



**UNIVERSITY OF KWAZULU-NATAL**

**THE IMPACT OF COVID-19 ON THE WELLBEING OF FUNERAL  
PARLOUR EMPLOYEES**

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**2001 00 441**

**A dissertation submitted in fulfilment of the requirements for the degree of Master  
of Business Administration**

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College of Law and Management Studies**

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**2021**

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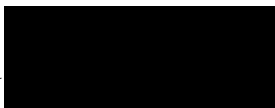
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## **ACKNOWLEDGEMENTS**

I would like to express my gratitude to my supervisor Dr V. Mtembu-Hlophe whose insight and knowledge into the subject matter steered me through this research.

I am grateful to the funeral services providers, Ndabe Dignified Funerals and Botha's Hill Funeral for providing permission for to conduct the research within their organisations. The personnel who took the time to complete my questionnaire, I am grateful. I would particularly like to thank Mr Sisa Ngcobo and Ms. Xoliswa Zulu who agreed to be interviewed and their willingness to impart their knowledge.

I cannot forget to thank my family and friends for all the unconditional support you have shown me through this research, the culmination of two years of distance learning.

## **ABSTRACT**

The calamitous effect of COVID-19 has led to a global health and economic crisis. Funeral industry workers 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 Coronavirus. The research sought to investigate the impact of COVID-19 on employee wellbeing of funeral parlour employees as they are exposed to death and funerals which is exacerbated in times of pandemics.

The study utilised the wellbeing theory to explain wellbeing as a balance juncture between available resources with challenges encountered; if the imbalance is experienced, wellbeing is negatively affected. The study employed a Quantitative research approach underpinned by two research instruments: structured interviews and a self-administered questionnaire. The probability sampling technique employed to select the sample size is the simple random sampling. The sample size of the study will consist of 62 respondents from two funeral parlours operating in eThekweni Municipality. The data collected was analysed and statistics captured in the form of graphs. The data captured from 62 respondents was subjected to computer analysis.

Funeral parlor 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 had a negative impact on the physical well-being of funeral parlour employees as they had exhibited symptoms of stress, exhaustion, and general sickness. Funeral parlor employees operate during a challenging time as their physical, emotional, and mental wellbeing is adversely impacting thus increasing the demands of the job. Strengthening wellness programmes is imperative in ensuring that the adverse effect of the Corona virus on employee wellbeing is minimised. It is proposed that funeral parlours develop wellness strategies as a proactive measure to manage employee wellbeing and mitigate the mental health issues on productivity and performance. Furthermore, education is key in the management of COVID-19 is important for as it aids in ensuring that personnel understand their responsibilities.

Keywords: COVID-19; Funeral parlour; Employee wellbeing

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# **1 CHAPTER ONE**

## **INTRODUCTION**

### **1.1 Introduction**

COVID-19 was declared as a global emergency due to the extent of the outbreak (WHO, 2020). Funeral parlours were declared as essential and provided services throughout the pandemic with increased exposure to death, long working hours and stressful situations may potentially increase the risk of developing mental health challenges (Van Overmeire, Van Keer, Cocquyt and Bilsen, 2021). WHO (2010) elucidates that the job losses, risk of exposure to communicable disease and the risk of unemployment are linked to an increased rate of stress, depression and psychological disorders. The fear of exposure and contracting the virus not only affects employees however there may be fear that the virus can be transmitted to their families (International Labour Organization, 2020).

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 wellbeing has been adversely impacted by the COVID-19 pandemic (UN, 2020).

The study profiles two funeral parlours within the eThekweni municipality namely Ndabe dignified funerals and Botha's Hill funeral. The research seeks to contribute to the literature on the impact of COVID-19 on funeral parlour employee wellbeing. This study reviews existing literature on the concept of COVID-19 in South Africa, the funeral parlour industry and concept of employee wellbeing. Specifically, this research analyses impact of funeral parlour employee wellbeing due to the COVID-19 pandemic and provides recommendations to assist in the effective management of COVID-19 in respect to employee wellbeing.

## 1.2 Research background

The novel Corona Virus 2019, a disease caused by "Severe Acute Respiratory Syndrome Corona virus 2", has harmed health systems globally; the extent of the outbreak propelled the world Health Organisation (WHO) to declare it a global emergency (WHO, 2020). The COVID-19- outbreak has become a global health crisis affecting people physical and mental health worldwide. In addition to the public health impact, COVID-19 has adversely impacted most businesses due to the COVID-19 regulations (OECD, 2020). Small businesses are often exposed in periods of economic crisis, partly due to limited resources making it challenging to adjust to the changing situation.

In response to the declaration of the global pandemic, the South African government decreed the National State of Disaster on 15 March 2020 (Disaster Management Act, 2002). It introduced containment measures to curb the spread of the virus, such as air travel restrictions and non-essential businesses that were prohibited from operating (SEDA,2020). Furthermore, the South African economy already had to contend with a technical recession in 2019. The impact of COVID-19 exacerbated the economic situation (SEDA, 2020). The South African Reserve bank (SARB) governor indicated that the SARB forecasted that the GDP would contract by 6.1% in 2020 instead of the - 0.2% initially projected in March 2019 (SARB, 2020). The International Monetary Fund forecasted the global economy to contract by 3% in 2020 because of COVID-19. They further suggested that the effect is worse than the 2008/09 financial crisis and termed it "the worst recession since the great depression" (International Monetary Fund ,2020)

Research by Nicola, Alsafi, Sohrabi, Kerwan, Al-Jabir, Iosifidis, Agha and Agha (2020) indicated that COVID-19 social isolation measures had a significant effect on the psychological and mental wellbeing of persons, the social isolation measures contribute to mental health issues such as stress, suicide, substance abuse and domestic abuse. Nicola, et al., (2020) purport that social interaction has been connected to psychological wellbeing; therefore, a restriction in interaction is stressful to people. Furthermore, COVID-19 measures to curb the spread of the virus may lead to unemployment or underemployment, exacerbating the risk of mental health challenges (Vahratian, Blumberg, Terlizzi and Schiller, 2021). The increased exposure to communicable

disease impacts mental health and introduces diseases such as depression and anxiety (Van Overmeire, Van Keer, Cocquyt and Bilsen, 2021).

The research sought to address the impact of COVID-19 on employee wellbeing of funeral parlour employees as they are exposed to death and funerals which is exacerbated in times of pandemics. The impact of the crisis on the wellbeing of funeral parlour workers are not well known as data is not readily available. Therefore, this study will assist in addressing the identified limitation by contributing to the understanding of COVID-19 impact on employee wellbeing in the funeral industry. As well as to provide recommendations on how organisations can assist employees who have been affected by the pandemic and COVID-19 regulations.

### **1.3 Statement of the research problem**

The catastrophic effect of COVID-19 has led to a global health and economic crisis. Funeral industry workers 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 Coronavirus. Increased workload, extended hours of operation and shortened breaks are a cause for concern, additionally, there is fear of contracting the virus at work and transmitting it to family (International Labour Organization,2020).

eThekwini conducted more than 3000 burials since the start second wave in December 2020 monthly as opposed to the norm of 700 burials prior to COVID-19 (Makhaye, 2021). Funeral parlour employees are at risk of contracting COVID19 due to the increased funeral services they have to provide. The increased workload contributes to exhaustion and fatigue which has an adverse impact on employee's physical, mental, and emotional health. The unconducive work environment has significantly increased the demands of the job and has led to negative impact on wellbeing (Overmeire and Bilsen, 2020). All this pressure at work represents an important threat to employee wellbeing

#### **1.4 Research objectives**

The study intends to achieve the following objectives:

- To determine the impact of COVID-19 on the physical, mental, and emotional wellbeing of funeral parlour employees.
- To investigate the impact of COVID-19 on the social wellbeing of funeral parlour employees.
- To assess the effectiveness of existing disaster management framework used by funeral parlour; and
- To make recommendations on strategies to effectively manage the impact of COVID-19 on employee wellbeing.

#### **1.5 Research questions**

The study intends to achieve the following objectives:

- What is the impact of COVID-19 on the physical, mental, and emotional wellbeing of funeral parlour employees?
- What is the impact of COVID-19 on the social wellbeing of funeral parlour employees?
- How effective is the existing disaster management framework used by funeral parlour?
- What recommendations can be made on strategies to effectively manage the impact of COVID-19 on employee's wellbeing?

#### **1.6 Significance of the study**

The study provides suggestions on strategies to be employed by organisations to manage wellbeing to assist in the effective management of COVID-19 in respect to employee wellbeing, in doing so creating a healthy work environment. The study aims to assist policy makers to formulate and amend policies that will protect the wellbeing of employees. Moreover, the research will add value to the existing literature by detecting gaps that scholars will use to conduct further research, focusing on the impact of COVID-19 on funeral parlour employee's wellbeing.

### **1.7 Justification of the study**

There is limited research available that indicates the extent of COVID-19 impact on the funeral parlours and the impact on employee wellbeing. Therefore, this study aims to address the identified limitation by contributing to the understanding of COVID-19 impact on employee wellbeing and offer recommendations on how organisations can effectively manage the impact of COVID-19 on employee wellbeing. Additionally, lessons derived from the study will assist businesses to improve their response to future crises.

### **1.8 Structure of dissertation**

The remainder of the dissertation is structured as follows:

Chapter 2 outlines the concept of COVID-19 and its impact on the funeral industry. Wellbeing is defined and the various aspects of wellbeing as well as the theoretical framework.

Chapter 3 depicts the methodological choice and research strategy employed.

Chapter 4 considers that survey and interview results and a presentation of the results.

Chapter 5 provides a discussion of the results and findings, furthermore, indicates whether the hypotheses is supported or refuted.

Chapter 6 proposes recommendations that could be implemented by the funeral industry in an effort to address the findings.

### **1.9 Chapter Summary**

This chapter focused on the background and provided insight on the research problem where Funeral industry workers 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 Coronavirus. The study briefly described its value add to existing literature. The chapter further elaborated on the research questions and objectives of the study as well as the limitations the study.

## **2 CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter commences by analysing the existing literature on the concept of COVID-19, its impact on wellbeing of funeral industry and its employees. Furthermore, theoretical framework relating to wellbeing will be discussed and presented in the chapter. The structure of the literature is based on the study's objective. Lastly, a summary will be presented at the end of the chapter.

#### **2.2 The Concept of COVID-19**

The novel Corona virus 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). WHO (2020) indicated that most 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. Those with respiratory disease required 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). WHO (2020) advised that the best way to slow down transmission is to be well informed about the virus and how it spreads. WHO (2020) indicated that the virus spreads through small liquid particles transmitted an infected individuals nose or mouth through sneezing, coughing, speaking, singing and breathing. To reduce transmission, it is critical to practice respiratory etiquette, maintaining a distance of at least one metre, washing of hands or using alcohol-based rub regularly and wearing masks (WHO, 2020).

In response to the declaration of the global pandemic, the South African government decreed the National State of Disaster on 15 March 2020 and introduced containment measures to curb the spread of the virus such as air travel restrictions and non-essential businesses were prohibited from operating (SEDA,2020). A COVID-19 Risk-Adjusted Strategy was implemented, through which takes a deliberate and cautious approach to the easing of lockdown restrictions (Department of Health, 2021). The Risk-Adjusted

Strategy consists of five levels, that determines the risk and infection rate nationally and, provincially, district and metropolitan area (Department of Health, 2021).

(SACORONA VIRUS, 2021 reported on the 13 October 2021 that COVID-19 has claimed 88429 lives with a cumulative number of COVID-19 cases of 2 912 938 in South Africa. Figure 1 illustrates the Cumulative number of confirmed COVID-19 cases in South Africa as of September 30, 2021.

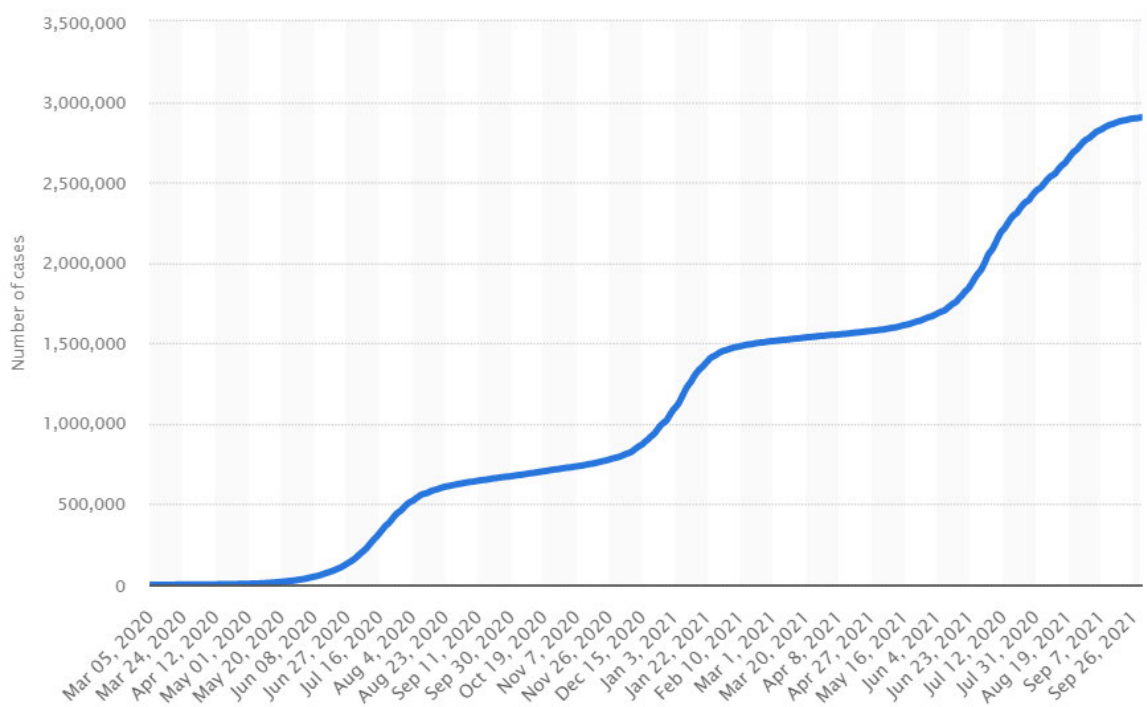


Figure 1: COVID-19 cases as of 30 September 2020

Source: Statista (2021).

