

Organizational learning from the health crisis to the professionalization of mortuary service agents

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Abstract

Context

The Covid-19 health crisis, which started in late 2019, caused a lot of changes in organizations, especially in the health system (Coutarel & al., 2020), and this happened in a context that was already in crisis (Michot & al., 2019). In France, mortuary professionals faced the challenge of coping with a deteriorating health condition while maintaining continuity of previous activity. This activity being sometimes transformed or even prevented due to the numerous deaths linked to the evolution of the pandemic. The mortuary community was therefore highly solicited during the crisis, especially at the end of 2020 (second wave). Isolated from the rest of the hospital world, mortuary and funeral professionals often suffer from a lack of professionalisation (Caroly and al., 2003; Wolf, 2012). Furthermore, Guidetti and al. emphasize that the stigma and incivilities experienced by the mortuary community contribute to high stress levels and risk of burnout (2021). However, mortuary have been an important actor for the crisis management, organized on the territory and as close to the field as possible. The mortuary studied in this research have experienced many transformations initiated by the crisis and are worried of future major changes that we will present here. During the health crisis, the agents contributed and emphasized their specific skills, together with the units' managers. The service requested to understand the temporalities of the crisis and accompany the current and future transformations.

Objectives

The purpose of this ergonomics action research project is to conduct a feedback experience (FE) with the agents and managers of a mortuary in a University Hospital Center (UHC). Through the capitalization of experience and the construction of meaning, the FE allows professionals to think on what happened in order to better understand the future (Godé, 2011). Furthermore, it can be used as a mean of developing individuals and the organization, in particular skills "for the present and future" (Casse and Caroly, 2017, p. 276). The FE also seeks to identify the resulting transformations induced by the crisis through the application of injunctions, regulations and the collective of agents and management. These will be characterized according to their development in space and time, and in the way they transform the reference framework and feed the action repertoire (Weick, 1999), and eventually forming organizational learning from the health crisis. In this paper, we will focus on transfer practices of the deceased, service relationships, skills and cooperative crisis management between agents and management, using a constructive and developmental approach to ergonomics (Falzon, 2013).

Methods

In order to meet these objectives and take into consideration the diachronic nature of the study, a mixed-method approach was employed from fall 2021 to winter 2022.

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In the mortuary studied here, the team is composed of six mortuary service agents, all men, a senior healthcare executive – the only executive prior to the health crisis – and a healthcare executive, who was hired in November 2020, less than a year after the start of the health crisis.

The team composition is stable, with the last agent having joined the team 17 years ago. Additionally, there is a trend toward aging among the agents, with four of them approaching retirement. The mortuary room is located within a UHC and contains 39 refrigerated lockers where dead patients can be put in. This service provides a transition point between patient hospitalization in care units and post-mortem care. As such, the agents interact with internal services (such as the forensic institute) and external ones (such as private service providers like funeral homes, religious representatives and public institutions).

The first phase consisted of seven semi-structured individual interviews with an average duration of one hour, with volunteers' agent (n=5) and mortuary managements (n=2).

During the second phase, ergonomic observations were conducted with all agents (n=6) for a period of approximately 40 hours. Various situations were systematically observed, including the transfer of the deceased from the ward to the mortuary, a transitory location where the deceased are placed in refrigerated cells. Changes induced by the health crisis affected these transfers, conducted in pairs, both technically (personal protective equipment, protocols) and in terms of collaboration with healthcare professionals and relationships with families in the care units. These are a significant part of the agent's activities. There were 15 transfer sequences observed. Additionally, other sequences related to the reception of families and external actors to the mortuary room (private funeral homes and agents, cultural representatives, police) were also analyzed. Following these observations, we conducted self-confrontation interviews, which enabled us to identify activity regulations, target situations related to Covid-19 (handling a deceased person with Covid-19 for example) and identify transformations related to the health crisis in the activity following major crisis situations.

Collective feedback was provided at different stages of the experience (December 2021, May 2022, and winter 2022), enabling the validation of results of data analysis, the initiation of collective reflective activity on crisis learning, and the support for the team in coping with the transformations caused by the crisis.

The NVIVO® software was used to categorize the data. Organizational learning was analyzed using the theory developed by Argyris and Schön (1999), which links individual learning and the diffusion of such learning within the organization, and which is constructed through action (rather than in a formal training). The organizational learning process is defined as follows by Koenig: “the collective phenomenon of acquisition and elaboration of skills that, more or less profoundly and durably, modify the management of situations and the situations themselves” (2006, p. 297).

