

## Professional Quality of Life and Difficulties in Emotion Regulation of Dead Body Handlers in Kerala

Jomon Jacob<sup>1</sup>, P.T. Baburaj<sup>2</sup>, Deepu T.<sup>3</sup>, Seena Sebastian<sup>4</sup>, Nisheed Aubid<sup>5</sup>

<sup>1</sup>Assistant Professor, Department of Forensic Medicine, Government Medical College, Kottayam, Kerala, India

<sup>2</sup>Professor, Department of Behavioural Sciences, School of Behavioural Sciences, Mahatma Gandhi University, Kottayam, Kerala, India

<sup>3</sup>Assistant Professor, Department of Forensic Medicine, Government Medical College, Kottayam, Kerala, India

<sup>4</sup>Assistant Professor, Department of Chemistry, Assumption Autonomous College, Changanacherry, Kottayam, Kerala, India

<sup>5</sup>Junior Resident, Department of Forensic Medicine, Government Medical College, Kottayam, Kerala, India

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Corresponding Author: Dr. Jomon Jacob

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### Abstract

**Introduction:** The objective of the current study was to evaluate the professional quality of life and emotion regulation challenges faced by those who handle dead bodies on a daily basis, particularly forensic doctors.

**Methods:** The study was survey research conducted for a period of one year by administering two instruments, namely the PROQL scale and the DERS scale, to 175 selected samples. The population of the study was all forensic doctors handling dead bodies.

**Results:** The major findings of the study were that the majority of the dead body handlers, 114 or 65%, possessed moderate professional quality of life, and 125 or 71.4% of the total sample had moderate emotional regulation. People who directly handled dead bodies had more difficulties with emotion regulation and a poorer professional quality of life than those who indirectly handled people. Emotion regulation had a positive correlation with professional quality of life.

**Conclusion :** The present study has shown that PROQL and emotion regulation were not poor among dead body handlers in Kerala. There was a significant correlation between PROQL and emotion regulation. Further research into the PROQL and emotion regulation can help formulate policies and practices aimed at improving the working conditions and well-being of dead body handlers, which will ultimately improve the quality of care provided to the deceased and their families.

**Keywords:** Professional Quality of Life, Emotion Regulation, Dead Body Handlers, Mortuary Workers, Forensic Doctors, Burn Out, Compassion Satisfaction.

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### Introduction

Unfortunately, everyone worldwide has the same level of knowledge about death. Dead body handlers can experience instants of clarity about death, such as the loss of loved ones, as can the rest of the population. Still, they also experience existential slaps peculiar to their work, which can make them especially susceptible to death anxiety. [1]

In light of research conducted over the last two decades, this group of healthcare workers is also found to be vulnerable to low quality of life and poor emotional regulation. Thus, we postulated that the adverse effects of work characteristics, that is,

being in the mortuary environment, being vulnerable to mortuary-related stressors, and being emotionally involved by contact with burned, decayed, or fragmented bodies, as well as the deaths of children or pregnant women, may have various effects on the forensic mortuary staff, such as burnout and post-traumatic stress symptoms. Professional quality of life is the quality one feels concerning their work. The dark and bright aspects of doing one's job influence one's professional quality of life. Emotion regulation at work may involve enhancing or suppressing employees' emotional display to meet regulation display rules prescribing the expression of certain emotions

during communication with clients. [2] This purpose may be accomplished through different emotion regulation strategies. Mortuary technicians or dead body handlers are the most vulnerable health workers on the front line, proven to be more at risk of developing psychological symptoms and poor emotion regulation.

In the present study, we aimed to investigate the quality of life and emotion regulation of dead body handlers in the state of Kerala.

### Materials & Methods

The survey research conducted for a period of one year and the study deals with the professional quality of life and difficulties in the emotion regulation of dead body handlers in Kerala. Hence, the normative survey method was used for the study.

The normative survey method is a quantitative research methodology used to assess the prevalence of certain attitudes, opinions, or behaviours in a particular population. This method establishes a norm or standard for a specific trait or characteristic within the population being studied. Normative surveys typically involve a large sample size, which provides a high degree of statistical power and can increase the accuracy of the results.

The normative survey method involves collecting data from a representative population sample using standardised questionnaires or surveys.

Based on the sample determination criteria by Krejcie and Morgan (1970), a sample size of 175 (confidence = 95%) was sufficient for the present study.

The current study quantified two qualities of mortuary workers, especially forensic doctors. They are:

- 1) Difficulties in emotion regulation
- 2) Professional quality of life

330 forensic doctors handling dead bodies as their profession were considered for the study, out of which one hundred seventy-five samples were collected for further analysis of the predefined variables of emotion regulation and professional quality of life.

