

Psychosocial Experiences Of Post-Mortem Examination Performing Mortuary Staff In Uttar Pradesh, India

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Abstract

This research aims to explore the working conditions under which PME performing mortuary sweepers work, and any psychological and/or social impacts that the nature of their work has on them.

In India, an autopsy or PME is done for every 'unnatural death', in accordance with the Code of Criminal Procedure. The objective of medico-legal PMEs is to establish the identity of a body, ascertain the time since death, and the cause of death (homicidal, suicidal or accidental). A doctor trained in forensic medicine should conduct a PME, and may be assisted by a trained technician. However, the manual part of the post-mortem examinations is done by mortuary sweepers, under the guidance of a doctor. There are no Indian published studies that have explored PMEs from the perspective of mortuary sweepers, the prevalence and incidence of stress on their psychological and social well-being. This study explores that, along with their experiences of interactions with their social circle, the impression of the existing policies and procedures that affect them, the coping mechanisms employed, and the environmental and ergonomic conditions of their workspace.

This qualitative research study follows transcendental phenomenology, and has a sample size of 8 Districts (Bahraich, Barabanki, Basti, Gonda, Hardoi, Lucknow, Sitapur, and Sultanpur). Semi-structured interviews with open ended questions helped in data collection, which was analyzed using thematic analysis.

Major themes that emerged include the demographic profile of the participants, employment status, absence of formal training, and working conditions. Social impact of the job, psychological coping methods used, outlook towards the job, the social realization of the job's importance, and desired changes were other prominent themes.

This research has implications for the development of intervention strategies designed to improve the quality of work environment and psychological health of PME performing mortuary sweepers.

Keywords: Psychosocial experiences, Post-mortem examinations, Mortuary staff, Psychological impact, Social impact.

Study Design: Observational Study.

Introduction

The term 'Autopsy' originates from the ancient Greek word 'Autopsia' which is derived from 'Autos' i.e. "Oneself" and 'Opsis' i.e. 'to see for oneself'. In the event of an unnatural death, the autopsy, or post-mortem examination, of a body is an invaluable and essential tool in investigating the probable cause and manner of dying. For the police, the autopsy report forms the backbone of an investigation, and for the judiciary, it is critical evidence that can determine the outcome of a case (Rudraneil, 2018).

In India an autopsy is done for every unnatural death, under Sections 174 and 176 of the Code of Criminal Procedure (Cr.P.C.), which mention the concept of a medico-legal autopsy during the investigations of a sudden, suspicious, unnatural death (Basu, 2007). The objective of a medico-legal post-mortem examination (PME) is to establish the identity of a body, when not known; to ascertain the time since death and the cause of death; and whether the death was natural or unnatural, and if unnatural, whether it was homicidal, suicidal, or accidental (Kannan, 2012).

The postmortem reports are needed by the police, public, court and the lawyer, and is therefore a severe exercise with serious medical, social and legal repercussions. The result of an autopsy has potential of affecting the life and liberty of people, and utmost care is required to avoid injustice to anyone. Medico-legal PME's are done on request of the Police/ Magistrate/ Court, and a Medical Officer has no power to waive it off.

In India, the States have authorized all doctors in government service - Gynaecologists, General Physicians, Orthopaedic Surgeons, and doctors from other disciplines - to do autopsies. Roughly 80% of all autopsies are done by doctors who have never been specifically trained in the particular field, (Rudraneil, 2018) and are often seen as an enforced duty upon the doctors, which just needs their signature.

In most government mortuaries and hospitals across India, the manual part of post-mortem examinations is done by the mortuary sweeper, under the guidance of a medical

professional. The medical professional does not dissect the dead body. The dissection of the body, removal of the required organs, weighing them, and putting them back into the abdominal cavity, and stitching up the body, is carried out by a person employed by the government as a 'mortuary sweeper'. (Gopal, 2015)

Psychosocial Implications of Occupational Stress

Occupational stress is psychological stress related to one's job and often stems from pressures that do not align with a person's knowledge, skills, or expectations. It is a concern for both employees and employers, because stressful job conditions are related to employees' emotional well-being, physical health, and job performance. A number of disciplines within psychology are concerned with occupational stress, including clinical psychology, occupational health psychology, human factors and ergonomics, and industrial and organizational psychology.

