



MENTAL WELL-BEING AND PSYCHOLOGICAL DISTRESS IN THE WORKPLACE: A PILOT STUDY OF GREEK HOTEL EMPLOYEES

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How to cite (APA style): Giotis, G., & Bouhagiar, T. (2026). Mental well-being and psychological distress in the workplace: A pilot study of Greek hotel employees. *Turizm/Tourism*, 36(1), 85–97. <https://doi.org/10.18778/0867-5856.2026.07>

ABSTRACT

Mental well-being in the workplace has emerged as a critical area of concern, particularly in the hospitality sector, where employees face demanding schedules, emotional labour and heightened customer expectations. This article investigates the mental well-being and the psychological distress of Greek hotel employees through a case study based on 139 survey responses. The research examines demographic profiles, daily work pressures and the impact of the post-COVID era on psychological well-being, while also documenting coping strategies and policy recommendations. Results reveal high levels of stress, extended working hours, moderate satisfaction with working conditions, and significant challenges in maintaining a work-life balance. Post-pandemic, employees reported a decline in self-assessed mental well-being, with anxiety, emotional exhaustion and sleep disturbances being prevalent. Despite these challenges, few employees sought professional support, reflecting stigma and low organizational attention to mental well-being. Suggestions provided by employees centered on reducing working hours, improving communication with management, and introducing structured mental well-being programs. The study highlights the urgent need for organizational, sectoral and governmental policies to safeguard employee well-being, enhance resilience and promote sustainable employment practices in the Greek hotel industry.

KEYWORDS

mental well-being, hotel employees, Greece, COVID-19, workplace stress

ARTICLE INFORMATION DETAILS

Received:

3 October 2025

Accepted:

12 February 2026

Published:

8 June 2026



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Funding information: Ionian University. **Conflicts of interests:** None. **Ethical considerations:** The Authors assure of no violations of publication ethics and take full responsibility for the content of the publication. **The percentage share of the Author in the preparation of the work is:** G.G. 60%, T.B. 40%.

Declaration regarding the use of GAI tools: Not used.

1. INTRODUCTION

In recent years, mental well-being in the workplace has emerged as a crucial domain for both academic inquiry and organizational practice. Work-related stress, burnout, anxiety, and depression are not only individual challenges but also have strong implications for organizational performance, absenteeism, turnover and service quality (O'Neill & Davis, 2011). The hospitality sector, particularly hotels, is an environment in which employees are uniquely vulnerable to psychological strain due to irregular hours, emotional labour, intense customer interaction, job insecurity and resource constraints (Izell, 2022).

In the context of the COVID-19 pandemic and its aftermath, these vulnerabilities have been exacerbated. Empirical studies report that hospitality employees experienced elevated levels of anxiety, depression and distress as a result of operational disruptions, health risks and job instability (Krikonis et al., 2025). Research in hotels further suggests that work-related stressors positively correlate with depressive symptoms, nervousness and reduced inner calm among staff (Wong et al., 2025). In addition, the concept of hotel employee perceived crisis shocks (HEPCS) highlights how employees interpret crises (such as pandemics) across dimensions of task disturbance, safety, performance and family life, with measurable impacts on mental health and turnover intentions (Xie et al., 2022).

In Greece, where tourism constitutes a major pillar of the economy, the psychological well-being of hotel workers is of strategic significance. The Greek hotel sector is highly seasonal, with pressure to maintain high levels of service during peak months and vulnerabilities during the low season. The pandemic struck this model hard, intensifying job insecurity, operational strains and stress. Qualitative research within the sector also points to an ongoing "crisis" in the employee experience, with staffing shortages, increased demand and low workforce participation being key concerns. In addition, studies focused on Greek hotels have explored working conditions, job satisfaction and well-being in regional contexts such as Crete (Vagena et al., 2024).

The purpose of this study is to identify and assess the level of mental well-being and selected indicators of psychological distress among hotel employees in Greece, as well as to diagnose key work-related conditions and post-COVID factors associated with perceived well-being and coping practices through a case study based on 139 survey responses. It examines how employees perceive their workload and daily burdens (questions 7–10), probes the influence of the post-COVID era (questions 11–16), and documents coping strategies and suggestions (questions 17–20). The research questions include:

1. What levels of stress, anxiety and psychological strain do Greek hotel employees report?

2. How have the operating conditions after COVID-19 affected their mental well-being?
3. What coping strategies do employees adopt, and what suggestions do they propose to improve workplace well-being?
4. What policy and managerial implications can be drawn to support sustainable mental well-being in the hotel sector?

