

Coping Resources used by Morticians in Response to Burnout in Public and Private Mortuaries in Kisumu County, Kenya

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Abstract: Burnout is an important occupational psychological concern, yet empirical evidence on how morticians manage burnout remains limited despite their exposure to death, bereavement, occupational stress, and stigma. This study examined the coping resources used by morticians in response to burnout in public and private mortuaries in Kisumu County, Kenya. The study was anchored in Conservation of Resources Theory and Existential perspective. An analytical cross-sectional convergent mixed-methods design was adopted. A census of 58 eligible morticians was undertaken, with 47 participating in the quantitative component, while 15 in-depth interviews were conducted for the qualitative component. Quantitative data were analyzed using descriptive statistics, Pearson's correlation, and simple linear regression. Qualitative data were analyzed thematically. The mean coping-resource score was 3.08 (SD = 0.51), indicating a moderate level of coping resources. Coping resources were significantly and negatively associated with burnout ($r = -.491, p < .001$). Regression analysis showed that coping resources explained 24.1% of the variance in burnout ($R^2 = .241, F(1, 45) = 14.324, p < .001$), with a one-unit increase in coping resources associated with a 0.484-unit decrease in burnout ($B = -.484, \beta = -.491, p < .001$). Qualitative findings identified personal resilience and adaptive coping, peer and supervisory support, family support, spiritual resources, counselling, psychological debriefing, and organizational wellness programs as salient coping resources. The findings indicate that higher coping resources are associated with lower burnout among morticians. The study highlights the importance of strengthening individual, interpersonal, and organizational coping resources within mortuary settings through contextually appropriate interventions. Given the cross-sectional design, the findings are interpreted as associational and predictive rather than causal.

Keywords: Coping Resources; Burnout; Morticians; Psychological Well-Being; Psychosocial Resources; Death-Care Workers.

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I. INTRODUCTION

Morticians are a socially necessary and yet culturally avoided profession who deal with human remains, support grieving families and ensure that death is cared for in a respectful manner, often having to face death, decomposition and grief as a normal part of their working day (Brysiewicz, 2020; Adams *et al.*, 2022). Unlike healthcare professionals whose encounters with death may be episodic or embedded within therapeutic processes, mortuary workers engage with death as a constant and central aspect of their professional role. This sustained exposure constitutes a chronic occupational demand with the potential to precipitate burnout, a multidimensional occupational phenomenon comprising emotional exhaustion, depersonalisation, and reduced personal accomplishment (Maslach & Jackson, 1981; Maslach *et al.*, 2001). Burnout among morticians is not

a peripheral concern; it is associated with reduced quality of care, workforce attrition, and adverse psychological outcomes (Poghosyan *et al.*, 2010; Gasparino, 2014).

Burnout develops through a process of resource depletion. When occupational demands consistently exceed the resources available to workers, emotional exhaustion emerges, followed by detachment and diminished professional efficacy (Bakker & Demerouti, 2017). Mortuary work presents several conditions that may heighten vulnerability to this process. Morticians routinely encounter death and human remains, interact with bereaved families during highly emotional circumstances, and are expected to maintain professional composure while managing their own responses to death, grief, decomposition, and, in some cases, traumatic deaths. Limited social recognition and occupational stigma associated with death-care work may further restrict

opportunities for social affirmation and support, contributing to emotional fatigue and psychological withdrawal (Doehring, 2013; Reichel & Neumann, 2020; Fernández-Sánchez *et al.*, 2018). The question of how morticians manage these demands, and what resources enable them to sustain psychological functioning, is therefore central to understanding their occupational well-being.

Coping resources encompass the personal, interpersonal, spiritual, and organisational capacities through which workers manage occupational demands and regulate their responses to stressful experiences (Bakker & Demerouti, 2017). The Job Demands–Resources perspective posits that job demands and job resources interact to influence worker well-being, such that resources may buffer the negative impact of demands on psychological outcomes (Bakker & Demerouti, 2017). Conservation of Resources theory further elaborates on the role of resources by explaining how individuals strive to obtain, retain, and protect valued resources (Hobfoll, 2011). According to COR theory, resource loss is more psychologically damaging than resource gain is beneficial, and individuals with abundant resources are better able to withstand occupational demands without experiencing significant psychological deterioration. For morticians, who cannot eliminate exposure to mortality from their work, coping resources may be particularly important because they shape how workers interpret and accommodate experiences that are inherent to their occupation.

Globally, burnout has been recognised as an occupational phenomenon of significant concern. The World Health Organization includes burnout in the International Classification of Diseases as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed (World Health Organization, 2019). A large-scale study involving 215,787 healthcare professionals revealed a high prevalence of burnout, with over one-third experiencing the condition (Nagarajan *et al.*, 2024). Among death-care workers specifically, evidence indicates elevated risk. A 2019 Harvard study of 333 US mortuary workers found post-traumatic stress disorder rates approximately 20% above the general population (McClanahan, 2019). One in five funeral professionals experiences PTSD symptoms at rates approximately 20% higher than the general population (The Mental Health Crisis in Funeral Service, 2026). These findings suggest that the psychological burden of death-care work is not confined to any single national context but reflects a broader occupational pattern associated with continuous exposure to death and bereavement.

In sub-Saharan Africa, the psychological dimensions of mortuary work remain underexplored despite the region's unique socio-cultural and economic contexts. A scoping review of death-care workers found that Africa accounted for 40.6% of studies on this occupational group, yet the focus was predominantly on occupational hazards rather than psychological outcomes (Botha *et al.*, 2026). In Namibia, a qualitative study of mortuary workers revealed that working conditions in state hospitals posed risks to both physical and mental health, with coping mechanisms developed over time

being at risk due to inadequate formal training and societal stigmatisation (David *et al.*, 2025). A study of corpse handlers in Windhoek state mortuaries identified psychological stressors and coping strategies, finding that workers relied on strategies including previous exposure, avoidance, family support, and spirituality (Dhaka & Kurz, 2023). In South Africa, funeral-sector workers face emotional, physical, and psychological demands that require responses extending beyond individual psychological techniques, including supportive management, adequate staffing, and access to psychological assistance (Ndou & Moloi, 2025). These studies demonstrate that coping within death-care work in Africa is shaped not only by workers' personal capacities but also by the conditions in which they perform their duties.

