

PTSD Prevalence Rates of US Funeral Directors during the COVID-19 Pandemic: A Brief Report

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ABSTRACT

The COVID-19 pandemic has created physical and mental health concerns for funeral directors. Past literature notes that high job demands, occupational death exposure, and heightened numbers of funerals have negative impacts on the mental health of funeral workers. Additionally, previous studies have found prevalence rates of PTSD to be more than three times higher in funeral directors than the general population. The present study sought to evaluate PTSD rates of funeral directors in the United States during the COVID-19 pandemic given the increased job demands, high rates of burnout, and heightened death exposure they have faced. A convenience sample was used, and 10 participants completed an online survey containing the PTSD Checklist for DSM-5 (PCL-5) and questions regarding awareness of mental health resources. Findings indicate that 50% of participants met criteria for a provisional PTSD diagnosis ($n = 5$), and 30% of participants had little to no awareness of mental health resources for funeral directors ($n = 3$). The results highlight the need for increased research and awareness regarding the mental health of funeral directors, particularly during times of increased stress, and the need for mental health services for funeral workers.

Keywords: Funeral directors, PTSD, COVID-19

1 Introduction

Throughout the COVID-19 pandemic, significant media and research attention has been devoted to the impact of COVID-19 on frontline health care workers. When using Google Scholar to search “frontline healthcare workers and COVID-19” there were approximately 48,200 articles related to this topic as of March 2022. In contrast, little attention has been paid to the impact of COVID-19 on funeral directors. In fact, as of March 2022, a Google Scholar search of “funeral directors and COVID-19,” results in only 10,000 articles. Additionally, many of these articles are related to the importance of accurate body counts, death certificates, and funeral regulations during the pandemic, and few articles address the impact of COVID-19 on funeral director’s physical and mental well-being. Despite the current lack of attention, considering the impact of the pandemic on funeral directors is critical.

Funeral directors have been forced to swiftly adapt to the COVID-19 pandemic and are asked daily to put themselves at risk in order to care for others. While the full risk of handling COVID-19- positive bodies is unknown, the potential danger of contracting a contagious, harmful virus is concerning. The Occupational Safety and Health Administration (OSHA) reported that there is a high exposure risk associated with many tasks that may be performed by funeral directors, including burial and cremation preparation of bodies of those who had COVID-19 at the time of their death (n.d.). Despite the increasing number of COVID-19-positive bodies, the guidelines for safe handling of corpses during the pandemic are inconsistent and lack a scientific basis (Dijkhuizen et al., 2020).

Employment demands on funeral directors have also increased. For example, funeral directors are now tasked with limiting the number of loved ones that can attend funerals due to government safety guidelines. This can be difficult, as funerals are often a place for loved ones to find comfort in grieving

together, and funeral directors must now tell family members. To choose who may or may not attend the service. Additionally, due to the high death rate during the COVID-19 crisis (Overmeire & Bilsen, 2020), funeral directors have been asked to pick up, store, and prepare a heightened number of bodies, increasing their workload. Finally, as with all organizations during the pandemic, they have had to alter practices regarding cleaning, wearing personal protective equipment, and enforcing state and local guidelines.

In addition to physical health concerns and increased employment demands, the COVID-19 pandemic has also had an impact on the mental health of funeral directors. For example, after the first wave of COVID-19 in Belgium, researchers found that funeral directors were experiencing significantly heightened feelings of burnout (Overmeire et al., 2021). Studies before the pandemic found that high job demands (Goldenhar et al., 2001), occupational death exposure (Linley & Joseph, 2005), and heightened numbers of funerals (Harrawood et al., 2009) may have negative implications for funeral workers' mental health. The COVID-19 crisis has increased the number of deaths and funerals, as well as job expectations for funeral directors. Therefore, it is likely that funeral directors are also experiencing increased mental health issues.

Funeral director's health and well-being has not been well-studied; however, one recent study found that 28.5% of a sample of funeral directors studied met criteria for posttraumatic stress disorder (PTSD) (McClanahan, 2019). PTSD is a psychiatric disorder that may occur when people experience or witness a traumatic event and can include symptoms such as intrusive thoughts, avoiding reminders of the event, alterations in cognition and mood, and alterations in reactivity to stimuli (Torres, 2020). This rate is approximately 20% higher than that of the general population (National Center for PTSD, n.d.). Of high concern, approximately 47.5% of the sample stated that they were unaware of any mental health services available to mortuary workers (McClanahan, 2019).