By combining theoretical insights with empirical data, this research aims to fill a gap in the Greek context and contribute to both academic debates and policy recommendations. The findings are intended to inform hotel management practices, human resources strategies, and public policies geared toward supporting employee mental well-being, thereby enhancing institutional resilience and service quality in a key economic sector.

In this study, the term mental well-being is used to refer to employees' self-perceived psychological functioning at work, including perceived stress, emotional exhaustion, anxiety, sleep disturbances and perceived work-life balance. The study does not aim to diagnose mental disorders, but to examine subjective indicators of psychological distress and well-being in the workplace, following common practice in hospitality and occupational health research.

2. THEORIES ON MENTAL HEALTH IN THE HOTEL SECTOR

Understanding mental health in the hotel industry requires grounding in occupational stress and emotional labour theories. Several models provide insight into why hotel employees, in particular, face heightened risks of stress, burnout and psychological strain.

2.1. JOB DEMANDS-CONTROL (JD-C) AND JOB DEMAND-CONTROL-SUPPORT (JD-CS) MODEL

Karasek's job demands-control (JD-C) model (1979), later extended to include social support (JD-CS), posits that stress is highest when employees face high demands but have little control over their work. Hospitality workers frequently experience heavy workloads, irregular shifts and limited autonomy in guest service situations, placing them in "high strain" categories. Studies applying the JD-CS framework in hospitality show that autonomy and social support can buffer the impact of stressors.

2.2. EFFORT-REWARD IMBALANCE (ERI) MODEL

Siegrist's effort-reward imbalance model suggests that psychological distress arises when the efforts employees invest are not matched by adequate rewards such as

salary, recognition or promotion opportunities (Siegrist, 1996). Empirical research demonstrates that hotel housekeepers reporting high effort but low reward experience reduced well-being and productivity (Rosemberg & Li, 2018). This imbalance is especially salient in Greek hotels, where many employees report long working hours and modest compensation.

2.3. JOB DEMANDS-RESOURCES (JD-R) MODEL

The job demands-resources (JD-R) model expands on earlier theories by considering the ever-changing balance between a wide range of job demands (workload, emotional pressure) and job resources (training, supervisor support, autonomy). Demands that outweigh resources lead to burnout, whereas sufficient resources promote engagement (Bakker & Demerouti, 2007). Applied to hotels, this model explains how resource provision, such as supportive management or flexible scheduling, can mitigate strain from demanding guest interactions or long shifts.

2.4. EMOTIONAL LABOUR THEORY

Hochschild's (1983) theory of emotional labour highlights the regulation of feelings and expressions to meet organizational expectations. In hotels, front-line employees are required to maintain friendliness and composure, often through surface acting (faking emotions) or deep acting (internalizing required emotions). Research shows that surface acting increases anxiety and depression, while prolonged deep acting can also contribute to emotional exhaustion (Xiong et al., 2023). Emotional labour is thus a critical driver of mental health challenges in the sector.

2.5. PSYCHOSOCIAL SAFETY CLIMATE (PSC)

The concept of psychosocial safety climate (PSC) emphasizes the role of organizational culture in protecting employees' psychological health. A strong PSC, where management visibly prioritizes mental health, reduces stress and burnout risks, while a weak PSC exacerbates them (Dollard & Bakker, 2010). In hotels, where stressors are inherent, PSC plays a central role in shaping whether employees feel supported or abandoned in managing their well-being.

2.6. AFFECTIVE EVENTS THEORY (AET)

Weiss and Cropanzano's (1996) affective events theory (AET) suggests that daily workplace events influence employees' emotional reactions, which in turn shape job satisfaction and mental health. In hotels,

constant micro-events (guest complaints, team conflicts, last-minute schedule changes) can accumulate into significant emotional strain if not managed effectively.

2.7. BURNOUT MODEL

Maslach and Jackson's (1981) burnout model describes burnout as a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment. It remains one of the most widely used frameworks in occupational health research. Burnout is frequently observed in hotel workers due to chronic exposure to high demands, irregular hours and emotional labour (Wong et al., 2025).