In Kenya, emerging research has begun to document the psychosocial challenges faced by mortuary workers. A study of mortuary workers in Murang'a County found that gender-related factors were the leading contributors to mental health challenges (40%), followed by age (30%), marital status (20%), and education level (10%) (Ng'ang'a *et al.*, 2025). Psychosocial support from family (50%) and colleagues (30%) played a crucial role in mitigating stress, while employer support remained minimal (20%). In Nairobi County, the stigma of handling dead bodies was found to have a statistically significant positive impact on psychological distress, with 43.5% of respondents reporting depressed mood and more than 60% reporting feeling fidgety, nervous, sad, and worthless (Wandati & Githae, 2024). A multi-county study of psychosocial challenges in Kenyan mortuary practice documented depression, compassion fatigue, burnout, anguish, death anxiety, post-traumatic stress disorder, and heightened stress among mortuary professionals (Mwinami *et al.*, 2025). A study of Kenyan morticians in Nairobi used the Brief COPE and qualitative interviews to examine coping responses, finding that acceptance and religion were the most frequently reported coping responses, followed by emotional support, positive reframing, and instrumental support, while denial, self-blame, and substance use were less frequently reported (Kamau *et al.*, 2025).

In Kisumu County, the occupational context of mortuary work presents specific challenges. Kisumu County has a reported mortality rate of 5.4%, with approximately 98% of deceased persons reportedly preserved in modern mortuaries before burial (KAIS, 2022). Morticians in Kisumu routinely encounter chemical, biological, and physical hazards, alongside the emotional demands of handling decomposed, severely burned, drowned, and otherwise traumatic remains. In 2020, mortuary attendants in Kisumu County went on a go-slow over low pay and poor working conditions, highlighting the structural challenges facing this workforce (Nation, 2020). Despite their essential role in the safe and dignified management of the deceased, the psychological well-being of morticians in Kisumu remains underexamined.

The problem is clear: while research on burnout has predominantly focused on healthcare professionals and other high-stress occupational groups, morticians remain

comparatively understudied, particularly in Kenya and across sub-Saharan Africa. Existing studies have documented occupational stress, psychosocial challenges, and coping mechanisms among mortuary workers in other Kenyan counties, but the specific coping resources used by morticians in Kisumu County and their relationship with burnout have not been systematically examined. Evidence from other professional groups may not adequately capture the experiences of morticians because their occupational roles involve continuous exposure to death, human remains, and bereaved families. Comprehending which coping resources morticians utilise and whether these resources are associated with lower burnout is essential for developing contextually appropriate interventions.

Thus, it's against this background that the present study examined the coping resources utilised by morticians in response to burnout in public and private mortuaries in Kisumu County, Kenya. Specifically, the study sought to establish the coping resources used by morticians in response to burnout, and to determine whether these coping resources are significantly associated with and predictive of burnout among morticians working in public and private mortuaries in Kisumu County, Kenya.

II. LITERATURE REVIEW

➤ Individual Coping Resources

Individual resources comprise the psychological, cognitive, emotional, and meaning-based capacities that workers draw upon when managing occupational demands. Among morticians, these may include acceptance, resilience, positive reframing, spirituality, and meaning-making, together with interpersonal relationships that provide emotional and social support (Kamau *et al.*, 2025). Such resources may be particularly important in death-care occupations because workers cannot eliminate exposure to mortality but may develop ways of interpreting and accommodating it.

The possibility of psychological adaptation to repeated exposure to death is reflected in the work of Guidetti *et al.* (2022). Their study of funeral and mortuary operators found that exposure to death and interaction with bereaved people did not produce uniformly negative psychological or occupational outcomes. This finding points to the possibility that workers develop ways of accommodating death through professional experience and adjustment. Such adaptation should not, however, be interpreted as immunity from burnout. Rather, it suggests that workers may differ in the psychological resources they bring to repeated encounters with death and in how they interpret experiences that are inherent to their occupation.

The broader evidence on adaptive coping is reflected in emerging Kenyan research on morticians. In a study of Kenyan morticians, Kamau *et al.* (2025) used the Brief COPE and qualitative interviews to examine how workers respond to the demands associated with mortuary practice. Acceptance and religion emerged as the most frequently reported coping responses, followed by emotional support,

positive reframing, and instrumental support, while denial, self-blame, and substance use were less frequently reported. The prominence of acceptance and religion is particularly relevant to mortuary work, where repeated encounters with mortality, grief, and human vulnerability may require workers to develop ways of making sense of experiences that cannot be removed from their occupational environment. Acceptance may facilitate psychological accommodation of death-related experiences, while religious beliefs may provide meaning and a framework for interpreting mortality. However, the presence of denial, self-blame, and substance use also demonstrates that morticians may employ coping responses with different psychological consequences.

The distinction between adaptive and maladaptive responses is reinforced by the systematic review of Rossi *et al.* (2023). Their findings showed that task-oriented and adaptive coping were generally associated with more favourable burnout outcomes, whereas avoidance-oriented and maladaptive approaches were consistently associated with poorer outcomes. Emotion-oriented coping produced more mixed findings. This suggests that coping should not be treated as inherently protective; its value depends on the nature of the strategy, the circumstances in which it is used, and whether it enables workers to engage constructively with occupational demands. For morticians, therefore, the relevant question is not simply whether coping occurs, but whether the resources available to them facilitate sustained psychological adaptation to their work.

