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ORIGINAL ARTICLE

Relationship and Prevalence of Death Anxiety and Religious Coping among Death Care Workers in Pakistan

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ABSTRACT

Purpose: Death is an inevitable experience that may generate a reduced sense of safety and strong apprehension in humans. Some jobs that require the workers to deal with human deaths, corpses, and people grieving the loss of their loved ones for a larger part of their professional existence such as graveyard workers, morgue workers, ambulance drivers, and emergency medical workers, possess the potential to impact their death anxiety.Given this, the study aims to find the prevalence of death anxiety among death care workers, as hypothesized that the nature of professions would impact the levels of death anxiety, and the positive religious coping would be negatively correlated with the death anxiety while the negative religious coping to be positively correlated to the death anxiety.

Design: The sample consists of Pakistani, adult males and females (N=200), belonging to the aforementioned professions. Moreover, the study follows quantitative survey-based research design, using Templer's Death Anxiety Scale (DAS)-Urdu version and Pargament's Brief R-COPE-Urdu version Scale. For this purpose, a variety of hospitals, cemeteries, and mortuaries around Karachi were visited to gather relevant data.

Findings: The results indicate that the levels of death anxiety varied across all professions, wherein the highest death anxiety was experienced by graveyard workers in contrast to ambulance drivers who had the lowest. With reference to religious coping, positive coping surpassed negative coping and emerged as the superior coping. However, there was no significant correlation between death anxiety and religious coping (positive and negative).

Conclusion: This study exhibited some significant patterns of interest but encompasses the potential for further replication.

Keywords: Death anxiety, prevalence, religious coping, death care workers, emergency medical workers

INTRODUCTION

Life presents a variety of stressors in its wake for any individual. These can be in the shape of daily nuisances which may involve a heterogeneity of micro stressors, traumatic life events, chronic inconveniences and even macro stressors that may extend well beyond the control of the individual, on a much larger social scale [1]. To deal with these stressors and subsequent anxieties that can take root in the human heart and mind as a result of life occurrences, and simultaneously protect one's sanity and healthy frame of mind, human beings employ a diverse range of thoughts and behaviors as a form of response, which is termed as 'coping' [2].

In researches Pargament (2011), shared his viewpoint on religious coping and put forth the idea that religion not only played a substantial role in the process of coping, but it also actually had the potential to be encompassed in every aspect of it. It was also highlighted that religious coping does not always have an unanimously positive outcome. According to Pargament (2011), positive religious coping is in basic terminology 'a security with the sacred' and entails seeking a spiritual connection with God (or equivalent), yearning for the support of a higher being, being engaged in religious forgiveness and compassion, existing in a life full of meaning, and keeping one's trust in a higher being. It is measured by items revolving around spiritual connection, religious forgiveness, seeking spiritual support, religious focus, collaborative religious coping, religious purification, and benevolent religious reappraisal.[3] Contrary to that, negative religious coping is 'conflict with the sacred' and characterizes being discontent with the provisions of God (or equivalent) and doubting His powers, experiencing a spiritual disconnect and being unable to envelop oneself in the spiritual sense of compassion and forgiveness [4]. It is assessed through the understanding of spiritual discontent, demonic reappraisal, reappraisal of God's power, punishing God reappraisal, and interpersonal religious discontent [3].

While religious coping is utilized as a coping mechanism, in different cultures and societies across the world, it is particularly rampant in Pakistan. As it is a Muslim majority country and places strong significance over religious values, the use of religious coping to deal with life stressors, particularly anxiety and depression is quite the norm here [5]. Some of the life stressors encountered by primarily a religious form of coping include, but are not limited to, chronic pain [6], post-traumatic stress [7], cancer [8], and HIV [9], etc.

A relatively unexplored domain of stressors, specifically in Pakistan, is that which is experienced daily by the death care workers. This professional field of work consists of daily encounters with death and the bereaved and such a regular exposure to human's death and suffering has the potential to induce a variety of emotional stressors [10]. Additionally, dealing with deaths of people on a consistent basis induces death salience, which is commonly defined as a reminder of personal death, and impacts levels of death anxiety in a person [11].