3. LITERATURE REVIEW ON MENTAL HEALTH IN HOTELS' WORKPLACES

3.1. STRESSORS AND ANTECEDENTS IN THE HOTEL WORK ENVIRONMENT

Research has consistently identified the hospitality and hotel sector as a high-risk environment for employee stress and poor mental health due to its unique job demands. Excessive workload, overtime and irregular scheduling are among the most common antecedents (Saito et al., 2025). Front-line hotel employees in particular face heavy service demands, role ambiguity and constant exposure to customer interactions, which significantly predict stress and reduced quality of life (Elshaer, 2023).

Another key stressor is emotional labour. Hochschild's (1983) original framework has been widely applied to hotel employees, where surface acting (suppressing or faking emotions) has been shown to increase anxiety and depression, while deep acting may protect employees in the short term but contributes to emotional exhaustion over time.

Job insecurity and financial strain are also major predictors of distress. For instance, during the COVID-19 crisis, job insecurity was found to increase depression, anxiety and stress among tourism and hospitality workers, particularly when combined with household financial pressure. Similarly, studies in hotels show that job insecurity is strongly associated with burnout (Chong et al., 2024).

Finally, interpersonal and organizational dynamics matter. Customer incivility, team conflict and poor supervisory support exacerbate stress and lead to poorer mental health outcomes. Conversely, organizational climates that emphasize trust and psychological safety have been shown to improve well-being and loyalty in post-COVID hotel settings (Liu et al., 2025).

3.2. MENTAL HEALTH OUTCOMES

Hotel employees are prone to multiple adverse mental health outcomes. Depression, anxiety and stress symptoms are prevalent across hospitality populations. A large-scale study of Chinese hotel employees confirmed that work stressors are positively associated with depressive symptoms, nervousness and reduced peace of mind (Wong et al., 2025).

Burnout is a central theme in hospitality research. Evidence from Phuket (Thailand) demonstrates that burnout among hotel employees escalated during COVID-19, with younger and less experienced workers particularly vulnerable (Weerakit & Eason, 2022). Earlier studies already highlighted that work stress in hotels spills over into physical exhaustion, poor sleep and health problems (O'Neill & Davis, 2011).

3.3. IMPACTS OF COVID-19 AND THE POST-PANDEMIC CONTEXT

The COVID-19 pandemic amplified existing vulnerabilities in the hotel sector. Empirical evidence shows that employees experienced heightened anxiety, depression and insecurity, largely due to disrupted work routines and the threat of layoffs (Krikonis et al., 2025). Research on hotel workers in quarantine facilities highlighted that even those retained in employment faced mental distress and required resilience strategies to adapt (Zakaria & Bansah, 2024).

Post-pandemic challenges continue, with many hotels struggling with staff shortages, increased guest expectations and unstable work patterns, all of which contribute to long-term psychological strain. A systematic review further emphasizes that COVID-19 widened the gap between rising mental health needs and insufficient organizational support (Saito et al., 2025).

3.4. COPING STRATEGIES AND ORGANIZATIONAL INTERVENTIONS

Hotel employees adopt diverse coping strategies, including problem-solving, exercise, and seeking social support. Proactive coping behaviors have been linked to greater resilience and reduced stress (Ma et al., 2021).

However, low mental health literacy and stigma remain barriers to effective help-seeking. In UK hospitality, shame and external motivation were significantly correlated with greater distress and reluctance to seek support (Kotera et al., 2018). Industry surveys suggest that many hotel workers fear disclosing mental health concerns because of potential career repercussions.

At the organizational level, interventions such as leadership support, training and fostering a strong

psychosocial safety climate are recommended (Dollard & Bakker, 2010). Government white papers stress the need for industry-specific approaches tailored to hospitality contexts (Nejad et al., 2022).

3.5. GAPS IN THE LITERATURE

Despite the growing body of research, several gaps remain. Few studies focus specifically on Greek hotels or the wider Mediterranean context. Many investigations are cross-sectional, limiting understanding of long-term impacts. The link between coping mechanisms and measurable mental well-being outcomes is underexplored, and evaluations of concrete organizational or policy interventions remain scarce.

