

BA International Hotel Management

BMIH6001 Contemporary Themes in the Hotel and Hospitality Sector

The Deepening Mental Health Crisis in the Hospitality Industry

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Abstract

Mental health crisis in the global hospitality industry is increasing in both structural, organisational, and cultural aspects, which are the scope of this research paper. The paper assesses the role of burnout and psychological distress in an extensive number of studies by using the PEAS analytical framework to determine the relationship between excessive job demands, emotional labour, and inadequate managerial support. It lists the main issues according to the secondary research that was performed during 2019-2025 as stigma, excessive working hours, and the lack of well-being infrastructure. The case studies of leading hotel brands such as Marriott, Hilton, Accor, and IHG indicate the positive progress and the existing inadequacies in the well-being practices. The results indicate that the treatment of mental health should be beyond temporary programs and should be integrated into the long-term business strategy, leadership training, and policy development. The paper ends with a set of recommendations, which can be adopted in practical terms in order to incorporate the objectives of well-being, reinforce the system of employee support, and foster a united approach to mental health in the whole hospitality industry.

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1. Introduction

The hospitality business has been known to have a great pace, emotive demand, and intense labour. Long hours, irregular hours, and frequent communication with the guests are the conditions that make employees work in a state of stress and emotional burnout (Abdou, Shehata, and El-Deeb, 2022). Strangely worsening mental problems in the hospitality industry have become a worldwide issue, especially after COVID-19, which exacerbated burnouts and job uncertainties and reduced the workforce (Elshaer and Azazz, 2023). Increased absenteeism and high turnover rates have also contributed to the instability of the workforce in the UK, Europe, and Asia, adding financial and operational strains (Ayachit and Chitta, 2022). It is not an individual problem, and the World Health Organisation (2022) claims that because having a poor mental state negatively affects productivity and health risk, it is a structural problem that needs to be addressed. The paper examines the nature and effects of mental health issues in the hospitality industry and suggests some evidence-based measures to improve the situation sustainably by comparing literature, performing thematic analysis, and providing recommendations.

2. Literature Review

2.1 Theoretical Context

There are three major theoretical frameworks that describe the reasons and sustenance of mental health issues in hospitality work. According to the Job Demand-Control-Support (JDCS) Model, psychological strain arises when employees have high job demands and limited autonomy and have poor social support (Christiansen, Hviid, and Poulsen, 2024). Long working hours, rigorous service regulations, and pressures of customers are more likely to cause exhaustion in hospitality (Portoghese, Galletta, and Leiter, 2025). According to the Maslach Burnout Theory, emotional exhaustion, depersonalisation, and low accomplishment are the results of prolonged emotional labour (Demerouti, 2024). Lastly, when workers have primary resources (such as rest, recognition, and support) lost, this leads to stress and is demonstrated through the Conservation of Resources (COR) Theory (Liao, Zhang, and Xie, 2022; Edu-Valsania, Laguia, and Moriano, 2022). All these models themselves disclose not individual but systemic origins of ill mental conditions.

2.2 Causes of the Mental Health Crisis

Mental health crisis in hospitality is a result of structural and cultural factors that are related to each other. The former one is workload intensity. Sleep and family life Hospitality is a 24-hour

business subject to lengthy, anomalous working shifts (Abdou, Shehata, and El-Deeb, 2022). Emotional control of guests who are difficult to get along with increases stress (Xiong et al., 2023). COVID-19 added to these demands by bringing about uncertainties, economic insecurity, and stigmatisation of the virus. A lot of employees were laid off, or their working time was reduced, and the ones who were not laid off at this point received too much workload (Elshaer and Azazz, 2023). The OECD and ILO (2022) report that these had a great impact on amplifying occupational stress in the hospitality and food industry worldwide.

Poor salaries, low career advancement, and staffing shortages are also other factors that worsen the stress levels. Understaffing may cause distress and frustration because employees are asked to undertake several roles (Baquero et al., 2023). The current culture of toughness in the hospitality industry does not encourage people to talk about emotional conflicts or professional assistance (Ayachit and Chitta, 2022). Employees are afraid of being stigmatised or losing a job in case they do show distress. All these forces together form a perfect storm of psychological distress, in which organisational demands are many times more than the carrying capacities of individual coping mechanisms (Saito, Yamamoto, and Kato 2025).