The National Institute for Communicable Diseases (NICD) reported an upsurge of COVID-19 confirmed daily cases in South Africa on the 02<sup>nd</sup> of June 2020 (NICD,2021). Four provinces were confirmed to have entered the third wave of COVID-19 infections and nationally the daily cases had dramatically risen (NICD, 201). This is further demonstrated in Figure 2 where there is a sharp incline of confirmed cases as of June 2021 which continued to rise exponentially until end of September 2021.

Statista (2021) reported that Pfizer and BioNTech were the first vaccines to be approved and the tracking of genetic changes is critical to ensure that the virus is not mutating

enough to resist vaccine-induced immunity. It was noted that the variants of concern were identified to be “UK (Alpha), South Africa (Beta), Brazil (Gamma), and India (Delta)” (Statista, 2021). NICD (2021) indicated that the second wave was driven by the Beta variant’s greater transmissibility and immune evasion, only for it to be replaced by a highly contagious Delta variant.

Communities that are predominantly vaccinated are set to realise fewer case figures, hospitalisations and COVID-19 related deaths as opposed to those communities with poor vaccine coverage (NICD, 2021). As it can be seen in Figure 2. below, as of the 13<sup>th</sup> of October, there are 34.40% individuals vaccinated as a percentage of the adult population whilst individuals fully vaccinated as a percentage of the adult population 25.68%. Figure 2 illustrates vaccination of individuals in South Africa.

Province	Total Adult Population [18 Years & Older]	Total Individuals Fully Vaccinated	Individuals Fully Vaccinated as a % of the Adult Population
Western Cape	4,976,903	1,524,853	30.64%
Northern Cape	847,545	212,521	25.07%
North West	2,693,247	693,657	25.76%
Mpumalanga	3,039,520	664,229	21.85%
Limpopo	3,695,801	1,131,429	30.61%
Kwazulu-Natal	7,219,795	1,684,139	23.33%
Gauteng	11,311,326	2,498,796	22.09%
Free State	1,914,521	573,849	29.97%
Eastern Cape	4,099,543	1,235,076	30.13%
<b>Total</b>	<b>39,798,201</b>	<b>10,218,549</b>	<b>25.68%</b>

Figure 2: Vaccinated individual in South Africa

Source: SA Corona Virus (2021).

The NICD (2021) purports that even with lower efficacy SARS-CoV-2 vaccines, the benefits are massive in reducing the severity of COVID-19 symptoms. A study by Tartof, Slezak, Fischer, Hong, Ackerson, Ranasinghe, Frankland, Ogun, Zamparo, Gray, Valluri, Pan, Angulo, Jodar, and McLaughlin, (2021) demonstrated an overall efficacy of the

Pfizer vaccine of 73% for people who have been fully vaccinated and 90% effectiveness against COVID-19 related hospital admissions.

In addition to being a public health issue, COVID-19 has had a disastrous economic impact. The International Monetary Fund (2020) forecasted the global economy to contract by 3% in 2020 because of COVID-19. They further suggested that the effect is worse than the 2008/09 financial crisis and termed it "the worst recession the great depression". The South African Reserve bank (2020) governor indicated that the SARB forecasted that the GDP would contract by 6.1% in 2020 instead of the -0.2% initially projected in March 2019. Furthermore, the South African economy already had to contend with a technical recession in 2019. The impact of COVID-19 exacerbated the economic situation (SEDA, 2020).

### **2.3 Funeral Industry**

The funeral industry is distinctive as it offers a suite of goods and services in times of grief and sorrow. Shand (2020) 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 of "funeral undertakers and mortuaries, cemeteries and crematoriums, manufacturers of funeral products, transporters of human remain, suppliers of funeral goods, embalmers, and funeral directors" (Shand, 2020).

(Hougaard, Villiers and Linden, 2021) indicates 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. (Hougaard, Villiers and Linden, 2021) further states that 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, there are three distinct activities that go into planning and carrying out a funeral, namely;

- a) administrative tasks that involve registering the death and associated paperwork.
- b) handling of the body which includes, removal, appropriate storage, viewing of the deceased and preparing the body for burial or cremation.

c) planning for and conducting the funeral service.

The South African Law Commission (2020) asserts that the number of funeral parlours operating in South Africa cannot be confirmed due to inadequate enforcement of health regulations and municipality requirements. It is approximated there are between 5000 and 10000 registered funeral parlours in South Africa, approximately 20000 service providers are operating without the required certificate of competence South African Law Commission (2020). The prominent service providers include “Avbob, Doves and franchisors Martin’s Funerals and the Mosaic Funeral Group” however, the industry largely comprises of small business operating informally (Shand, 2020). Shand (2020) and Van Der Waalon (2016) concur that the industry is largely plagued by non-compliance and corruption where service providers operate without the relevant compliance certificates. These service providers assume a social protection role as they cover communities against the costs of funerals which can financially crippling low-income families (CENFRI, 2013 and Van Der Waalon, 2016).

### **2.3.1 Funeral Parlours regulatory prescripts**

The funeral parlours are governed by the constitution of South Africa, the national health act and industry bodies. On the 22<sup>nd</sup> of May 2013, the Minister of Health promulgated Regulations Concerning to the “Management of Human Remains” (FIRA,2016). In terms of the regulations persons are not permitted to prepare or store human remains, only funeral undertaker or mortuaries are allowed to do so in accordance with the approved certificate of competence (Health Act, 2013).

South African Law Commission (2020) purported that the funeral industry is governed by self-regulation through various industry associations. There are three long standing associations namely “the National Funeral Directors Association (NFDA), the South African Funeral Practitioners Association (SAFPA) and the Independent Funeral Directors Association (IFDA). The latter associations are in turn the founding members of FFSA. There are other associations that are also active in the industry such as National Funeral Practitioners' Association (NAFUPA) and National Undertakers of South Africa (NUASA).”

The code of conduct and Funeral Industry Authority (FIRA) were established with an aim of guiding industry on the minimum standards and the resolution of disputes between service providers and consumers. FIRA (2016) purported that the funeral industry cannot be left unregulated as it exposes the public to unnecessary health hazards and exploitation. Kempton Express (2020) reported that industry role players rejected the proposed ombudsman scheme. Due to there being no approved regulatory body to govern the funeral industry, the industry self regulates through its respective associations. The associations have published COVID-19 guidelines that assist it members to adhere to best practices and promulgated health directives. In doing so aid the funeral industry to be complaint and assist in combating the fight against the global pandemic.

### **2.3.2 Existing Disaster Management Framework Used by funeral Parlours.**

On 15 March 2020, Dr Nkosazana Dlamini Zuma, the Minister of Cooperative Governance and Traditional Affairs (COGTA) proclaimed a National State of Disaster in response to the COVID-19 pandemic, which necessitated a suitable response to the global pandemic through various interventions. Strategic Planning on all fronts is therefore necessary to lessen the spread of the pandemic (Disaster Management Act, 2002).

COGTA Minister Nkosazana Dlamini Zuma has gazetted further amendments to the regulations on the COVID-19 lockdown to flatten the infection curve. The amended regulations categorised Funeral services and mortuaries as essential services during the national lockdown (Disaster Management Act, 2002; Amendment of Regulations Issued in Terms of Sections 27(2). During the COVID-19 pandemic, deathcare expects rendered crucial services by being compassionate and caring for the dead as well as the bereaved families. These service providers are at high risk for exposure to COVID-19 “as they enter hospitals, nursing homes, and residences to take the body of the deceased into their care; as they meet with surviving family members who may have been exposed to the Coronavirus; and as they prepare the bodies of pandemic victims for burial or cremation” (Colorado Funeral Directors Association, 2021).

Several guidance materials were published by the Department of health to aid in the management of the outbreak. On the 16<sup>th</sup> of March 2020, the Department of Health (2020) published “COVID-19 environmental health response guidelines.” The guidelines provided guidance on the handling of dead bodies and disinfection of a workplace. The department of Health (2020) further published “Environmental guidelines for the management of human remains in the context of COVID-19” dated 27 March 2020. These guidelines were explicit in the management of humans remains during the pandemic.

On the 17<sup>th</sup> March 2020 the minister of employment and labour promulgated COVID-19 Directions on Health and Safety in the Workplace in terms of Regulation 10(8) of the National Disaster Regulations which were further amended on the 28<sup>th</sup> April 2020 (Department of Labour, 2020). The aim of the directives was to stipulate measures that employers need to implement in order to reduce and eliminate COVID-19 infections in the workplace (Department of Labour, 2020). The measures included, training of personnel, allocation of PPE, ventilation requirements, social distancing measures, risk assessments as well as sanitisation and disinfection requirements (Department of Labour, 2020).

### **2.3.3 The Impact of COVID-19 on the Business side of Funeral Parlours**

The restrictions introduced in the Disaster management act as described in 2.5.1 had significant impact on the funeral industry. The impact on the funerals sector meant that funerals were restricted to immediate close family with no church services, plans were conducted virtually or telephonically and social distancing was practiced. These restrictions have led to a range of changes for firms and consumers. Certain limitations were eased around May and June 2021 which continued in the months that followed.; the scrutiny continues to be significant for a few reasons. Firstly, the effects of the restrictions may have long-lasting consequences on some funeral directors, compelling them to modify business models, modify their size or scope of operation, or withdraw from the market. Secondly, the restrictions will have altered how the markets and customers operate in many spheres, which may be sustained over the short and long-term. Lastly, the condition with the pandemic continues to change – at the time of writing, many

funeral directors were still operating in the same manner as under complete lockdown, (Europe Economics, 2020).

The National Funeral Practitioners Association of South Africa (NFPASA) stated that undertakers and burial employees are losing their lives as a result of COVID-19 infections (SABC, 2021). The increased employee deaths have heightened employee fear and distress, it has also placed the funeral business in a precarious position (SABC,2021). The fear of exposure and contracting the virus not only affects employees however there may be fear that the virus can be transmitted to their families. NFPASA further indicated contrary to the notion that business is booming, operational costs have significantly increased due to compliance with health regulations which reduces profits (SABC,2021). The reduction in profits can be attributed to an increased in operational costs as companies had to provide PPE, training of personnel, temperature screening hygiene measures such as providing sanitisers for personnel and public.

## **2.4 Employee Wellbeing**

The notion of wellbeing has been widely explored with differing views on its definition. The foundation of wellbeing is encompassed in the WHO (1948) definition that health “...is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. Ryff (1989a cited in Dodge, Daly, Huyton, and Sanders, 2012) identified characteristics of wellbeing as "autonomy; environmental mastery; positive relationships with others; purpose in life; realisation of potential and self-acceptance". Wellbeing is defined as the balance between available resources and challenges experienced (Dodge, et al., 2012). Essentially wellbeing is a balance juncture between available resources with challenges encountered. Then persons face more challenges than resources, then the equilibrium is displaced, and so does wellbeing and the inverse is true.

### **2.4.1 Employee Wellbeing on Multiple Dimensions**

As past study has shown, the concept of wellness is commonly examined and deliberated in terms of numerous aspects, with the majority of them defining five to six dimensions. (Roscoe, 2009; Harari, Marc, Charles, Waehler, and James, 2005; Adams, et al. 1997). The Perceived Wellness Survey is predominantly the most prevalent and cited method

to gauge wellness, the survey includes “six dimensions of wellness: physical, emotional, social, psychological, intellectual, and spiritual” (Adams, et al., 1997). This approach is criticised for its extreme segmentation of the psychological dimension into “emotional, intellectual, psychological, social, and spiritual parts”; however, these concepts can be easy to confuse (Adams, et al., 1997).

