House Federal Task Force, composed of the country's top health officials, issued guidelines and practices for dealing with the virus.
- The U.S. Department of Health and Human Services (HHS) supplied drugs, medical supplies, and personal protective equipment (PPE) for first responders. HHS also tracked the deaths caused by COVID-19.
- The Federal Emergency Management Agency (FEMA) supplied resources to states that included personnel and supplies to aid first responders.
- The CDC addressed the first response issues, provided systems to track cases, and provided testing to help control the spread.
- The National Institutes of Health (NIH), Division of Allergy and Infectious Diseases, took the lead on finding a vaccine to counter the spread of COVID-19.
- The Food and Drug Administration (FDA) monitored the testing of the vaccines and approved the safety of the content and process.
- Local governmental agencies developed procedures for first-responder safety and coordinated with the funeral industry to dispose of remains.

Maizland (2020) clarified the point that every government resource was applied to address the COVID-19 pandemic in constructing an effective and safe response, including the protection of the health of first responders.

Funeral industry workers represent the "end state" (CDC, 2020) which is the end of life, as thousands of individuals succumbed to the illness. However, end-state workers were underrepresented in the focus and concern for those caring for infected persons. Disposing of the remains of those who died from an infectious disease is part of the responsibility of the public health system in addressing the disease. Once death ensued

during the COVID-19 crisis, there was little public attention and few resources for the last responders (end-state workers) who dealt with the disposition of the remains. Brooks (2021) affirmed a lack of information about how extreme death events affect those responsible for dispensing deceased remains, which include burials and cremations, and administrators who address the pain of grieving families. Overmeire and Bilsen (2020) stated that the funeral industry has seldom been studied. The researchers explained there are available studies about funeral industry costs and finance but few studies on how working in an environment of death affects the emotional health of funeral industry workers. There are studies about cultural and spiritual values of funeral industry workers and how they work to honor the cultural and spiritual values of the families they serve. There are no known studies currently being conducted on how COVID-19 deaths have affected the health of funeral industry workers. In March 2020, the Department of Occupational Safety and Health Act (OSHA) published guidelines and protocols for workplace safety during COVID-19. The publication stated that those who work with sick people who may be infected must be given PPE. The publication did not address workers who work with the remains of those who died from the virus. Consequently, as emergency and medical workers received necessary PPE (N95 face masks/face shields, gloves, disposable gowns, and shoe coverings), funeral industry workers did not. The funeral industry was not part of OSHA's initial COVID-19 consideration. Funeral companies provide embalmers and cremators with equipment to protect them from chemicals and fumes. Those in the funeral industry who work directly with family members and other members of the public are not provided protective equipment. Overmeire and Bilsen (2020) shared that funeral industry workers were not given

necessary PPE, which included face shields, disposable clothing, shoe coverings, gloves, extra resources, or public attention. This research study asked funeral industry workers to describe their physical and emotional state during the COVID-19 extreme death event. The resulting answers from the funeral industry workers were evidence that they endured the same hardships as first responders without the same public and public health support as first responders.

The inattention to the health of death industry workers in a pandemic situation that had caused an extreme death event reveals the inadequacies within the public health system that was designed to address public health. This study addresses the effects of an extreme death event on the health of those who work in the death industry.

Purpose Statement

The purpose of this qualitative phenomenological study was to analyze the effects of the 2020 COVID-19 extreme death event on the health of funeral industry workers and the subsequent possible impact on the overall funeral care industry.

This research investigated how excessive numbers of COVID-19 deaths day by day affected the lives of funeral industry workers. The impact of extreme death events contributes to the study of national public health in a health crisis. The CDC (n.d.) stated its responsibility to address all citizens' health and those essential workers who respond to the national health crises. This research examined public health efficacy during national health crises by researching the effects of the COVID-19 extreme death event on the health of last responders in the funeral care industry. The CDC (2020) identified funeral care workers as the last responders in a national health crisis. Feuer and Rashbaum's (2020) article supported the research of Overmeire and Bilsen (2020) that

there has been little public health focus attention on the funeral industry, the last responders (Feuer & Rashbaum, 2020). Consequently, the effects of the extreme numbers of COVID-19 deaths on workers in the funeral industry were unreported. This research will enhance public health awareness of the responsibility to care for all those who work the frontlines of health crises in preparation for the next pandemic.

Research Questions

The presumption that the 2020 COVID-19 extreme death event may have influenced the healthiness of funeral industry workers formulated the first research question:

1. How has the 2020 COVID-19 extreme death event affected the health of funeral industry workers?"

Because the success of the funeral industry is affected by funeral industry workers, the second question was:

2. How has the 2020 COVID-19 extreme death event affected the funeral industry?

Pyszczynski et al. (2021) stated that terror management theory postulates consequences of the higher volume of death work during the COVID-19 extreme death event present the possibility for mental health crises, physical and emotional burnout, higher rates of stress, depression, fear, and anxiety disorders. In addition, Pyszczynski et al. indicated that terror management theory fosters questions about what an intolerable amount of daily death occurrences in the lives of deathcare workers is and how intolerance of extreme daily death occurrences is manifested in work and the health of death industry workers. Using the data to explore the answers to these questions provided information essential to understanding the scope of COVID-19's effect on

funeral industry workers. The overall benefit of this study is to improve public health efficacy by addressing the health and capacity of funeral industry workers in a pandemic. This study brings awareness to the funeral industry in equating the health and wellbeing of first responders with the health and wellbeing of last responders to increase the efficiency of the public health system.

Significance of the Problem

The significance of this study is the scientific merit that contributes to public administration by investigating the health of last responders during a national pandemic and a subsequent extreme death event. The study will aid the public health system in addressing the needs and concerns of the underrepresented individuals who work in the deathcare industry during an extreme death event. By focusing on the needs of death industry workers, the public health system will improve the health and efficiency of essential workers and thereby improve general health conditions. Public administration must be undergirded by responsible agencies and representation of those individuals it is designed to serve (Rosenbloom & Kravchuk, 2005). Responsibility and representation are foundational to the efficacy of the discipline. This study illustrates the need for more efficient practices of including the funeral industry workers in public emergencies resulting in an extreme death event. Those practices are equipping the funeral industry with PPE and considerations that address the health of all those who work the front lines during a national health crisis. The CDC (n.d.) showed that the public health system is the responsible agent for life care and deathcare during a national health crisis such as the COVID-19 pandemic.

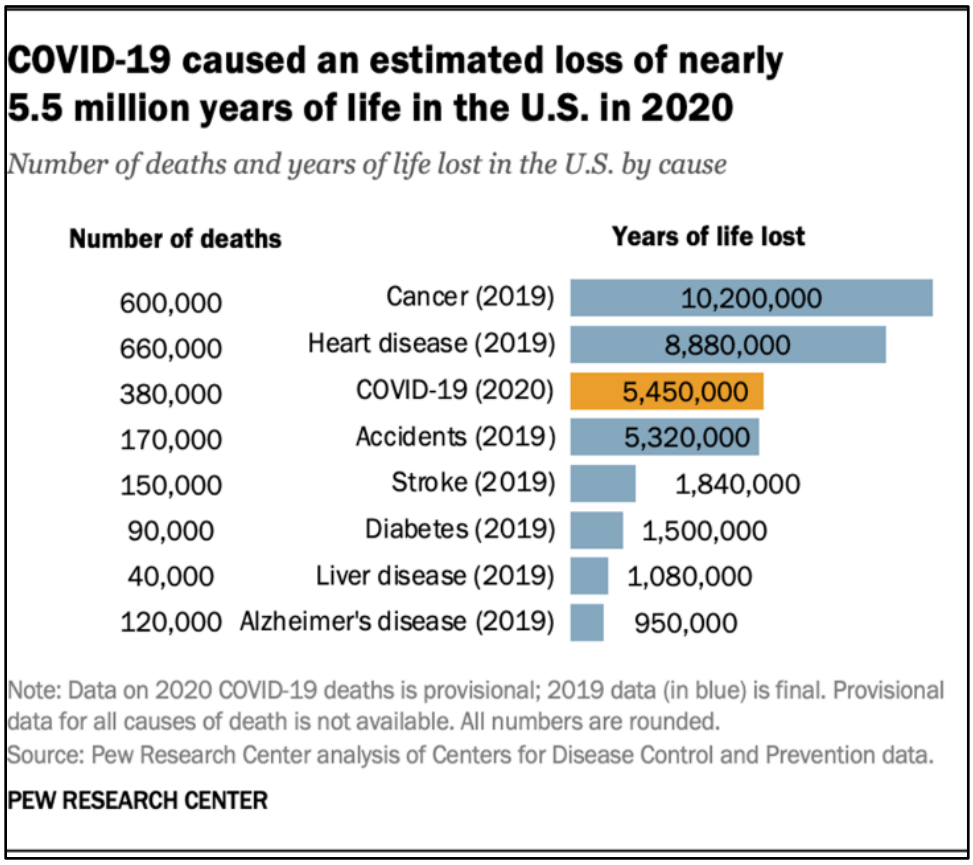
Ingram et al.'s (2018) National Center for Health Statistics study confirmed that birth and death information is essential in identifying public health problems, monitoring progress in public health, informing the allocation of research and prevention funds, and conducting scientific research. Deathcare is an essential part of public health in a national health crisis. Each state is responsible for appointing governmental oversight of the disposal of human remains and burials. The California Cemetery and Funeral Bureau (n.d.) is designated to oversee funeral home operations, sanitation, storage, and disposal of remains in California. The California Health and Safety Code (1976) regulates cemetery standards to protect public health and safety. The Health and Safety Code prescribes standards governing all forms of burial, the respectful treatment of human remains, transportation of remains, sanitation, and standards for the protection of public health and safety. The standards apply to all cemeteries, public and private. The funeral industry and its processes of addressing human remains fall under the California Health and Safety Code regulations. The Center for Infectious Disease and Research and Policy ([CIDRP], 2021) commented that preparing for mass fatality events requires local, state, and federal agencies to participate and collaborate at all levels within and among various agencies and organizations.

COVID-19 created a mass fatality event requiring the collaboration and oversite of health agencies at the federal, state, and local levels in tandem with public and private organizations in the business of death. The data indicated that annually, Americans died from other causes; however, COVID-19 caused more deaths than any other cause in a short period of time. Kramer (2021) of the Pew Research Center explained that COVID-

19 had caused an estimated loss of nearly 5.5 million years of life in the United States (see Figure 1).

Figure 1

Chart of Lost Years of Life



Note. From "Americans Lost More Years of Life to COVID-19 in 2020 Than to All Accidents Combined in a Typical Year," by S. Kramer, 2021, p. 2, Pew Research Center (https://www.pewresearch.org/fact-tank/2021/06/16/americans-lost-more-years-of-life-to-covid-19-in-2020-than-to-all-accidents-combined-in-a-typical-year/).

Years of life are calculated by taking the age of a person when they die and estimating how many more years they would have lived, had they not died. Kramer (2021) examined the COVID-19 deaths and calculated the amount of life remaining in the lives of those who died. In 2020 the cumulative total of the

years that the decedents would have lived was 5.5 million years of life. The extreme number of deaths and the years of life lost to a disease are included in information the funeral industry uses to project industry needs and resources.

This study examined how the 2020 COVID-19 extreme death event affected the health of funeral industry workers charged with the responsibility of dispensing with the human remains of those who died from COVID-19 infection. This study contributes to the efficacy of the public health system by supplying vital information about the healthiness of essential death industry workers during national pandemics and extreme death events.

Definitions

Compassion fatigue. Cyr (2020) defined compassion fatigue as the physical and mental exhaustion and emotional withdrawal experienced by those who care for sick, dying, or traumatized people over an extended period of time.

COVID-19. The CDC (n.d.) described COVID-19 as a dangerous and contagious disease caused by a virus discovered in China in December 2019. It quickly spread worldwide, resulting in millions of deaths and hundreds of millions sick and hospitalized. COVID-19 most often affects the respiratory system, but COVID-19 can also harm other parts of the body including heart, liver, kidney, and the circulatory system. COVID-19 has caused a mass fatality event in the United States. Over 600,000 have died. With the new delta variant of COVID-19, infections and deaths continue.

Deathcare industry. The NFDA (n.d.) described the deathcare industry as companies that provide services related to death: funerals, cremations, burials, and memorials. The deathcare industry in the United States consists of small, family-owned

businesses. The deathcare industry includes individuals who work in funeral homes as embalmers, counselors, managers, and gravediggers.

Death workers. Funeral industry workers, deathcare workers, death industry workers are interchangeable terms for death workers.

End state. The CDC (2020) defined end state as the death or end of life of the infectious disease victim; in this study, the COVID-19 sufferer.

End state workers. The CDC (2020) defined an end-state worker as professionals who deal with the remains of those who died. The duties of end state workers include transportation, autopsies, embalming, burials, and cremations.

Essential and frontline workers. The CDC (2020) identified essential workers as those persons necessary to maintain critical infrastructure, maintain critical services and perform critical functions to mitigate health risks to communities.

Essential deathcare workers. Miner et al. (2022) defined critical deathcare workers as individuals who work with emotional, moral, social, and public health values. They serve a public health function by preventing diseases, including COVID-19, from spreading in the population through improper management of human remains. Funeral industry workers are essential deathcare workers.

Excessive or extreme death event. Excessive or extreme death event is defined as a mass fatality event (CDC, 2020).

First responders. The U.S. Department of Homeland Security (DHS, 2021) defined first responders as individuals on the federal, state, and local levels who are on the front lines of providing support to their communities during a crisis or national emergency. The COVID-19 pandemic was a national health crisis. To aid first

responders in conducting activities as safely and efficiently as possible, DHS has provided a wide range of research and operational efforts in response to the COVID-19 pandemic. There is no designation for last responders.

Funeral industry worker. The NFDA (n.d.) defined funeral industry workers or funeral service workers as individuals who manage the details of ceremonies honoring a deceased person. Funeral industry workers are employed in funeral homes and crematories. They are individuals who work on-call 24 hrs a day, work irregular hours, shoulder the emotional distresses of families, and address the conditions of the remains of the deceased. This study used the terms last responder, death industry worker, deathcare worker interchangeably; they all are funeral industry workers.

Last responders. Riley (2021) defined last responders as coroners, funeral workers, and others who deal with death remains.

Personal protective equipment (PPE). Refers to PPE used during COVID-19 to protect essential workers from infection and illness.

Mass fatality events. The U.S. Department of Health and Human Services ([HHS], n.d.) defined mass fatality events as excessive death incidents that kill a vast number of people in a brief period.

Morbidity rate. Morbidity rate refers to the rate at which a disease occurs in a population. Morbidity can refer to chronic mental or physical illnesses that over time lessen the quality of life.

Mortality rate. Mortality rate is the number of deaths caused by an event or illness over a specific period. The CDC (2012) explains that a mortality rate is a measure

of the frequency of occurrence of death in a defined population during a specified interval.

Mortality salience. Pyszczynski et al. (2021) defined mortality salience as the awareness of the inevitability of death. It is used in reference to terror management theory, which proposes death anxiety is managed by individual self-esteem and cultural worldview.

Terror management theory (TMT). The staff of *Psychology Today* (n.d.-b) defined TMT as the influences of the fear of death upon human thinking. TMT explains that awareness of mortality and fear of death is the cause of paralyzing terror in humans. TMT confirms that individuals need insulation from death by controlling aspects of their lives to avoid death. The uncontrollable presence of death, such as the daily life of funeral industry workers, can cause death anxiety, resulting in deep psychological trauma and physical and emotional distress.

Underrepresented. The *Merriam-Webster Dictionary* defines underrepresented as giving something insufficient or inadequate representation. Fernandez (2021) of the *New York Times* (2021) described funeral industry workers as an underrepresented group in addressing the needs and concerns of essential workers during the COVID-19 pandemic.

Organization of the Study

This study is focused on the research questions, "How has the 2020 COVID-19 extreme death event affected the health of funeral industry workers?" and, "How has the 2020 COVID-19 extreme death event affected the funeral industry?" Possible answers to these questions are explored through the lens of TMT. Greenberg et al. (1997) explained

that TMT focuses on the fear of death as a natural human function and how this fear influences the thinking and behavior of humans. The COVID-19 pandemic resulted in an extreme death event. Death is the key subject in funeral industry work, and consequently, TMT is a natural component of death work. Death work includes anyone who works in the business of death, dying, burials, grief, loss, and bereavement. Cyr (2020) identified and reported that the excessive number of COVID-19 deaths caused an imbalance in the funeral industry workers' psychological health. Additionally, this study examined the impact of excessive deaths on the health of funeral industry workers. The impact is explained through TMT, which provides a psychological framework for understanding the funeral worker experiences of death, fear, and job performance while working in a pandemic.

CHAPTER 2: REVIEW OF THE LITERATURE

History of This Study

The history of dealing with the extreme deaths in pandemics, such as the COVID-19 extreme death event, is best understood in the 2004 Pan American Health Organization (PAHO) publication. The study examined the historical effects of managing dead bodies in disaster situations. The PAHO report showed that disaster deaths profoundly impact loved ones and death industry workers who must deal with the remains and the trauma of grieving families. The study described the suffering of bereaved families compounded by secondary injuries because of the inadequate and irreverent way bodies are handled during a disaster. The burden of the trauma of the death event, burial, and family grief also weigh heavily upon those responsible for the disposal and burial of the remains. Additionally, cultural and religious violations may be experienced by the family and the deathcare workers who may breach religious or cultural burial practices. The PAHO (2004) further indicated that the state government has a critical role in standardizing and guiding how dead bodies are handled. The study showed that in addition to protecting the dignity of the deceased and their families, the health of death industry workers should be protected because they ensure the legal norms and emotional expectations in the recovery, identification, transfer, and final disposal of the deceased.

The literature and research help to answer the research questions: How has the 2020 COVID-19 extreme death event affected the health of funeral industry workers? And, how has the 2020 COVID-19 extreme death event affected the funeral industry? The literature supplements an analysis of the experiences of funeral industry workers

during the 2020 COVID-19 extreme death event by describing the impact of trauma and stress in disaster situations resulting in extreme deaths.

Terror management theory (TMT; Greenberg et al., 1997) provided a framework to explore the effects of the extreme death event on the health of funeral industry workers. The theoretical research question, "How has the 2020 COVID-19 extreme death event affected the health of funeral industry workers?" positions the study for future research to examine questions about the impact of the extreme death events on the funeral industry.

The literature helps build a case for understanding essential funeral industry work in pandemic situations. Public health is a vital area of focus during a pandemic health crisis. This study aimed to contribute to the efficacy of public health by including research of the death industry, which Brooks (2021) confirmed is an area that has had little attention. The study may generate more research questions and interests in death work for future investigation. However, the scope of this study is specific to funeral industry work in Los Angeles County, which represented one of the most concentrated areas of the 2020 COVID-19 death regions in the United States. The literature supports the topic of this study: *The Effects of the 2020 COVID-19 Extreme Death Event on the Health of Funeral Industry Workers*. The literature in this study provides context for understanding the effects of death on the funeral industry and the extraordinary impact of extreme death events such as COVID-19 on the health of funeral industry workers.

The literature introduces the problem by providing a foundation for understanding the mechanics of the 2020 COVID-19 extreme death event. This study builds on the framework by demonstrating the process health agencies use to address pandemic deaths

and examines the effects of the progression of the death process on funeral industry workers. The research examined theories that help to explain the psychological impact of death and the compounded effects of enduring extreme death events.

In addition, the analysis indicated the health implications of managing dead bodies in disaster situations and the governmental responsibility to protect community health and worker health. Though COVID-19 is a recent phenomenon, research has provided information that answers the question, "How has the 2020 COVID-19 extreme death event affected the health of funeral industry workers?" In addressing the research problem, the data revealed untapped areas of public administration that continued research may help to improve the care and health of funeral industry workers.

The literature review (see annotated bibliography) tells the story of the COVID-19 extreme death event on funeral industry workers by chronicling the following:

1. The COVID-19 account of rising daily deaths;
2. Why the COVID-19 extreme death event is a phenomenological study;
3. Deathcare workers;
4. Funeral industry work;
5. Extreme or excessive death events;
6. Government responsibility in extreme death events;
7. The impact of the COVID-19 pandemic;
8. Inside a funeral home during the COVID-19 extreme death event;
9. First responders;
10. Last responders: funeral industry workers in an extreme death event;
11. Theories: compassion fatigue, TMT;

12. Effects of trauma on work efficiency;
13. Contribution to public administration;
14. Extreme death event questions and future research opportunities.

The COVID-19 Account of Rising Daily Deaths

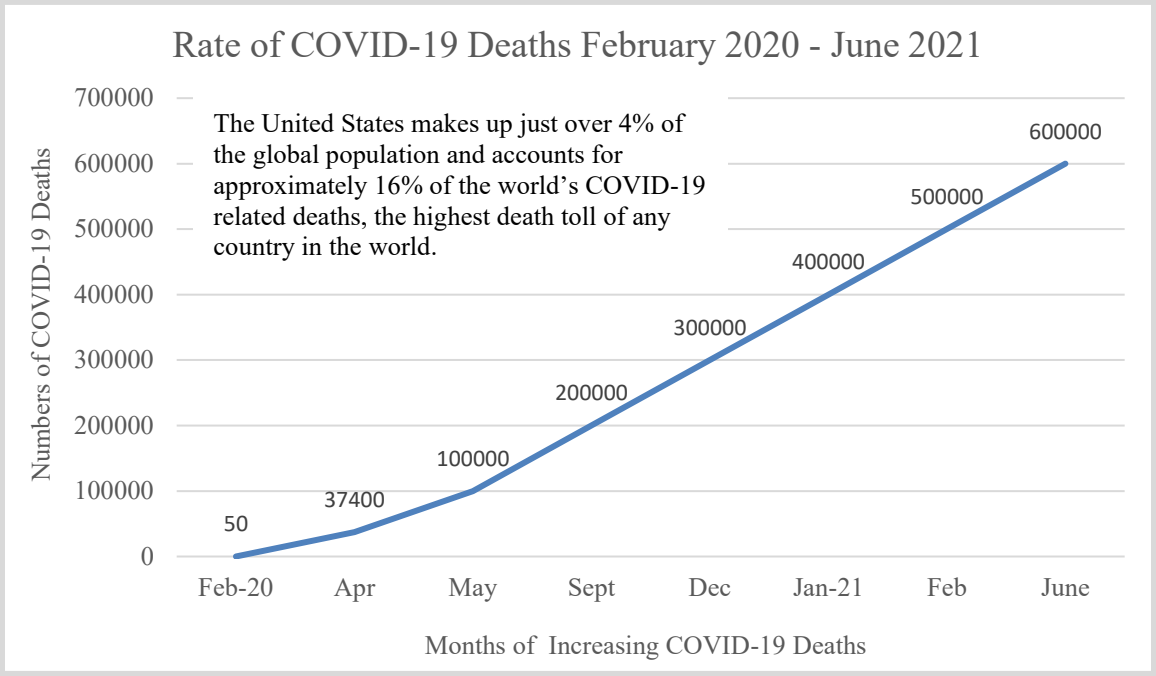
Levin's *New York Times* article (2021) provided the canvas that paints a numeric picture of the number of deaths in the United States. The numbers give context to the enormity of the death problem. The numbers draw an image of a mountain of dead bodies that has climbed higher and higher over the past year and a half and are frighteningly overwhelming.

Levin (2021) cited the *New York Times* data tracking the numbers that showed over 600,000 people had been known to have died as a direct result of COVID-19 in the United States. Levin began the graphic image of extreme death by describing the first known U.S. COVID-19 death conditions in February 2020. Levin stated that by the end of May, 100,000 people had died; 4 months later, another 100,000 people had died. In the next 3 months, another 100,000 people died. In the next 5 weeks, another 100,000 were dead. Levin reported that the high number of deaths led to how traditional and religious burial rites were observed. Morgues and funeral homes were overwhelmed with the numbers of bodies to be buried and the emotional turmoil of grieving loved ones who were barred from seeing their loved ones and from religious rituals that helped to process grief. Levin (2021) referenced the CDC (n.d.) to describe the impact of excessive deaths that provide an exceptional burden of mortality upon death industry workers. The CDC lists the excessive deaths as the difference between the observed numbers of deaths in specific time periods and the expected numbers of deaths in the same time periods. By

late February 2021, half a million Americans had died from COVID-19. The CDC tracked the pace of COVID-9 deaths in 2020–2021 (see Figure 2).

Figure 2

The Pace of COVID-19 Deaths



Note. Adapted from *US surpasses grim milestone with 600,000 lives lost to COVID-19*, by A. Mitropoulos, 2021, ABC News (https://abcnews.go.com/US/us-surpasses-grim-milestone-600000-lives-lost-covid/story?id=78211509).

Levin's (2021) report included the CDC's overview of provisional U.S. mortality data for 2020. Provisional death estimates take into account variables that may affect the accuracy of the numbers. The variables in COVID-19 reported deaths include deaths attributed to causes other than COVID-19 though decedents may have been infected; COVID-19 data for underrepresented groups, African Americans and Latinos with higher morbidity rates and underresourced communities, may not be efficiently reported. Conclusively, the CDC data provide conservative numbers that are irrefutable evidence

of an extreme death event setting the stage for the impact on the funeral industry and the communities they serve.

It is essential to understand the nature and scope of the COVID-19 pandemic to understand the impact on first responders and last responders. The *New York Times* (2021) article provided background information on COVID-19 disease, the extraordinary infection rate, and the rate of deaths referenced in the United States. The article provided projections of the number of deaths in the United States. Omer et al. (2020) described the COVID-19 surge capacity in U.S. hospitals and confirmed the approximated death rates cited by the *New York Times*. In addition to outlining the COVID-19 surge capacity in U.S. hospitals, Omer et al. provide data on the projected accuracy of the approximated death rates. The article examined how the data influence the Code of Federal Regulations. The Code of Federal Regulations codifies policies related to public health under the umbrella of the U.S. Food and Drug Administration (FDA). Additionally, Diamond (2021) related a subsequent study by Inci Yildirim, MD, PhD, a Yale Medicine pediatric infectious diseases specialist and a vaccinologist, that indicated the new Delta variant of the coronavirus had caused more deaths among younger people. Diamond stated that every community group is a victim of the disease. Each article reported on the impact of COVID-19 deaths on American communities and the health care industry. The articles provided a foundation for understanding the scope of COVID-19 and the devastating effects on the health of those involved with saving lives in the medical industry and those involved in end-of-life care. The articles also addressed the verifications of the death numbers. The CDC (n.d.) verifies the deaths by three lines of evidence:

- The first source of death data is case surveillance. Health care providers are required to report cases and deaths from infectious diseases to the health department.
- The second source comes from the National Vital Statistics System, which records births and death certificates.
- National Center for Health Statistics (n.d.) tracks deaths at a national level.

Levin's (2021) *New York Times* article augments Fernandez's (2021) *New York Times* article describing a Los Angeles funeral home packed with bodies in zippered bags, in sheets, in cardboard boxes, on stretchers, and racks. The article indicated that every funeral home was filled with dead bodies as workers continued to transport other bodies into the building. Fernandez described the image as overwhelming. The chart in Figure 3, taken from Levin's and Fernandez's articles, shows the dramatic increase in the number of daily deaths caused by COVID-19 in the United States. These partnering articles—one providing a graph of the numbers substantiating the magnitude of COVID-19 and the other describing the images of the numbers of dead bodies—created the scaffolding upon which this study built the case of the effects of the COVID-19 extreme death event on the health of funeral industry workers.

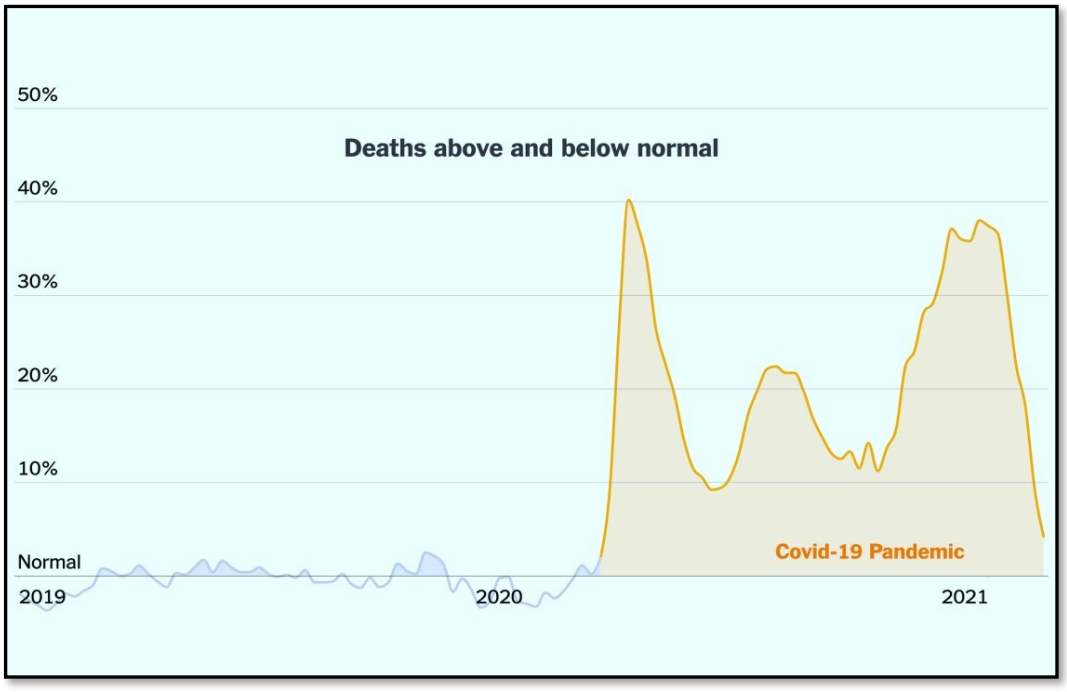
Why the COVID-19 Extreme Death Event is a Phenomenological Study

Groenewald (2004) explained that phenomenology presents a way to understand the study and unpack the information. Groenewald defined phenomenology as the study of an ideological crisis. He used the images of carnage across the European landscape at the end of WWI. Social order and stability had been devastated by war. The wreckage of buildings, monuments, communities, and economy were physical manifestations of the

emotional devastation every citizen in the region experienced. In the context of WWI, Groenewald referenced the German philosopher Edmund Husserl's (1900) philosophical method to provide "absolute certainty to a disintegrating civilization" (Eagleton, 1983, p. 54)" (p. 3). Groenewald (2004) referenced Husserl's rejection that objects exist independently of human consciousness. Husserl theorized that people could be sure about how things appear in their consciousness, and realities are pure phenomena; this is the only absolute data. Husserl named his philosophical method phenomenology. Husserl explained that the magnitude of the impact of the carnage of WWI is best understood in how it was experienced in human consciousness. The human experience is the phenomenon derived from the events in the external world.