2.3 Consequences on Organisations and Employees

Human and business impacts: Mental health issues in hospitality are far-reaching. At an individual level, employees feel burned out, experience anxiety and depression, and in most cases, their result is an emotional lack of attachment to guests and loss of motivation (Demerouti, 2024). There are physiological effects, e.g., chronic fatigue and headache, which are prevalent (American Journal of Industrial Medicine, 2024).

Such poor well-being results in absenteeism, presenteeism, and turnover, organisationally (Yikilmaz and Aksoy, 2025). Presenteeism, which is coming to work in a mentally unhealthy state, leads to a decrease in the quality of services and a high number of errors during work. This degradation affects the satisfaction of guests and brand image (Baquero et al., 2023).

Poor mental health has costs that can be measured in economic terms. According to the CIPD (2024), employers in the UK incur billions in losses annually through stress-related absence, and hospitality was one of the most vulnerable industries. According to the estimates of the World Health Organisation (2022), each dollar spent at the workplace on mental health brings four times the returns in terms of better productivity and decreased absenteeism. Severe human resources and turnover contribute to instability and, as a result, train recruits in the place of experienced

employees instead of providing them with human resources (Abdou, Shehata, and El-Deeb, 2022). Such a cycle not only lowers the levels of service but also raises the pressure on managers, which confirms mental health as a sustainability issue, both morally and economically.

2.4 Current Interventions and Gaps

Mental health programs have been a starting point in the hospitality industry, but they are not equally effective. Wellness workshops and mindfulness catch-ups, as well as Employee Assistance Programmes (EAPs), are becoming prevalent in large hotel chains. There is, however, limited reach as found in reviews, with partly successful outcomes (Saito, Yamamoto, and Kato, 2025).

The focus lies with the leadership behaviour. Passive and understanding leaders can make a big impact on maintaining stress and enhancing satisfaction (Christiansen, Hviid, and Poulsen, 2024). Nevertheless, authoritarian cultures and strict hierarchies still exist, which limit the voice of employees (Ayachit and Chitta, 2022). Current research suggests implementing a multi-tiered solution, which involves personal coping mechanisms and organisational changes, including job redesign, equitable scheduling, and emotional intelligence training (Liu, Wang, and Zhang, 2023). Regardless of this progress, there are research gaps. Not many frameworks focus on interventions in specific pressures of hospitality. The OECD and ILO (2022) suggest that the inclusion of mental health standards should be integrated into the broader policy on decent work. However, there are poor budgets and a lack of proper regulation to implement it. Recent findings support the fact that in the absence of systemic change, the isolated well-being programmes cannot have any long-term impact.

3. Method

3.1 Research Design

The research takes the qualitative research methodology, relying on more empirical research, policy briefs, and industry reports published from 2019 to 2025. The information was gathered from sufficient sources, such as peer-reviewed articles, World Health Organisation (2022), OECD & ILO (2022), and CIPD (2024). Several keywords were employed in databases, including Scopus, ScienceDirect, and PubMed, to find adequate material such as hospitality mental health, employee burnout in hotels, and work well-being tourism.

3.2 Analytical Framework

The PEAS model (Problem, Evidence, Analysis, Solution) was used to organise the arguments and create a clear argument flow. The framework promotes logical consideration of the problem by a

clear definition of the primary problem, defining meaningful evidence, discussing causes of the problem, and coming up with solutions that are practical. To determine internal and external factors that contribute to mental health crises in the hospitality industry, complementary tools (SWOT analysis and case study comparison) were utilised.

3.3 Limitations

The study is based on secondary sources, which do not allow for conducting real-time observation of the experiences of individuals. There is potential for regional bias, as it is mostly studied in Europe and Asia. Nonetheless, the chosen literature is rather valid to investigate the crisis holistically.

