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## Funeral directors' experiences during the COVID-19 pandemic: a mixed method study

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### ABSTRACT

To investigate the impact of the COVID-19 pandemic on death rituals among funeral directors (FDs) (N = 134), we administered a questionnaire and conducted three focus group interviews (N = 21). The merged results showed that the FDs perceived significant disruptions to all rituals but mostly to memorials. Infection control, social distancing, the constraints on attendee numbers and difficult prioritisation of who to be allowed into the rituals, highly impacted the grief of the bereaved and their own ability to convey care. Despite low burnout scores, the FDs found their work life stressful, changed and challenging amid the pandemic but still filled with meaning and job satisfaction. Our recommendations include for spacious venues, prioritising efforts for feasible memorials, maintaining stable numbers and distance restrictions, ensuring participation for children and easily left out groups, creating a prioritising guide for quantity restrictions, and offering digital support for funeral staff.

### ARTICLE HISTORY

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### KEYWORDS

Funeral directors; grief; bereaved parents; rituals; pandemic

## Introduction

Research underscores the vital role of death rituals, serving to confirm the finality of death, facilitate the bereaved's adaption to a new reality, as well as offering a sense of security and structure in times of uncertainty and chaos while reinforcing our cultural and societal bonds and values (Castle & Phillips, 2003; Gamino et al., 2000; Hoy, 2020). In every society, rituals are observed following the death of a community member to facilitate the transition from life to death. Their widespread adoption highlights the crucial role of rituals in fostering social bonds and enhancing mental well-being. These rituals encompass diverse aspects of our emotional and social welfare, all of which are integral to our overall mental health. Interpersonally, rituals provide a platform for social support and empathy from family, friends, and others, while also acknowledging the significance of the deceased (Mitima-Verloop et al., 2021; Watson-Jones & Legare, 2016).

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Despite their importance, limited research has documented that ritual participation leads to less health problems or grief difficulties over time (Mitima-Verloop et al., 2021; Şimşek Arslan & Buldukoğlu, 2023). However, there are reports that find memorials associated with lower distress during the pandemic (Denckla et al., 2023), and a positive funeral experience is associated with more positive emotions in the initial months after the loss (Mitima-Verloop et al., 2021).

Worldwide the COVID-19 pandemic has been a major public health crisis with millions losing their loved ones to illness while simultaneously causing disruption to the rituals used to honour the dead and facilitate processing the loss (MacNeil et al., 2023). It has led to a higher burden of mental health disorders across countries and cultures (Abdalla et al., 2024). Several studies from the COVID-19 pandemic have revealed the inability to attend a loved one's funeral as a most burdensome aspect, associated with a "thinning" of social support where families became socially "disconnected" from close ones (Cardoso et al., 2020; Guité-Verret et al., 2021; Neimeyer & Lee, 2022; van Schaik et al., 2022; Veer et al., 2020). Longitudinal data also indicate higher proportions of people scoring above the threshold associated with Prolonged Grief Disorder than in non-pandemic times (Harrop et al., 2023).

Funeral directors (FDs) engage with the bereaved during the acute stages of grief, providing support throughout the funeral and associated rituals. Considering the profound effect of the pandemic on these rituals, whether stemming from pandemic-related deaths or other causes, findings from research on the funeral profession are not only academically significant but also have far-reaching implications for large populations and economic sectors. A nationwide Australian study ranked FDs as the third most helpful source of social support for the bereaved, after family and friends (Aoun et al., 2015). They provide guidance on important decisions, such as body viewing, ritual design, and children's participation, while also creating meaningful farewell frameworks. Becker et al. (2022), in a Japanese study of bereaved, confirmed the vital role of FDs during the acute stages of grief. They highlighted how they craft memorable rituals that facilitate emotional expression and aid the bereaved in dealing with their grief.

The pandemic created difficulties in FDs work, as they had to quickly adhere to infection control measures and rapidly changing guidelines with attendance limitations, when arranging for and supporting the bereaved in the different death rituals. Previously, it is known that FDs run the risk of becoming infected when managing the corpse or being in contact with bereaved (Davidson & Benjamin, 2006). However, there is limited research on how funeral staff experienced their work during the pandemic, particularly in the context of rituals. Van Overmeire and colleagues (2021) found an increase in "medium" burnout among FDS from 19% in April 2020 to 45% in June 2020. Notably, no participants scored in the "high" burnout category. Other studies indicate that increased job demands, occupational death exposure, and heightened numbers of funerals may negatively impact FDs' mental health and increase the prevalence rates of emotional distress and PTSD compared to the general population (Bensimon, 2021; Hicks et al., 2022; Threatt, 2022). In contrast, Guidetti and colleagues (2022), in their examination of the wellbeing of funeral and mortuary operators, found that increased exposure to death did not result in psychosocial vulnerability but was, in fact, linked to improved occupational and psychological wellbeing. They proposed that, unlike the general population, these workers'

continuous exposure to potentially traumatic content might stimulate the development of personal resources, enhancing their capacity to cope with the demands of their work and resulting stress symptoms.

