Research Paper

Employees' Experiences Working in COVID-19 Quarantine Hotel: Basis for Development of Crisis Management Framework

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Abstract

Due to the Covid-19 virus, everything has undergone a significant pivot, including livelihood, access to medicine, and the movement of products and services. One of the most affected industries is the hospitality and tourism sector. There was a sudden shift from the regular operation of a hotel to becoming a quarantine facility for isolated guests. Hence, this research explored the employees' experiences working in the COVID-19 quarantine hotel as the basis for developing a human resource crisis management framework. This study utilized basic qualitative research. The researchers used the interview as its tool. Informants of the study were three front desk clerks, one housekeeping staff, one maintenance staff and one supervisor. Consequently, this study revealed that the hotel changes are adjustments to how operations are carried out, how services are provided, and how many staff choose to stay despite the risk of contamination. In accordance with that, most employees experienced psychological and physical problems due to the increased risk of contamination from the virus and the fact that the employees were separated from their families. It is recommended that hotel management should be advised to conduct essential orientations on the nature of the hotel and health protocols and to offer proper familiarization about Covid-19 for awareness. Management should formulate laying of expectations on the roles and responsibilities of each employee.

Keywords *Crisis Management Framework, Covid-19 virus, Health Protocols, Hotel Quarantine, Human Resource, Isolation Facility, Personal Protective Equipment*

INTRODUCTION

The spread of COVID-19 and widespread travel restrictions have had a negative impact on the tourism and hospitality industries globally (Jiang & Wen, 2020). According to Guevara (2020), the COVID-19 epidemic has forced the travel and tourism sector to collapse, and it is currently struggling to survive. Hotels are especially vulnerable to tourism, travel, and economic activity declines. In February 2020, Marriott hotels' revenue per available room decreased by approximately 90% in Greater China and 25% in other Asia-Pacific regions compared to the same month in 2019 (Wallis, 2020). As the number of active cases of Covid-19 grows, hospitals are running out of isolation space. As a result, the government ordered some hotel establishments to serve as quarantine facilities. The job of the hotel quarantine employees is comparable to that of hospital workers as they have immediate exposure to the clients. They cater to the needs of the isolated guests, such as delivering food, sanitizing the area, and ensuring that the protocols are strictly observed within the hotel.

Consequently, employee support has been provided in several ways when operating a COVID-19 quarantine facility. One is a collaboration between hotels and hospitals, in which healthcare specialists are involved in hotel operations to assist hotel workers in monitoring quarantined people. Despite these provisions, quarantined hotel employee has been diagnosed with anxiety, depression, and stress (Teng et al., 2020).

Based on the Department of Tourism (DOT) year-end report for 2020, due to health-crisis mitigation efforts, the country only attracted 1.3 million international tourists in 2020, down from

about 8.2 million in 2019. As a result, numerous hotels in the Philippines have permanently closed. However, due to the lack of quarantine facilities, the hospitality and healthcare industries have collaborated by turning hotel facilities into temporary quarantine sites (Aquino et al., 2021). Furthermore, it is noted that only accredited hotels were authorized to operate as quarantine facilities following the three guidelines, (a) an isolation area for guests who are positive for the virus, (b) guests that have direct exposure, and (c) those hotels permitted to offer staycations strictly adhering to safety protocols.

Like the rest of the Philippines, Tuguegarao City has been significantly affected by the COVID-19 pandemic. Last August 2021, the city was ranked first as having the highest number of new cases among the other local government units in Cagayan Province. Tuguegarao city has recorded 135 cases, followed by Baggao, 68; and Solana, 41 (Manabat, 2021). As a result, the hospitals and quarantine facilities within the city were swarmed with patients. Some hotels in Tuguegarao City have been converted into quarantine facilities to accommodate individuals who need to undergo mandatory quarantine due to the COVID-19 pandemic. These quarantine facilities are designed to provide a safe and comfortable environment for individuals suspected or confirmed to have contracted the virus and those who have been exposed to the virus and need to undergo quarantine. Therefore, to provide a solution to the shortage of quarantine facilities, the Local Government Unit (LGU) of Tuguegarao City permits the hotel establishments to operate as quarantine facilities for asymptomatic, symptomatic, and locally-stranded individuals. In doing so, employees experienced long work hours and emotional problems relating to the risk of working in a hotel quarantine facility. Furthermore, because of the required social distancing, hotel employees have limited customer/service interactions and cannot meet the brand standard (Tan, 2021). Previous studies have focused on the condition of medical workers during the COVID-19 pandemic. Kang et al. (2020), Walton et al. (2020), and Teng et al. (2020) have conducted studies on the impact of COVID-19 on the mental health and well-being of medical workers, including their levels of stress, anxiety, and depression, for these reasons, as there has been a very limited study conducted about the conditions and adaptations of employees in a hotel quarantine facility. Therefore, this study aimed to explore the experiences of employees working in a hotel quarantine facility as the basis for developing a crisis management framework.