The fear of death is largely a universal fear, which can be developed by anyone regardless of having any anxiety disorder [12]. This is primarily because death is an inevitable experience that generates a reduced sense of safety and stronger fear [13]. A certain degree of fear towards death is considered a normal human phenomenon [14], however, it may transform into a pathological emotion where there is a constant negative and apprehensive feeling when thinking about death and dying. Thus, it becomes maladaptive when it interferes with normal functioning [15]. Death anxiety is often characterized by the experience of fear, sadness, and anger, thus individuals attempt to find a way to cope with them [16].

A significant relation between death anxiety and religious coping levels has, in actual fact, been proven in prior researches. Religious coping is considered as a mitigation against death anxiety that functions as a mechanism to impede the cycle of the negative consequences of death anxiety [17]. Subsequently, religious coping boosts optimism and hope [18]. Even though religious coping is a personal experience, it is supportive in dealing with death anxiety and well-being if it brings forth a sense of purpose of hope [19].

Several studies have established the effectiveness of religious coping behaviors such as praying, in helping people regulating their feelings of distress and anxiety, as they enable people to cope with guilt, submit entirely to God's Will, consider affliction through optimistic lenses and control their fear [18,20]. Social detachment is seen as an important religious coping practice to regulate death anxiety [21]. Spiritual practices such as daily meditation in the form of prayers is found to provide great relief from death anxiety [22].

Unlike the general public, people related to Death Care professions are reminded of death every day A study on rescue workers and body handlers highlighted that they coped by trusting in God (99%), asking for God's help (94%), and looking for the

best in every situation (93%) to deal with repeated exposure to traumatic death [23]. This portrays a massive incorporation of religious coping styles by individuals in their lives to handle the formidable anxiety related to death.

The field of death care includes a variety of professions namely coroners, forensic pathologists, death midwives, funeral directors and, death doulas etc. However, in this study the primary focus will be:

(i): Graveyard workers, also known as cemetery workers or gravediggers, who as a livelihood dig graves in order to bury the dead bodies [24] as well as for stone settings, interments, entombments, handling of any official burial records, and routine cemetery maintenance (Law Insider),

(ii): Morgue workers, which consists of, people who are responsible for "handling, storage, cleaning. Opening and closing up of corpses during autopsies as well as embalming and handing over corpses to families of the deceased [25].

(iii): Ambulance drivers, which entails, people who transport patients to health care services and often carry dead bodies to the hospital [26].

(iv): Emergency medical workers, which includes personnel working in the emergency unit of hospitals, handle a variety of services. Apart from the treatment of the ill, they are also required to deal with issues pertaining to death such as "death notifications [to the bereaved], the approach to families after ED deaths, autopsies, donation of organs and tissues, and procedures on the newly dead" [27].

The aim of the study is to find the prevalence of death anxiety in death care workers, centered on the professions of graveyard workers, morgue workers, emergency medical workers, and ambulance drivers. These jobs require the workers to be around death and people grieving the loss of their loved ones on a larger part of their professional existence, which has the potential to affect their level of death anxiety. It also includes the exploration of the difference in the level of death anxiety among the four major sample populations i.e., graveyard workers, morgue workers, emergency medical workers and ambulance drivers.

Furthermore, the research studies the use of religious coping in these death care workers. This study aims to explore and identify the relationship between the levels of death anxiety in a death care worker and positive and negative patterns of religious coping methods they possess, as well. As proven by researches, an individual's religious coping has an effect on their level of death anxiety, which suggests a potential connection between death anxiety and religious coping. This research aims to forward this link and explore it further in the death care workers of Pakistan.

Research Questions and Objectives

Research Objectives

1. To find the effect of the nature of profession, on the levels of death anxiety, in death care workers of Pakistan.
2. To study the link between the levels of death anxiety and the nature of the religious coping mechanism used by death care workers in Pakistan.