The statistical inference techniques used for the current study were:

1. Mean
2. Standard Deviation
3. T-test
4. ANOVA
5. Correlation

### Results

114 or 65% reported moderate professional quality of life and 125 or 71.4% of the total sample, reported moderate emotion regulation.

**Table 1: Comparison of PROQL among Demographic Variables**

Demographic Variables	T-Value	P-Value	DF	Level of Significance
Gender	-0.241	0.810	173	P < 0.05
Domicile	0.477	0.634		
Education	1.05	0.295		
Job	0.280	0.780		
Dead body handling	2.02	0.039		

An independent sample t-test was calculated to compare PROQL with regard to gender, domicile, education, job, and dead body handling. T-value, p-value and degrees of freedom are given in Table 1. The findings are listed below. The obtained t-value of the scores on PROQL regarding gender is -.241, and the obtained p-value is 0.810. Thus, there was no considerable difference in the PROQL among the dead body handlers with respect to gender.

The means of the scores on PROQL concerning domicile did not differ significantly. The obtained t-value was -.477, less than the table value of 1.972 at 0.05 levels of significance, and the p-value was 0.634, which was less than 0.05 with degrees of freedom 173.

The means of the scores on PROQL concerning education did not differ significantly. The obtained t-value was 1.05, which is less than the table value

of 1.972 at 0.05 levels of significance, and the p-value was 0.295, which was less than 0.05 with degrees of freedom 173.

Means of the scores on PROQL concerning job did not differ significantly. The obtained t-value was less than the table value of 1.972 at .05 levels of significance, and the p-value was 0.780, which was less than 0.05 with degrees of freedom 173.

The means of the scores on PROQL concerning handling dead bodies differed significantly. The obtained t-value was 2.02, which was greater than the table value of 1.972 at 0.05 levels of significance, and the p-value was 0.039, which was less than 0.05 with degrees of freedom 173.

**Table 2: Comparison of PROQL among Demographic Variables**

Demographic Variables	F	Sig.
Age Group	0.452	0.716
Economic Status	0.085	0.919
Marital Status	1.000	0.370

The one-way ANOVA was calculated to compare PROQL with regard to age group, economic status and marital status. Significant findings are listed below (Table 2)

The means of the scores on PROQL concerning handling dead bodies differed significantly with respect to age. The obtained F value of 0.452 was less than the table value of 3.04 at a 0.05 level of significance.

The obtained F value of 0.085 was less than the table value of 3.04 at a .05 level of significance, as was the p-value of 0.919, which was greater than 0.05. This indicates no significant difference exists in the PROQL concerning economic status.

The obtained F-value of 0.100 was less than the table value of 3.04 at a 0.05 level of significance, as was the p-value of 0.370, which was greater than 0.05. This indicates no significant difference exists in the PROQL concerning marital status.

**Table 3: Comparison of Emotion Regulation among Demographic Variables**

Demographic Variables	T-Value	P-Value	DF	Level of Significance
Gender	-0.544	0.587	173	P < 0.05
Domicile	0.220	0.605		
Education	-0.245	0.807		
Job	-1.323	0.188		
Dead Body Handling	2.00	0.047		

An independent sample t-test was calculated to compare emotion regulation with regard to gender, domicile, education, job, and dead body handling. The T-value, p-value, and degrees of freedom are given in Table 3. Major findings are listed below. The obtained t-value was -.544, which was less than the table value of 1.972 at 0.05 levels of significance, and the p-value was 0.587, which was less than 0.05 with degrees of freedom 173. It shows that the means of the scores on emotion regulation concerning gender did not differ significantly.

The obtained t-value was -.220, which was less than the table value of 1.972 at .05 levels of significance, and the p-value was 0.605, which was less than 0.05 with degrees of freedom 173. It shows that the means of the scores on emotion regulation concerning domicile did not differ significantly.

The obtained t-value was -.245, which was less than the table value of 1.972 at 0.05 levels of

significance, and the p-value was 0.807, which was less than 0.05 with degrees of freedom 173. It shows that the means of the scores on emotion regulation concerning education did not differ significantly.

The received t-value was -1.323, which was less than the table value of 1.972 at 0.05 levels of significance, and the p-value was 0.188, which was less than 0.05 with degrees of freedom 173. It shows that the means of the scores on emotion regulation concerning Job did not differ significantly.