Figure 3

Normal Versus COVID-19 Deaths



Note. From "574,000 More U.S. Deaths Than Normal Since Covid-19 Struck," by J. Katz, D. Lu, and M. Sanger-Katz, 2021, p. 1, *New York Times* (https://www.nytimes.com/interactive/2021/01/14/us/covid-19-death-toll.html).

Groenewald (2004) further explained phenomena through Creswell's (2014) definition that a phenomenological research design describes individuals' lived experiences within the experience of the phenomena. The research is specific to individuals who may have diverse backgrounds but have shared the same phenomenological experience.

Groenewald (2004) indicated that the phenomenon dictates the method and the participants to be sampled. Groenewald explained that purposive sampling would fit this type of study because it directs the research to individuals who have had experiences related to the phenomenon to be researched.

Neubauer et al. (2019) supplied further research that supports the use of phenomenology as a methodology for this study. The researchers stated that phenomenology "is uniquely positioned to help health professions and scholars learn from the experiences of others" (p. 90). They reinforced the definition that phenomenology focuses on studying an individual's lived experiences within the world. In justifying the application of phenomenology, the researchers found that human experiences provide essential empirical data. The data showed that phenomenology guides researchers into a method of learning from the human experience. Burrell and Selman (2020) examined the effects of grief on those dealing with deaths. They described the grieving process as having a detrimental impact on mental and physical health. Brooks (2021) expanded upon the effects of death and grief by highlighting the waves of COVID-19 deaths that overwhelmed funeral industry workers. Brooks affirmed that the evidence showed a detrimental impact on the health of funeral industry workers. Carr et al. (2020) reported on the bereavement process during COVID-19 and how grief

was interrupted, causing a further negative impact on the wellbeing of families and funeral industry workers. Murphy (2020) studied the detrimental effects of the COVID-19 extreme death event. Murphy added isolation to the list of harmful effects of excessive COVID-19 deaths. The effects of isolation can only be understood empirically by examining more than the concept of isolation; Murphy explained that loneliness is the social equivalent of physical pain, hunger, and thirst. The percept of isolation provides the actual experience of the content. All of these studies corroborate phenomenology to be the methodology to study the effects of the COVID-19 extreme death event on the health of funeral industry workers.

The COVID-19 extreme death event, like the example of WWI carnage, was an event of devastation. The extent of the physical destruction can be measured in the number of dead bodies. As explained by Groenewald (2004) and Neubauer et al. (2019), phenomenology provides the understanding of a deeper story that lies in the consciousness of those who experienced the phenomena—extreme death. The extent of the devastation in the consciousness of those who experienced COVID-19 extreme deaths is a more comprehensive understanding of the extreme death event. This study, through phenomenological methodology, is an attempt to uncover the deeper story of the lived experiences of deathcare workers in an extreme death event.

Deathcare Workers

In understanding the scope of the COVID-19 death event in America, it is essential to understand the work of death industry workers and the public perceptions of the work and the workers. Simone's (2011) deathcare workers' research ascertained that funeral industry workers are stigmatized for their work. Death is a dark and painful event

that no one embraces. The negatives of death, the decay of dead bodies, are imbued on those who work in the death industry. Simone's research showed a particular distinction *within* the funeral industry. He identified the division between individuals who spend most of their time in physical contact with dead bodies and those who deal directly with grieving families. Simone surmised that the distinction *within* the funeral industry is that those who deal with the physicality of death are viewed as manual laborers and those who work specifically with the families are administrators (see Appendix A for additional distinctions among funeral industry workers).

Simone's (2011) study identified death industry workers to include all those involved in dealing with the finality of death. However, it did not include end of life workers who deal with the process of dying. Kubler-Ross's (1969) study on death and dying distinguishes the process of dying from the finality of death. Those who deal with the process of dying, medical professionals and counselors, are charged with helping the dying to face death. Death is the final stage of the dying process, which at the time of death transfers from the medical professional to the death work professional.

Simone's (2011) study named the classification of death industry workers who deal directly with the remains as: removal staff, embalmers, cremators, and burial staff. He named the death industry workers who work with the living, the grieving family members, as counselors, managers, and administrators. Simone indicated that the general public's perception is that all individuals who work in funeral homes are considered deathcare workers. The public stigma applies to all those who work in the industry.

Goffman (1963, as cited in Simone, 2011) defined stigma as "an attribute that differs from the 'norm' making an individual undesired" (p. 2). The attribute is stigma.

The stigma is discrediting. The social perception of the discrediting feature consequently places the individual on unequal ground. Simone's research contributes to understanding that American repudiation of death extends to those who work in the deathcare industry. The American perception stigmatizes individuals who work in the deathcare industry and consequently, amplifies the negative image of deathcare workers. The analysis revealed that those in death work are acutely aware of the stigma associated with their work. The stigma derives from handling death remains and the appalling perception that funeral workers profit from death and grief. Those in the deathcare industry identified as last responders are not seen as equal to those in the health care industry who are first responders. Simone (2011) provided evidence that the social stigma attributed to funeral industry workers negatively influences how society feels about them, and they feel about themselves and their profession. The study indicates that the stigma is derived from a universal fear of death and dealing with any elements associated with death. Death is undesirable. Death work is stigmatized as an undesirable profession. Death workers are, thereby, unwanted people. Death workers are stigmatized as undesirable, which set the stage for how death workers were to be viewed in the COVID-19 pandemic.

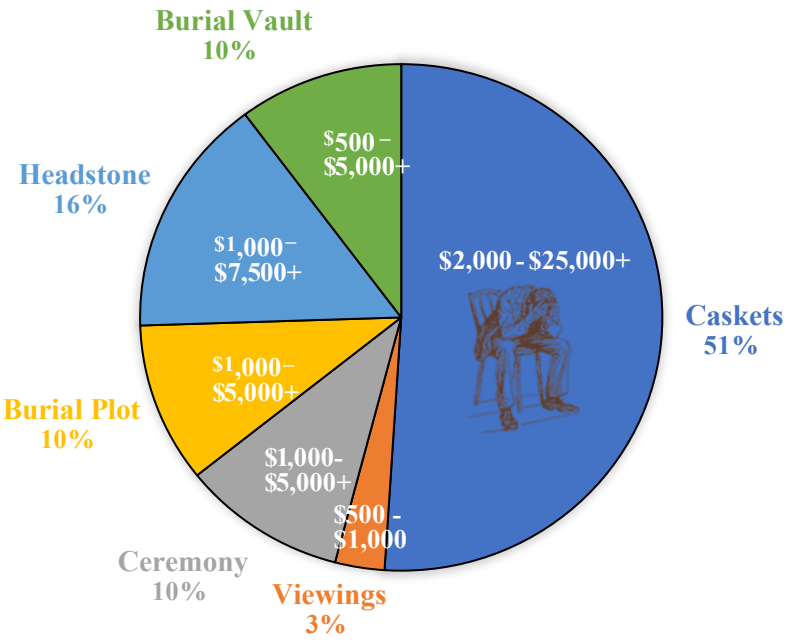
Funeral Industry Work

Jordan et al. (2018) provided a study that looked inside the operation of a funeral home. The study described the *normal* work of dealing with the dead in a United Kingdom funeral home, which the researchers included is standard for most funeral homes. The researchers determined that funeral work is the dirty work of death universally. The study identified four areas of dirtiness:

- The work is physically dirty as it deals with decaying bodies, bodily fluids, and bodily waste.
- The moral dirty work requires helping individuals manage the grief of the worst thing that happens in life while directing them to manage the financial responsibility to pay for the worst thing that is happening to them. The moral dilemma is at the heart of a person's emotional pain that death industry workers juxtapose to the financial obligations to honor the dead (see Figure 4; see Appendix B for the logistics of obtaining burial permits and transporting remains).

Figure 4

Costs of Grief



Note. Adapted from "News," by National Funeral Directors Association, n.d. (https://nfda.org/news/overview/trends-in-funeral-service).

- Death work is socially dirty as death is a negative reality that is frightening and revolting to most people. People want nothing to do with death, and consequently, the aversion to death defaults to the feelings about those who work in the death industry.
- There is a form of emotional dirty work that requires managing difficult, painful, and devastating encounters. Dealing with complex and unwanted emotions lies at the core of death work.

Death industry workers face contact with infected remains by preparing bodies for burial and risking personal infection. Researchers confirm that death industry workers face the risk of blood-borne and airborne diseases. COVID-19 posed an overwhelming threat to the health of funeral industry workers in tandem with the other areas of contamination. This study includes information from the Occupational Safety and Health Administration (OSHA) and the CDC that provide strict recommendations for necessary precautions for worker safety. Because deathcare work is an essential service during a pandemic, it is governmentally regulated. Deathcare workers have a higher risk of infection from daily exposure to family members of the deceased, emergency service persons, and other support persons who may be infected. The threat of contracting the COVID-19 disease is high in the deathcare industry and each one is faced with the possibility of imminent death with each case encountered.

Researchers and sociologists have described the 2020 COVID-19 extreme death as a sociological phenomenon that demanded the investment of emotional capital to help manage the spread of infection and death. Cottingham (2016, as cited in Jordan et al., 2018) defined emotional capital as the content of emotion-based knowledge,

psychological assets, and management capacity to resource a social situation. Jordan et al. (2018) identified funeral workers as those who develop the emotional durability to deal with the pains of death and consequently, emotional capital. Funeral industry workers advance concepts, values, rules, and definitions that transform normal responses to death to enable the bereaved to navigate through the waters of death's grief. Funeral workers exact their emotional capital with each death situation experience. The Jordan et al. study listed a sampling of most extreme death situations workers encountered to include suicides, burned bodies, mangled bodies from car accidents, those who suffered from diseases, and the bodies of children who had died. Their research indicated that funeral industry workers *must* be able to be unaffected by the circumstances of the work and to do work that others would not do. Funeral industry workers must be able to maintain emotional composure in the face of traumatic situations and apply their emotional capital to accommodate the needs of those bereft. The job of the death workers is to address the tasks of dressing and dispensing the remains, managing the grief of the bereaved, and providing emotional capital in the form of emotional comfort and guidance.

Jordan et al. (2018) found that death workers must "keep a stiff upper lip," which means that they do not show any emotion even when it is difficult for them not to do so. Funeral industry workers must have a face of proper neutrality that masks the dirty work of death and hides the pain involved in dealing with the dead. The researchers found that the long-term effects of performing neutrality while experiencing pain might be considered for future research. However, the funeral workers indicated that they have experienced sadness, grief, and even trauma in their work that they cannot express or

have the needed time to address. The funeral industry workers confirmed that there is little self-care and little opportunity to reinforce emotional capital. The lack of emotional care manifests in physical ailments such as headaches, abnormal sleep patterns, hypertension, and other disorders. The research for this study was conducted pre-COVID; however, it is very relevant for these COVID-19 times. The research shows the "dirtiness" of death work in normal times and the negative perception of the work and the workers. The burden of carrying the stigma of undesirability in death work was magnified with the number of COVID-19 deaths. The concept of emotional capital determines that there must be restoration to the expended emotional capital. COVID-19 caused excessive numbers of deaths, multiplying death work experiences and the necessary amount of emotional capital needed to address the experiences. The negative reflection of the work upon the death workers and extreme numbers of COVID-19 deaths availed little to no restoration to the emotional capacity of death workers.

The COVID-19 Extreme Death Event

The CDC (n.d.) indicated that COVID-19 has caused an extreme death event in the United States that has overwhelmed public health agencies, hospitals, and death industry workers. The U.S. Department of Health and Human Services ([HHS], n.d.) defined mass fatality or extreme death events as excessive death incidents that kill a vast number of people in a brief time. The COVID-19 pandemic was such an event.

Petrone et al. (2021) provided a comprehensive look at the COVID-19 extreme death event and how the dead are handled. The report described how the hospitals and morgues' capacity to accommodate victims quickly dwindled as medical care workers lost control of saving the lives of critically ill and dying patients. The report identified a

body collection point (BCP) that is a temporary storage location used to store dead bodies until they can be transported to burial locations (see Figure 5). With the daily increase of dead bodies, the dignified services that deathcare workers typically provided diminished. The report stated that as the BCPs ran out of space, health personnel were forced to use parking structures, parks, and other covered areas that could be used to store bodies. In addition to space concerns, officials quickly ran out of personal protective equipment (PPE), which are the gloves, surgically approved facemasks, and protective clothing necessary to ensure the safety of deathcare workers as they removed the remains for transport to funeral homes. As medical personnel ran out of plastic body bags, health care workers were instructed to wrap bodies in plastic sheets and secure with tape and rope so the fluids could be contained.

Figure 5

El Paso County Medical Examiner's Office Stores Bodies Marked COVID Into Mobile Morgues

Note. Photo by Ivan Pierre Aguirre (2020), from "GRAPHIC U.S. COVID-19 Deaths and New Cases Drop Over Christmas Week," by Reuters, 2020, p. 1 (https://www.reuters.com/business/healthcare-pharmaceuticals/graphic-us-covid-19-deaths-new-cases-drop-over-christmas-week-2020-12-28/).

The researchers identified COVID-19 as a mass casualty disaster of biological origins. COVID-19 is caused by severe acute respiratory syndrome coronavirus 2, classified under hazard group-3 pathogen. The CDC defines a hazard group-3 pathogen as an organism that may cause severe human disease and presents a hazard to technicians handling the deceased. The severity of the disease and frequency of the deaths overwhelmed morgues, rendering them inadequate to deal with the number of dead at the height of the crisis. Health care medical workers responsible for handling the deceased were unwilling to address the dead bodies for fear of contracting the disease.

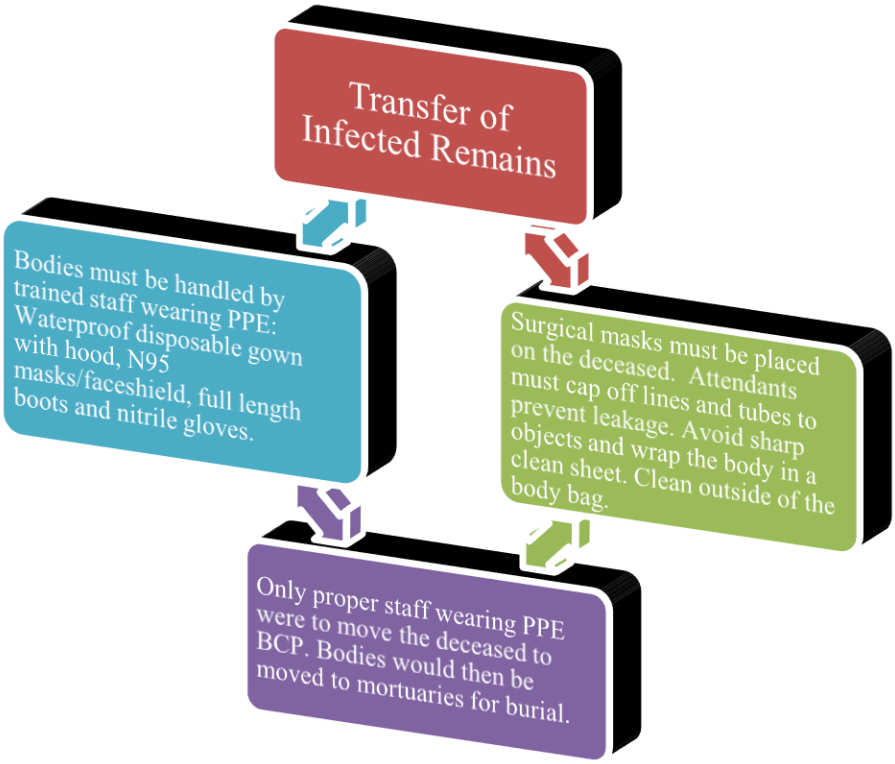
Hospitals were responsible locations for BCPs until funeral homes or the medical examiner removed the deceased. The CDC designated COVID-19 as a quarantinable infectious disease, and the remains had to be handled in a specific manner to protect medical and health care worker staff.

Figure 6 shows the flow of how medical personnel and health care workers managed COVID-19 remains of those who died. During the height of the extreme death event, medical workers and health care workers received the necessary equipment to tend to the diseased bodies; however, public health did not make PPE available to deathcare workers.

Not all funeral homes had the capacity to purchase additional protection equipment. Harrison (2021) stated that out of more than 100 funeral homes investigated in the United States, fewer than half of them were in annual compliance with OSHA. Larger funeral homes practiced universal protection for all deceased processes, which included eye and face shields, head coverings, surgical masks, gowns with full-sleeve coverage, respirators, sharp-injury logs, and training logs.

Figure 6

COVID-19 Flowchart to Transfer Infected Remains



The NFDA (n.d.) described universal protection as treating all human remains as if they were infected with HIV, hepatitis B (HBV), or other pathogens. In other words, the embalmers should treat all bodies with the same caution that would be applied for extremely hazardous, potentially fatal disease. This practice helped to prepare funeral homes for any infectious death event because the COVID-19 death event proved the funeral industry would receive little to no public health support.

Petrone et al. (2021) stated that in disaster situations that result in thousands of deaths, the management of dead bodies is one of the most significant problems that must be faced by all government agencies, national and local. The responsibility to address equipping medical and emergency personnel with supplies, equipment, and necessary

protection belongs to those government agencies that address essential workers' health and environmental safety. In the COVID-19 extreme death event, government agencies failed to prioritize the needs of death work and the health of death workers.

Petrone et al. (2021) called attention to the public perspective that responded to the demands to protect the safety of medical and hospital care workers. However, the safety of deathcare workers was not considered. Petrone et al. stressed that the CDC has oversight of the process for the disposal of remains during an infectious disease epidemic such as COVID-19. The CDC's concern is to control the spread of the disease and protect the health of medical workers and technicians handling infected remains. The report emphasized that though the worst of the crisis is over, it is evident that plans must be created to deal with future global disasters. The government leads the policies and processes to keep citizens safe in a national crisis.

Government Responsibility in Extreme Death Events

Although many funeral homes are private, processing the disposal of remains is a public health and environmental concern regulated by the government. Rosenbloom and Kravchuk (2005) indicated that the disposal of death remains falls under the public health jurisdiction, which is a branch of public administration. Funeral industry workers are part of the health care system that has dealt with the excessive numbers of deaths caused by COVID-19. This study focused on how those excessive deaths affected the health and wellbeing of funeral industry workers who deal with death and as a result, how the COVID-19 extreme death event affected the funeral care industry. Dewitt and Ladyzhets (2020) looked at how COVID-19 has impacted everyday life in America. The study identified the public health system as the government entity responsible for addressing all

aspects of the disease, including death and burial. Maani and Galea (2020) examined the investment inadequacies of the public health industry, which render it incapable of effectively addressing mass death events. They discussed the funding deficits and how a lack of public support contributes to the funding deficits and diminished capacity to address extreme death events. HHS (n.d.) affirmed the government's responsibility in addressing COVID-19 disease and deaths. HHS confirms the agency's inability to adequately address the scope of the problem and the need for more collaboration with local government agencies and the funeral industry. The World Health Organization ([WHO], 2020) cautions that it is the responsibility of policymakers to protect the legal and emotional liabilities of emergency response workers during the COVID-19 pandemic.

The Centers for Disease Control and Prevention ([CDC], 2020) explained the agency's guidance for managing the remains of the deceased who died from COVID-19. This explanation helps to put perspective on the duties of the private funeral companies. The CDC explained that the disposal of remains are environmental and health concerns regulated by government agencies to assure public safety in how and where remains can be dispensed. Rosenbloom's (1993) study provided an understanding of government responsibilities in national public health crises. U.S. Department of Health and Human Services, Office of Inspector General ([OIG], 2020) outlined the responsibilities of the OIG in responding to the COVID-19 pandemic. The OIG stated the governing body of any city or county prescribes standards governing burials, treatment of remains, and maintenance for cemeteries to determine public health and safety protections.

Udow-Phillips and Lantz (2020) declared that public health is a medical concern that is the responsibility of the government. In examining the impact of COVID-19, they provided evidence that public health, as a governmental entity, must address the devastation such a disease imposes on society. Federal and local government agencies mandate regulatory guidelines to contain the spread of the disease, fortify health care providers in addressing infected persons, and regulate the disposal of death remains when victims die. The study examined the relationship between the public and the government in a health care crisis. The study indicated that COVID-19 overran health care systems that were not prepared for the aggressive progression of a disease that was highly infectious and more lethal than anticipated. The initial public and government focus was to address the outcries of medical professionals working around the clock to treat critically ill, contagious patients. Health care workers and families decried the lack of oxygen to treat patients, the lack of personal protection equipment (PPE) to protect medical workers, and the lack of hospital beds to admit the thousands who were getting sick from COVID.

Levin (2021) indicated that researchers addressed the conflicting messages about science and public health that came from the White House. Levin's article further stated that the information from the White House undermined the advice of the CDC warning the public to wear face masks and to practice social distancing to stop the spread of COVID-19. The report indicated that the White House sowed confusion and public distrust, resulting in more people contracting the disease and dying. The study pointed out the irony of government contributing to confusion and conflict, resulting in destruction and death from the infectious disease it was supposed to contain. The

confusion and conflict shrouded the deadliness of the contagious disease and did not give the public an accurate picture of the death that was overtaking the country. The report set the stage for the neglect and trauma the death industry would feel in denying the deadly impact of COVID-19. Deathcare was neglected. Deathcare workers were excluded from the care and concerns extended to health care workers. The effects of the COVID-19 extreme death event were tantamount to neglect by the government, and the effects were painfully felt by those who work in the deathcare industry. This COVID-19 investigation of the funeral industry provides evidence that substantiated the relevance of addressing the extreme death events of COVID-19 as a public administration issue.

The Impact of the COVID-19 Pandemic

Alsan et al. (2021) gave an account of the impact of COVID-19 in the United States. They described the effects of COVID-19 contributing to several hundred thousand deaths. The researchers indicated that the devastation of the COVID-19 pandemic affects every part of life and death. The article suggested that the pandemic has had a substantial impact on the health of COVID-19 victims and an indirect effect on the health of those who administer care to the victims of COVID-19. The paper examined vulnerable populations that are likely to be COVID-19 victims; older people, historically disadvantaged groups, and those who work in the medical care industry who are in those groups. The study assembled a list of preexisting respiratory and chronic conditions of vulnerable groups that makes them more susceptible to infection and succumb to the virus. Understanding the impact of COVID-19 outside of the funeral industry helps to understand the compounded effect of COVID-19 contagiousness and death upon death industry workers. Alsan et al. began with the first case of COVID-19

infection reported in the United States on January 20, 2020. From that date to the end December 2020, there were an additional 20.4 million confirmed infections nationwide (CDC, n.d.). In less than a year, 378,000 Americans died from COVID-19. The COVID-19 pandemic ranks among the deadliest in U.S. history, comparable to the 1918 influenza and 1980's HIV pandemics.

The Alsan et al. (2021) study reported that it is difficult to quantify the mortality impact of COVID-19. The numbers are significant but may be underestimated. The study indicated that the CDC reported 3.4 million total deaths from all causes in 2020, which was an increase of 504,000 from the 2.9 million deaths in 2019. Variables in the data, along with failures in testing, may have resulted in unreported COVID-19 deaths.

Early in the pandemic, the CDC's weekly morbidity and mortality report that 41% of adults had delayed medical care, including emergency care. Anderson et al. (2021) conducted the Johns Hopkins University survey that reported 29% of those who reported needing medical care forewent it because of fear of COVID-19, and 7% were concerned about the financial repercussions of contracting the disease. The pandemic impact on supply and demand resulted in extraordinary declines in health care use. The consequences of these delays in care likely reverberated in the form of delayed diagnosis of noncommunicable diseases, preventable cases of infectious disease, and placed excess strains on providers during the pandemic.

The Johns Hopkins investigation rendered that there is no area of health or mortality that was not affected by COVID-19 (Anderson et al., 2021). The study showed that some deaths would have occurred despite COVID-19 and may have been accelerated by the COVID-19 disease. The assessment of COVID-19 is complicated by the different

causes of death that may have been exposed to COVID-19 and may have been exacerbated by COVID-19. Each possible reason that may have been influenced by exposure to COVID-19 or resulting from the devastating effects of COVID-19 on health care systems, treatment, and access was recorded as a COVID-19 death. The study showed that the impact of COVID-19 was devastating on every spectrum, and the intractability of ascertaining each possible circumstance of death was attributed to the pandemic, which became an excessive or extreme death event.

Alsan et al. (2021) defined excessive or extreme deaths as the difference between observed deaths in a particular time and historical or expected deaths in a similar period. Alsan et al. indicated that the "United States experienced an infectious disease epidemic demonstrating higher death rates than contemporaneous nonepidemic years, with the increase in deaths attributable to both mortality among infected individuals and a net increase in deaths from other causes" (p. 30). The overall health implication of COVID-19 shows evidence that suggests long-term health consequences, including cognitive dysfunction, fatigue, and injury to the heart and lungs. The evidence shows that a substantial proportion of individuals infected with COVID-19 will suffer long-term health consequences. The pandemic's long-term effects extend beyond active infection and may beget future premature morbidity and mortality from illnesses. The deadliness of COVID-19 has struck fear and confusion in American society. The pandemic has adversely affected businesses, the economy, educational systems, health care, and social systems and has overwhelmed the nation with daily death counts. The fear of contracting the disease has devastated the workforce, especially medical first responders and deathcare workers who are last responders. This study provides evidence of the deadly

impact of COVID-19 that infiltrates the workplace and lives of those in the death industry.

Inside a Funeral Home During the COVID-19 Extreme Death Event

Over the course of the pandemic, Los Angeles became one of the leading cities in COVID-19 deaths, Fernandez (2021) described a Los Angeles funeral home that served to comfort the living as the staff helped the bereaved to bury the dead. During the height of the COVID-19 extreme death event, the funeral home had no room for the living because every available space was used to store the dead bodies of those who had died by the disease. There were bodies in caskets, bodies wrapped in sheets on stretchers, in the pews, in the hallways, bodies on shelved racks, and more bodies in a trailer outside the mortuary.

Fernandez (2021) stated that death is an unpleasant reality and funeral homes are places Americans preferred to ignore. COVID-19 had brought death front and center, which brought funeral homes front and center into American daily life. The American funeral industry was not prepared or equipped to handle mass deaths on a scale of this magnitude.

Fernandez (2021) confirmed that even before COVID-19, deathcare workers faced occupational risks of exposure to blood-borne and airborne pathogens. COVID-19 magnified the known risks funeral home workers faced. And beyond the physical and chemical risks, deathcare workers faced daily activities that caused anxiety, panic attacks, death fears, and compassion fatigue. COVID-19 amplified the challenges of the funeral workplace. COVID-19 demanded funeral workers work at a grueling pace under heightened risks and fears. Workers accustomed to dealing with death had little to no

chance to recover from the constant grind of responding to an excessive number of dead bodies and subsequent burials. Funeral workers found that they too required mental health care and emotional support. Fernandez stated, "Funeral homes became hellish symbols of the COVID-19 death toll" (para. 6).

Fernandez (2021) reported on the Continental funeral home in the center of a Southern California working-class Mexican American family community that had been disproportionately affected by COVID-19. The funeral home described the work as controlled chaos as employees and relatives of those who died documented the heartache of the mechanics of funeral after funeral after funeral. There was no time for bereavement care, no visitations, no emotional comfort, no reconciliation of life and death, no time to breathe. The funeral home chapel had no room for the living to engage in services. The chapel had to be turned into storage to accommodate the excessive numbers of dead bodies. The bodies were local community members and their families. The extreme deaths overran the funeral home and exceeded the capacity of the funeral home workers to deal with the dead. Fernandez reported that the COVID-19 death image in this Los Angeles funeral home was replicated in funeral homes across the United States.

