


Perception of Dieners Regarding Social Acceptance and the Right to Work: A Qualitative Study

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Anita Fafa Dartey¹ , Gladys Dzansi² , Felix Kwasi Nyande¹ ,
Wisdom Kwasi Mensah Avor¹, Portia Poomaa³,
Nathaniel Glover-Meni¹, and John Kwasi Akortiakumah¹ 

Abstract

Globally, the right to work is a modest human right. It is a right acknowledged under the Universal Declaration of Human Rights which delineates the various types of work. As such, each person is at liberty to take up any job granted that one has the capacity and skills. This decision must be free from stigma or discrimination. However, this is not the case with mortuary attendants in Ghana. This study explored the viewpoints of Ghanaian mortuary attendants and how society perceives their rights to work. The study used a qualitative research approach, with exploratory and descriptive designs, that sought an in-depth understanding from sampled mortuary attendants on the perception of their community members toward their work. Saturation was attained with nineteen (19) participants from nine (9) health facilities located in the three regions. Semi-structured interviews were conducted and audio recorded with concurrent data transcription and analysis using content analysis. Purposive sampling was used. The study included male or female mortuary employees with at least 1 year of working experience. The themes that emerged were as follows; self-stigma, public stigma, stigma-by-association, and structural stigma. The results were structured according to a stigma model. The study reveals high levels of stigmatization and discrimination against mortuary attendants. Researchers recommend the need for public education, and policy changes to reverse the scornful stigmatization and discrimination against death care workers and those in related profiles.

Plain Language Summary

Perception of dieners regarding social acceptance and the right to work: A qualitative study

The purpose of this study was to describe the stigma and discrimination associated with the work of Deniers in selected Ghanaian society. The right to work is a modest human right globally. It is a right acknowledged under the Universal Declaration of Human Rights which delineates the various types of Work. As such, each person is at liberty to take up any job granted that one has the capacity and skills. This decision must be free from stigma or discrimination. However, this is not the case with mortuary Attendants in Ghana. This study explored the viewpoints of Ghanaian mortuary attendants and how society perceives their rights to work. The study used a qualitative research approach, with exploratory and descriptive designs, that sought an in-depth understanding from sampled mortuary attendants on the perception of their community members towards their work. Semi-structured interviews were conducted and audio recorded with concurrent data transcription and analysis using content analysis. Purposive sampling was used. The study included male or female mortuary employees with at least one year of working experience. The themes that emerged

¹University of Health and Allied Sciences, Ho, Ghana

²University of Ghana, Accra, Ghana

³Holy Family Hospital, Techiman, Ghana

Corresponding Author:

Anita Fafa Dartey, School of Nursing and Midwifery, University of Health and Allied Sciences, PMB 31, Ho, Volta Region, Ghana.
Emails: fadartey@uhas.edu.gh; aniadfafa@gmail.com

Data Availability Statement included at the end of the article



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were self-stigma, public stigma, stigma-by-association, and structural stigma. The results were structured according to a stigma model. The study reveals high levels of stigmatization and discrimination against mortuary attendants, which is useful for enacting effective policies to reverse the scornful stigmatization and discrimination against death care workers and those in related profiles. However, this is a qualitative study and hence cannot be used for generalization.

Keywords

deathcare, discrimination, diener, right to work, stigmatization

Introduction

Globally, work-related stigma and discrimination have become a public health issue. Without any doubt, work is one of the most important issues for society to grapple with. Psychologists and Sociologists have long been concerned about the type of work people do, the conditions under which they are performed, and the social relations that arise from them (Stangl et al., 2019). This is important because work is the application of one's mental and physical powers, as well as skills and knowledge to achieve an aim, reach a goal, and express oneself (Ross et al., 2017). It is one of the most important and fascinating activities for human health, helping with the enhancement of an individual's self-esteem, and providing basic subsistence needs, including a comfortable living conditions. Additionally, work helps the individual to develop his or her human flair, skills, and identity, while providing a sense of belonging to those individuals who are engaged in it (Alshmemri et al., 2017). Across continents and workforces, people are frustrated with their jobs and, as such, they tend to seek meaning to the discontent (Cantone, 2016). It is clear that there is a serious lack of job satisfaction as some workers, for example, dieners experience a great deal of stigmatization and discrimination because of the nature of their work. This development could lead to wide-ranging psychological and economic problems for such victims (Afulani et al., 2021).