Likewise, Hettler's Wellness Hexagon comprises of six dimensions namely “physical, emotional, social, intellectual, spiritual, and occupational” (Adams, et al., 1997). Wellbeing is a multidimensional and conceptually similar concept to wellness. For instance, Hooker, Stephanie, Masters, Ross, Jackson, and Peters (2021) examined eight dimensions of wellbeing in their model. Based on Linton, Myles-Jay, Dieppe, and Lara (2016) wellbeing encompasses a few dimensions associated with “mental wellbeing (happiness and emotional quality of life), social wellbeing (social relationships and communities), spiritual wellbeing, activities, and functioning (having activities to fill one's time), physical wellbeing (quality of physical performance and functioning); and personal circumstances (environmental and socio-economic pressures and concerns)”.

Summing up inter-related literature sources, Physical health is linked to people's current psychological well-being; mental health is defined by cognitive ability and mental confusion, and is influenced by a variety of biological, environmental, and socioeconomic factors. Recognition, social interactions, and activities all contribute to social and emotional health, as do recognition, social relationships, and activities. (WHO 2018; Soo You and Lee 2006). The model demonstrated in figure 3 below can be divided into eight (8) dimensions of wellbeing through internal and external factors and includes both personal satisfaction (as spiritual harmony) and employee satisfaction (as occupational harmony).



Figure 3: Model with Eight Dimensions of Wellbeing

Source: Barret (2018)

#### 2.4.2 Psychological Wellbeing of Employees

WHO (2010) elucidates that the job losses, risk of exposure to communicable disease 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. Unemployment or risk of unemployment also leads to loss of social contacts, inclusive of divorce. The loss of employment status can result in ailments such as high blood pressure, strokes and heart disease (WHO, 2010). Crisis results in uncertainty and anxiousness (WHO, 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, finding another is slim.

Research by Nicola, et al. (2020) indicates that COVID-19 social isolation measures had a significant effect on the psychological and mental wellbeing of persons. These measures contribute to mental health issues such stress, suicide, substance abuse and domestic abuse. This is supported by Vahratian, Blumberg, Terlizzi and Schiller (2021)

as they 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 (ISS Africa, 2020), highlighting the impact of social isolation measures and the mental wellbeing impact. Kohler (2021) indicated that “Throughout our history as a species, we’ve developed complex social networks to survive. We need that connection, and it permeates everyday life. It is why going to a sports event in-person with a large crowd is so much more exciting than watching it on TV. During this time, we need to find ways to connect more”. Social isolation is a challenge as people are social in nature, there is need to belong and social connected is related to mental health. (Kohler, 2021).

Previous research allude that crisis greatly affects individual work and psychological wellbeing (Wright & Hobfull, 2004; Griffin & Clarke 2011; Bakker & Demerouti 2018;). Crisis can be defined as an “emotionally stressful and disturbing event in a person's life” (Ünal-Karagüven, 2009). The global pandemic has resulted in a crisis, significant changes to working conditions and exacerbated uncertainty (Kanupriya, 2020). Adding on to the stress linked to the COVID-19 pandemic, media conjecture has worsened the psychological disturbance. The imposed restrictions, lockdown, and work from home (WFH) has come to be stressful for most individuals. Previous research has identified that increased workload with impractical deadlines, work-life imbalance and job insecurity are the primary stressors for personnel (Krantz., et al, 2005; Sullivan & Mainiero 2008; Sahni, 2016).

## **2.5 The Effects of COVID-19 on Corporate Social Responsibility**

Empirical literature began to examine the impact of the COVID-19 pandemic on Corporate Social Responsibility (CSR) activities, work facilities and the job itself. Health sensitivity has substantially risen; policy decision-makers and businesses have a duty to highlight essential health factors. Work facilities can be restructured, and job responsibilities reimaged to address the present health challenge. For instance, vacant workspaces can be redesigned, forming, and fostering opportunities for standing desks, healthy snacks, or exercise programs. Additionally, it is evidenced from Legal, financial and technology industries who work from home, that they are productive and competitive (Duffy, et al., 2021; Zhang et al., 2021; O'Brien, et al., 2021).

During the SARS and Ebola virus disease outbreaks, fear induced overactive behaviors, anxiety, psychotic disorders were prevalent among the public especially frontline workers (Dong and Bouey 2020). Scholars have cautioned that the Corona virus may lead to severe mental health challenges due to the increased exposure to sickness, death, and stressful events (Van Overmeire, Van Keer, Cocquyt and Bilsen, 2021). Funeral parlours were declared as essential and provided services throughout the pandemic the increased exposure to death, long working hours and stressful situations may potentially increase the risk of developing mental health challenges (Van Overmeire, Van Keer, Cocquyt and Bilsen, 2021). Dong and Bouey (2020) stressed the importance of implementing psychological crisis interventions to lessen the adverse effect on mental health.

### **2.5.1 Workplace Health Promotion as an Internal Corporate Social Responsibility (CSR) Activity**

Social Responsibility is interpreted by researchers and practitioners in various ways. In literature, it is mainly associated with environmental awareness and protection, however, it also has a variety of other facets. Often, firms are not acquainted with all facets of this fairly new discipline (Dos, 2017). Nevertheless, there is a developing inclination and desire to implement CSR in practice. Social responsibility is unquestionably one of the remarkable concepts of our economy today, which succinctly relates to how persons, countries, and various firms can behave responsibly in their operations. In academic research, social responsibility and sustainability are frequently linked (Dos, 2017). In this situation, the organisation's conventional, short-term market-oriented interests are put to the background, and other longer-term ambitions, even if they are not directly measurable, take precedence (Dos, 2017).

Furthermore, Kot and Brzezinski (2015) stressed in their study that a sound, well thought of, structured, and effectuated policy is critical to enable sustainable development. Moreover, Grabara, Janusz, Dura, and Driga (2016) acknowledged that social responsibility itself had become a considerable development aspect at the domestic and international level as well as at a micro and macroeconomic level. While most researchers concur, that social responsibility is a crucial business requisite, there is little accord on how to apply it into business processes. The challenge is that knowledge

develops in parallel in various business fields, consequently opinions, ideas, and feasibility intentions appear in several ways. Additionally, there are cultural variations found in the worldwide business environments (Kashyap, Rajiv, Mir, and Mir, 2011).

## 2.6 Theoretical Framework

Recently Dodge, et al. (2012) defined wellbeing as “when individuals have the psychological, social, and physical resources they need to meet a particular psychological, social and physical challenge”. Essentially wellbeing is a balance juncture between available resources with challenges encountered. Then persons face more challenges than resources, then the equilibrium is displaced, and so does wellbeing and the inverse is true. Burns, Dagnall and Holt (2020) corroborate that wellbeing is multidimensional and consists of internal and external factors; a person's attitude and viewpoint on life combined with environmental considerations add to enhanced wellbeing. Figure 4 below illustrates the definition of wellbeing.

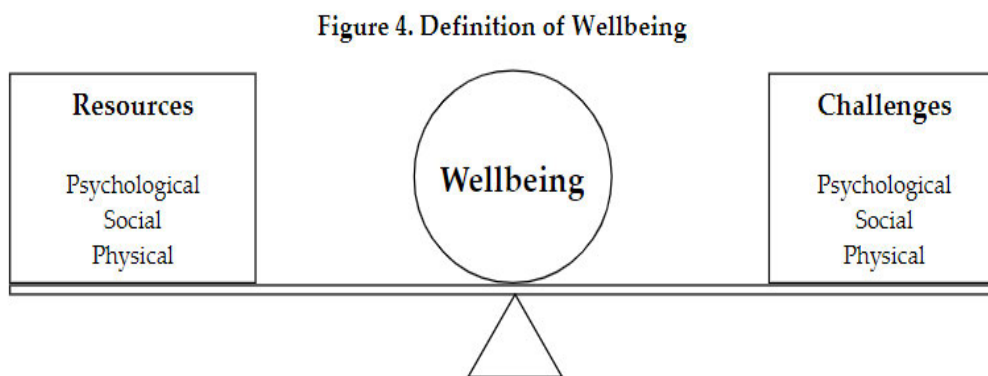


Figure 4: Definition of Wellbeing

Source: Dodge, et al., (2012)

### 2.6.1 Theoretical Approaches to Employee Wellbeing

To further our understanding of employee wellbeing, several theories and models have identified, each with an objective to express and elucidate how different job features and situational or personal factors affect individuals' experience of wellbeing conditions and attitudes towards their work. Amongst these are the Affective Events Theory (AET)

(Weiss & Cropanzano, 1996), Conservation of Resources theory (COR) (Hobfoll, 1989), the stressor-detachment model (Sonnentag & Fritz, 2015), job demands-control theory and job demands-resources theories (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001; Karasek, 1979). Individual temperaments are afforded a significant role in AET, as stable personality traits such as positive and negative affectivity are conjectured to affect how personnel respond to events at the workplace and at home, which therefore influences their ensuing emotional experiences, and allows for an amalgamation of both between and within-individual effects on wellbeing.

#### **2.6.1.1 Job Demand – Resources (JD-R) and Conservation of Resources (COR) Theories**

The JD–R model is a theoretical framework that attempts to integrate two independent categories stress and motivation, the model indicates that job demands are triggers for the “health impairment process” and job resources are triggers for the “motivational process” (Demerouti and Bakker, 2011). Moreover, the JD-R model postulates how demands and resources interact and predicts organisational outcomes (Demerouti and Bakker, 2011). According to the JD-R model, categorises working conditions into two categories namely job demands and resources (Schaufeli and Taris, 2017). Demerouti and Bakker (2011) define job demand as “those physical, psychological, social, or organisational aspects of the job that require sustained physical and/or psychological (cognitive and emotional) effort or skills and are therefore associated with certain physiological and/or psychological costs.” Essentially job demand are those conditions that drains ones energy, increases stress and burnout these amongst others include unfavourable work environment, and work overload. Demerouti and Bakker (2011) define Job resources as “those physical, psychological, social, or organisational aspects of the job that are either/or:

1. functional in achieving work goals
  2. reduce job demands and the associated physiological and psychological costs
  3. stimulate personal growth, learning, and development.”
- In essence job resources have a positive impact on employee output, enhance leaning and assist with achieving organisational objectives. The JD-R model assumes that employee health and wellbeing result from a balance between positive (resources) and negative (demands) job characteristics. Figure 5 below illustrates the JD-R model.

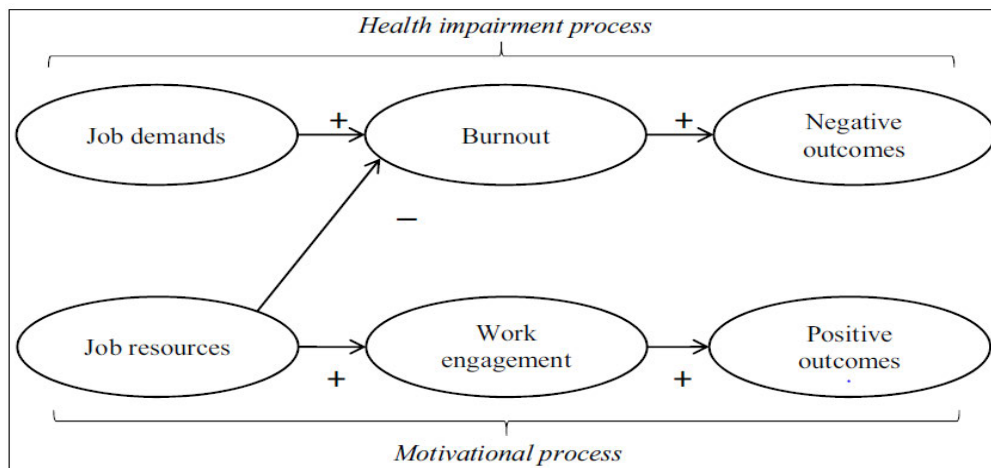


Figure 5 Job demand resource model

Source: Schaufeli and Taris, 2017

As illustrated in figure 5 above excessive job demands and inadequate resources may result in a state of burnout which may result in negative outcomes for both the individual and the organisation. As an individual experiences a state of mental exhaustion, their performance may be impaired. Positive outcomes are triggered by abundant job resources and adequate work engagement. Schaufeli and Taris (2017) state that extreme job demands, and inadequate resources leads to burnout while abundant job resources aids work engagement.

According to JD-R COR theories, demands at work diminishes a person's psychological resources, which are utilised to manage work demand, the reduction of resources results in personnel being tired and exhausted, thereby lessening their wellbeing. Workplace stress has consistently been linked to lower results for employees across a wide range of psychological and physiological wellness markers. Workload and psychological stressors, for example, predicted "psychosomatic complaints and sickness, job burnout, fatigue, job dissatisfaction, increased blood pressure and heart rate which indicates the activation of the biological stress response and the adrenocortical system" (McEwen, 2007), and heightened stress levels as measured via cortisol (Bartholomew, Ntoumanis,

Cuevas, & Lonsdale, 2014; De Jonge, Bosma, Peter, & Siegrist, 2000; Hakanen, Bakker, & Schaufeli, 2006; Ilies, Dimotakis, & De Pater, 2010; Jacobs, et al., 2007).