LITERATURE REVIEW
The Hotel Industry During Covid-19 Pandemic

The World Health Organization (WHO) has proclaimed COVID-19 a global pandemic, with over 25 million individuals infected and over a million deaths as of 2020. In a lockdown economy, hospitality businesses suffered enormous financial losses due to lacking customers; hotels closed their doors and laid off staff. For instance, during the pandemic in April 2020, ACCOR closed 33% (4,500) of its hotels and fired 1,000 staff members in August 2020 (Thiessen, 2020). In addition, Hyatt, which employs 1,300 people, and Hilton, which employs 2,100 people, also implemented pandemic-related job losses (Prang & Karmin, 2020). Due to the COVID-19 outbreak, a staggering 100.8 million jobs have been lost globally in the travel and tourism industry, with the Asia Pacific region suffering the most losses with 63.4 million workers (Goh & Baum, 2021). The pandemic caused by the virus is one of the world's most serious health concerns. Almost all industries were affected, and education and even livelihoods were disrupted. However, among all of them, the tourism and hospitality business is one of the hardest hit. During this disastrous time, the hotel sector devised a strategy to continue providing service, which included functioning as a quarantine facility. In order to curb the spread of the Covid 19, preventive measures were implemented for inbound and outbound tourists, and hotels underwent a period of adaption as quarantine hotels (Dincer et al., 2021).

Hotels became quarantine facilities for tourists, visitors, and guests for this newfound service, as they stayed their quarantine for 14 days before returning to their respective homes. This is done to comply with Covid 19 guidelines, as the original quarantine facilities are insufficient to accommodate individuals or tourists. Although it is new to the hotel league, hotels are well-equipped to meet this challenge. Alkhamees et al. (2020) stated that the effectiveness of quarantine in preventing and controlling influenza pandemics had been proven. As this continues, challenges and strategies are yet to be found that could fit what they call New Normal.

Quarantine Hotels and the New Normal Working Conditions

The job of the hotel quarantine employees is comparable to that of hospital workers as they have immediate exposure to the clients. On the other hand, working in quarantine hotels has changed service delivery standards, making them more contactless and removing face-to-face customer encounters (Zhang et al., 2020). According to Tussyadiah (2020) and Dennis (2020), the COVID-19 pandemic has sped up using robotics and artificial intelligence in hotels like the Sofitel Sydney in Australia for service mechanization and customer experience. Technology like keyless room access and self-check-in facilities protects frontline staff and hotel guests due to social distance in areas with high guest contact. Higher levels of sanitation and hygiene are essential for successful hotel operations in a place where COVID-19 is prevalent (Jiang & Wen, 2020). The participatory element of hospitality has been further separated as a result of the usage of personal protective equipment by hospitality providers as physical barriers to prevent the spread of COVID-19 (Goh & Baum, 2021).

As the number of active cases of Covid-19 grows, hospitals are running out of isolation space. As a result, the government ordered some hotel establishments to serve as quarantine facilities (Teng et al., 2020). Hotels became hotel quarantine facilities for tourists, visitors, and guests for this newfound service, as they stayed for their quarantine for 14 days before returning home. This is done to comply with Covid 19 guidelines, as the original quarantine facilities cannot accommodate individuals or tourists. Meanwhile, in the Philippines, only those establishments with valid DOT accreditation were allowed to operate following the interim guidelines, namely, (a) an isolation area for guests who are positive for the virus, (b) guests that have direct exposure, and (c) those hotels permitted to offer staycations strictly adhering to safety protocols.

Moreover, passengers could be subjected to two types of quarantine: stringent and mandatory. Stringent is required for all passengers arriving from a WHO-designated 'high-risk' area or, in the case of sea-based overseas Filipinos, a 'high-risk' vessel must undergo strict quarantine. It will also be necessary for all travellers with flu-like symptoms, as determined by an airport health official. They have to stay in a strict quarantine facility until the results of their tests are released. On the other hand, mandatory quarantine is for all the other passengers arriving in the Philippines. There are over 100 accredited quarantine hotels are in the Philippines. Meanwhile, in Tuguegarao City, only three quarantine hotels are accredited by the DOT: Hotel Villablanca, Hotel Lorita, and D128 Lodge and Hotel.

RESEARCH METHOD

This study utilized basic qualitative research to guide understanding, designing, conducting, and presenting the qualitative research study. The study was conducted in Tuguegarao City, Cagayan. The informants of this study are employees, specifically the three (3) front desk clerks, one (1) housekeeping staff, one (1) maintenance staff, and one (1) hotel supervisor working in hotel quarantine facilities in Tuguegarao City. Purposive sampling was used in determining the participants. Meanwhile, the criteria for determining the participants are employees from the list of accredited quarantine hotel facilities identified by the DOT in Tuguegarao City. Purposive

sampling was used in the selection of the informants. Informants were chosen based on the length of exposure they had in the quarantine hotel facilities from the perspective of rank-and-file employees to the supervisory level. The informants were chosen based on the length of exposure to the facilities as they were the ones who had an experience that is worthy of being included in this research as the basis for developing a human resource crisis management framework.

Further, this study employed a semi-structured interview to gather the data needed. The informants were given open-ended questions, and the researchers followed them up with questions to further explore their responses. Additionally, the interview lasted about 5-8 minutes for each respondent. The following are the questions asked:

1. How do you find yourself working in a quarantine facility? Follow up: How do you feel about it?
2. How does the health risk associated with Covid-19 impact your job? Are you scared, or are you confident in rendering your job just like the pre-pandemic?
3. What are the problems you encountered while working in a hotel quarantine facility?
4. Working in a quarantine facility, there is a risk of contamination from the virus. Are you not scared for yourself and your family's safety? What are your reasons to stay in this job despite the risk of having Covid-19?
5. What are your coping mechanisms for working in a hotel quarantine facility? How did you adapt to it?

