

THE IMPACT OF COVID-19 ON THE WELL-BEING OF FUNERAL PARLOUR EMPLOYEES

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Abstract

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As a consequence of COVID-19 funeral industry employees risk developing severe mental health issues such as depression and anxiety as they are overexposed to death, stressful working situations, and fear of being infected with the virus (World Health Organization [WHO], 2020). The research investigated possible physical and mental health risks to funeral industry employees exposed to death and funerals exacerbated in times of pandemics. There is limited research available that indicates the extent of COVID-19's impact on funeral parlours and employee well-being. This paper aims to address the identified limitation by contributing to the understanding of COVID-19's impact on funeral parlour employees. A quantitative research approach was employed. A sample of 62 respondents from two funeral parlours (funeral parlours A and B) operating in the eThekweni area was selected. Statistical Package for the Social Sciences (SPSS) was used to analyse quantitative data. Thematic analysis was used to analyse interview data. Findings revealed that working during the COVID-19 pandemic had a negative impact on the physical well-being of funeral parlour employees as they exhibited symptoms of stress, exhaustion, and general sickness. The study recommends that management should work on strengthening wellness programmes to ensure that the adverse effects of the coronavirus on employee well-being are minimised.

Keywords: COVID-19, Funeral Parlour, Employee Well-being, Physical Well-being, Mental Well-being

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1. INTRODUCTION

The COVID-19 outbreak has become a global health crisis affecting people's physical and mental health worldwide. In addition to the public health impact, COVID-19 has adversely impacted most businesses due to COVID-19 regulations (Organisation for Economic Co-operation and Development [OECD], 2020). Funeral parlours were declared as an essential service and provided services throughout the

pandemic, this came with increased exposure to death, long working hours, and stressful situations that potentially increase the risk of developing mental health challenges for employees (Van Overmeire & Bilsen, 2021). World Health Organization (WHO, 2020) elucidates that during pandemics, job losses, risk of exposure to communicable diseases, and the risk of unemployment are linked to an increased rate of stress, depression, and psychological disorders.

Dong and Bouey (2020) stressed the importance of implementing psychological crisis interventions to lessen the adverse effect on mental health. The United Nations (UN) in its policy brief suggested that good mental health is critical to the functioning of societies and mental health and well-being have been adversely impacted by the COVID-19 pandemic (United Nations [UN], 2020). The study profiles two funeral parlours within the eThekweni municipality that for the purpose of this study will be named funeral parlour A and funeral parlour B. The research seeks to contribute to the literature on the impact of COVID-19 on funeral parlour employees' well-being. Specifically, this research analyses the impact of COVID-19 on the well-being of funeral parlour employees.

The rest of the paper is structured as follows. Section 2 presents the reviewed literature. Section 3 outlines the research methodology employed in the study. Sections 4 and 5 provide a presentation and discussion of the results, respectively and Section 6 concludes the paper.

2. LITERATURE REVIEW

2.1. The disease: COVID-19

The novel coronavirus 2019, a disease caused by "Severe Acute Respiratory Syndrome Coronavirus 2" has hurt health systems globally, the extent of the outbreak propelled the WHO to declare it a global emergency (WHO, 2020). Individuals infected with the virus exhibit mild to moderate respiratory illness however some with comorbidities such as "cardiovascular disease, diabetes, chronic respiratory disease" become severely ill and require medical attention and hospitalisation (WHO, 2020). Those with respiratory disease require ventilators that are typically only located in intensive care units, unavailability of ventilators for those that need them could result in death (van den Heever, 2020). The best way to slow down transmission is to be well informed about the virus and how it spreads (WHO, 2020). The virus spreads through small liquid particles transmitted from an infected individual nose or mouth through sneezing, coughing, speaking, singing, and breathing (WHO, 2020). To reduce transmission, it is critical to practice respiratory etiquette, maintain a distance of at least one metre, wash hands or use alcohol-based rub regularly, and wear masks (WHO, 2020).

2.2. Funeral industry

The funeral industry is distinctive in that it offers a package of goods and services in times of grief and sadness. Mahomed (2022) purports that South Africa's high mortality rate and the importance placed on funerals by a large population have resulted in the emergence of a large and profitable funeral industry. Funeral services providers, also known as funeral parlours or undertakers, are renowned in South African communities (Cenfri, 2013). The funeral industry comprises funeral undertakers and mortuaries, cemeteries, and