In Norway, traditional death rituals include viewing the deceased's body, a formal funeral or burial, and a subsequent and more informal memorial gathering. In general, FDs play a crucial role in arranging and supporting bereaved families during post-death rituals. Starting on March 12, 2020, Norwegian society underwent a seven-week lockdown that profoundly affected all aspects of daily life, including education, work, and domestic routines. Subsequently, the population experienced varying degrees of lockdown and restrictions until late September 2021. These measures had repercussions on regular living, social interactions, and the observance of traditional death rituals. During the COVID-19 pandemic in Norway, death rituals were conducted under regulatory guidelines (Helsedirektoratet, 2021), with an increased prevalence of digital attendance.

## **The purpose of the study**

The primary objective of this study was to enhance our understanding of the impact of the pandemic's influence on the execution of traditional death rituals from the perspective of FDs. More specifically, we sought to answer the following research questions:

1. How do FDs perceive and articulate the pandemic's impact on the death rituals (viewing the dead body, the funeral, and the memorial)?
2. How do the FDs articulate and depict the pandemic's effects on the grieving process of the bereaved?
3. How do the FDs articulate and perceive the pandemic's effects on themselves and their everyday work life?

## **Method**

### ***Research design***

Based on the research questions, we conducted a mixed method study employing an explanatory sequential research design (Creswell & Clark, 2017). In this design, the quantitative and qualitative data are collected and analyzed separately before the results are connected. Here, the quantitative data provides a foundational understanding of the research issue, while qualitative data delves deeper into participants' perspectives (Toyon, 2021).

### ***Eligibility criteria and recruitment***

The eligibility criteria for both the quantitative and qualitative parts of the study included individuals who: (1) were aged 18 or older, (2) held employment in a funeral agency in Norway, (3) sustained active employment throughout the COVID-19 pandemic from March 2020 to September 2021, (4) possessed proficiency in the Norwegian language, and (5) granted consent to participate in an online survey, and/or a digital focus group interview.

Participants for both study components were recruited through Virke Gravferd, the trade association for funeral homes, representing 93% of all funeral homes in Norway. Communication detailing the study's objectives was disseminated through Virke Gravferd's newsletter to FDs in Norway on March 3, 2021, along with a hyperlink to access the online quantitative survey. Participants interested in the qualitative part of the study shared their contact details with the first author via mail. A video reminder was posted on the organisation's website on March 16, 2021.

### **Data collection**

Quantitative and qualitative data were collected between March 3 and April 19, 2021.

**The quantitative data** were acquired through an online survey with the following content:

- Demographics variables: gender, age, marital status, urban or rural residency, educational background, employment status, and work experience.
- A tailored questionnaire comprising 85 questions was developed addressing (a) the impact of the pandemic on FDs interaction with bereaved families and the constraints imposed on farewell rituals; (b) challenges encountered in the execution of rituals; and (c) the personal consequences experienced by funeral workers. Responses were mostly assessed on Likert scales ranging from "never" to "always", "totally agree" to "totally disagree" or "not at all" to "very much". Some questions necessitated "yes" or "no" responses. Additionally, 15 open-ended questions were included.
- Burnout was assessed using the short form of the Burnout Assessment Tool (BAT) developed by Schaufeli, De Witte and co-workers (2020). This 12-item questionnaire measures individuals' experiences of burnout, encompassing diminished commitment, waning interest, and distancing from their work. The items are categorised into exhaustion (three items), mental distance (three items), emotional impairment (three items), and cognitive impairment (three items). Respondents rate each question on a five-point Likert scale (1 "never", 2 "rarely", 3 "sometimes", 4 "often", and 5 "always"). Average scores for BAT scales are calculated by summing the scores of items within the subscales and dividing by the number of items in that scale. The total score is derived by summing all scores and dividing by 12. Norms, based on representative samples, categorise scores as low (<25 percentile), average (25th to 75th percentile), high (75th to 95th percentile), and very high (> 95th percentiles). The instrument has demonstrated satisfactory psychometric properties (Schaufeli, Desart, et al., 2020).

**Qualitative data** were collected through three digital focus group interviews in April 2021, utilising a secure video-based system. Conducting all interviews was the first author, an experienced professor and clinical psychologist specialising in grief and crisis psychology. The participants, unknown to the interviewer, were introduced to the study's objectives and methodology before each interview commenced.

Based around a semi-structured guide, the interviews centered on retrospective reflections with the primary question being, "Can you please tell me how you have experienced working as a funeral director during the COVID-19 pandemic?". Participants were actively encouraged to articulate their thoughts freely, fostering an environment for comments

and expansions upon each other's experiences. Additional inquiries concerning the pandemic's impact were introduced as necessary. Each interview, lasting approximately an hour, was audio-recorded, and transcribed verbatim.

### **Data analysis**

**Quantitative data** analysis utilised SPSS Version 25. Descriptive statistics (means, standard deviations, or percentages) characterised the data. T-tests were used to calculate gender differences, while Chi-square test was used for time since loss differences. Pearson's  $r$  gauged correlations between variables. All statistical tests were two-tailed, with significance set at  $P < .05$ .