Given the findings of high rates of PTSD for mortuary workers (McClanahan, 2019) during typical times, and heightened job demands and burnout (Overmeire et al., 2021) during the COVID-19 crisis, the present study sought to investigate the prevalence rate of PTSD of funeral directors in the United States (US) during the ongoing pandemic. Additionally, the present study explored funeral directors' knowledge of available mental health resources for funeral directors and their willingness to seek these resources. Hypotheses for the current study were as follows:

- Funeral directors will experience heightened rates of PTSD compared to the general population.
- Funeral directors will experience heightened rates of PTSD compared to previously found rates in mortuary workers (28.5%).

2 Methods

2.1 Participants

The present study used a convenience sample of 10 US funeral directors who completed a battery of questionnaires in May 2021. All participants responded to questions related to PTSD symptoms, and 9 responded to questions related to mental health resources. Participants were recruited through an email invitation that was sent to a large funeral group consisting of over 100 funeral homes spanning nine states.

2.2 Measures

2.2.1 Sociodemographic Variables

Participants were asked to identify their age, gender, race, and disability status. Additionally, participants were asked to state whether or not they had tested positive for COVID-19, and to report their number of friends or family members who had passed away from COVID-19 complications using a Likert scale ranging from 0 - 4, where 0 meant they had not lost any loved ones to COVID-19, and 4 meant they had lost six or more loved ones to COVID-19.

2.2.2 PTSD Checklist for DSM-5 (PCL-5)

The PCL-5 is a 20-item, self-report measure that is used to assess PTSD symptoms as described in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5; Weathers et al., 2013). The PCL-5 has been found to have strong internal consistency ($\alpha = .94$), test-retest reliability ($r = .82$), and convergent validity ($r_s = .72$ to $.85$) (Blevins et al., 2015). Factor analyses also support an acceptable fit with DSM-5 criteria (Blevins et al., 2015). The PCL-5 asks participants to indicate the degree to which various symptoms have bothered them in the past month using a 5-point Likert scale, in which 0 is “Not at all” and 4 is “Extremely.” The items are summed to create a total score ranging from 0 to 60, where higher scores indicate a greater likelihood of PTSD. As recommended by current literature, the present study used a cut-off score of 31 to determine a provisional PTSD diagnosis (Bovin et al., 2016).

2.2.3 Single-Item Measures

Participants were asked to respond to two single-item measures related to mental health resources. The first item asked, “How aware are you of mental health resources specific to the nature of your work?” and was rated on a 4-point Likert scale, where 1 was “Not at all” and 4 was “To a great extent.” The second item asked, “How comfortable would you be seeking mental health support (talking to a primary doctor, seeking therapy, seeking support groups) regarding stress symptoms as a result of your work?” and was rated on a 5-point Likert scale, where 1 was “Very uncomfortable” and 5 was “Very comfortable.”

2.3 Procedure

The current research was approved by the Institutional Review Board at the University of Montana in Missoula, Montana prior to data collection. Data for the present study were collected through an online survey directed at funeral directors in the United States, which was sent via email to a large funeral group. Recruitment was limited to individuals who were currently employed as funeral directors and were at least 18 years of age. Respondents were not compensated for their participation. A list of mental health resources was provided at the end of the study.

In order to consider a provisional PTSD diagnosis, individuals must have been exposed to a potentially traumatic event as outlined in the DSM-5. All participants in the study were considered to meet this criterion as they have been repeatedly exposed to death over the course of the pandemic due to the nature of their work. When responding to items on the PCL-5, participants were given the following prompt: “Below is a list of problems that people sometimes have in response to a very stressful experience. For the purposes of this study, the stressful experience should be considered as exposure to death during the COVID-19 pandemic,” in order to better understand the impact of COVID-19 specifically on funeral directors, rather than other potentially traumatic experiences.

2.4 Data Analysis

Descriptive statistics were used to determine the number of participants who met provisional criteria for PTSD and to provide information regarding knowledge of mental health resources. In order to determine the PTSD prevalence rate, a ratio was determined where the number of participants who met the criteria for a provisional diagnosis of PTSD was divided by the total number of participants.

3 Results

3.1 Participant Variables

The majority of participants were female ($n = 6$), White ($n = 9$), and between the ages of 36 to 55 ($n = 6$; see Table 1). None of the participants identified as having a disability. At the time of the survey, 30% of participants had previously tested positive for the COVID-19 virus ($n = 3$). Half of the participants had not lost a friend or family member to COVID-19 complications ($n = 5$), 40% of the sample had lost one to two loved ones to COVID-19 ($n = 4$), and 10% had lost between three and five loved ones to COVID-19 ($n = 1$).