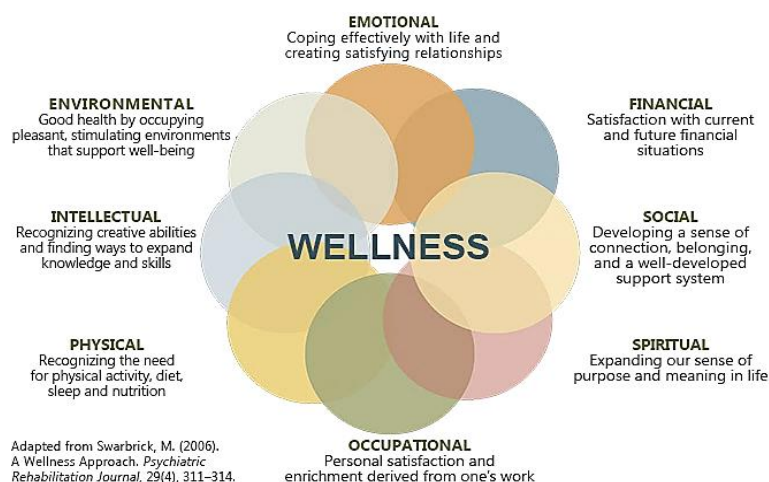
crematoriums, manufacturers of funeral products, transporters of human remain, suppliers of funeral goods, embalmers, and funeral directors (Mahomed, 2022). Hougaard et al. (2016) indicate that funeral parlours offer services such as the removal of the body from the deceased home, hospitals utilise their services in the removal and storage of bodies, funeral parlours enjoy a powerful market position as they are the only service providers that the consumer can utilise to conduct burials. The South African Law Commission (2020) indicates that in general, three distinct activities go into planning and carrying out a funeral, namely, administrative tasks that involve registering the death and associated paperwork, handling of the body which includes, removal, appropriate storage, viewing of the deceased and preparing the body for burial or cremation, lastly the planning for and conducting the funeral service.

2.3. Employee well-being on multiple dimensions

The notion of well-being has been widely explored with differing views on its definition. The foundation of well-being is encompassed in the WHO (n.d.) definition that health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Dodge et al. (2012) identified characteristics of well-being as autonomy, environmental mastery, positive relationships with others, purpose in life, realisation of potential, and self-acceptance. Well-being is defined as the balance between available resources and challenges experienced (Dodge et al., 2012). Essentially well-being is a balance juncture between available resources with challenges encountered. When people face more challenges than resources, then the equilibrium is displaced, and so does well-being and the inverse is true.

As previous researchers have stated, the concept or issue of wellness is usually examined and discussed in terms of multiple dimensions. Most of them distinguish five to six dimensions (Roscoe, 2009; Harari et al., 2005; Adams et al., 1997). One of the most well-known and cited dimensions of wellness are physical, emotional, social, psychological, intellectual, and spiritual (Adams et al., 1997). Similarly, Hettler's Wellness Hexagon consists of six dimensions: physical, emotional, social, intellectual, spiritual, and occupational (Hettler, 1984). There are scholars who have presented more than six dimensions such as Hooker et al. (2020) examined seven dimensions of well-being in their model, dimensions: perceived wellness, stress, financial stress, occupational wellness, sleep quality, diet quality, and physical activity. Swarbrick and Yudof (2015) also presented a model of eight dimensions of well-being that are physical, emotional, social, intellectual, spiritual, occupational, environmental, and financial, these are presented in Figure 1 below. These dimensions can be divided into internal and external factors and include both personal satisfaction (as spiritual harmony) and employee satisfaction (as occupational harmony).

Figure 1. Eight dimensions of well-being



Source: Swarbrick and Yudof (2015).

Based on Linton et al. (2016), well-being includes several dimensions related to mental well-being (happiness and emotional quality of life), social well-being (social relationships and communities), spiritual well-being, activities, and functioning (having activities to fill one's time), physical well-being (quality of physical performance and functioning), and personal circumstances (environmental and socio-economic pressures and concerns). Summarising the related literature sources, physical health can be connected to the current psychical status of the people; mental health can be defined through cognitive abilities and mental confusion, and it is determined by various biological, environmental, and socio-economic factors. Social and emotional health is intricately linked to the well-being and happiness arising from recognition, social relationships, and activities (WHO, 2022).

Baumann et al. (2010) elucidate that job losses, the risk of exposure to communicable diseases, and the risk of unemployment are linked to an increased rate of stress, depression, and psychological disorders. Moreover, unemployment triggers a substantial weakening of mental health for people of all ages due to loss of income and reputation. The loss of employment status can result in ailments such as high blood pressure, strokes, and heart disease (Baumann et al., 2010). The crisis results in uncertainty and anxiousness (Baumann et al., 2010) as people are not certain about the future and its impact on their livelihood. During this economic turmoil, it is known that should one become unemployed, chances of finding another job are slim. Research by Nicola et al. (2020) indicates that COVID-19 social isolation measures had a significant effect on the psychological and mental well-being of persons. These measures contribute to mental health issues such as stress, suicide, substance abuse, and domestic abuse. This is supported by Vahratian et al. (2021) who reported that the spread of diseases and a rise in deaths during communicable disease is often linked to anxiety and anguish. A rise in domestic violence has been reported (Gould, 2020), highlighting the impact of social isolation measures and mental well-being.