Bakker and Sanz-Vergel (2013) utilised the JD-R theory to demonstrate that, in a sample of nurses, The intra-individual relationship between personal resources and nurses' work engagement and fulfilment was bolstered when faced with high emotional work demands, probably because they mobilised their resources more effectively to meet the challenging demands. Another study adopted EMA methodologies and combined AET and COR theory to explore how work activities drain or restore personal resources. (Bono, Glomb, Shen, Kim, & Koch, 2013). In support of their hypothesis, the authors determined that Positive workplace occurrences and the act of reflecting on these positive occurrences increased staff wellbeing indicators, but negative workplace occurrences and the experience of work-family conflict had negative impact on staff wellbeing (Bono, Glomb, Shen, Kim, & Koch, 2013).

#### 2.6.1.2 **The allostatic load model of stress**

The Allostatic Load (AL) model of stress is a theoretical model that explicitly concentrates on physiological responses to stressors in addition to psychological (anxiety) and psychosomatic (fatigue) reactions (McEwen, 2007; McEwen & Stellar, 1993). This paradigm has its origins in medical and physiology literature, and it provides researchers with a physiological lens through which to evaluate stress and its effects. At the core of the model are adaptive responses, which refer to the process by which our physiological system responds to or adapts to stressful occurrences, and adaptive stress, which refers to physiological stress or "waste" that occurs due to chronic stimulation or mismanagement of adaptive response processes (McEwen, 2007, p.880). Ganster and Rosen (2013) employed the AL model to the research of job stress and employee wellbeing and advocated that the AL model serve as a fundamental framework for merging inter- and intra-individual studies in the study of job stress which have previously been created individually.

The study will employ the JD-R model as the scientific base of the study which integrates various working conditions and concentrates on both negative and positive signs of employee wellbeing.

## **2.7 Chapter Summary**

The literature review chapter focused on the providing an in-depth examination of COVID-19 in South Africa and the implications on funeral parlours. The chapter defined the funeral industry, the services they provide and regulatory prescripts that governs the industry. Furthermore, the impact of COVID-19 on the funeral industry was scrutinised.

### **3 CHAPTER THREE**

#### **RESEARCH METHODOLOGY**

##### **3.1 Introduction**

This chapter focuses on theoretical research methodology issues; it commences with defining research and describes research approaches. The chapter highlights the administration of the survey instrument and the method of data analysis.

##### **3.2 The nature of research**

Sanders, Lewis and Thornhill (2019) argue that even though research involves collecting data if not undertaken in a systematic manner and without clear purpose it is not deemed as research. Sanders, Lewis and Thornhill (2019) state that research has several characteristics:

- The intention, “to find out things” is indicated distinctly,
- Data collection is conducted in a systematic manner,
- Data interpretation is systematic.

Research can be defined as a process that is undertaken in a systematic manner with a distinct aim “to find things out” (Sanders, Lewis and Thornhill 2019;5). Sekaran and Bougie (2016) purport that research can be utilised to assist managers in making decisions in the workplace. Business research is defined as “an organised, systematic, data-based, objective, inquiry or investigation into a specific problem, undertaken with the purpose of finding answers or solutions to it” (Sekaran and Bougie, 2016). Research involves specific activities that enable management to identify the root cause of the problem and find solutions to resolving it. Research enables management to make informed decisions.

##### **3.3 Research design**

A research design is a broad strategy for integrating the different elements of a study into a logical and coherent approach, guaranteeing that the study effectively addresses the research problem. (Creswell, 2018).

This study employed a causal survey design; this design is adopted as the study aims to evaluate the impact of COVID-19 on employee wellbeing at funeral parlours, and therefore, a survey is an effective instrument to utilise. Creswell & 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, 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. A cross-sectional survey was performed over one period as it is less demanding and effective to administer questionnaires and interpret data over a single cycle. The survey was conducted with two funeral parlours based at the eThekweni municipality.

### **3.4 Research Approach**

Creswell and Creswell (2017) define research methodology to mean the plan and methods utilised in the selection, identification, analyses, and processing of data on the chosen topic. In any study, the methodology allows an investigator to assess the overall reliability and validity of the research critically. There are three approaches in which research can be conducted, namely, “quantitative, qualitative approach or mixed-methods approach” (Creswell, 2017).

#### **3.4.1 Quantitative research Methodology**

Quantitative research utilises numbers for examining hypotheses and reaches predictions through quantified amounts and ultimately defines the event by figures. By means of numbers, an investigator employs statistical valuations to provide assurance of statistical relationships of the findings (Creswell, 2014, p.12).

Quantitative design is usually associated with deductive approach, where data are collected and analysed to test theory. However, it may also incorporate an inductive approach where data are used to develop theory (Sander, Lewis and Thornhill, 2019).

Quantitative research examines relationships between variables which are measured numerically and analysed using a range of statistical and graphical techniques.

#### **3.4.2 Qualitative research methodology**

Qualitative methods concentrate on relationships between individuals, environments, and motives steering individual action and behaviour (Yin, 2017, p.45). Davis and Craven (2016, p.21) purport that a qualitative research approach predominantly utilises qualifying words and descriptive sentiments of the respondents instead of utilising figures relating to quantitative approach. Qualitative research tends to be effective in finding culturally explicit information about the values, sentiments, conduct, and social settings of populations (Creswell, 2014:12).

#### **3.4.3 Mixed methods**

A mixed method is an approach with philosophical assumptions and inquiry methods, it entails the collection and analysis of both qualitative and quantitative data. (Denzin & Lincoln, 2011, p.22). Mixed methods research utilizes the potential benefits of both qualitative and quantitative techniques, enabling researchers to investigate many viewpoints and identify connections between the complex layers of our multiple research issues (Shorten and Smith, 2017). By examining phenomena from many angles and using various research lenses, researchers are able to obtain a more comprehensive understanding of their research landscape (Shorten and Smith, 2017). The overarching goal and underlying assumption of mixed methods studies is that combining quantitative and qualitative approaches enhances the validity of findings and leads to a better understanding of research difficulties and complicated phenomena than either strategy alone (Molina-Azorin, 2016).

#### **3.4.4 Chosen method for the study**

The difference between quantitative and qualitative research is important to assist with identifying and understanding the research approach underpinning a study because the selected research approach influences the questions posed, methods chosen, data

collection and analysis. This study employed Quantitative research design to produce comparable results that can be generalised to the funeral industry.

### **3.5 Data collection instruments**

Sekaran and Bougie (2016) describe that primary data is data collected first-hand and it can be collected through “interviews, observation, administering questionnaires, and experiments.” Secondary data is data that already exists and does not need to be collected by the researcher, sources of secondary data include the organisations websites, the internet, bulletins, and government gazettes (Sekaran and Bougie, 2016).

Primary data was gathered through a questionnaire and secondary data was derived from information available in the body of knowledge such as in books and journals. 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, Lewis and Thornhill, 2019).

The data collection instruments consisted of researcher completed structured interviews with management as well as self-completed questionnaires for the rest of the employees. Saunders, Lewis, and Thornhill (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 impact on funeral parlour ’s and the subsequent impact on employee wellbeing. Structured interviews will be conducted face to face with strict adherence to health measures to curb the spread of COVID-19.

Saunders, Lewis and Thornhill (2019) indicate that is much more efficient to collect response using a questionnaire. It is for that reason that a questionnaire was selected as an instrument to collect data. Additionally, it is convenient to distribute the questionnaire over a cellular phone, and the respondents were able to complete it at their leisure. Sekaran and Bougie (2016) argue that it is advantageous to administer electronic questionnaires since they are affordable and not restricted by regional boundaries.

The self-completed questionnaire was designed using Microsoft forms thereafter was sent electronically via a link to the company representatives. The representative was designated to forward the link to identified participants so that the participants would be able to complete the questionnaire utilising their cellular phones. Cellular phone data, load shedding was some of the challenges identified that could hinder the completion of the survey. As a contingency paper-based questionnaires were placed at the business area and collected after two weeks. The different methods of distributing surveys ensure accessibility, convenience and cater for respondents' preferences. The design of the questionnaire used a five-point frequency Likert scale. The intended participants are employees and business owners.

### **3.6 population and sampling**

The survey was conducted with two funeral parlours based at the eThekweni municipality. The two funeral parlours profiled are Ndabe dignified funerals and Botha's Hill funeral services. Van Zyl (2014, p. 96) highlighted that a target population is a group of preferred respondents to whom the study will generalise the research findings. The population comprised of 60 Ndabe dignified funeral employees and 11 Botha's Hill employees. The target population was calculated to be 71.

#### **3.6.1 Sampling**

Creswell and Creswell (2014, p.35) define sampling as a process to select the right elements as representatives of a population, the elements within a sample frame possess some equal chance of selection. The sample frame is defined as the complete list of all sampling units capable of adequately representing the population (Yin, 2017, p.68). The sampling theory identifies two types of sampling design: non-probability and probability sampling (Elliott, 2013, p.17).

- **Probability Sampling**

Probability sampling is the sampling technique wherein there is a gathering of samples in a procedure that gives every individual the population equivalent selection chances (Sekaran & Bougie, 2016, p242).

- **Non-probability Sampling**

Non-probability sampling is a sampling method where the elements of the population have no prospects of being chosen to participate as sample subjects (Creswell, 2018).

For this study, a probability sampling method was utilised with a specific focus to simple random sampling, which has been well-considered as the most straightforward approach of probability sampling. According to Sanders, Lewis and Thornhill (2019) to conduct simple random sampling, a researcher must first ensure that all population elements are included in a master list, from which participants would then be randomly chosen. Simple random sampling is less bias and offers the most generalisability (Sekaran & Bougie, 2016).

- **Sample size**

Sekaran & Bougie (2016) defines a sample as a subsection of the population. It includes some and not all elements of the population. Sekaran and Bougie (2016) assert that by examining the sample, enables the researcher to draw conclusions that can be generalised to the population. Krejcie and Morgan (1970 cited in Sekaran & Bougie, 2016) provided a basic sample size determination table.

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	180	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
N	S	N	S	N	S
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

Figure 6: Sample size for a given population size

Source: Sekaran & Bougie, 2016

**Table 3.6 Sample Plan Table**

Funeral parlour	population in each funeral parlour	Sample size
a) Ndabe dignified funerals	60	52
b) Botha's Hill funeral services	11	10
Total	71	62

The probability sampling technique employed to select the sample size is the simple random sampling. The sampling procedures are utilised to make the sample all-encompassing and representative, as well as to increase the chances of every person in the population participating in the study. The population for Ndabe dignified funerals and Botha's Hill Funeral is 60 and 11 respectively. The funeral parlour management provided the employee numbers as captured in their human recourse database. Table 3.6b above stipulates the sample size for the respective funeral parlours as determined from the sample size determination table as noted by Sekaran & Bougie (2016). The sample size of the study will consist of 62 respondents from two funeral parlours operating in eThekweni Municipality. Two managers will be interviewed one from Ndabe dignified funerals and one from Botha's Hill funeral services.

### **3.7 Data quality control**

#### **Reliability**

A reliable questionnaire guarantees that data is obtained in a consistent manner, test re-test, internal consistency, and alternative form are three popular ways to measuring reliability (Saunders, Lewis & Thornhill, 2016). A Test-retest is a method involves giving the same sample the same instrument at two distinct times (Sekaran and Bougie, 2016). Essentially, the same questionnaire is conducted with the same participants over different time periods. Internal consistency determines the consistency of participants responses within an instrument (Sekaran and Bougie, 2016). (Siegle (2013) indicates that alternate-form "measures consistency between two versions of an instrument". Two different versions of the instrument are created that measure the same construct; participants complete both instruments during the same time period. The instrument scores are correlated to determine the consistency (Siegle (2013).

When a new measurement equipment is constructed, it's a good idea to put it to the test before using it on a real sample. As a result, the testing process is conducted in the form of a pilot study, in which the instrument is administered to a small number of participants from the same population. (Welman, Kruger & Mitchell, 2015). To test the instrument's

reliability, a pre-test was conducted on 10 respondents to assist in ensuring that the questions are understandable and ensures consistency.

### **Validity**

A questionnaire that is valid will enable accurate data that measure the concepts being analysed. Saunders, Lewis & Thornhill (2016) identified some criteria on how to assess validity: Content validity refers to the extent to which the questionnaire's questions adequately cover the investigation's questions. This can be established through the literature evaluation, prior deliberations with others, or by employing a panel of judges to testify to the relevance and efficacy of the instrument. In this study, the questions were consistent in measuring the impact of COVID-19 on the wellbeing of funeral parlour employees. The responses were consistent and relevant to what was posed to the participants. The results of the pilot study indicated that there were no challenges in understanding the instrument by the participants and therefore, there were no amendments required on the instrument.

### **3.8 Data analysis**

Once the survey is completed, the Microsoft forms will be exported to excel for analysis. Paper based questionnaires will be manually inputted on excel. A table indicating the number of respondents and non-respondents will be formulated. Responses will be coded and then exported from excel to Statistical Package for the Social Sciences (SPSS) version 27 2020, data analysis software program.