In this investigation, Fernandez (2021) interviewed workers at the funeral home. Several new employees were recently hired to help with the burgeoning daily number of dead bodies. The employees described images of bodies in cardboard boxes with the names of the deceased written in black markers on the flaps of the lids. The stacks were four high, with each box separated by a strip of plywood. The employees indicated that they were working round the clock to organize, store, and track and dispose of the dead.

There was no space or time for comforting and counseling the bereaved. The essential part of the job that helped families and loved ones process the loss was gone in this pandemic. The workers reported headaches, nightmares, nervousness, and stomach problems. New workers and veteran workers indicated fear of seeing the excessive numbers of infected dead remains, fear of contracting the disease, and a pronounced fear of death that had to be pushed down inside themselves to do their jobs.

New York City, an area suffering from extreme numbers of COVID-19 infected deaths, was examined in a report by Neumann (2020) who provided an account of two funeral homes during the height of the COVID-19 extreme death event. Neumann's report followed the activities of a Brooklyn, New York funeral director. The funeral director reported that embalming, body preparations, viewings, casket selections, and rituals had all been eliminated in the COVID-19 extreme death event. There were no religious ceremonies, no anointing of bodies, no comforting interactions with the bereaved. The entire industry was busy burying the infected dead. Neumann indicated that the forklift had become a new symbol for the funeral industry. Forklifts were used to load bodies into refrigerator trucks and facilitate burials in mass graves. Neumann surmised that the general public saw the use of forklifts as inhumane and appeared to treat the dead like cargo. The funeral industry workers welcomed the use of forklifts to help manage the spike in fatalities. The forklifts helped to organize, store, and move bodies for burial and disposal. Death industry workers were committed to assuring their communities that there were no dead bodies on the street. Consequently, they protected the general public from the psychological effects of seeing the extent of mass fatalities and the possibility of infection from infected dead.

Neumann's (2020) report of New York funeral homes, like Fernandez's (2021) report of Los Angeles funeral homes, stated that crematoriums and cemeteries were backed up in late March and early April. Funeral homes were running out of room to store bodies. Chapels were no longer needed for services because of physical distancing; their purpose was to serve as makeshift morgues. Neumann pointed out that forklifts, body bags, and refrigerators were reminders of the days of death. The public was dismayed as they witnessed the nontraditional methods used to deal with the mass number of deaths in communities across the United States. However, funeral directors argued that it was orderly chaos, a well-labeled system that helped them deal efficiently with an excessive number of dead bodies.

Because families could not see their critically ill, hospitalized loved ones infected with COVID-19, the funeral home would have been the place of the final goodbye. In the season of COVID-19, funeral homes no longer held viewings, ceremonies, or final good-byes. Funeral directors were forced to tell bereaved families that they would never see the bodies of their loved ones again. If the ambulance took a COVID-19 victim to the hospital and they did not survive, the initial hospital trip would have been the last time a family member would have seen the infected victim. The body of the deceased would be placed into a refrigerated truck. The hospital staff would notify the family of the death. The family would then contact the funeral home. The funeral home director would check eVital, the electronic service run by the medical examiner, to confirm that the paperwork was in order. The funeral home would go pick up the body. The expectation that there would be closure, comfort, or ceremony was gone in the grips of the COVID-19 extreme death event. The pragmatism of corpse management displaced the reverence of the

funeral ceremony. Funeral directors' care for the dead is a social contract, especially in an extreme death event, to assure society and protect the community. The medical treatment process, the system of dying with dignity and burial with honor, was upended by COVID-19. No one escaped the disruption, not first responders and indeed, not last responders.

First Responders

Pink et al. (2021) explained that first responders include the following:

- Law enforcement personnel;
- Fire service personnel;
- Emergency medical services staff;
- Emergency management officials; and
- Health care providers who may have to treat infected persons.

During the COVID-19 pandemic, first responders faced the risks of contracting the disease, enduring long-term illnesses, or death. Research suggests that these workers already had diminished psychological health because of the nature of their work and occupational risks.

The OIG (2020) indicated that the purpose of the Health and Human Services review was to provide HHS and other decision makers (e.g., state and local officials and other federal agencies) with a national snapshot of hospitals' challenges and needs of first responders in the COVID-19 pandemic. Hospital and first-responder staff complained of the following:

- There was a severe shortage of testing supplies and extended wait times for test results.

- There was a shortage of PPE; lack of personal protective equipment put staff at risk for infection and even death.
- There was a shortage of disinfectants and cleaning supplies.
- There was difficulty maintaining adequate staff to respond to the number of severely ill patients and not enough specialized providers.
- There was fear of contracting COVID-19 themselves and exposing their families to the virus.

Hospital and health administrators were concerned that fear would have an emotional toll on first responders. The OIG 2020 report stated that hospitals were challenged with keeping health care staff safe both physically and psychologically. The widespread shortage of PPE was in the media front and center. First responders complained that the lack of PPE put health care workers at risk and patients at risk. The most commonly needed PPE items reported were masks (including N95 masks, surgical masks, and face shields), followed by gowns and gloves. Hospital administrators said that heavier than usual use of PPE contributed to shortages. Hospitals reported that the number of infected COVID-19 patients caused staff to use 10 times the daily number of PPE items. Hospital workers indicated they were experiencing the "fear factor" associated with COVID-19. The fear factor was defined as a feeling of apprehension that grips an individual with fear that keeps them from doing something. The fear factor of contracting COVID-19 caused hospital workers to refuse to work without the necessary equipment, essentially, N95 masks, face shields, gowns, and gloves.

Additionally, hospitals reported that fear of being infected and uncertainties about the health and well-being of family members impacted morale and created anxiety among

staff. Staff were worried about the jobs' security if they demanded protective equipment and fear of contracting the virus because of lack of testing equipment and PPE. Health care workers saw that every age group, every community, everyone could potentially contract COVID-19. Moreover, health care workers saw children, seniors, and every age group in between dying.

The OIG 2020 report stated that to address staff anxiety and reduce the stress the COVID-19 pandemic was placing on hospital workers, some facilities reported providing staff with childcare services, laundry, and grocery services. Hospitals also provided emotional and psychological support and even engaged hospital psychiatry staff to help address the issues of anxiety among health care providers.

Pink et al.'s (2021) study referred to the U.S. Department of Homeland Security (DHS, 2021), providing the following resources for first responders:

- COVID-19 resources for first responders;
- CDC resources for first responders and law enforcement;
- COVID-19 considerations, strategies, and resources for emergency medical services;
- COVID-19 disinfection of emergency medical services and PPE;
- Information for the first responder on maintaining operations capabilities during the pandemic;
- Guidance on the essential critical infrastructure—first responder workforce; and
- COVID-19 Emergency Response Toolkit for first responders.

DHS, the CDC, HHS, and Mental Health Services addressed the critical issues of first responders. All the listed government agencies responded to the needs of first

responders. None of these agencies mentioned the critical need for resources for last responders.

Last Responders: Funeral Industry Workers in an Extreme Death Event

Riley (2021) identified the last responders in the season of COVID-19 as coroners, funeral workers, and others involved in end-of-life care. Riley interviewed last-responder individuals who described the COVID-19 pandemic as producing an extreme death experience such as they had never seen. The article helps the reader to understand the details of witnessing extreme death and the emotional trauma such events have on those who work in the death industry. Venzke (2020) examined last responders compared to doctors, nurses, and other designated first responders. The report documented the public and local government concerns about the effects of COVID-19 infections and illnesses on the health of first responders. The health of the funeral industry, last responders, who were part of the COVID-19 emergency, were not considered. The report states that last responders felt victimized by the extreme death conditions and the lack of concern for the health of last responders. The CDC (2020) report provided supplemental information addressing the stress and mental anguish of COVID-19 disease placed on first responders. The CDC report does not include the effects of COVID-19 deaths on the health of last responders.

Fernandez (2021) examined the COVID-19 deaths that produced overcrowded conditions in a Los Angeles funeral home. The report cited the distress of the funeral care workers trying to create storage space for the dead bodies that exceeded their capacity to handle. The National Funeral Directors Association ([NFDA], n.d.) reported that Los Angeles County mortuaries and funeral homes had no more room for the dead.

The crisis posed a concern that funeral industry workers were unprepared for this extreme death event. Overmeire and Bilsen (2020) examined the possible risks for funeral directors dealing with extreme death events. They indicated that there is little information on the risks funeral industry workers face during an extreme death event. The lack of data was an increasing reason for concern during the COVID-19 pandemic that caused deaths within every community at an alarming rate.

TalkDeath (2021) compiled a series of interviews into a journal that looks at the COVID-19 crisis through the eyes and voices of deathcare workers who faced the deaths and infected remains day after day. The article captured the stories of the last responders who spoke of the difficulties of showing up every day during unprecedented times. The last responders spoke of enduring incredible hardships that risked their health and the health of their families. Their stories included how they love their work and how they understood their positions of leadership through the most painful experience in the lives of others. One of the most prominent themes in the account of each last responder story was the pain of separation for both the last responders and the families they served during this time of grief. They indicated that death work was hands-on; however, the need for separation and PPE prohibited consolation and expressions of compassion for families and one another. Even deaths that were not COVID-19 related fell victim to the COVID-19 protocols, and all families suffered. Mothers could not be consoled, spouses could not be comforted, children could not be consoled. Consolation was an essential service of the funeral industry that could not be given. The workers all accounted that there was no way the public could understand what it was like to physically deal with the piles of dead bodies instead of watching the piling stacks of the dead bodies on television. The

workers gave a first-hand account of how there were unrelenting calls to pick up more dead bodies even when the mortuary had reached capacity. Mortuaries had to double and triple the number of stored bodies past their capacity. The last responders spoke of experiencing deaths by suicide, by some, as a result of emotional distress from COVID-19, and they wondered whether they could sustain their resolve to endure each day.

The deathcare workers spoke of personal loss, some experienced the other side of deathcare when they had family members and friends who passed away and were unable to provide comfort and support to their own. The workers stated that it felt like their families were fracturing during their mourning. Workers reported funeral industry persons who had contracted COVID-19, presumably from handling infected remains, and workers emphasized how painful it was to witness the deaths of those they had worked beside. Last responders deeply felt the disdain of people who said the virus was not real, refused to wear masks, and refused to get vaccinated. They felt a deep sustaining sadness as they buried the dead who had died from the disease that some in our society would not acknowledge was a real disease nor a real threat to human life.

Finally, the last responders said that those who worked in the funeral industry were ignored. Funeral industry workers were treated as if they were invisible. They stated that while others stayed home, baked bread, watched movies, funeral industry workers were putting themselves and their families at risk as they buried the dead. Funeral industry workers suffered the trauma of fear of infection and death while serving families who had lost family members to COVID. Funeral industry workers also felt at risk of infection from those who denied the reality of the virus. And funeral industry

workers bore the grief of families who were denied contact with their loved ones during the final stages of their lives because of COVID-19 restrictions.

Theories: Terror Management Theory and Compassion Fatigue

TMT provided a proposal to understand the psychological processes of the COVID-19 experience in the lives of deathcare workers. Greenberg et al. (1997) defined TMT as an innate fear of death that can have a psychological and even physical effect on individuals. Pyszczynski et al. (2021) supported TMT in examining the impact of the COVID-19 extreme death event. This study provides information on how TMT has been manifested in the COVID-19 death event affecting bereaved family members and funeral industry workers dealing with constant death. Remedios (2020) explained how Americans naturally distance themselves from dying out of fear, but COVID-19 shortened the distance causing anxiety, trauma, and debilitating stress. The COVID-19 extreme death event presents a stunning example of TMT. Juhl and Routledge (2015) explained that TMT is the awareness of death and can create debilitating anxiety and compromise psychological wellbeing.

This study focused on the research of Solomon et al. (2015), who originally coined the term TMT, to provide a framework for examining the effects of working in the death industry, and it is applicable to the COVID-19 extreme death event. Solomon et al. determined that fear and anxiety are inherently part of the human condition. Solomon et al.'s research derived from the work of cultural anthropologist Ernest Becker (1973), who determined that human beings are primarily driven by an unconscious effort to deny and avoid death because of an intrinsic fear of death. Becker's research concluded that the fear of death determines human behavior. Solomon et al. (2015) used Becker's study to

discover that self-esteem is necessary to control human death fears and to create distance between self and anxiety from the anticipation of death. Solomon et al.'s research found that self-esteem is largely influenced and guided by shared cultural worldviews. The study defines cultural worldview as "the beliefs we create to explain the nature of reality to ourselves … beliefs that give us a sense of meaning, an account for the origin of the universe, a blueprint for valued conduct on earth, and the promise of immortality. Since the dawn of humankind, cultural worldviews have offered immense comfort to death-fearing humans" (Solomon et al., 2015, p. 8).

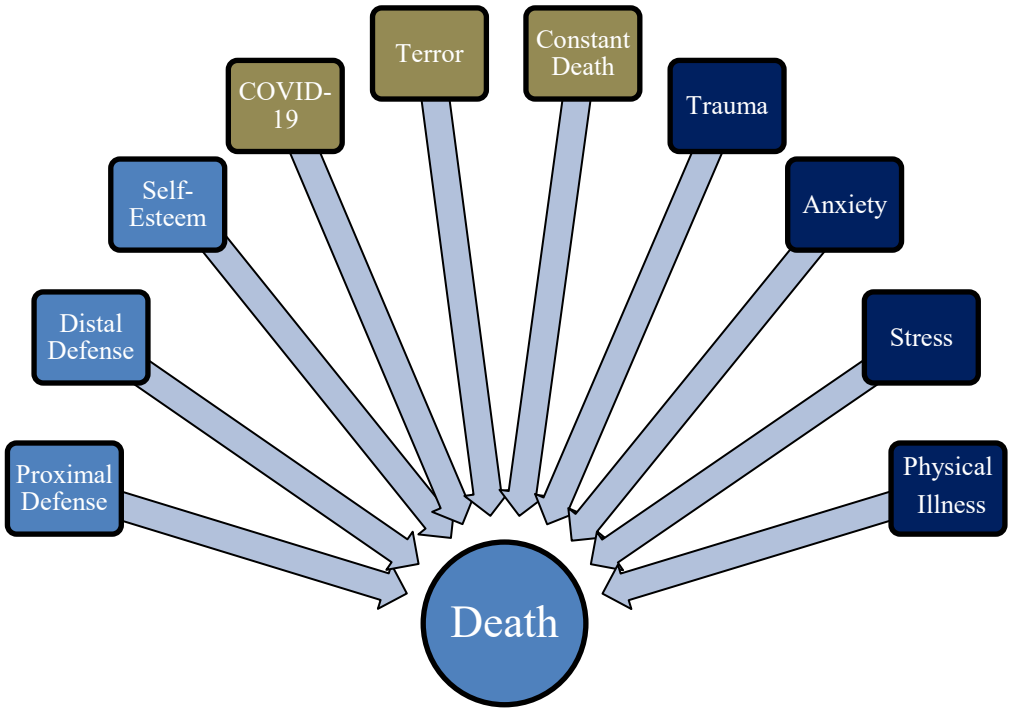
Solomon et al. (2015) found that self-esteem is significant and at the heart of TMT. Solomon et al.'s study concluded that all humans manage the awareness of their mortality through the network of their self-esteem driven by their cultural references and worldview. The partnership of self-esteem and worldview is relational. Self-esteem is influenced by the cultural worldview which helps to shield individuals from the fears and anxiety that threaten life. Cultural worldviews maintain and defend self-esteem, which is the agent that wards off the reality of death and entertains the allusion of immortality through the culture. Individual personal significance is the characteristic that makes human beings essential participants in the existence of humans and manages the terror of nonexistence, death. Conversely, Solomon et al.'s research proved that the list of problems associated with diminished self-esteem is long and pervasive: poor physical health, depression, anger, suicide ideation, psychosis, substance abuse, addictive behavior, and so forth. Those with low self-esteem suffer from high levels of anxiety and physical debilitation.

Solomon et al.'s (2015) research demonstrated that self-esteem is the resource that provides human beings with the capacity for confident living and is the defense mechanism that guards against threats of death. The researchers stated, "Rituals are the bedrock of human culture. Rituals empower us to sustain life, forestall death, and manage the universe" (p. 72). Rituals provide the processes for living in a cultural society. Rituals provide the strategies for learning, developing, starting a family, and the foundations for living and dying. Rituals are fortified in art, myths, religion, and cultural practices. Terror management organizes the protective components that shield individuals from the terrors of mortality into a fortress that manages the anxiety of death in a cognitive process of proximal and distal defenses. Proximal defenses emerge when there is an immediate presence of death. When individuals are faced with the imminent possibility of death, proximal defenses activate an unconscious suppression of death-related thoughts to remove those thoughts from consciousness. Proximal defenses work in tandem with a conscious effort to deny the vulnerability to death. Distal defenses emerge to address unconscious mortality salience, which is an awareness that death is inevitable and brings into question personal value and the meaning of life. Distal defenses bolster self-esteem and cultural worldviews to relieve the existential terror through symbolic immortality.

Figure 7 provides an image of the conceptual framework of TMT. The image depicts the defenses of proximal defense, distal defense, and self-esteem as bolsters against the fear of death. The presence of COVID-19 and death diminishes those defenses, which results in trauma, anxiety, stress, and physical illnesses.

Figure 7

The Framework of Terror Management Theory



Pyszczynski et al. (2021) applied TMT to the COVID-19 pandemic to examine the pervasive role death awareness from the pandemic played in human existence. TMT posits that individuals manage their anxiety and fear of the inevitability of death by maintaining rituals and cultural worldviews. The COVID-19 pandemic brought an immediate presence of daily death into the cultural worldview. Rituals and cultural norms were suppressed to address the contagiousness and threats of death. Pyszczynski et al.'s research showed that mortality salience increases individual commitments to self-esteeming behavior, cultural rituals, and the protection of a worldview that fortifies self-esteem. However, COVID-19 brought death into the forefront of the media, the

government, and medical concerns; death became a prominent intruder into the personal, social, and economic life of individuals. The researchers documented how individuals accessed proximal defenses by denying the threat of the virus or diversion-seeking behavior such as alcohol and food consumption. The study showed that some individuals argued that the virus was not as contagious or deadly as experts claimed or that it existed at all. The virus' detrimental economic and social effects undermined every diversionary death defense and thereby threatened the stability of esteem and cultural worldview. The power of the presence of death was most prominent in the places where death was likely to occur—hospitals and consequentially, funeral homes.

TMT affirms that reminders of death motivate people to fortify their self-esteem by affirming their worldview. COVID-19 invalidated worldviews and thereby gave no deference to self-esteem. People were unable to effectively manage the existential terror of death. Consequently, anxiety and fear of death exacerbated phobias, obsessions, depression, and resulting physical ailments. In addition, the pandemic undermined distal defenses by eliminating anxiety-buffering abilities to access cultural worldviews that lessen the fear of death. The study stated that the COVID-19 pandemic caused psychological distress that resulted in maladaptive proximal defenses that could result in anxiety-related illnesses, COVID-19 infections, and even deaths. The inability to balance the fear of death and the need to feel safe can cause great stress and anxiety. The physiological effects of stress and anxiety can result in emotional distress of feeling overwhelmed, racing thoughts, and feelings of helplessness and worthlessness. The physical symptoms that can result from an unabated fear of death can include headaches,

respiratory illnesses, upset stomachs, insomnia, jaw clenching, neck pain, and other ailments.

The 2020 COVID-19 extreme death event was a blueprint for TMT. Pandemic deaths presented the following TMT elements:

- Worldviews were invalidated.
- The terror of death was persistent and constant.
- Proximal defenses were distorted.
- Distal defenses diminished.

TMT combines basic self-preservation defenses to manage the terror of death. The terror of death can be deadly itself.

Compassion fatigue is the companion theory to TMT. Pearce et al. (2021) examined compassion fatigue in partnership with TMT in reviewing the COVID-19 extreme death event. Pearce et al. explored the effects of bereavement care and compassion fatigue on the health of death industry workers in the United Kingdom, determining those effects were universal. Carr et al. (2020) studied the social and economic impacts of COVID-19, compassion fatigue, and trauma in the United States. Carr et al.'s study linked psychological, social, and economic depression to persistent illness and death. Carr et al.'s studies showed that the continual occurrence of COVID-19 infections and death events resulted in compassion fatigue among first responders and last responders. Overmeire and Bilsen (2020) provided evidence of the adverse effects of compassion fatigue during the COVID-19 extreme death event. Overmeire and Bilsen stated that compassion fatigue has not been extensively studied in the American funeral industry. Yet American funeral directors have been exposed to the same risks for

compassion fatigue as other critical workers during a natural disaster event. Guidetti et al. (2021) provided a limited examination of the funeral and mortuary sector, specifically in the study of occupational factors of compassion fatigue that can affect the quality of working life. Guidetti et al. pointed to Charles Figley (1995) as the pioneer of compassion fatigue who was the first to explain the psychophysiology of trauma in dealing with persistent illnesses and death.

Figley (1995) identified trauma as a source of psychological instability that can develop into a psychophysiological illness. Figley defined posttraumatic stress disorder (PTSD) as the resulting psychophysiological condition that develops from the experience of direct or secondary trauma. He explained trauma as a shocking, frightening, or dangerous event that triggers secondary defenses to protect or distance a person from the source of the trauma. Figley clarified that traumatology studies focus on PTSD as trauma that stems from first-hand experience. However, trauma can derive from simply knowing about someone else's traumatic experience. Figley stated that the essential feature of posttraumatic stress disorder is that it develops characteristic symptoms following the exposure to extreme traumatic stressors of actual or perceived threats of death or witnessing events that involve death or injury. Figley further explained that PTSD can occur in interpersonal networks where individuals of a system can become traumatized simultaneously, such as in a natural disaster such as the COVID-19 pandemic. This simultaneous trauma affects the entire network as trauma that is witnessed happening to another, and is defined as secondary traumatic stress disorder or STSD. STSD is a phenomenon that is also called compassion fatigue. Compassion fatigue results from observing trauma that happens to another and the stress that comes from helping or

wanting to help a traumatized or suffering person. STSD is a natural occurrence among two people linked by the direct trauma that affects the first person and the consequential, indirect trauma that affects the second person who witnessed the suffering of the first. The symptoms of STSD are emotional exhaustion or burnout, which can be manifested physically in sleep disorders, exhaustion, somatic problems such as headaches, gastrointestinal disorders, depression, guilt, irritability, pessimism, and other illnesses.

Figley's (1995) research documented evidence that stress is directly related to physiological vulnerabilities that can lead to specific symptoms and illnesses. Figley indicated that epidemiological studies show a 400% increase in psychological disorders following natural disasters. Figley's study on crisis workers showed evidence that crisis worker exposure to repetitive, cumulative crises is a formula for health defects. He stated that constant, multiple traumatic events can develop into various degrees of psychophysiological traumatic illnesses. Figley indicated that traumatic events present major stressors for crisis workers, including exposure to contagions, handling dead bodies, working under poor conditions, physical strains, and having to convey the news of deaths to loved ones. The study showed that crisis workers often report perceptual and time distortions. Crisis workers may sense a loss of reality depersonalization; however, most continue to function despite the crisis. Health care workers who face mass casualties experience grief, loss of confidence, and triage stress. Figley stated that the families of crisis workers experience the harmful effects of the trauma as crisis workers bring rage, silence, depression, and withdrawal to their family members and loved ones. Crisis workers have increased levels of morbidity and mortality that can induce drinking, substance abuse, and even domestic violence. Additionally, Figley's study showed that

traumatized crisis workers are subject to more stigma than their traumatized victims. Figley explained that the stigma crisis workers face is a negative public perception or negative attitudes based on the mental health harm the crisis workers sustain. Workers' traumatization may interfere with the teamwork necessary to do their jobs; it may pose a barrier to communication and a threat to the overall effectiveness and efficiency of the operation.

TMT and compassion fatigue help provide the framework for understanding the effects of the COVID-19 extreme death crisis on the health of funeral industry workers. Both theories identify funeral industry workers as experiencing primary and secondary trauma in dealing with the deaths from the COVID-19 pandemic. It would be assumed that the primary trauma would be from the direct handling of dead bodies infected by the virus. The deaths were constant and repetitive as was the trauma. Secondary trauma manifests in the form of compassion fatigue, which ensues from the inability to address the grief experienced by the loved ones of the victims. The trauma was constant and repetitive.

TMT describes the proximal and distal defenses that are natural lines of defense against the fears of death. Those defenses include self-esteem and cultural worldview. The pandemic invalidated cultural worldviews and disarmed individual self-esteem. Proximal defenses that emerged with the imminent threat of death could not keep up with the constant threat of death. Distal defenses that engage cultural worldviews and self-esteem were weakened by the persistent direct trauma from the virus and constant deaths. Distal defenses were also weakened by the indirect trauma of compassion fatigue caused

by witnessing suffering and death. Emotional instability leaves the individual vulnerable to fear and anxiety, and in the face of death, the resulting trauma is terrorizing.

Effects of Trauma on Work Efficiency

Gilmour and Patten (2007) examined depression at work and the psychological effects of working and dealing with depression. Deathcare work deals with death and human remains in the normal course of a workday. As a result, death industry workers must build some resiliency to work in an environment of death and grief. The resiliency for enduring death work is built through experience, community support, and personal esteem from the necessary service of the work. The stress of death and grief from working in this profession is managed through proximal and distal defenses (Pyszczynski et al., 2021). The study confirmed that death work can be a source of depression and adverse mental health. Haefner (2019) wrote about the injurious health effects on health care providers coping with unprecedented deaths. Ugwu (2020) cited studies demonstrating adverse psychological effects in COVID-19 funeral rites and rituals. Ugwu indicated that the extent of the sociopsychological implications of COVID-19 extreme deaths has yet to be realized. Abbott (2021) supplemented the literature with a study that aimed to quantify how health workers, who have faced unprecedented levels of illness and death, have coped. Abbott acknowledged the gap in the literature in examining the effects of extreme death events on the health of funeral industry workers.

Crawford and Holaway (2020) cited the scope of the customs and traditions of death and the impacts of mass fatality events on the death industry. Crawford and Holaway's study looked at the history and customs of dealing with extreme death events in the funeral industry. Cyr (2020) analyzed death processes during COVID-19 and the

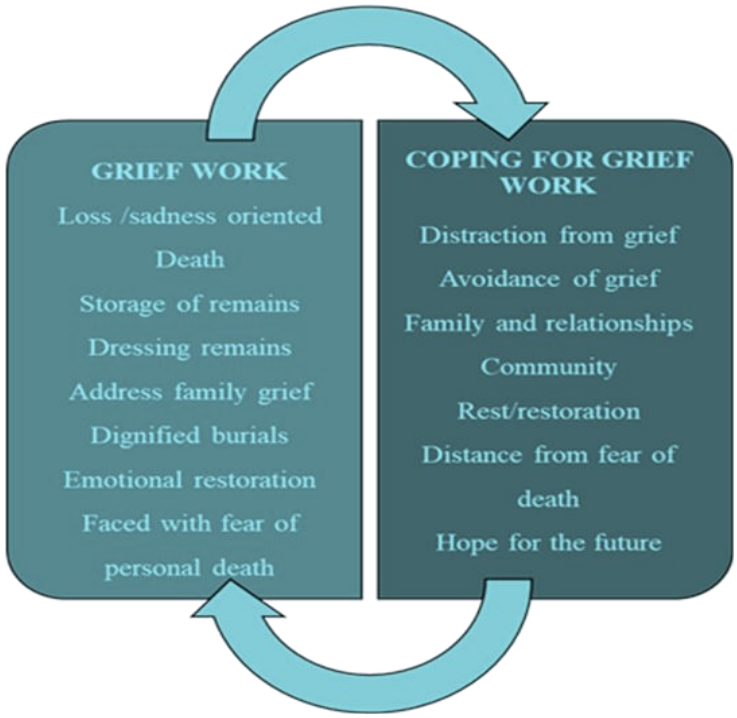
effects on the death industry. The study indicated that the funeral industry and the health department were not adequately prepared for the magnitude of COVID-19 deaths. Cyr stated that the lack of preparation of the funeral industry's capacity to deal with the number of fatalities extends to the health of funeral industry workers. Burrell and Selman (2020) examined the industry effects of coping with grief during the COVID-19 pandemic. Addressing grief is a primary mission of funeral industry workers. COVID-19 prevented funeral industry workers from addressing the suffering of families and the grief workers' experiences in the process. Pan American Health Organization (PAHO) (2004) provided a study of how funeral agencies deal with the mass numbers of dead bodies in disaster events. The PAHO studies showed that death worker health is essential in death industry health. The studies stated that the nature of death work ties the psychological, emotional, and physical health of death workers to work and the industry's success. The literature to understand of the effects of trauma on work efficiency, specifically in the deathcare industry, is limited. Though there is not one complete source, the literature references in this report are compiled to form a comprehensive understanding of the effects of grief and stress on the health of funeral industry workers. The literature references provided sufficient evidence to warrant an investigation into the health of funeral industry workers who endure the effects of grief and trauma in extreme death events.