4. Theme Impact Analysis

Problem:

The hospitality industry is undergoing a mental health crisis that builds up due to the continued emotional labour, lack of staff, and stress in operations after the pandemic. The frontline workers, especially in hotels and restaurants, are subjected to long hours, unpredictable workload, as well as emotionally charged interaction (Abdou, Shehata, and El-Deeb, 2022). According to the Job Demand-Control-Support (JDCS) model, high job demands, accompanied by low levels of control and ineffective managerial support, aggravate burnout (Christiansen, Hviid, and Poulsen, 2024). In the same case, the Conservation of Resources (COR) theory can be used to identify that when emotional and physical resources are continually depleted with no proper recovery, it may result in psychological stress in the long term (Liao, Zhang, and Xie, 2022). All these lead to decreased motivation, satisfaction, and engagement, as well as the establishment of an unsustainable working culture.

Evidence:

There is a lot of literature that acts to back up the fact that there is this crisis. The validity of the claim can be reassured by a systematic review of the burnout research in the hospitality industry, which revealed that high workload, emotional labour, and the lack of autonomy are the primary causes of mental distress (Ayachit & Chitta, 2022). During the period of COVID-19, stress levels became complicated by unemployment and job insecurity among the employees of the tourism and hotel industry (Elshaer and Azazz, 2023). A different study also associated long working hours and poor patterns of rest with the work-family conflict and intentions to leave (Abdou, Shehata, and El-Deeb, 2022).

Under policies, OECD and ILO (2022) highlight that hospitality is one of the sectors sensitive to workplace stress. The WHO (2022) cautions that untreated mental illness will lower productivity by up to 12% at a cost of billions annually to employers. The CIPD (2024) also states that mental ill-health is currently among the leading three reasons for absence in the UK, especially in service workers.

Empirical evidence, provided by Baquero et al., (2023) and Yikilmaz and Aksoy, (2025) shows that the intention to quit by the employees directly predicts the presence of psychological distress in hotel workers, and presenteeism (employees that continue working despite having illness) is identified by Baquero et al., as a threat to well-being and quality of service delivery system (2023). In addition to this, Saito, Yamamoto, and Kato (2025) explain how these pressures generate the perfect storm that compromises the resilience of the whole workforce in the hospitality sector.

Analysis:

According to the JDCS model, the majority of the hospitality workplaces have an imbalance, giving high demands and limited decision-making power, combined with a lack of social support to the employees. It leads to emotional burnout and detachment, as is demonstrated in Demerouti (2024) and Portoghese, Galletta, and Leiter (2025). Based on COR theory, time and again workers lose their essential resources, including energy, rest, and recognition, without chances of renewing them (Liao, Zhang, and Xie, 2022). It is also described by the Maslach Burnout Theory that the depersonalisation and mental fatigue are caused by emotional labour - the repression of authentic emotions towards the satisfaction of the guests (Xiong et al., 2023; Liu, Wang, and Zhang, 2023). These are supported by industry case studies. Marriott International's TakeCare programme added wellness committees and peer-support networks as an enhancement of emotional resilience. Hilton's Thrive at Hilton initiative provided flexible working schedules and digital counsellor access, while Accor's Heartist culture training focused on humanisation of service delivery through the development of empathy. IHG Hotels, in its turn, oriented line managers to detect the first signs of distress and provide effective help. The benefits of these programmes are similar in terms of the aims of creating awareness, engaging employees, and timely intervention, but also indicate the areas of weakness. Most of them are based on voluntariness, are not regularly evaluated across their results, and are instead focused within the corporate frameworks and are not integrated in the local operations (Saito, Yamamoto, and Kato, 2025).

Moreover, the reports of CIPD (2024) and WHO (2022) report that though tools to enhance well-being (including mental-health apps and mindfulness training) have enhanced awareness, they do not address structural issues like pay inequity, lack of good shift design, and too many workloads. This means that there is intervention of symptoms and not causes. This is consistent with Ayachit and Chitta (2022), who suggest that the best solution is systemic redesign - balancing efficiency goals with employee care.