In the context of this research's participants, work-related stressors that can be associated with increased levels of occupational stress, and that affect psychosocial aspects would include - exposure to cases involving the accidental death of infants, dissection and management of decomposed and putrefied bodies, handling of bodies recovered from accident scenes, and other such traumatic scenarios. The stress associated with interacting with the families of the deceased, a seemingly never ending workload, constant contact with police officials, and concerns about bringing home infection or illness, should not be ignored.

Symptoms of post-traumatic stress disorder, depression, and burnout have been found in the forensic pathologists working in different countries. There is no reason to believe that similar symptoms would not be observed in Indian government's mortuary sweepers as well, irrespective of the absence of training provided. Taken as a whole, there are myriad factors that

may directly affect the psychosocial experiences of PME performing mortuary staff. There has been, however, little to no research on these experiences, the related stressors, and the levels of job satisfaction.

This research is based on a novel idea, and there are no published studies in India that consider or include the target population – mortuary sweepers who assist doctors in performing PMEs. There was lack of relevant literature available for review as there is no literature that encapsulates and captures the particular topic of this research. However, the various aspects of the research topic were explored, and literature relevant to those aspects was studied carefully. The work of forensic physicians and doctors is emotionally draining, and leads to psychological and social impacts. These impacts are seen to have consequential effect on the stress management abilities and empathy of a person, thereby affecting a person's social life. The medico-legal system of India was also critically reviewed, and its gaps and flaws discussed upon. It is evident that there is a need to bring in new rules and policies that better serve the healthcare officials, as well as the general public.

Materials and Methods

This research study, conducted from June 2019 to April 2021, had 4 objectives -

- 1) To understand the working conditions and hardships of a Post-Mortem Examination (PME) performing mortuary sweeper;
- 2) To explore if the job of a PME performing mortuary sweeper has any psychological impact on him or her;
- 3) To explore if the job of a PME performing mortuary sweeper has an impact on his or her social life;
- 4) To explore ways to improve the quality of work environment and psychological health of a PME performing mortuary sweeper.

The research study was qualitative in nature and the approach used was Transcendental (or descriptive) Phenomenology, which, largely developed by Husserl, is a philosophical approach to qualitative research methodology seeking to understand human experience (Moustakas, 1994).

For the purpose of the research, “psychosocial experience” is defined as any encounter which has an impact on an individual's social and/or psychological aspects. The effect can be caused by environmental and/or biological factors. (Sheehan, 2014) A “post-mortem examination (PME)” is an examination of a human body after death, and can include a physical examination, examination of internal organs, and specialized laboratory studies. They may be used to help determine the cause and manner of death. In this study, an “autopsy” means the same as a post-mortem examination.

“Mortuary staff” refers to the organized body of licensed doctors, pharmacists, sweepers and guards, employed by the State or Central Government of India, or on a contractual basis. They are permitted by law, and by the health department (through admitting privileges), to receive a dead body accompanied by the police official, perform its post-mortem examination, send samples for analysis if required, document the findings of the examination, send the report to the SP/ CMO office/ filed at the mortuary, and return the dead body to the police official. The “mortuary house”, also known as the post-mortem house, is the room or building in which dead bodies are kept for hygienic storage, or for examination, until burial or cremation. “Mortuary Pharmacists” are the 2 employees that maintain all the records of all the post-mortem examinations conducted, and ensure the smooth working of the office. They typically hold a B. Pharma degree. The State health and family welfare establishment has a post and pay-grade defined, called the ‘Sweeper’. These employees are typically responsible for the building's waste management, cleanliness, and act as a general pair of hands. In the context of a mortuary, they assist doctors in

performing post-mortem examinations, and are known as the “mortuary sweepers”. They are the target population of the research.

Universe for the research study included all mortuary staff employed by the State Government of Uttar Pradesh, in all 75 districts of the State, in India. Sample of the study included post-mortem examination performing mortuary staff working at the district mortuary house of 8 districts of Uttar Pradesh (Bahraich, Barabanki, Basti, Gonda, Hardoi, Lucknow, Sitapur, and Sultanpur). They should have assisted doctors with post-mortem examinations for at least 1 year, and should either be State Government employees, or employed on a contractual basis. They should also have been fluent in the Hindi language and share their experiences in the same language. The research study was set in capital of the State of Uttar Pradesh, Lucknow, due to the constraints of the Covid-19 pandemic.