The diagram in Figure 8 shows how grief work in the deathcare industry is consumed with loss, sadness, dignifying burials and addressing family grief, and helping families and communities to restore everyday life. Funeral industry workers need time and space from death, which is the source of grief work. The research from the PAHO

(2004) showed that even prior to COVID-19, some deathcare workers experienced intense anxiety, panic attacks, and compassion fatigue. COVID-19, with the extreme numbers of death created greater risk of mental health crises, physical and emotional burnout, higher rates of stress, depression, and anxiety disorders.

Figure 8

Effects of Grief on Psychological Health



Funeral industry workers need the support of family and community to continue to face the daily tasks of death that are their jobs. However, the COVID-19 extreme death event prevented funeral industry workers from accessing the restorative processes that aid them in doing death work. The contagiousness of the disease prevented contact with families and communities, prevented appropriated time and distance from the deaths caused by the pandemic, and prevented the ability to access proximal and distal defenses

against the fear of death. The consequence of not being able to access the balance needed between death work and health restoration can be detrimental.

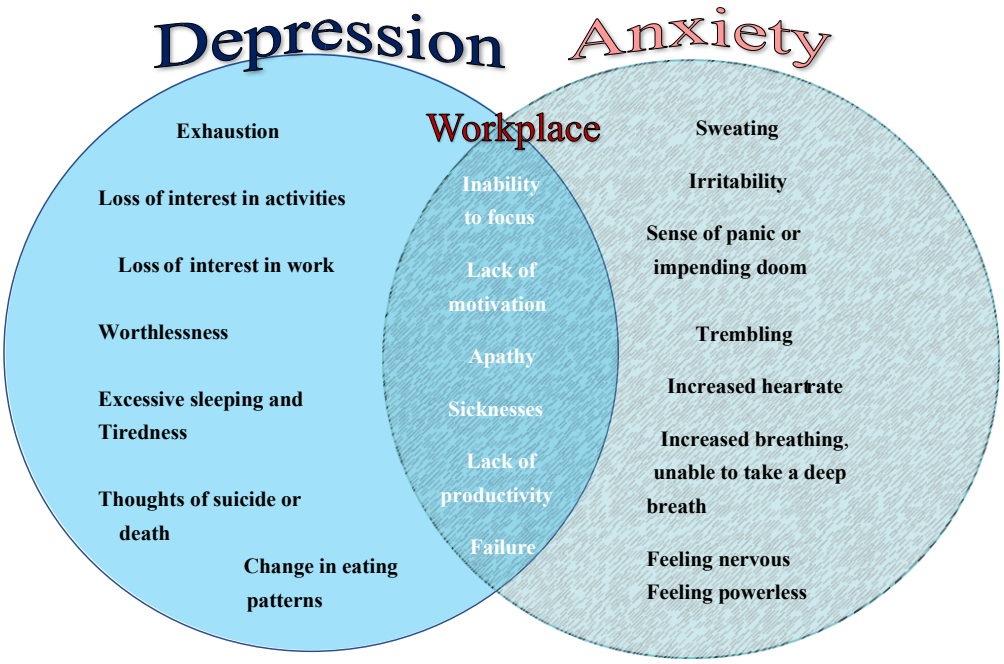
Cyr (2020) stated that the novel stressors associated with the COVID-19 pandemic may have a pronounced effect on death workers. COVID-19 deaths left deathcare workers little to no time for restoration or recovery. The study showed death work can negatively impact behavioral health by increasing the risks for compassion fatigue and distress. Cyr referred to compassion fatigue resulting from the physical and mental exhaustion and emotional withdrawal that results from the trauma of dealing with dying and death. Cyr included the COVID-19 constraints on group gatherings eliminated funeral services that served to process grief became another burden for funeral workers. The stress, frustration, and unresolved grief of the loved ones of deceased COVID-19 victims became the arrows of pain directed at deathcare workers. The emotional stress of unresolved grief had the potential to compromise the emotional health of deathcare workers. Deathcare workers stood in the gap between the deceased and the grieving families and took on the stress of their unresolved grief. The desolation of death and grief is a formula for compassion fatigue or secondary traumatic stress on the deathcare worker.

Tehrani (2004) examined how traumatic events effect the physiological and psychological well-being of the employees and psychological well-being of businesses. He described experiencing prolonged trauma and sustained death as a crisis causing anxiety and depression that can affect organizations as well as individuals. The detrimental effects of crisis can have inappropriate, even disastrous consequences. The research showed that a significant number of people exposed to traumatic events will

develop severe and possibly prolonged psychological damage (see Figure 9). Poor social support increases the impact of the trauma. Tehrani's (2004) study showed that the stress from the trauma produces anxiety disorders that can lead to physical damage caused by sleep disorders, exhaustion, somatic problems, gastrointestinal disorders, and respiratory illnesses. Stress is the precursor and companion disorder to burnout that is primarily emotional, producing helplessness, hopelessness, detachment, and depression.

Figure 9

Depression and Anxiety Resulting from Working with Constant Trauma



Note. Adapted from *Workplace Trauma: Concepts, Perceptions, and Interventions*, by N. Tehrani, 2004, Brunner-Routledge.

Tehrani (2004) articulated diffusing as a necessary component to address the stress of traumatic events. Diffusing involves the rapid reduction of the intense responses to traumatic events and a return to normalization as quickly as possible. The COVID-19 extreme death event was persistent in the daily deaths and presented no opportunity to

diffuse or reduce the trauma. Normalization could not happen until the pandemic is completely gone, so the trauma remains consistent. COVID-19 extreme death event had the elements that created and fostered trauma. There was extreme and persistent death, poor social support for the death industry that had little public attention. Death industry workers were the last responders in the COVID-19 extreme death event; however, the social support was directed primarily to first responders. That was a negative social message of neglect to funeral industry workers.

The *New York Times'* (2021) report provided evidence to Tehrani's research. The data showed spikes of death all over the country in 2020 and the increase in cremations and scale of death contributed to an epidemic of burnout in the funeral care industry. The report stated that many funeral workers left the business, and funeral industry revenues that were driven by funeral packages were decreased. The increased costs of the funeral event stemmed from funeral products and services that were not available under COVID-19 restrictions. Eschner (2021) wrote an article that quoted Steve Spann, president of Gupton College, which serves the mortuary business: "All funeral homes, I think, will determine that they took a pretty decent hit financially" (para. 7). Spann estimated the impact to be in the 20% to 30% reduction range. The data provided evidence that some funeral homes simply could not handle the impact and folded, leaving fewer resources to help bury the dead. The outcome was that there are just not enough people in the business to handle an impact such as COVID-19. Eschner (2021), in a *Fortune* magazine article, quoted Barbara Kemmis, executive director of the Cremation Association of North America, "But my funeral and cemetery directors and crematory owners are never listed in any of the 'Thank You, First Responder' messages

… and that hurts, the neglect is felt" (para. 4). The literature supports that the emotional and physical health of funeral industry workers were impacted by the 2020 COVID-19 extreme death event.

Contribution to Public Administration

The following literary sources support the necessity to include the health of funeral industry workers as part of government responsibility during a national health crisis. In addition, the literature shows a lack of efficiency and accountability if all the structural parts of dealing with death in an extreme death event are not considered.

Entress et al. (2021) called attention to the images of COVID-19 burials across the county. The researchers cited the drone footage image of mass graves being dug on Hart Island in New York City. The scale and level of death associated with this pandemic overwhelmed deathcare facilities in the United States, including hospitals, morgues, cemeteries, and death certificate processing. The report referenced and showed refrigeration trailers lining city streets and bodies that were stacked in warehouses processed by people in hazmat suits. These were the images of disease and death that showed a public health crisis that demanded the resources of federal, state, and local governments. Entress et al. argued that mass fatality management must focus on the government's responsibility to deathcare management, which includes the human death element, the grieving of families and the mental health of those who do the death work. The study indicated that the scope of the crisis and subsequent rising death counts must be managed through government health systems to designate mobile morgues, manage inventory, catalog remains, maintain operational continuity and security. A mass fatality event like COVID-19 is a situation in which the number of deaths overwhelm the

response capability of a community. During a mass fatality event, the community is unable to care for the dead and needs support from other entities, including the state and federal governments. A public health crisis must have public health governance in coordination with local public and private partners.

Ingram et al. (2018) confirmed that birth and death information are essential in identifying public health problems, monitoring progress in public health, informing the allocation of research and prevention funds, and conducting scientific research. Deathcare is an essential part of public health in a national health crisis. Each state is responsible for designating governmental oversight of the disposal of human remains and burials. In California, the California Cemetery and Funeral Bureau (n.d.) is designated to oversee funeral home operations, sanitation, storage, and disposal of remains in California. The California Health and Safety Code (1976) regulates cemetery standards to protect public health and safety. The Health and Safety Code prescribes standards governing all forms of burial, the respectful treatment of human remains, transportation of remains, sanitation, and standards for the protection of public health and safety. The standards apply to all cemeteries, public and private. The funeral industry and its processes of addressing human remains fall under the regulations of the California Health and Safety Code.

The Center for Infectious Disease and Research and Policy ([CIDRP], 2021) stated that preparing for mass fatality events requires local, state, and federal agencies to participate and collaborate at all levels within and among various agencies and organizations. COVID-19 created a mass fatality event requiring the collaboration and oversite of health agencies at both the federal and local levels in tandem with public and

private organizations in the business of death. This study examined how the 2020 COVID-19 extreme death event affected the health of funeral industry workers charged with the responsibility of dispensing with the human remains of those who died from COVID-19 infection. This study will contribute to the efficacy of public health.

The purpose of this qualitative phenomenological study was to analyze the effects of the 2020 COVID-19 extreme death event on the health of funeral industry workers and the subsequent possible impact on the overall funeral care industry. This study will contribute to public health efficacy during national health crises by researching the effects of the COVID-19 extreme death events on the health of last responders in the funeral care industry. The CDC (2020) identified funeral care workers as the last responders in a national health crisis. There has been little public health focus on those who work in the funeral industry who are the last responders (Feuer & Rashbaum, 2020). This research contributes an awareness to public health agencies that hold the responsibility to care for all those who work the frontlines of health crises.

The CDC (n.d.) confirmed the deadly infectiousness of COVID-19 and provided guidance and regulations for the funeral industry on proper protocols in handling infected remains during a pandemic. The guidance includes the following:

- Risk Assessment – the CDC states that the risks of contracting COVID-19 infection are greatest for persons who may be exposed to contaminated surfaces, respiratory droplets, or bodily fluids of COVID-19 decedents.
- Transport and Transportation – Deathcare workers must wear PPE to include complete coverage from head to toe when moving remains. Remains must be transported in a double-secured bag or wrapping that prevents leaking. Used body bags must be disposed of as designated by health regulatory agencies.

- Environmental – Personnel must regularly decontaminate surfaces. Embalming is not approved by the CDC for bodies who died from COVID-19. In places where infected bodies are crowded together, the virus infectiousness may be increased.
- Administration – Record-keeping is essential in tracking remains and assuring strict adherence to health and safety protocols. A national disaster-management plan should always include a mass-fatality response that includes multiagency communication and coordination strategies. The plan should include legislation on various authorities' responsibilities to assure reporting lines and safety standards are followed.

The CDC (n.d.) reported that the excessive deaths from COVID-19 have increased the handling of dead bodies by deathcare workers. The findings indicated that the virus may have been present in the infected remains of those who died by COVID-19. (It was not yet conclusive that the remains of infected bodies did not transmit the virus.) The CDC indicated that the deathcare profession is one that is high-risk for contracting COVID-19, and it will continue to gather data and monitor the COVID-19 outcomes in the industry.

The NFDA (n.d.) designated that the death industry has a responsibility to public health in caring for decedents in a national health crisis and extreme death event like the COVID-19 pandemic. The NFDA instructs funeral directors to coordinate with the CDC, FEMA, and local health agencies in the care and treatment of infected remains. There are multiple layers of government oversight that extend from the federal government to local regulatory agencies that coordinate all activities that direct death processes. The

information the funeral industry contributes to public health is crucial in assisting public health in protecting communities in extreme death events.

Ronquillo et al. (2020) provided a cross-sectional study of COVID-19 cases and deaths that contribute to the effectiveness of national preparedness through the stages of a pandemic. The study confirmed that the coordination and communication of all public and private agencies involved in all aspects of a pandemic are necessary. The research stated that the FDA is responsible for regulating medical devices, tests, sanitizing products, and ventilators. The data derived from hospitals and the funeral industry contribute to the regulation of medical devices and sanitizing products. The study stated that future research will leverage the information from all data sources and integrate pandemic reports from various agencies and outlets. Ronquillo et al. (2020) stated that deathcare workers perform labor that has emotional, moral, social, and public health value. The job of burial, managing the relationship between the living and the dead and reconciling the process of death is the responsibility of the deathcare industry and is a public good that helps to address the function of dealing with diseases. The research into the effects of the 2020 COVID-19 extreme death event informs government agencies on preparing for future events that pose a death risk to public health. The research addresses personal safety among death industry workers and helps to build protective measures needed to keep workers safe.

Extreme Death Event Questions and Future Research Opportunities

There is little information about how extreme death events affect those responsible for burials—funeral industry workers in national health crises. COVID-19 created an extreme death event. The funeral industry has had to deal with other extreme

death events though those did not rise to the level of the number of deaths from COVID-19. Brooks (2021) noted that the funeral industry workers were not given the public focus and attention that first responders received. By gathering the information on extreme death events and the effects of COVID-19 deaths on first responders, comparatively, Brooks' research helps to understand the effects of the death event on last responders. This research study asked what has not been asked of workers in the funeral industry during the COVID-19 extreme death event, "Has your health been affected by the COVID-19 extreme death event?"

The weakness of this research is in the time that has passed since the height of the pandemic. Time may have changed the intense feelings present a year ago when the death rates were high. Additionally, because the industry has reported high turnover, the number of local individuals who were present during the height of the pandemic has decreased. However, the literature referenced in this study contributes to understanding the phenomenological experience of deathcare work, which is a necessary component of public health in an extreme death event. COVID-19 extreme deaths have lessened because people have been getting vaccinated. However, the new Omicron version of the virus continues to infect individuals, and funeral homes continue to bury COVID-19 victims.

Funeral industry workers are a part of the responsibility of the public health department. Funeral industry workers represent the "end state" (CDC, 2020) of the disease as thousands of individuals succumbed to the illness. However, end-state workers were underrepresented in the focus and concern for those caring for infected

persons. This study is intended to highlight the responsibility of public health officials to address concerns of all responders, first and last, in a public health event.

The literature in this study builds a story that weaves the theme of death journeying throughout the United States, devastating communities, industries, and people. The literature explains how COVID-19 is a health pandemic causing extreme illnesses and death. Federal and state public health agencies have the responsibility of addressing life and death during a pandemic. The literature provides a report of the effects of COVID-19 extreme death events on the health of funeral industry workers. The story examines the extreme death phenomenon and its relationship to public health and how the COVID-19 extreme death event affected the health of funeral industry workers. The study applied TMT and compassion fatigue theory to understand the psychological effects of facing and enduring death. The resulting research helps to discover areas in which there is a lack of literature addressing the impact of extreme death events on funeral industry workers.

Entress et al. (2021) confirmed that coordination between government agencies and different levels of government is even more important during emergencies because there can be death surges that cannot be managed by local agencies. The inefficiencies in managing the impact of extreme death events must be addressed through communication and collaboration of all government and local agencies. The 2020 COVID-19 extreme death event overwhelmed all emergency response and health systems, which is evidence that agencies were not prepared. Poor deathcare planning during emergencies can have dire consequences on the government and society as a whole.

Further research may include how cultural and community support can help support death industry workers by understanding that the ultimate burden of mass casualty victims falls on death industry workers. Managing extreme death events must not stop at the hospitalization. Management of extreme death events must include an examination of the experience of death through the terror management and compassion fatigue lenses. The examination of the death experience must extend to the burial of the remains in consideration for those in the deathcare work who process every aspect of death and burial. The additional area of concern is that the grief that families experience at the time of death of a loved one cannot be addressed during a national health crisis and extreme death event. The burden of families' unresolved grief is thereby placed on the death industry workers. This burden adds more stress and anxiety to the death industry worker whose job in normal times is to help alleviate grief that they now, cannot "touch," in a pandemic. The unresolved grief is not only carried by the families, but the grief also becomes part of the disease and death that is ultimately carried by the death industry worker.

CHAPTER 3: METHODOLOGY

Purpose Statement

The purpose of this qualitative phenomenological study was to analyze the effects of the 2020 COVID-19 extreme death event on the health of funeral industry workers and the subsequent possible impact on the overall funeral care industry. The Centers for Disease Control and Prevention ([CDC], n.d.) stated that government health agencies have the responsibility to address the critical issue of all citizens' health and those of essential workers who respond to national health crises. This study assesses public health efficacy in caring for essential death industry workers. This research examines the effects of the COVID-19 extreme death event on the health of last responders in the funeral care industry. Funeral industry workers, who are the last responders, had to respond to an excessive number of deaths, work long hours, address the unresolved grief of loved ones, and work with the fear of contracting COVID-19. The CDC (2020) identified funeral care workers as the last responders in a national health crisis. There has been little public health focus on the funeral industry, the last responders (Levin, 2021). This study contributes to the work of public health in protecting and improving the health of people and their communities. It calls for public health to be aware of the responsibility to address the needs of all individuals who work in crisis situations including those in care of the deceased.

Research Questions

The presumption that the 2020 COVID-19 extreme death event may have influenced the health of funeral industry workers formulated the research questions:

1. How has the 2020 COVID-19 extreme death event affected the health of funeral industry workers?
2. How has the 2020 COVID-19 extreme death event affected the funeral industry?

Death is the primary theme of this study. The supporting elements to help examine the theme of death in this study are the pandemic that was the source of deadly infections and extreme death events, individuals who work in the death industry business, and the impact of extreme numbers of infected remains that death industry workers encountered during the 2020 COVID-19 extreme death event.

Terror management theory (TMT) provided a theoretical framework for this study to understand the impact of death and the impact that the fear of death impresses upon the mental health and emotional well-being of individuals. TMT postulates that the consequences of the higher volume of work during the COVID-19 extreme death event presented the possibility for mental health crises, physical and emotional burnout, higher rates of stress, depression, fear, and anxiety disorders (Pyszczynski et al., 2021). In addition, Pyszczynski et al. (2021) stated that TMT fosters questions about an intolerable number of daily death occurrences in the lives of deathcare workers. Those questions center on the amount of protection workers needed to be safe, uncertainty and fear of contracting the virus from handling infected remains, and where and when was relief from extreme deaths going to come? Consequently, it is fair to also ask how is the emotional intolerance of extreme daily death occurrences manifested in the work and the health of death industry workers? By using the data to explore the answers to these questions, the content of this study provides information essential to understanding the

scope of COVID-19's extreme death effect on funeral industry workers. The overall benefit of this study is to increase the efficiency of the public health system.

Research Design

Vogt et al. (2012) instructed investigators to use the research design that best ascertains the most usable knowledge and avoid research designs that narrow the scope of information. Vogt et al. stated that the foundations of conversations provide the most effective method of examining experiences and the impact of a shared phenomenon on the individual experiences. Rowley (2002) stated that case study design uses interviews, observation, or records to understand a single person, group, or phenomenon in-depth. Consequently, this project used a case study research design that provided the structure for analyzing the COVID-19 extreme death phenomenon on the health of funeral industry workers. This phenomenological study called for interviews, via the case study design, to capture the experiences of funeral industry workers in a specific period in time.

The method is qualitative methodology that was described by Grossoehme (2014) as "the systematic collection, organization, and interpretation of textual material derived from talk or conversation" (p. 109). Grossoehme indicated that qualitative methodology is used in the exploration of meanings of social phenomena as experienced by individuals in their natural context. Creswell (2014) affirmed that a phenomenological approach addresses the lived experience of the participants who have all undergone the same phenomena. The 2020 COVID-19 extreme death event is the phenomenon experienced by funeral industry workers. It is the lived event that must be captured in the expressions and language describing the contents of the experience. The questions about the effects of the 2020 COVID-19 extreme death experience can only be answered in the dialogue of

face-to-face interviews describing the knowledge of the phenomena. A quantitative approach does not facilitate the essential information communicated with words, expressions, and personal interaction through interviews. A quantitative method does not provide the platform to build the data that answer the research questions.

This phenomenological research study is organized in this chapter by the following:

- Explanation and reason for choosing this particular method;
- Identification of the participants;
- Research instrument: face-to-face interview questions;
- Report of when, where, and how the data were collected;
- Restatement of the research question; and
- Analysis of the data.

Population

The population included 20 adult male and female participants recruited from the Los Angeles area funeral home, Forest Lawn Memorial—Parks & Mortuaries, and affiliates, one of California's most established funeral care facilities that has franchises across the United States. In 2020, Los Angeles County had a saturation of deaths that designated the area as one of the leading areas of COVID-19 infections and deaths across the country. This study examined funeral industry workers in Los Angeles County and provided insight into other funeral industry workers in other counties across the country.

This researcher obtained permission to interview participants from funeral home management. Participants were interviewed individually in Zoom video and face-to-face recorded interviews. The participants were given a description of the research project

and written assurance that they would remain anonymous. The participants were assured that the project focused on the health of death industry workers. Public health is responsible for protecting and improving the health of people and their communities. Public health is responsible for researching disease and injury prevention and detecting, preventing, and responding to infectious diseases. Overall, public health is concerned with protecting the health of entire populations. The participants were encouraged that their voices are essential in assuring public health attention to their conditions during an extreme death event. The participants were also given written confirmation that their names would not be used, and they could withdraw from the interview at any time. There was a risk that funeral industry workers remembering and talking about their experiences of the extreme death event, in 2020 at the height of COVID-19 deaths, could have caused discomfort and/or anxiety. This researcher was able to consult with the funeral counselor who works at the funeral home to be available to help address any psychological distress that may have arisen because of the interviews. The counselor was not present in the interviews and did not listen to the interviews but could have been called to address any emotional distress an interviewee may have experienced. Additionally, this researcher is a minister and military chaplain with a background in grief counseling. This researcher's experience as a military chaplain served to help the participants feel comfortable in responding to the interview questions. There were no signs of participant distress that warranted the help of a counselor.

The interviews investigated the COVID-19 phenomena experienced by funeral industry workers. The study researched the individual experiences of funeral industry workers to identify group or personal characteristics that resulted from the COVID-19

extreme death experience. The participants' ages were unknown; however, their years of experience in the funeral industry ranged from 4 years to 33 years of experience. The participants were identified as employees who were not in vulnerable population groups who required special accommodations to address disabilities, but who were working adults at the time of the COVID-19 extreme death event. They freely consented to the interviews.

Sample

The scope of this research focused on funeral homes in Los Angeles County, which, at one point, had one of the highest COVID-19 death rates in the nation (Fernandez, 2021). Table 1 captures data from a Johns Hopkins University 2022 study that recorded the numbers of COVID-19 deaths per county. The evidence shows Los Angeles County with the most COVID-19 deaths of all the counties in the United States.

With almost twice as many deaths as the county with the second-highest number of COVID-19 deaths, Los Angeles sets the scope for this study with a broad landscape of COVID-19 deaths and death industry workers. Sampling Los Angeles County, with local participants who had been engaged in COVID-19 deaths in 2020 at the height of the death event, provided a perspective of what the funeral care industry has endured nationwide.

COVID-19 was a public health emergency encompassing physicians, nursing professionals, and first responders to help care for the many who contracted this potentially deadly disease. Brooks (2021) stated that the first year of the pandemic in 2020 caused an extreme death event by the number of people who perished from the disease across the United States. The NFDA (n.d.) indicated that the COVID-19 disease

Table 1

Chart of Data Compiled From Johns Hopkins University 2022 COVID-19 Study

Rank	U.S. counties	COVID-19 deaths
1	**Los Angeles, CA**	**33,730**
2	Maricopa AZ	17,956
3	Cook, IL	14,817
4	Kings, CA	13,398
5	Queens NY	12,387
6	Miami-Dade, FL	11,648
7	Harris, TX	11,316
8	Clark, NV	8,991
9	Wayne, MI	8,455
10	San Bernardino, CA	8,106
11	Bronx, NY	8,019
12	Orange, CA	7,459
13	Dallas, TX	6,927
14	Riverside, CA	6,543
15	Bexar, TX	6.337
16	Broward, FL	6,307
17	Tarrant, TX	6,117
18	New York NY	5,736
19	Palm Beach FL	5,535
20	San Diego CA	5,498

Note. The data in this tracking study are used to understand the scope of COVID-19 infections and deaths, inform the public, and help policymakers to improve care and save lives. Adapted from "COVID-19 United States cases by county," by Johns Hopkins University Coronavirus Research Center, 2022 (https://coronavirus.jhu.edu/us-map).

deaths impacted burials. Human remains were crowded into storage as funeral care workers struggled to keep up with the number of deaths or number of burials/cremations. However, there was little focus on the excessive number of deaths and grief affecting those in the business of death. This researcher found an adequate amount of information

on COVID-19 as a public health concern. Highlighting the experiences of Los Angeles County funeral industry workers during the height of COVID-19 deaths in 2020 serves as a representation of what may have been experienced by funeral industry workers across the country.

Instrumentation

Brinkman (2013) stated that individuals are naturally conversational, and conversations provide a rich and indispensable source of knowledge of the personal and social aspects of people's lives. Rudestam and Newton (2015) confirmed that the instrument of choice for the qualitative researcher is the human observer. The questions were constructed to allow the participants the ability to give their individual interpretation of the experience. Their responses produced significant details in support of the research questions about how they felt, what they experienced, and the effects of the COVID-19 extreme death event on their overall lives.

The comprehensive questions allowed the sample population to give their perspective on their lived experiences while working in the funeral home during the COVID-19 extreme death event. Their responses to the specific questions were the data for this research that provided insight into the COVID-19 extreme death phenomena and how to better safeguard deathcare workers in a pandemic.

Each participant was asked to say and spell his or her name and then respond to the following questions:

1. Please share your background working in the deathcare industry.
2. Discuss how working with death makes you feel.

3. Discuss any feelings of fear or anxiety you may have had while working in an environment of death.
4. Discuss how you felt having to process the remains of infected COVID-19 victims.
5. How did you protect yourself in an environment of victims who died from an infectious disease?
6. Describe your thoughts and feelings about working with the families of those who died from COVID-19.
7. Discuss emotional or physical experiences you may have endured during the 2020 COVID-19 extreme death event.
8. How was your work impacted by your emotional or physical experiences during the height of the COVID-19 extreme death event?
9. Discuss what you could have done differently during the 2020 COVID-19 extreme death event.
10. What would you like to share with public health officials about your work during the 2020 COVID-19 extreme death event?

Data Collection

The data were collected and recorded via individual Zoom interviews or, tape recoded, to accommodate the participant's choice. The data responses were documented to produce a comprehensive narrative of the feelings and experiences of the funeral industry workers. This narrative provides insight into the effects of the COVID-19 excessive death event on the mental and physical health of the funeral industry workers.

Additionally, the interviewees' stories explained how the workers felt about their jobs and how performance and efficiency were affected.

The data collection strategy was to schedule two participants per week to do recorded face-to-face Zoom interviews of not more than 1 hr over 15 weeks. The content of the interviews was a series of 10 questions that enabled the participants to supply specific answers but allowed them the opportunity to expound upon their responses if they chose. In addition to the recorded dialogue, the researcher took note of the following:

- Facial expressions and physical manifestations as the participants moved through the interview;
- Eye contact;
- Zoom camera on or off;
- Atmosphere/location;
- Disposition or motivation to share information;
- Areas of difficulty;
- Duration of the interview.

Participants were given the option to keep their cameras off if they chose not to be viewed during the Zoom session; however, none of the participants requested to turn the cameras off. This researcher assured each participant in this study that their names and images would not be divulged and their confidentiality would be maintained.

Data Analysis

Creswell (2014) stated that qualitative data collection must include simultaneous data analysis that involves classifying the events, properties, and characteristics. The

compiled data identified patterns and themes that emerged from the individual narratives. The data were put into a document that captured the narratives describing the experiences of each participant who had to deal with the COVID-19 extreme death event. The data were entered into a coding software platform to identify themes and patterns that emerged from the interviews. In addition, coding revealed other aspects of the study that were not considered; the influence of fears generated by cultural background was one such aspect. The concluding process of the data analysis was to understand and explain the patterns and themes of the study. There was no additional follow up with participants, by this researcher; however, funeral home managers and administrators may want to address the issues that arise from this study.

Limitations

This researcher could find very little information about how extreme death events affect funeral industry workers responsible for burials and disposal of remains during national health crises. COVID-19 created an extreme death event. The funeral industry has had to deal with other extreme death events though none rise to the level of the number of deaths from COVID-19. By gathering the information on extreme death events and the effects of COVID-19 deaths on first responders, the researcher was able to use that information comparatively to apply to last responders. Brooks (2021) noted how the funeral industry workers were not given the public focus and attention that first responders received. This research study asked what has not been asked of workers in the funeral industry during the COVID-19 extreme death event: "What is your experience; how have *you* been doing?"