Table 1: Participant Demographics

Variable	Percent	N
Gender		
Female	60%	6
Male	40%	4
Ethnicity		
Caucasian	90%	9
American Indian or Alaska Native	10%	1
Age		
26-35	30%	3
36-55	60%	6
70+	10%	1
Number of loved ones lost to COVID-19		
0	50%	5
1-2	40%	4
3-5	10%	1
Personal COVID-19 status		
Never tested positive	70%	7
Tested positive at some point	30%	3

Note. $N = 10$

3.2 PTSD Prevalence Rate

In the present sample, 50% of participants met criteria for a provisional PTSD diagnosis ($n = 5$) when using a cut-off score of 31. The average score on the PCL-5 was 27.2 ($SD = 14.49$), with total scores ranging from 9 to 56 (see Figure 1). PTSD symptoms that were most highly endorsed included feeling cut-off from others and feeling watchful or on guard. In our sample, internal consistency for the PCL-5 was $\alpha = .99$, indicating excellent reliability.

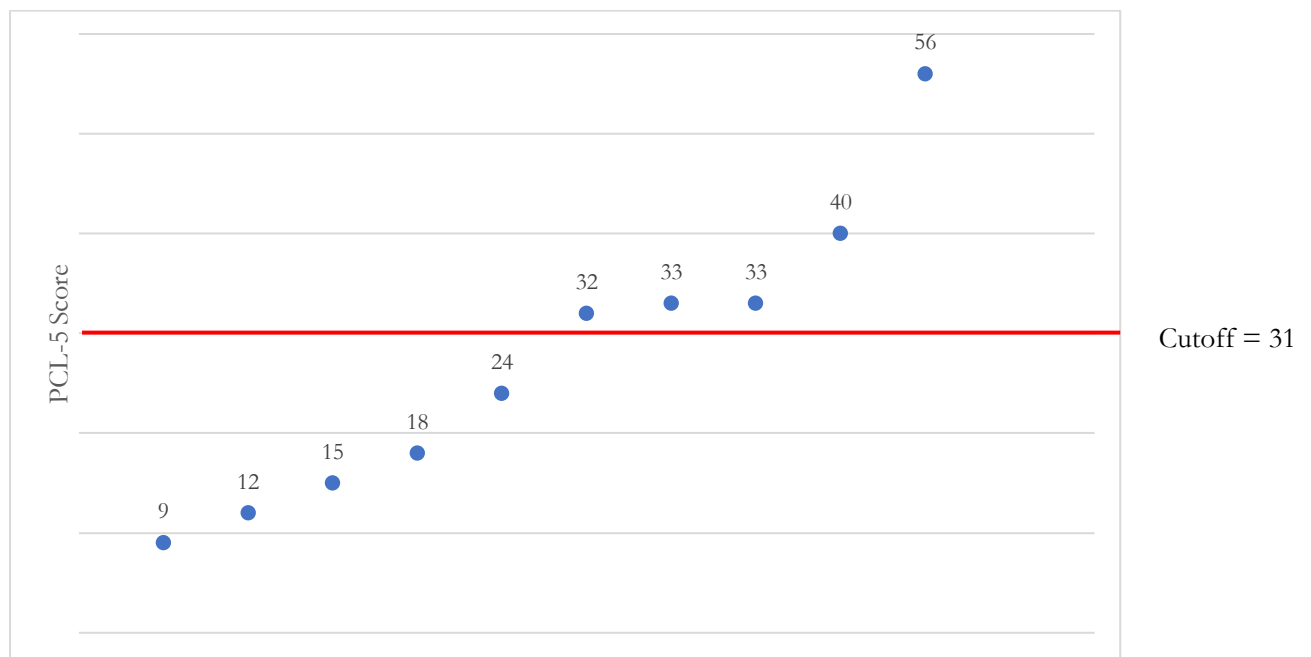


Figure 1: PCL-5 Totals

3.3 Mental Health Resources

When asked about awareness of mental health resources for funeral directors, 20% of the sample reported being not at all aware ($n = 2$), 10% reported having very little awareness ($n = 1$), 50% reported

having some awareness ($n = 5$), and 10% participant reported having a great awareness ($n = 1$; see Table 2). One participant did not respond to the item.

When asked about level of comfort with seeking mental health services, 10% reported that they would be very uncomfortable ($n = 1$), 20% reported that they would be somewhat uncomfortable ($n = 2$), 40% reported that they would feel somewhat comfortable ($n = 4$), and 20% reported that they would feel very comfortable ($n = 2$; see Table 2). One participant did not respond to this item.