The obtained t-value was 2.00, which was greater than the table value of 1.972 at 0.05 levels of significance, and the p-value was 0.047, which was less than 0.05 with degrees of freedom 173. It shows that the means of scores on emotion regulation concerning handling dead bodies differ significantly.

**Table 4: Comparison of Emotion Regulation among Demographic Variables**

Demographic Variables	F	Sig.
Age Group	1.179	0.320
Economic Status	0.131	0.877
Marital Status	0.458	0.633

The one-way ANOVA was calculated to compare emotion regulation with regard to age group, economic status, and marital status. Significant findings are listed below (Table 4). The obtained F value of 1.179 was less than the table value of 3.04 at a 0.05 level of significance, which means no

significant difference exists in emotion regulation concerning the age group.

The obtained F value of 0.131 was less than the table value of 3.04 at a 0.05 level of significance, as was the p-value of 0.877, which was greater than

0.05. This indicates that no significant difference exists in emotion regulation concerning economic status.

The obtained F value of 0.458 was less than the table value of 3.04 at a 0.05 level of significance, as was the p-value of 0.633, which was greater than 0.05. This indicates no significant difference exists in emotion regulation concerning marital status.

Karl Pearson's Product Moment Correlation was calculated to find the relation between emotion regulation and professional quality of life among dead body handlers in Kerala. Significant findings are listed below

The calculated 'r' value of 0.175\* was greater than the table value of 0.147 at a 0.05 level of significance with a degree of freedom of 173.

The result indicates that there is a significant relationship between PROQL and the emotion regulation of dead body handlers in Kerala.

Thus, in the present study, we observed that the emotion regulation of dead body handlers is not poor. 23 handlers had scores above 161.48. They constitute 13.1% of the total sample and possess high emotional regulation. 27 dead body handlers score below 89.43, constituting 15.4% of the total sample; they maintain low emotional regulation. 125 dead body handlers' had scores between 107.97 and 89.43. They had moderate emotional regulation, which is 71.4% of the total sample.

Also, we could conclude that the professional quality of life of dead body handlers is not poor. We found that 32 dead body handlers' scores were above 97.9. They constitute 18.2% of the total sample and possess high PROQL. 29 dead body handlers' scores below 82.4 constitute 16.5% of the total sample; they possess low PROQL. 114 dead body handlers in Kerala scored between 97.9 and 82.04. They possess a moderate PROQL, which is 65.1% of dead body handlers. There was a correlation between emotion regulation and the professional quality of life of dead body handlers. The obtained 'r-value was 0.175\*, showing a positive correlation between PROQL and the emotion regulation of dead body handlers. The calculated 'r' value of 0.175\* was greater than the table value of 0.147 at a 0.05 level of significance with a degree of freedom of 173.

## Discussion

Mortuary work often includes notifying relatives of the death, which can be significantly stressful. [3] They also suffer several psychosocial dilemmas by continuously working with the dead bodies of children, pregnant women, or teenagers. The working conditions of dead body handlers are incredibly challenging as they deal with situations of high sensitivity. These circumstances may

trigger several mental issues, such as anxiety, depression, less sleep, etc. Also, the poor emotion regulation of such people did not appear in earlier focused health research. Research regarding post-traumatic stress, mental health, and emotion regulation among dead body handlers can help them achieve a better professional quality of life. The earlier studies on disaster and war-time mortuaries have suggested a dose-response relationship between exposure to bodies and symptoms of post-traumatic stress disorder. [4] Hence, there is a need to study the relationship between emotion regulation and the professional quality of life of dead body handlers.

Working with dead bodies can be emotionally distressing, and dead body handlers may experience a range of negative emotions such as sadness, anxiety, and grief. Dead body handlers have a unique perspective on death and dying, which may differ from the general population. This study could investigate how their attitudes towards death and dying may impact their emotional responses to their work. They are often required to manage their emotions as part of their job.

Professional quality of life is a blend of CS (Compassion Satisfaction) and CF (Compassion Fatigue). Compassion satisfaction consists of the rewarding and fulfilling aspects of the work of a helping professional. In contrast, compassion fatigue is a broader term that encompasses the overall experience of emotional and psychological fatigue that helping professionals experience due to their prolonged expression of empathy when dealing with clients, especially trauma victims. [5] Compassion fatigue comprises two parts, such as burnout and secondary traumatic stress. Burnout comprises feelings such as exhaustion, frustration, anger, and depression that are typical of burnout. Fear and trauma related to the workplace are two negative emotions that drive secondary traumatic stress. Work environment, client environment, and person environment together play significant roles in building and retaining the professional quality of life.