One of the limitations of this research is in the time that has passed since the height of the pandemic. Time may have changed the intense feelings present in 2020 when the death rates were high. Additionally, because the industry has reported high turnover, this researcher was concerned that there may not have been enough local individuals who were present during the height of the pandemic to be interviewed. The researcher was prepared to expand the geographic pool to other municipalities to provide the desired sample participants. However, there were enough participants willing to be interviewed.

Summary

The scientific merit of this study is to contribute to public administration by highlighting the needs of last responders that should be addressed during a pandemic and a subsequent extreme death event. The study is intended to aid the public health system in addressing the needs and concerns of the underrepresented individuals who work in the deathcare industry. Responsibility and representation are essential to the functions of public administration that contribute to the efficacy of the discipline. This study will contribute to more efficient practices that address the health of all those who work on the front lines during a national health crisis.

CHAPTER 4: RESEARCH, DATA COLLECTION, AND FINDINGS

Overview

Fernandez (2021) reported an investigation into a Los Angeles funeral home where rooms were crowded with bodies in zippered bags, cardboard boxes, and racks of bodies covered in sheets. The workers disclosed that death filled every corner of the building with silent despair that surrounded them. The extreme and constant death was traumatizing. Fernandez stated that funeral industry workers who could afford it sought therapy to address the trauma of dealing with the excessive numbers of dead bodies day after day while trying to provide solace for the displaced grief of the families of COVID-19 victims. Additionally, the newspaper reported that the funeral workers saw their colleagues fall victim to the disease, and some workers died. The deathcare industry, including funeral workers, spent each day in 2020 working with the stress and fear of contracting COVID-19 and dying themselves. This researcher is interested in the health conditions of funeral industry workers, who were the last responders in the COVID-19 extreme death event. The funeral industry workers got minimal public attention for their work but displayed no protests for lack of awareness.

Purpose Statement

The purpose of this qualitative phenomenological study was to analyze the effects of the 2020 COVID-19 extreme death event on the health of funeral industry workers and the subsequent possible impact on the overall funeral care industry.

The Centers for Disease Control and Prevention ([CDC], n.d.) is responsible for addressing all citizens' health and the health of essential workers who respond to the national health crisis. This study contributes to public health efficacy during national

health crises by researching the effects of the COVID-19 extreme death event on the health of last responders in the funeral care industry. The CDC (2020) identified funeral care workers as the last responders in a national health crisis. Levin (2021) confirmed that there has been little public health focus on the funeral industry, the last responders. This research will contribute to public health and government agencies' awareness of their responsibility to care for all communities, especially those essential workers on the frontlines of health crises.

Research Questions and Theoretical Framework

This research study posed two questions:

1. How has the 2020 COVID-19 extreme death event affected the health of funeral industry workers?
2. How has the 2020 COVID-19 extreme death event affected the funeral industry?

The data from this study answered the research questions and confirmed that the COVID-19 extreme death event had deleteriously affected funeral industry workers' health and adversely affected the revenue of the funeral industry.

The COVID-19 pandemic was a phenomenon of death that overwhelmed the country, communities, and all systems that govern American life. All businesses had to shut down, except those that were essential: those that provided public safety, food, medical services, and those that dealt with death.

The processes of deaths and burials were dramatically affected, and the experience of funeral industry workers was an extraordinary and unique story to their industry that required their voices to tell. This researcher chose a qualitative methodology to examine this study by gathering data directly from the funeral industry

workers in interviews, and giving them a platform to describe their lived experiences during the COVID-19 extreme death event.

Qualitative research was the best methodology to collect this research and phenomenology was the best approach to address the commonality of the lived experiences of the funeral industry workers.

The phenomenological process supports the method of allowing the voices of the participants to provide direct data. The information the participants shared in their conversations answered the questions posed in this study. Phenomenology focuses on the essence of the described occurrence and examines how it functions in the lived experience. Peoples (2021) referenced Edmund Husserl as the principal founder of transcendental phenomenology, describing it as the ultimate foundation of beliefs of the world and human existence through an understanding of the framework of our consciousness. Roy (2010) quoted Edmund Husserl's explanation of phenomenology: "Any phenomenological description is to be performed from a first-person point of view, to ensure that the respective item is described exactly as is experienced, or intended, by the subject" (p. 134). This phenomenological study of funeral industry workers used first-person interviews to capture the words, body language, emotions, and experiences of the participants.

Research Methods and Data Collection Procedures

The research participant population was a random sample of 20 funeral industry workers who were employed in Los Angeles County area funeral homes in 2020 during the height of the COVID-19 death event. Los Angeles County Public Health Department (2021) reported Los Angeles County as one of the leading areas of COVID-19 infections

and fatalities across the country. The Johns Hopkins University study reported Los Angeles County with the highest number of COVID-19 deaths of any county at 33,483, almost twice as many as Maricopa County, Arizona, which had the second highest number of deaths in the nation, with 17,865 (Johns Hopkins Medicine, n.d.). Because Los Angeles County had such a substantial number of deaths, it presented a significant representation of the experiences of the funeral industry across the United States.

The CDC addressed the infections and resulting deaths day-by-day, adjusting guidelines as the virus grew and claimed more victims. The CDC began collecting data and issuing guidelines in early 2020. The monthly updates and guidelines were the following:

- January 2020, the CDC confirms the infectiousness of the 2019 novel coronavirus. The World Health Organization (WHO) finds evidence of human-to-human transmission of the virus.
- February 2020, the WHO officially names the 2019 novel coronavirus outbreak: "COVID-19." The CDC announces that states need to brace for school closings, workplace shutdowns, and to cancel public events and gatherings. The CDC and Washington Department of Public Health report the first American COVID-19 death.
- March 2020, the CDC creates a hospitalization network to track hospitalizations and deaths associated with the virus. CDC urges residents to refrain from all nonessential domestic travel.
- April 2020, the CDC announces mask wearing mandates, summarizes weekly data on COVID-19 hospitalizations, deaths, and testing. The death rate in the

United States totaled 18,600, and the infection rate totaled 500,000 putting the United States in the lead, worldwide, of COVID-19 infections and death. As the pandemic grew, personal protective equipment (PPE): gowns, eye shields, masks, and even body bags were essential to first responders and hospital workers. The federal and state government provide funding for PPE for hospital workers.

- May 2020, the U.S. Labor Statistics report that the unemployment rate in the United States is 14.7% with hospitality, leisure, and health care industries taking the greatest hit overall, affecting essential workers and first responders. The recorded death toll from COVID-19 in the United States was 100,000.
- June 2020, the CDC releases guidelines for COVID-19 testing and prevention for nursing homes, long-term care facilities, and food production facilities.
- July 2020, the Trump Administration directs hospitals to stop sending information about COVID-19 hospitalization rates, equipment shortages, and deaths to the CDC. The CDC releases guidelines and resources for school administrators, teachers, parents and caregivers to slow the spread of COVID-19 in school environments.
- August 2020, COVID-19 becomes the third leading cause of death in the United States, exceeding 1,000 deaths per day and a nationwide infection rate of 5.4 million.
- September 2020, the CDC releases data that showed that because of concerns and unclear COVID-19 guidelines, an estimated 41% of American adults had delayed or avoided seeking medical care, which may have increased the death rates. The

death toll from COVID-19 reaches 200,000 in the United States and more than 1 million worldwide

- October 2020, the CDC updates its "How COVID-19 is Spread" guidelines acknowledging that it is an airborne virus.
- November 2020, the CDC recommends that Americans stay home for Thanksgiving as the United States exceeds 11 million cases of COVID-19.
- December 2020, the CDC records the highest number of drug overdose deaths in a 12-month period in the United States, more than 81,000. Additionally, the recorded death toll from COVID-19 in the United States surpasses 300,000 (CDC, 2022).

The CDC 2020 timeline includes reports, updates, and health department COVID-19 guidelines for essential personnel, schools, public and private businesses. The CDC did not address the infectiousness of the deceased remains of COVID-19 victims or how to bury them. And there were no guidelines on how funeral industry workers were to protect themselves. The timeline of CDC COVID-19 guidelines and concerns did not refer to the funeral industry at all.

The National Funeral Directors Association ([NFDA], n.d.) addressed the CDC COVID-19 contagion protection guidelines they had received from local health departments and noted that there were no specifications for the funeral industry. The NFDA informed funeral homes to prepare site-specific protection plans, train employees on COVID-19 prevention, implement symptom screening, implement health department protocols and standards, and assess the capacity of local transportation, storage, and processing. The recording of over 300,000 COVID-19 deaths in 2020, alone,

notwithstanding deaths from other causes, proves that this study is a benchmark that the NFDA could use to initiate future policies for the safety and well-being of the last line of responders.

Because of the pandemic, the cremation rate in the Los Angeles metro area rose 60% in 2020, as reported by the NFDA (n.d.). California led the nation with 225 crematoriums. Los Angeles County has 28 crematoriums.

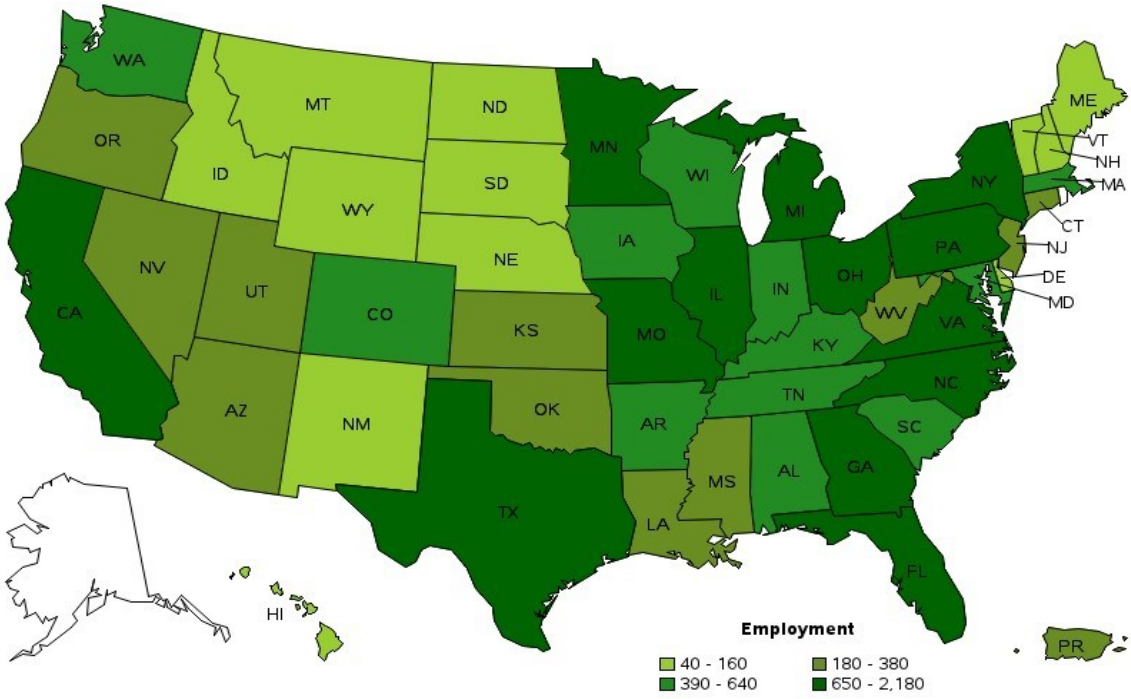
Figure 10 is a chart from the U.S. Bureau of Labor Statistics (2021) depicting the number of funeral homes across the country. California has the most funeral homes, totaling 2,180. California funeral homes include traditional and green funeral providers and green burial cemeteries to provide reimagining disposition alternatives for a greener future (Marsden-Ille, 2021).

Wong (2021) reported that environmentalists have for years called for limits on cremations, which studies have shown release toxic mercury emissions from dental fillings; most crematorium permits include a monthly cap on cremations because of environmental regulations. Wong reported that more than 2,700 bodies were being stored at local hospitals and the county coroner's office in January 2021. At the request of the Los Angeles County Coroner's Office and the Los Angeles County Department of Public Health, both of whom confirmed that the backlog of dead bodies was in itself a threat to public health, the South Coast Air Quality Management District was forced to enact an executive order suspending limits on cremations. Los Angeles County has 28 crematoriums that began to operate around the clock to address the surge of the deleteriously COVID-19 deaths as stored remains were released for disposition (see

Appendix C for additional information on the effects of the COVID-19 extreme death event on burial trends).

Figure 10

Chart of Funeral Homes in the U.S.



Note. From "Occupational Employment and Wage Statistics, May 2021: 39–4031 Morticians, Undertakers, and Funeral Arrangers," by U.S. Bureau of Labor Statistics, 2021 (https://www.bls.gov/OES/CURRENT/oes394031.htm).

All funeral industry workers across the country had a shared experience dealing with an overwhelming number of deaths during the COVID-19 crisis. Qualitative phenomenology was the chosen methodology to examine the data in this research. Creswell (2014) affirmed that a phenomenological research design records individuals' lived experiences within the related phenomena. This research study of funeral industry workers was specific to individuals who may have diverse backgrounds but have shared

the same phenomenological experience. Qualitative phenomenological interviews are most suitable for this study to gather rich data through the participants' voices. Participants shared empirical information based on their experiences and observations and conceptual data based on the increased numbers of daily deaths and the residual effects of grief.

In addition, qualitative interviews allowed the participants to memorialize their everyday experiences, mental and physical health effects, and feelings about the deathcare industry. The phenomenological research process must be applied without the researcher's influence on the data. Creswell (2014) explained that bracketing (or separating) preconceived thoughts is necessary for phenomenological research to mitigate the impact of the researcher's preconceptions. Bracketing also protects the researcher from the cumulative effects of examining what may be emotionally challenging material.

This researcher applied bracketing by suspending personal knowledge of the phenomena and being in the present experience with the interviewed participant. This process was not burdensome because the experiences of the participants were unique to each one; however, their answers to the questions reiterated the same themes because their experiences were all tied together to the phenomenon. The individual experiences and the recurring themes they iterated supplied the answers to the research questions of this study.

This researcher created a process for a random sampling of funeral workers to participate, allowing an equal chance for any member of the population to be included. Twenty participants volunteered from Forest Lawn Memorial Parks and its affiliates, one

of California's most extensive funeral care facilities. The participants all worked at the funeral home in 2020 during the COVID-19 extreme death event.

Permission to interview participants was obtained from Forest Lawn Memorial Park management; however, participant names were not made known to funeral home management to assure participants that their information would be confidential and they would not be influenced by management in any way. Participants were given a description of the research project and written assurance that they would remain anonymous. Each of the 20 participants was interviewed individually. Fourteen participants were interviewed electronically via Zoom; four participants preferred phone interviews; and two interviews were face-to-face with this researcher. The phone interviews and face-to-face interviews were tape-recorded. The Zoom participants were provided the option to keep their identity confidential by keeping their cameras dark during the Zoom interview, and all participants could withdraw from the interview at any time. All 20 participants completed the interviews. All who agreed to be interviewed were happy to tell their stories about the extreme death event. There were some moments of discomfort when talking about the sadness of families. This researcher had spoken to the funeral home's certified grief counselor who expressed that he would be available to help any participant who may have had psychological distress while talking about their COVID-19 experience. All 20 participants completed their interviews, and none of them requested the service or support of the counselor.

Table 2 contains demographic information about the backgrounds and length of time the participants worked in the funeral industry.

Table 2

Chart of Participant Demographics

Participant	Gender	Years worked	Area of work	Interview type
P1	Male	30	Environmental compliance	Zoom
P2	Male	15	Grief counselor	Zoom
P3	Female	8	Funeral needs	Zoom
P4	Male	10	Funeral needs	Zoom
P5	Male	12	Funeral needs	Zoom
P6	Male	4	Marketing	Zoom
P7	Male	4	Museum director	Zoom
P8	Female	12	Embalmer/funeral director	Zoom
P9	Female	6	Marketing	Zoom
P10	Female	22	Embalmer/funeral director	Phone
P11	Female	8	Funeral needs	Zoom
P12	Male	10	Funeral needs	Zoom
P13	Female	30	Funeral needs	Phone
P14	Male	5	Marketing	In person
P15	Male	30	Embalmer	Zoom
P16	Male	20+	Funeral director	Phone
P17	Female	7	Counselor	Phone
P18	Male	12	Marketing	Zoom
P19	Female	26	Embalmer/funeral director	In person
P20	Male	33	Assistant director/transport decedents	Phone

The steps to interviewing the 20 participants were the following:

1. This researcher had to identify a funeral home that remained open during the COVID-19 extreme death that had the capacity to provide burials for grieving loved ones who had lost a family member to COVID-19.

2. This researcher had a previous discussion with the vice president of Forest Lawn Memorial Parks & Mortuary in Cypress, California. The vice president confirmed that Forest Lawn had six parks across Los Angeles County and that Forest Lawn stayed open in 2020 during the COVID-19 extreme death event.
3. The next step for this researcher was to send the Research Agreement to the Vice President of Forest Lawn Cypress. The Research Agreement identified this researcher and gave the title of the study, *The Effects of the 2020 COVID-19 Extreme Death Event on the Health of Funeral Industry Workers*. The agreement indicated that this researcher requested consent to interview workers of the Forest Lawn Memorial Park who had worked in 2020 during the height of the COVID-19 extreme death event. The agreement clarified that the interviews would all be confidential, and no participant names nor identities would be made public.
4. The vice president forwarded the Research Agreement to Forest Lawn Glendale. Both vice presidents responded via email consenting to the interviews.
5. This researcher created a flyer introducing the study, identifying that the study benefits the funeral industry, assuring the participants' confidentiality, and asking the individuals to directly contact the researcher via email or phone to schedule an interview. Twenty-five copies of the flyer were delivered to Forest Lawn Cypress, and 25 copies were delivered to Forest Lawn Glendale.
6. Forest Lawn management placed the flyers in the employee lunch areas where they could pick up the flyer anonymously and contact this researcher directly.
7. The employees contacted this researcher via emails and phone calls. The study was further explained to the employee via email or in a phone conversation.

Upon getting the employees verbal consent, this researcher sent the participants the invitation letter and Informed Consent describing the study, explaining the potential risks, assuring confidentiality, clarifying that there were no costs or reimbursements associated with the study and asking for the participant to sign and date the informed consent. The letter also stated that the participants would receive a 10-dollar Chick-fil-A® gift card upon completion of the interviews.

8. The consent forms were signed and emailed back to the researcher. Two of the consent forms were picked up by the researcher from the funeral home.
9. Upon obtaining the consent forms, this interviewer contacted each participant and scheduled the individual interviews based on the participant's requested time and type (Zoom, in-person, or phone call).
10. This interviewer created an excel spreadsheet with the names and de-identifying numbers of the Forest Lawn employees, the dates, times, and interview types.
11. Each interview began with this researcher informing the participant that the interview was anonymous. Participant names were not used. Each participant was de-identified with a number, and the participant could stop the interview anytime. Each participant understood that should they want to discontinue, their information would not be used, and all information they provided would be deleted.
12. Interviews were recorded at the convenience and comfort of each participant.
13. Participants received thank you cards and 10.00 Chick-fil-A® gift cards upon completion of the interviews. Thank you cards and Chick-fil-A® gift cards were personally delivered to the funeral homes for the individual participants.

The 20 individual interviews via Zoom, in-person, and phone were recorded in Zoom and on the interviewer's tape recorder. The Zoom recording electronically transcribed the interviews. This researcher manually transcribed the tape-recorded interviews. The transcriptions were analyzed by counting the numbers of times certain words and expressions were repeated and identifying those codes and themes that emerged in each interview. The analyzed data were manually coded and electronically coded. The codes provided the themes of the funeral workers' narrative of their 2020 COVID-19 extreme death event. The themes produced a comprehensive narrative of the feelings and experiences of the funeral industry workers. This narrative provided insight into the effects of the COVID-19 excessive death event on the mental and physical health of the funeral industry workers. Additionally, the interviewees' stories informed how the workers felt about their jobs and how performance and efficiency may have been affected. The questions focused on the experiences of the participants; however, the effects of those experiences directly influenced physical and emotional feelings.

The scientific merit of this study is the contribution to public administration by highlighting the health concerns of last responders during a pandemic and a subsequent extreme death event. The study aids public health systems in addressing the needs and concerns of the underrepresented individuals who work in the deathcare industry.

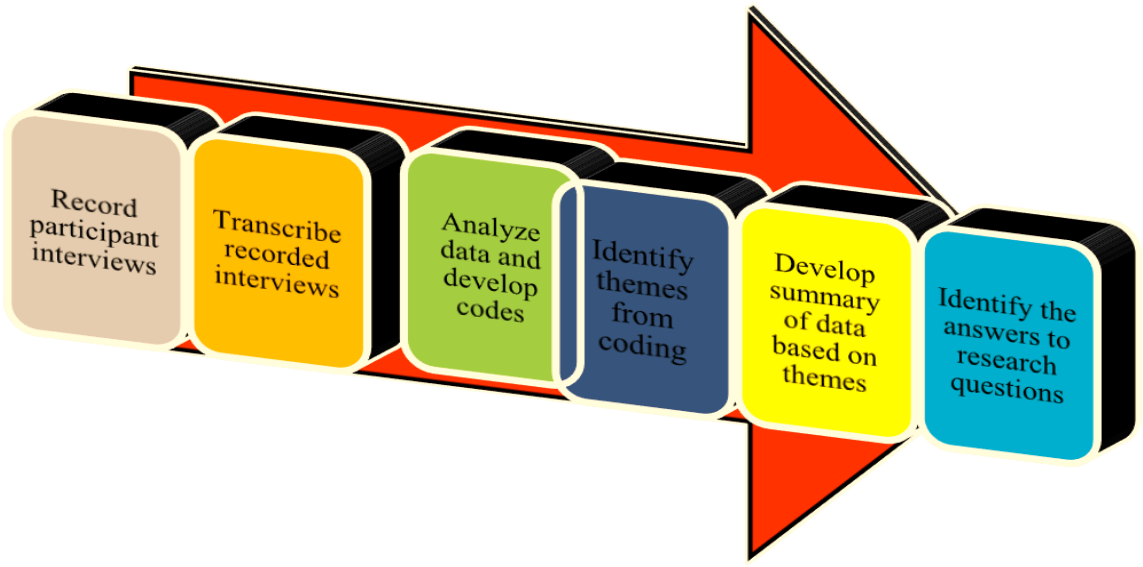
Responsibility and representation are one of the six pillars of public administration that contribute to the efficacy of the discipline. This study recorded the voices of the underrepresented and contributes to more efficient practices that address the health of all those who work on the front lines during a national health crisis.

Findings: Presentation and Analysis of Data

Brinkman (2013) indicated that the analysis part of the interview begins during the interview as the investigator is understanding and interpreting the interview answers. Transcribing the recorded conversation is part of the analysis process. Brinkman referenced transcribing the overlapping responses by the interviewees and the consideration of pauses, utterances, laughter, and "hums" to be included in the analysis. Rudestam and Newton (2015) indicated latitude in presenting data and conclusions in qualitative research. Figure 11 shows how the analysis process is guided from face-to-face interviews to transcription, analysis, and summary response to research questions.

Figure 11

Analysis Process



This report analyzed the interview answers of each participant as they described their 2020 COVID-19 extreme death experience in narration. Each interview content was

coded or categorized into the various topics and ideas found within the data. Coding helped to develop emerging themes and definitions shared by the participants. The diagram shows the visual relationships among the evolving concepts about COVID-19 extreme deaths and worker experiences and feelings. A summary statement was derived from the data demonstrating the relationships and consistencies. Analyzing the data provided context and answers to the research questions. The data demonstrated how funeral industry workers were affected by the extreme number of deaths during the 2020 COVID-19 pandemic and how the funeral industry business was affected.

With the exception of the first question, the following statements are samples of the direct quotes from the participants in response to the interview questions. The participants were not identified by name. This researcher identified them as Participant 1, 2, 3, etc.

1. Please share your background working in the deathcare industry.

This researcher noted that all employees had worked in the deathcare industry for at least 4 or more years. All had worked in 2020 during the COVID-19 extreme death event. They were embalmers, counselors, communication personnel, marketing personnel, and directors. Their work in the deathcare industry was essential.

2. Discuss how working in the deathcare industry makes you feel.

Participant 12 stated,

> "I am proud of the work we do. Our work helps people. I don't see the work as working with death. We work to help the lives of those living after death."

Participant 12 further stated,

"I much prefer to do a funeral than a wedding. … Nobody plans for the funeral to happen … until it does. We are essential. We provide a public service. I am proud of the work I do."

3. Discuss any feelings of fear or anxiety you may have had while working in an environment of death.

Participant 9 stated,

"Fear came from the cultural side, as Chinese, we are taught or we are accustomed to stay away from funeral homes and cemeteries as it is a place of bad luck, and you may accidentally bring ghosts home, so people are afraid of the death industry for those reasons … I was afraid but got used to it. But COVID-19 terrified me of dying."

Participant 10 stated,

"I came to realize my internal fear of death during this time, because I lost my dad, I was dealing with personal grief. I had the anxiety of 1100 employees and every other person who lost their loved ones."

Participant 7 stated,

"I literally had chest pains and sometimes I would wake up in the middle of the night. I suffered the most anxiety I ever experienced in my life. I had to go on blood pressure medication."

"We have a constant fear of letting families down. It was more pronounced during COVID because people were so traumatized. We did our best to address the stress, impatience, and anguish we were faced with from the families."

4. Discuss how you felt having to process or being around those who processed the remains of those infected with COVID-19.

Participant 18 stated,

> "My job is in marketing. My office is on the third floor of the beautiful Glendale location of Forest Lawn. When COVID hit, we had to order six refrigerator trucks to hold the overflow of victims who had died. I had never noticed smell of smoke from the crematorium before COVID, but at the height of the COVID deaths, the crematorium was running 24 hours a day. The smell of the smoke from the burning cremains came through the ventilation system. The burning smell was in my nose, in my clothes, in my hair. It was difficult to deal with the residual effects of the cremains … day … after day. It affected me emotionally. It affected my family as they could smell the smoke on me when I went home. I wanted it to be over."
>
> "We were beyond overwhelmed. We had to get trailers to hold people's bodies. Every inch of our building was filled. Our staff who had to go into people's homes to pick up deceased bodies were terrified, but they were covered and protected."

5. How did you protect yourself in an environment of victims who died from an infectious disease?

Participant 16 stated,

> "You know for me, that was no different than any other day and dealing with any other decedent who may have died from an infectious disease. … We have good

protocols. … We had good PPE to protect us … was more concerned about counselors who had to deal with families who may not have been vaccinated."

"I was afraid of any one of the staff getting COVID, not only do I care about them, and I don't want that to happen, but also because we couldn't afford to lose anybody because we're so swamped by this mass fatality incident."

"I was angry that people refused to mask … denied the virus. I wished I could show them how it killed people every day."

6. Discuss your thoughts and feelings about working with families of those who died from COVID-19.

Participant 5 stated,

"It was physically stressful and depressing, but we had to rise to the occasion and help the families to deal with their grief."

"We would do a burial for a family member and a few weeks later, the family would be back with another death. That was so hard to deal with."

"We had to remain professional, even as people were angry because they couldn't have a funeral, they couldn't say good-bye to their loved ones. They took out their frustrations on us."

7. Discuss emotional or physical experiences you may have had during the 2020 COVID-19 extreme death event.

Participant 13 stated,

"You don't ever get used to it. You feel like you have no feelings, but you have to remain porous. It is your defense against the anxiety."

"I couldn't sleep. I couldn't shut my mind down."

"I drank wine … and I hardly drink."

"I grind my teeth; I've cracked three molars."

"I gained weight. I know I ate because of stress."

"I felt powerless."

"It was beyond stressful. Staff contracted the virus and we had to cover for one another. There was a time when 90% of the staff had the virus. We were in utter chaos and panic trying to take care of people and one another."

8. How was your work impacted by your emotional or physical experiences during the height of the COVID-19 extreme death event?

Participant 3 stated,

"You are uncertain every day about everything. You are scared of the virus. I was afraid to go outside of my apartment and throw away the trash. I was afraid of losing my job because they told us to go home and work from home. I was afraid of everything. It affected my sleep and my stomach was upset."

"I was not getting enough sleep. I was drinking when I got home. We were working 16–20 hours a day. I needed counseling because I didn't know how to feel."

9. Discuss what you could have done differently during the 2020 COVID-19 extreme death event.

Participant 17 stated,

"I should have found ways to emotionally regroup, step away, but there was no process. We need a way to address our own emotions."

"We needed to embrace technology a little sooner."

"What we have learned is to be prepared for that which we never thought we would have to do—deal with mass deaths."

10. What would you like to share with public health officials about your work during the 2020 COVID-19 extreme death event?

Participant 16 stated,

"We kept going. We put one foot in front of the other and helped all who asked though no one paid us attention or gave us the support of first responders though we are as essential. Who else is going to bury people? I wish they would understand grief."

"Someone in public health needs to be dedicated to the funeral industry to coordinate with the funeral industry before decisions are made."

"Last responders are as important as first responders."

"Coordinate with the death industry on death certificates, burial permits and shipping permits for remains that must be transported out of the country."