Thematic analysis was used to analyse interview data study with an aim to determine common thoughts and to gain more understanding of the data collected from the interviewed participants. Thematic analysis is a type of qualitative analysis used to analyse, classify, and present emerging patterns or themes relating to the data by illustrating the data in greater detail through interpretation (Braun and Clarke, 2006). This type of analysis was seen as appropriate for the researcher to examine data to gain a more clear and logical understanding of the respondents' thoughts and to transfer their

experience into the study. The researcher used Braun and Clarke (2006) six-step process for doing thematic analysis, which are:

- a) Data familiarisation - Verbal data from the recordings was transcribed into written format.
- b) Initial coding - Data that the researcher thought was useful and interesting was identified and labelled. This entailed a thorough examination of the data, with lists of words, phrases, and paragraphs being highlighted. Information that was repetitive or related was annotated. In certain instances, the retorts were recommendations.
- c) Exploring themes originating from the initial codes - the initial codes organised were grouped into themes.
- d) Review of themes - During this step, the data is analysed with the goal of uncovering underlying patterns and connecting multiple codes. Themes were fine-tuned in relation to their applicability.
- e) Defining themes - Themes were further examined in terms of how they relate to one another and how they fit within the research question. The inclusion of direct quotations from respondents, presented in Chapter four, assisted to support the themes.
- f) Report writing – The results which are related to the identified themes are presented in chapter four

### **3.9 Ethical considerations**

Gate Keepers letters were obtained from the organisations participating in the study and an ethical clearance reference number HSSREC/00003401/2021 was obtained from the Universities ethics committee. Respondents will be required to sign a consent form to indicate consent that indicates that participation in the survey is voluntary, non-discriminatory and identities will not be disclosed. The nature and purpose of the study will be deliberated, and participants will be assured that the results will be shared with the organisations leadership. Paper based questionnaires and interview notes will be scanned and stored on a password protected google drive. Once the paper-based questionnaires and interview notes are scanned the papers will be destroyed through shredding and burning. Audio and or video recording will be uploaded on google drive and recording will be permanently deleted from the recording device. In the event of utilising Microsoft Teams for the interviews due to COVID-19 restrictions, the

recording will be downloaded and saved on password protected google drive thereafter the recording will be permanently deleted from MS Teams. The collected data will be retained for five years on a password-protected Google Drive which may be accessed by myself and the supervisor. The data will be permanently deleted from the drive after five years.

### **3.10 Limitations to the study**

There is insufficient existing public data on COVID-19 impact on the funeral industry. Adherence to COVID-19 health measures limits face to face interactions with respondents. This study is limited to two funeral service providers due to time constraints. However, Ndabe dignified funeral services has over 60 people under their employ making a considerable contribution to the study.

### **3.11 Chapter summary**

Chapter three presented research approaches with a focus on quantitative research methodology, the chosen method of the study was described. The benefits of survey design were pronounced. The population and sample frame were indicated, a description of data collections and the survey instrument utilised in collecting data was expressed.

## **4 CHAPTER FOUR**

### **PRESENTATION OF RESULTS**

#### **4.1 Introduction**

This section contains results of the survey questionnaire and interview, these are presented and scrutinised in detail under each graph. The questionnaire had four dimensions which have been presented accordingly as indicated hereunder. The results are depicted under the following headings: Demographic data, the impact of COVID-19 on the physical wellbeing, the impact of COVID-19 on the mental and emotional wellbeing, the impact of COVID-19 on the social wellbeing of funeral parlour employees, the effectiveness of existing disaster management framework used by funeral parlour and Interview data. The impact of COVID-19 on the four dimensions are explained. Face to face interviews were completed by the researcher using a structured questionnaire and the discussions are indicated below.

#### **4.2 Results of the study**

62 Questionnaires were distributed, and two interviews conducted with Senior Management. Five respondents completed the online questionnaire whilst the remaining completed the paper-based questionnaire.

#### **4.3 Descriptive data**

The data captured from 62 respondents was subjected to computer analysis. The data was coded and populated onto SPSS and analysed according to the research questions indicated under paragraph 1.5. A five-point frequency Likert scale was utilised to indicate the extent in which respondents' wellbeing was impacted by COVID-19. The response scale ranged from 1 (= never) to 6 (= always). Descriptive statistics were utilised to analyse data and presented in form of charts.

#### **4.4 Demographic data**

In this section, the age distribution, gender distribution, occupation level, highest qualification, and tenure of employees of the research population is discussed.

#### 4.4.1 Age

Figure 7 illustrates the gender distribution of the respondents.

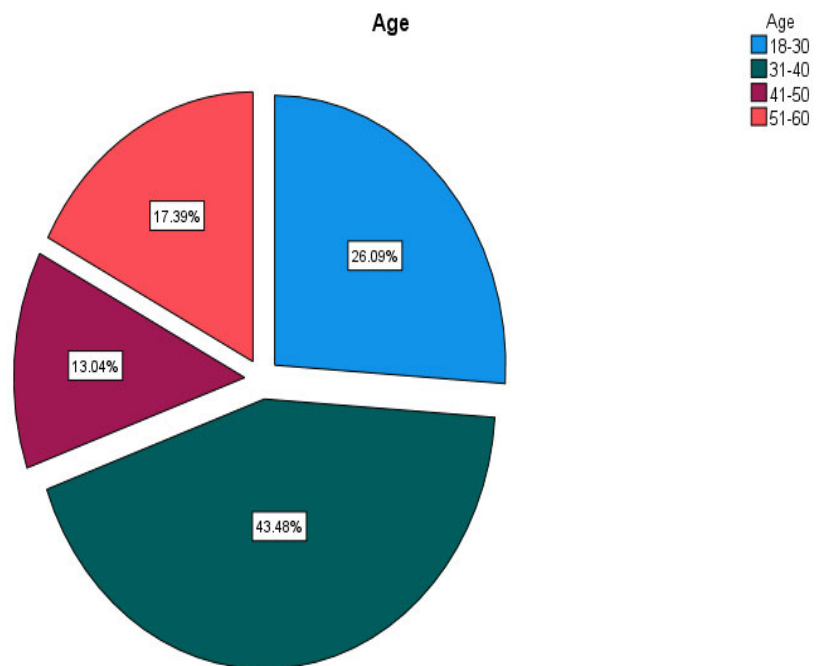


Figure 7: Age distribution

As illustrated in figure 4.4.1, the bulk of the respondents are in the age group 31-40 years with percentage of 43,48%, followed by the 18-30 age group accounting for 26.09%. The age groups 41-50 and 51-60 account for 13.04% and 17.39% respectively. There were no respondents in the 61 years and above age group.

#### 4.4.2 Gender

Figure 8 denotes the gender distribution of the sample.

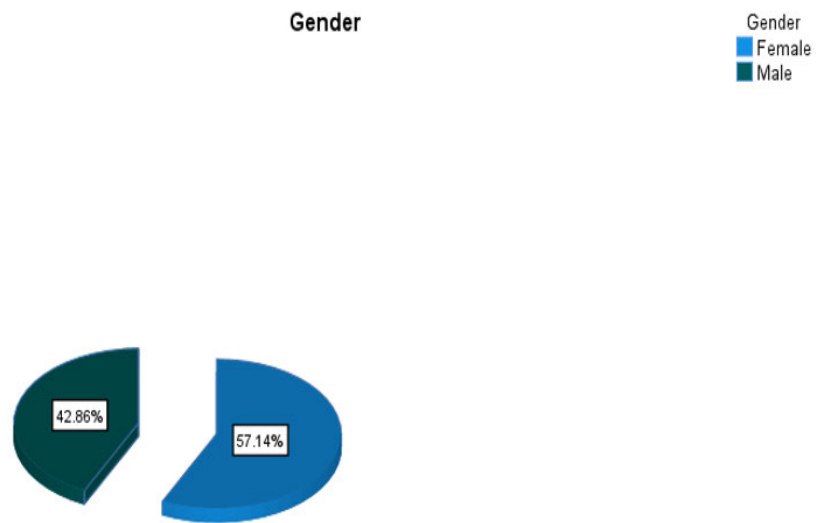


Figure 8 : Gender

As reflected in figure 8, 57.14% of respondents are female in contrast 42.86% are males.

#### 4.4.3 Occupational level

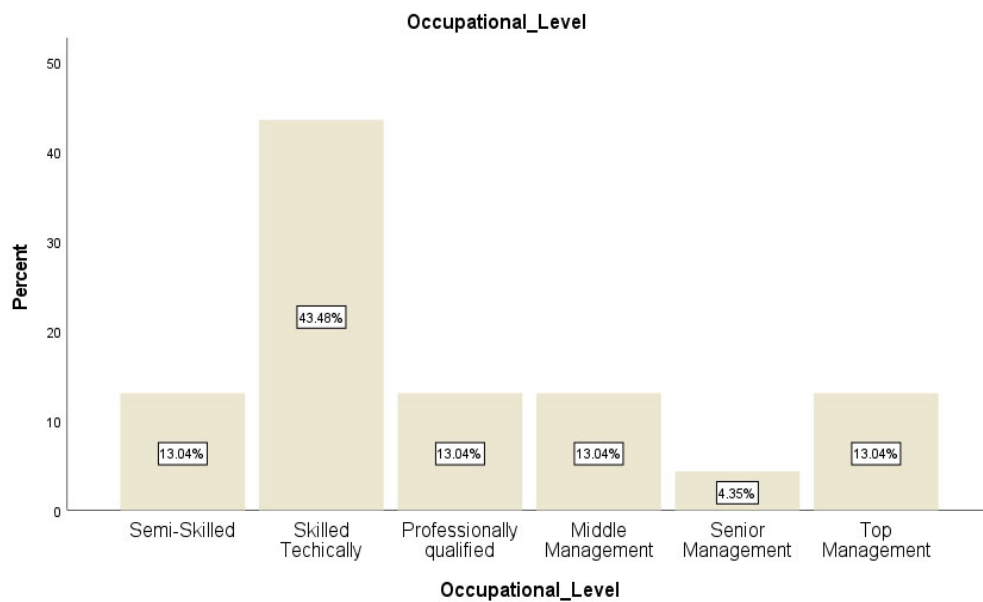


Figure 9 : Occupational level

The data in Figure 9 illustrates that 13.04% of respondents are semi-skilled and majority of the respondents are skilled technically, depicted at 43.48%. Professionally qualified respondents and middle managements were noted as 13.04%. Senior management and Top management were noted as 4.35% and 13.04% respectively.

#### 4.4.4 Highest qualification

Figure 10 portrays the highest qualifications attained by the participants.

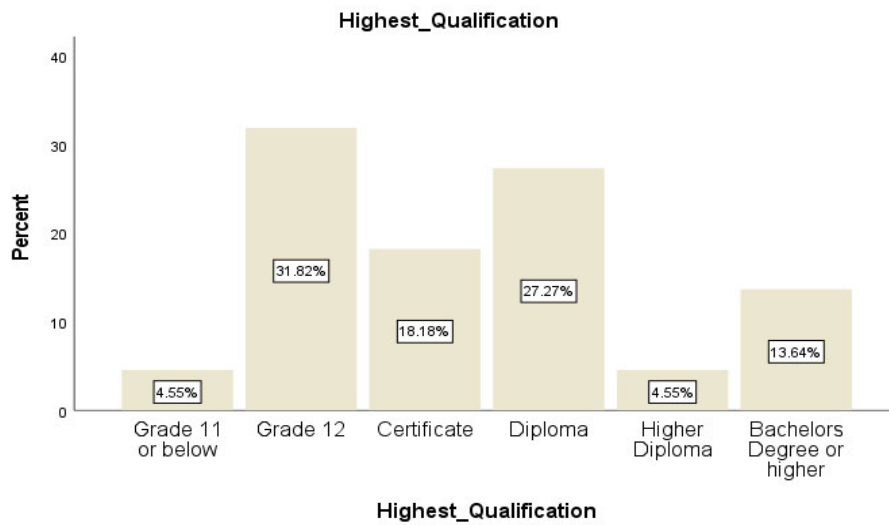


Figure 10 : Highest qualification of participants

As evidenced in figure 10 majority of the participants have attained their grade 12 certificate which accounts for 31.82%, followed by 27.27% of participants having attained a diploma. 18.18% of the subjects attained a certificate whilst 13.64% achieved a bachelor's degree or higher. Subjects with Grade 11 or below and higher diploma accounted for 4.55% each.

#### 4.4.5 Tenure of employees

Figure 4.4.5: Years in employ

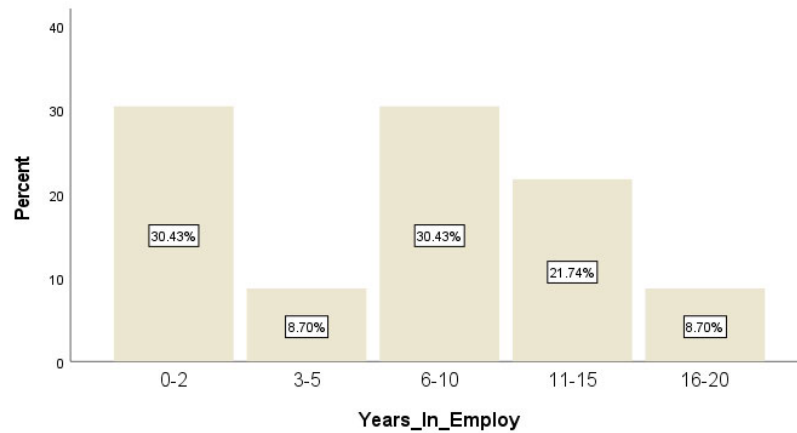


Figure 11: Years in employ

The findings revealed that employees were in the employ in the 0-2 years and 6-10 years grouping accounted for 30.43% each, whilst the 11-15 years grouping accounted for 21.74%. The 3-5years and 16-20 years groups constituted 8.70% each.