Mortuaries are a reserve for dead bodies. The job schedule of dieners involves receiving corpses, attending to the various preservation processes, and delivering the deceased to relatives for burial or cremation, which is stressful and may present an array of hazards (Douglas & Peterside, 2016). In this situation, only a few people will feel comfortable working as mortuary attendants due to the settings and environment they operate (Afulani et al., 2021).

That is, why the African Charter on Human and Peoples' Rights, an international human rights instrument that is, intended to promote and protect human rights and basic freedoms on the African continent, recognizes work as a liberal right, emphasizing favorable conditions under which work may be performed and

protection of same against the employer or government exploitation (Niyungeko, 2019). Article 15 of the Charter, for example, states that "every individual shall have the right to work under equitable and satisfactory conditions, and shall receive equal pay for equal work" (Fox et al., 2020). Thus, work becomes meaningful only if it is beneficial to the development of members of the society or the society itself with its products (Cheney et al., 2008). In effect, refusal to work is the same as refusal to feed. In the context of this study, therefore, stigmatization of the work of dieners must be of great concern to the state or private institutions that have employed them as well as the general public. To neglect their needs is to indirectly neglect their rights, especially if viewed against the backdrop that they provide essential services such as receiving corpses, attending to the various preservation processes, and delivering the deceased to relatives for burial or cremation.

Generally, stigmatization is considered as a mark of shame, disgrace, or disapproval, which results in an individual being rejected, discriminated against and excluded from social participation (Subramaniam et al., 2017). It involves identifying and marking an undesirable characteristic in a way that narrows a person's social identity to that characteristic (Bell et al., 2010). Stigma, according to Herek et al. (2009), may be understood in terms of the different ways it manifests at the self, social, and structural levels. Self-stigma is a subjective process marked by negative feelings (about oneself), maladaptive behavior, identity transformation, or stereotype endorsement as a result of an individual's experiences, perceptions, or anticipation of negative social reactions based on a stigmatized social status or health condition (Hing & Russell, 2017). The term social stigma, on the other hand, is used to describe the phenomenon of large social groups endorsing stereotypes about and acting against a stigmatized group (Livingston & Boyd, 2010; Livingston et al., 2012). Structural stigma refers to institutional regulations, policies, and processes that restrict members of stigmatized groups' rights and opportunities (Wogen & Restrepo, 2020). In each of these cases, there is someone or a group that is, being prevented from actualizing his or her dreams and, as a result, preventing the individual or the group from exercising a certain right or rights.

The consequences of stigmatization include but are not limited to marginalization and, in some cases, dehumanization. These acts of stigmatization are known to contribute to poor global health, divorce, low self-esteem, suicidal behavior, and low productivity. Despite the stigmatization and mal-alignment attached to the line of work of dieners, their work is an important component of death care and funeral rites of passage. In Ghana, death care workers, especially those in the death care industry or sector, are typically subjected to stigmatization because of the nature of their work, more so, when it is seen as evoking morbid fear (Simone, 2011). The exploration and documentation of the perspectives of Ghanaian dieners on the social acceptance of their work, their rights to the work and stigma associated with the work they do as was captured in this study will provide useful information to shape discussions about stigma against blue-color jobs in the Ghanaian society.

Materials and Methods

The methodology focuses on the tools and techniques applied to the research design, data collection and data collection instruments, population and sampling, data sources, and data analysis plan. The study employed a qualitative research approach, with exploratory and descriptive designs that sought to gain an in-depth understanding of the perspectives of dieners on their right to work and to be the phenomenon under study and it allows the researchers to present data that preserves the participants' world and gave voice to the participants rather than figures socially accepted. The qualitative research approach afforded a deep understanding. Hence, the objective of this study was to describe the stigma and discrimination associated with the work of dieners in selected Ghanaian society.

Study Setting

The study was conducted in nine (9) health facilities located in the Volta, Oti, and Bono East regions of Ghana. They included one (1) teaching hospital, one (1) regional referral hospital, two (2) municipal hospitals and five (5) district hospitals. These mortuary facilities are run by dieners who provide the post-mortal needs of the people in the attendants' immediate and neighboring communities. Each of these health facilities is the prime hospital in that particular geographical locality and hence gave the researchers that vivid perspective on the research problem under study.