Main results

1. Rebuilding the steps of the crisis to think about the future

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We were able to reconstruct the stages of the health crisis at a level of mortuary service agents and managers through individual semi-directive interviews and collective feedback. The FE enabled the reconstruction of the events related to the health crisis during interviews and collective feedback sessions. For example, it is possible to identify crisis situations based on the evolution of the pandemic and its impact on activity (pandemic waves or lulls). This characterization allows us to analyze the experience from a diachronic perspective, linking the different periods together, and also relating the particularly sequenced experience of the health crisis. Four phases were identified, defined by:

- Phase 1 (March - May 2020): few deaths related to Covid-19; adaptation and implementation of health protocols; lack of knowledge about the virus; injunctions and regulations put into place in anticipation of a massive influx of deaths and to prevent further the spread.
- Phase 2 (Winter 2020): peak of deaths; significant emotional burden; application of learnings from the first phase; physical and mental fatigue of agents; regulations put in place to overcome the lack of refrigerated cells and ensure the continuity of activity.
- Phase 3 and 4 (2021 - 2022): less severe epidemic waves than the previous one; keeping the learnings from the crisis; using Covid-19 in activities; using the experience to plan for the future.

Agents have experienced similar situations to the health crisis in the past (e.g., flu epidemics, prion diseases, natural or anthropogenic disasters leading to the management of peaks in deaths and significant emotional burden). The Covid-19 health crisis was singular, especially with its specific temporality, the number of deaths at different stages, the number of protocols to be applied, and the necessary resilience of both agents and managers to face crisis challenges. Crisis management was done in action and through collective search for solutions, in close proximity to the management.

2. Organizational learning induced by the crisis

In this section, we will examine examples of organizational learning facilitated by the health crisis affecting mortuary service agents. Through data analysis, it is observed that some items are not reused or readapted, while others are integrated into long-term activity, thus transforming work organization and practices.

2.1. The increase in the number of deceased to be taken care of and Covid-19 as variability

Since 2003, the mortuary has contracted with private companies to undertake the transfer of deceased, but the risk of contamination posed by the Covid-19 crisis has prevented these companies from completing this task. Although initially opportunistic, this event initiated an increase in the number of deaths to be handled in the long term within the mortuary, with Covid-19-related spikes in deaths adding to the consequences of the general population's demographic changes. Since then, the monthly transfers have increased from 130 in 2019 to 165 in 2022.

This change results in an increased workload, increased handling, and exhaustion of health-related professionals. The regulations enacted during the crisis to address the escalating death rate are preserved and provide new means of managing time. For example, they delay the opening hours of the service to families by an hour, allowing for greater temporal leeway to carry out transfers in the morning, transforming the work situations of agents and initiating reflections on

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human resource management for managers. The care of Covid-19 deceased becomes a variable, similar to the care of individuals deceased requiring adaptation to the protocol (e.g., deceased individuals with transmissible pathologies in post-mortem manipulation; religious deceased individuals; or overweight deceased individuals). The incorporation of the framework into the reference framework enhances its representation of these work situations, resulting in improved representation of the work situations. The repetitive nature of the framework also fosters the development of new organizational learning, which will have a positive impact on activity over time.

2.2. The crisis as a springboard for collaborations between agents and management

The collective experience of the health crisis has provided agents and managers with an opportunity to recognize: (1) the importance of integrating death management into the healthcare system and ensuring continuity of care through multi-level management; (2) the collective effort and resilience demonstrated in meeting crisis challenges in activity; (3) and the importance of collective activity in place to ensure efficient and sustainable service continuity; (4) the specific skills needed for mortuary service agent work. During the crisis, increased supervision was emphasized, as were joint regulations between agents and management. Furthermore, managers were given consideration for the preservation of their health. Several joint solutions were sought, such as the addition of refrigerated cells to the public hospital in preparation for the change of premises; human reinforcement during peak periods of Covid-19 crisis; and a link to occupational medicine to regulate emotional burden related to encountered situations. During collective restitutions, this proximity between managers and the team seems to last for a long time, and it is then expended to the management of skills, as we will develop below. This is an important organizational learning to think about the future. It appears that these learnings also apply to representations from healthcare services and external funeral companies. Communications and collaborations are important for keeping the activity going and keeping everyone's health during the crisis.