Table 2: Mental Health Resources

Variable	Percent	N
Awareness of resources		
Not at all aware	20%	2
Very little awareness	10%	1
Some awareness	50%	5
Great level of awareness	10%	1
Did not respond	10%	1
Comfort with seeking services		
Very uncomfortable	10%	1
Somewhat uncomfortable	20%	2
Somewhat comfortable	40%	4
Very comfortable	20%	2
Did not respond	10%	1

Note. $N = 10$

4 Discussion

Studies have noted that when funeral directors experience high job demands (Goldenhar et al., 2001), occupational death exposure (Linley & Joseph, 2005), and heightened numbers of funerals (Harwood et al., 2009), there are negative mental health consequences, such as posttraumatic stress disorder. For example, research has noted that before the pandemic, funeral directors had a PTSD rate of 28.5% (McClanahan, 2019), which is more than four times higher than the rate in the general US population (6%; National Center for PTSD, n.d.). Additionally, since the pandemic, research has highlighted the significant increased burnout (Overmeire et al., 2021) and job demands that funeral directors have experienced as a consequence of the COVID-19 pandemic. However, the ways in which this increased pandemic-related burnout and employment demands may result in upward shifts in US funeral directors PTSD rates, specific work-related trauma, and posttraumatic symptoms have not been fully explored. Due to this gap in the literature, we sought to understand PTSD rates of US funeral directors during the COVID-19 pandemic.

According to our findings, 50% of US funeral directors in our sample met criteria for a provisional PTSD diagnosis related to their work during the COVID-19 pandemic. Though the sample was small, this staggering percentage is approximately 44% higher than the general population and 21.5% higher than previously found PTSD rates for funeral directors before the COVID-19 pandemic. This finding provides support for additional, larger studies exploring the mental health of mortuary workers.

Further, findings indicate that the pandemic has taken a significant toll on funeral directors' mental health, as evidenced by PTSD diagnosis, and that there is a lack of knowledge among funeral directors regarding mental health resources available to them. Results highlight the need for greater awareness regarding the high rates of stress, employment demands, and physical and mental health concerns that funeral directors are facing as a result of COVID-19. It is possible that funeral directors have been silently suffering from posttraumatic symptoms as a result of their work and have lacked the knowledge and resources to seek help in coping with this distress. For example, as evidenced by the results, 30% of funeral directors in the sample had little to no awareness of mental health services available for funeral directors.

Thus, greater research attention is needed regarding the mental health of funeral directors, as this population is often forgotten in the literature despite the potentially traumatic experiences they face daily as they serve our communities. This study may also serve as a catalyst for federal, state, organizational, and local financial resources to be allocated to funeral directors so that they may access mental health services.

4.1 Conclusions

There is a dearth of literature regarding the impact of COVID-19 on funeral directors' mental health. Despite Google Scholar search approximations indicating that the search terms "funeral directors and COVID-19" results in about 10,000 articles, many of these articles neglect to consider the mental health distress that arose from the increased number of deaths and increased employment demands due to the pandemic. However, previous research has highlighted that increased job demands, occupational death exposure, and heightened numbers of funerals result in problematic mental health outcomes. Additionally, past literature has noted a higher rate of PTSD for funeral directors compared to the general population. Given the increased burnout and job demands as a result of the COVID-19 pandemic, the present study sought to determine PTSD rates of US funeral directors during the pandemic.

Findings indicate that the pandemic has taken a significant toll on funeral directors' mental health, as evidenced by a PTSD rate of 50% in our sample. This rate, which is a dramatic increase compared to funeral director PTSD rates reported prior to the pandemic, illustrates the consequences of the pandemic on the mental health and well-being of funeral directors. Additionally, there is a lack of knowledge among funeral directors regarding mental health resources available to them, as 30% of funeral directors in our sample had little or no awareness of mental health services. Recommendations based on the results include increasing awareness regarding the mental health concerns US funeral directors have and continue to face during the COVID-19 pandemic. Further, resources should be allocated for the development and dissemination of mental health resources for funeral directors. These recommendations can provide aid to funeral directors, increase their mental well-being, and allow them to continue their vital services in the community.

5 Declarations

5.1 Study Limitations

The greatest limitation of the present study is the small sample size, which may affect the generalizability of findings. Funeral directors have been overwhelmingly busy during the COVID-19 pandemic, which may have prohibited some individuals from completing the survey. Additionally, the survey was sent to only one funeral group in the United States. Future studies may recruit participants from a broader sample and increase participation. Additionally, a broader sample may result in greater diversity, as the vast majority of participants in the present study were White and none reported having a disability.

5.2 Funding Source

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5.3 Ethical Approval

The present study was considered exempt from review by the Institutional Review Board at the University of Montana in Missoula, Montana.

5.4 Informed Consent

All participants agreed to participate in the study and signed an electronic informed consent form. Data is anonymous.

5.5 Competing Interests

The authors declared that no conflict of interest exist in this work.

5.6 Publisher's Note

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