Research Questions

1. What is the effect of, the nature of profession, on the levels of death anxiety, in death care workers of Pakistan?
2. What is the link between the levels of death anxiety and the nature of the religious coping mechanism used by death care workers in Pakistan?

Hypotheses

1) Nature of work, pertaining to professions of death care, will have an impact on the levels of death anxiety (DA).
2) There is a negative correlation between the use of positive religious coping (PRC) and death anxiety (DA).
3) There is a positive correlation between the use of negative religious coping (NRC) and death anxiety (DA).

METHOD

Research Design: The study follows quantitative survey-based research design, it is a correlational exploratory study. We aim to explore the prevalence of the death anxiety and the type of religious coping in professions pertaining to death care industry in Pakistan.

Participants: The target population selected for this study are male and female adults and, older adults ranging from ages 20 to 60 years (N=200). To recruit the participants, Purposive Sampling was used, as the research explores the prevalence of death anxiety and its relationship with the nature of religious coping mechanism- positive and negative, in a specific group of individuals, based on the four types of professions Morgue Workers, Ambulance Workers, Graveyard Workers, and Emergency medical workers and are proficient in Urdu and excluded the individuals who were diagnosed with any mental health disorder.

Ethical Considerations: The research was conducted with complete accordance of the regulations generated by the American Psychological Association (APA)'s code of conduct. To mark the beginning of this process, formal permissions from the authors of the scales to be used has been obtained and granted. Additionally, during the study the authors were strictly ensuring complete confidentiality and not leaking any information especially the personalized demographics details. In terms of very private details such as name, the right to anonymity was also be provided. Additionally, alongside informed consent the participants were also be given the right to withdraw at any time they wish. In no way where they be bound to take part in the study. No physical or bodily harm was done to the participants, and they were protected during the data collection process. Any questions were also entertained fully, and the participants were not be kept under any deception more than the requirement of the study. In addition to this, steps were taken to minimize researcher bias to every possible extent and to ensure authentic scoring and evaluation in accordance with the standardized test procedure available to ensure the integrity of the research.

RESULTS

Table 1: Percentages and frequencies of participants' demographics (N=200)

Variables	F	%
Gender		
Male	163	81.5
Female	37	18.5
Age		
20-40	132	66.0
41-60	68	34.0
Religion		
Islam	187	93.5
Christianity	13	6.5
Ethnicity		
Urdu-speaking	48	24.0
Sindhi	7	8.5
Punjabi	40	20.0
Balochi	24	12.0
Pathan	37	85.0
Memon	4	15.0
Occupation		
Graveyard Workers	50	25.0
Morgue Workers	30	15.0
Ambulance Drivers	60	30.0
Emergency Medical Workers	60	30.0
Marital Status		
Married	144	72.0
Unmarried	54	27.0
Divorced	1	5.0
Widowed	1	5.0
Education		
Uneducated	46	23.0
Matric	32	16.0
Intermediate	23	11.5
Undergraduate	18	9.0
Postgraduate	3	1.5
MBBS	20	10.0
BSCN	15	7.5
Primary	15	7.5
Secondary	28	14.0
Salary (monthly)		
Lower than 20k	68	34.0
20k-40k	88	44.0
40k-60k	28	14.0

More than 60k	16	8.0
Work Timings		
1 hours - 8 hours	53	26.5
9 hours-16 hours	85	42.5
17 hours-24 hours	62	31.0
Recent Deaths		
Yes	116	58.0
No	84	42.0
No. of deaths		
1-50	163	81.5
51-100	14	7.0
101-150	4	2.0
151-200	1	5.0
201-250	4	2.0
251-300	8	4.0
301-350	6	3.0

The above Table 1 shows the frequency distribution and the percentages of demographic variables that were considered in the current study.