**The qualitative data** analysis, encompassing the examination of transcribed focus group interviews and open-ended survey comments, was collaborative conducted by the fourth author (IJ) and the last author (MAH). The process was guided by Malterud's Systematic Text Condensing (STC) in four distinct steps (Malterud, 2012). Initial thematic identification occurred after separate readings, followed by joint discussions to establish consensus. The subsequent steps involved independent rereading and coding, using the NVivo software, followed by discussions to identify and agree on units of meaning. In the third step, units of meaning were classified. Finally, validation against transcribed interviews ensured the accurate capture of expressions and intended meanings, with illustrative quotes extracted.

### **Ethics**

The project was deemed outside the Norwegian Health Research Act (REK number 221726). Nevertheless, it was duly registered in the University of Bergen's institutional System for Risk and Compliance, (RETTE) and conducted in strict adherence to the Helsinki Declaration. Participants were provided with written information detailing the study, and their voluntary self-recruitment, survey participation, and provision of contact information for focus-group interviews constituted informed consent. The transcribed data contained no identifying information, and all audiotaped files were securely deleted after transcription. Data storage adhered to institutional protocols.

## **Results**

### **Participants**

A total of 134 participants with a mean age 47.3 years and 57% males vs 43% females responded to the survey. Most participants (50%) had an upper secondary school education, and the majority (92%) were full-time employed with an average of 14.9 years of work experience. Further details about the survey sample are outlined in [Table 1](#).

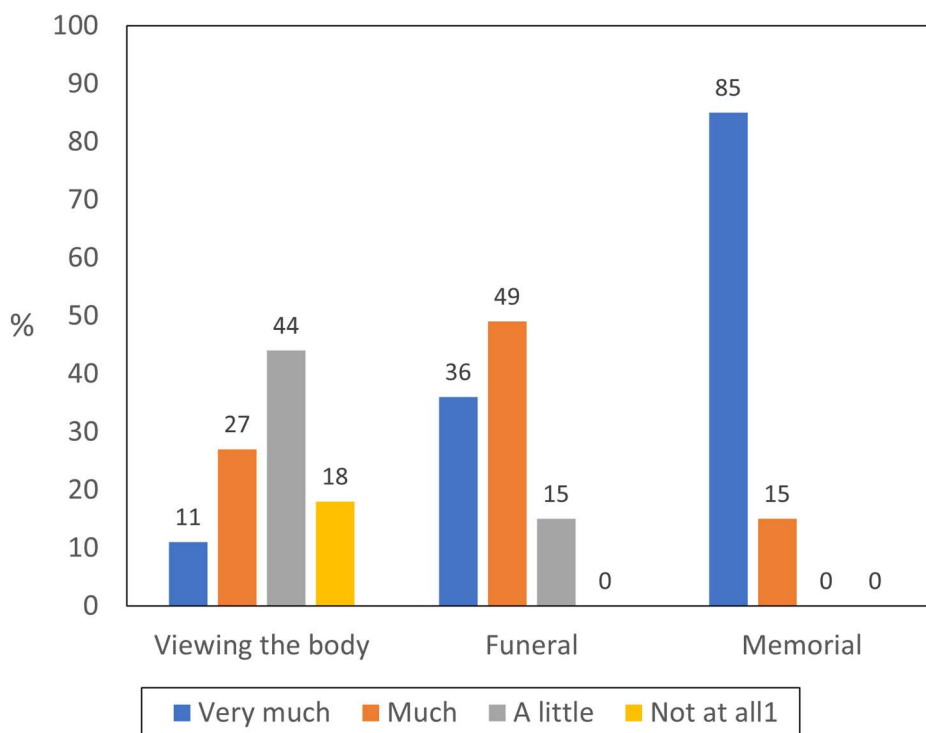
Overall, 21 informants participated in the focus group interviews, 12 men and nine women.

### **Impact on the death rituals**

The survey results, detailing FDs' perceptions of the pandemic's impact on death rituals are presented in [Figure 1](#).

**Table 1.** Demographic characteristics of participants.

	N (%)	Mean (SD)	Range
Gender			
Male	75 (57%)		
Female	56 (43%)		
Age of respondents		47.3 (11.0) years	20–69 years
Answered	77		
Missing	57		
Education			
College/ University	57 (44%)		
High school	66 (50%)		
Primary/grammar school	8 (6%)		
Occupation			
Full time	121 (92%)		
Part time	11 (8%)		
Temporary	1 (1%)		
Environment			
Urban	70 (53%)		
Rural	61 (47%)		
Civil status			
Married/co-habiting	112 (85%)		
Single	9 (7%)		
Divorced	9 (7%)		
Widow/er	2 (1%)		