Solution:

A policy-aligning, workload-management, and leadership-reform strategy is needed to restore order in the situation amid the crisis. To begin with, organisations have to make mental health a corporate strategy and include quantifiable KPIs that monitor the well-being in terms of both HR and operational performance (WHO, 2022). It can be done by conducting regular well-being audits as well as anonymous staff surveys, which can help to identify high-risk departments and hold people accountable.

Second, one needs to invest in leadership training. Managers should develop psychological safety and free zones (Christiansen, Hviid, and Poulsen, 2024). Empathy, active listening, and flexible timing should be fostered through training to overcome staff burnout.

Third, the organisations are to increase employee support, including confidential counselling, peer networks, and mental-health first aiders. The work-life balance can be enhanced by utilising hybrid or flexible scheduling, which decreases the levels of absenteeism and turnover (Abdou, Shehata, and El-Deeb, 2022).

Lastly, there should be cooperative efforts at the policy level within the industry. The OECD & ILO (2022) propose the idea of integrating mental well-being with the national levels of employment standards. Collaboration with organisations such as CIPD (2024) and UKHospitality can aid in developing a common set of benchmarks and typify transparent well-being reporting.

5. Conclusion

The mental health crisis faced in the hospitality industry is also indicative of structural imbalance, and not individual-level struggles. Constant job pressure, emotional labour, and poor support systems have made well-being one of the most significant sustainability problems. Although global hotel brands have launched some noble programmes, there still exist gaps in implementation and cultural stigma. According to the PEAS analysis, progress made in the formulation of mental health within the leadership, operations, and policy is essential to achieve progress. It is not only an

ethical responsibility, but a strategic investment towards the long-term competitiveness and the involvement of the employees and the service quality of the hospitality industry worldwide.

6. Recommendations

Organisational Level:

Mental health ought to be included in the corporate strategy of hospitality companies by conducting formal well-being audits, annual reviews, and HR performance-related KPIs (CIPD, 2024). Psychological safety training should be conducted to enable leadership to become more empathetic, communicative, and responsive to a crisis. The restructuring of workloads should provide equitable shift systems, obligatory rest days, and job rotation to reduce the risk of burnout (Abdou, Shehata, and El-Deeb, 2022).

Employee Support Mechanisms:

Hotels are also supposed to implement services of confidential counselling, which can be accessed online and face-to-face, and employ mental health first-aiders who will be trained in every department (World Health Organisation, 2022). The creation of peer support groups may, at the same time, normalise open discussions and minimise the stigma. Once the well-being modules are implemented in the induction programmes, new employees will appreciate stress management as a work skill but not a personal problem (Baquero et al., 2023).

Technological Innovations:

This can be accomplished through investment in AI-based wellness applications that will allow early identification of fatigue and stress patterns (Liu, Wang, and Zhang, 2023). Multilingual counselling and mindfulness apps should be introduced, especially when it comes to global workforce networks (OECD & ILO, 2022).

Policy and Industry Collaboration:

Collaboration with CIPD and UKHospitality would potentially be a way of setting industry standards of well-being. The governments must opt to adopt compulsory reporting criteria on psychological well-being, just as the Health and Safety at Work Act does, bearing in mind consistent checking on all types of hotels.

Future Research:

Long-term impacts of well-being investments, such as returns on productivity and retention, are an area to be studied in the future. There are also cross-cultural implications required to realise

various coping mechanisms used by hospitality employees across the world (Saito, Yamamoto, and Kato, 2025).

Finally, mental health should be prioritised because it will be ethical and economically strategic to have a strong workforce and ensure the sustainability and success of the hospitality industry.

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AI Appendix:

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PROOFREADING	For this assessment, you can use Generative AI to check your text/creation for grammatical and syntactical mistakes, including rephrasing your work within specific standards.	Yes ☐ No ☒
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NONE	For this assessment, you are not allowed to use any Generative AI support. This includes research support, structural support, writing and proofreading support, as well as creative support.	Yes ☐ No ☒

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