Past studies suggest that crisis affects individual work and psychological well-being largely

(Griffin & Clarke 2011; Demerouti & Bakker, 2011). A crisis can be defined as an emotionally stressful and disturbing event in a person's life (Ünal-Karagüven, 2009). The outbreak of COVID-19 in the current time has led to a crisis and made a significant switch in the normal working conditions worldwide correlated with high public uncertainty (Kanupriya, 2020). In addition to the stress associated with the COVID-19 disease, media speculation has caused this psychological disturbance more severe. The current situation with lockdown and work-from-home (WFH) has become stressful for many. Past studies have found that high workloads with unrealistic deadlines, work-family imbalance, and job insecurity are the main stressors for employees (Krantz et al., 2005; Sullivan & Mainiero, 2008).

3. RESEARCH METHODOLOGY

This study employed a quantitative research design to produce comparable results that can be generalised to the funeral industry. A causal survey design was adopted as the study aims to evaluate the impact of COVID-19 on employee well-being at funeral parlours, and therefore, a survey is an effective instrument to utilise. Creswell and Creswell (2018) elucidate that a survey effectively examines relationships between variables and answers the research objectives and questions. Moreover, by analysing a demographic sample, a survey design offers a quantitative overview of patterns, and behaviours and checks for correlations between variables of a population (Creswell & Creswell, 2018). The survey design is beneficial as the data collection turnaround time is swift. Moreover, it is economical as the survey, and structured interviews can be conducted electronically and virtually. The survey was conducted with two funeral parlours based in the eThekweni area. The population comprised 60 employees from funeral parlour A and 11 employees from funeral parlour B; the total target population was calculated to be 71. Out of a population of 71, a simple random sampling technique, a probability sampling method was employed to sample 62 respondents, from the sample 2 managers, one from each funeral parlour were also interviewed. Simple random

sampling is less biased and has the most generalizability (Sekaran & Bougie, 2016).

A multi-method quantitative study was carried out as data was obtained employing different quantitative data collection methods, this was achieved through questionnaires and structured interviews. The use of several techniques eliminates the limitations of using a single methodology; it offers a systematic and robust approach to data collection and analysis (Saunders et al., 2019). The two sets of questionnaires consisted of researcher-completed structured interviews with management as well as self-completed questionnaires for the rest of the employees. Saunders et al. (2019) explain that structured interviews are denoted as “quantitative research interviews” as they gather data that can be quantified. The structured interviews aided in obtaining more profound insight into COVID-19’s impact on funeral parlours and the subsequent impact on employee well-being. Structured interviews were conducted face-to-face with strict adherence to health measures to curb the spread of COVID-19. The self-completed questionnaire was designed using Microsoft forms and thereafter was sent electronically via a link to the company representatives. The representatives from each funeral parlour were designated to forward the link to identified respondents so that the respondents would be able to complete the questionnaire utilising their computers or cellular phones. The design of the questionnaire used a five-point frequency Likert scale. Statistical Package for the Social Sciences (SPSS) was used to analyse the quantitative data collected. Thematic analysis was used to analyse interview data. Gate Keepers letters were obtained from the organisations

participating in the study and an ethical clearance letter with reference number HSSREC/00003401/2021 was obtained from the University’s Human and Social Sciences Research Ethics Committee. Respondents were required to sign a consent form to indicate consent that indicates that participation in the survey is voluntary and non-discriminatory, and the identities of participants will not be disclosed.

4. RESULTS

Respondents were requested to respond to questions that focused on the following employee wellness dimensions: 1) the impact of COVID-19 on physical well-being; 2) the impact of COVID-19 on mental and emotional well-being; 3) the impact of COVID-19 on social well-being.

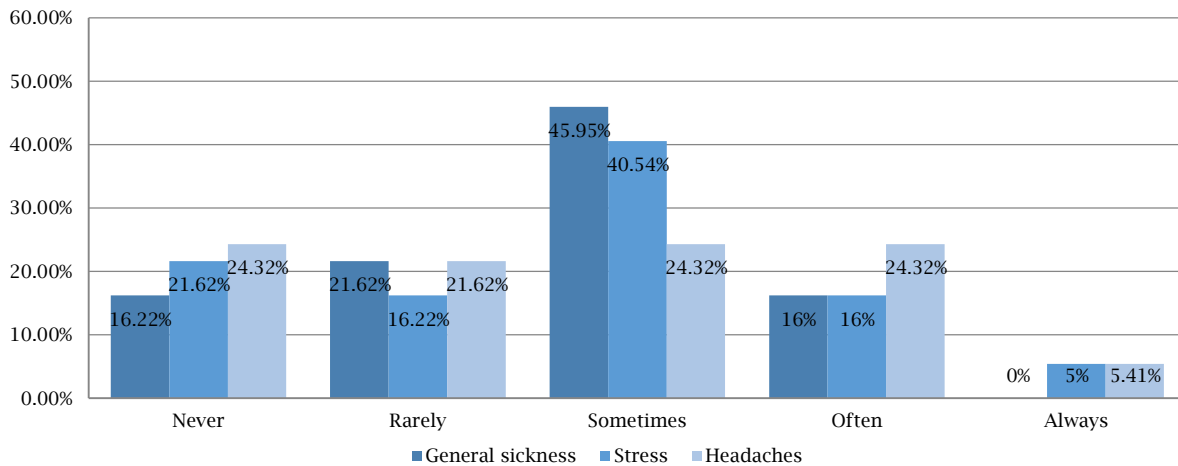
4.1. The impact of COVID-19 on physical well-being