➤ Interpersonal Coping Resources

Social relationships constitute another important source of individual-level support. The role of these relationships is evident in a Kenyan study by Ng'ang'a *et al.* (2025), which found family and colleague psychosocial support to be prominent resources among mortuary workers. Family support was reported most frequently, followed by support from colleagues, while employer support was comparatively limited. Such relationships may provide emotional reassurance, opportunities to discuss difficult experiences, and a sense of belonging, particularly where mortuary work is socially stigmatised or poorly understood by the wider community. The findings complement Kamau *et al.* (2025), although the emphasis differs: Kamau *et al.* highlight acceptance, religion, and positive reframing, whereas Ng'ang'a *et al.* draw greater attention to family and colleague support.

The social context of coping is particularly important because formal workplace support may not always be readily available. Ng'ang'a *et al.* (2025) examined a relatively small group of workers in Murang'a County, and their findings therefore cannot establish whether the same pattern of support exists among morticians in Kisumu. Nevertheless, the study demonstrates that coping may extend beyond formal psychological interventions to include relationships through which workers obtain emotional reassurance, practical assistance, and social connectedness. This is relevant to the present study because family and peer relationships may constitute important resources even where organisational support is limited.

Individual coping capacities may also be strengthened through structured interventions. Evidence from related high-stress occupations provides some indication of this potential. A systematic review by Joseph and Jose (2024) found that nine of ten studies of mindfulness-based interventions among emergency and critical-care nurses reported improvements in psychological well-being, compassion, or resilience. Similarly, Hsu *et al.* (2024) identified potential benefits associated with mental-health interventions, physical activity, professional education, mindfulness, resilience training, and stress-management approaches, although effectiveness varied across interventions and outcomes. These findings suggest that coping capacities are not necessarily fixed characteristics and may be enhanced through targeted interventions. Their relevance to morticians remains uncertain, however, because most intervention research has focused on healthcare professionals rather than death-care workers, whose occupational exposures and cultural context may differ substantially.

➤ *Organizational Coping Resources*

Individual capacities operate within workplace environments that can either facilitate or constrain effective coping. Organisational resources refer to workplace-based conditions, support systems, and practices that enable workers to manage occupational demands. These include supportive supervision and management, adequate staffing, appropriate equipment, professional training, manageable workloads, opportunities for rest and recovery, counselling or psychological services, and other supportive workplace practices (Bakker & Demerouti, 2017). Their importance arises from the fact that some sources of occupational strain are embedded in the work environment and cannot be adequately addressed through individual coping alone.

The importance of workplace conditions is evident in African death-care research. Ndou and Moloi (2025), examining funeral-sector workers in South Africa, emphasised the emotional, physical, and psychological demands associated with funeral work and the need for responses that extend beyond individual psychological techniques. Supportive management, adequate staffing, appropriate equipment, training, opportunities for rest, and access to psychological assistance may enhance workers' preparedness and capacity to manage demanding situations. The study did not, however, establish the independent contribution of particular organisational resources to burnout. Its contribution is therefore to demonstrate that coping within death-care work is shaped not only by workers' personal capacities but also by the conditions in which they perform their duties.

This relationship between work demands and perceived support is also apparent in European evidence. A study of 278 Dutch funeral service workers by Kennis *et al.* (2024) found that only a small proportion reported high burnout symptoms, while most reported average-to-high well-being and work engagement. Nevertheless, approximately one-third indicated a need for support, and higher work stress combined with lower perceived support was associated with poorer mental health. The findings are important because relatively

favourable psychological functioning did not eliminate workers' need for support. They also indicate that the experience of occupational stress is shaped partly by the availability and quality of support within the work environment. However, differences in health systems, occupational structures, and workplace conditions limit direct transferability of these findings to Kenyan mortuaries.

The Kenyan context provides further evidence that workplace relationships and conditions matter. In a study involving public and private mortuaries, Ogira *et al.* (2023) found suboptimal job satisfaction among mortuary staff and a significant association between employee solidarity and job satisfaction. Employee solidarity was not directly examined as a coping or burnout intervention, so the finding cannot be interpreted as evidence that solidarity reduces burnout. Its significance lies instead in showing that relationships within the workplace may influence workers' occupational experiences and form part of the social environment through which coping takes place. This is particularly relevant in mortuary settings where workers may rely heavily on colleagues who share similar occupational experiences.

Organisational resources also have a practical function in protecting workers from avoidable occupational demands. Botha *et al.* (2026), in a scoping review of occupational hazards affecting death-care workers, identified psychosocial risks alongside mechanical, chemical, and biological hazards. This broader perspective demonstrates that coping with death-care work involves more than managing emotional reactions to death. Unsafe environments, inadequate equipment, excessive demands, and insufficient training may themselves become sources of occupational strain. A qualitative study of mortuary workers in Namibia similarly identified physical and psychological risks, inadequate formal training, and coping mechanisms that could become compromised under poor working conditions and societal stigma (David *et al.*, 2025). Considered together, these findings suggest that occupational safety, professional training, and appropriate working conditions may strengthen coping indirectly by reducing avoidable demands and increasing workers' preparedness and perceived control.

Occupational stigma represents another demand that may require organisational rather than purely individual responses. Wandati and Githae (2024) found a significant relationship between perceived stigma associated with handling dead bodies and psychological distress among mortuary workers in Nairobi, with workers reporting anxiety, depression, and discriminatory treatment. Such findings broaden the understanding of organisational coping by indicating that workplace support may need to encompass psychological safety, recognition of occupational stigma, and access to appropriate psychosocial services in addition to conventional resources such as staffing, equipment, and supervision.