## Professional Quality of Life

Coping with the challenges in workplaces and guaranteeing the professional quality of life is crucial in everyone's life, especially someone who handles many traumatic daily life situations. The work of dead body handlers can be physically and emotionally demanding, and it is important to prioritise their well-being and professional quality of life. Forensic doctors, mortuary workers, and other people who handle dead bodies directly and indirectly as part of their job may face several mental health challenges due to the nature of their work. These people experience symptoms of PTSD (Post-Traumatic Stress Disorder) due to

exposure to traumatic events, such as violent deaths or mass casualties. This can include flashbacks, nightmares, and avoidance of situations that remind them of the traumatic event. The emotional and psychological toll of handling dead bodies frequently can lead to symptoms of depression and anxiety. Most of the people working in the health department are susceptible to death anxiety, feelings of sadness, hopelessness, worry, and fear.

Mortuary workers are regularly exposed to traumatic events, such as violent deaths, suicides, and accidents. A social stigma was triggered by the astonishing nature of their work. The negative attitudes, beliefs, and stereotypes directed towards individuals or groups based on their perceived characteristics, such as their job or profession, are referred to as social stigma. It can have a significant impact on mental health and well-being and lead to feelings of shame, isolation, and low self-esteem, as well. As a result, a state of ambiguity is developed by this condition, which makes it difficult for them to seek help or support when they need it. This can exacerbate mental health problems like depression, anxiety, and PTSD.

According to Pinel, [6] occupational stigma consciousness is the degree to which workers are mindful of the stigmatised character of their line of work and feel that others treat them poorly as a result. Stigma consciousness is defined as the degree to which people pay attention to their stereotyped status. Prior research has indicated that occupational stigma consciousness is associated with rising burnout and aberrant organisational production practices in call centres and blue-collar as well as white-collar workers. In the present study, we observed that the professional quality of life of dead body handlers is not poor. PROQL differed among various age groups and those directly handling the dead bodies. However, there was no variation in the scores with respect to gender, domicile, education, or job. A similar observation was made when economic status and marital status were considered.

### Emotion Regulation

Effective regulation of emotions has been viewed as a developmental achievement that serves as a prerequisite for numerous other developmental tasks. Specifically, because powerful emotions have the potential to disorganize and/or disrupt multiple psychological processes, modulation of their experience and expression has been considered essential for basic state regulation, behavioural exploration, cognitive processing, and social competence.

“ER (Emotion Regulation) is the process by which people impact which emotions they have, when they have them, and how they experience and

express their feelings. Emotion regulation can be involuntary or controlled, conscious or unconscious, and may have effects at one or more points in the emotion producing process.” Research on emotion regulation has portrayed that emotion regulation and depression management are positively correlated. Individuals with lower levels of anxiety express much more emotion regulation and social-emotional intelligence. [7]

In a research, the relationship between nurses' PROQOL and burnout, depression, anxiety, and stress was examined by Bazmandegan et al. [8] The sample for this descriptive research consisted of 282 nurses. Data were gathered using the Demographics Scale, Maslach Burnout Questionnaire, Depression, Anxiety and Stress Scale (DASS-21), and PROQOL Questionnaire. In this study, the key factors influencing the degree of CF were the CS, depression, and occupational burnout.

Samson and Shvartzman [9] studied the “Association between Level of Exposure to Death and Dying and Professional Quality of Life among Palliative Care Workers”. The purpose of the study was to determine if excessive exposure to death and dying may raise healthcare professionals' risk of having a low quality of life at work. A cross-sectional survey method was used for the study. A group of physicians and nurses related to this were studied. The findings indicated that, in comparison to other healthcare professionals, employees with high LEDs (Level of Exposure to Death) reported higher levels of CS, low to tolerable levels of burnout, and STS (Secondary Traumatic Stress). Because of the aforementioned communication impact, there was a strong correlation found between ProQoL and LED among healthcare personnel with high LED. The study gave a positive result.

Kömür et al. [10] conducted a study on “Posttraumatic Stress and Burnout Symptoms in Forensic Doctors and Staff in a Mortuary”. The study looked at signs of posttraumatic stress disorder and burnout among mortuary employees at the Council of Forensic Medicine, which performs more than 4500 autopsies a year. 142 mortuary employees who are members of the Turkish Council of Forensic Medicine comprised the sample. Four categories were created out of them: autopsy technicians (n = 24, 16.9%), forensic medicine residents (n = 54, 38.0%), forensic medicine consultants (n = 40, 28.2%), and other staff members (n = 24, 16.9%). A short sociodemographic questionnaire was provided to each member of the sample. The outcomes were standardised in order to evaluate health markers, including the Posttraumatic Indication Transmission Scale and the Maslach Burnout Inventory. The study observed that autopsy

technicians seemed to have more emotional exhaustion and posttraumatic stress illness symptoms, whereas occupant doctors had a lower sense of personal achievement.