For the research procedures, the researchers asked permission from the Vice-President for Academics to allow conduct the study. Moreover, the researchers obtained an endorsement letter from the DOT supporting the conduct of the study. After all the permission and endorsement were given, the researchers proceeded to the different hotels and conducted the study. Using thematic analysis, the researchers sorted the informant's thoughts, beliefs, knowledge, and experiences into themes. Framework analysis was also used to examine the data. In doing so, the researchers developed a framework structured toward the crisis management of employees based on the respondents' answers. Further, the framework enables the researchers to summarize their findings about the corresponding participant and theme. However, the framework created is recommended to be validated in future research.

FINDINGS AND DISCUSSION

This research study explored employees' experiences in a hotel quarantine facility as the basis for developing a crisis management framework. After carefully reviewing the informant's answers and carefully analyzing the interview transcripts, commonalities were clustered together, and the researchers came up with major themes. These were: (1) experiences of employees working in a hotel quarantine facility and (2) coping mechanism measures during the crisis.

Table 1. Characteristics of the Informants

Informants	Gender	Workplace	Position
Informant 1	Female	D128 Hotel	Front Desk Clerk
Informant 2	Female	D128 Hotel	Front Desk Clerk
Informant 3	Male	Hotel Lorita	Maintenance staff
Informant 4	Male	Hotel Lorita	Front Desk Clerk
Informant 5	Male	Villa Blanca Hotel	Supervisor
Informant 6	Male	Villa Blanca Hotel	Housekeeping staff

Theme 1: Experiences of Employees Working in a Hotel Quarantine Facility

The informants describe their experience while working in a hotel quarantine facility despite the risks and challenges of the covid-19 virus. The established sub-themes common to most responses are the employees' reasons and challenges working in a quarantine hotel facility.

Sub-Theme 1: Reasons for Staying Employed in a Hotel Quarantine Facility
A. Financial Necessity

The informants mentioned feeling scared and nervous when working in a hotel quarantine facility. The informants acknowledge the risks of the virus for themselves and their families. Still, they remain working in a hotel quarantine because they provide for the family. Moreover, the informants mentioned that they could not feed their families if fear overwhelmed them. The employees in a hotel quarantine have left no choice but to continue working despite the dangers since they have a family to sustain and provide for.

Moreover, the results of this study echoed the study of Teng et al. (2020), stating that when a hotel becomes quarantined, staff must decide whether to remain working while endangering their lives or to leave. Moreover, this implies that the hotel management must provide benefits such as hazard pay, bonuses, and, if possible, increased salaries. This is supported by Hsu (2021) that in addition to financial bonuses and salary increases, many states and territories have appropriately developed reward programs for frontline healthcare professionals, allowing them to benefit from unique discounts and promotions for many months of service. Some of the verbalizations are:

"The fact that many are counting on me still dominates my mind. If it is just me, maybe I can make the sacrifice of not working here anymore. But as I said, my family depends on me, so what will I feed them if I do not work? At first, I was scared, of course, but because I had no choice. The first thing that came into my mind was, I will not be able to feed my family and will have financial problems."- Arman

"I need a job because I have three children. One is in college, and I still have a baby."-Lorie

"We need money, Ma'am. My family will starve. I need to train myself, or else my family will starve ma'am if I stop working. I will accept any job."-John Paul

B. Dedication to Serving the Hotel

For the informants, staying and working in a hotel quarantine facility is their way to help the guests and the industry because no one else can and is willing to do the job. They also claimed that it was an honour to be a part of the front liners who helped people during the surge of the Covid-19 pandemic. This finding is consistent with the study conducted by Montemayor (2021), which shows that the employees chose to stay working in a hotel quarantine facility because it is their only way to help the country and show their loyalty and commitment to service. Their passion, commitment, dedication, and willingness to help the industry are some of the primary reasons they chose to stay. These employees provide a new overview of the dedication and passion of employees working in the hotel industry. The findings imply that employees in the hotel sector work not for the money but for their enthusiasm and loyalty to the industry. These benefit hotel owners as they can retain their employees despite any crisis.

Moreover, this should remind hotel owners to treat and provide all the support to their employees. This is supported by Tan et al. (2020), who stated that hotel employees are willing to go to any length to demonstrate their allegiance and dedication to their superiors. However, this contradicts the findings by Hernandez (2020), which show that employees who work in a

quarantine facility are more concerned about their health and safety than their commitment to helping the industry. Some of the verbalizations are:

> "Before the pandemic, we were scared, very scared, but then we thought that front liners are needed and that is the only thing we could contribute. So why refuse? Also, the guests do not have anywhere else to go. The other hotels do not want to accept them. That is why we did."- Samantha

> "Actually, I am happy even if there is COVID because we will not stay long in one job. I am 14 years old here already. A person cannot stay long in a job if he/she is not happy. Maybe someday when I decide to leave my job, I will be in tears because I love this hotel."-Eric

> "Of course, we are counted as some important employees here. Once we are not here, the hotel will not function because we are the maintenance."-Lorie

C. Willingness to Help the Medical Frontliners

Results of this study showed that hotel employees' main reason for staying in a quarantine facility is their willingness to help the frontlines as well as the country in battling the deadly virus. Some employees mentioned that because there is a lack of quarantine facilities and hospitals are already at full capacity, they willingly stayed when the hotel became a quarantine facility as their one way of helping the frontlines. Working in a quarantine facility allows the informants to help the frontlines. This echoes the previous article by Hotelier Magazine (2020), which states that some corporations provided free lodging to doctors and nurses to ease the hassle of travelling from their place to the hospital. Similarly, the study of Mushtaque et al. (2021) justifies the statement, stating that despite the workload and perceived risk, 42.6% of participants volunteered to work if their department needed their services, while 55.2% agreed to work whether their department contacted them or not. This implies that despite the risk of virus transmission, hotel quarantine employees find a way to assist the front liners, as they are the only ones with the capability and knowledge to serve the hotel industry. The quarantine employees mirror not only the hospitality industry workers' dedication but also the devotion of front liners from various management, such as the hotel discounts and accessible accommodation to medical frontlines. Some of the verbalizations are:

> "We are also scared. It is considered a challenge for us, of course. Frontliners are needed. That is the only thing we can contribute, so why not? At least we know what to do to not get infected. Our reason is to help. Many frontliners refuse to like nurses. Then they get people for utilities, even though they do not want to, because they know that they are the only hope and no one else will help."-Samantha

> "We say that frontliners are needed and that is the only thing that we contribute."-Lorie

Sub-Theme 2: Challenges Encountered while Working in a Hotel Quarantine Facility

When asked about their challenges, the prevalent theme common from the informants' responses are (1) fear of contagion from the virus, (2) changes in working assignments (3) dealing with behavioural issues.

A. Fear of Contagion from the Virus

The study's result shows that most informants were scared and nervous due to the health

risks associated with the virus. According to them, they felt terrified for themselves and their families because there was a high possibility of getting contaminated, resulting in sudden death. Similarly, the challenge hotel employees experienced was the high mental stress associated with the exposure, high workloads, decreased income, and contagion from the virus (Teng et al., 2020). Hotel workers working with quarantined guests stand a higher risk of infection because these contacts are the primary transmission means. This implies that the hotel management must conduct a proper orientation on the characteristics of the virus and safety health protocols to ease the fear and stress that every hotel employee undergoes when working in a quarantine facility. This will benefit the hoteliers as they become more secure, comfortable, and confident in case another crisis occurs. This is supported by Brooks et al. (2017) and Teng et al. (2020), which demonstrate the need for good training before, during, and after the Covid-19 epidemic and how it may be used to prevent mental health issues. Employees should get training in various COVID-19 protective measures, including causes, modes of transmission, symptoms, and proper cleaning and disinfection procedures. Training also informs personnel of appropriate conduct and its significance in stopping the virus' spread (Hamouche, 2020; Teng et al., 2020). Some of the verbalizations are:

"I feel scared. Of course, we have a feeling of sacredness, especially during those times of Covid."-Lorie

"I am also worried because it is a quarantine facility. We can be contaminated with the virus."-Marlon

"We are scared and nervous. My work situation has changed."-John Paul

B. Changes in Working Assignments

When the hotel started to operate as a quarantine facility, most employees quit, while some were retrenched. Moreover, those who continue to work experienced extra workloads as they needed to attend to other assignments besides their usual jobs. When the hotel started to operate as a quarantine facility, there was an increase in their workloads, and they became all-around employees. Some informants mentioned that they were initially a maintenance crew, but they became all-around employees, such as front desk clerks, security guards, and housekeepers. Moreover, a previous study showed that the pandemic affected every role in hospitality. Some of these changes are the employees' roles as they do the job that some employees used to do (Mihalache & Mihalache, 2021). Moreover, the employees affirmed that attending to various assignments was challenging, especially when working overtime, resulting in high exhaustion. This implies that hotel management must hire more employees to deliver a great guest experience and train hotel workers in transferable soft skills. Some of the verbalizations are:

"Before the pandemic, we regularly started at 6:00 am. Adaptation is not easy. It took us a month because it was difficult, but when the hotel became a quarantine facility, we started at 3:00 am and ended at 9:00 pm. It is our everyday schedule."-Marlon

"The effect for us is that I became all around. I worked as a front desk, maintenance, and room boy. That became my task, and I also became a security guard."-Lorie

"Until the first month of the COVID skeletal schedule, we are scared. When the time came, our front desk, kitchen personnel, and hotel staff left. The ones left are maintenance staff. From day

to night, my co-worker and I exchange schedules. We have to sacrifice. We also became the front desk when the LSI arrived."-Eric

"Before the pandemic, I am a service crew. The operation here is face-to-face. But when the COVID began, I became an all-around crew."-John Paul

C. Dealing with Behavioral Issues

Given the current situation of quarantine hotels where the hotel employees' roles are similar to that of medical frontliners, it is very challenging to deal with the behavioural problems of the isolated guests. Results of the study show that some quarantined guests are ill-tempered and irritable because they do not want to be in an isolation facility. The informants stated that the most challenging part of dealing with guests is those unwilling to follow the safety protocols set by the local government in a hotel quarantine facility. Non-compliance with the safety protocols can harm the guests and hotel employees as they have direct contact with the isolated guests. Understandably, hotel employees are trained to interact with diverse people in a normal situations. However, dealing with guests with behavioural problems in a hotel quarantine facility can harm employees, friends, and families. Some of the verbalizations are:

"Some were grumpy because they did not want to be quarantined. We choose to understand them and advise them that if they do not get quarantined, there is a possibility that they will infect their family at home."-Marlon

"There are times that they complain about being quarantined; they are dramatic, they have a lot of complaints, and they ask too many questions sometimes."-Samantha

"In our working environment, the quarantined people are mixed. They have what we call, in general, "two-faced," "companionship." When it comes to hotels or any other company, we cannot avoid that. Plasticity is the nature of humankind. Even when the quarantined OFW do not want to comply, they have to because there is nothing they can do about it. It is the policy of the hotel as well as the government."-Eric

Theme 2: Coping Mechanism during a Crisis

The prevalent theme common when asked about the informants' coping mechanisms are (1) the provision of adequate protective equipment and (2) the implementation of health and safety procedures in hotel operations.