➤ *Summary of Gaps in the Literature Reviewed*

The literature reviewed demonstrates that coping resources are important protective factors in emotionally demanding occupations. Nevertheless, important limitations

remain in the existing body of knowledge, particularly regarding morticians whose work is characterized by continuous exposure to death, bereavement, occupational stigma, and emotionally demanding interactions. Although previous studies have advanced understanding of occupational stress and coping, they provide only a partial explanation of the psychological experiences associated with mortuary work.

More recent Kenyan studies have begun to provide evidence directly relevant to mortuary work, but their contributions remain largely focused on particular aspects of occupational experience. Wandati and Githae (2024), for instance, examined stigma associated with handling dead bodies and psychological distress among mortuary workers in Nairobi. Ng'ang'a *et al.* (2025) examined mental-health challenges and coping among mortuary workers in Murang'a County, while Mwinami *et al.* (2025) investigated psychosocial challenges among mortuary workers across several Kenyan counties, including Kisumu. Kamau *et al.* (2025) examined coping mechanisms among morticians in Nairobi. These studies provide valuable evidence concerning stigma, psychological distress, psychosocial challenges, and coping; however, they examine these issues largely as separate areas of inquiry rather than integrating coping resources and burnout within a single empirical framework.

Within the Kenyan context, research on mortuary workers remains particularly limited. Nyaberi, Kakai, Obenyo, and Othere (2017) examined perceived occupational risks among mortuary workers and identified concerns relating to HIV/AIDS, tuberculosis, and other infectious diseases as major sources of emotional discomfort. However, their investigation focused primarily on occupational health hazards and infection-related concerns rather than broader psychological outcomes such as burnout. Consequently, the psychosocial dimensions of mortuary work remain insufficiently understood within the local context.

Methodological limitations are also apparent within the reviewed literature. Most studies rely heavily on quantitative approaches and standardized burnout measures. For example, Kokonya *et al.* (2014) employed the Standard Compassion Fatigue Self-Test, while Muasa, Selvam, and Ndung'u (2021) used the Maslach Burnout Inventory alongside focus group discussions among Catholic religious men and women in Turkana County. Although these approaches provide valuable information regarding burnout prevalence and associated factors, relatively few studies integrate comprehensive mental health measures with qualitative exploration of lived experiences. Such integration is particularly important in understanding occupations such as mortuary work, where psychological experiences are often shaped by complex emotional, social, and cultural influences.

The transferability of findings from other occupational groups also remains uncertain. Research conducted among healthcare professionals, religious workers, and other helping professions provides useful insights into burnout and coping; however, these occupations differ substantially from mortuary work in terms of occupational culture, social

recognition, emotional labour requirements, and exposure to death. For example, Muasa, Selvam, and Ndung'u (2021) reported moderate levels of emotional exhaustion and depersonalization among Catholic religious personnel in Turkana County. Whether similar patterns emerge among morticians operating within a different occupational and cultural environment remains largely unknown.

Finally, despite the extensive literature on burnout among healthcare workers, emergency responders, social service professionals, and other helping occupations, comparatively little research focuses specifically on morticians (Velando-Soriano *et al.*, 2020). This imbalance limits understanding of whether the coping resources used by morticians reflect general occupational stress processes or arise from the unique combination of chronic death exposure, bereavement-related interactions, occupational stigma, and social invisibility associated with mortuary work (Testoni *et al.*, 2020; Thomson & Grandy, 2020). Consequently, mortuary workers provide a valuable context for examining the explanatory boundaries of prevailing coping and burnout theories under conditions where multiple occupational stressors converge simultaneously.

III. MATERIALS AND METHODS

➤ Study Design

The study adopted an analytical cross-sectional convergent mixed-methods design. The design enabled quantitative examination of the coping resources used by morticians and their relationship with burnout, while the qualitative component provided contextual understanding of how morticians experience and respond to occupational demands. The quantitative and qualitative findings were analysed independently and integrated during interpretation to identify areas of convergence and complementarity (Creswell & Plano Clark, 2018). The cross-sectional design involved data collection under naturally occurring occupational conditions, with no manipulation of variables or intervention. It permitted examination of associations and predictive relationships but did not support causal inference.

➤ Target Population, Sampling, and Sample Size

The study targeted morticians working in registered public and private mortuaries in Kisumu County. Following approval from the relevant regulatory authorities and institutional administrators, staff records were obtained from the participating mortuary facilities to establish the accessible population. These records identified 58 eligible morticians who were in active practice and provided informed consent. A census approach was adopted because the population was small, specialised, finite, and readily identifiable, making it feasible to invite all eligible morticians to participate. This approach also minimised sampling error and provided comprehensive coverage of morticians across public and private mortuaries (Denscombe, 2014; Creswell & Creswell, 2018; Martinez-Mesa *et al.*, 2016). Forty-seven participants completed the questionnaire and constituted the final quantitative sample. For the qualitative component, 15 questionnaire respondents participated in face-to-face in-depth interviews. After the first 13 interviews, no

substantially new information relevant to the study questions was emerging, indicating that saturation had been reached. Two additional interviews were conducted to confirm the consistency and adequacy of the emerging findings.

➤ Data Collection Instruments

Data were collected using a structured questionnaire and a semi-structured in-depth interview (IDI) guide. The questionnaire covered coping resources, burnout, and selected demographic and occupational characteristics. Coping resources were assessed using ten indicators measured on a five-point Likert scale from 1 = Strongly Disagree to 5 = Strongly Agree. The indicators captured personal resilience, positive reframing, spiritual coping, family support, peer support, social engagement, employee assistance programmes, counselling services, supervisory support, and psychological debriefing. Burnout comprised 17 items adapted from the Maslach Burnout Inventory framework (Maslach *et al.*, 2016), covering emotional exhaustion (7 items), depersonalisation (5 items), and diminished personal accomplishment (5 items), rated on a five-point Likert scale. The IDI guide focused on participants' experiences of coping with occupational stress and burnout, and the resources they found most helpful in managing the challenges of mortuary work.