Study Population

Dieners who have worked in the selected mortuary facilities in the Volta, Oti, and Bono East regions for at least 1 year and consented to participate in the study were

included in this study. Exclusion criteria indicate subjects that are not suitable for a research study (Houser, 2016). Dieners in the selected mortuary facilities without at least 1 year of working experience and who did not consent to participate were exempted from the study. Purposive sampling was employed so questions about the job of the mortuary could be answered by the attendants. Prior approval was sent to them by hospital managers. Most health facilities have an average of three (3) attendants. The sample size for the study was subject to data saturation. Data saturation was achieved after interviewing 19 dieners from the selected facilities. The recruitment of the dieners was done by the researchers who explained the content of the study to those (dieneners) who met the inclusion criteria.

Data Collection Methods

Data collection was done through face-to-face interviews using a semi-structured interview guide. Data was collected between October 2019 and March 2020. As an ethical requirement, informed consent was sought from the participants that were involved in the study. The interviews were conducted in the English and Ewe languages, according to participants' preference, to facilitate communication and at a time and venue of participants' convenience. Participants' responses were probed based on feedback as deemed necessary by the researchers. The interviews were recorded with a digital voice recorder and transcribed verbatim. Non-verbal behaviors of participants were observed and recorded as field notes to provide further context to the findings. The interview guide used was designed to obtain participants' socio-demographic information, as well as an understanding of their work and the issues surrounding their conditions of work.

Data Analysis

Data analysis was done concurrently with data collection to ensure that themes that emerged from the data were saturated (Adipa et al., 2015). Transcription was done through listening to the audio recordings and writing them. Transcribed data were read several times to gain an understanding of the participants' world. The data analysis followed the steps of the thematic content analysis approach (Braun & Clarke, 2014) and data was managed manually. Data was coded and categorized and themes were developed. The researchers reviewed and discussed the categories and themes to ensure the participants' worlds were diligently captured and represented. Field notes were also reviewed to add depth to the analysis.

Rigor

The trustworthiness of the study was ensured as the principles of credibility, dependability, confirmability, and

transferability were applied at the various stages of the study. Data collected was checked to verify true meanings and correct interpretations of data generated from participants to enhance the credibility of the findings, which then translated to the confirmability of the study findings. To ensure dependability, all participants were interviewed using the same semi-structured interview guide. The researchers were trained on the research process and a detailed description of the entire research process was prepared for application to other studies at similar settings (Houser, 2016). Also, peer debriefing was done as researchers met to discuss the emerging themes to ensure that all aspects of the data were covered. Transferability was ensured through a detailed description of the context of the research so that other researchers could carry out a similar study (Adipa et al., 2015).

Results

Participants Demographic Information

The demographical data of participants included in the work are as follows: age, gender, marital status, religion, number of years of work experience, and level of education. The ages of the participants were between twenty-five (25) and sixty-five (65) years. There were (18) males and one (1) female. Fourteen of the participants were married, two were not married, two were divorced and one (1) was widowed. Seventeen of them were Christians, one (1) was a Muslim, with one of them being a traditionalist. Participants' years of work experience ranged between one (1) and thirty-eight (38) years. The minimum educational level of participants was basic education (from primary one (1) up to junior high [some might not have completed the junior high school]) and the maximum was a diploma in prosectorship. However, some participants had no record of formal education.

Findings from the study demonstrated that work-related stigma, as well as discrimination, are being experienced by dieners. The participants perceived that they were regarded as underdogs. To them, the work they are doing must be done by human beings. They, therefore, find it difficult to understand why society will stigmatize and discriminate against them. The results are presented according to the Model of Stigma (Bos et al., 2013); self-stigma, public stigma, stigma-by-association, and structural stigma.

Self-stigma. Most participants reported experiencing self-stigma in three forms, namely loss of friends, difficulty disclosing job identity, and spousal stigma. The stigma experienced had social and psychological effects on the participants. It included the worry of being exposed to people who stigmatize or discriminate against them.