Respondents were requested to answer six questions under this dimension in order to investigate the impact of COVID-19 on physical well-being. The six questions were focused on the following: general sickness, stress, headaches, poor sleep, exhaustion, body aches, and pain. The following are the results.

4.1.1. General sickness, stress, and headaches

Respondents were requested to indicate how often since the start of the pandemic, have they been bothered by general sickness, stress, and headaches. Figure 2 below depicts their responses.

Figure 2. General sickness, stress, and headaches



As illustrated in Figure 2, a little over 45% of the respondents indicated that they sometimes experienced general sickness whilst 21.62% revealed they rarely experienced general sickness. The remaining categories were each noted at 16.22% and below. It is noteworthy that 40.54% of respondents pointed out that since the onset of COVID-19, they sometimes experienced stress whilst 21.62% indicated they never experienced stress. Interestingly, a notable number (61.54%) of the respondents ranging from sometimes to always indicated experiencing stress whilst the remaining

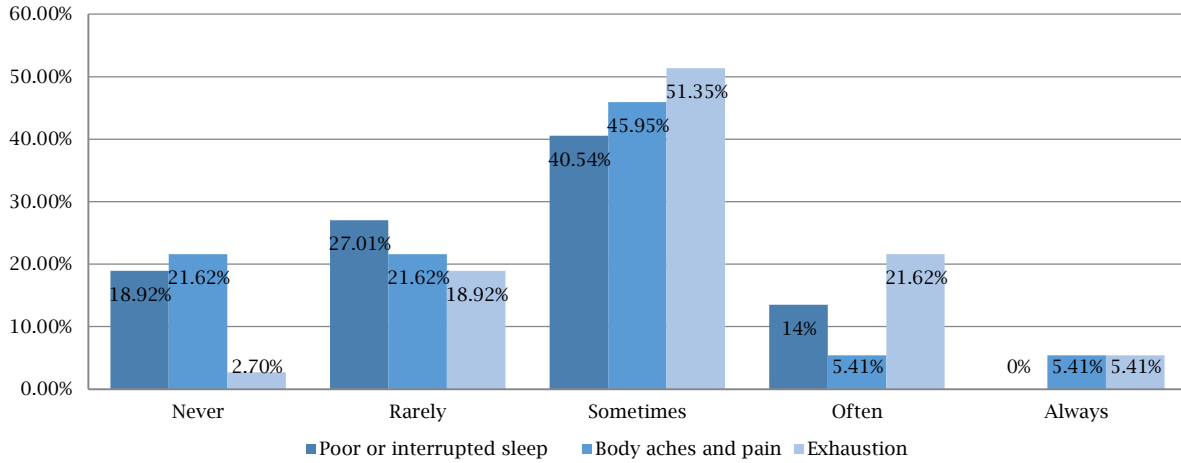
37.84% indicated they never or rarely experienced stress. In terms of headaches, the responses are relatively balanced across the three categories namely never, sometimes, and often, which is calculated at 24.32% whilst respondents that rarely experienced headaches accounted for 21.62%. The lowest percentage (5.41%) of respondents revealed that they always experienced headaches. It was observed from the results that 45.95% of respondents never or rarely experienced headaches whilst the remaining 54.06% experienced symptoms at one point. As indicated in the results above, it can

be concluded that a notable number of respondents when totalling categories from sometimes to always experienced general sickness, stress, and headaches since the onset of COVID-19.

4.1.2. Poor sleep, exhaustion, body aches, and pain

Figure 3 indicates how often respondents experienced poor sleep or interrupted sleep, exhaustion, and body aches since the onset of COVID-19.