**Figure 1.** The impact of the COVID-19 restrictions on different rituals (%; n = 89).

**Table 2.** The overall findings from the qualitative data.

<b>Bridging theme: The pandemic impaired it all</b>	
Main theme 1: The pandemic restrictions impacted all the rituals	Subtheme 1a: Infection control impacted the viewings Subtheme 1b: Digital preparation and number controls in funerals Subtheme 1c: Limited possibilities in arranging memorials
Main theme 2: The pandemic impaired the bereaved's grief process	Subtheme 2a: Having to choose whom to participate in funerals Subtheme 2b: Lack of physical contact, social support, and memorials.
Tema 3: A changed, challenging and unpredictable everyday life	Subtheme 3a: Continually new rules challenged daily work Subtheme 3b: Fear of infection and consequences for private life

Additionally, [Table 2](#) provides an overview of the comprehensive findings derived from the qualitative data, comprising insights from the focus group interviews and open survey comments.

The qualitative findings not only corroborated but also enriched the quantitative results.

In summary, the results underscored FDs' recognition of a substantial impact of the pandemic on all death rituals, as encapsulated in the overarching qualitative theme, "The pandemic restrictions impacted all the rituals."

### **Impact on viewing the body**

Regarding the specific aspect of the impact on viewing the body, the survey results show that FDs perceived this ritual as least affected by the pandemic, with only 38% reporting very much/much impact ([Table 2](#)). Furthermore, participants reported that they had facilitated viewings through streaming (22%) or photo/video means (55%). Notably, a substantial 70% of the funeral staff reported that, despite approximately one-third advising against viewings during the pandemic, the bereaved were able to have the viewing if desired.

The qualitative analyses affirmed and clarified these findings, denoted as the sub-theme: "Infection control impacted the viewings." Participants indicated substantial variations in families' viewing opportunities, both nationally and institutionally. Influential factors included the deceased's COVID-19 status, restrictions on opening the "body bag", limitations on viewing rooms, and the timing of the death during the pandemic trajectory. Consequently, restrictions ranged from a complete prohibition of viewings to those with limited participants. While some FDs discouraged viewings, overall, they strived to organise and facilitate them, even under imposed restrictions. One FD remarked,

We prepared the deceased and withdrew ... Then, the next of kin could come a few at a time, and they got the process they needed. When they were finished, we got a phone and brought the deceased to the mortuary ... It worked very well (Funeral director, focus group 1).

### **Impact on funerals**

Concerning the funeral ritual, the quantitative results showed that 85% perceived a significant impact (much/very much) from the pandemic. Nevertheless, 67% indicated that



funerals proceeded as usual with restrictions. However, 35% reported disagreements within families over decisions related to the ceremony.

The qualitative findings substantiate these findings, framed as the subtheme “Digital preparation and number controls in funerals.” Here the FDs experienced restrictions affecting their personal contact and communication with the bereaved, necessitating a shift from personal encounters to digital media or phone calls. Consequently, they found it more challenging to track details and register and interpret bereaved individuals’ body language, potentially leading to misunderstandings:

When sitting in a physical meeting, you can read the individuals ..., that’s not possible via phone or digitally ... We have experienced misunderstandings ..., if we are not sufficiently attentive by compensating with our gaze, talk loudly or ask if they have understood ... You use more energy (Funeral director, focus group 3).

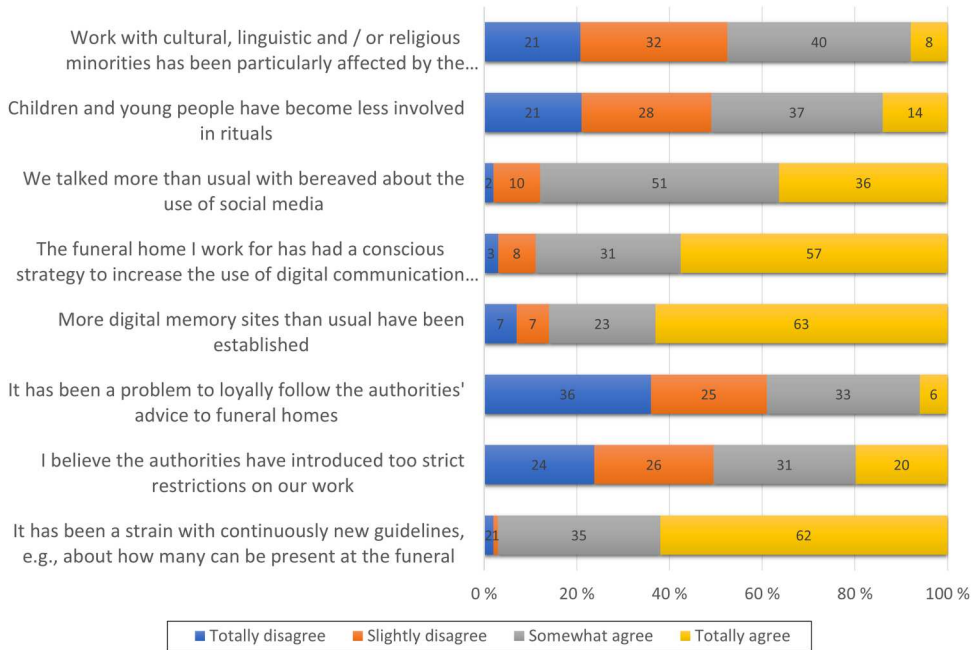
Conversely, although fewer bereaved joined these digital meetings, FDs recognised that digital preparations facilitated the involvement of bereaved individuals from diverse geographic locations. Furthermore, participants perceived a significant impact on the performance of funeral ceremonies, with variation in how they were conducted based on pandemic-related restrictions. Nevertheless, there was a perception that attention shifted more towards restrictions than the content of the ceremony: “The funerals were characterised by distance, lists over participants, masks, and absence of physical contact ... The focus gets very different” (Open comment from survey). Particularly, they encountered challenges in swiftly adjusting to the fluctuating restrictions on the number of allowed participants, ranging from 0 to 50, and effectively communicating these changes to the bereaved. Despite these difficulties, they recognised the advantages of the widespread adoption of streaming ceremonies. However, the ceremonies often extended in duration, incorporating words of remembrance.