Table 2: Descriptive Analyses of the variables (N=200)

Variable	Items	M	SD	Sk	K	α	Range	
							Minimum	Maximum
PRC	7	24.920	2.99	-1.164	1.327	0.657	14	28
NRC	7	14.255	4.11	0.475	0.125	0.657	7	27
DA	15	42.230	12.58	0.226	-0.437	0.804	15	7

Note: PRC= Positive Religious Coping, NRC= Negative Religious Coping, DA= Death Anxiety

Table 2 provides the item numbers, mean, standard deviation, range, skewness, kurtosis, and the Cronbach's alpha of the Variables used in the research; Positive RCope, Negative RCope and Death Anxiety. The values of Cronbach's Alpha for Positive RCope and Negative RCope lie in the poor range and for Death Anxiety in the good range.

Table 3: Ranges of Death Anxiety in Professions

		Ranges		
Professions	Low	Moderate	High	Total
GW	12	23	15	50
MW	8	15	7	30
AD	31	23	6	60
EMW	11	43	6	60
Total	62	104	34	200

Note: GW= Graveyard Workers, MW= Morgue Workers, AD= Ambulance Drivers, EMW= Emergency Medical Workers.

Table 3 provides the number of samples in each profession' Death Anxiety range. The highest number in the moderate range is 43 Emergency medical workers. Meanwhile, the lowest number in the high range is 6, for both Ambulance drivers and Emergency Medical Workers.

Table 4: Correlation between Death Anxiety, Positive RCope and Negative RCope (N=200)

		Death Anxiety	Positive RCope	Negative RCope
Death Anxiety	Pearson Correlation Significance (2-tailed)	1	-0.020 0.778	0.134 0.062
Positive RCope	Pearson Correlation Significance (2-tailed)	-0.20 0.778	1	0.237 0.001
Negative RCope	Pearson Correlation Significance (2-tailed)	0.134 0.062	0.237 0.001	1

Note: Correlation is significant at the 0.01 level (2-tailed)

The above table shows there is significance between Positive RCope and Negative RCope and no significance between Death Anxiety and Positive and Negative RCope.

Table 6: Post Hoc

(I) Professions	(J) Profession	Mean Difference	Significance
GW	MW	0.0933	0.928
	AD	0.4766*	0.001
	EMW	0.1433	0.667
MW	GW	-0.933	0.928
	AD	0.3833*	0.048
	EMW	0.0500	0.986
AD	GW	-0.4766*	0.001
	MW	-0.3833*	0.048
	EMW	-0.333*	0.031
EMW	GW	-0.1433	0.667
	MW	-0.500	0.986
	AD	0.3333*	0.031

Note. *Mean difference is significant at the 0.05 level.

GW= Graveyard Workers, MW= Morgue Workers, AD= Ambulance Drivers, EMW= Emergency Medical Workers

Table 6 compares the ranges of Death Anxiety between all the professions and it appears there is significant mean difference between the death anxieties of Ambulance Drivers compared to Graveyard Workers, Morgue Workers and the Emergency Medical Workers.

Table 8: Post Hoc

(I)Work Timings	(J) Work Timings	Mean Difference	Significance
1 hour - 8 hours	9 hours - 16 hours 17 hours – 24 hours	0.369 5.750*	0.984 0.037
9 hours – 16 hours	1 hour – 8 hours 17 hours – 24 hours	-0.369 5.380*	0.984 0.027
17 hours – 24 hours	1 hour – 8 hours 9 hours – 16 hours	-5.750* -5.380*	0.037 0.027

Note. The mean difference is significant at the 0.05 level.

The table above exhibits the mean difference and significance between the samples' work timings and their death anxiety. Table 8 shows there is significant mean difference between the death anxieties of samples who work from 17 hours – 24 hours compared to samples who worked from 1 hour to 16 hours.

Table 9: Frequency and percentage of work timings of death care workers.

Professions	Work Timings					
	1 hour – 8 hours		9 hours – 16 hours		17 hours – 24 hours	
	N	%	N	%	n	%
Graveyard Workers (N=50)	9	28	33	66	8	16
Mortuary Workers (N=30)	6	20	13	43.33	11	36.66
Ambulance Drivers (N=60)	2	3.33	17	28.33	41	68.33
Emergency Medical Workers (N=60)	36	60	22	36.66	2	3.33

Note. % = percentage

The above table provides the number and the percentage of workers in each profession and their work timings.