4. RESEARCH METHODOLOGY

4.1. RESEARCH DESIGN

This study adopts a quantitative research design based on primary data collected through an online survey questionnaire distributed to hotel employees in Greece. The design follows a cross-sectional approach, allowing for the collection of employee perceptions at a single point in time. Such survey-based methodologies are common in hospitality and tourism research, particularly for investigating job stress, burnout, and mental health (Dogantekin et al., 2022; Saito et al., 2025).

4.2. DATA COLLECTION AND SAMPLE

The data were collected between August and September 2025 via an anonymous online questionnaire shared through professional networks and social media platforms. A total of 139 valid responses were obtained from employees working in hotels across Greece, representing various job categories (front office, housekeeping, food and beverage, management). Participation was voluntary, and confidentiality was assured.

Given the relatively small and non-probabilistic sample, the present research should be considered a pilot study. Its purpose is to provide an initial diagnosis of perceived mental well-being and psychological distress in Greek hotels and to inform future large-scale research designs.

The sampling approach was non-probability convenience sampling, widely used in exploratory hospitality research due to accessibility and resource constraints (Altınay & Paraskevas, 2008). Although this limits the generalizability of findings, it provides useful insights into trends within the Greek hotel sector.

4.3. RESEARCH INSTRUMENT

The structured questionnaire consisted of 20 closed-ended questions organized into four thematic sections:

1. Profile of respondents (demographics, education, job position, experience).
2. Work pressure and daily life (workload, stress frequency, work-life balance).
3. Mental well-being and the post-COVID era (self-reported well-being before and after COVID-19, symptoms of stress and anxiety, perceptions of job insecurity).
4. Suggestions and coping strategies (employee proposals for organizational change and personal coping mechanisms).

Questions were designed based on validated constructs used in prior hospitality research on mental health and occupational stress (O'Neill & Davis, 2011; Wong et al., 2025). The instrument was pre-tested with a small group of employees to ensure clarity and relevance.

4.4. VARIABLES

The survey captured the following variables:

1. Demographic variables: gender, age, education, employment type, years of experience and working hours.
2. Mental well-being variables: indicators of mental well-being and psychological distress (stress levels, self-rated well-being, presence of psychological symptoms before and after COVID-19).
3. Moderating/mediating variables: perceived organizational support, work-life conflict and coping strategies.

4.5. DATA ANALYSIS

Data were analyzed using SPSS software (version 27). The analysis followed a descriptive statistics process to summarize demographic and workplace characteristics. This methodological approach mirrors previous hospitality research that uses descriptive analysis to capture employee well-being (Krikonis et al., 2025).

Considering the exploratory and pilot character of the study and the limited non-probabilistic sample, the analysis focused on descriptive statistics in order to identify general patterns and tendencies in employees' perceived mental well-being and psychological distress. The study does not aim to test causal relationships. Future studies based on larger and stratified samples should apply inferential and multivariate statistical techniques to examine associations between occupational groups, working conditions and mental well-being indicators.

4.6. ETHICAL CONSIDERATIONS

All participants were informed about the purpose of the research, assured of confidentiality, and provided consent before completing the questionnaire. No personal identifiers were collected. The study followed ethical guidelines for social science research (Creswell & Creswell, 2018).

5. PROFILE OF THE RESPONDENTS (QUESTIONS 1–6)

The survey gathered responses from 139 hotel employees working across different positions and departments. This section presents their demographic and occupational profile based on the first six survey questions. The demographic characteristics of the respondents are summarized in Table 1.

Table 1. Demographic profile of respondents

Variable	Category	<i>n</i>	Percentage (%)
Gender	Male	66	47.5
	Female	73	52.5
Age	<25	21	15.1
	25–34	39	28.1
	35–50	69	49.6
	50>	10	7.2
Education level	Primary/ compulsory education	10	7.2
	Secondary education	28	20.1
	Higher education (undergraduate)	73	52.5
	Postgraduate studies or higher	28	20.1
Job position in the hotel	Reception/ front desk	27	19.4
	Housekeeping	10	7.2
	Food & beverage (waiter, bar, etc.)	29	20.9
	Administration/ management	41	29.5
	Technical support	17	12.2
	Other	15	10.8
Employment type	Full-time	73	52.5
	Part-time	4	2.9
	Seasonal work	62	44.6
Years of work experience in the hotel sector	<1 year	14	10.1
	1–3 years	29	20.9
	4–7 years	31	22.3
	8–15 years	31	22.3
	>15 years	34	24.5

Source: authors.