A. Provision of Adequate Protective Equipment

For the informants, wearing Personal Protective Equipment (PPE) is essential to administering to isolated guests, especially when delivering the food and sanitizing the room. Moreover, taking a bath before interacting with family, taking vitamins, and eating nutritious food are just some healthy practices of employees to ease the threat of the virus and feel safe working in a quarantine facility. Personal safety measures, personal hygiene, and following standard protocols are essential when fighting any virus. It is supported by Statista's (2022) statement, stating that it is critical to follow proper hotel sanitation standards to avoid cross-contamination and, consequently, the spread of disease. Moreover, for the hotel employees, maintaining their safety, proper medications, and hygienic practices are essential not only for themselves but also for the hotel and guests, which shares a similar sentiment to the study of Decon (2021), which states that sanitation and hygiene are critical components of hotel and restaurant operations.

"There are times because, of course, we have vitamins. Our boss gives all the vitamins, PPE, and complete uniform. I was in the kitchen then, and we also brought food to the door. We no longer went in. We only eat healthy foods, we wear PPE when we go around the hotel."-Marlon

"I am doing my precaution because I told my children before: when you see me coming, do not come near me, do not hug me. Do not let them do what we are used to; what they do when they arrive at 6 p.m.; put my clothes and soap outside. Then close the door as well as the gate. That is how we do it for safety."-Eric

B. Implementation of Health and Safety Procedures in Hotels

Even with changing limits and government mandates, hotels can take basic precautions to equip their property for quarantined guests and expedite operations. These Standard Operating Procedures (SOPs) and checklists for hotel quarantine facilities are in addition to the increased cleaning and sanitization procedures that hoteliers must employ to avoid the spread of COVID-19 and to ensure the health and safety of their guests and employees. This study shows that to protect themselves from the virus, they follow the hotel protocols and protocols by the Department of Health (DOH), such as social distancing and wearing Personal Protective Equipment (PPE). Some visible changes from the previous operation include leaving the food in front of the door, signages of the protocols by the DOH, and allocating Police officers outside the hotel to ensure that standard protocols are strictly followed. In a COVID-19-dominated workplace, enhanced cleanliness and hygiene are essential elements of effective hotel operations (Jiang & Wen, 2020; Tan et al., 2020). According to the Team (n.d.) study, hotel guests are more aware of and worried than ever about hygienic practices. Due to the pandemic's decreased occupancy, hotels go above and above to ensure their customers are comfortable. Disobedience to sanitary regulations may lead to illness, a decline in trust, and long-term harm to the company. Some of the verbalizations are:

"I was scared too, but that is why we wear PPE."-Samantha

"What we do when the guest orders is, we place something like a table or chair in front of their door, so what we do is place the food there, we knock on it, but if no one answers, we just leave it outside. Every room follows, we already had a DOH protocol before they posted it before it was made into a quarantine facility. There is a protocol hanging on the inside of their door. So, what do we do when we enter? "Sir, please read the DOH protocols on your door." They observe the protocols."-Arman

Therefore, based on the findings, this study proposed the Human Resource Crisis Management Framework, as presented in Figure 1, based on the findings on employees' experiences in a hotel quarantine facility. It illustrates the suggested actions that have to be implemented by the HR department in terms of crisis management to ensure the safety and comfort of the hotel employees while working in a hotel quarantine facility. Phase 1 is the pre-crisis stage, wherein the hotel management should conduct an orientation on the nature of the hotel itself. Also, in this phase, expectations on each employee's roles and responsibilities and discussing their wages and benefits must be laid out, especially during a crisis. During the Pre-Crisis stage, employees must be oriented to another nature of work to better function on their new assignments. Also, regular monitoring of employees' health status is a must to ensure their safety during the surge of the pandemic and offer job opportunities to employees. Phase 2, during a crisis, this stage requires identifying any possible losses of human resources. A calculation must be conducted to determine