Figure 3. Poor sleep, exhaustion, body aches, and pain



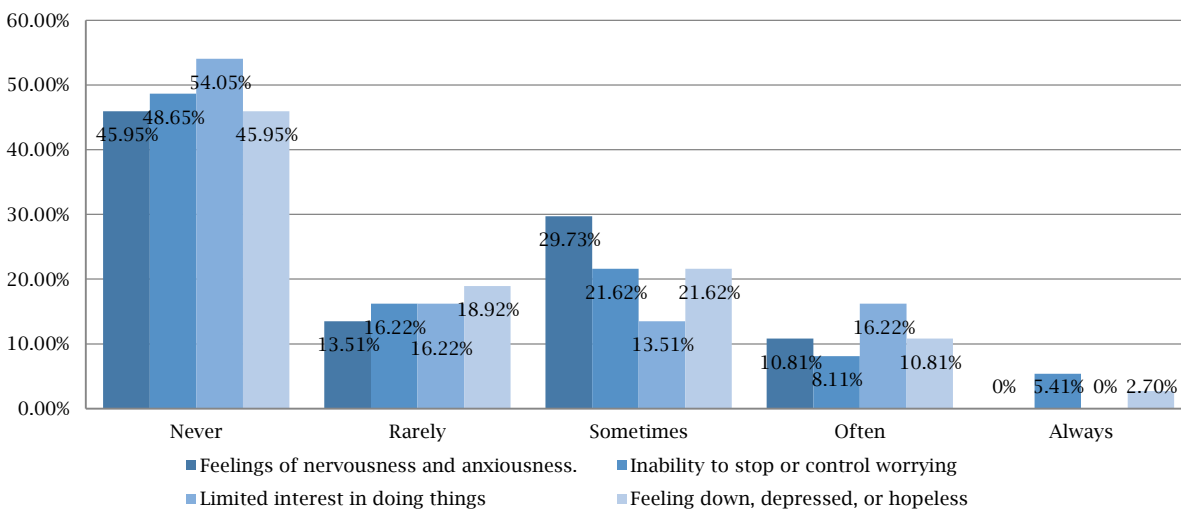
The highest number of individuals who indicated that they sometimes experienced poor or interrupted sleep was 40.54% whilst individuals that rarely experienced poor or interrupted sleep accounted for 27.01%. The remaining categories were calculated at 18.92% — never, 14% — often, and 0% — always. The bulk of the respondents (45.95%) revealed that they sometimes experienced body aches and pains since the start of the pandemic, respondents in the often and always categories were noted at 5.41% each. The remaining categories of never and rarely accounted for 21.62% each. It is evidenced in Figure 3 above that more than 51% of respondents sometimes experienced symptoms of being tired or exhausted. The remaining categories were below 22% each. As indicated in the results above, it can be concluded that a notable number of respondents when totalling categories from sometimes to always experienced poor sleep,

exhaustion, and body aches and pain while working in funeral parlours during the COVID-19 pandemic.

4.2. The impact of COVID-19 on mental and emotional well-being

Respondents were requested to answer nine questions on this dimension in order to investigate the impact of COVID-19 on mental and emotional well-being. The nine questions were focused on the following aspects: feelings of nervousness and anxiousness, inability to stop or control worrying, limited interest, feeling down, depressed and hopeless, fear of contracting the virus, state of comfort with regards to going to work, grief, utilisation of substances to cope with the pressures of the pandemic and medical guidance. The results are presented in Figures 4 and 5.

Figure 4. Mental and emotional well-being: Feelings of nervousness and anxiousness, inability to stop or control worrying, limited interest, feeling down, depressed, or hopeless



4.2.1. Feelings of nervousness and anxiousness

Figure 4 presents the frequency with which respondents experienced symptoms of being nervous and anxious since the start of the pandemic. The majority (45.95%) of respondents agreed that they were never nervous or anxious since the start of the pandemic and 13.51% stated that they rarely were nervous or anxious, 29.73% expressed that they sometimes experienced feelings of nervousness and anxiousness. A percentage of 10.81% of respondents often experienced these symptoms whilst none of the respondents indicated that they always experienced symptoms of nervousness and anxiousness.

4.2.2. Inability to stop or control worrying

The data in Figure 4 above shows that more than 48% of respondents never had challenges with not being able to stop or control themselves from worrying however, 21.62% reflected that they sometimes had issues with not being able to stop

worrying. While 5.41% admitted that they always were unable to control or stop worrying.