Difficulty Disclosing Work Identity to Family and Friends. Dieners are faced with the problem of disclosing their identity in the communities in which they work as a result of the stigma attached to the job they do. They find it difficult to tell family and close relatives about what they do for a living. For fear of being stigmatized and discriminated against, some even wait for some months or a few days before disclosing the nature of their work to close relatives and friends. Some dieners try their possible best to avoid being seen in public or social gatherings for fear of being introduced or addressed by their titles (mortuary man) whereas others resorted to being indoors all by themselves either watching television or engaging in other indoor activities:

When I had the work for the first four months, I didn't inform my mother or anybody about it. But afterwards, I decided to inform her, and she encouraged me that every work is a job. My wife accepted the profession wholeheartedly because it is a means to earn a living. But I have always maintained that this is the work I will do. **(Participant 3)**

Dieners become uncomfortable whenever they were introduced or addressed in public. This negative inner feeling resolved with time:

At first, when I am in the public domain and I am addressed or called a mortuary man, I feel shy. This is because they don't speak any good news about the mortuary men but now I am used to it. Already, whether I like it or not that is what I do, so when you call me I respond... I don't feel shy again. **(Participant 1)**

Due to the stigma associated with the mortuary job, this participant decided to hide his job identity from people:

Oh yes! I know I'm a mortuary man but people know that I am an orderly... to avoid stigmatization. **(Participant 13)**

For fear of being introduced as dieners, some participants claim that they avoided attending public events or gatherings or to be seen in the public and took pleasure in activities such as watching television, as indicated in the statement that follows:

...As for me, I don't mingle with people. Television is my friend...So if I close and I go home right now, I am glued to my television and I watch church programmes. **(Participant 18)**

Stigma Leading to Loss of Friends. Participants reported how working as morgue attendants affected their relationships with family members and their friends. Most of the participants were faced with the issue of friends shunning their company or neglecting them. These friends either do not want to have anything doing with them

simply because of their work or pretend to have some liking toward them but gradually shun their company. Some of these friends are also very careful in their dealings with the participants simply because they handle corpses whereas others are careful when interacting or communicating with them:

My friends have forsaken me since I started this work ... I do not have as many friends as I used to have. (Participant 6)

Some people insulted the participants for taking the mortuary job instead of other jobs. This is illustrated in the following sentences:

As a beginner, you must receive all the bullets [insults] for taking that job. But if you want to be scared of people, then you cannot succeed. By God's grace, I am surviving. (Participant 5)

The data analyzed showed that dieners feel they are perceived as underdogs by the same people they serve in society:

It is difficult to be a mortuary man. Sometimes because of the work we do, the stigmatization is more; we are seen as the underdogs in society and some friends who don't see you in that way fear you because you handle corpses. (Participant 1)

To some participants, the moment people get to know about their job, their relationships begin to get bad:

...The moment people get to know that I am a mortuary man, they become cautious when interacting with me. ... They do not want to get closer to me any longer. (Participant 13)

Spousal Stigma. It was evident in the analyzed data that dieners were restricted from rendering some services, as well as banned from touching foodstuffs, utensils and other items at home. Some are also avoided by the members of their households who would not want to get closer to them when they are back from work:

Umm, though my wife loves me, the way she feels about my job is something else. ... Sometimes, when I come from work, she doesn't want to come closer to me. That's why I say that the stigmatization is more. That is what is affecting us. (Participant 10)

Some wives will not sit with participants to even eat from the same bowl with them. This happened after participants had started working as dieners:

My wife doesn't want to come close, especially when it happens that she comes around to the workplace to talk to me and find me working on some kind of dead body. When I come home, she doesn't even feel to eat with me from the same bowl. (Participant 10)

This participant reported that getting home early before meals get ready does not guarantee that he will be served on time. He is only served after everyone in the house has been served. This was captured as follows:

Even if I get home early before evening meals are ready, I am not allowed to touch anything around the food, else no one will eat the food. I am only served after everyone in the house has finished eating. (Participant 12)

Some participants had a tough time with their wives at home. Even though they sleep in the same room, they did not sleep on the same bed. Participants slept on the floor, while their spouses slept on the beds and vice versa:

After taking up the mortuary job, my wife and I no longer sleep on the same bed. She sleeps on the bed and I sleep on the floor. We both sleep in the same room anyway. (Participant 7)

Public Stigma. The participants in this study confirmed the fact that public stigma is associated with the job they do. They felt discredited in the eyes of the general public for taking up a mortuary job. In particular, they were aware of the stereotypes the public holds against them and recognized them as major concerns. They reported public rejection, public dislike for their job, fear by members of the general public for the mortuary work, and claim that this negative assumption is usually premised on the fact that the mortuary work is seen as unclean.