the costs and damages caused by the pandemic regarding human resources. Hotel management should provide adequate compensation to the employees. Constant communication and feedback are also a must. Also, employees receive physical and mental support at this stage and monitor their health status. Lastly is phase 3, the post-crisis. At this stage, there is a need to restore misplaced employees to their original posts after the pandemic surge. Consequently, employees must be reoriented to the new environment, including the health protocols, to have them accept the change and subsequently perform.
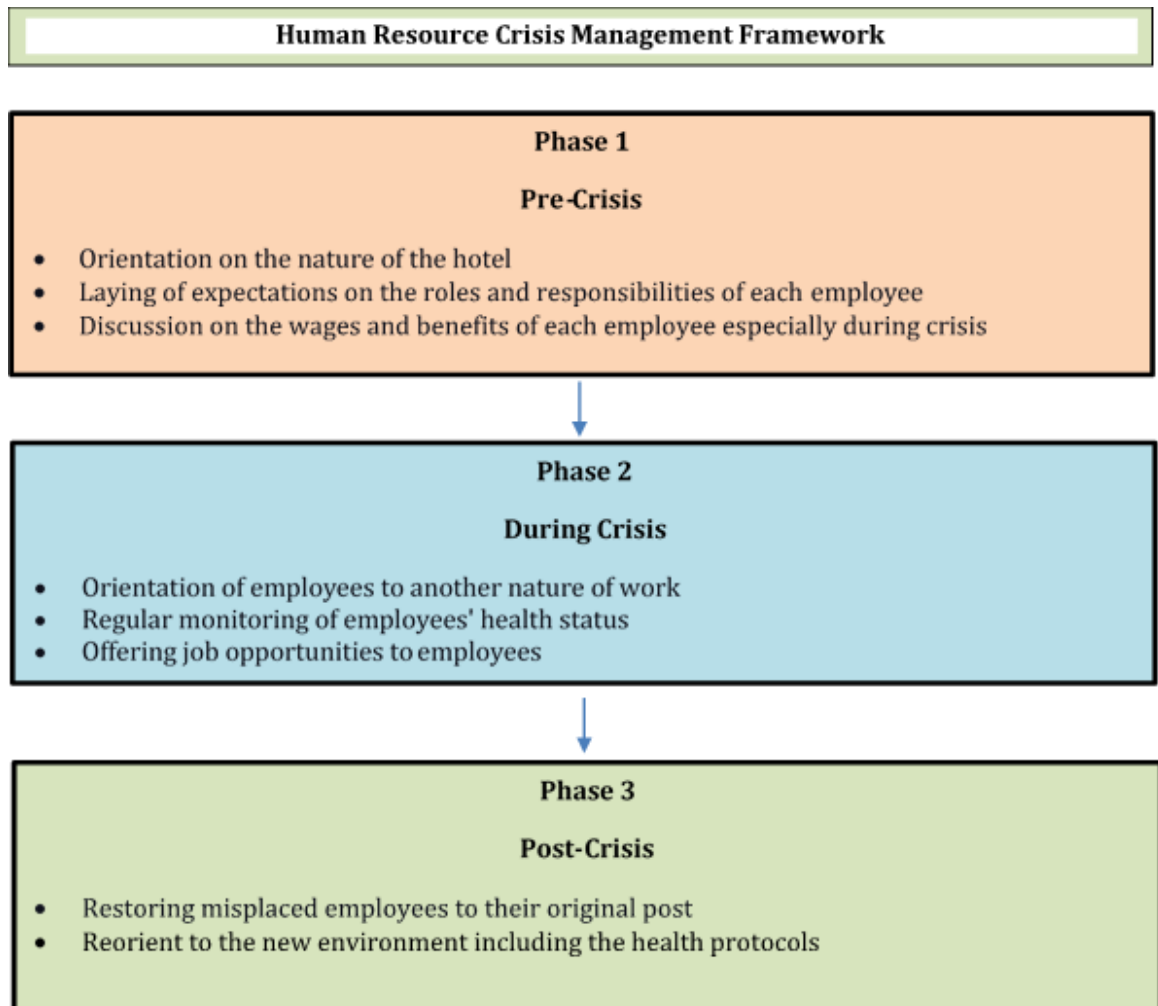
Human Resource Crisis Management Framework

Phase 1

Pre-Crisis

- Orientation on the nature of the hotel
- Laying of expectations on the roles and responsibilities of each employee
- Discussion on the wages and benefits of each employee especially during crisis

Phase 2

During Crisis

- Orientation of employees to another nature of work
- Regular monitoring of employees' health status
- Offering job opportunities to employees

Phase 3

Post-Crisis

- Restoring misplaced employees to their original post
- Reorient to the new environment including the health protocols

Figure 1. Human Resource Crisis Management Framework

CONCLUSIONS

The study concludes that the lack of hospital rooms and quarantine facilities has led to the abrupt use of hotel rooms as isolation facilities for people needing a 14-days quarantine. Hotel employees have become frontline catering to the needs of isolated guests. However, hotel employees were unprepared for this crisis which impacted their regular operations and standard procedures. Employees in hotel quarantine facilities undergo countless challenges, such as changes in work assignments, fear of contagion from the virus, dealing with behavioural issues of the guests, and changes in their work routines: daily wearing of PPE, early coming to work and overtime work, self-protection measures against the virus, maintaining a healthy lifestyle, compliance with the health and safety procedures in hotel operation. Despite the possible risks concerning their employment, hotel employees still prefer to remain in their respective jobs due to financial

necessity, dedication to serving the hotel, and willingness to help the frontline during these challenging times. One of the most important considerations is also that employees are the company's most important assets and are in charge of carrying out crisis management strategies as necessary. The human resources management framework has three phases: pre-crisis, during, and post-crisis. The management formulates expectations on each employee's roles and responsibilities. They also provide different levels of communication to discuss the wages and benefits of each employee, especially during a crisis that must be laid out. During the crisis, hotel management orientated their employees to another nature of work to increase focus on employee preparedness for crises. Also, regular monitoring of employees' health status is a must. Post-crisis consists of restoring misplaced employees to their original posts and reorienting to the new environment, including health protocols consultations.

LIMITATION & FURTHER RESEARCH

This study seeks to suggest the following. First and foremost, hotel management should be advised to conduct essential orientations on the nature of the hotel and health protocols and to offer proper familiarization about Covid-19 for awareness. Management should necessarily formulate laying of expectations on the roles and responsibilities of each employee. Moreover, providing different levels of communication to discuss the wages and benefits of each employee, especially during a crisis, must be properly laid out. During a crisis, hotel management should orient their employees to another nature of work to increase focus on employee preparedness. Also, regular monitoring of employees' health status is encouraged to maintain the health and safety of employees in a quarantine facility. This will guarantee that the hotel management is ensuring everyone's health, physical, mental, and even psychological states are well-monitored. Consequently, offering employees job opportunities is necessary to support them financially during the pandemic. There is also a need to restore misplaced employees to their original posts and reorient their new working environment.