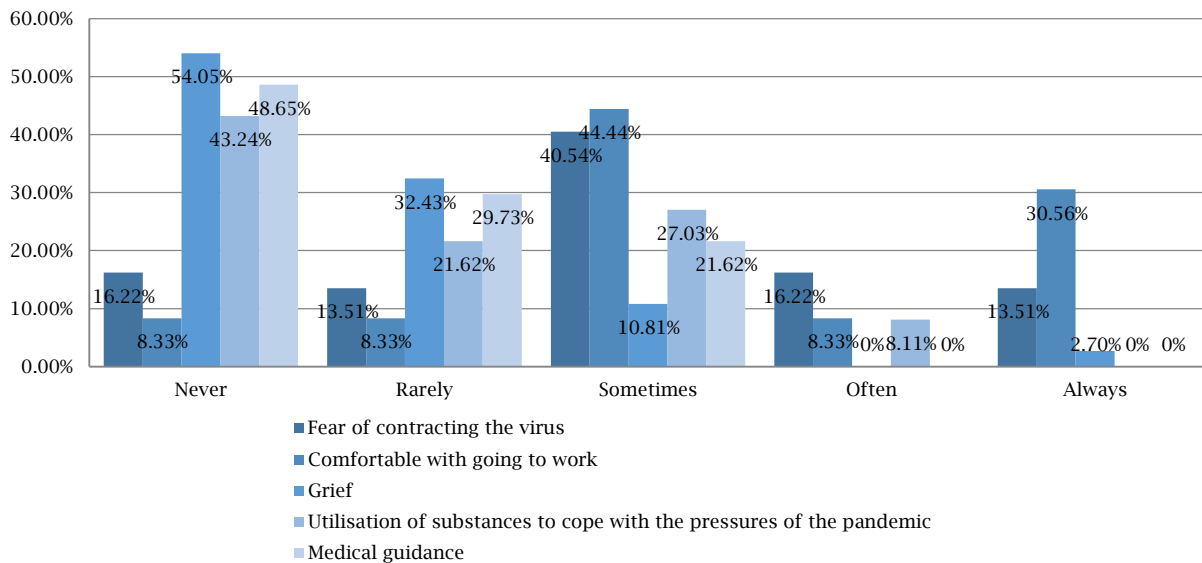
4.2.3. Limited interest

It is evident from Figure 4 that an overwhelming 50.54% of the respondents agreed that they never lost interest in doing things and being active. Sixteen point twenty-two (16.22%) of respondents indicated they rarely lost interest whilst a further 16.22% reflected they often lost interest in doing things.

4.2.4. Feeling down, depressed, or hopeless

As illustrated above in Figure 4, 45.95% of respondents, never experienced feelings of being down, depressed, or hopeless whilst 21.62% sometimes experienced these feelings and 18.92% rarely experienced them. Only 10.81% reflected that they often experienced a feeling of being down, depressed, or hopeless and 2.7% admitted to always feeling down and depressed as a result of working in the funeral parlour during the pandemic.

Figure 5. Mental and emotional well-being: Fear of contracting the virus, state of comfort with regards to going to work, grief, utilisation of substances to cope with the pressures of the pandemic, and medical guidance



4.2.5. Fear of contracting the virus

As depicted in Figure 5 above, a significant number of 40.54% of the respondents indicated that they were sometimes fearful of contracting the virus, 16.22% indicated never, 13.52% were rarely fearful, another 16.22% indicated often fearful of contracting the virus and 13.52% were always scared of the possibility to contract COVID-19 virus since the onset of the pandemic. The findings posit that the majority of personnel were fearful of contracting the virus.

4.2.6. Comfortable with going to work

Figure 5 depicts responses from respondents where they pointed out how comfortable they were with going to work during the pandemic. The majority (44.33%) of respondents suggested that they were

sometimes comfortable with going to work whilst 30.56% were comfortable. The remaining category responses were relatively low calculated at less than 8.5% each. The findings suggest that, even though the threat of contracting the virus is there, the majority of personnel indicated that they still had no problem with going to work.

4.2.7. Grief

Figure 5 above shows that a notable number of 54.05% of respondents stated that they never experienced grief since the onset of the COVID-19 pandemic whilst 32.43% rarely experienced grief. About 10.81% of personnel indicated that they sometimes experienced grief. None of the respondents experienced grief often and 2.70% indicated that they always experienced grief.

4.2.8. Utilisation of substances to cope with the pressures of the pandemic

Results of the survey as revealed above in Figure 5 shows that 43.25% of the respondents never utilised substances to cope with the pressures of the pandemic. About 27.03% of respondents indicated that they sometimes used substances whilst 21.62% rarely did and 8.11% of respondents indicated they often took substances to cope with the challenges and pressures of working in funeral parlours during the time of the COVID-19 virus.

4.2.9. Medical guidance

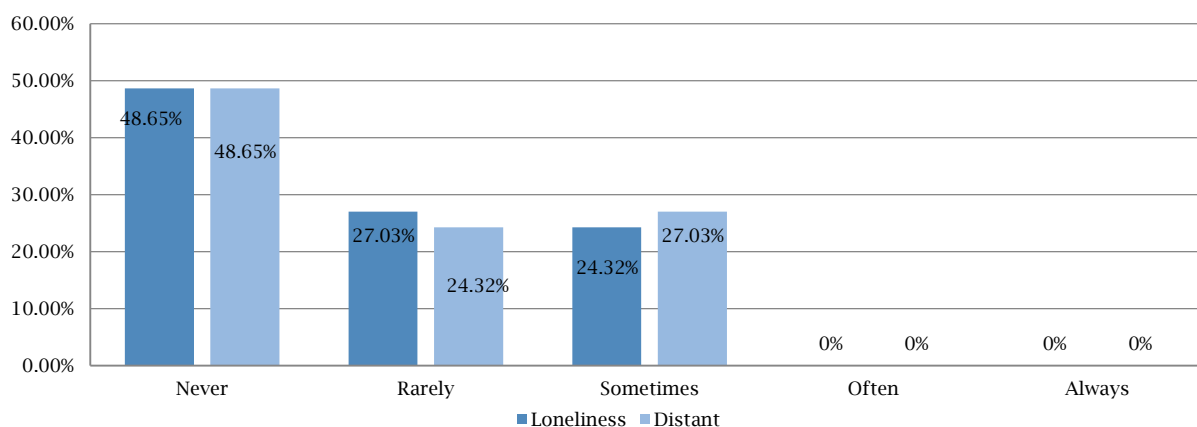
Figure 5 above shows that a notable number of respondents (48.65%) indicated they never sought