Sampling type used in the research was purposive sampling a non-probability sampling method in which “elements selected for the sample are chosen by the judgment of the researcher.” (Black. K, 2010). The sample size of 8 was decided keeping in mind the pandemic of Covid-19 disease caused by SARS-CoV-2 virus. It also allowed the researcher to properly analyze the information of the various experiences shared by the participants, and highlight the psychological and social issues faced by them and their families.

Data Collection for this research study was done via telephonic interviews. Permission to record the interviews was taken beforehand, and the interviews were judiciously transcribed verbatim. The method used for data collection was a semi-structured interview, with open-ended questions, which allowed new ideas to be brought up during the interview as a result of what the interviewee said. Semi-structured interviews help in the production of rich data, as well as observational data, in which a framework of themes can be explored. There were 3 tools used for data collection by the researcher, which

included an interview guide (Appendix 1), audio recordings of the interviews, and manual transcription of the interviews.

The rich data obtained from the interviews was analyzed using the method of Thematic Analysis, given by Braun & Clarke in 2006. This method of analyzing qualitative data, usually applied to a set of texts with the goal to identify patterns in the data that are important (themes), was chosen for the high amount of flexibility it offers. It provides the optimum amount of theoretical freedom, which helps in capturing the rich, varied and overwhelming accounts of data (Braun & Clarke, 2006). There are six steps involved in performing thematic analysis, which are – 1) Familiarizing oneself with the data; 2) generating initial codes; 3) Searching for themes; 4) Reviewing themes; 5) Defining and naming themes; and 6) Producing the report. QDA Miner Lite was the tool used for the analysis of data, combined with manual data analysis done by the researcher.

Ethical considerations were taken into account by the researcher, such as maintaining the confidentiality of the participants, anonymity, informed consent and permission of the participants before the interviews were conducted. Participants were initially briefed about the research study and its implications, along with being reassured to not hesitate in declining to record the interviews if that was what they wanted. Participants were also sent the transcript of their own interviews, to check the authenticity and to ensure that the essence of what they said was maintained.

To ensure the trustworthiness of the research, minimize the risk of bias, and maximize the accuracy and credibility of research results, steps were taken by the researcher to ensure quality and rigor. Bracketing steps to mitigate the potentially harmful effects of preconceptions, audio recordings of the telephonic interviews to ensure that no points mentioned during the interview were missed or overlooked, obtaining the data for the research from multiple sources to

test the consistency of findings obtained and help in triangulation, were some of the methods used. Expert opinions were also obtained, of doctors employed by the Uttar Pradesh State Government who had performed PME's for 15 years or more, as well as of 2 former CMOs of the districts included

in this research, to validate the findings of this research.

Results

After thematic analysis of the interviews, 9 themes emerged from the data.

Table 01– Themes, sub-themes, and codes

<u>Theme</u>	<u>Sub-themes</u>	<u>Codes</u>
Theme 1 Demographic Profile	Age	Age in years
	Sex	Sex of the participant
	Caste	"Jamadaar" (a low caste in Uttar Pradesh) Lower caste
	Religion	Hinduism Islam
	Economic background	Poor family Parents were poor
	Education level	Uneducated Primary level education
	Parents' occupation	Father – hospital sweeper Father – mortuary sweeper Father – rickshaw puller Mother - housewife
	Marital status	Married Wife is unemployed
	Number of children	Young children (5-10 years) Adult children (married) Adult children (unmarried) Grandchildren
Theme 2 Employment Status	Government Employee	Government employee Government servant Government job
	Contractual Employee	Contractual employee
Theme 3 Working Conditions	Compensation	Salary
	Time-off	Leaves Holidays
	Working hours	Coming to work Leaving from work Night shift All day work

	Infrastructural facilities	Toilet Bathroom Drinking water Water cooler Hand pump Chair Table Electricity Power Cut Freezer Generator
Theme 4 Absence of Formal Training	Skill Training	Official training
	Psychological training	Coping Skills
Theme 5 Psychological Coping	Initially	First day at work First day food First day sleep First week Second week Alcohol first time
	Now	Eating habits now Sleep in the night now Alcohol consumption now
Theme 6 Social Impact of the job	Immediate family	Parents Wife Brother Children
	Extended family	Relatives Uncle
	Social circle	Friends Neighbors
	Colleagues	Mortuary staff
	Psychological impact	No retaliation People say anything Retaliation Isolation
Theme 7 Outlook towards the job	Positive perception	Salary Food and clothes Place to sleep
	Negative perception	Type of work Salary Lack of incentives Long working hours
Theme 8	State healthcare machinery	Doctors – district hospital Ward-boys – district hospital