It is also recommended to the DOT that the continual checking of each hotel's data of people is advised to avoid potential guests that could break specific protocols like skipping isolation, breaking safety protocols, etc. Furthermore, DOT should ensure that hotels strictly adhere to the safety measures set by the WHO and the (DOH). For LGU, they should have scheduled visits to reorient hotel staff with updated information on new protocols to keep them informed on any protocols released by the national government.

Meanwhile, the proposed Human Resource crisis management framework must be validated to ensure the reliability and validity of the information stated. Also, the validation process will propose an opportunity to prove the accuracy and effectiveness of the data presented in a real-life crisis. Lastly, future researchers may consider similar or related studies on the exploration of employees' experiences during a health crisis, or any crisis for that matter, and be able to develop a framework that may be held useful and applicable in the chosen workplace.

REFERENCES

Alkhamees A.A, Aljohani M.S, Alghesen M.A, Alhabib A.T (2020). Psychological Distress in Quarantine Designated Facility During COVID-19 Pandemic in Saudi Arabia. *Risk Manage Health Policy, 13*, 3103-3120. https://doi.org/10.2147/RMHP.S284102

Aquino, J. A., Banal, J. T., Pablo, F., David, J., & Sarmiento, P. J. D. (2021). From leisure to isolation: a call to explore hotel sectors' role during COVID-19 pandemic. *Journal of Public Health, 43*(3), e553-e554. https://doi.org/10.1093/pubmed/fdab172

Barbe, D., & Pennington-Gray, L. (2018). Using situational crisis communication theory to understand Orlando hotels' Twitter response to three crises in the summer of 2016. *Journal*

of Hospitality and Tourism Insights, 1(3), 258–275. https://doi.org/10.1108/jhti-02-2018-0009

Brooks, S. J., Dunn, R., Amlôt, R., Rubin, G. J., & Greenberg, N. (2017). A Systematic, Thematic Review of Social and Occupational Factors Associated with Psychological Outcomes in Healthcare Employees During an Infectious Disease Outbreak. *Journal of Occupational and Environmental Medicine, 60*(3), 248–257. https://doi.org/10.1097/jom.0000000000001235

Dennis, A. (2020, April 15). *Virus outbreak sees Sydney hotel activate robot staff*. Traveller. Retrieved from https://www.traveller.com.au/sofitel-sydney-darling-harbour-activates-robot-hotel-staff-in-wake-of-coronavirus-h1ncwf

Dincer, D., & Göçer, Ö. (2021). Quarantine Hotels: The Adaptation of Hotels for Quarantine Use in Australia. *Buildings, 11*(12), 617. https://doi.org/10.3390/buildings11120617

Goh, E., & Baum, T. (2021). Job perceptions of Generation Z hotel employees towards working in Covid-19 quarantine hotels: the role of meaningful work. *International Journal of Contemporary Hospitality Management, 33*(5), 1688–1710. https://doi.org/10.1108/ijchm-11-2020-1295

Guevara, G, (2021). Open Letter from the World Travel & Tourism Council (WTTC). World Travel & Tourism Council. Retrieved from: https://wttc.org/Portals/0/Documents/Press%20Releases/COVID-19-Open-Letter.pdf?ver=2020-05-05-114148-913

Hamouche, S. (2020). COVID-19 and employees' mental health: stressors, moderators and agenda for organizational actions. *Emerald Open Research, 2*, 15. https://doi.org/10.35241/emeraldopenres.13550.1

HNN. (2020). *Hilton has closed 150 hotels in China due to CoronaVirus*. CNBC. https://www.cnbc.com/2020/02/11/hilton-has-closed-150-hotels-in-china-due-to-c%20oronavirus.html

Hollander, J. (2023). *58 Tourism Industry Statistics Showing COVID-19's Impact*. HotelTechReport. https://hoteltechreport.com/news/tourism-industry-statistics

Hsu, H. (2021). *Salary Increases: Best Practices for Leaders to Consider*. Indeed for employers. https://www.indeed.com/recruitment/c/info/salary-increases-best-practices-for-leaders

Huang, A., De La Mora Velasco, E., Marsh, J. E., & Workman, H. (2021). COVID-19 and the future of work in the hospitality industry. *International Journal of Hospitality Management, 97*, 102986. https://doi.org/10.1016/j.ijhm.2021.102986

Jiang, Y., & Wen, J. (2020). Effects of COVID-19 on hotel marketing and management: a perspective article. *International Journal of Contemporary Hospitality Management, 32*(8), 2563–2573. https://doi.org/10.1108/ijchm-03-2020-0237

Kang, L., Li, Y., Hu, S., Chen, M., Yang, C., Yang, B., Wang, Y., Hu, J., Lai, J., Ma, X., Chen, J., Guan, L., Wang, G., Ma, H., & Liu, Z. (2020). The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus. *The Lancet Psychiatry, 7*(3), e14. https://doi.org/10.1016/s2215-0366(20)30047-x

Kovaltchuk, A. P., Dedusenko, E. A., Blinova, E. V., & Miloradov, K. A. (2016). Concept and Procedures of Crisis Management in Russian Hotel Enterprises. *Journal of Environmental Management and Tourism, 7*(3), 473–480. https://journals.aserspublishing.eu/jemt/article/view/357