In trying to find out why people do not like the dieners' job, it was evident in the data collected that they find the job to be morbid fear toward it. For this reason, the society also expressed some negative attitudes toward the work of the dieners.

Spousal Rejection. Every human needs a companion, so do dieners. In situations where their work affects their chances to associate themselves with others, these developments leave them at a disadvantage. Some participants' legal spouses started isolating themselves from them. The unfortunate participants developed serious issues with their spouses that resulted in divorce:

...Even my wife, when I started this work, started running away from me and, subsequently, divorced me even though we were having two children. (Participant 2)

Even my wife divorced me due to my work as a mortuary man. She had earlier threatened to do so if I defied her to engage in this profession. And, true to her words, when I started working, she left me. **(Participant 5)**

Some unmarried male participants observed that ladies they approached with marriage proposals run away from them. In this context, one can say that single male dieners were likely to be shunned by women they expressed interest in marrying:

For me, they say every situation that you find yourself to take it. I feel proud of myself that I am also a mortuary man though in the town when some people hear of you that you're a mortuary man they are afraid of you and will be running away from you. **(Participant 8)**

Yes, people run away from me when they get to know I am a mortuary man, especially ladies. When I am proposing love to them, they get away from me. **(Participant 19)**

Public Dislike of Mortuary Work. It was clear throughout the interviews analyzed that the participants experienced some level of negative societal attitude toward them due to the type of job they do. In some cases, it is the wife or mother-in-law and other family members who disliked the mortuary man's job:

Initially, my wife didn't like my job at all. But with time, she started coming nearer to me. **(Participant 16)**

...My mother in law didn't like my work as a diener. She could not imagine herself introducing her son-in-law as a diener to friends and relatives. **(Participant 11)**

Initially, my family didn't like my job as a diener because of the negative mentality they have about those who do mortuary work. **(Participant 12)**

...Primarily, my family didn't like me being a diener. They just did not like that work at all... **(Participant 10)**

Members in the society, who got to know about participant's work as dieners, discouraged them from doing that job and advised them to quit the job:

...Even my church members used to tell me, 'this work is not good for you. Change your job for a better one ... But this work, it's not animals that will do it? It is humans, and, so far as it is humans, I am ok doing it. **(Participant 7)**

...Someone in my community even advised me against the mortuary work. **(Participant 3)**

A 25-year-old participant had some family members coming to the workplace to drive him away from the work, claiming that mortuary work was not for young people:

One of our dieners here was driven away by family members from the workplace. They gathered many family members who matched to the hospital mortuary to make sure that

the management of the hospital terminates the appointment of the 25-year-old young man. According to the family, the dieners' job is not meant for young people. **(Participant 4)**

Support From Family and Friends. One participant had to use others to convince his father into accepting his job. He thinks that society has a misconception about the mortuary job:

I first introduced the concept to my father before I got my appointment letter. The management even engaged with him to counsel me to ignore all the societal misconceptions about the work. Someone in society even advised me against the work, telling me that it works for strong-hearted men. **(Participant 14)**

For this participant, he was given a maximum of 3 years to look for another job by his family since he was desperate to work:

In the beginning, my family gave me three years to do the mortuary work whilst I look for better work to do. But now, they are okay. **(Participant 17)**

However, some participants were fortunate to have people, such as pastors, who encouraged, and gave them hope to do the mortuary work successfully. They were told not to be deceived by anyone:

The day I had my appointment letter was the day I told my mother and my pastor that I was going to Ho to work in the mortuary. My pastor encouraged me to work hard and told me not to allow anyone to deceive me to quit my job. The study revealed that some participants were worried about discrimination of their relatives because of the mortuary job they (attendants) do.