medical guidance in an effort to cope with the pressures of the pandemic. Nearly 30% rarely sought medical guidance whilst 21.62% sometimes sought guidance. The findings suggest that a notable number of respondents did not reach out for medical assistance in the midst of all the challenges, pressures, and even physical, mental and emotional ailments brought about by working in a funeral home during the COVID-19 pandemic.

4.3. The impact of COVID-19 on social well-being

Respondents were requested to respond to two questions that were posed in this dimension in order to investigate the impact of COVID-19 on the social well-being of funeral parlour employees. The results are presented in Figure 6 below:

Figure 6. Social well-being



As can be seen in Figure 6 majority (48.65%) of the respondents indicated that they never experienced loneliness and distance during the onset of COVID-19. About 27.03% of respondents have indicated being lonely on rare occasions whilst 24.32% expressed they were lonely sometimes. About 24.32% of respondents acknowledged that they have rare instances of being distant whilst 27.03% agreed they have sometimes been distant. None of the respondents have indicated they have often or always-experienced loneliness or being distant. In accordance with the results illustrated in Figure 6, one may infer that there was a minimal adverse impact on the social well-being of funeral parlour employees as a result of COVID-19.

5. DISCUSSION

5.1. The impact of COVID-19 on the physical, mental, and emotional well-being of funeral parlour employees

In determining the impact of COVID-19 on the physical well-being of funeral parlour employees the findings reveal that COVID-19 has had a negative impact on the physical and mental well-being of funeral parlour employees. The majority of the respondents indicated that at some point they experienced general sickness, stress, and headaches during the pandemic. It is evidenced that respondents exhibited symptoms of poor sleep,

exhaustion, body aches, and pain. Due to the increase in funerals and workload, funeral parlour employees' physical health was negatively impacted. Van Overmeire and Bilsen (2020) purport that an uncondusive work environment in the funeral industry has significantly increased the demands of the job and has led to a negative impact on well-being. Impaired physical well-being has the potential to increase the number of personnel that books off sick and lead to a decrease in productivity. When explaining the well-being dimensions Linton et al. (2016) indicated that physical well-being relates to a quality of physical performance and functioning. It can be inferred that an impaired physical well-being has a negative effect on the physical performance functioning of an individual. The findings are further aligned with Nicola et al. (2020) who found that COVID-19 social isolation measures had a significant effect on the psychological and mental well-being of persons; these measures contribute to mental health issues such as stress, suicide, and substance abuse. Funeral parlour employees are exposed to death almost daily as they remove bodies from hospitals and residences. They are often exposed to deceased families coming into their workspaces and the uncertainty of the family's COVID-19 status creates apprehension. The findings are consistent with the elucidation of Baumann et al. (2010) that the risk of exposure to communicable diseases is linked to an increased rate of stress, depression, and psychological disorders.

5.2. The impact of COVID-19 on the social well-being of funeral parlour employees

Okabe-Miyamoto and Lyubomirsky (2021) postulated that relatedness or connectedness correlated with life satisfaction however loneliness correlated with a decrease in life satisfaction, moreover a sense of connectedness is associated with better well-being. Studies have indicated that the isolation measures instituted to lessen COVID-19 infections may have undesirable impacts on well-being (Okabe-Miyamoto & Lyubomirsky, 2021). The results of this study indicated that there was a minimal negative impact on the social well-being of funeral parlour employees as a result of COVID-19 social isolation measures. The majority of the respondents indicated that they never experienced loneliness and being distant. The results contrast that of Bu et al. (2020) and Nicola et al. (2020) who found that COVID-19 lockdown and social isolation measures have led to a majority of individuals experiencing social isolation linked with increased risk of mental and physical illness, mental deterioration and suicidal behaviour (Bu et al., 2020). It is worth noting that just under a third of the respondents have experienced symptoms of loneliness and being distant at some point. The interview data revealed that the interaction between families and personnel was limited in an effort to adhere to COVID-19 regulations to avoid being in close contact. The continued interactions amongst employees though at a smaller scale contributed to connectedness amongst team members consequently assisting with healthy social and mental well-being.