#### 4.5 The impact of COVID-19 on the physical wellbeing.

Respondents were requested to respond to six questions that were posed in this dimension, in order to investigate the impact of COVID-19 on the physical wellbeing. This dimension aims to address the first research question. The results are presented in the figures below.

##### 4.5.1 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 12 depicts their responses.

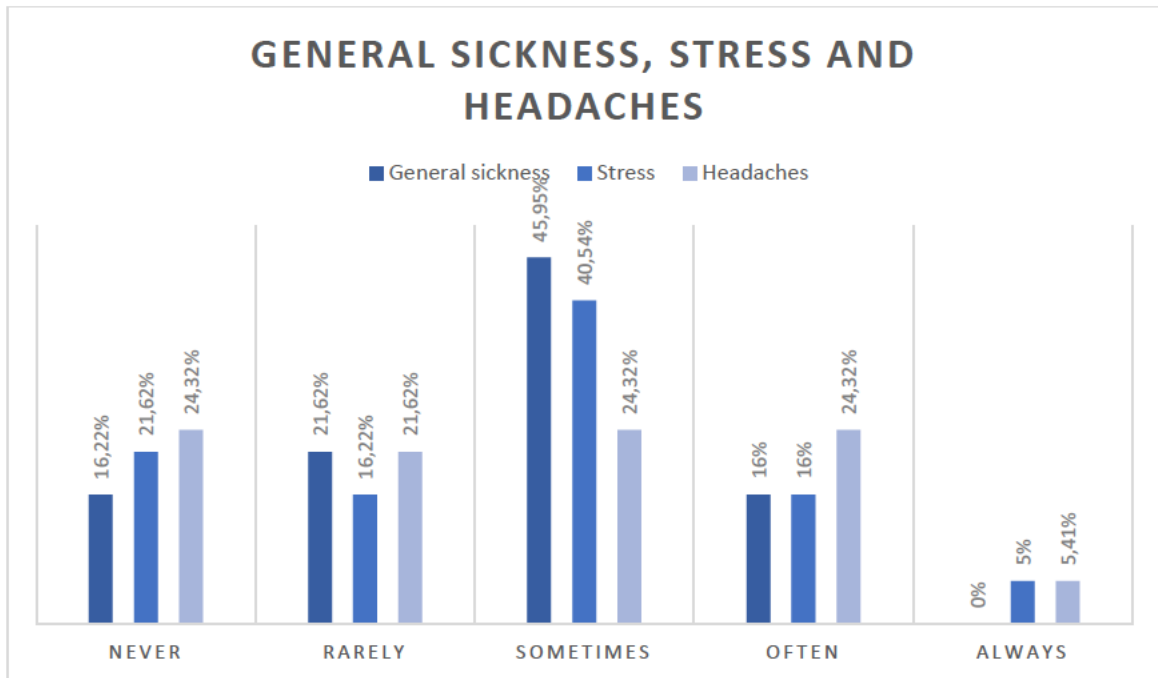


Figure 12: General sickness, stress and headaches

As illustrated in figure 12, 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 bulk (62.16%) 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, often, which is calculated at 24.32% whilst respondents that rarely experienced headaches accounted for 21.62%. the lowest being 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 the bulk of the respondents when totalling categories from sometimes to always experienced general sickness, stress and headaches since the onset of COVID-19.

#### 4.5.2 Poor sleep, Exhaustion, Body aches and pain

Figure 13 indicates how often did respondents experienced poor sleep or interrupted sleep, Exhaustion, and body aches since the onset of COVID-19.

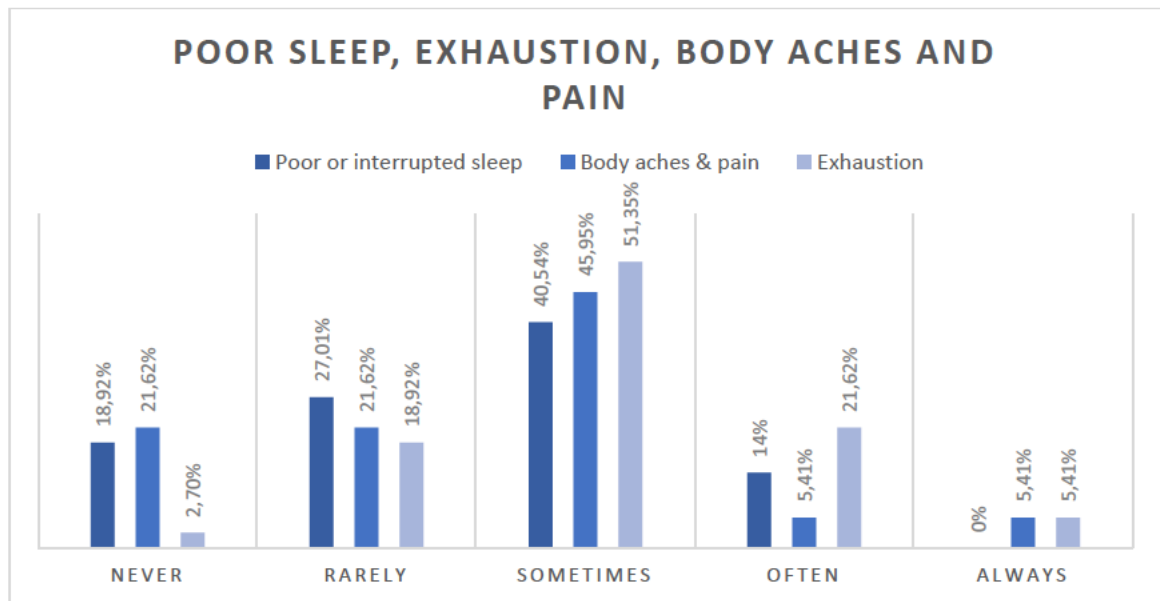


Figure 13 : Poor sleep, Exhaustion, Body aches and pain

The highest number of individuals who indicated that they sometimes experienced poor or interrupted sleep were 40.54% whilst individuals that rarely experienced poor or interrupted sleep accounted for 27.03%. The remaining categories were calculated at 19% never, 13,51% 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 category were noted at 5,41% each. The remaining categories of never and rarely accounted for 21,62% each.

It is evidenced in figure 13 above that more than 51% of participants sometimes experienced symptoms of being tired or exhausted. The remaining categories were below 22% each.

#### 4.6 The impact of COVID-19 on the mental and emotional wellbeing.

Respondents were requested to respond to nine questions that were posed in this dimension in order to investigate the impact of COVID-19 on the mental and emotional wellbeing. This dimension aims to address the first research question. The results are presented in the figures below.

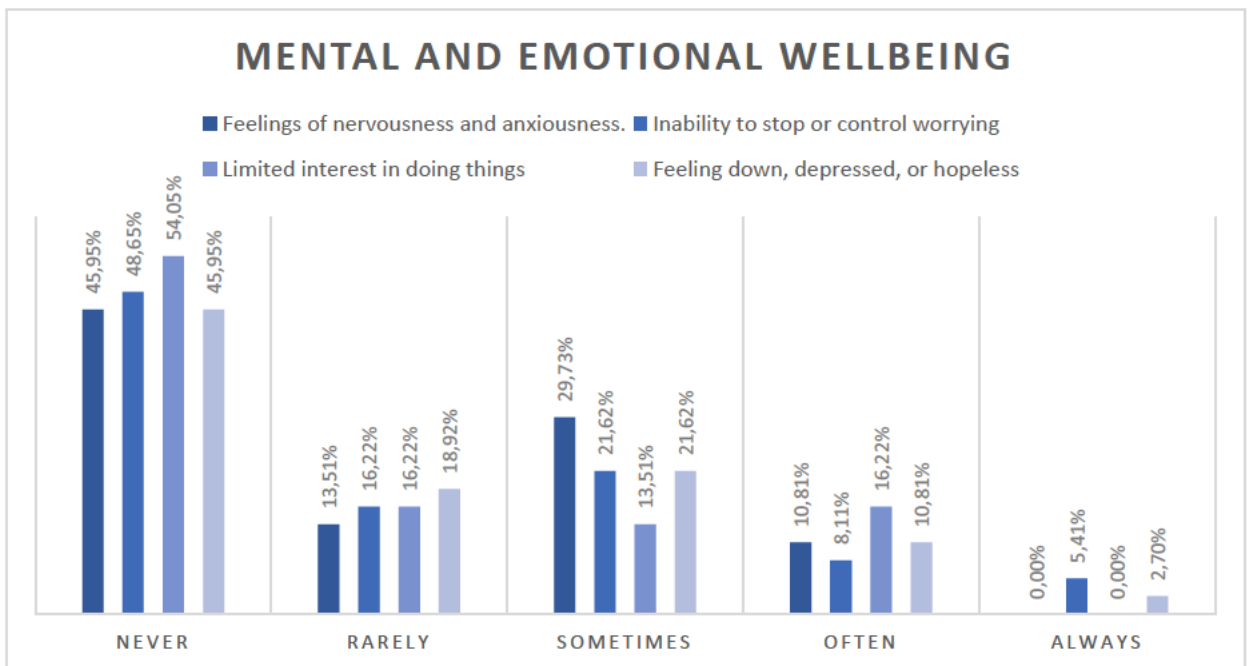


Figure 14: Mental and emotional wellbeing

##### 4.6.1 Feelings of nervousness and anxiousness.

Figure 14 presents the frequency in which participants experienced symptoms of being nervous and anxious since the start of the pandemic. The majority (45,95%) of respondents agreed that they never were never nervous or anxious since the start of the pandemic, whilst 29.73% expressed that they sometimes experienced feelings of nervousness and anxiousness. 13,51% rarely experienced these symptoms, 10,81% often experienced these symptoms whilst none of the respondents indicated that they always experienced symptoms of nervousness and anxiousness.

#### 4.6.2 Inability to stop or control worrying

The data in Figure 14 shows that more 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. The remaining categories were calculated at less than 14% each.

#### 4.6.3 Limited interest

It is evident from Figure 14 that an overwhelming 50,54% of the respondents agreed that they never lost interest in doing things and being active. 16.22% of respondents indicated they rarely lost interest whilst a further 16,22% reflected they often lost interest in doing things.

#### 4.6.4 Feeling down, depressed, or hopeless

The data presented in figure 14 showed that 45,95% of participants, never experienced feelings of being down, depressed, or hopeless whilst 21,62% sometimes experienced these feeling and 18.92% rarely experienced them. Only 10,81% reflected that they often experienced feeling of being down, depressed or hopelessness and 2,7% were always felt in that manners.

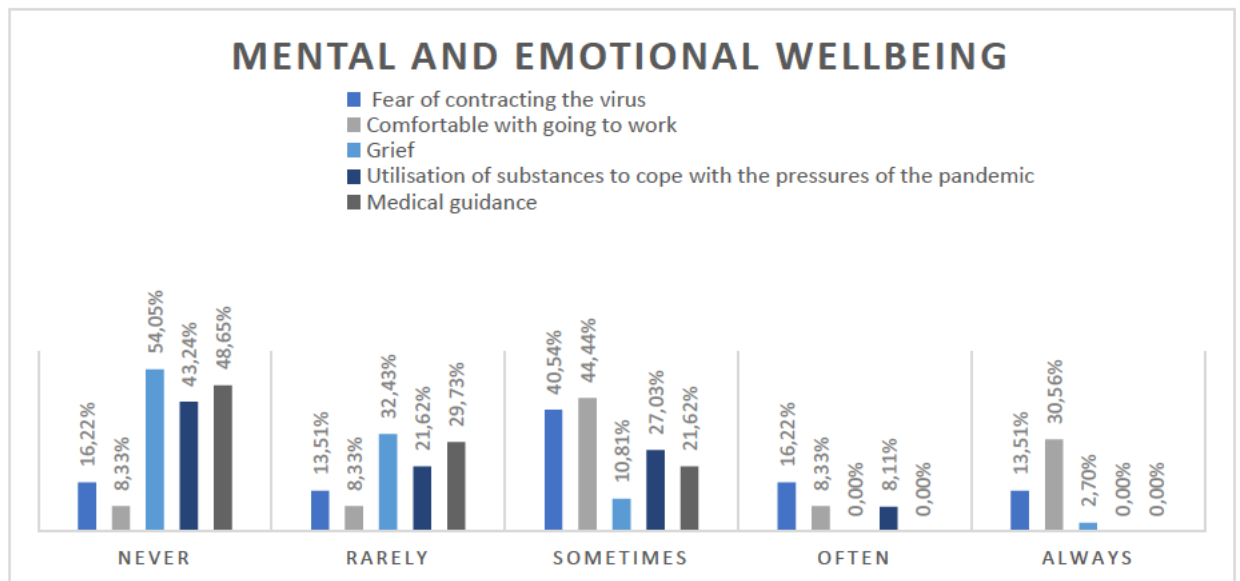


Figure 15 : Mental and emotional wellbeing

#### **4.6.5 Fear of contracting the virus**

As depicted in figure 15, a bulk (40,54%) of the participants indicated that they were sometimes fearful of contracting the virus, 16,22% indicated never, 13,52% rarely, 16,22% often and 13,52% were always scared to contract COVID-19 since the onset of the pandemic. The findings posit that majority of personnel were fearful of contracting the virus

#### **4.6.6 Comfortable with going to work**

Figure 15 depicts responses from participants where they pointed out how comfortable they were with going to work during the pandemic. Majority (44,33%) of participants 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, majority of the personnel were comfortable to going to work.