➤ Validity, Reliability, and Piloting

Content and face validity were established through expert review and piloting with mortuary staff in Siaya County, in sites with identical characteristics to the targeted population of the parent study. Internal consistency reliability was assessed using Cronbach's alpha, with subscales meeting the conventional threshold of $\alpha \geq .70$ (Mohamad *et al.*, 2015; Sürücü & Maslakçı, 2020). The Cronbach's alpha coefficients were .983 for emotional exhaustion, .963 for depersonalisation, .972 for personal accomplishment, .977 for coping resources, and .988 for psychological well-being. Qualitative trustworthiness was enhanced through triangulation of quantitative and qualitative data sources and verbatim transcription of interviews (Korstjens & Moser, 2018).

➤ Data Analysis

Quantitative data were entered into Microsoft Excel, cleaned, and verified for completeness before being analysed using IBM® SPSS Statistics Version 31. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarise participants' characteristics and the main study variables. Composite

scores were calculated from the relevant Likert-scale items, and the internal consistency of the study scales was assessed using Cronbach's alpha. Pearson's correlation was used to examine the relationship between coping resources and burnout. Simple linear regression was used to assess the predictive contribution of coping resources to burnout. Regression assumptions were assessed before modelling, and statistical significance was set at $\alpha = .05$. Qualitative data were transcribed and thematically analysed following Braun and Clarke's (2006) six-phase approach, with NVivo used to organise and retrieve coded data. The quantitative and qualitative findings were integrated through mixed-methods triangulation to provide contextual and complementary interpretation of the results.

➤ Ethical Considerations

Ethical approval was obtained from the Great Lakes University of Kisumu Ethics Review Committee, with research clearance from the National Commission for Science, Technology and Innovation (NACOSTI) and relevant authorities. Written informed consent was obtained from all participants, who were informed of their right to withdraw without penalty. Confidentiality and anonymity were maintained through coded identifiers and secure, password-protected data storage. Data were used solely for academic purposes.

IV. RESULTS

➤ Response Rate and Participant Characteristics

The study achieved an 81.0% response rate, with 47 of the 58 eligible morticians participating. Most participants were male (87.2%), aged 20–49 years (78.7%), and married (72.3%). Nearly half had completed secondary education (48.9%), while 21.3% had attained college-level education. Most had received on-the-job mortuary training (61.7%). In terms of work experience, 31.9% had worked for 6–10 years, followed by 23.4% with 1–5 years of experience. More than half (57.4%) reported monthly earnings of KES 11,000–20,000. Contract employment was more common (66.0%) than permanent employment, and 59.6% of participants worked in private mortuary facilities.

➤ Item-Level Descriptive Findings on Coping Resources

Coping resources were assessed using ten indicators measured on a five-point Likert scale ranging from 1 = Strongly Disagree to 5 = Strongly Agree. Higher scores represented greater coping resources.

Table 1 Frequency and Percentage Distribution of Likert-Scale Responses to Coping-Resource Indicators (N = 47)

Coping-resource indicator	Strongly Disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly Agree n (%)	Total n (%)
CR1	0 (0.0)	5 (10.6)	32 (68.1)	10 (21.3)	0 (0.0)	47 (100.0)
CR2	0 (0.0)	6 (12.8)	31 (66.0)	10 (21.3)	0 (0.0)	47 (100.0)
CR3	0 (0.0)	6 (12.8)	32 (68.1)	9 (19.1)	0 (0.0)	47 (100.0)
CR4	0 (0.0)	5 (10.6)	31 (66.0)	11 (23.4)	0 (0.0)	47 (100.0)
CR5	0 (0.0)	6 (12.8)	33 (70.2)	8 (17.0)	0 (0.0)	47 (100.0)
CR6	0 (0.0)	5 (10.6)	34 (72.3)	8 (17.0)	0 (0.0)	47 (100.0)
CR7	0 (0.0)	5 (10.6)	30 (63.8)	12 (25.5)	0 (0.0)	47 (100.0)

CR8	0 (0.0)	5 (10.6)	34 (72.3)	8 (17.0)	0 (0.0)	47 (100.0)
CR9	0 (0.0)	6 (12.8)	33 (70.2)	8 (17.0)	0 (0.0)	47 (100.0)
CR10	0 (0.0)	5 (10.6)	33 (70.2)	9 (19.1)	0 (0.0)	47 (100.0)

Note: CR1 = Resilience; CR2 = Positive reframing; CR3 = Spiritual coping; CR4 = Family support; CR5 = Peer support; CR6 = Social engagement; CR7 = Employee assistance programmes; CR8 = Counselling services; CR9 = Supervisory support; CR10 = Psychological debriefing. Response coding: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree.

The results in Table 1 indicate that responses to the ten coping-resource indicators were concentrated primarily in the Neutral and Agree categories. Neutral responses ranged from 30 respondents (63.8%) for CR7 to 34 respondents (72.3%) for CR6 and CR8. Agreement ranged from 8 respondents (17.0%) for CR5, CR6, CR8, and CR9 to 12 respondents (25.5%) for CR7. Disagreement remained comparatively low, ranging from 5 respondents (10.6%) to 6 respondents (12.8%). None of the respondents selected Strongly Disagree or Strongly Agree for any of the ten indicators. The distribution therefore suggests that coping resources were present among the morticians at a moderate rather than a strongly endorsed level. The predominance of neutral responses indicates that many respondents did not express strong agreement that particular coping resources were consistently available or highly effective. Nevertheless, the presence of agreement across all ten indicators indicates that respondents utilised or had access to various coping resources in dealing with occupational demands. CR7 had the highest proportion of agreement (25.5%), followed by CR4 at 23.4%, while the remaining indicators recorded agreement levels between 17.0% and 21.3%. These differences are descriptive and do not imply that one coping resource was statistically more effective than the others.