### ***Impact on memorials***

Memorials emerged as the most significantly affected aspect. Half of the participants had discouraged bereaved families from holding memorials during the pandemic, and 45% recommended postponing them, anticipating short-lived restrictions. A staggering 93% reported instances where bereaved individuals desired a memorial but were unable to arrange one. However, 64% indicated that memorial services did occur, albeit with restricted attendance and infection control. A minority (8%) reported streaming of memorials, and 15% reported alternative outdoor memorial services.

The qualitative findings affirm and expound the survey results, encapsulated in the subtheme “Limited possibilities for arranging memorials.” Overall, participants consistently conveyed that the pandemic severely restricted memorial arrangements but also noted instances of families displaying creativity by organising alternative memorials outdoor or digitally:

It was not allowed with more than five to ten participants during most of the pandemic. This meant that it was not possible to arrange traditional memorials. Some families gathered around a fire in the forest where it was easier to keep distance (Open comment from survey).



**Figure 2.** Factors negatively influencing the grief process of the bereaved (% , N = 78–88).

***Impact on the grief process of the bereaved***

The survey results showed that 90% of the FDs reported substantial constraints on families’ possibility to bid farewell during the pandemic. Figure 2 details FDs’ perspectives on factors adversely impacting the grief process of the bereaved.

Here, nearly all respondents (97%) found the frequent changes in guidelines very burdensome for bereaved. Additionally, 41% indicated that the use of infection control equipment (e.g., masks) created a substantial distance between themselves and the bereaved families. The majority (87%) reported increased communication with bereaved families on social media, and 51% reported reduced involvement of children in rituals, with 48% observing a disproportionate impact on minorities during the pandemic.

Concerning the qualitative findings, the main theme 2 identified that: “The pandemic impaired the bereaved’s grief process”, emphasising that pandemic restrictions added an extra burden to the grief process of the bereaved. This main theme was further elucidated by two subthemes.

The first subtheme, “Having to choose whom to participate in rituals,” denotes that participants perceived that families faced significant challenges in deciding who should be present in the various rituals, particularly funerals:

I got the impression that it was an enormous additional burden. One day it’s allowed with 50, and when the ceremony day occur, only 15 are allowed ... then you must call 35 and say that you cannot come after all (Participant, focus group 1).

Nevertheless, FDs conveyed that families generally understood and adhered to the rules, with some even finding relief in not having to interact with so many people. Furthermore,

they observed that children, individuals with limited digital experience, young people grieving a friend, and those with a foreign cultural background were disproportionately affected by the pandemic restrictions and often excluded from the ceremonies.

The second subtheme, “Lack of physical contact, social support and memorials,” detailed how pandemic restrictions severely limited traditional expressions of empathy, such as handshakes, hugs, and the sharing of personal memories during memorials:

I think it's a huge additional burden for the bereaved. People must keep distance in a time where they really need a warm hug, a handshake, holding around each other. This is very difficult for many; they experience that they lose social support and comfort when they need it the most (Participant focus group 2).

Several participants highlighted the substantial hardship stemming from the absence of memorials, detrimentally affecting the grieving process,

The grieving process will not start naturally. That's important with the memorials they do not get, the contact outside the nearest cohort and the start on the way ahead ... Sharing, exchanging, and the processing happen in the memorials (Participant, focus group 1).