#### **4.6.7 Grief**

The highest number (54,05%) of participants concurred that they never experienced grief since the onset of COVID-19 whilst 32,43% rarely experienced grief. An underwhelming 10,81% of personnel indicated that they sometimes experienced grief.

#### **4.6.8 Utilisation of substances to cope with the pressures of the pandemic**

Findings of the study revealed that 43,25% of the participants never utilised substances to cope with the pressures of the pandemic. 27,03% participants reflected that they sometimes used substances whilst 21,62% rarely did and a mere 8,11% often took substances to cope.

#### 4.6.9 Medical guidance

It was observed in figure 15 that, 48,65% of respondents 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.

#### 4.7 The impact of COVID-19 on the social wellbeing of funeral parlour employees.

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 wellbeing of funeral parlour employees. This dimension aims to address the second research question, the results are presented in the figure 16 below.

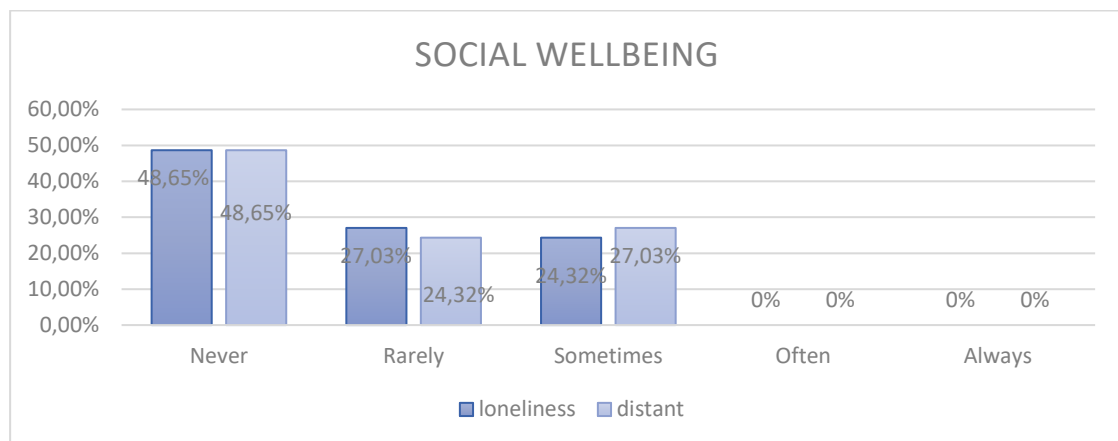


Figure 16: Social Wellbeing

As can be seen in figure 16 majority (48,65%) of the respondents specified that they have never experienced loneliness and being distant during the onset of COVID-19. 27,03% have indicated being lonely on rare occasions whilst 24,32% expressed they were at times lonely. 24,32% acknowledged that they have rare instances of being distant whilst 27,03% agreed they have sometimes been distant. None of the respondents have indicates that have often or always experienced loneliness or being distant. In accordance with the results illustrated in figure 16, one may infer that there was little significant adverse impact on the social wellbeing of funeral parlour employees as a result of COVID-19.

#### 4.8 The effectiveness of existing disaster management framework used by funeral parlour

Respondents were requested to respond to six questions that were posed in this dimension to investigate the effectiveness of existing disaster management framework that funeral parlours prescribe to. This dimension aims to address the third research question, the results are presented in figure 17 below.

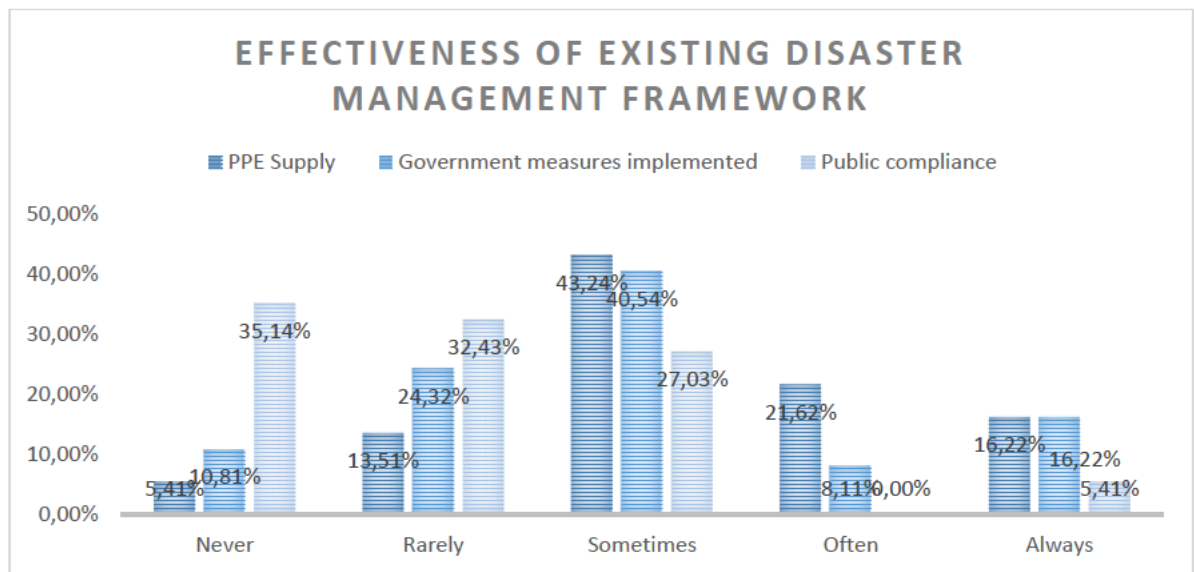


Figure 17: Disaster management framework

Respondents were asked to share their opinions on the effectiveness of existing disaster management framework used by funeral parlours. This was investigated through six contrivances: PPE supply, government measures and public compliance to regulations.

Respondents reflected on the effectiveness of PPE supplied in an effort to curb the spread of COVID-19. 43.24% of the respondents reflected that the PPE supplied was sometimes effective, 21,62% revealed that it was often effective and 16,22% specified that the PPE supplied was always effective. 13,52% indicated that that PPE supply was rarely effective whilst 5,41% disputed the PPE's effectiveness. There is overwhelming evidence on the effectiveness of the PPE supplied.

It was observed that a high proportion of respondents (40,54%) think that the measures introduced by government were sometimes efficient whilst 24,32% specified that the measures were rarely effective however 16,22% were certain that the measures put in place were always effective. The data posits that the measures introduced by the government were effective to curb the spread of the Corona virus.

In terms of public compliance with regulations during funerals, 35,14% indicated that the public was not compliant whilst 32,43% revealed that the public was rarely compliant. 27,03% reflected that the public were sometimes compliant with regulations during funerals.

#### **4.9 Interview data**

To complement the quantitative data results, structured interviews were conducted with management. This section depicts results gathered from interviews conducted with funeral parlour management and provides an analysis of their verbal responses. The information gathered is depicted in a narrative form that encompasses the narrative and analysis of data. Thematic analysis was used to analyse interview data study with an aim to determine common thoughts and to gain more understanding of the data collected from the interviewed participants. The following themes emerged ensuing the analysis of participants interviews; Job demands, Work environment, regulatory guidance, and industry impact. The themes are further presented in the paragraphs below.

##### **4.9.1 Job demands**

Participants concurred that due to the increased number of funerals they had to service, it has taken a toll on the body. Staff were observed to be fatigued due to the increased workload, as a result there were increased personnel who booked off sick. The General Manager revealed that during the peak of each wave, drivers were up and down doing removals from hospitals and at homes, furthermore, administrative personnel also saw an increase in administrative tasks such as logistics, paperwork and planning for the funerals which was physically and emotionally draining. The CEO indicated that *“COVID-19 has taken a huge toll on us physically because the past year and a half, we are working more hours which then takes a toll on the body. You find that staff are tired*

*and are fatigued, have muscle ache because of the constant workload that keeps increasing. During the peak of each wave drivers are up and down doing removals from hospitals and homes, the admin staff have to do paperwork. Employees that had to isolate or quarantine as a result of being COVID-19 positive or being close contact reduced the number of people that could perform services further increasing the workload on the remaining employees” (CEO, Female).*

#### **4.9.2 Work environment**

The respondents reflected that at the start of the pandemic personnel were scared and apprehensive. Though personnel were not outright and voiced their concerns, it could be observed from their actions. The General Manager indicated that there were concerns and fear regarding clients that were constantly coming to the offices. The respondents identified that the apprehension stemmed from not knowing if the family members are infected or not. The respondents confirmed that they have had personnel that tested positive for COVID-19 and were fortunate that they have not experienced any COVID-19 related deaths. The General Manager revealed that *“At one point people were afraid and some would not admit that, but you could see in their faces that are a bit afraid of the unknown and that there are people constantly coming into their workspace. We have had COVID-19 funerals and so you do not know if the family coming in had contact with the person that passed away. So, there is a fear that they have been walking around here touching stuff and you are in that same environment.”* (General Manager, Male).

The general Manager indicated that they have contracted with Independent Counselling and Advisory Services (ICAS) and are in the process of introducing a wellness program. The program will assist with counselling and managing mental health related issues. The programs will be available for staff members and clients:-

Discussions with the respondents revealed that personnel were reluctant to interact with the deceased family members as there was uncertainty of their COVID-19 status, the reluctance was exacerbated if it was known that the death was COVID-19 related. The regulations restricted personnel from comforting family members as close contact was prohibited. The limited interactions impeded funeral service parlour personnel from being

able to comfort the deceased family and some of the family members were long standing clients.

The funeral parlours had to restrict social functions so as to restrict interactions between colleagues and comply with social distancing guidelines. Year-end functions were not conducted as collective however was divided according to branches. The interactions between staff members were restricted so as to ensure that they are not close contacts. Furthermore, the General Manager cited that “*we still have our interactions such as braais but on a smaller scale, so we don’t collectively gather but each branch has its own braai or end of year function.*” (General Manager, Male).

#### 4.9.3 **Regulatory guidance**

There was consensus amongst the respondents of inconsistencies in the disaster management regulations, as the regulations changed regularly and were at times contradictory. Furthermore, it was indicated that it created an impression that policies were not properly analysed before being promulgated. The initial policy of wrapping of coffins and subsequent policy change was cited. The policy inconsistencies brought about confusion which contributed to non-compliance by funeral parlours. The General Manager indicated that there were inconsistencies with the published regulations, the manager indicated that “*you are told one thing today and a few later months it changes and so it is almost as if they are just guessing for example you need to wrap bodies and then it’s don’t wrap bodies, you are not allowed to see your loved ones and then you are allowed to see them. So, it’s almost as if they blindly tell you do this and then people complain then they change.*” (General Manager, Male).

A common understanding was revealed amongst the participants that the industry is not well regulated and therefore a lot of the funeral parlours were noncompliant with promulgated regulations. It was indicated that it was challenging to be compliant as the cost of compliance is higher. It was proposed that the funeral industry be regulated to ensure that there is a body that is able to monitor compliance and also provide guidance on the effective management of the funeral parlour business.

The CEO proposed recommendations on how COVID-19 can be effectively managed such as funeral parlour associations to engaging and collaborating for the betterment of the industry. It was indicated that collectively they have a lot of power which could assist in advancing the funeral industry. Furthermore, the regulation of the industry was expressed as a necessity to ensure effective management of the business.

#### 4.9.4 **Industry impact**

The respondents concurred that there has been an increase in business since the onset of COVID-19, there were increases in policies and cash funeral sales. However, that was not reflected as an increase in profit as majority of the funerals were claims against funeral policies that had to be paid out by the organisation.

The General Manager indicated that during the onset of COVID-19, there have been clients that have cancelled their policies. The cancellations were attributed to increases in premiums, financial issues relating to job losses and short time, as a result the clients were not able to pay their monthly premiums.

#### 4.10 **Chapter summary**

Chapter four presented results of the survey questionnaire and interview. The questionnaire had four dimensions which have been presented accordingly. The findings were analysed according to the four research questions. Chapter five hereunder scrutinises and discusses the results as disputed in chapter four.

## **5 CHAPTER FIVE**

### **DISCUSSION OF RESULTS**

#### **5.1 Introduction**

This section will analyse and discuss the findings which are contained in the previous chapter with the aim of understanding the COVID-19 impact on employee wellbeing. The study intends to address the following objectives:

- To determine the impact of COVID-19 On the physical, mental, and emotional wellbeing of funeral parlour employees.
- To investigate the impact of COVID-19 on the social wellbeing of funeral parlour employees.
- To assess the effectiveness of existing disaster management framework used by funeral parlour; and
- To make recommendations on strategies to effectively manage the impact of COVID-19 on employee wellbeing.