5.1. GENDER

The sample was relatively balanced, consisting of 47.5% men ($n = 66$) and 52.5% women ($n = 73$). This distribution reflects the increasing participation of women in the hospitality sector, particularly in guest-facing and administrative roles, as noted in prior Greek and international studies (Saito et al., 2025).

5.2. AGE

The largest group of respondents fell in the 35–50 age bracket (49.6%), followed by 25–34 years (28.1%), under 25 (15.1%), and over 50 (7.2%). This demonstrates that the hotel sector workforce in Greece is dominated by mid-career employees, with younger workers also forming a substantial proportion, consistent with previous hospitality workforce studies (Dogantekin et al., 2022).

5.3. EDUCATION LEVEL

More than half of respondents had completed higher education (52.5%), while 20.1% held postgraduate qualifications. Secondary education accounted for 20.1%, and only 7.2% reported compulsory education as their highest level. These results highlight the relatively high educational attainment of Greek hotel employees, which has also been observed in other regional studies (Vagena et al., 2024).

5.4. JOB POSITION

Respondents worked in diverse hotel departments: administration/management (29.5%), food & beverage services (20.9%), reception/front desk (19.4%), technical support (12.2%), other roles (10.8%), and housekeeping (7.2%). This spread reflects the sector's reliance on both operational and guest-facing staff, with management and service roles dominating the sample.

5.5. EMPLOYMENT TYPE

Most respondents were employed on a full-time basis (52.5%), while 44.6% were seasonal workers, and only 2.9% worked part-time. The high percentage of seasonal employment is consistent with the seasonal nature of Greek tourism, where workforce demand peaks during the summer months.

5.6. YEARS OF WORK EXPERIENCE

The respondents reported varying levels of experience: 24.5% had more than 15 years of service, while 22.3% each had 4–7 years and 8–15 years of

experience. A smaller proportion had 1–3 years (20.9%), and 10.1% were relatively new (<1 year). This indicates a well-mixed sample of experienced professionals and early-career employees, allowing for diverse perspectives on workplace mental well-being.

Overall, the profile suggests that the respondent group is representative of the Greek hotel workforce, encompassing a balance of genders, a majority of mid-career employees, relatively high educational backgrounds, and significant proportions of both permanent and seasonal staff. These characteristics provide a robust foundation for analyzing how different demographics perceive and experience workplace pressures and mental well-being challenges.

6. WORK PRESSURE AND DAILY LIFE (QUESTIONS 7–10)

6.1. FREQUENCY OF WORK STRESS

The survey revealed that workplace stress is a pervasive issue among hotel employees. Nearly half of respondents (48.2%) reported experiencing stress “often”, while 34.5% indicated they felt stressed “sometimes”. A smaller proportion reported stress “always” (10.1%) or “rarely” (7.2%), and none reported “never”. These findings align with prior hospitality studies that emphasize high occupational stress as a defining feature of hotel employment, largely due to customer-facing roles, long shifts and emotional labour (Dogantekin et al., 2022; O’Neill & Davis, 2011). The distribution of responses regarding the frequency of workplace stress is illustrated in Figure 1.

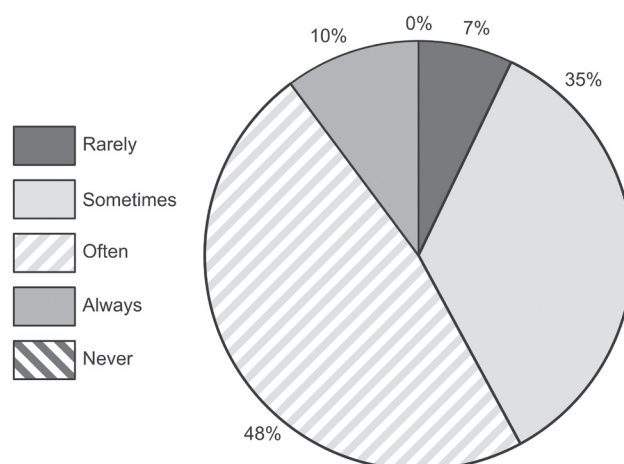


Figure 1. Frequency of work stress (answers to the question: “How often do you feel pressure or stress at work?”)