Participants were encouraged to add any additional information that they would like to include that was not covered by the questions. All interviews were transcribed, and each line of the transcribed interview was examined manually, line-by-line, to identify codes that emerged directly from the voices of the participants. The codes organized the content of the interviews into themes. To further confirm the integrity of the data, this investigator imported the transcript documents into QDA Miner Lite, computer assisted qualitative analysis software. The assigned codes that were derived from the participant answers were added into the software so that it could identify themes and areas of common focus. The software examined the transcripts from the interviews

and matched the codes generated from the manual process. The software identified repetitive words in each interview relevant to the study. In addition to the emotional elements that emerged from the data, there was evidence that innovation played an essential part in the esteem the funeral industry workers experienced as innovation helped them to do their jobs in the forbidden zone of COVID-19. The software identified pride and esteem but did not link that to innovation because participants did not express that as a source of their pride the same way. The software validated the manual coding and themes that emerged from the data. However, the software does not recognize information that is communicated through nuances in facial expressions, ironic statements, or emotional expressions such as sighs or blinking back tears.

The qualitative coding categorized the data transcripts from the interviews and structured the themes accordingly. The data analysis as charted in Figure 12 showed the coding frequencies:

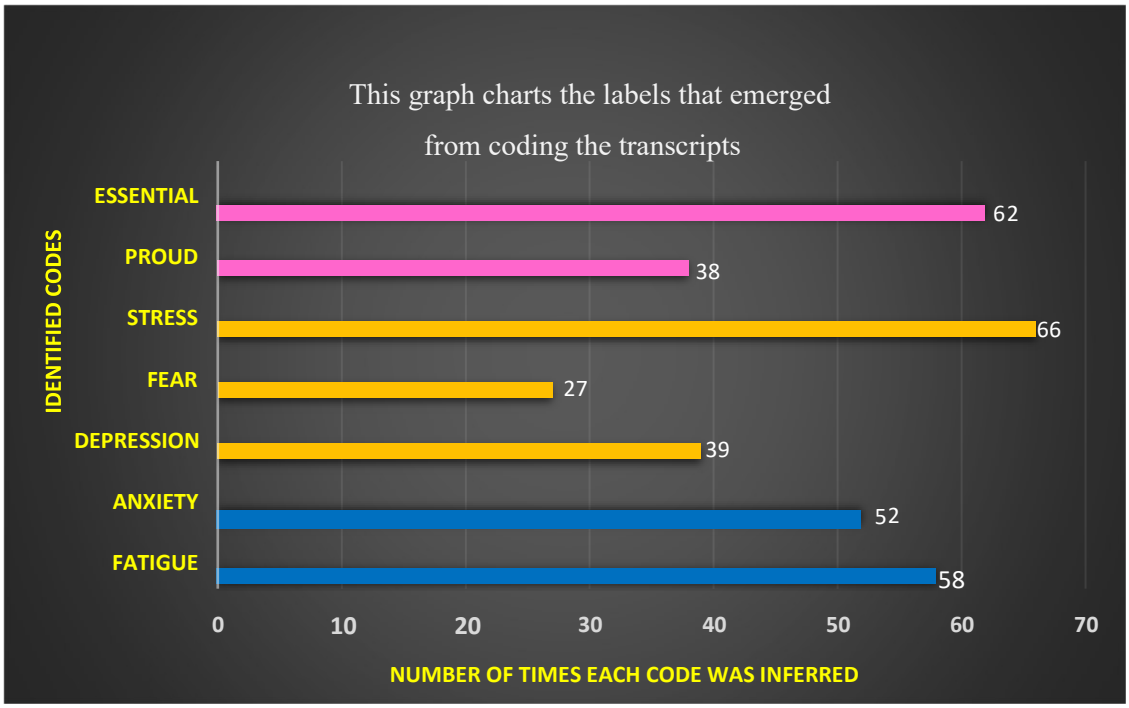
- Fatigue 58 times
- Anxiety 52 times
- Depression 39 times
- Fear 27 times
- Stress 66 times
- Proud of their work 38 times
- Feeling essential 62 times

The coded data were derived from the inductive analysis in Table 3 that captured the emerging themes from the interview. Inductive analysis was used to observe the participant interviews, read the transcripts, and consequently identify the emerging codes

from those observations. The codes labeled and organized the interview responses into contextual themes that explain the experience of the phenomena.

Figure 12

Data Codes



It is noted that this researcher invited all employees, who were willing, to participate in this COVID-19 study. Though four of the participants were licensed embalmers who worked with the remains, there was only one staff member who transported bodies who agreed to be interviewed. This researcher was told by one of the participating interviewees that much of the staff who transport the bodies and bury the remains have limited English and do not feel comfortable answering questions regarding their employment.

Table 3

Data Codes and Themes

Codes	Interview responses	Themes
Fatigue (Participants expressed exasperation with sighs and pauses.)	"I worked long hours, 7 days a week, I wasn't sleeping. Drinking wine to go to sleep. I had to see a therapist." "You can't do anything but try to get your head above water … and you have to step away … go outside for 10 minutes and listen to a bird sing to get some peace for a moment."	Physical unhealthiness because of exhaustion and sleeplessness. Because they worked such long hours, there was not time for exercise, self-care, or even time with their families. Those with children expressed how they could not spend time with their children.
Anxiety (Participants breathed heavily, some shook their heads or looked up for words to describe their anxiety.)	"Things were changing by the hour. It seemed the state would do one thing and the local county another. We were trying to comply but we weren't allowed to have funerals. There was so much confusion, and people refused to wear masks." "Some people said it's just the flu, it was made up, all fake … stuff like that and people were totally devastated by it." "We saw victims dying more and more each day."	Uncertainty and instability caused anxiety, worry and irritation. Anxiety caused a number of physical problems: high blood pressure, overeating, drinking too much, sleeplessness, and stomach problems.
Depression (Participants struggled to describe the sadness. Some had tears in their eyes. Some of their voices quivered.)	"Frustration, irritation, aggravation and depression because work went from being personal to being technical and impersonal." "We were used to providing comfort and in COVID, we could not." "It was heartbreaking." "For every death there are nine people who have an intimate relationship with that person where death impacts them significantly." "Just a time of utter sadness."	Sadness, vulnerability, and helplessness as the participants see continual deaths and grieving families whom they cannot comfort. They had no time for self-care, so the sadness was pervasive.
Fear (Most participants responded to this question boldly)	"We did universal precautions, so we were protected, but I worried about my family." "I was never afraid of working in an environment of death, but I was afraid for my family and coworkers contracting COVID. It was so deadly."	Participants feared for their own family members as they dealt with grieving families who could not say good-bye to their loved ones. But they had no fear of working in an environment of death.

Table 3 (*continued*)

Codes	Interview responses	Themes
Stress (This question generated tears and exasperation to find the words to describe the stress.)	"We had to get refrigerated containers to store the remains. There were so many dying and people denying the virus, refusing to wear masks … things were changing by the hour and it was so stressful." "When families called, I had to beg them for patience. 'Please be patient, nothing is normal these days.' Some took their frustrations out on me." "It was a tsunami of grief!" "The stress was beyond imaginable."	Participants were dealing with a situation of daily deaths that were out of their control … out of everyone's control … and they witnessed the catastrophic results.
Proud (Participants' demeanors changed. They smiled)	"We didn't close, we worked round the clock. We never said no to anybody, but the stress on our workers was extreme. We were so backlogged but we didn't stop." "Smaller funeral homes called us and said they had no space … could not handle any more bodies. We turned no one down. We ordered refrigerator containers for all 11 Forest Lawn locations in Southern California." "I am proud to work for a company like this. I am proud to work with these people who care so much." "I do grief and loss education; I have high satisfaction in my work."	The participants expressed their understanding that they uniquely had the responsibility to bring a sense of closure and some comfort to a grieving city. That made them all feel good about the work they did. The sense of pride alleviated the feeling that public health, news media, and others neglected to recognize their essential work.
Essential (Participants sat up straight when answering this question. They spoke with intent and determination.)	"Our working in death helps the lives of the living." "The funeral industry must be considered as safety workers because we are the last contact for those who passed away. Policies should consider those who work in death as hospital workers were considered. Protect us!"	The participants understood that their industry was as necessary as first responders and hospital workers. Each deathcare worker knew that the ultimate deaths of thousands of COVID-19 victims could only be processed by their industry.

Research Data Summary

All funeral industry workers across the country had a shared experience dealing with an overwhelming number of deaths during the COVID-19 crisis. Experiences, observations, and conceptual data based on the increased numbers of daily deaths and the residual effects of grief provided the data that told the story. The story that the funeral industry workers told was that they understood that their work was unique. They worked in an industry that American society does not like to think about or talk about or acknowledge death as an inevitable reality. It is generally a topic that is uncomfortable and swept under the rug. The feelings about death and dying are ascribed to those who work in the industry of death. COVID-19 brought death front and center in the media every day, even every hour. COVID-19 came into every community, business, neighborhood, and home. In 2020 the CDC stated over 5 million Americans were diagnosed with COVID-19 and over a half a million lost their lives. It was the business of the men and women in the funeral industry to tend to the families and bury the remains of those who perished.

The story they told was of 2.8 million deaths pre-COVID in 2019 with an almost 20% increase by 535,000 deaths in 2020. Conversely there were 25,400 funeral workers in the United States in 2019, decreasing to 24,500 in 2020 or (-3.54%; U.S. Census Bureau, n.d.). Funeral industry workers told a story of having a burdened staff of fewer people to handle more work, not only normal work but hazardous work dealing with an infectious and deadly disease that threatened the world.

The story of funeral industry workers was that their job, their goal, their mission was to be with grieving families and help them by walking them through the death

process with care and compassion. Because the virus was so infectious, funeral homes had to follow the guidelines of the CDC and Los Angeles County Health guidelines that mandated masking, social distancing, and eliminating or limiting the numbers of person in meetings, gatherings, and events. Consequently, the way the funeral workers did their jobs had to be altered to protect themselves and others. They could not allow the families to see their loved ones and give a healing last good-bye. They could not walk through the process of grief with the families by planning services, ordering flowers, constructing funeral programs and memorial songs. They could not allow families to attend burials. They could not help families plan funerals when people needed them. They could not help families to see a celebration of life because the virus was a killer monster and there was nothing to celebrate in the climate of COVID-19. The funeral industry workers were relegated to Zoom and phone calls, which created a process to do the business part of burial, but the healing part of death comes from human beings, comes from hugs, comes from someone holding your hand, and tears being dried. COVID-19 was not just a deadly disease; it stopped people from touching; it isolated people; it prevented funeral industry workers from helping grieving loved ones to heal.

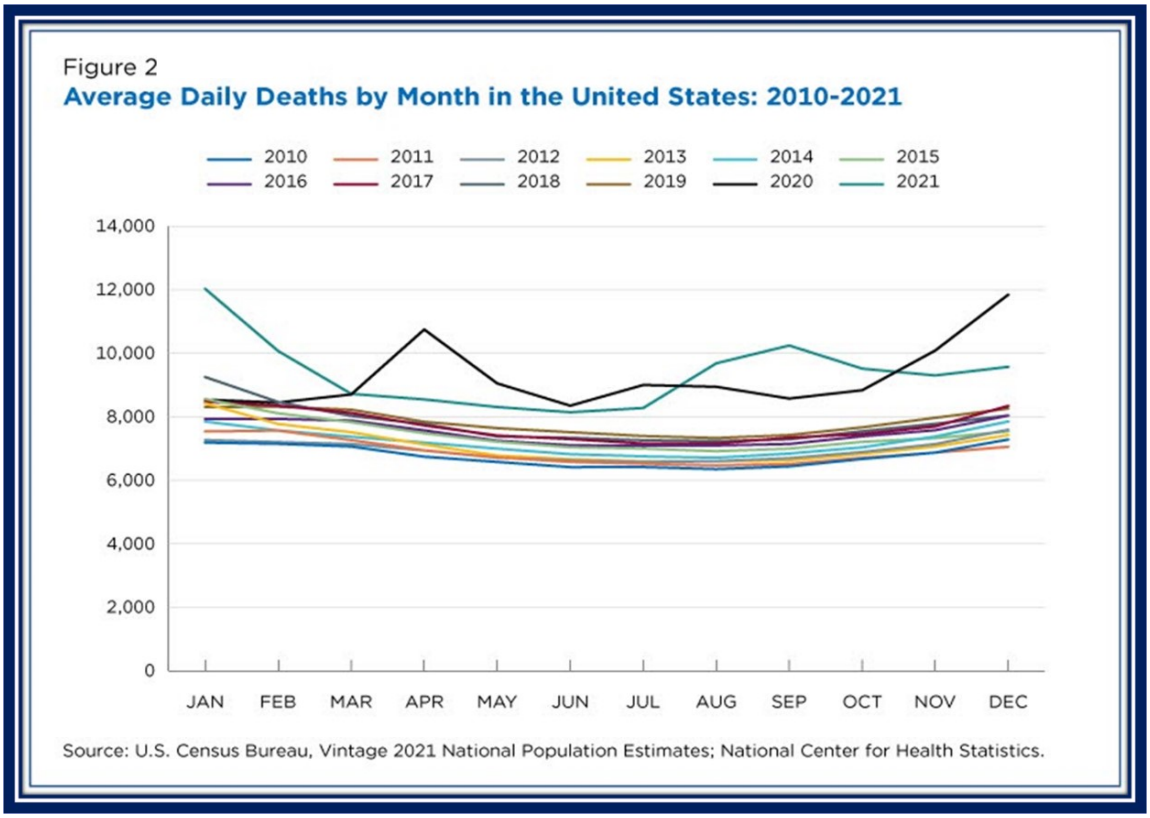
The funeral industry workers told a story that as the death toll rose, the telephone exploded with calls. The chart in Figure 13 shows the drastic increases in monthly death rates in the United States in 2020 and 2021.

The funeral workers were needed to help transport bodies, handle remains, and help families with end-of-life care. They received calls from people who had made up to thirty phone calls to other funeral homes for help. The other funeral homes either did not answer or explained that they could not help. Funeral homes, especially smaller

community businesses, had run out of space and did not have the capacity to store the remains of those who died or staff to take care of the people trying to bury their loved ones.

Figure 13

Chart of Daily COVID-19 Rising Deaths



Note. From "Pandemic Disrupted Historical Mortality Patterns, Caused Largest Jump in Deaths in 100 Years," by S. A. Sabo and S. Johnson, 2022, p. 4, U.S. Census Bureau (https://www.census.gov/library/stories/2022/03/united-states-deaths-spiked-as-covid-19-continued.html).

The research participants told stories of families having multiple deaths in a family, suffering insurmountable grief, parents dying, children dying; no one was safe. They shared that the funeral industry had facilities that normally provided the cultural preferences of the communities they served. In 2020, at the height of the COVID-19

extreme death event, there was no capacity to accommodate cultural nor religious preferences. There was only overwhelming death, panic, stress, dread, and sadness as bodies piled up day after day with no end in sight. Ironically, amid the overwhelming darkness of the days, the funeral industry workers were fueled by a sense of pride and driven by the mission of service that distinguished them among all other essential workers. They were the last bastion of care. They heard tearful stories of individuals suffering through the process of dying and struggling to fight for each breath until the last, and a beloved family member ultimately died alone. And now surviving loved ones not only needed burial services but also the comfort that comes through the process of the funeral service they could not have. Funeral industry workers were the experts at this final stage of life. They were the experts at helping people to get through the crisis of death. They were the experts of dignity, care, and compassion, and though COVID-19 brought fear and panic to the men and women in the funeral industry, they persisted to bury the remains of every single person who died and provided a sense of comfort for every family who cried for them. They were proud of the work they did.

This study showed that participants had no preconceived opinions about COVID-19 and the effects of dealing with this pandemic. This was a new pandemic, a new phenomenon that was scientifically and socially unknown. Consequently, individuals had no prior experiences that could influence their thoughts and anticipations about the virus. The feelings about the pandemic were a direct result of the experience of the pandemic.

Theoretical Framework

Terror Management Theory

Terror management theory (TMT) is one of the frameworks applied to this study. Greenberg et al. (1997) explained that TMT states that people feel threatened by their own mortality. They are frightened by the inevitability of death ending their lives; however, that anxiety of death is alleviated by meaningful worldviews that allow them to feel self-worth. TMT explains that individuals have an innate fear of death, and the experience of constant death is traumatizing. When death is constant and there is no access to a positive enlivening environment to reinforce the individual psyche, the result can be psychologically damaging and can even generates physical illnesses. The participants' interviews provided data that indicated that the normal business of working in an environment of death did not adversely affect the psychological or physical health of funeral industry workers. The participants stated that the normal course of death work has environmental reinforcements that masked the threat of death. All the participants stated that they loved where they work and were proud of the work they did. They felt esteemed that their work in the deathcare industry was essential and provided a vital public service. The participants lauded their work, under normal circumstances, for creating beautiful lasting moments for families. They valued the ability to meet families in the picturesque settings at Forest Lawn to help heal the grief that families endure when there is a death. Their interviews substantiated TMT that a positive environment that fosters esteem abates the fear of death.

The participants stated that the environment of Forest Lawn was designed to be physically and emotionally comforting. It is an environment of beauty and peace that

counters the trauma of death, mitigates the sadness of the finality of death, and changed the perception of death for those who work in it. The workers all stated that they enjoyed where they work, and they enjoyed the work of helping people to heal. TMT identifies the deleterious effects of the experience of constant death. However, the data showed that the business of death designs a framework that is purposed to mitigate dread, fear, and the trauma of death. The data from the interviews indicated that TMT as a framework was applicable to the standard operations of working in a deathcare environment. The data proved that the distal, environmental defenses, reinforced the proximal, internal self-esteeming defenses of funeral industry workers. The indoctrinations of working in a deathcare environment equip the deathcare workers with the ability to work in an environment of death without experiencing trauma from the fear of death.

The COVID-19 extreme death event changed the climate in the places where death is processed and finalized. Lopez (2020) cited an interview with Manny Khodadadi, an emergency room nurse, who describes the end of life of a COVID-19 victim. The nurse said,

> They beg for help. They flail. Their eyes fill with terror. … They are breathing so fast and so deep, they are trying to catch their breath. … It is almost like you are watching a goldfish out of water, gasping to get air, and it can never get enough. (para. 1)

The article also quoted Dr. Audupa Rao, who said,

> I think the unspoken tragedy of this whole COVID experience has been the loss of humanity toward the end of someone's life; we used to have the ability to be with

> our loved ones when they were passing away. Now people are passing away in isolation. … Death can come quickly, leaving loved ones in shock. (para. 14).

It is the process of this death experience that is frightening and traumatizing. The disease that ravaged the bodies of its victims is the monster that brought the terror identified in TMT. COVID-19 eliminated the environment needed to protect the psyche from the traumatizing fear of death. However, it was the experience of the process of dying described in the *Los Angeles Times* article that was front and center as the terror.

Participants in this study reported the sadness of thinking of the COVID-19 victims struggling for each breath and dying alone. They reported the anguish of family members who could neither be with their loved as they died nor see their loved ones after they had died. Funeral industry workers stated that they were afraid of contracting the virus, afraid of taking it home to their families, and afraid for their coworkers who could be infected from meeting with family members who may not have been vaccinated. TMT espouses that encountering constant occurrences of death triggers innate human fear of death that can cause trauma and physical illness. The research in this study indicates that the participants were terrified of contracting the disease. They did not want to die that way. Because of the infectious deadly nature of the COVID-19 virus, public health officials mandated shutdowns of public places and forced individuals into isolation. The COVID-19 shut down had eliminated the distal, environmental defenses, which disarmed the proximal, internal self-esteem defenses. Funeral industry workers experienced fear and dread of contracting COVID-19.

There was no indication of terror and stress because of the day-to-day working in the business of death before COVID-19. The sources of stress and terror were from the following:

- fear of contracting the COVID-19 disease;
- the inability to exercise the standard level of care and compassion for surviving families; and
- constantly having to address grieving families.

There was no break to recover from the stream of grieving families. The funeral industry workers indicated that the business of working with the dead in normal times did not cause trauma. The conditions associated with COVID-19 deaths, including fear of contacting the disease, feeling isolated in their industry, and the anxiety from shouldering unresolved grief of loved ones caused, was traumatic and stressful.

Solomon et al. (2015) explained that self-esteem is significant and at the heart of TMT. Their explanation was that human beings manage the awareness of death through the network of self-esteem driven by cultural references and worldview. This study showed that funeral industry workers expressed the pride they had in their work. They stated that they were essential and filled a unique and necessary role in society, especially in the throes of an extreme death event. Their esteem in their jobs appeared to be the insulation against the terror of death. However, in the COVID-19 extreme death event, the terror and trauma were connected to the suffering in the process of dying.

The participants confirmed Pyszczynski et al.'s (2021) observation that the participants experienced sleeplessness, dread, headaches, high blood pressure, and accessed proximal defenses through alcohol and food consumption. TMT identifies

proximal and distal defenses as the protection against the threat of the terror of death. Pyszczynski defined proximal defenses as direct defenses to minimize the threat of the fear of death and distal defenses as cultural world views (equate to distal) that minimize the threat. These defenses distract from death-related thoughts and are accessed either internally (proximal) or environmentally (distal). The defenses are effective protection in the normal business of death. The world view of the funeral industry community affirms their work, assigns value to their work, and interprets their work as essential. The funeral industry environment provides the distal defense for the work. The proximal defense stems from the healthiness of the self-image of the individual. COVID-19 dismantled both the distal and proximal defenses and left the funeral workers victim to the trauma of COVID-19 dying and death.

The CDC (2020) confirmed that first responders are essential and that funeral industry workers are tasked with burying the dead, which a necessary component of society. Being essential and having the support of the community and governing agencies, especially in crisis situations, builds esteem and a sense of safety even when working in hazardous environments. This research demonstrates that the funeral industry workers did not have the support systems to bolster their esteem and sense of safety. Consequently, funeral industry workers were vulnerable to the fears of contracting and dying from COVID-19, but also to the stresses of long work hours, isolation, and unresolved grief.

The evidence showed that the traumatizing effects of doing death work in the 2020 COVID-19 extreme death event was more specific to the dying process and isolation caused by the disease than they were to the ultimate death outcome. TMT helps

the researcher to identify and understand the problem, gather evidence of the problem, and answer the questions posed by the problem. The research interviews revealed that the participants talked freely about working in a death environment and shared that being around death every day was normal. There was no fear—until COVID-19. The funeral industry workers were introduced to new fear, anxiety, and stress, the scions of COVID-19.

Compassion Fatigue

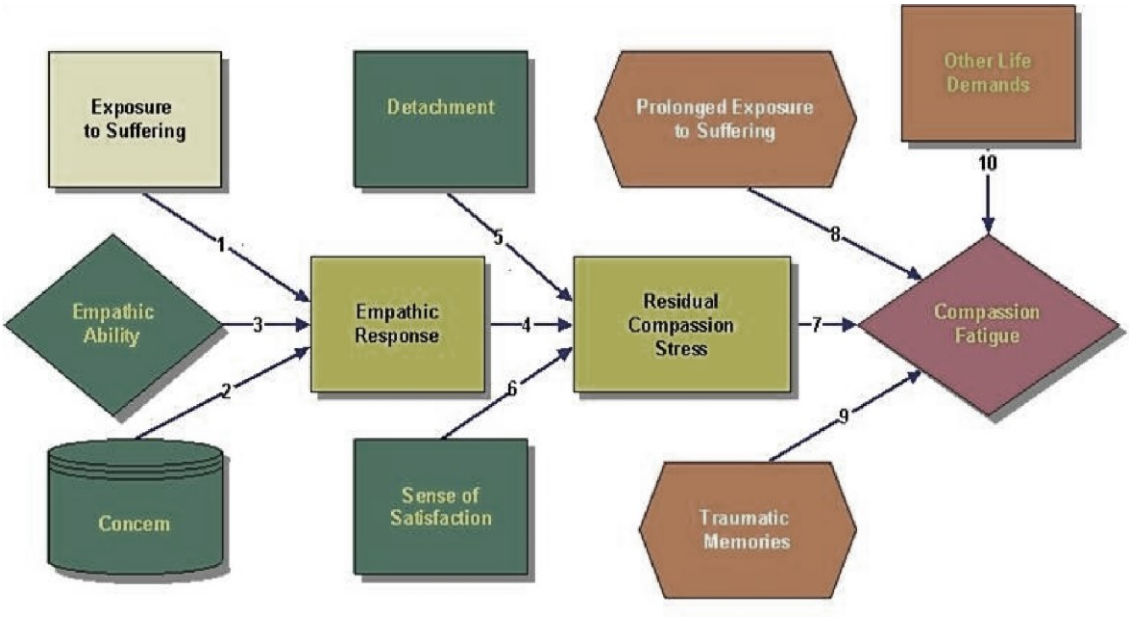
The funeral industry workers' responses to the research questions were examined in the context of TMT and compassion fatigue. The research showed that the funeral industry workers clearly had a consistent and orderly work experience in an environment of death pre-COVID. Their responses about the 2020 COVID-19 extreme death event showed higher levels of stress, anxiety, physical maladies, and fear of the process of dying over the fear of the finality of death.

> Figley (2001) emphasized the exposure to trauma either directly or indirectly as the catalyst for the experience of fear that gets replayed in the psyche of an individual.

The reoccurrence in memories is the source of posttraumatic stress disorder (PTSD). Figure 14 shows the process from empathy to compassion fatigue. Figley (1995) is the pioneer of compassion fatigue, explaining the psychophysiology of trauma resulting from emotions connected to persistent illnesses and death. He defined PTSD as the derived psychophysiological condition that develops from the experience of direct or secondary trauma.

Figure 14

The Process of Compassion Fatigue



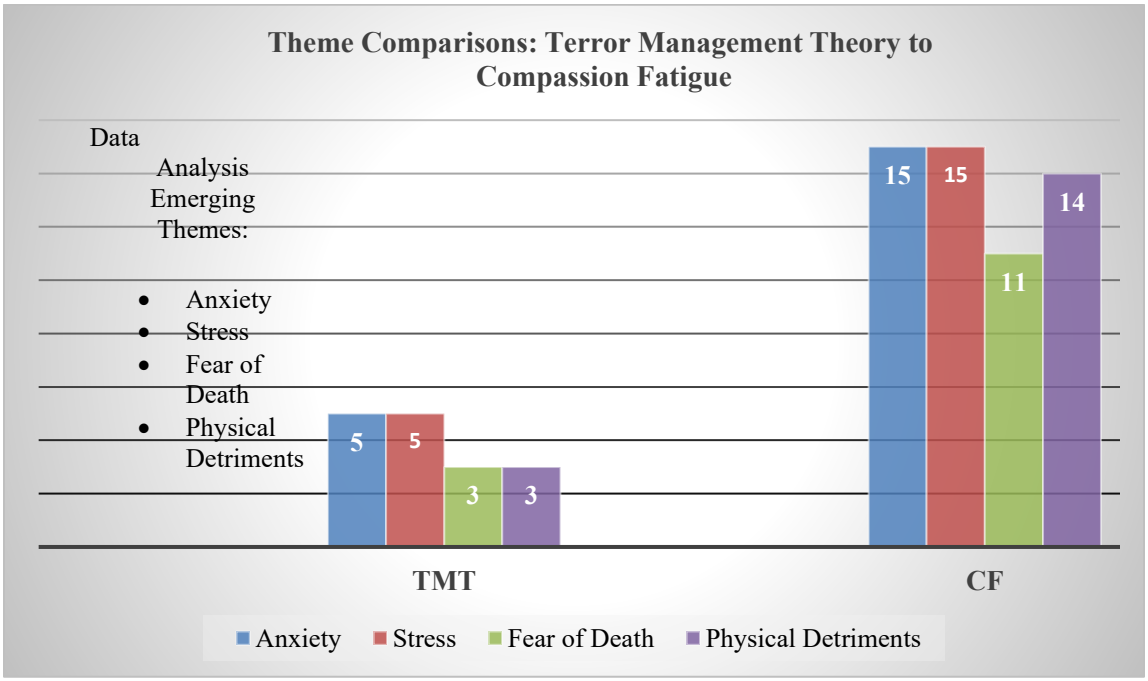
Note. From *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* (p. 75), by C. R. Figley, 2001, Routledge.

This researcher examined the themes that emerged from the data in response to working with death and in response to the process of dying. The chart in Figure 15 indicates the number of times the funeral industry workers inferred the themes of anxiety, stress, fear, and a negative physical reaction when talking about death (TMT) and the number of times they inferred anxiety, stress, fear, and negative physical reactions when talking about the process of dying and grief (compassion fatigue). The funeral industry workers coded themes of anxiety and stress five times when talking about death; they coded themes of fear of death and physical detriments three times when talking about death in reference to TMT. They had a less negative TMT experience working in a daily environment of death than they did in dealing with the compassion and emotions from working with those who were grieving the process of their loved ones' death, which was

suffering alone. The funeral industry workers coded themes of anxiety and stress 15 times when talking about grief. The fear of death theme coded eleven times, and physical detriment theme coded 14 times when talking about grief and compassion. Working with grief introduced the opportunity to examine compassion fatigue in the funeral industry workers. Compassion fatigue was the accompanying theory to TMT that framed this research.