Before I started this work, I had a wife with a kid. I explained the nature of the work to my wife and she didn't have any complaints but encouraged me. One of my friends also likes the work I am doing. My mother in law didn't initially like the work, but she finally accepted my work. **(Participant 16)**

Public Fear of Mortuary Work. In trying to find out why people do not like the dieners' job, it was evident in the data collected that they find the job to be morbid fear toward it. For this reason, the society also expressed some negative attitudes toward the work of the dieners:

You are seen as a fearful person so people don't want to entertain you closer to themselves. So, we have a lot of problems when it comes to mortuary issues and our work. **(Participant 13)**

People are afraid of me sometimes and, so, during the night, they do not allow me to approach them, because they are afraid. **(Participant 18)**

Mortuary Work as Unclean Job. Members in some of the communities described the work of dieners as unclean:

People feel like you are not clean. The work you do is a dirty job. You are handling dead bodies. They say their work is not neat. For society, they have that mentality about us and our work... **(Participant 13)**

...People don't perceive a mortuary job to be a good profession. Besides, they describe it as unclean. **(Participant 10)**

Some people, in demonstrating their loathing toward the work of the dieners, claiming that the mortuary work is unclean, refused to shake hands with dieners:

People fear shaking hands with me because of the mentality they have about the mortuary work being unclean. **(Participant 3)**

..., My son's teacher came over and she won't shake hands with me because she perceives my hands to be unclean. **(Participant 2)**

Some participants, however, take consolation from the fact that the mortuary work must be done by someone and it's okay if they happened to be the people doing it. According to other participants, they earn a living out of what they do so, it does not matter what people think:

First of all, when I started this job, the problems commenced; people are scared of me, sometimes playing hide and sick with me and all sorts of fanny behaviour. I felt like quitting the job, so I can look for another one, but am making a living out of this one. Why worry? I thought! **(Participant 7)**

The fact that someone is needed to do this job, means that I can also do it. Even though I'm talking now, I'm going to die someday and somebody's going to care for my dead body, too. I thought about it carefully and realized that we are all human beings, who will die one day and will need this very carefully that am providing to the dead now. **(Participant 15)**

Stigma-by-Association. The study results show that some participants were concerned about their families being discriminated against because of the mortuary job they (attendants) do. They were worried because family businesses were affected and, in some cases, teachers discriminated against their children in school:

The wife of a former diener sells porridge. All who knew about her husband's work as a diener stopped patronizing her porridge. The only people who bought her porridge were those who did not know about her husband's job. **(Participant 11)**

...Even the teachers of my wards fear them in school. The teachers keep referring to me as the man who works on dead bodies. One of the teachers came in one day to talk to

me about one of my kids. I tried to shake hands with her, and she won't touch me. **(Participant 3)**

Friends who refuse to shun dieners are equally indicted and questioned in society. Some friends of these dieners get questioned on whether they are not scared relating with people who work in the mortuary:

Anytime I take a walk-through town with some of my friends and colleagues, people question them as to why they associate with me. They advise them that they are supposed to be scared of me all because I work with dead bodies. **(Participant 17)**

Some friends of a diener are confronted with individual members of these communities for associating themselves with dieners, especially when they saw them eat with them:

And even some people, eating food with my friends, is a problem for them. For example, on a particular day, I was eating with one of my friends when one guy confronts him as to why he was eating with a mortuary man. 'Mortuary man who works in the mortuary with dead bodies and diseases, so why are you eating with the person?', he queried. **(Participant 12)**

Structural Stigma. The research findings revealed evidence of structural stigma against the dieners. Participants reported that even at the workplace, their co-workers see them as nonentities for being the ones who care for what the world had rejected (dead bodies). Though no policies are stating they should be discriminated against, they have restricted rights and opportunities at the institutions where they work.

Stigma From Professionals. The participants in this study noted that the other professionals they work with discriminate against them. They reported that the clerks, secretaries, nurses and some doctors, as well as administrative staff, see them (dieneners) as underdogs:

Yes, the clerks, secretaries and the nurses themselves discriminate against us. When you go into the wards and you want to pick something, the way they will talk to you is discriminatory. They usually ask us to put on gloves before we pick any item from their hands. **(Participant 11)**

Yes, the nurses also discriminate. All those working in white (senior nurses and doctors), then the green (junior nurses) and the blue colours (administrative staff) see us as the underdogs. They don't regard us at all. **(Participant 3)**

This participant reported that they are not respected by the administrators at the hospitals:

All those working with the main administration and other departments at the central administration see us as nobodies. They have no respect for us. **(Participant 10)**

One participant sees those who discriminate against them as people who have lost touch with the world and its happenings. They reported that these workers come to them when a relative die and their services are required and afterwards, they do not pay attention to them:

Sometimes, we see them as people who do not know what is happening in the world. Unless a relative of theirs dies then they come here to show some kind of fake love. But, after that [that is, the burial], when you call them, they just raise their hands that way and give you a reluctant wave. They don't even want to stop to greet us and have time with us. **(Participant 2)**

Pubis reported that other workers in the hospital do not see them as part of the hospital team.