Table 10: Deaths witnessed by the sample per week and their Death Anxiety.

No. of Deaths	Significance (2- tailed)	Mean Difference
1-50	0.019	8.114
51-100	0.008	8.114

Note. Correlation is significant at the 0.05 level (2-tailed)

Table 10 reveals there is a significant difference between samples that witnessed 1-50 deaths per week and samples that witnessed 51-100 deaths per week's death anxiety.

Table 11: Frequency and percentage of no. of deaths witnessed per week of death care workers.

Professions	No. of death witnessed per week			
	0-50		51-100	
	n	%	N	%
Graveyard Workers (N=50)	48	96	2	4
Mortuary Workers (N=30)	9	30	3	10
Ambulance Drivers (N=60)	60	100	0	0
Emergency Medical Workers (N=60)	46	76.66	9	15

Note. % = percentage

The above table provides the number and the percentage of workers in each profession and their work timings.

Table 12: Analysis of the Positive RCope and Negative RCope of the sample based on their gender.

	Gender	Significance (2- tailed)	Mean Difference
Positive RCope	Male Female	0.012 0.017	1.360 1.360
Negative RCope	Male Female	0.009 0.005	1.938 1.938

Note. α (0.05)

Table 12 shows a significant difference between males' and females', working in the death care industry, religious coping and the mean difference.

Table 13: Analysis of the Positive RCope and Negative RCope of the sample in relation to their marital status

	Marital Status	Significance (2-tailed)	Mean Difference
Positive RCope	Married Unmarried	0.004 0.009	1.359 1.359
Death Anxiety	Married Unmarried	0.006 0.003	-5.534 -5.534

Note. α (0.05)

Table 13 shows a significant difference between married and unmarried workers', working in the death care industry, religious coping and the mean difference.

DISCUSSION

The current research revolved around the variables of Death Anxiety and Religious Coping centered around the professions, in Pakistan, that are exposed to death and the deceased on a frequent basis. As proven by existing literature these variables have not been given due importance in research in Pakistan as reflected by a lack of substantial material on it. Our study aimed to bridge that gap by an attempt to bring these professions and their predicaments to light.

The first hypothesis presented the idea that the levels of death anxiety would be different in all the four professions. This hypothesis was proven to be true as a difference was observed in the death anxiety levels of all the professions with all four exhibiting diversely scattered statistics. The ambulance drivers were observed to have the lowest death anxiety with reference to the other professions with an overwhelming 51.7 % of the total sample possessing low death anxiety and only 10 % in the high death anxiety category. The ambulance drivers in the present study spent a good portion of their day on duty, with a formidable 68.3% working for straight 24 hours on a basic average and required to collect disfigured corpses and travel with dead bodies to far off places. Nearly 77% of these workers dealt with up to 50 human dead bodies a week alone. This highlights their excess exposure to death and explains the low levels of death anxiety as compared to their peer samples. These results were supported by previous literature done by Harrawood et al. (2019),'s further cementing this idea. [23]

With regards to the next two hypotheses that claimed to prove a negative correlation between Death Anxiety and Positive Religious Coping and a positive correlation between Death Anxiety and Negative Religious Coping, no such correlations were found. In fact, there was no significant relation found between the two aforementioned variables thus disproving the hypotheses.