#### **5.2 The impact of COVID-19 on the physical, mental and emotional wellbeing of funeral parlour employees**

In the case of determining the impact of COVID-19 on the physical wellbeing of funeral parlour employees the findings reveal that COVID-19 has had a negative impact on the physical wellbeing of funeral parlour employees. Most of the respondents indicated that they at some point 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 increased funerals and workload funeral parlour employee's 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 negative impact on wellbeing. Impaired physical wellbeing has a potential to increase the number of personnel that book off sick and decrease in productivity. When explaining the wellbeing dimensions Myles-Jay, Dieppe, and Lara (2016) indicated that physical wellbeing relates to quality of physical

performance and functioning. It can be inferred that an impaired physical wellbeing has a negative effect on physical performance functioning of an individual which is supported by the JD-R model.

In terms of determining the impact of COVID-19 on the mental and emotional wellbeing of funeral parlour employees, the findings reveal that COVID-19 has had an adverse impact on the mental and emotional wellbeing of funeral parlour employees. The findings are consistent to that of Van Overmeire and Bilsen who reported that Funeral Service employees may be at risk to both physical and mental health issues during the COVID-19 pandemic. The findings are further aligned with Nicola, et al. (2020) findings that COVID-19 social isolation measures had a significant effect on the psychological and mental wellbeing of persons, these measures contribute to mental health issues such stress, suicide and substance abuse. This is further corroborated by the OECD (2021) which stated that for decades there had been no changes in the incidence of anxiety and depression however as of March 2020 the incidence of anxiety and depression have increased. Surprisingly, the survey results indicate that 45,95% of participants, never experienced feelings of being down, depressed, or hopeless, 18.92% rarely experienced these symptoms and the remaining categories accounted for 35,13%. The prevalence of the symptoms should be noted as just over a third of the participants indicated having experience those symptoms.

Funeral parlour employees are exposed to death as they had to remove bodies from hospitals and residence. They are often exposed to the deceased families coming into their workspaces and the uncertainty of family's COVID-19 status creates apprehension. The findings are consistent with the elucidation of WHO (2010) that the risk of exposure to communicable disease is linked to an increased rate of stress, depression and psychological disorders. More than half of the respondents indicated that they were not comfortable to work it can be deduced that the fear and apprehension stemmed from not knowing if the family members that were planning for the funerals were infected or not.

It has been noted in chapter two that the risk of exposure to communicable disease is linked to an increased rate of stress, depression and psychological disorders hence the fear and apprehension exhibited by funeral parlour employee. The findings under paragraph 4.6.6 demonstrated that the public were not compliant with regulatory

requirements, and it may be one of the contributors to personnel not being comfortable to going to work as they fear contracting the virus.

### **5.3 The impact of COVID-19 on the social wellbeing 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 wellbeing. Studies have indicated that the isolation measures instituted to lessen COVID-19 infections may have undesirable impacts on wellbeing (Okabe-Miyamoto and Lyubomirsky, 2021). Lockdown and social isolation measures have led to physical and social distancing and reports of many individuals experiencing social isolation (Bu, Steptoe and Fancourt, 2020).

Loneliness has been identified as a key public health concern linked with increased risk of mental and physical illness, mental deterioration, suicidal behaviour (Bu, Steptoe and Fancourt, 2020). The results demonstrated that there was little significant negative impact on the social wellbeing of funeral parlour employees as a result of COVID-19, with majority of the respondent indicating that they never experienced loneliness and being distant. The results contrast that of Bu, Steptoe and Fancourt (2020) and Nicola et al. (2020) who found that social isolation is a contributor to being lonely has had a significant effect on the psychological and mental wellbeing of persons.

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 close contact. The continued interactions amongst employees though at a smaller scale contributes to connectedness amongst team members consequently fostering a healthy social and mental wellbeing.

#### **5.4 The effectiveness of existing disaster management framework used by funeral**

The Occupational health and Safety regulations dictated that companies provide PPE to personnel in an effort to curb the spread of the virus (Department of employment and labour, 2020). The data demonstrated that the PPE supplied was effective to curb the spread of the virus. Though a high proportion of respondents (40,54%) think that the measures introduced by government were sometimes effective the leadership during the interviews indicated that existing regulations were inconsistent. On the 24<sup>th</sup> December 2021, a circular was published that stipulated amendments to contact tracing and isolation protocols, the circular stated that quarantine was not required for close contacts and the isolation period for confirmed cases was reduced depending on the severity of the illness (Department of Health, 2021). The Department of Health being inundated with queries and comments, recalled the circular on the 28<sup>th</sup> December 2021 to afford the department time to consider input received (South African Government, 2021). This further supports findings of inconsistent regulations and the notion that when regulations are promulgated and there are complaints those regulations are subsequently changed due to backlash.

Majority (67% ) of the respondents indicated that the public was never or rarely compliant with published regulation during funerals. This non-compliance may also be linked to the fear that personnel exhibited, and the uneasiness experienced when going to work as there is an increased risk of contracting COVID-19.

#### **5.5 The impact of COVID-19 on the funeral industry**

As a result of COVID-19, funeral parlours have realised an increase in funerals and subsequently an increase in workload. One of the managers indicated that they have seen an increase in business since the onset of COVID-19, this is further corroborated by the spokesperson of eThekweni municipality when interviewed by Mail and Guardian who indicated that eThekweni conducted more than 3000 burials monthly since 2020 as opposed to the norm of 700 burials pre-COVID-19 (Makhaye, 2021). The burials have increased by more than four times to the normal number of burials conducted on monthly basis.

The eNCA reported that funeral homes in eThekweni Municipality have had to increase their hours of operation during the peak of the COVID-19 waves so as to prevent backlogs (eNCA, 2020). The increased funerals are not only seen in eThekweni, Johannesburg City Parks spokesperson, Reggie Moloi indicated in an interview with the daily maverick that prior to the COVID-19 pandemic about 10 to 15 funerals were conducted weekly in Johannesburg however burials have increased to approximately 100 weekly (daily maverick, 2021).

During the interview management reflected that although there is an increase in business during the pandemic it has not translated to increased profits as operating costs have increased. Furthermore, there have been an increase in policy claims that had to be paid out by the organisation.

#### **5.6 JD-R model application**

According to the JD-R model, job demands, and job resources are associated to motivation and strain, excessive job demands, and inadequate resources may result in a state of burnout which may result in negative outcomes for both the individual and the organisation. Wellbeing is a balance juncture between available resources with challenges encountered. When persons face more challenges than resources, then the equilibrium is displaced, and wellbeing is adversely impacted.

The findings revealed that COVID-19 has had a negative impact on the physical wellbeing of funeral parlour employees as they had exhibited symptoms of stress, exhaustion, and general sickness. The results of the study also demonstrated that funeral parlour workload has substantially increased due to the pandemic. Funeral parlour employees have been overly exposed to death as a result of increased deaths during the pandemic. The risk of contracting the virus has also increased and personnel are fearful that with the increased exposure may lead to them contracting the Corona virus. The non-compliance of the public with promulgated regulation exacerbates the fear. Funeral parlour employees operate during a challenging time as their physical, emotional, and mental wellbeing is adversely impacted thus increasing the demands of the job. The job demands of funeral parlour employees are uncondusive working environment because of

the increased risk of contracting the virus and increased workload. The increased job demands have led to employee exhaustion and fatigue which is evidenced by the results in figure 4.5.2.

There are limited resources available to alleviate the challenges posed by the job demands. PPE is supplied by the companies, there are awareness poster and pamphlets to raise COVID-19 awareness. regulations are available to guide in the management of COVID-19. One of the profiled companies indicated that they have partnered with ICAS to provide counselling and programs to address mental health issues. However, the job demands far outweigh the job resources hence employee wellbeing is negatively impacted.

### **5.7 Limitations**

The first limitation is that the data is 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. The Second being that the cause of the symptoms was not assessed by the survey therefore a direct correlation with COVID-19 events could not be determined with conviction. Notwithstanding aforementioned limitations, the findings have relevant indications for the development of intervention programmes to allay the adverse impact of COVID-19

### **5.8 Chapter Summary**

This chapter presented the discussion of the findings, which were in line with the research objectives. The chapter showed that there was a negative impact on physical, mental and emotional employee wellbeing. It was pointed out that social wellbeing was relatively healthy with only a third of the participants having exhibited undesirable symptoms such as loneliness and being distant. The chapter suggests that as per the JD-R model the job demands of funeral parlour employee outweigh the job resources which has resulted in negative outcomes such as exhaustion.

## **6 CHAPTER SIX**

### **RECOMMENDATIONS**

#### **6.1 Introduction**

This chapter presents the recommendations, suggestions for future research and conclusions. These recommendations are based on the findings depicted in Chapter five and literature discussed in Chapter two.

#### **6.2 Recommendations**

In view of the findings the following recommendations are proposed.

- a) As evidenced in chapter five, COVID-19 regulations are ever changing which may at time lead to confusion as to the relevance of the promulgated regulations. It is proposed that the organisation 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.
  
- b) Effective management of information flow and sharing both the positive and negative aspects of managing Corona virus is required. It is recommended that funeral parlours 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 are aware of where they can get assistance, the resources available at their disposal, the procedures that need to be followed in the event of them being a close contact or have contracted the Corona virus. 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 to going to work as respondents have indicated in the survey. Management is cautioned to balance the necessity to inform and guard against inciting fear.

- c) The data posits that workload has increased since the start of the pandemic and personnel were observed exhausted and tired. It is suggested that programmes to address the balance of productivity and workload be developed and implemented so as to assist with the effective management of increased workload and the resultant fatigue.
- d) Develop wellness strategies as a proactive measure to manage employee wellbeing and mitigate the 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 the pandemic and the management of mental issues. The employee assistance programmes and resources should be easily accessible to personnel to ensure effective use.
- e) Educating management and personnel on the management of COVID-19 is important for as it aids in ensuring that personnel understand their responsibilities and accountabilities in terms of their wellbeing and the adverse effects of COVID19 on wellbeing. Management may need to observe and identify signs of deteriorating physical and mental employee wellbeing 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.
- f) Employee wellbeing drives productivity, personnel whose physical, mental and spiritual wellbeing 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 wellbeing, 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 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, symptoms of mental or emotional deterioration and identify 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.

- g) 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 wellbeing. The wellness initiatives should cater for employee social wellbeing in order to foster a sense of belonging and support systems.
- h) It is proposed that the funeral industry be regulated to ensure that there is a body that is able to monitor compliance and also provide guidance on the effective management of the funeral parlour business. Funeral parlour associations to engage and collaborate for the betterment of the industry.

### **6.3 Suggestions for future research**

- a. Determine the number of funeral parlor employees who have tested positive for COVID-19 and those that have lost their lives due to COVID-19 related complications.
- b. Further research to be conducted on the long-term impact of COVID-19 and the identification of possible new cases of mental disorders as a result of lockdowns.
- c. A direct correlation of the cause of the physical, mental and emotional wellbeing symptoms and COVID-19 events to be further researched.

## 6.4 Conclusion

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

The results of the study demonstrated that funeral parlor workload has substantially increased as a result of the pandemic. Funeral parlor 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 had exhibited symptoms of stress, exhaustion, and general sickness.

It should be noted that just under a third of the respondents have experienced symptoms of loneliness and being distant at some point. The findings are indicative that two thirds of personnel's social wellbeing is healthy. The non-compliance of the public with promulgated regulations exacerbated the fear of contracting the virus. Funeral parlor employees operate during a challenging time as their physical, emotional, and mental wellbeing is adversely impacting thus increasing the demands of the job.

Overall, this study has demonstrated the negative impact of COVID-19 on funeral parlour employee wellbeing. Strengthening wellness programmes is imperative in ensuring that the adverse effect of the Corona virus on employee wellbeing is minimised.

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## **8 APPENDICES**

- 8.1 Consent form and Questionnaire**
- 8.2 Turnitin report**
- 8.3 Ethical clearance**
- 8.4 Gates Keepers letter - Botha's Hill Funeral Services**
- 8.5 Gates Keepers letter - Ndabe Dignified Funeral**
- 8.6 Supervisor permission to submit**



15 October 2021

Lucia Thulile Ndelu (200100441)  
Grad School Of Bus & Leadership  
Westville Campus

Dear LT Ndelu,

Protocol reference number: HSSREC/00003401/2021  
Project title: The impact of COVID-19 on the wellbeing of funeral parlor employees  
Degree: Masters

### Approval Notification – Expedited Application

This letter serves to notify you that your application received on 14 September 2021 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. **PLEASE NOTE: Research data should be securely stored in the discipline/departments for a period of 5 years.**

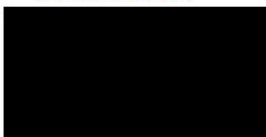
This approval is valid until 15 October 2022.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

**All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.**

HSSREC is registered with the South African National Research Ethics Council (REC-04014-040).

Yours sincerely,



Professor Dipane Hlalele (Chair)

/dd

#### Humanities and Social Sciences Research Ethics Committee

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