We have a lot of problems, socially and emotionally. Even, for instance, in the health sector itself, our colleagues who work in the offices, don't recognize us as part of them; as part of the health team. Yes, the workers also discriminate, especially these office workers. Yes, and then the nurses themselves. **(Participant 5)**

No Equal Opportunities and Respect. Inequality was observed among health workers at the healthcare facilities by dieners. These attendants are treated differently from other health workers in the hospital environment:

Yes, we are not treated equally like all other staff, either in the work setting or in society. **(Participant 14)**

When management organizes meetings for all workers, we are not invited to attend. Sometimes, you will see lots of people coming out of the conference room and you wonder what went on only to be told that there was a general meeting for the staff. **(Participant 19)**

The participants reported that they normally find a safe zone to operate without expecting anything from anybody:

The way other hospital workers behave towards us make us feel bad. We are used to the lower social class and we like our work. We have to find the middle ground with the circumstances in which we find ourselves. **(Participant 3)**

Expectations of Dieners. Just like any other, dieners expect that their family members, as well as their friends, would support and accept their chosen career. Therefore, they entreat the general public to change their attitude toward dieners:

...So, there should be a change of attitude, at least, towards the dieners. Yes, sometimes, we do feel bad, but we are used to the system and we love the work we do so we have to accept the situation. **(Participant 11)**

Stigmatization is affecting us, so there should be a change of attitude at least towards the dieners. We are also human beings; we need a social life. **(Participant 6)**

One of the participants lauded the efforts of Dzigbordi FM, a radio station located in Dzodze in the Volta Region which, as part of its programming, dedicated some time to educate the community folks on the need to understand and appreciate the work of dieners:

Yes, I'll commend one of the radio stations in this community, One Dzigbordi FM. There was a time the host took the whole day on the programme to talk about mortuary and how they should associate themselves with the dieners because all mortuary workers are also human beings and need that humanly love that will make them feel fine when they are working. So, I will say out of that programme, the female host did, it made some people stop discriminating against us. Even though the radio programme helped, it was not exhaustive, as at least out of every ten people, one will surely discriminate against dieners. **(Participant 9)**

Discussion

The study established that dieners faced self-stigmatization through being shunned or neglected by friends. Even those who are seen to be close relatives or compatriots seem too careful in interacting with them. The attendants had difficulty disclosing their work identity to family members and their friends to the extent that some were prohibited by their spouses from undertaking certain activities like touching cooking utensils at home and being served with their meals after every other family member had eaten. Others experienced dissociation from spouses to the level of being denied sleeping on the same bed with their wives since they work on dead bodies. Subramaniam et al. (2017) defined self-stigmatization as a process where a person becomes cognizant of public attitudes and stigma, settles for those stereotypes, and internalizes them by accepting them. This is in line with Hing and Russell (2017) who reported that most people suffer numerous negative consequences, such as low self-esteem and self-efficacy due to self-stigmatization which may affect the way they carry out their roles.

Public stigmatization was another finding that came out of the study. Public stigma is described in light of stereotypes, preconceptions, and discrimination. Social psychologists see stereotypes as knowledge structures that are learned by most members of one social group about people in different groups. These stereotypes are most often negative and demeaning. In this study,