The quantitative findings were complemented by the qualitative findings. Personal resilience and adaptive coping emerged as an important theme among the interview participants. Participants explained that repeated exposure to emotionally demanding mortuary situations encouraged them to develop emotional regulation and professional adaptation. As one participant explained:

"The work is emotionally demanding, but with experience you learn how to control your emotions and focus on your responsibilities instead of carrying every experience home." (MC11)

This account illustrates that coping among morticians may involve learning to regulate emotional responses and maintain professional functioning despite exposure to stressful circumstances. The qualitative evidence therefore provides contextual support for the moderate level of coping resources observed quantitatively.

➤ Composite Coping-Resource Scores

Following the item-level analysis, the ten coping-resource indicators were combined to generate a composite coping-resource score for each respondent.

Table 2 Descriptive Statistics for Coping Resources (N = 47)

Variable	N	Mean	Std. Deviation
Coping resources	47	3.0830	0.5083

Note: Coping resources = composite mean score calculated from the ten coping-resource indicators. Higher scores indicate greater coping resources.

The findings presented in Table 2 indicate that respondents recorded a mean coping-resource score of 3.0830 (SD = 0.5083). The mean was slightly above the midpoint of the five-point response scale, indicating a moderate level of coping resources among the respondents. The standard deviation of 0.5083 indicates relatively limited variation around the mean, suggesting that coping-resource scores were reasonably clustered across the sample. This pattern is consistent with the item-level findings, where responses were concentrated primarily in the Neutral and Agree categories.

The qualitative findings provide further insight into how respondents developed and used coping resources in their work. Participants described learning to manage difficult experiences through accumulated work experience. As one participant explained:

"You cannot avoid difficult situations in this work, but over time you become mentally stronger and learn how to recover after stressful days." (MC03)

The account highlights the role of experience in developing emotional regulation and recovery strategies when dealing with demanding work situations.

➤ Relationship between Coping Resources and Burnout

Pearson's product-moment correlation analysis was conducted to establish the direction and strength of the relationship between coping resources and burnout. The analysis was conducted for the combined sample and separately according to mortuary type.

Table 3 Pearson Correlation between Coping Resources and Burnout by Mortuary Type

Mortuary Type	N	r	p
Public	19	-.417	.076
Private	28	-.521	.004
Combined	47	-.491	< .001

The findings presented in Table 3 indicate a negative association between coping resources and burnout in the public, private, and combined samples. Among respondents working in public mortuaries, coping resources were moderately and negatively associated with burnout ($r = -.417$, $p = .076$). Although the direction of the association suggested that higher coping-resource scores were related to lower burnout scores, the relationship was not statistically significant at the .05 level. Among respondents working in private mortuaries, the negative association was stronger and statistically significant ($r = -.521$, $p = .004$), indicating that higher coping-resource scores were associated with lower burnout scores. For the combined sample of 47 respondents, coping resources were moderately and negatively associated with burnout ($r = -.491$, $p < .001$). Thus, respondents with higher coping-resource scores tended to report lower burnout scores. The combined association provided the basis for proceeding to regression analysis to examine whether coping resources significantly predicted burnout.

The qualitative findings provide contextual insight into this pattern. Participants described coping resources as ways of managing emotional reactions and preventing stressful work experiences from accumulating. One participant stated:

"The work is emotionally demanding, but with experience you learn how to control your emotions and focus on your responsibilities instead of carrying every experience home." (MC11)

This account illustrates how emotional regulation and maintaining boundaries between work and personal life may

help morticians manage the psychological demands of their work. Interpersonal coping was also evident in the interviews. One participant explained:

"We support one another whenever the workload becomes too much. Talking to colleagues after difficult cases helps reduce the emotional burden." (MC18)

This account highlights the role of collegial support in helping morticians manage emotionally demanding situations and provides further context for the observed negative association between coping resources and burnout.

➤ Regression Analysis of Coping Resources Predicting Burnout

The significant negative correlation between coping resources and burnout in the combined sample provided a basis for examining whether coping resources made a statistically significant predictive contribution to burnout. Accordingly, a simple linear regression analysis was conducted with burnout as the dependent variable and coping resources as the predictor. The regression model was specified as: $\text{Burnout} = \beta_0 + \beta_1(\text{Coping Resources}) + \epsilon$, where β_0 represents the regression intercept, β_1 represents the regression coefficient for coping resources, and ϵ represents the error term.

• Diagnostic Tests Before Regression Analysis

Prior to interpreting the regression coefficients, the assumptions of linear regression were examined using the 47 observations included in the analysis.

Table 4 Regression Diagnostic Results

Diagnostic	Statistic/result	Assessment
Shapiro-Wilk test of residuals	$W = .970$, $p = .258$	Normality supported
Durbin-Watson	1.842	Independence supported
Residual linearity	No systematic curvature	Supported
Homoscedasticity	No major systematic residual pattern	Supported
Multicollinearity	One predictor only	Not applicable as a substantive concern
Maximum condition number	21.3	No problematic diagnostic indicated

The findings presented in Table 4 indicate that the assumptions required for the regression analysis were adequately supported. The Shapiro-Wilk test was not statistically significant ($W = .970$, $p = .258$), indicating no evidence of a substantial departure from normality in the regression residuals. The Durbin-Watson statistic of 1.842 was sufficiently close to 2 to support the assumption of

independent errors. Inspection of the residual pattern revealed no systematic curvature or major pattern indicative of heteroscedasticity. The single-predictor structure of the model also meant that multicollinearity between predictors was not a substantive concern. The diagnostic findings therefore supported proceeding with the regression analysis.