3. Learnings from the crisis towards professionalization

The learnings from the health crisis have resulted in a demand from managers and agents. Given the team's aging demographic and the imminent departure of half of its members, it is necessary to address the recruitment and retention of new members through the following methods:

- The recruitment process: involves establishing the necessary skills and knowledges,
- Organizational socialization: essential for ensuring the continuity of collective work within the team, which in turn ensures the continuity of activity and the preservation of health among all members,
- Training path: agents receive no formal training, and skills and knowledge are integrated into their work or through professional experiences. It is therefore essential to establish a peer-to-peer learning process in addition to internal training, and to integrate this learning process into the activity of agents and managers.

The shared interest (between agents and managers) thus generates a collective, participatory project management and requires reflection on the activity. What are the necessary skills for the mortuary service agent profession? how to integrate mentoring from a novice and ensure continuity of activity? Furthermore, concrete actions are taken to continue the agent's professionalization, especially through this request for intervention. Therefore, the organizational

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learnings from the health crisis, presented and discussed, have allowed for the initiation of new questions on practices and interprofessional relationships.

Discussion/perspectives

Although this approach is developmental and constructive, it is nonetheless necessary to remember the numerous impacts on the health of mortuary service agents and managers (stress, physical and mental fatigue, increased handling, etc.). The approach to the health crisis management in this service is noteworthy, as it provides opportunities for collective reflective practices (Casse and Caroly, 2017) and diverse learning.

The health impacts identified in this study are consistent with those found for healthcare workers (Pitchot, 2020). While job meaning and good management between professionals and private spheres can be helpful for preserving the health of mortuary service agents (Guidetti and al., 2021), it is important to highlight the role of the health crisis on job meaning and goal conflicts that these agents may have experienced. The agents are subject to constraints (prescriptions regarding prevention of virus spread) sometimes conflicting with the continuity of service and their vision of efficient care for a deceased patient and support for their family.

However, as we have noticed, the health crisis has highlighted the specific skills of the agents, as well as the importance of their role in the workings of the healthcare system. This recognition, which is mutual, allows agents to reclaim their work and break away from the silent work specific to death-related professions (Wolf, 2012). Since the crisis, it has been possible to ask again if post-mortem patient management should be a part of patient care continuity, as Pham Quang (2015) already pointed out.

The incorporation of organizational learning about the health crisis enables identification of its characteristics and ultimately, its development. This approach makes it possible to consider the activity of the agents in relation to the dynamics (temporal in particular) of the Covid-19 health crisis, which was so particular, and to see how the learnings were disseminated to the organization so that they are transmissible and perennial. Based on FE, our intervention contributed to this dissemination. As defined by Caroly (2010), collective activity is also an hypothesis concerning the potential of organizations to develop learning. The collective's values and rules played a major role in crisis management, as did the managers, which allows agents autonomy while providing support on the issues encountered. Therefore, the research-intervention perspectives will be to continue this development of collective activity, taking into account learning in a dynamic context.

This study only concerns one mortuary which makes it impossible to generalize the results. The activity in this mortuary may be very different from another. For example, this is one of the few mortuaries, prior to Covid-19, that did not handle all deceased patients from the public hospital in which it is located. It should also be noted that the maintenance and support requirements for each mortuary may vary, as well as the level of family support. Some mortuaries are not in contact with families. However, in the context of this research, three other services in the same public hospital are studied regarding the FE of the Covid-19 crisis (virology service, occupational health service, geriatrics). These other areas provide a deeper approach to organizational learning, with different tasks, activities, collectives, and experiences.

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Our study on the mortuary has another limitation: individual semi-directive interviews began in fall-winter 2021, more than a year after the beginning of the pandemic. It is possible that the reconstruction of events related to the health crisis was biased by memory and emotion (primacy effect and recall effect). Nonetheless, FE is interested in revisiting past events, even retrospectively. Lastly, the observations made in early 2022 show that crisis situations are still ongoing, given the significant number of deceased patients handled during this month of January (265 compared to an average of 165 since the pandemic). The above epidemiological data demonstrate an increase in the number of deaths in hospitals (all causes combined) and support the interest in focusing on mortuary professionals.

Keywords

Covid-19, feedback, mortuary, professionalization, organizational learning.

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