Source: authors

6.2. WORKING HOURS

With respect to daily working hours, the majority (51.1%) reported working between 9–10 hours per day, while 30.2% worked the standard 6–8 hours, and 18.7% exceeded 10 hours per day. This distribution highlights the prevalence of extended shifts in Greek hotels. Excessive working hours are consistent with international hospitality findings, where long shifts and irregular schedules are linked to higher levels of stress and reduced well-being (Sonnentag, 2018; Wong et al., 2025). The distribution of daily working hours reported by respondents is illustrated in Figure 2.

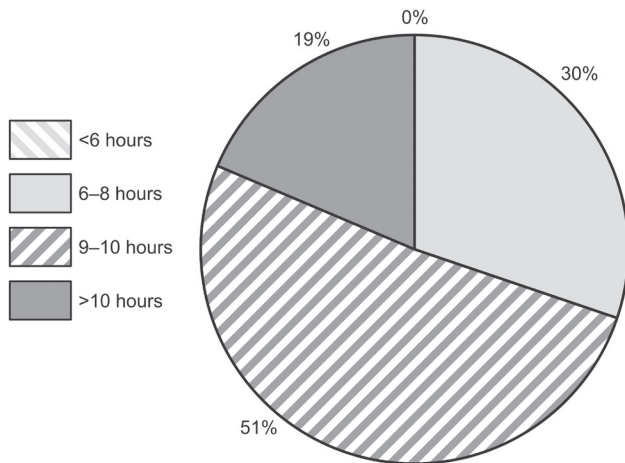


Figure 2. Working hours (answers to the question: “How many hours do you usually work per day?”)
Source: authors

6.3. SATISFACTION WITH WORKING CONDITIONS

When asked about satisfaction with working conditions, nearly half (49.6%) of respondents reported being only “moderately” satisfied. About 28.8% expressed high satisfaction (“very satisfied”), and 6.5% were

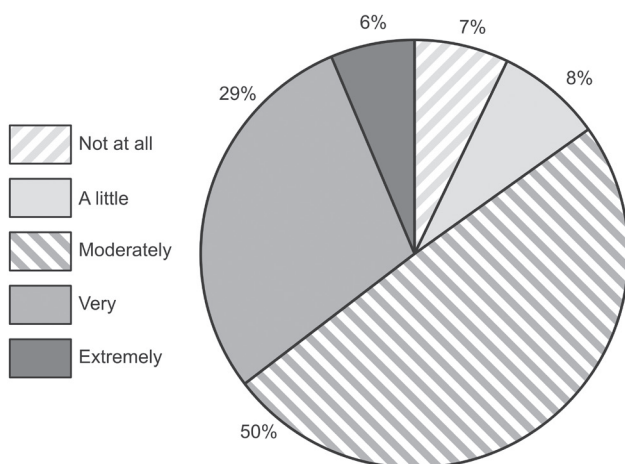


Figure 3. Satisfaction with working conditions (answers to the question: “How satisfied are you with your working conditions?”)
Source: authors

“extremely satisfied”. In contrast, 15.1% reported low satisfaction (“a little” or “not at all”). This suggests that although a segment of employees view their working conditions positively, a significant proportion perceive them as only moderately acceptable, reflecting wider concerns about pay, workload and job security reported in the literature (Saito et al., 2025). Employees’ levels of satisfaction with their working conditions are presented in Figure 3.

Pie chart showing the answers to the question: How satisfied are you with your working conditions? (not at all: 7%; a little: 8%; moderately: 50%; very: 29%; extremely: 6%).

6.4. WORK-LIFE BALANCE

One of the most striking findings concerns the effect of work on personal life. About one-third (33.1%) of participants believed that their work negatively affected their personal lives, while 41.7% stated it partially did, and only 25.2% denied any negative impact. These results confirm earlier findings that hotel work often disrupts work-life balance, particularly for employees with long hours and irregular shifts (Lu et al., 2016). Moreover, the results resonate with Greece-specific studies, where seasonal hotel employment is associated with strong conflicts between work demands and family or social life. The perceived impact of work on employees’ personal lives is illustrated in Figure 4.