• Model Summary

Table 5 Model Summary for Coping Resources Predicting Burnout

Model	R	R ²	Adjusted R ²	Std. Error of the Estimate
1	.491	.241	.225	.440

Note: Dependent variable = Burnout; predictor = Coping resources.

The findings presented in Table 5 indicate that the model produced an R of .491, reflecting a moderate association between coping resources and burnout. The R² of

.241 indicates that coping resources accounted for 24.1% of the variance in burnout among the 47 respondents. The adjusted R² was .225, indicating that approximately 22.5% of

the variance in burnout was explained by the model after adjustment for sample size. The standard error of the estimate was .440, representing the typical prediction error of the model. Thus, coping resources accounted for a meaningful proportion of the variation in burnout, while 75.9% of the

variance remained unexplained by this single-predictor model. This indicates that coping resources, although relevant, do not fully account for differences in burnout among the respondents.

- ANOVA for the Regression Model

Table 6 ANOVA for Coping Resources Predicting Burnout

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	2.779	1	2.779	14.324	< .001
Residual	8.731	45	.194	—	—
Total	11.510	46	—	—	—

Note: Dependent variable = Burnout; predictor = Coping resources.

The findings presented in Table 6 indicate that the regression model was statistically significant, $F(1, 45) = 14.324$, $p < .001$. This indicates that coping resources made a statistically significant contribution to the prediction of burnout in the sample. The ANOVA result is consistent with the correlation analysis, which showed a statistically

significant negative association between coping resources and burnout ($r = -.491$, $p < .001$). The regression model therefore confirms that coping resources significantly predicted burnout, with higher coping-resource scores associated with lower burnout scores.

- Regression Coefficients

Table 7 Regression Coefficients for Coping Resources Predicting Burnout

Predictor	B	Std. Error	Standardized β	t	Sig.	95% CI for B
Constant	4.086	.399	—	10.239	< .001	[3.282, 4.890]
Coping resources	-.484	.128	-.491	-3.785	< .001	[-.741, -.226]

Note: Dependent variable = Burnout.

The analysis showed that coping resources were significantly and negatively related to burnout ($B = -.484$, $\beta = -.491$, $t = -3.785$, $p < .001$). In practical terms, a one-unit increase in the coping-resource score was associated with an estimated 0.484-unit decrease in burnout. The standardized coefficient ($\beta = -.491$) indicates a moderate negative predictive relationship. The 95% confidence interval for the unstandardized coefficient ranged from $-.741$ to $-.226$ and did not include zero, further supporting the statistical significance of the relationship. The estimated regression equation was: $\text{Burnout} = 4.086 - 0.484 (\text{Coping Resources})$. This equation indicates that respondents with higher coping-resource scores tended to have lower predicted burnout scores.

The interview accounts help put this statistical relationship into context. Participants described support from colleagues and adaptation through experience as important ways of managing the emotional demands of mortuary work. One participant explained:

"We support one another whenever the workload becomes too much. Talking to colleagues after difficult cases helps reduce the emotional burden." (MC18)

This account illustrates how support from colleagues may help respondents manage the emotional demands of their work. A similar theme emerged in the account of another participant:

"You cannot avoid difficult situations in this work, but over time you become mentally stronger and learn how to recover after stressful days." (MC03)

These accounts help contextualise the quantitative finding that higher coping resources were associated with lower levels of burnout.

V. DISCUSSIONS

➤ Coping Resources as a Protective Factor Against Burnout

The findings demonstrated a significant negative relationship between coping resources and burnout among morticians working in public and private mortuaries in Kisumu County. Respondents with higher coping-resource scores tended to report lower burnout scores. This finding is consistent with the Job Demands–Resources perspective, which posits that job resources support adaptation and well-being in demanding work environments (Bakker & Demerouti, 2017). It also aligns with COR theory, which predicts that individuals with greater access to psychosocial resources are better placed to withstand chronic occupational stressors (Hobfoll, 2011).

The finding is consistent with international evidence linking coping resources with reduced burnout in emotionally demanding occupations. Velando-Soriano *et al.* (2020) identified social support as an important resource in relation to burnout among nurses, suggesting that support may buffer the effects of occupational stress. Similarly, Kunzler *et al.*

(2021) found evidence that psychological interventions can strengthen resilience among healthcare professionals. Kamau *et al.* (2025) reported that Kenyan morticians used acceptance, religion, emotional support, positive reframing, and instrumental support as coping mechanisms, while Ng'ang'a *et al.* (2025) found that family and colleague support were prominent resources among mortuary workers in Murang'a County. The present findings extend this evidence by demonstrating that coping resources are significantly associated with lower burnout among morticians in Kisumu County, suggesting that the resources available to workers may influence their experience of occupational strain.

The qualitative findings further contextualised this relationship. Participants described personal resilience, emotional regulation, peer support, and supervisory support as important resources for managing the emotional demands of their work. One participant explained that experience teaches one to control emotions and focus on responsibilities instead of carrying every experience home, while another emphasised that colleagues support one another when the workload becomes too much. These accounts illustrate that coping among morticians operates through a multi-level resource system encompassing individual capacities and interpersonal relationships. The finding that coping resources accounted for 24.1% of the variance in burnout indicates that these resources are meaningful, though not exhaustive, predictors of occupational strain. This suggests that while strengthening coping resources is important, it should be pursued alongside efforts to reduce the structural sources of burnout.

➤ *Individual Coping Resources*

The study found that personal resilience and adaptive coping were identified by most interview participants as important resources. This finding aligns with Kamau *et al.* (2025), who reported that acceptance and religion were the most frequently used coping mechanisms among Kenyan morticians. The prominence of resilience and adaptive coping suggests that morticians develop psychological capacities over time that enable them to regulate emotional responses and recover from difficult experiences. However, the moderate endorsement of coping resources in the quantitative findings suggests that these resources are present but not strongly developed, indicating potential for strengthening through targeted interventions. The gap between the perceived importance of coping resources and their moderate endorsement may indicate that while morticians recognise the value of these resources, they may not have consistent access to them or may not have developed them to a level that provides robust protection.