Social realization of the job's importance	State law and order machinery	Police official Constable Traffic police
	General public	Society Public
	Non-governmental healthcare workers	Private doctors KGMU doctors
Theme 9 Desired Changes	Financial	Salary Incentive
	Work conditions	Working hours More staff Workload Infrastructure
	Social	Awareness Perception

Theme I – Demographic Profile

The demographic factors of the research samples were studied, to try and create a sample profile of the participants of the study. Factors like age, sex, socioeconomic status, educational background, and marital status were observed, among others. A number of notable sub-themes emerged, shaping the profile of our research sample. With an average age of 40.3 years, the mortuary sweeper participants all belonged to the Male sex (assigned at birth), and a majority of them belonged to the lower castes. It was noticed that the participants had a strong belief in the caste system of the community, and therefore they associated a lot of behaviors that they practiced (alcohol drinking) or were subjected to (being verbally abused) with their low caste. 88% of the participants followed Hinduism as their religion which was also correlated with their strong belief in the caste-system of the society, and the role of caste in the nature of work a person does. 1 participant followed Islam as a religion, and faced a lot of backlash from his relatives, since in his religion, the dead are buried respectfully. All the participants had a weak economic background, having grown up in poverty, and reported that they are still just getting by with the monthly salary that they receive.

None of the participants had been educated beyond class 5, when they were younger. Majority of them said that since they are uneducated, they are not qualified for other jobs, and that no one would want to employ them. Participants did say that if they would have had the money to educate themselves when they were young, they would have pursued further education and become qualified and respectable officials, who earned more money. All the participants also reported that their mothers did not work, and only their father worked. 6 out of the 8 participants got employment as a government employee because their father was a government employee, or worked in a hospital as a sweeper. Some participants also said that they had never considered any other occupation, since their father was a mortuary sweeper as well, so they followed in their fathers' footsteps.

All the 8 participants were married, and all of them were the sole breadwinners of their family. Being the only earning member of the house, they had a lot of responsibilities and duties that needed to be fulfilled. All the participants had at least one child. The children varied from young children, to married adults with children of their own. Being

able to provide basic amenities like food, shelter and clothing to their children was an extremely important factor that all the participants emphasized upon.

Table 02 – Demographic Profile

Sample	Age in years	Sex	Caste	Religion	Education level	Father's occupation type	Marital status	No. of children
Sample 1	29	Male	Jamadaar	Hindu	Class 5	Government	Married	1
Sample 2	45	Male	Jamadaar	Hindu	Class 1	Government	Married	3
Sample 3	46	Male	Jamadaar	Hindu	Class 2	Government	Married	2
Sample 4	37	Male	Jamadaar	Hindu	None	Private	Married	3
Sample 5	40	Male	Jamadaar	Hindu	Class 3	Government	Married	4
Sample 6	42	Male	Bhishti	Muslim	Class 1	Government	Married	3
Sample 7	35	Male	Dhobi	Hindu	Class 2	Private	Married	2
Sample 8	48	Male	Jamadaar	Hindu	None	Government	Married	4

Sample	Employment Type
Sample 1	Government
Sample 2	Government
Sample 3	Government
Sample 4	Contractual
Sample 5	Government
Sample 6	Government
Sample 7	Government
Sample 8	Government

Theme 2 – Employment Status

This theme emerged as an important one, because the type of employment had a lot of consequential effects as well. Factors like security of a job, monetary compensation, and guaranteed pension in old age were affected by the employment status of the participants. 7 out of the 8 participants interviewed were government employees, resulting in better salaries as compared to contractual employees, and also had more time-off sanctioned

to them. Furthermore, since they are permanent employees of the State of Uttar Pradesh (Ministry of Health and Family Welfare), they did not have any fear of losing their employment. No laxity in their work performance was mentioned by the participants. It was noted that the salary of a contractual employee was a third of what his government employed counterparts earned, with salary deductions for the days he did not show up at work, which was not the case with the other participants.