A possible explanation of disproval of both the second and third hypotheses and an absence of a significant relationship, could be the way the respondents answered the statements and perceived them. The results suggests that there was an excessive score of positive religious coping while minimal score of negative religious coping, indicating a stark variation and disparity. This could possibly be due to the element of social desirability displayed while responding to the statements related to Religious Coping, given the voluntary nature of our study. The likelihood to contort opinions and conform to social desirability on positive religious coping increases in order to feel accepted by society. Moreover, often times, people are willingly influenced by and adopt the positive religious coping beliefs of their surrounding people to feel included in the community [24]. In almost all ethnicities in Pakistan, religion- be it Islam, Christianity or any other religion, is central to the lives of many people, and they may be hesitant to report unfavourably before others [25]. Another possibility is that participants may have used "theological desirability" as coined by Abu-Raiya 2019, in which they might have wanted to demonstrate their religion in a desirable manner, believing, consciously or unconsciously, that if they over-state their belief on and usage of positive religious coping, this would proffer their religion in a favourable light [26], In the current study for example, majority of the participants had responded "to a great deal" for items no. 1 and 2 in the Positive Religious Coping Subscale of the Brief RCOPE Scale that stated 'Looked for a stronger connection with God' and 'Sought God's love and care' respectively. Another notable reason of having very high positive religious coping and low negative religious coping can be that the respondents might have perceived to be viewed judgmentally by others, which may have stemmed due to the expectations of 'religiously affiliated people' [27] in their environment. This explication can be connected to the religious insensitivity prevalent in Pakistan as there is a 'history of religious extremism'[28], whereby preventing people to accept indulgence in negative religious coping behavior if they ever did. The sense of self-judgment and defensiveness was observed in the participants when they answered "Not at all" on items no. 8 and 11 in the Negative Religious Coping Subscale of the Brief RCOPE which stated, 'Wondered whether God had abandoned me' and 'Questioned God's love for me' respectively.

In addition, a plausible reason of having no significant relationship with death anxiety and either of the religious copings could be due to other factors, rather than religious coping, that might have correlated with the levels of death anxiety. The lack of significant correlation between death anxiety and religious coping is supported by previous literature in some circumstances, such as in the study by Hoelterhoff (2013), which looked into factors such as religious coping and self-efficacy in terms of their impact upon death anxiety resilience among a sample of university students. The results reflected no significant relation between the variables of religious coping and death anxiety, as scrutinized in the study. However, the study found a negative association between self-efficacy and death anxiety [29]. Another factor closely related to death anxiety is self-esteem. According to Lonetto & Templer (1986), a hampered belief in self-ability is linked with death anxiety [30]. It could be argued that a strong sense of purpose in life, rather than religious coping has a direct effect on death anxiety [30]. Research has also found a link between death anxiety and sense of humor that is one of the defense mechanisms. Studies suggest that people using self-enhancing humor have lower death anxiety and people who possessed aggressive and self-defeating humor had more death anxiety [31]. Hence, there could be a possibility for the participants to use different forms of humor, which result in variations of death anxiety levels. Even spiritual well-being [32] etc. was frequently correlated with death anxiety and had proven to be of help as coping mechanisms, as compared to religious coping in particular.

Moreover, in our study, the results also demonstrated that married people exercised slightly more positive religious coping (ρ= 0.004) than the unmarried individuals did (ρ=0.009). This was evidenced in Chatters's et al. 2008 study where married respondents utilized more positive religious coping in stressful situations that their unmarried counterparts as perhaps the former group would comfort each other in hardships by giving reminders of positive religious copings. There was no significant relationship of negative religious coping between married and unmarried [33]. Likewise, married couples had lower death anxiety (ρ=0.006) than unmarried ones (ρ=0.003) as mentioned in Macleod's et al. study about predictive role of marital status for death anxiety.

In order to further shed light on the potential factors that brought about the current results, it is pertinent to highlight that during the data collection process it was ascertained through researchers' observation that with regards to the scale and questions of Death Anxiety, the participants were much more transparent and comfortable in answering and revealing their thought process, work experiences and insightful reasoning with reference to their personal account and feelings. Many of them retrospect and analyzed their answers and put forth their best possible judgments in most cases. However, in terms of Religious Coping a lot of hesitancy and unease was clearly exhibited. Thus, the above possible reasons portray as to why the first hypothesis was proved and the last two were disproved.