5.3. Implications for management and recommendations

In view of the findings, the following recommendations are proposed. It is proposed that organisations develop COVID-19 response and contingency plans to enable effective management of the pandemic. The response and contingency plans will enable companies to review existing regulations and determine if there is a requirement to provide additional measures to contribute towards safe and healthy work environments. It is also recommended that organisations put in place crisis management plans, policies, and crisis management teams; these will be useful to employ in times of crisis such as the one of COVID-19 pandemic. Effective management of information flow and sharing both the positive and negative aspects of managing coronavirus is required. It is recommended that funeral parlour associations and businesses design and deliver appropriate awareness campaigns relating to the pandemic and management of the crisis. Management is urged to ensure continuous communication and engagement with personnel regarding the ever-changing disease. Communication should be prioritised to ensure that personnel is aware of where they can get assistance, the resources available at their disposal, and the procedures that need to be followed in the event of them being in close contact with positive cases or having contracted the coronavirus. Readily available and accessible communication platforms will aid in advising personnel on what the organisation is doing

towards minimising the risk of contracting COVID-19 at the workplace as well as assist with lessening the spread of misinformation and rumours that may be circulating within the organisation. Efficient and effective communication provides comfort to employees that their work environment is safe thus countering the feelings of not being comfortable with their work because of fear of contracting the virus and other job challenges. Management is cautioned to balance the necessity to inform and guard against inciting fear. The results of the study posit that workload has increased since the start of the pandemic and personnel were observed as exhausted and tired. It is suggested that programmes to address the balance of productivity and workload be developed and implemented to assist with the effective management of increased workload and the resultant fatigue. Funeral parlours should develop wellness strategies as a proactive measure to manage employee well-being and mitigate mental health issues on productivity and performance. The wellness strategy is to detail employee assistance programmes and resources available that are aimed at providing employee support during and after the pandemic and the management of mental issues. The employee assistance programmes and resources should be easily accessible to personnel to ensure effective use. Educating management and personnel on the management of COVID-19 is important as it aids in ensuring that personnel understand their responsibilities and accountabilities in terms of their well-being and the adverse effects of COVID-19 on well-being. Management may need to observe and identify signs of deteriorating physical and mental employee well-being and provide the necessary support and assistance. The development of specialised coaching programmes for the management team will equip managers with the necessary tools to manage their teams during the pandemic and assist. Employee well-being drives productivity, and personnel whose physical, mental, and spiritual well-being is healthy, are best able to serve the organisation, and perform their duties to the required standard. It is proposed that a wellness programme be implemented to prioritise and take care of employee well-being, in turn, they will perform to the best of their abilities. Initiatives to build resilience and tools to assist with adapting to the new environment are to be included in the wellness programme. It is recommended that ongoing psychological support and counselling be provided by the organisation, to aid with managing stress, depression, anxiety, and other mental issues in doing so it will assist personnel to self-regulate and thrive. Personnel may not be aware of the signs that they need to observe that indicate good mental health as a consequence would not be able to identify when their mental health is deteriorating. As part of the wellness programme guidelines should be documented on how personnel can identify triggers, and symptoms of mental or emotional deterioration and identify the support required. Personnel may not be requesting assistance as they are not aware of their emotional and mental health status. Developing and implementing mental health programmes must be prioritised to address mental health needs. The findings revealed that approximately a third of

the respondents have experienced symptoms of loneliness and being distant at some point. There is a need for management to look out for signs of isolation and deterioration of social well-being. The wellness initiatives should cater to employees' social well-being in order to foster a sense of belonging and support systems. It is proposed that the funeral industry be regulated to ensure that there is a body that is able to monitor compliance and provide guidance on the effective management of the funeral parlour business. Funeral parlour associations are engaged and collaborate for the betterment of the industry.

6. CONCLUSION

The effects of the COVID-19 crisis on the well-being of funeral parlour employees were not well-known as data was not readily available. Therefore, this paper aimed to address the identified limitation by contributing to the understanding of COVID-19's impact on employee well-being in the funeral industry. The data highlighted the negative impact of COVID-19 on employee well-being. It further provides recommendations on strategies and initiatives that could be employed by organisations how to assist employees who have been negatively affected by the pandemic. The results of the study demonstrated that the funeral parlour workload has

substantially increased as a result of the pandemic. Funeral parlour employees have been overly exposed to death as a result of increased deaths during the pandemic and thereby the risk of contracting the virus also increased. The findings revealed that COVID-19 has had a negative impact on the physical well-being of funeral parlour employees as they exhibited symptoms of stress, exhaustion, and general sickness. Overall, this study has demonstrated the negative impact of COVID-19 on funeral parlour employees' well-being. Strengthening wellness programmes is imperative in ensuring that the adverse effect of the coronavirus on employee well-being is minimised. It is suggested that future research should investigate the long-term impact of COVID-19 on funeral parlour workers regards the number of deaths and mental disorders. Limitations were that the data collected was based on self-reports which were not verified by health care professionals. The questions regarding emotional and mental health symptoms do not signify a clinical finding. Nonetheless, the symptom identification is based on personal feelings and observations, thus, self-reporting was vital. Another limitation was the fact that there was insufficient existing public data on COVID-19's impact on the funeral industry when the study was conducted. The researcher adopted triangulation to ensure that adequate data was collected.

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