Table 02 – Employment Type

Theme 3 – Working Conditions

On interviewing the participants of this research, it was found that for 7 out of 8 participants, they are the only people in their entire respective districts who help with post-mortem examinations. This means that any deceased body that requires a post-mortem examination, in the entire district, is dissected by the mortuary sweeper interviewed for this research. The monumental work load combined with the task of dissecting and management of dead bodies at various levels of decomposition was reported as being extremely difficult by the participants. Only 1 district (Lucknow district), reported having 3 mortuary sweepers who assisted doctors with PMEs.

Monetary compensation for work constitutes a person's salary. Compensation provided to the State government employees ranged from Rs. 48,000 to Rs. 58,000 per month, which is in accordance to the pay grade of the Class 4 government employees. Participants employed on a contractual basis by the government, reported receiving Rs. 15,000 as compensation. The disparity is observed to be high (one-third of the governmental compensation). An important point mentioned by all the participants was of a 'per body incentive'. The doctors who conduct the post-mortem examination, are given Rs.100 by the government, for each body they do a PME on. For the Mortuary Pharmacists, it is Rs.40 per body. However, for mortuary sweepers who assist the doctors in conducting PMEs, there is no monetary incentive. A participant reported

that mortuary sweepers were supposed to get Rs.2 per body, usually from the police official accompanying the body. All of the other participants reported that they do not receive any incentives, even though the burden of the manual labour which includes delicate and skilled tasks like dissecting the body and weighing the organs, is borne by them.

According to the rules laid down by the State Government's health department, all employees of the department are entitled to 6-day working weeks, in one of which weeks, they have to work on Sunday (emergency duty) and take time off some other day of the week. This way, each official works 1 Sunday each month, and takes time off any other day of the week. For the other 3 Sundays, other officials do the emergency duty. This same rule applies to mortuary sweepers as well, who assist in PMEs. However, since in 7 districts the participant is the only employee who assists the doctors with PMEs, he has to work all 7 days a week, for each week of the month, for each month of the year. As for requesting for time off, government employees report that they have to file an application, and it needs to be approved by the Chief Medical Officer of the district. Once that is done, they can avail their time off. There are no pay cuts. But for the contractual employees, any time off results in pay cuts, resulting in an even lesser compensation for that month. Participants have reported 12 or more hours of work that they have to do on some days, and also told the researcher that they have to come to work

at nights, in case there is an order by the District Magistrate to perform a PME urgently.

6 out of the 8 participants reported that the mortuary house where they worked had facilities for drinking water, a toilet, and bath room equipped with towels and soaps. 1 participant informed the researcher that there was no facility

for drinking water at the place of work, and no furniture to sit upon as well. Electricity was a major point of concern. Many of the districts reported power cuts with no certainty of the electricity coming back. The mortuary houses did not have any backup sources of electricity as well, which had consequences on the refrigerators and freezers used to store bodies and organs.

Table 03 – Working Conditions

Sample	No. of PME performing Mortuary Sweepers in the district	Compensation (in INR)	No. of working days per year
Sample 1	1	48,000.00	365
Sample 2	3	58,000.00	312
Sample 3	1	50,000.00	365
Sample 4	1	15,000.00	365
Sample 5	1	52,000.00	365
Sample 6	1	55,000.00	365
Sample 7	1	49,000.00	365
Sample 8	1	55,000.00	365

Theme 4 – Absence of Formal Training

No official skill training is provided to the employees when they first join the job. Unofficially they learn what is to be done, by observing another person doing the job. No trained and skilled professional teaches the new employees the ropes of the work they are required to do. Participants reported that they were either sent to nearby districts for a week, to learn how to do the work from the mortuary sweepers of that district, or they learned from the person who was retiring, and whose replacement they were hired as.

Psychological training about ways to cope with the psychological and mental stress of the job are neither discussed, nor taught to the employees, be it when they are new, or even when they have been employed for some years. None of the participants understood what was meant by ‘psychological training’.

Theme 5 – Psychological Coping

As there was no psychological training provided to the mortuary sweepers they had resorted to maladaptive ways to cope with the stress of their nature of work. Issues with eating and sleeping habits were reported, as well as use of substances (alcohol). In the initial days of joining the job, participants reported lack of sleep as well as an inability to eat food for 2 to 3 weeks. 1 participant stated that they heard auditory hallucinations while working in the mortuary house, of one of the bodies who's PME he had assisted. All participants told that they experienced various levels of fear for the first 6 months of joining their job. The participants of the study report that they are now able to cope with the stress of the job quite well and are having good sleep at night and are able to consume food. However, it has been noted by the researcher that 7 out of the 8 participants consume alcoholic substances daily in the night. 1

participant also informed the researcher that he started consuming alcoholic substances to cope with the stress and fear of the job, and has now been consuming daily for the past 5 years.