Figure 15

Comparison of the Emotional Responses Between Terror Management Theory and Compassion Fatigue



Figley (2001) explained that trauma results from the stress of dealing with traumatic experiences first-hand. However, trauma can derive from simply knowing about a traumatic experience. Emotion researchers define compassion as "suffering together." Emotion researcher, Izard (2009) defined compassion as the feeling that arises

when a person is confronted with another's suffering and feels motivated to relieve that suffering.

The participants all stated that their job at the funeral home is to walk through the end-of-life process with grieving families to help them through their pain. One of the most frustrating things the participants reported during the COVID-19 crisis was not being able to do the essential job of caring for the loved ones of those who died. The participants indicated that they were dealing with extreme cases of grief. They had to help the saddened families remotely or via telephone and were only able to give a small amount of time, never really addressing the grief. The participants accounted that in addition to shouldering the lonely painful deaths of their loved ones, the grieving families had to suffer the following:

- The last time they saw their loved ones, they were dying. They will never see them again.
- They could not hold funerals for months, and because of public health mandates, the numbers of persons to attend ceremonies were limited. Some family members had to be eliminated from any ceremony.
- The grief counselors were not able to provide the solace of in-person interaction.
- There were no flowers.
- There was no music.
- There were no sweet memories of this occasion.
- There was the feeling of ineptness, helplessness, and hopelessness.

The funeral industry workers shared that comfort and compassion is the zenith of care for grieving loved ones. That care included face-to-face conversations and guidance.

It included looking at flowers and choosing music that would bring solace to the grieving families. Comfort and compassion included talking to the families of the decedents, learning about their personalities, and helping the families with a funeral program that would bring honor and dignity to life of the deceased. Ultimately, the funeral design brings comfort and solace to the family—closure with dignity. The data showed that the inability to provide this service and the feelings of compassion that were restrained to the limits of Zoom and phone calls generated stress and anxiety for the workers. It was a double-edged sword that impacted the workers wanting to extend compassion to an overwhelming number of grieving loved ones who came to them, but COVID-19 prevented the workers from providing appropriate measures of comfort to address their grief. The workers felt inept. They could not do the job as they were trained to do. They felt helpless in facing those they were to help. They were working long hours constantly for weeks at a time. They were exhausted to the point of burn-out, but they stayed and continued to do their jobs through the worst of the pandemic.

Figley (1995) explained that compassion fatigue is the emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events. He further explained that burn-out, which is emotional exhaustion and withdrawal, can coexist with compassion fatigue. Compassion fatigue comes from the experience of primary stressors inherent in the extreme event. Burnout comes from the physical exhaustion that accompanies the psychological exhaustion experienced in constantly facing traumatic events. Figley stated that compassion fatigue is the cost of caring for the emotional pain of others and a desire to relieve their suffering. Compassion fatigue references the way that other people's trauma can become one's own.

Compassion fatigue provides the perfect framework for this study. The data showed that the participants extended as much emotional support to address the suffering of the grieving families as they could under the circumstances. The compassion of the funeral industry workers and the trauma of the circumstances resulted in internalized pain the workers experienced in concert with those who were grieving. The interviewed participants shared that they easily slipped into the place of the bereaved as they worried about their own families, knew coworkers and others who had lost loved ones to COVID-19, and talked to family after family with no time or space to recover from the trauma of each story. And as they viewed the bodies that filled their storage spaces and filled their meeting rooms and hallways and the refrigerated trailers that filled their parking lots, they knew each body represented someone's family they had to face. There was no time or space to process their personal grief or the constant grief they faced with each bereaved family member. The research participants reported experiencing the following symptoms during the extreme death event of COVID-19:

- Feeling helpless and powerless in alleviating the grief of bereaved families;
- Feeling overwhelmed and exhausted by the long hours and constant daily appointments addressing death, burials, and grief;
- Feeling emotionally detached and numbed at the end of each day; and
- Experiencing physical symptoms of difficulty sleeping, nightmares, fatigue, headaches, extra alcohol and food consumption, high blood pressure, and anxiety.

Izard (2009) stated that first responders and other people who experience ongoing life-threatening, crisis-oriented situations experience personal internal trauma themselves. Izard indicated that this trauma creates an emotional toll, which can be both

psychologically and/or physically detrimental and has the potential to present occupational risks. Izard's study confirms the *Psychology Today* (n.d.-a) online article that stated, "The more such individuals open themselves up to other's pain, the more likely they will come to share those victims' feelings of heartbreak and devastation" (para. 2). The work of funeral industry workers during the COVID-19 crisis fits this analogy. The blanket of COVID-19 that covered the world with fear and dread of this disease was felt most keenly by funeral industry workers as they tended to the bodies of those who died and they helped to process the grief of their loved ones.

The COVID-19 extreme death event provided the landscape for compassion fatigue. People were becoming victims, getting infected, and dying at a rapid pace. Their deaths were tortuous, and the world was frightened and grieving because of the COVID-19 deaths. Overmeire and Bilsen (2020) stated that compassion fatigue has not been studied among funeral industry personnel, yet they have been exposed to the same effects of the COVID-19 landscape as first responders:

- feelings of helplessness and powerlessness in the face of patient suffering;
- reduced feelings of empathy and sensitivity;
- feeling overwhelmed and exhausted by work demands;
- feeling detached, numb, and emotionally disconnected;
- loss of interest in activities that were formerly enjoyable;
- increased anxiety, sadness, anger, and irritability;
- difficulty concentrating and making decisions;
- difficulty sleeping and sleep disturbances like nightmares;
- physical symptoms like headaches, nausea, upset stomach, and dizziness;

- increased conflict in personal relationships;
- neglect of self-care;
- withdrawal and self-isolation; and
- an increase in substance uses as a form of self-medication.

Overmeire and Bilsen (2020) agreed with scholars that the COVID-19 crisis has severe mental health consequences for health care personnel as they face a large number of deaths. They stated that the consequences for health care personnel are depression, PTSD, insomnia, and a general lower mental well-being. Overexposure to patients suffering and dying renders health care personal defenseless against becoming victims to compassion fatigue.

The funeral home staff, through caring, empathy, and interpersonal skills, are the source of comfort for grieving families. During the exchange of care, there is a potential for both positive and negative feelings to arise. A positive caring relationship between the funeral home worker and the bereaved generates the comfort the grieving family needs. However, the constant process of caring and empathy without the ability of reprieve, such as in the COVID-19 extreme death event, can result in burnout.

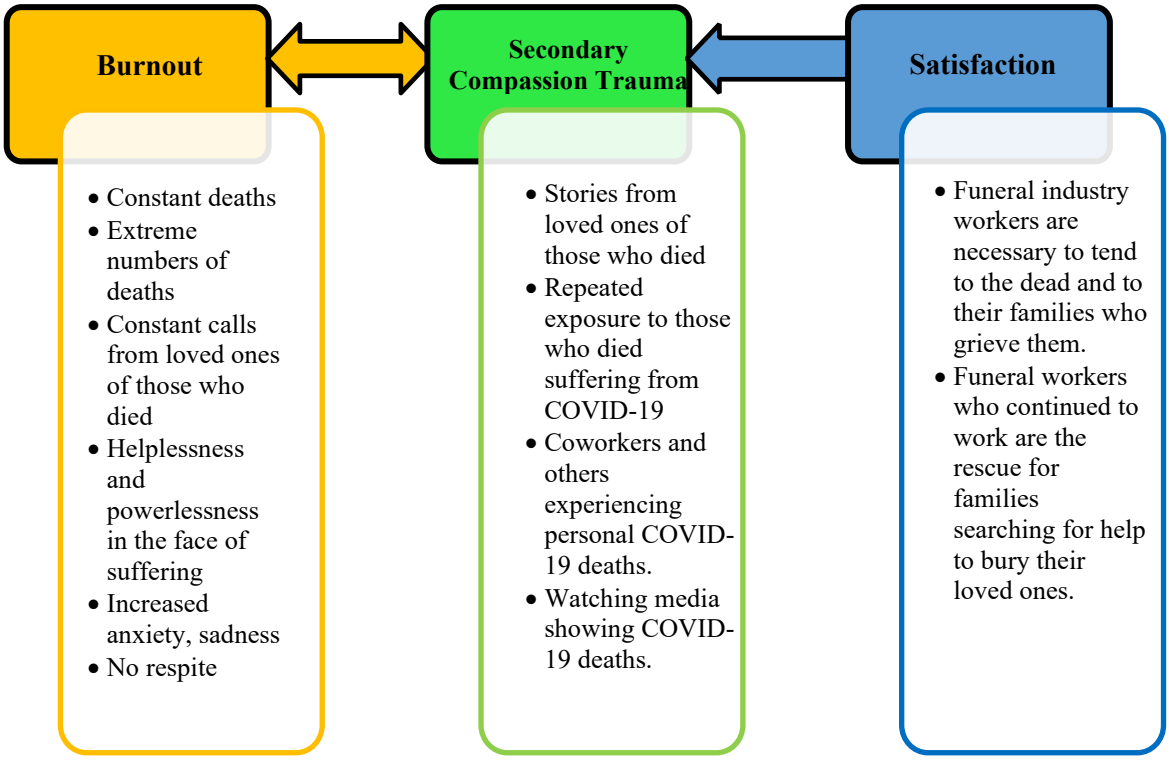
Figure 16 shows the dominant theoretical model postulating the emergence of compassion fatigue draws on a stress-process framework (Figley, 2001). Key elements within this model include empathic ability, empathic response, and residual compassion stress.

Overmeire and Bilsen (2020) explained that compassion fatigue consists of two main elements: burnout and secondary trauma. Burnout is the result of overwhelming environmental frustration without the ability to restore or recover from the traumatic

events. Secondary trauma is the repeated exposure to painful details of traumatic events experienced by others. Additionally, Overmeire and Bilsen's study identified compassion satisfaction that refers to the positive feelings one can get from helping others in need. They indicated that compassion satisfaction inspires individuals to keep working through compassion fatigue. Overmeire and Bilsen provided the composite of compassion fatigue to identify the effects of the COVID-19 extreme death events on the health of funeral industry workers.

Figure 16

Compassion Fatigue Framework



Response to Research Questions

The data provided the answers to the research questions "How has the 2020 COVID-19 extreme death event affected the health of funeral industry workers?" and "How has the 2020 COVID-19 extreme death event affected the funeral industry?" TMT explains that individuals have an innate fear of death; and the experience of constant death is traumatizing. The data showed that workers experienced an extreme death event that overshadowed their distal and proximal defenses with death (Greenberg et al., 1997).

COVID-19 overpowered the distal (environmental) and proximal (internal) defenses individuals use to minimize the threat of the fear of death. However, this fear was directly attributed to the dying process of COVID-19. TMT answered the research question by providing data that showed the stress, anxiety, and fear generated by the virus caused debilitating psychophysiological maladies. Funeral industry workers had to seek medical treatments for hypertension, sleep disorders, and mental health concerns.

Compassion fatigue consists of two main elements: burnout and secondary trauma. Burnout is the result of overwhelming environmental frustration without the ability to restore or recover from the traumatic events. Secondary trauma is the repeated exposure to painful details of traumatic events experienced by others. Compassion fatigue occurs when these triggers and experiences start to affect thoughts, moods, and wellbeing. Compassion fatigue happens when the feelings are overwhelming, as described by the participants in this study.

Additionally, Overmeire and Bilsen's (2020) study identified compassion satisfaction that refers to the positive feelings one can get from helping others in need. They indicated that compassion satisfaction inspires individuals to keep working through

compassion fatigue (see Appendix D for additional experiences reported by funeral industry workers).

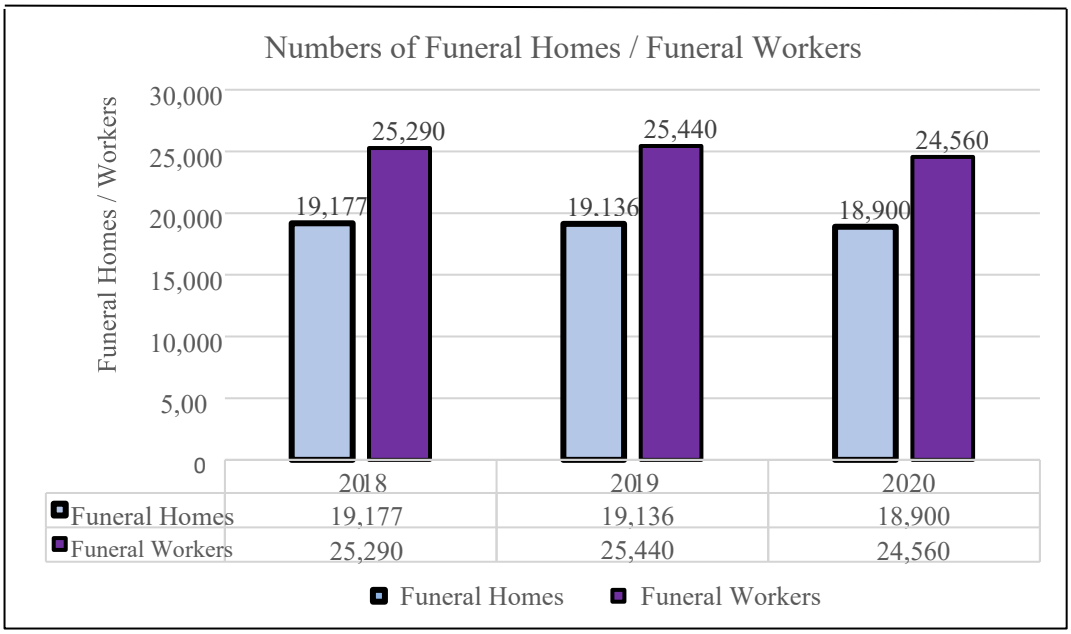
CHAPTER 5: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

The U.S. Census Bureau (n.d.) reported an average of 2.75 million deaths annually in the United States. The U.S. Census Bureau (n.d.) reported there were 19,136 funeral homes in 2019 in the United States, down from 19,177 in the previous year. Additionally, the number of funeral home workers declined from 2018 to 2020. The U.S. Census Bureau and the National Funeral Directors Association (NFDA) began looking more closely at the funeral industry as the numbers of deaths and funeral services began to change over the recent years. As the industry began to anticipate the increased costs of funeral services, Eschner (2021) identified a major concern that the data showed there were not going to be enough people in the business. The anticipation is that funeral businesses were going to have to consolidate to be able to serve respective communities. A major finding in this study of funeral industry workers revealed a declination in the number of funeral homes and the number of funeral home workers, setting the stage for the tremendous impact on the work of the funeral industry during the 2020 COVID-19 extreme death event.

The chart in Figure 17 depicts the average number of funeral homes and funeral industry workers. The numbers decreased slightly from 2019 to 2020; however, there was a significant decline from 2018 to 2020. Sabo and Johnson (2022) stated, "Deaths in the United States increased by 19% between 2019 and 2020 following the onset of the COVID-19 pandemic in March 2020—the largest spike in mortality in 100 years" (para. 1). The funeral industry was not prepared to deal with the extreme numbers of COVID-19 deaths and the subsequent trauma that accompanied the suffering and grief.

Figure 17

Comparison Chart of Funeral Homes and Funeral Workers

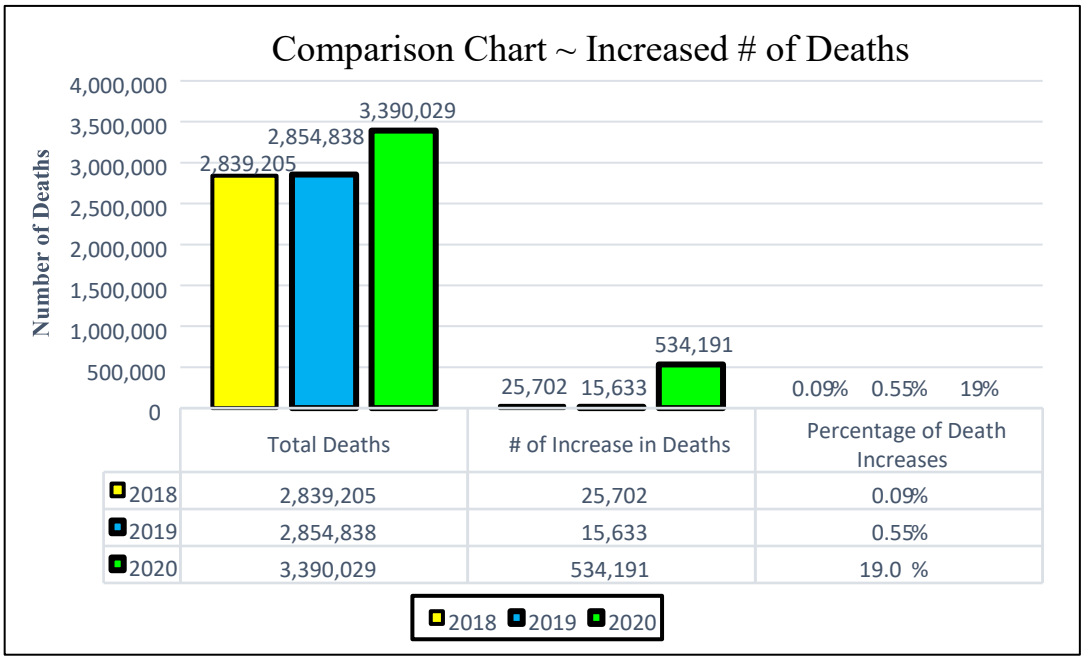


Note. Adapted from "Pandemic Disrupted Historical Mortality Patterns, Caused Largest Jump in Deaths in 100 Years," by S. A. Sabo and S. Johnson, 2022, U.S. Census Bureau (https://www.census.gov/library/stories/2022/03/united-states-deaths-spiked-as-covid-19-continued.html).

The chart in Figure 18 shows the numbers of annual deaths with a slight increase from 2018 to 2019 and a significant increase, because of COVID-19 deaths, in 2020. In comparing the chart in Figure 17 and the chart in Figure 18, it is clear to see that the numbers of funeral homes (19,100) and funeral industry workers (25,400) handled an average of 2.8 million death dispensations annually. In 2020, at the height of COVID-19, the number of funeral homes and funeral industry workers declined while deaths increased significantly by 19%. The decreased number of funeral industry staff and the increased number of deaths in 2020 provide the prologue for the impact of the COVID-19 extreme death event on the health and work of funeral industry workers.

Figure 18

Three Years of Increased Number of Deaths



Note. Adapted from "Pandemic Disrupted Historical Mortality Patterns, Caused Largest Jump in Deaths in 100 Years," by S. A. Sabo and S. Johnson, 2022, U.S. Census Bureau (https://www.census.gov/library/stories/2022/03/united-states-deaths-spiked-as-covid-19-continued.html).

The major findings from the data show a relationship between the process of dying and death; consequently, terror management theory (TMT) and compassion fatigue were relevant theories to explore the impact of the phenomena. The data showed that the process of dying, witnessing the anguish of loved ones, and hearing of the suffering of the decedents had a greater impact on the lives of funeral industry workers than daily work in an environment of death.

Unexpected Findings

Table 4 captures the unexpected data of participant responses to the experiences of death and dying. The data findings in the column on the right of the table is an explanation of the discoveries on the left side of the table.

Table 4

Unexpected Findings of Participants' Experiences with Death

Discoveries	Explanation
The distinction between the fear of death and the fear of the process of dying	Terror management theory posits that the inability to manage the fear of death via proximal or distal defenses can have significant negative psychophysiological impact on an individual. The data in this study show that workers feared "the process of death" more specifically, suffering unto death brought the greatest fear.
The effects of compassion fatigue in funeral industry work over terror management theory	Compassion fatigue is mostly attributed to medical and emergency response professionals; however, funeral industry, in the case of COVID-19, experienced the same compassion fatigue symptoms. In occurrences of extreme death events, funeral industry workers should be factored as emergency response professionals (Overmeire & Bilsen, 2020).
Societal value of the death industry	One of the participants stated that people will spend months and thousands of dollars on a wedding that may or may not last. However, most people do not plan for the inevitability of death until it is upon them, and they are not prepared emotionally nor in many cases, financially. America has done a poor job of educating people about dying and death. It is a reality that American society avoids. The perceptions and feelings about death are assigned to funeral industry workers.
Cultural and community impact in death events	The data indicate that cultural values have a significant impact on the perception of death. One participant noted that she is Chinese and, in her culture, "death work is bad luck." She had to overcome those notions of "bad luck" to work at the funeral home; however, in COVID-19, they reemerged, and she was frightened all the time, refusing to leave her apartment. The participants also reported that grieving families prefer to go to community funeral homes to accommodate their cultural practices and traditions. The COVID-19 extreme death event exhausted the capacity of local community funeral homes early and forced families to seek any funeral home that could help them to bury their loved ones. Families had to forego traditions, religious ceremonies, and cultural practices.

Table 4 (*continued*)

Discoveries	Explanation
Cultural impact on death and funeral customs	Gire (2014) concluded that people who come from cultures whose religious beliefs encompass a belief in the afterlife express less death anxiety than those in which afterlife beliefs do not form an important part of the religion. Additionally, cultural practices and customs (i.e., burial rituals, clothing, music, dance, even foods) have an impact on the perceptions of death and how grief is processed. Cultural practices provide a process to handle the pain and finality that comes with death.
Marginalization of the funeral industry	The participants' data showed that they understood society's view of the death industry is colored by society's view of death. Death is dreaded. Consequently, on the occasion of COVID-19 extreme death event, the funeral industry was not included in the initial cast of emergency and essential personnel. In situations of pandemics and extreme death, the funeral industry is on par with hospitals and emergency response systems that are essential.
Decrease in funeral homes/workers	The data from the National Funeral Directors Association indicate that the numbers of funeral homes and funeral workers is declining. There is indication that there will be a future impact from the COVID-19 crisis. The funeral industry has been impacted by staff reductions and revenue reductions.
Therapeutic effects of the interviewing funeral industry workers	This investigator was sent a message from the Forest Lawn Memorial Parks and Mortuaries senior management that staff reported the interviews to be very therapeutic and wanted to explore the opportunity to have further conversations about their COVID-19 experiences.
Environmental effects of mass deaths	Wong (2021) reported that the Los Angeles County Department of Public Health cited the growing backlog of decedents needing dispensation within the county constituted a threat to public health. The primary need was cremation; however, there was a legal limit on the number of daily cremations. The South Coast Air Quality Management District (SCAQMD) suspended the limits on crematoriums at the request of the county's medical-examiner coroner and public health department. Crematorium permits typically carry limits based on potential air quality impacts but can be suspended during a state of emergency. SCAQMD stated that the rate of deaths was more than doubled than in pre-pandemic years, leading to hospitals, funeral homes, and crematoriums exceeding capacity without the ability to process the backlog of deaths. There has yet to be a study on the environmental effects of mass cremations because of the COVID-19 extreme death event.

Table 4 (*continued*)

Discoveries	Explanation
Public health official decisions lack funeral industry input.	Participants indicated that public health made decisions regarding funeral services and limitations on grieving families without conferring with funeral industry experts on how to apply the rules and exceptions that could be made. The workers gave an example of a couple who lost their child, and because of public health mandates, the parents could not see their deceased child. Funeral industry workers indicated there was a way for the exceptional visitation to happen and keep everyone safe.
Funeral care workers are trending female	It was shared with this investigator that the funeral industry is more than 60% female staff. The 2022 graduating class of funeral directors was all women (see Appendix E for supplemental information on the increasing number of females in the funeral industry and the changing face of the funeral industry).

Recommendations for Further Research

Gire (2014) stated death anxiety is a multifaceted construct that is difficult to define but has been conceptualized to include fear of death of oneself, fear of death of others, fear of dying of self, and fear of the dying of others. Funeral industry workers process death and grief on a regular basis; further research will help to understand how funeral industry workers might apply the practices of addressing daily occurrences of death to an extreme death event such as COVID-19. This further research is related to TMT, which identifies individuals' innate fear of death that is managed by self-esteem, cultural worldviews, and the environment. The data showed that funeral industry workers do not experience fear or anxiety from working in an environment of death. They do, however, experience anxiety and fear about contracting an infectious disease and suffering through the dying process. The funeral industry workers were especially concerned about the possibility of a loved one contracting the disease and dying. Further

research could examine why the proximal and distal defenses at work in the daily death routine do not allay fears about the process of dying. Additionally, this study should include examining how the funeral industry uses the environment to bolster distal defenses that eliminate the fear of death. It appears that distal defenses fortify proximal defenses that help funeral industry workers work daily in an environment of death. This strategy, if universally applied, could provide a positive impact on family members before and beyond the funeral service. Changing the perception of death may change the perception of those who work in the death industry.

Conclusions and Implications for Action

This research project concludes the story by answering the research questions:

1. How has the 2020 COVID-19 extreme death event affected the health of funeral industry workers?
    - The data showed that the COVID-19 extreme death event caused feelings of helplessness and powerlessness in funeral industry workers.
    - The COVID-19 extreme death event caused funeral industry workers to feel overwhelmed, exhausted, anxious, and in need of self-care.
    - The feelings caused by COVID-19 manifested in physical maladies of sleeplessness, hypertension, eating disorders, excessive drinking, headaches, and stomach problems, and some were infected with the virus.
    - The research provides evidence that the COVID-19 extreme death event affected the mental, emotional, and physical health of funeral industry workers. The COVID-19 extreme death event caused funeral industry workers to suffer pernicious physical and psychological maladies.

The answer to the first questions led this investigator to ask this additional question:

2. How has the 2020 COVID-19 extreme death event affected the funeral industry?
    - The research has revealed that there was a decline in the number of funeral homes and funeral home workers from 2018–2020. The NFDA (n.d.) stated that the industry lost funeral workers and funeral homes and must reevaluate how it does business in the future. There is particular concern about the capacity of the funeral industry's ability to handle the next extreme death event.
    - The NFDA reported that cremations have increased by 40%. Cremation costs are significantly less than burials. The NFDA indicates that this paradigm shift will adversely affect funeral industry revenue. The funeral industry has had to reevaluate their business model to plan how to recover and retain revenue in the face of a deadly pandemic.
    - Technology has become a more essential part of the funeral industry. Technology was a necessary partner in tracking and identifying mass numbers of deceased remains, providing storage, data tracking and categorizations. Technology also provided funeral counselors the ability to see their clients via Zoom and the ability to provide Zoom services that were prohibited by a ban on in-person gatherings. Technology, via Zoom, provides families with the ability to come together to grieve together across great distances.

Implications

The research data showed an implication of a risk to public health and safety should the needs of the funeral industry and funeral industry workers continue to be neglected. This research project provided evidence that the COVID-19 extreme death event had a damaging effect on the health of funeral industry workers. The data showed that when a pandemic results in an extreme death event, the public health concern is the expediency needed to transport and process the infected remains of those who died. Media coverage of the 2020 COVID-19 death event depicted the bodies of those who died crowded into funeral home meeting rooms, stacked on carts, and stored in trailers and shipping containers because there simply was not enough personnel, equipment, or space to keep up with the rate of the deaths. Additionally, the research revealed the number of operating funeral homes decreased as funeral businesses closed due to the overwhelming impact of the COVID-19 extreme death event. Many funeral homes had no storage available, some closed, and those that remained operational were filled beyond capacity. Cremations became the necessary process for death dispensation; however, cremations were limited by environmental laws and policies. Public health made the case to the Air Resources Board to remove the caps on cremations because the piling bodies of deceased people posed a greater risk to public health. The implications to public health encourage supporting funeral homes with infrastructure to handle extreme numbers of remains in a pandemic death event and to have environmental policies that are flexible enough to address a crisis.

The data and current events signal a paradigm shift in funerals and burial needs. The research investigating the effects of the COVID-19 extreme death events on the

health of funeral industry workers revealed not only the damaging health effects on funeral industry workers, but also the damaging effects on the industry. The mental health and physical health impacts were the maladies of TMT and the maladies of compassion fatigue. Additionally, the research showed that the extreme death event caused major changes in how funerals were handled. There was an elimination of religious and ritual practices and a sizeable decrease in casket burials. The NFDA (n.d.) reported that 2020 cremations exceeded casket burials for the first time. The NFDA projects that this trend will continue even in spite of certain religious practices that historically did not sanction cremations. The implication is that the trending toward cremations will impact funeral industry revenue. The NFDA stated that the national median cost of cremation with funeral and viewing in 2021 was $5,365 (without cremation casket and urn). That's a difference of almost $4,000 without the cremation casket and urn. However, when those items are added, the total cost was $6,970, which is about $2,500 less than a typical casket burial funeral. The costs vary depending on the additional purchased products and services. COVID-19 catapulted the burial industry into cremation, and the future implication for this trend is a decrease in revenue. The NFDA projects that smaller funeral community homes may have to close if they cannot sustain sufficient revenue and, consequently, staff.