Spiritual and religious coping also emerged as relevant, consistent with the broader literature on death-care work (Kamau *et al.*, 2025; Ghetti *et al.*, 2022). Spiritual beliefs may provide meaning and interpretive frameworks through which morticians understand repeated encounters with mortality. This finding supports Existential Theory's emphasis on meaning-making as a critical coping mechanism in adverse conditions (Frankl, 1962). The role of spirituality in coping is particularly relevant in the Kenyan context, where religious

and spiritual frameworks are widely available and may provide morticians with a culturally congruent way of making sense of death and their role in managing it.

➤ *Interpersonal and Organizational Coping Resources*

Peer and supervisory support were identified by most interview participants as important resources. This finding is consistent with Ng'ang'a *et al.* (2025), who found that family and colleague support were prominent resources among mortuary workers in Murang'a County, although employer support was comparatively limited. The present study similarly found that organizational resources such as counselling, psychological debriefing, and workplace wellness programs were reported by a majority of participants, suggesting that formal workplace support systems are present but not universally accessible or utilised. The pattern suggests a layered resource environment in which informal interpersonal support is more readily available than formal organizational support. This has implications for practice: while morticians may rely on colleagues and family for emotional support, they may have less consistent access to professional psychological services that could address more severe or persistent difficulties.

The finding is further supported by broader occupational evidence. Velando-Soriano *et al.* (2020) identified social support as an important resource in relation to burnout among nurses, while Chen *et al.* (2015) explained how resources could be exchanged and transmitted within social contexts. Although morticians are not nurses, the underlying resource process is relevant: workers are not isolated from their social environment, and support from colleagues, supervisors, and family may contribute to the preservation of psychological resources. The convergence of evidence across occupational groups suggests that the resource processes identified in this study are not unique to mortuary work but reflect broader patterns in how workers manage demanding occupations.

➤ *Organizational Responsibility for Coping Resources*

The study challenges an exclusively individualistic interpretation of coping. It would be inappropriate to frame psychological well-being as a responsibility that rests only on the mortician's ability to remain resilient. Botha *et al.* (2026) emphasise organisational and social support factors in death-care work, while Bakker and Demerouti (2017) argue that worker well-being is shaped by the balance between demands and resources. The present findings support this broader position because the coping resources described by participants included resources that are partly controlled by the organisation, such as supervision, counselling, and wellness support. The predominance of contractual employment among the respondents further underscores the importance of organisational responsibility, as workers in insecure employment may have limited access to institutional support systems and reduced capacity to negotiate workload or recovery time. The implication is that organisational responsibility for psychological well-being is not merely a matter of providing support services but also of creating employment conditions that enable workers to access those services without fear of jeopardising their employment.

➤ Theoretical Interpretation

From a COR theory perspective, the findings support the resource preservation principle: coping resources function as valued assets that help workers resist and recover from occupational demands. Hobfoll (2011) argues that resources are valued because they help individuals protect against further loss and facilitate recovery. In a mortuary setting, experience may function as a resource because it increases familiarity with difficult situations and reduces uncertainty. Emotional regulation may help workers maintain professional functioning, while social support can provide reassurance, shared understanding, and opportunities to process difficult experiences. These resources do not eliminate occupational demands, but they may make those demands more manageable. The finding that coping resources accounted for 24.1% of the variance in burnout provides empirical support for the resource preservation principle.

From a JD-R perspective, the findings demonstrate that job resources are associated with lower burnout in a death-care occupation. Bakker and Demerouti (2017) argue that job resources can buffer the impact of job demands on psychological outcomes. The present study extends this logic to morticians, whose occupational demands are distinctive because death exposure is central to their professional role. The finding that coping resources were significantly associated with lower burnout suggests that resources may support workers in managing the emotional and psychological demands of death-care work. This interpretation is consistent with the broader JD-R literature, which has demonstrated the protective role of resources in various occupational contexts.

VI. CONCLUSION

This study provides empirical evidence on the coping resources used by morticians in response to burnout in Kisumu County, Kenya, an occupational group that remains relatively under-researched. The findings demonstrate a significant negative association between coping resources and burnout among morticians working in public and private mortuaries. Coping resources accounted for 24.1% of the variance in burnout, with a one-unit increase in coping resources associated with a 0.484-unit decrease in burnout. The qualitative findings further contextualized these results by highlighting personal resilience, adaptive coping, peer support, supervisory support, family support, spiritual resources, counselling, psychological debriefing, and organizational wellness programs as important coping resources. Given the cross-sectional design, these findings indicate association and predictive contribution rather than causation.

RECOMMENDATIONS

➤ Policy and Programming

- Strengthen individual coping resources-Mortuary facilities should integrate resilience training, emotional

regulation, and adaptive coping skills into routine professional development for morticians.

- Enhance interpersonal support systems: Mortuary facilities should establish structured peer support programmes, mentoring initiatives, and supportive supervision to strengthen collegial and supervisory support.
- Improve organisational support- County health authorities and facility managers should ensure that counselling services, psychological debriefing, and employee assistance programmes are accessible to all morticians, regardless of employment type or facility.
- Address structural sources of burnout- Organisations should reduce occupational demands through workload management, adequate staffing, and recovery opportunities, rather than relying solely on individual coping resources.

➤ Further Research

Future research should examine which specific coping resources are most strongly associated with lower burnout among morticians and whether these relationships vary between public and private mortuary settings. Longitudinal and intervention designs are needed to establish temporal ordering and causality. Larger samples would provide greater power to detect subgroup differences and inform more targeted approaches.

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