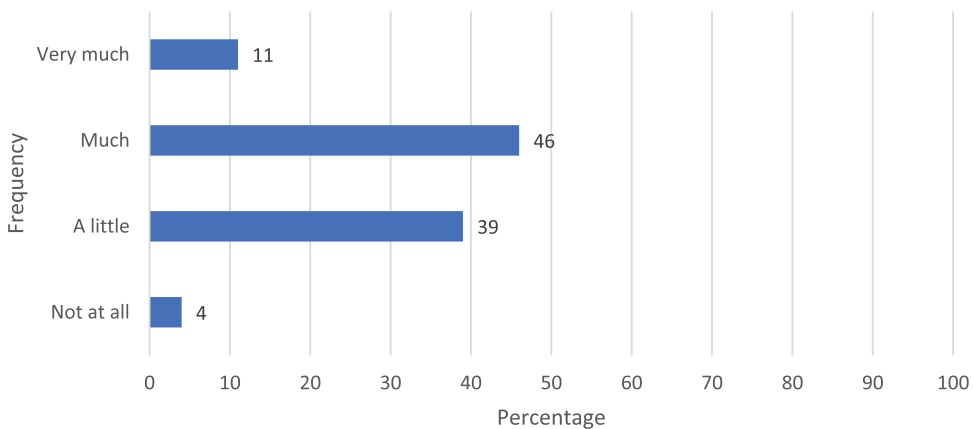
Consequently, due to these restrictions, bereaved were noted to display fewer emotions than before.

### ***Personal impact on funeral staff***

The survey results show that FDs faced additional work-related stress due to the pandemic restrictions, as outlined in [Figure 3](#).

Here, 57% reported much or very much work strain in their everyday work life. In addition, 57% expressed concerns about contracting the virus while in contact with the deceased, and 79% in contact with bereaved. Nonetheless, 89% of participants were either very satisfied or satisfied with their work situation, and 99% found their work meaningful during the pandemic. In addition, 80% reported experiencing inner calm after interacting with the bereaved.

Regarding burnout, the average score on the BAT was 1.71 (SD = .46) and reliability, measured by Cronbach's alpha was .85. Applying Schaufeli, De Witte and colleagues

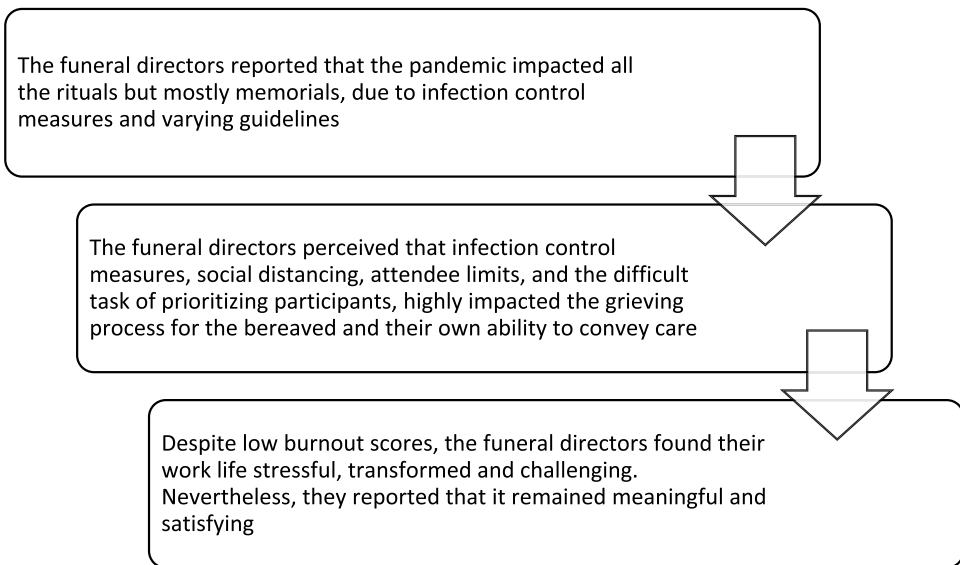


**Figure 3.** Extra work strain on the funeral directors' work (N = 80).

(2020) categorisation of burnout levels in the Netherlands, none scored “very high” on burnout and only 2% scored “high”. The majority (98%) fell into the low (39%) or average (59%) categories. Men exhibited significantly higher scores than women ( $t(78) = 2.19, p < .05$ ), with two men and no women scoring high on burnout. Positive correlations emerged between burnout scores and perceptions that infection control equipment created distance from the bereaved ( $r(48) = .29, p < .05$ ), concerns about infection in connection with contact with the bereaved ( $r(48) = .42, p < .01$ ), and concerns about infection through contact with the deceased ( $r(48) = .35, p < .05$ ). Higher burnout scores were also linked to changes in future plans ( $r(48) = .44, p < .01$ ), and dissatisfaction with their job situation ( $r(48) = .60, p < .00$ ). When questioned about whether the COVID-19 situation had influenced their future work plans, only two out of 80 (2.5%) participants acknowledged contemplating or having made a definitive decision to pursue a job change.

Regarding the qualitative results, the identified main theme: “A changed, challenging, and unpredictable work life”, illustrates that participants’ found their work life stressful and challenging amid the pandemic. This main theme was expanded by two subthemes. The first subtheme, “Frequently new rules challenged daily routines and work”, reflects FDs’ struggles with the frequent changes in pandemic restrictions from authorities, particularly those working across multiple municipalities with varying guidelines: “It’s very exhausting, because there are new guidelines and rules all the time. There are lots of rules from the various municipalities, and then the priests may lay down their own guidelines” (Participant, focus group 1). FDs conveyed acting as intermediaries between authorities and the bereaved, conveying restriction messages, and addressing families’ frustrations. They also expressed that the pandemic restrictions introduced substantial additional time-consuming work into their daily routines.