Lai, I. K. W., & Wong, J. W. C. (2020). Comparing crisis management practices in the hotel industry between initial and pandemic stages of COVID-19. *International Journal of Contemporary Hospitality Management, 32*(10), 3135–3156. https://doi.org/10.1108/ijchm-04-2020-0325

Manabat, J. (2021b, August 24). COVID-19 infections in Cagayan surge with over 4,000 active cases. RAPPLER. https://www.rappler.com/nation/covid-19-infections-cagayan-surge-august-23-2021/

Mihalache, M., & Mihalache, O. R. (2021). How workplace support for the COVID -19 pandemic and personality traits affect changes in employees' affective commitment to the organization and job-related well-being. *Human Resource Management, 61*(3), 295–314. https://doi.org/10.1002/hrm.22082

Mikulić, J., Sprčić, D. M., Holiček, H., & Prebežac, D. (2018). Strategic crisis management in tourism: An application of integrated risk management principles to the Croatian tourism industry. *Journal of destination marketing & management, 7*, 36-38.

Mushtaque, I., Raza, A., Khan, A. A., & Jafri, Q. A. (2021). Medical Staff Work Burnout and Willingness to Work during COVID-19 Pandemic Situation in Pakistan. *Hospital Topics, 100*(3), 123–131. https://doi.org/10.1080/00185868.2021.1927922

Montemayor, A. (2021). *What does Employee Loyalty Look Like in the Post Pandemic World?* Vantage Circle. https://blog.vantagecircle.com/employee-loyalty-post-pandemic/

Pillai, S. G., Haldorai, K., Seo, W. S., & Kim, W. H. (2021). COVID-19 and hospitality 5.0: Redefining hospitality operations. *International Journal of Hospitality Management, 94*, 102869. https://doi.org/10.1016/j.ijhm.2021.102869

Prang, A., & Karmin, C. (2020, June 16). *Hilton Cutting About 22% of Global Corporate Workforce*. WSJ. https://www.wsj.com/articles/hilton-cutting-about-22-of-global-corporate-workforce-11592320760

Revfine.com. (2022e, June 20). *Hotel Industry: Everything You Need to Know About Hotels!* https://www.revfine.com/hotel-industry/

Statista. (2022, July 19). *COVID-19: job loss in travel and tourism worldwide 2020-2021, by region*. https://www.statista.com/statistics/1104835/coronavirus-travel-tourism-employment-loss/

Tan, Z., Phoon, P. H. Y., Zeng, L., Fu, J., Lim, X. F., Tan, T. E., Loh, K., & Goh, M. S. (2020). Response and Operating Room Preparation for the COVID-19 Outbreak: A Perspective from the National Heart Centre in Singapore. *Journal of Cardiothoracic and Vascular Anesthesia, 34*(9), 2331–2337. https://doi.org/10.1053/j.jvca.2020.03.050

Team, D. (n.d.). *Understanding The Importance of Sanitation and Hygiene in Hotel and Restaurant Operations*. https://blog.decon7.com/blog/understanding-the-importance-of-sanitation-and-hygiene-in-hotel-and-restaurant-operations

Teng, Y., Wu, K., Lin, K., & Xu, D. (2020). Mental Health Impact of COVID-19 on Quarantine Hotel Employees in China. *Risk Management and Healthcare Policy*, *13*, 2743–2751. https://doi.org/10.2147/rmhp.s286171

Teng, Y. M., Wu, K. S., & Lin, K. L. (2020). Life or livelihood? mental health concerns for quarantine hotel workers during the COVID-19 pandemic*. Frontiers in Psychology, 11*, 2168.

Thiessen, T. (2020, August 6). *Hotel Group Accor Cut 1000 Jobs Worldwide After Covid Losses.* Forbes. https://www.forbes.com/sites/tamarathiessen/2020/08/06/hotel-group-accor-cuts-1000-jobs-after-covid-losses/?sh=bc8d32f68856

Tussyadiah, I. P. (2020). A review of research into automation in tourism: Launching the Annals of Tourism Research Curated Collection on Artificial Intelligence and Robotics in Tourism. *Annals of Tourism Research, 81*, 102883. https://doi.org/10.1016/j.annals.2020.102883

Wallis, G. (2021, November 24). *Updated: COVID-19 Impact Deepens.* hotelbusiness.com. https://hotelbusiness.com/covid-19-impact-deepens/

Walton, M. J., Murray, E., & Christian, M. D. (2020). Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic*. European Heart Journal. Acute Cardiovascular Care, 9*(3), 241–247. https://doi.org/10.1177/2048872620922795

What Is the Hospitality Industry? Your Complete Guide | Cvent Blog. (n.d.-b). https://www.cvent.com/en/blog/hospitality/what-is-the-hospitality-industry

Zhang, J., Xie, C., Wang, J., Morrison, A. M., & Coca-Stefaniak, J. A. (2020). Responding to a major global crisis: the effects of hotel safety leadership on employee safety behavior during COVID-19. *International Journal of Contemporary Hospitality Management, 32*(11), 3365–3389. https://doi.org/10.1108/ijchm-04-2020-0335

Zhao, Y., & Xu, H. E. (2020, March 20). *Chinese Public Attention to COVID-19 Epidemic: Based on Social Media.* medRxiv (Cold Spring Harbor Laboratory); Cold Spring Harbor Laboratory. https://doi.org/10.1101/2020.03.18.20038026