CONCLUSION

The study sheds light on an underexplored arena of mental health and the professions of Pakistan pertaining to death care. Measuring the levels of death anxiety revealed the susceptibility of these workers to mental illnesses. Notably, the findings of the research concluded that the nature of the work pertaining to the professions of death care does have an impact on the levels of death anxiety with a variability in the statistics reflected through. The highest death anxiety was experienced by graveyard workers in contrast to ambulance drivers who had the lowest. The individuals with longer duration of work hours combined with higher exposure to the dead people were found to have been desensitized with death, and therefore had reported low death anxiety. On the other hand, despite the disparity in death anxiety levels, the positive religious coping was reported more frequently across all the professions than the negative coping. Various studies suggest this phenomenon of over-reporting of the positive religious coping and underreporting of the negative religious coping through the need to present positive image of their religion and the efforts to conform to the societal religious values. On the other hand, there were no significant relationships found of the positive and the negative religious coping with the levels of death anxiety. Other factors like self-esteem, different humor styles, and sense of purpose, spiritual well-being, and defense mechanisms were also found to be linked to death anxiety, other than the variable of religious coping. Hence, there is a possibility of these factors being used by the sample population as different coping strategies. To conclude, our research opens up the doors for further substantial researches to be conducted in this arena.

Limitations: While the results of the aforementioned study exhibited some very interesting and beneficial patterns, however there were some elements in the study which restricted its full potential. Firstly, the sample size was small and limited to N=200 only, as compared to the relative population of Pakistan working in the death sector. Moreover, the sample was gathered from only one city, Karachi, which prevented the findings from being generalized to the whole population of Pakistan. The sample also naturally had unequal representation of the genders, especially due to professions, graveyard workers and ambulance drivers. The findings, therefore were more skewed and dominant of one gender's perception.

Furthermore, a significant part of the sample population was uneducated. There were chances for them having consequently low insight and answering without understanding. For instance, there were certain items in Brief RCOPE and DAS that described hypothetical situations (i.e. what they do in anger, world war III scenario etc.). Many respondents did not appear to consider those in detail. Additionally, the working hours, as well, for some were of a daylong 24 hours, or 12 hours long. These duty hours combined with compromised working environment and relatively low monthly wage resulted in some element of nonchalance to the question items. This had the potential to influence the participants' ability to gauge and form the right judgment. Owing to the aforementioned limitations, just like any other study, this research was also hampered with reference to these concerns, albeit not to a great extent and certain improvements in this regard can be paramount in future researches or replications in this arena.

Recommendations: For further explorations in this arena, some elements must be kept in consideration. There is a need for more culturally sensitive scales for religious coping, catering to the religious specifications of Pakistan. Furthermore, our society is very sensitive to religious topics and hold certain related stereotypes that prevent honesty and introspection while answering relevant questions. There needs to be more honest and genuine discussions on this subject.

Moreover, the professions specifically of emergency medical personnel and ambulance drivers make them vulnerable to the internalization of the guilt and remorse arising from destined deaths of people. There is a need to give priority to not only to their professions in general but their mental wellbeing in particular. It is pertinent to mention here that during the course of this study an ambulance driver specifically requested the need for awareness among people to make space for them on roads during emergencies. In addition to that, another area of improvement highlighted was the need for placing importance to the domain of research. It is imperative for well-settled institutions to allow and facilitate external researchers to conduct research in their departments, as this area of concern was frequently exhibited in the study.

Implications: With reference to some implications noted as a result of this research, it was observed that the sample population of the study i.e., morgue workers and cemetery workers are the neglected population of the society, doing much so that they are at times considered invisible. This study has helped them gain more recognition. Their mental health is underexplored in Pakistan, proven by the lack of studies conducted, and many researches have shown adverse impact on the mental health of the person whose occupation requires them to be around dead. The findings of the research have assisted in spreading awareness regarding their well-being.

A specific approach in that regard is the Religious Counseling Emotional Therapy (RCET), which is a new form of cognitive therapy that incorporates religious teachings in psychotherapy [34]. The study has made the use of RCET more popular as an intervention in therapy. The aforementioned implications are beneficial for the usage in the fields of research and psychotherapy practices.

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