The second subtheme, “Fear of infection and consequences for private life”, unveiled adverse effects on the participants’ personal lives. Initially, participants expressed



**Figure 4.** The merged results.

apprehension about potential infection, considering the virus's lethality, the risk of bringing it home or to colleagues, and the repercussions for agencies if infected or in quarantine: "I have been very afraid, because I am in the risk group ... It's been a lot of fear the last year that has settled in the body. I have a lot of pain" (Participant focus group 2). Some participants critiqued authorities for not prioritising them for infection equipment and vaccines, as they were not classified as critical healthcare professionals. Consequently, they feared making mistakes and spreading infection, leading to heightened caution and stress. The fears and risks for infection also impacted FDs' private lives, with many working from home, reducing contact with colleagues, increasing feelings of isolation, exercising greater caution at home, and limiting social interactions:

It is an extra burden based on our life task ... You keep away from a lot of things you normally would do because the risk is too high and we don't want to take that risk ... We have a social responsibility, something that we are occupied with 24/7, and this affects our social life (Participant, open comment survey).

The merged results from the survey and qualitative findings are outlined in [Figure 4](#) and discussed below.

## Discussion

This study elucidates the adverse impact of the COVID-19 pandemic on FDs, particularly in their facilitation of traditional death rituals, their observation of impact on grief on bereaved, and heightened stress in their own daily lives. Given the scarcity of research on the pandemic's ramifications from the perspective of FDs, this investigation offers insights into various aspects of their experiences amidst the pandemic. It delineates the mental health challenges perceived by FDs among the bereaved population as they navigate the pandemic, their adaptation of support strategies within the constraints imposed by infection control measures, and their coping mechanisms for the additional stressors encountered.

Firstly, the combined results reveal that FDs experienced the impact of infection control and varying guideline on all rituals, aligning with prior research on the bereaved (Dyregrov et al., 2023; Imber-Black, 2020; Power et al., 2022). The minimal impact on viewings may reflect that they traditionally only involve the closest relatives in Norway. However, this ritual remains crucial for the acceptance of loss and emotional pain in the bereaved (Cacciatore, 2010; Hackett et al., 2022). Our findings suggests that FDs managed to adapt this ritual to pandemic constraints, lessening its impact. In contrast, funerals, typically attracting more attendees, saw heightened impact, reduced attendance, and widespread acknowledgment by FDs of the disruptive effects of pandemic restrictions. These findings align with prior research on the bereaved, emphasising challenges in prioritising attendees and lack of physical and social support (Dreisoerner et al., 2021; Dyregrov et al., 2023; Rogers-Jarrell et al., 2021). Despite the predominant focus on infection control, most funerals proceeded within the restrictions, facilitated by FD's adherence to changing guidelines and quick adoption of digital media. However, the increased use of digital media in planning and conducting funerals was a double-edged sword. FDs found it challenging to communicate with bereaved via digital media but recognised the potential for more participants in funerals. Consistent with

research on the bereaved (Dyregrov et al., 2023), FDs expressed concerns about the memorial ritual enduring the most of disruptions caused by the pandemic. The absence of this ritualisation is regrettable from a psychological standpoint, as memorials create an informal atmosphere crucial for offering a comprehensive portrayal of the deceased and an atmosphere for emotional release.

Secondly, the merged findings indicate that FDs perceived a range of factors, such as infection control measures, social distancing, attendee limits, and the challenging task of prioritising participants in rituals, to significantly impact the grieving process of the bereaved and the FDs' ability to convey care. This departure from fundamental aspects of their profession agrees with challenges observed in providing compassionate bereavement care among other professionals during the pandemic (Power et al., 2022). It remains challenging to determine whether the limitations faced by both the bereaved and FDs exacerbate the grieving process, given the multitude of contributing factors. Despite numerous studies documenting elevated levels of grief among bereaved during the pandemic (Breen et al., 2022; Dyregrov et al., 2023; Gang et al., 2022; Neimeyer & Lee, 2022), other research advises caution in drawing such conclusive conclusions (Burrell & Selman, 2022). The adaptability and flexibility demonstrated by FDs may still have facilitated a meaningful farewell for many bereaved individuals, even if the FDs felt constrained in expressing care due to social distancing. A noteworthy finding, not emphasised in prior research, is FDs' observation that certain groups, such as children, individuals with limited digital competence, adolescents grieving a friend, and those with foreign cultural background, were often not prioritised participants in rituals. Consequently, these groups may represent vulnerable populations at risk of higher levels of grief. This is particularly concerning for children and adolescents, as they typically derive meaning from participating in rituals (Faro, 2018; Søfting et al., 2016). It is crucial for us to reflect on this issue and implement measures to ensure inclusion of easily left-out groups in future pandemics. FDs play a vital role in supporting the bereaved across many Western societies. Enhanced comprehension of the challenges they encounter during pandemics could lead to improved handling in future pandemic crises, as outlined in subsequent recommendations.