In the present study, we observed that the emotion regulation of dead body handlers is not poor. PROQL differed among various age groups and those directly handling the dead bodies. However, there was no variation in the scores with respect to gender, domicile, education or job. A similar observation was made when economic status and marital status were considered.

### Handling Dead Bodies

Suwalowska et al. [11] conducted a study and a comprehensive literature review that examined the management of corpses during epidemics and natural disasters. Eighty-two articles were evaluated, of which only a small number were empirical studies focusing on ethical or sociocultural issues arising in the care of corpses. It was found that a number of ethical and socio-cultural issues arise at all stages of corpse care: notification, retrieval, identification, storage, and burial. Although the practical issues related to cadaver care have been addressed in the global health literature and the ethical and sociocultural aspects of handling the dead have been recognised, they have received insufficient attention. Thomson [12] made a study on "Handling the Stigma of Handling the Dead: Morticians and Funeral Directors". The study analysed the ways in which care takers try to overcome the stigma attached to their work. According to a qualitative investigation, undertakers and funeral directors are cognizant of the stigma associated with their profession, which mostly arises from handling the deceased and making money off of their sorrow and death. The author identified and examined the symbolic and dramaturgical strategies employed by undertakers to mitigate and lessen the stigma attached to their profession within the broader theoretical framework of symbolic interaction. Symbolically reframing one's employment, role-distancing, professionalism, enveloping oneself in a "mantle of service," and prioritising socioeconomic status above professional prominence are a few examples. Funeral directors and funeral homes, in particular, are making an effort to refocus their job from tending to the deceased to offering significant and indispensable services to the living.

Resignification, in line with Ashforth and Kreiner, [13] is the main way that work stigma is manipulated. By rejecting negative values and adding positive values to the profession's identity, people resignify, changing the social meaning of the professional world. This increases occupational identification and makes work more meaningful. More specifically, an individual's subjective

perception of their job-related activities that they believe align with their own values is what is meant by meaningfulness of work, which is defined as the extent to which an employee thinks their work meaningful, useful, and worthy. Thus, a major employment resource for those employed in the funeral and mortuary industry may be the sense of purpose and usefulness that comes from their work, both in a utilitarian and social sense. This also holds true for other caring professions when burnout is a possibility.

When confronted with emotionally charged situations, funeral and mortuary workers frequently create group and work cultures based on cooperation, solidarity, and the creation of jokes and amusing stories about their work as a means of renegotiation and resignification of their work identity.

Previous research has also repeatedly demonstrated that there is a tendency for negative work-to-family spillover to occur more frequently than the reverse direction. This can have a substantial negative influence on working life quality, lower job satisfaction, and increase the risk of burnout. Grzywacz and Marks [14] acknowledged the significance of assistance received inside the family unit. In addition to other forms of social assistance, the support received within the family unit may also have a positive impact on wellbeing. Recent research has demonstrated that, by promoting work-family balance in small and medium-sized business owners, emotional support received in the family domain is favourably correlated with job satisfaction and negatively correlated with work stress. Therefore, it should be beneficial for those who conduct stigmatised "dirty work" and must cope with mortality and suffering associated with their jobs to feel supported by important others outside of their workplace.

Furthermore, while previous research in the field of funeral and mortuary services has identified psychosocial risks associated with the industry, there is a dearth of studies that systematically assess the most pertinent job demands and resources as well as their relationship to the onset of the two main components of burnout-cynicism and emotional exhaustion. Depletion and a pessimistic outlook on one's job can negatively impact the quality of connections with customers who have experienced loss, reducing empathy and encouraging unproductive work habits.

Overall, our findings support the JD-R model's hypotheses by emphasising both the protective function of job resources and the energy-depleting process brought on by work demands. It is clear that there are several aspects of funeral and mortuary work that may have varying effects on the onset of cynicism or emotional weariness.

In the present study, handling dead bodies directly was found to have a significant influence on both the professional quality of life and emotion regulation.

### Conclusion

The present study has shown that PROQL and emotion regulation were not poor among dead body handlers in Kerala. There was a significant correlation between PROQL and emotion regulation. Further research into the PROQL and emotion regulation can help formulate policies and practices aimed at improving the working conditions and well-being of dead body handlers, which will ultimately improve the quality of care provided to the deceased and their families.

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