Further implications came with the need for technology. The research participants provided data that they were challenged with how to receive the excess remains, how to identify them, and how to store them. The participants spoke of the need to address grieving family members with the tight public health restrictions closing some businesses and greatly limiting the number of customers in a location. The solutions for

the participants were a tracking system in Google Docs and Zoom. Most of the participants confirmed that their practice was to primarily meet face-to-face with families. Zoom enabled everyone to be connected and see each other and even expanded the capacity to reach families far away. NFDA President R. Bryant Hightower Jr. was quoted in the Leader article (2021) saying, "The COVID-19 pandemic reminded us of the importance of gathering to memorialize a life lived – something we may have taken for granted before" (para. 5). The research participants all said that they found a way, through Zoom, to help people address their grief. They found a way to do their jobs, and that was encouraging for them. They also said that they wished they had discovered this technology earlier, but they will be ready next time.

The implications of this research suggest an impact on environmental policies, funeral business practices and policies, logistical preparation, employee health, and employee turnover. Other implications to consider are the negative financial impact of COVID-19 on the industry and how to resolve those losses and reduce them in the future. The results of this research project provide data that affirmed there were negative health effects of the COVID-19 extreme death event on funeral industry workers and adverse financial and diminished capacity effects on the industry.

Concluding Remarks and Reflections

At the conclusion of this research, the total number of deaths (July 2022) was 1,018,035, an over 50% increase in the number of deaths from the start of this project in 2021 (CDC, n.d.). Every one of those deaths was ultimately dispensed with by those in the deathcare industry.

Prior to the pandemic, mortality patterns were predictable. Deaths had been increasing slowly but steadily until the COVID-19 pandemic spiked the number of deaths from 2019 to 2020. Americans joined the world's citizens in the suffering through the COVID-19 crisis, enduring the COVID-19 crisis, bearing the losses from the COVID-19 crisis, and recovering from the crisis. This study shows that the recovery from the crisis of COVID-19 is not just finding medical treatments and vaccinations to address the disease; recovery includes understanding the detrimental effects of this COVID-19 pandemic in preparation for the next pandemic and extreme death event.

Funeral industry workers experienced the same trauma as everyone when they watched the news report increasing COVID-19 infections and the swiftness of the subsequent deaths. The death toll rose, but there were no increases in funeral homes or the number of employed funeral industry workers. The theories that framed this research were TMT and compassion fatigue. Both theories addressed the trauma associated with death.

The Eschner article (2021) quoted Steve Spann, president of John A. Gupton College which serves the mortuary business, assessment of the funeral industry during the COVID-19 extreme death event. Spann stated, "All funeral homes, I think, will determine that they took a pretty decent hit financially," pegging that impact would be in the 20% to 30% reduction range (para. 7).

The findings warrant these changes:

- Need for mental health and healthiness in funeral industry workplaces;
- Relationship counseling;

- Emergency health policies providing guidelines for psychological and emotional support for those who work in an extreme death event;
- Consolidation of funeral home locations improves logistical capacities for inventory;
- Technical equipment and programs that improve communications and increase the capacity to communicate with family members far away;
- Policies that make appropriate necessary adjustments should automatically be implemented in a public health crisis;
- A need for more crematoriums;
- A coordination plan for collaborating resources with other funeral homes;
- Alternative ways to provide resources for religious and ritual practices in emergency and excessive death occurrences;
- A plan for financial recovery.

This research study examined the effects of the COVID-19 extreme death event on the health of funeral industry workers and demonstrated that there was a detrimental effect on the health of funeral industry workers. TMT and compassion fatigue provided the framework for identifying and understanding those effects. The impact of the COVID-19 extreme death event was psychologically injurious generating anxiety, stress, and isolation; physically injurious, resulting in sleeplessness, hypertension, excessive food and alcohol consumption, and weight gain. The research showed evidence that the COVID-19 extreme death event had a negative economic effect on the funeral industry with a loss of revenue and a declination of workers.

Additionally, there were necessities, as a result of the virus, that created an opportunity for positive changes. Those changes were the following:

- Using technology to meet with bereaved families;
- Increasing storage capacity and devising an inventory system;
- Obtaining mental health support; and
- Anticipating more cremations over casket burials, which increases the capacity to serve more families.

Funeral industry workers demonstrated their dedication to the families they served and to the work of addressing grief. The work addressing death and grief during COVID-19 was relentless. Funeral homes with capacity, did not close, and funeral industry workers worked tirelessly and selflessly every day to address the needs of society. They heard the praise and accolades showered on emergency medical personnel while the media took no notice of the work of the men and women in the funeral industry.

Although the research participants experienced trauma, anxiety, and stress, they also demonstrated extraordinary hope, compassion, and wit that fueled resilience to continue in their mission of service. With each day of the pandemic, funeral industry workers proved their adaptability and determination to do their jobs, show up each day, keep people safe, and bring honor and dignity to each family who experienced death.

COVID-19 changed how the funeral industry did its business. The death business will not be the same after COVID-19; however, funeral industry workers remain the same, dedicated to helping those who bereave.

ANNOTATED BIBLIOGRAPHY

The following annotated bibliography represents the literary references used to study this research. The literature sources are from studies that focused on the perception and trauma of death; the effects of working with dying and death; funeral worker experiences; the COVID-19 excessive death event; perception of funeral industry workers; and the impact of COVID-19 on the first responders:

Burrell A., & Selman, L. (2020). How do funeral practices impact bereaved relatives' mental health, grief, and bereavement? A mixed review for COVID-19. *Omega—Journal of Death and Dying*, *85*(2), 345–383. https://doi.org/10.1177/0030222820941296

Burrell and Selman look at the effects of dealing with death and grief caused by COVID-19. This study provides information about the emotional process of grief and bereavement. It provides information on the relationship with funeral care workers and the responsibility funeral care workers carry in addressing grief.

California Department of Public Health (2020). Infection prevention for funeral establishments handling deceased cases of COVID-19. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/funerals.aspx

California Department of Public Health guides funeral home workers on avoiding contamination when dealing with the bodies of those who died from COVID-19 disease. The guidelines reference the CDC and the Occupational Health and Safety Administration (OSHA) recommendations in using a combination of standard precautions, contact precautions, airborne precautions, and eye protection (e.g., goggles or face shields) to protect funeral establishment workers

and others who handle decedents from exposure to the virus. This article is an example of the practical guidance provided by public health that does not include emotional support for the psychological implications of dealing with excessive death.

Carr, D., Boerner K., & Moorman, S. (2020). Bereavement in the time of coronavirus: Unprecedented challenges demand novel interventions. *Journal of Aging & Social Policy*, *32*(4–5), 425–431. https://doi.org/10.1080/08959420.2020.1764320

This study examines the social, psychological, and economic impacts of COVID-19. The study provides context for the emotional implications for agencies dealing with the disease from illness to death.

Crawford, J. E., & Holaway, R. (2020). To everything there is a season—a time to live and a time to die: A case study of the history, customs, emerging trends, and market responses in the final disposition industry. *Atlantic Marketing Journal*, *9*(2), Article 5. https://bit.ly/3UxKHyC

Crawford and Holaway provide insight into the scope of the customs and traditions of death and the impacts of mass fatality events. This study is relevant to understanding the impact of COVID-19 deaths.

Cyr, R. P. (2020). *Performing death: A performance study of contemporary American funerals* (Doctoral dissertation, The University of Kansas). ProQuest. https://www.proquest.com/openview/97392e1856150f2982e979f3b3847d98/1?pq-origsite=gscholar&cbl=18750&diss=y

Cyr provides a study in death and funeral processes during COVID-19. The study speaks about how the funeral industry has had to adjust to accommodate the mass

casualty event caused by COVID-19. The article provides information on the logistics of accommodating excessive dead bodies and the impact on space, time, and perception, in the funeral workplace.

Gilmour, H., & Patten, S. B. (2007). Depression at work. *Perspective on labor income*, *18*(11), 19–31. https://www.researchgate.net/publication/286758952_Depression_at_work

Gilmour and Patten study the psychological effects of working with depression which is an essential element of this study on the impact of COVID-19 deaths on funeral industry workers. It is an experience of death and depression.

Greenberg, J., Solomon, S., & Pyszczynski, T. (1997). Terror management theory of self-esteem and cultural worldviews: Empirical assessments and conceptual refinements. *Advances in Experimental Social Psychology*, *29*, 61–139. https://doi.org/10.1016/S0065-2601(08)60016-7

This study explains the terror management theory that individuals are terrorized by death, and consequently, psychologically devise defenses to distance themselves from the presence of death. This theory undergirds the theme of death for this project and explains the emotional implications of those who must deal with constant and proximate deaths such as funeral workers.

Haefner, J. (2019). Self-care for health professionals during coronavirus disease. *Crisis Journal for Nurse Practitioners, 17*(3), 279–282. https://doi.org/10.1016/j.nurpra.2020.12.015

This study examines health care providers coping with unprecedented deaths though it does not reference funeral industry workers, the effects are relevant to the death industry as last responders.

Ilyas, Z., & Muazzam, A. (2015). Development and validation of a general adjustment to the aging scale in Pakistan. *Journal of Arts and Social Science*, *2*(2), 81–96. https://bit.ly/3UX1oDr

Ilyas and Muazzam support the terror management theory that individuals have a fundamental need to control the terror of death. Funeral industry workers who deal with death have learned to control their terror of death. This study will examine how that control may have been challenged in the COVID-19 excessive death event.

Maani, N., & Galea, S. (2020, May 13). COVID-19 and underinvestment in the public health infrastructure of the United States. *Milbank Quarterly*, *98*(2), 250–259. https://doi.org/10.1111/1468-0009.12463

This study unveils the funding and support deficits in the public health infrastructure. The study includes that a lack of resources in the death industry contributes to the impact of the COVID-19 death event on the health of funeral industry workers.

Murphy, S. (2020). *Grieving alone & together: Responding to the loss of your loved one during the COVID-19 pandemic*. National Funeral Directors Association.

This article examines the challenges funeral care workers face addressing families who cannot grieve the death of their loved ones during COVID-19. The relevance

of this article is to further illustrate the responsibilities of funeral industry workers to address the burial of the dead and the grief of the living.

Ormseth, M., & Karlamangla, S. (2020, December 30). Some L.A. County mortuaries and funeral homes simply have no more room for the dead. *Los Angeles Times*. https://www.latimes.com/california/story/2020-12-30/mortuaries-funeral-homes-overwhelmed-covid-19-deaths

This *Los Angeles Times* article provides insight into the extreme fatality conditions in funeral homes, which forced workers to work in facilities crowded with the bodies that had died from an infectious disease. This article illustrates the conditions that may have impacted the health of funeral industry workers.

Overmeire, R. V., & Bilsen, J. (2020). COVID-19: The risks for funeral directors. *Journal of Public Health*, *42*(3), 655. https://doi.org/10.1093/pubmed/fdaa089

Overmeire and Bilsen unveil the risks funeral industry workers face in dealing with the remains of those who died with COVID-19. The risks are elements of the terror management theory.

Pearce, C., Honey, J. R., Lovick, R., Zapiain-Creamer, N., Henry, C., Langford, A., Stobert, M., & Barclay, S. (2021). 'A silent epidemic of grief': A survey of bereavement care provision in the UK and Ireland during the COVID-19 pandemic. *BMJ Open*, *11*(3), Article e046872. https://doi.org/10.1136/bmjopen-2020-046872

This article provides an overview of the effects of bereavement care on death industry workers as they face the dread of contracting COVID-19 disease and

death. This article has information about the relationship between death, bereavement, and funeral industry workers.

Remedios, J. (2020, March 30). Discussing death in a society where it is taboo: Pandemic Narrows Americans' cultural distance from death and dying. *National Catholic Reporter*. https://www.ncronline.org/news/pandemic-narrows-americans-cultural-distance-death-and-dying

This article provides further evidence of the terror of death and the terror management theory that American society builds walls to keep the terror of death at bay.

Shamim, A., & Muazzam, A. (2018). Gender differences in positive emotion. *Journal of Arts and Social Sciences*, *V*(I), 125–137. https://www.researchgate.net/publication/348919481_Gender_Differences_in_Positive_Emotion

This research study looked at terror management theory and the perceived difference between men and women. Shamim and Muazzam may provide research for a future study to examine whether men and women deal with dying and death differently. A further analysis may question whether male and female funeral industry workers deal with excessive death events differently.

Ugwu, S. (2020). Modern funeral rites during the COVID-19 pandemic: The socio-psychological implications. *Nigerian Journal of Social Psychology*, *3*(1). https://nigerianjsp.com/index.php/NJSP/article/view/50

This study examines how the COVID-19 pandemic brought about changes in our regular lifestyles and cultural practices. Modern funeral rites for the dead have

been altered because of the impact of the pandemic. And there is an evident psychological impact of the COVID-19 deaths upon those who work in the death industry as they navigate the responsibility of funeral rites and the threat of the disease.

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APPENDICES

APPENDIX A

Categorical Distinctions Among Funeral Industry Workers

An interesting point to note, is S. R. Simone's 2011 study, *The Stigmatization of Deathcare Workers* surmises that there is a staff distinction *within* the funeral industry. The distinction is between those who deal with the physicality of death are viewed as manual laborers and those who work specifically with the families are administrators. Simone's study identifies death industry workers to include all those involved in dealing with the finality of death.

The population section of this study notes that all the participants agreeing to the interview process for this study were administrators, the one participant who transported was also an administrator. It was shared with this investigator that those who deal directly with the remains have limited English and do not feel comfortable answering questions regarding their employment. This appears to be linked to Simone's study identifying a distinction among funeral industry workers who work with remains and those who work with families.

APPENDIX B

Burial Permits

Two of the research participants spoke about burial permits stating that there were problems with obtaining burial permits before the pandemic and it was an even greater task during the pandemic. A deceased person cannot be buried without a burial permit. Burial permits are requisite and can only be requested after the death permit is issued. The process of obtaining a burial permit in-person usually expedites the process, and the permit can be obtained in 24 hours. The burial permit is issued by the state and applicants need to be prepared to wait an hour or more for same-day service. However, the CDC (n.d.) indicated that getting cause-of-death information in a pandemic can be challenging which slows the process of issuing an accurate death permit and consequently, delays funerals and burials. COVID-19 pandemic eliminated any in-person requests for permits, so there was no avenue to obtain an expedited burial permit. The other method of obtaining a burial certificate is through the postal service which is normally about a 3-week process to receive a permit. COVID-19 caused the delay of death permits, burial permits and ultimately, funerals were delayed for weeks and even months.

The NFDA (n.d.) reported that during the COVID-19 extreme death event there were no in-person permits issued because public spaces were closed. The 3-week burial certificate by mail was not consistent and most often took at least 4 weeks to obtain. The participants indicated that addressing the bereaved relatives' sorrow was contingent upon obtaining the burial permit so a burial service could be scheduled. In anticipation of delays in the burial certificates, burials had to be scheduled 4 to 12 weeks away.

And, in the cases where families wanted the remains to be shipped to another state or country, consulate documentation, additional costs, shipping certificates were needed, and customs import/export documentation must all be in order to ship remains. The Neptune Society (n.d.) cites the costs of shipping cremated remains to be about $300, and the costs to ship a deceased body ranges from $10,000-$20,000. The research participants expressed a desire to get public health officials to confer with the funeral industry to coordinate the logistical process to help grieving families to bury their loved ones expeditiously.

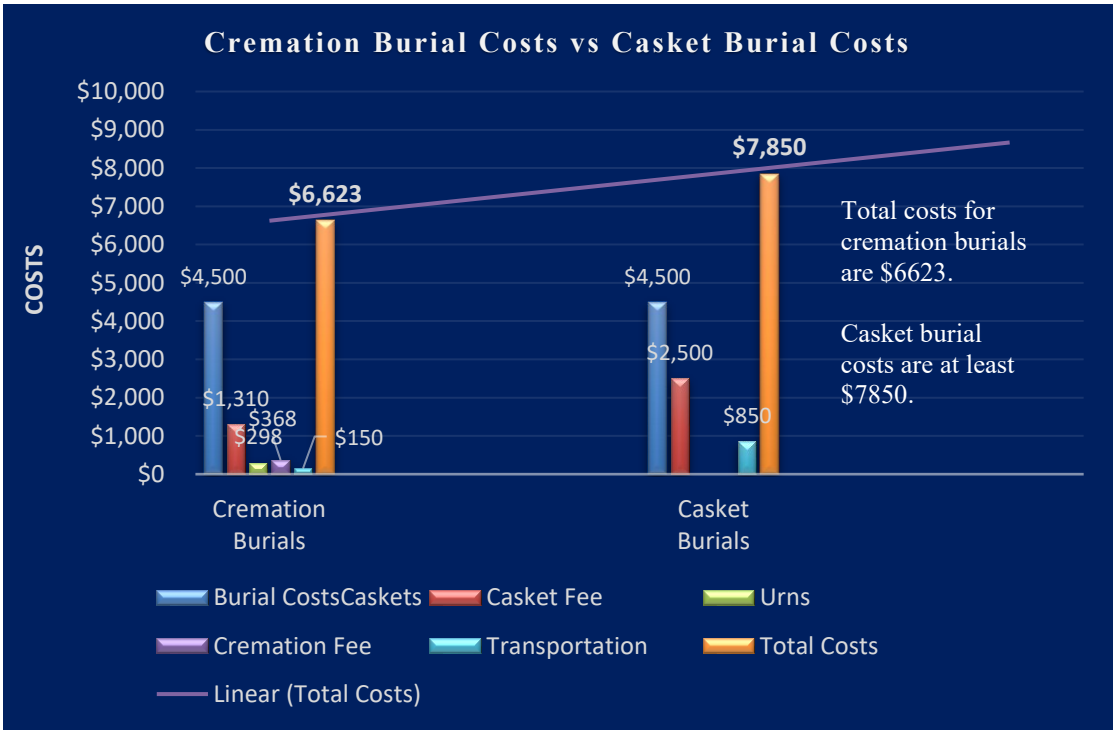
APPENDIX C

Shift in Burial Trends

The NFDA (n.d.) reported that the national median cost of a funeral with viewing and cremation is $6,970 (see Figure C1). That's $873 - $1250 less than a casket funeral and burial. Traditional funeral services included caskets and other products to accommodate religious and cultural practices. However, COVID-19 prohibited social engagement so traditional funerals were nil. The primary burial process during COVID-19 was cremation. The NFDA projects cremation, with other products and services is the way of the future.

Figure C1

Cost of Burial Versus Cremation



Note. Adapted from "Average Cost of a Funeral in Each State" (p. 5), by A. Martin, 2022, Choice Mutual Insurance Agency (https://web.archive.org/web/20220324025704/https://choicemutual.com/funeral-cost/).

APPENDIX D

Additional Research Responses

In responding to the research questions participants also conveyed their discouragement from some of the public responses to the virus, wearing masks, social distancing, and the pending vaccinations. Several research participants showed hurt and frustration with people expressing their doubts about the deadliness of COVID-19 and their "right" not wear masks or to be vaccinated.

The research participants wished they could invite the public to tour the crowded conditions in the funeral homes from the excessive numbers of dead bodies stored in every available space (see Figure D1). They wished they could have the public witness the round the clock calls and the distress of the families of COVID-19. They hoped that people would be more considerate and compassionate.

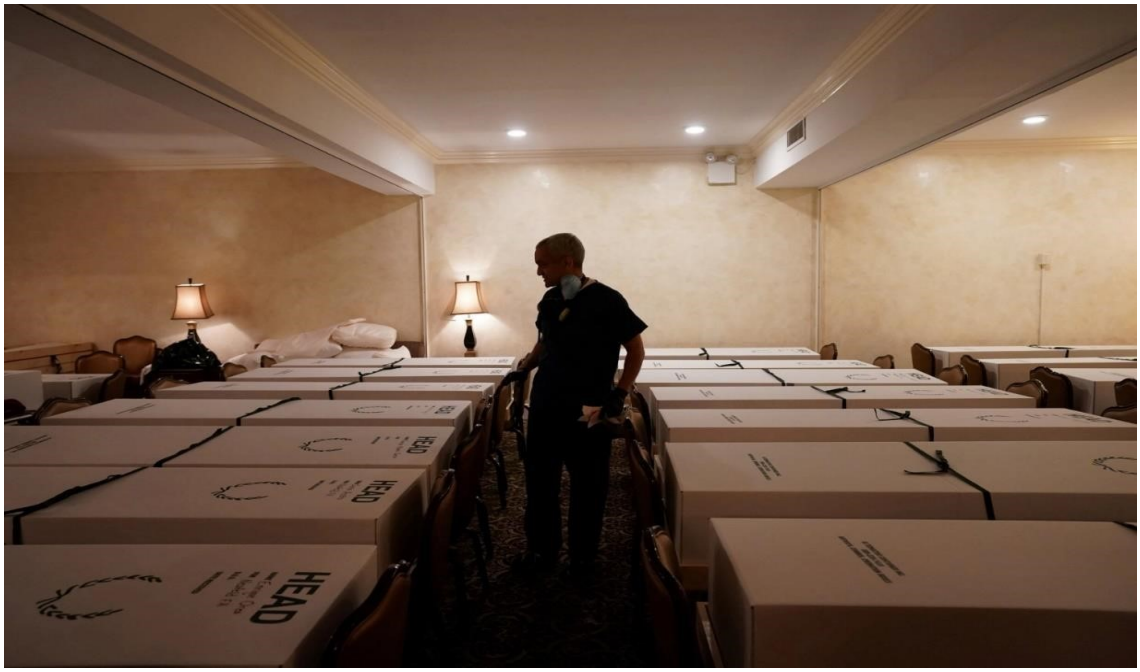
Additional Research Participant Statements/ Observations

(Participants are not referenced to protect their confidentiality)

1. One of the research participants indicated that a grieving family member was enraged that she could not see her deceased father. The grieving family member cursed and yelled at the funeral industry worker and could not be calmed to have a rational conversation. The funeral industry worker yelled back at her to get her to listen. The funeral industry worker indicated that was not something that they had ever done and having to yell at a grieving family member caused further distress. The research participant felt remorseful and cried remembering this incident.

Figure D1

Caskets at Gerard J. Neufeld Funeral Home, New York, 2020



Note. Funeral director Omar Rodriguez looks over caskets of bodies at the Gerard J. Neufeld funeral home during the coronavirus outbreak in the Queens borough of New York on April 26, 2020, photo by Bryan R. Smith, NBC News. From *One Death Every 80 Seconds: The Grim New Toll of COVID-19*, by J. Murphy and C. Siemaszko, NBC News, August 5, 2020 (https://www.nbcnews.com/news/us-news/one-death-every-80-seconds-grim-new-toll-covid-19-n1235890).

2. A research participant stated that the funeral home had assisted more ethnic families seeking out burial assistance than they would normally encounter. The research participant stated that many community funeral homes that provided services to their respective communities were either unable to assist because they did not have the capacity nor staff, or they had gone out of business.
3. One of the most stressful and tearful stories was a research participant indicating that within a 3-month period they buried three persons from the same family. First, the father contracted COVID-19 and passed away. The son called to arrange

for his father's body to be picked up from the home and burial arrangements were made. A few weeks later, the same son called because his mother had died. He had lost both parents to COVID-19. And, several weeks later, the son who had made the arrangements for his parents had contracted COVID-19 and passed away. The devastation to families was overwhelming.

4. One of the participants shared that the funeral home was not just inundated with making cremation burial arrangements, but the transportation department was working around the clock picking up the deceased from hospitals and private homes. The workers who picked up the deceased had the most fears because they were in and out of the homes of infected victims. And were interfacing with other family members who may have been exposed to the infectious disease.

   The funeral industry workers who handled the remains outside of embalming include transportation workers, workers who prepped the bodies, those who worked the crematoriums and, grave diggers. These workers were not likely to share their experiences many are immigrant workers.

5. The participants who were grief counselors were glad to be able to work remotely, and continue to be paid; however, one of the counselors indicated that they felt they were not able to adequately do their job because they could not really address the grief the families were feeling. The participants stated that grief work was "person work" they needed to be present and in-person to address grief.
6. Participant conversations included the importance of addressing grief in death work. Almost all participants indicated that grief-work was a specific and special concept that was as important as the funeral and burial processes. The participants

expressed that effective grief work required “in-person” encounters that enable the grief counselor to walk alongside the bereaved, hold them up when they are weakened by the grief, and guide them when they feel lost in the process.

7. The participants reiterated that Forest Lawn did not close. Forest Lawn assisted everyone whether or not they had the ability to pay—just like hospitals. The funeral industry was as necessary as hospitals and emergency response systems.
8. One of the research participants indicated that early on before they were able to get refrigerator trucks, the funeral home purchased racks and shelving from Lowe’s. Additionally, the funeral director and staff had to devise a system to store and categorize the bodies. They needed to know who and where each body had been placed. Management had to devise a numeric system to identify the remains, process paperwork and administer cremations accordingly. The funeral industry workers were very concerned about proper identification in the process.
9. Research participants indicated that family members were encouraged to cremate. Cremations were encouraged because of the space constraints and the frequency of people dying. Families that were opposed to cremations, had to pay for embalming and storage of the remains, if it was not a COVID death. The participants indicated that embalmed remains do not need refrigeration. Those who could afford to pay for the embalming, and storage to have a full funeral had to wait for months for a ceremony. The bereaved loved ones were restricted in the number of participants and time to hold burial ceremonies.
10. The following article is taken from *The Guardian* (S. Levin, 2021; TMT). The article is an interview with family members who describe their COVID-19

experience with a Los Angeles funeral home. The article encompasses many of the problems described by the research participants.

Elvira Marquez, a 50-year-old Angeleno whose father Manuel died on 6 January, said the process to bury her father was a nightmare. Manuel requested to be buried at Rose Hills Memorial Park and Mortuary (Whittier California) alongside his wife, but Marquez found it impossible to reach anyone at the cemetery.

She said she waited more than six hours on hold, and that when she finally got through, a representative said the mortuary would call back when it had capacity to pick up Manuel's body, and that it probably wouldn't be able to transport him until there were multiple bodies that needed transport from the hospital where he died.

She spent the next two weeks without updates, she said, and only learned 10 days after the fact that Rose Hills had indeed picked up her father. But the cemetery listed the wrong death date on its website obituary, making her worry that Rose Hills could have mixed up corpses, especially since she hadn't laid eyes on her father, a 77-year-old welder. She was eventually told she would have an appointment on 2 March to make arrangements but had no idea how long it will take to schedule the burial after that.

"Do they even have the right person? We don't know," said Marquez, who last saw her father when she said her goodbyes on Zoom and is now raising money on GoFundMe to cover the burial costs. "To have to go through this with the mortuary to find out if it is my father is indescribable. It is surreal. ... The cemetery is literally inundated with so many families having to endure this pain all over again."

A Rose Hills spokesperson acknowledged services were delayed, but declined to comment on Marquez's account, saying "all decedents are served with the care and compassion they deserve during this unprecedented time."

Juliana Jimenez Sesma, 41, had to figure out how to bury both of her parents after they died 11 days apart in December in South LA. With funeral homes overrun and the holidays further postponing paperwork, it was three weeks before she could have a service for her mother, which she held outdoors in a church parking lot.

"It's just pain on top of pain having to wait. You don't get to have a little more peace until you know their body is put to rest," she said.

Both documented published interviews corroborate the experiences of the funeral industry workers. The personal statements of these grieving families substantiated the reports of the funeral industry workers of overcrowded conditions, delays, restrictions, fears, and extreme stress.

APPENDIX E

The Changing Face of the Funeral Director

The National Funeral Directors Association (2022) states that "the funeral-service industry has historically been male-dominated—largely because men were deemed more capable of handling the physical activity required in planning a funeral service – a new generation of women is rising to the challenge."

The past few years women have been entering the profession in droves. For the past 5 years, more than 60% of the students studying mortuary science have been female. The NFDA attributes the shift to the realization women are adept at many of the traits funeral directors need to possess communication skills, compassion, a desire to help comfort those coping with a death, as well as organizational and event-planning skills. The following statements are from an MSNBC interview in 2019.

Life after death (an MSNBC interview with a woman in the funeral industry)

Caitlin Doughty has always been fascinated by death. "Today is Halloween. Finally, it's come," read the only entry in the 8-year-old girl's Hello Kitty diary. Now at 35, Doughty is a death awareness advocate and mortician at the forefront of an industry revolution. ... Doughty didn't necessarily foresee her unique career path. After college, she was living in San Francisco when she decided to apply for a job at a crematory "as a crazy idea" to see what was going on behind the scenes. At 22, while driving corpses around the city, she felt an immediate sense of purpose—she knew it was important work and wanted to be more transparent with grieving families. She wanted to get rid of the notion that, "We're the experts. You're the confused grieving family."

Most funeral directors are practicing embalmers, which means that they prepare and preserve the body before internment. Common duties of funeral directors include meeting with families, helping families plan services, embalming and preparing bodies, planning and organizing wakes and memorial services, placing obituary notices in newspapers, and handling paperwork.

To become a funeral director, individuals need to complete a 2- or 4-year program in mortuary science. Typical courses in such a program include physiology, anatomy, embalming techniques, pathology, restorative art, accounting, and client services.

All 50 states also require funeral directors to be licensed, which generally requires at least two years of education, one year of apprenticeship and a passing score on a state examination, according to study.com, which notes that the U.S. Bureau of Labor Statistics projects employment to grow in that field by 7 percent through 2024. (By Rosie Colosi, Oct. 16, 2019) https://www.msnbc.com/know-your-value/millennial-mortician-closing-casket-traditional-funeral-industry-n1067486traditional-funeral-industry-n1067486