Thirdly, the results indicate that, despite low burnout scores, FDs perceived their work life stressful, transformative, and challenging, yet still meaningful and satisfying. However, the low level of burnout does not imply FDs as disillusioned and fatigued. This outcome is in line with Van Overmeire's et al. (2021) findings, suggesting that FDs utilised personal resources to cope with the demands of the pandemic and additional stressors (Guidetti et al., 2022). This contrasts with healthcare personnel who exhibited high levels of burnout (Parandeh et al., 2022). The low burnout in FDs may reflect that they worked under lower stress levels than healthcare professionals, encountering fewer life-death situations, experiencing less threat to their own lives, having more control over their work environment, and being less overwhelmed and exposed to moral injury (Gustavsson et al., 2023; Shanafelt et al., 2020). Individuals with elevated burnout scores evidenced higher anxiety about being infected, contemplations of quitting, and job dissatisfaction. While correlations cannot establish causation, it is reasonable to consider that effective personal strategies and routines may mitigate perceived anxiety. The results are in line with previous research on FDs, indicating that increased job demands, occupational death exposure, and heightened numbers of death may contribute to emotional distress

(Bensimon, 2021; Hicks et al., 2022; Threatt, 2022). However, one may question why FDs were not classified as critical professionals during the pandemic and thus prioritised for infection control equipment. Furthermore, the results suggests that FDs' daily work with limited contact with colleagues and their own social network to prevent infection within agencies and their own families, added to the pandemic burden. Interaction with colleagues, including the use of humour, is crucial to cope with the emotional challenges they face (Grandi et al., 2021). Despite these challenges, the overwhelming majority expressed satisfaction with their work situation, finding meaning and reward in making a positive impact on people's lives. New challenges prompted innovative solutions and flexibility, reflecting adaptive strategies observed in bereaved families bidding farewell in novel ways (Cardoso et al., 2020; Hoffman, 2022; MacNeil et al., 2023). Modern technology may have played a compensatory role (Borghgi & Menichetti, 2021).

### **Study strengths and limitations**

The study possesses several strengths, including its innovative exploration of various facets of FDs' experiences during the COVID-19 pandemic. The utilisation of a mixed-method approach contributes to a more comprehensive and in-depth understanding of the results. Additionally, informants were recruited from all regions of the country, enhancing the study's geographical diversity and representativeness. However, the study also has several limitations. A modest response rate of 34% (134 out of 400 potential participants) raises concerns about the representativeness of the findings, and it remains unclear whether participants differed in their burden levels from non-participants. Data collection in March and April 2021 coincided with the reintroduction of invasive measures in Norway and may potentially have impacted participants' responses regarding the effects of measures and strain on funeral staff. Customised survey questions were necessary due to the absence of established instruments or scales tailored to FDs context, resulting in a limited exploration of their work situation before and during the study, and hinders comparisons with other populations.

### **Conclusion and recommendations**

This study indicates that the FDs were adversely affected by the COVID-19 in several ways. First, they reported that the pandemic impacted all the rituals but mostly the memorials. Furthermore, they perceived that infection control measures, social distancing, attendee limits, and the difficult task in prioritising participants highly impacted the grieving process for the bereaved and their own ability to convey care. Despite low burnout scores, the FDs found their work life stressful, transformed, and challenging, but still meaningful and satisfying.

Based on the combined results, we offer the following recommendations:

#### **1. Mitigate Ritual Restrictions:**

- Health authorities should take steps to shield rituals from stringent distance and attendance limits.
- Municipalities should plan and have a list of larger ritual spaces for future pandemics to accommodate more attendees.

## 2. Prioritise Memorials:

- Representatives of funeral agencies should inform bereaved on the importance of the memorial following the funeral.
- FDs can contribute to contingency plans for comprehensive ritual care in pandemics, including help in organising a memorial following the funeral.

## 3. Stable Restrictions:

- Health authorities should aim for stable number and distance restrictions to alleviate challenges for families and FDs.
- By health authorities minimising the frequency of restriction changes, bereaved families and FDs can have stability in planning rituals during times of emotional chaos.

## 4. Inclusion of left out groups:

- FDs should emphasise children’s right to participate in rituals during a pandemic.
- FDs must increase attention to “hidden” groups, including young people who have lost a close friend, elderly without digital competence, and people with different cultural backgrounds.

## 5. Guide for Prioritisation:

- Funeral agencies, in collaboration, can develop a guide to assist the bereaved in prioritising and making choices during the introduction of quantity restrictions. This can facilitate FDs in supporting bereaved families.

## 6. Staff Support:

- Funeral agencies should ensure that FDs with limited in-person interactions receive digital peer support to cope with additional stressors during a pandemic.
- Health authorities should designate FDs as essential personnel with prioritised access to infection protection equipment.

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No potential conflict of interest was reported by the author(s).

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