Theme 6 – Social Impact of the Job

Human beings are social animals and thrive in conducive and uplifting environment. They need communities and groups to function properly and be happy. Many participants reported that they were shunned socially due to the nature of their job. In immediate family, one participant reported that his parents were against their job. 2 of the participants reported that their parents and siblings understood their job, since their father was a mortuary sweeper in the past. Rest of the 5 participants told the researcher that their immediate family did not like the nature of their job, but understood the reason why they did it. For the participant who followed Islam religion, he reported that his extended family was against his job, due to the religion they followed. Many relatives stopped talking to him after he started working as a mortuary sweeper. Other participants reported that they have not told their relatives what job they do. They have only told them that they are government employees.

5 out of 8 participants reported that they lost some friends after they started this particular job, leading to effect on their social circle. 2 participants reported that their colleagues also treated them differently, even though they work in the same mortuary house. They said that the reason was that the participants dissected dead bodies and touched decomposing bodies. When the researcher asked the participants how they felt when they were treated differently by their social circle, they all reported that they did not like it and felt helpless, as they could not do anything about it.

Theme 7 – Outlook towards the Job

Participants were asked how they felt about their job, and if they considered it there were any positive aspects to it, or any negative aspects. All the participants reported that the fact that their job provided them with a salary was a positive aspect of it. 6 participants felt that due to their lack of education, they could not have been employed anywhere else. 3 participants also reported that they were able to make useful contacts with officials and healthcare workers, resulting in less entanglement with the government bureaucracy.

After speaking with all the 8 participants, the researcher observed that the final perception that the participants had towards their job was a negative one. They reported that they did not enjoy the work. 1 participant also reported that he still feels some disgust when a decomposed body is placed in front of him covered with maggots.

Theme 8 – Social Realization of the job's importance

Participants were asked if they felt that the society or the government understood the importance of their work. The researcher pointed out that the entire medico-legal system of the nation depends upon PMEs, as they help identify the cause of death, and punish guilty people. Participants reported that state government healthcare workers understood their importance, because they know how important their job is. Participants also reported that state government law and order officials understood their importance. Police officials always accompany any dead body that is sent to the mortuary house, and so they know that the participant's work is important.

All participants reported that they do not think that people of the general public understands the importance of their job. Some participants also said that people of the community barely treated them as humans. It was also noted by the

researcher that not all healthcare workers are aware of the job and the duties of a mortuary sweeper. Healthcare officials, who were non-governmental, reportedly treated the participants like strangers, even though worked in the same campus.

Theme 9 – Desired Changes

The interview ended by asking the participants if they thought that any changes were required, be it from the government, the hospital, or on behalf of society, that would make their jobs easier, or would reduce some obstacles. Financial changes suggested by all the 8 participants included an increase in the monetary compensation, and a ‘per body incentive’.

Discussion

The semi-structured interview with open-ended questions required the participants to share their experiences and put forth the issues they are facing, indirectly leading to a cathartic effect for the participants of the research, in the process of data collection.

The results point out that the type of employment plays an important role. Being a government employee provides job security and a pension for old age, which contributes to a lesser amount of stress in a person’s head, resulting in a better quality of life. A better compensation for their work, and the option of availing time off work without any pay cuts, further reduces mental stress. It was clear that contractual employees are not only plagued by the risk of losing their jobs, they also do not have a safety net for their old age. With one-third compensation of what is paid to their government counterparts, and time off of work resulting in pay cuts, would lead to a cumulative negative impact on a person’s psyche. Working conditions are also significant, and need to be conducive and pleasant for any employee, more so for one who deals with deceased humans

bodies at various stages of decomposition. Low compensation and minimal time off are themselves extremely important aspects.

However, when combined with strenuous working hours (more than 12 hours a day), and only basic infrastructural facilities, the environment of the work place is inevitably demotivating and depressing.