participants complained of public rejection as people disliked their job and feared them as people working in the morgue. The rejection was not limited to friends only, but also spousal. This has been the social or public stigma dieners have had to deal with on daily basis. Among other dieners were the perception of society seeing their job as unclean and therefore looking down upon them. According to the participants, they experienced social exclusion because of the nature of their work. People translate their fear of death and dying to these dieners, leading to stigmatization based on their work roles. This finding is consistent with the work done by Afulani et al. (2021) who found that dieners often experience countless stigma in their encounters with people upon disclosing the work they do for a living. People begin to distance themselves from them as a result. This could be the reason why most dieners do not disclose their work identity to people. This finding corroborates that of Simone (2011) who also noted that some dieners did not share with their family and friends what their work was because they were shy and afraid of the reactions of these people toward their choice of career. Despite this, some of them have supporting friends and family members who knew and understood the activities they are involved in and their importance to society. Stigmatization naturally has a stressor, as well as a hurdle to the help-seeking behavior of these dieners (Brown et al., 2022). The study further revealed that individuals who were related to dieners, as well as some of their friends were also stigmatized and discriminated against. The participants lamented over ill-treatment from society as their family businesses were adversely affected. In the case of their wards enrolled in schools, these pupils were often discriminated and stigmatized by teachers and even friends. Friends of the dieners were indicted and questioned in society for associating themselves with them. The attendants attributed these developments to the thought that dieners are not neat people. That is to say that they handle dead bodies, which, sometimes, may be infected with diseases. This is similar to findings from Hing and Russell (2017) who observed that dieners are usually not well protected as little attention is paid to them by the hospital managers. Similarly, Helen and Dairo (2016) posited that dieners contract diseases in the line of their work from patients who died from transmissible diseases and may spread it to their immediate acquaintances.

Participants reported that even at the workplace, their colleague healthcare workers see them as nonentities for being the ones who cared for dead bodies. There are no policies that unwittingly promote these negative habits. Nonetheless, it is fair to say that dieners have restricted rights and opportunities at the institutions where they work. Inequality was observed among health workers at

the healthcare facilities by dieners and this is contrary to reports by Niyungeko (2019) on African Charter on Human and Peoples' Rights, with much emphasis on the favorable conditions under which work may be performed. In the health sector, doctors, nurses, and pharmacists are well cherished and highly esteemed by many in society. The narrative, however, is different from dieners who dedicate their efforts and time to attending to post-death activities. Another finding of Stangl et al. (2019) affirm the finding of this study that dieners are side-lined, mistreated and perceived to be different from other hospital workers because they deal with the dead and are situated in the mortuary. Due to this, the attendants find it difficult to communicate with other staff outside of the mortuary, because of the fear of stigmatization. Another reason could be the non-formal recognition and lack of professional qualifications for dieners. In Ghana, for instance, no accredited institution trains and regulates the work of mortuary workers. As such, they cannot be deemed as professionals.

Conclusion

The findings of the study highlighted important issues of societal stigmatization against people engaged in various forms of work considered as unskilled labor force with little or no formal education. Indicative of the findings was a high level of stigmatization against the participants of the study, which was experienced in the forms of self-stigmatization, public stigmatization, stigmatization by association, and structural stigmatization.

Based on these findings, the need for public education against stigma in any form is brought to the fore. It is therefore recommended that; appropriate civic organizations endeavor to educate and sensitize the public on the threats and consequences of stigmatization particularly related to death care workers since they play very important roles in society. Moreover, associations of mortuary workers should be entreated to accept mortuary workers and integrate them into society as they would for any other workers.

Limitation

The researchers in this study acknowledged some limitations. Not many studies have been done extensively in this area of research. Also, this is a qualitative study and hence cannot be used for generalization.

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Ethical Considerations

The study was approved by the Ethical Review Committee of the University of Health and Allied Sciences, Ho, with the protocol identification number 'UHAS-REC A.1 [35] 19-20'. Written approval was obtained from the management of the facilities where the study was carried out. Individual informed consent was obtained from each participant, as well as permission to record the interviews. Participants in the study were educated on the aim of the study and why they were being asked to participate. The study ensured anonymity and confidentiality of participants' identity and information provided by them by using pseudonyms to represent them. For example, Participant 1,2,3-19 were used to represent the names of the dieners who participated in the study.

ORCID iDs

Anita Fafa Dartey  <https://orcid.org/0000-0002-8263-4562>
 Gladys Dzansi  <https://orcid.org/0000-0002-6036-811X>
 Felix Kwasi Nyande  <https://orcid.org/0000-0002-4858-2287>
 John Kwasi Akortikumah  <https://orcid.org/0000-0001-7494-7203>

Data Availability Statement

Data is available and can be assessed with prior permission from the University of Health and Allied Sciences, Ho, Ghana.

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