Formal skill training is required in each and every job, irrespective of its complexity. But all the participants of the research reported that they did not receive any type of formal skill training, and had to learn on the job itself, by watching a senior employee work. Skills from a trained professional are not taught (e.g. how to dissect properly, how to hold a scalpel, what chemicals are used to store body organs etc.), which could lead to some disastrous results. Even though they are trained by the senior employee, the senior employees themselves do not have any proper skill training. Another aspect of training is the psychological and mental well-being. For a job that requires an individual to deal with death every day, and witness fellow human beings in various stages of decomposition, it is only a matter of time before it takes a psychological toll. From burn out, to reduced or lack of empathy, or depressive symptoms, all should be taught to the new employees, and they should be taught how to recognize these signs in themselves as well as their colleagues, and how to cope with them. With the lack of formal training to deal with the psychological impacts of a sensitive job, participants told that they resorted to maladaptive ways, such as use of alcoholic substances, or suppression of feelings. Lack or inability to feel, and use of substances is a dangerous way to cope with the mental stress of the job.

Human beings are social beings, and thrive in communities and groups where they can feel loved and supported. But, the unfortunate social impact of this job is that they are shunned

by society, including their relatives and friends. Verbal abuse, name calling, and social ostracizing are all problems that the participants have reported facing, attributed to the nature of the job that they do.

Many of the participants reported feeling helpless, saying that they believe it is their bad karma or the fact that they belong to a lower caste, that they are stuck with a job as theirs. The psychological impact of not being accepted by the majority of people around you, leads to the feeling of alienation which can manifest in different ways like depression, anxiety, and other mental health issues.

All the participants reported that they do not have a positive perception of their job, and the only positive thing about their job is that it prevents them and their family from starving. They are able to feed and clothe their family and children, and that is the only helpful aspect of their job they feel.

Based on the findings of the research study, a few recommendations on how to overcome the shortcomings of the system were identified. Proper induction and training for the job should be given by the government, to ensure that the employees are equipped with the knowledge required for them to work properly and also to ensure the quality of the work performed. Continuous psychological support systems need to be setup to help the employees deal with the trauma they experience on a daily basis. It is important to point out that the doctors and pharmacists at the mortuary house have had formal trainings during their graduation on how to handle the psychological pressures of their field of work. The State Government's health and family welfare machinery needs to have more manpower as well as skilled employees, to reduce the immense workload on their present employees. This will lead to an improved outlook that employees have towards their job, and in

improving their quality of life. The State Government should also consider steps to improve the social perception of the job and the mortuary sweepers.

This research brings to light a multitude of issues that our society is plagued with today, and has social work implications. From patriarchy, to caste discrimination, the demographic details of the participants provide a glimpse into the rooted issues that need to be resolved. From a human rights perspective, this research has revealed violations that take place in the Uttar Pradesh State Government's healthcare facilities. Lack of proper training and zero regard to the importance of mental health and psychological impacts shows that there is a lot of work that needs to be done to bring awareness amongst the people, and in changing their perceptions. The scope for social work is immense.

Limitations of the Study

The researcher identified limitations that affected their study. The most affective limitation was the mode of interviews as the researcher was unable to take face to face interviews due to the Covid-19 pandemic. Face to face interviews help capture the body language, non-verbal cues, and gestures of the interviewee, and provide supportive information. Another limitation of the research was the type of sampling chosen. Purposive sampling (non-probability sampling type) includes a percentage of researcher bias, however unbiased the researcher might try to be. It also challenges the representative nature of the sample.

Conclusion

The topic of this research is novel, and has not been explored before in India (published journals). Only a small percentage of people are aware of the technicalities behind PMEs, the healthcare workers involved in the process, and the ground reality of the situation in district mortuaries of

different states of India. There are no studies that explore or aim to quantify the different types of stressors faced by Indian forensic doctors and other healthcare workers of the field, or any symptoms of burnout, post-traumatic stress disorder, or depression and anxiety. The dearth of literature related to occupational stress from forensic jobs in the Indian context is a vast gap, which this research hopes to bridge.

This research aims to explore the different types of psychological and social impacts that

their job has on PME performing mortuary staff. Exploration and identification of the psychological and social impacts that a job has on its workers is the first step towards fixing and alleviating the causative factors behind the impacts. This research is the first step in this process, and paves the way for the development of intervention strategies designed to improve the quality of work environment and psychological health of a PME performing mortuary sweeper.

Abbreviations

CMO	Chief Medical Officer
DM	District Magistrate
KGMU	King George's Medical University
PME	Post-Mortem Examination
SP	Superintendent of Police
UP	Uttar Pradesh

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