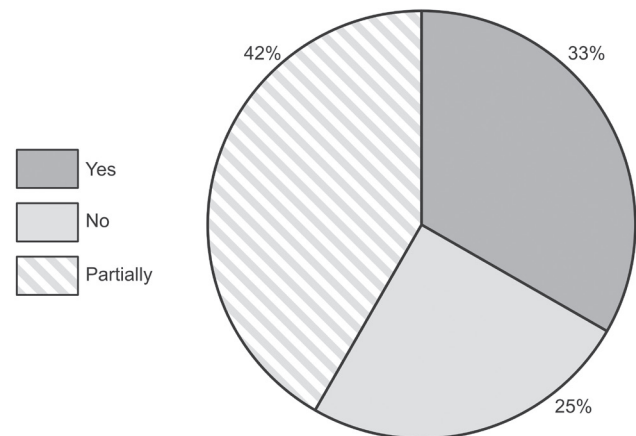


Figure 4. Work-life balance (answers to the question: “Do you feel that your work negatively affects your personal life?”)
Source: authors

Overall, the data indicate that work pressure and long hours are major challenges for Greek hotel employees. High stress frequency, extended working days, moderate satisfaction with working conditions, and significant interference with personal life point to structural pressures embedded in the hotel sector. These findings are consistent with international evidence that hotel employees face disproportionate

stress due to emotional labour and workload, which in turn undermine mental health and job satisfaction (Dogantekin et al., 2022; Hochschild, 1983).

7. MENTAL WELL-BEING AND THE POST-COVID ERA (QUESTIONS 11–16)

7.1. PERCEIVED MENTAL HEALTH BEFORE AND AFTER COVID-19

The survey results demonstrate a substantial decline in self-assessed mental health following the COVID-19 pandemic. Prior to the pandemic, the majority of respondents described their mental health as either very good (40.3%) or good (38.8%), while only 5.8% reported poor or very poor health. However, in the post-pandemic period, only 15.1% rated their mental health as “very good” and 40.3% as “good”, while the proportion

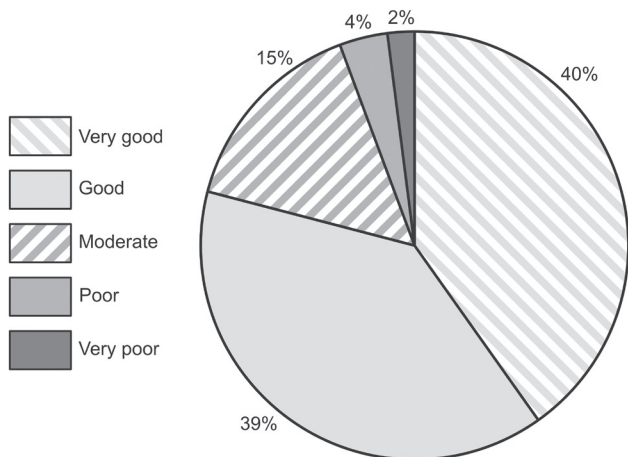


Figure 5. Perceived mental health before COVID-19 (answers to the question: “How would you describe your mental health before the COVID-19 pandemic?”)
Source: authors

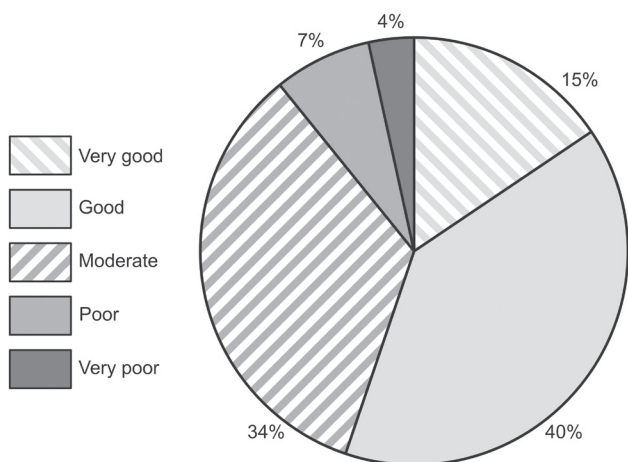


Figure 6. Perceived mental health after COVID-19 (answers to the question: “How would you describe it today?”)
Source: authors

reporting “moderate” or worse mental health increased to 44.6%. This shift highlights the negative long-term impact of COVID-19 on hotel employees’ psychological well-being. Similar declines have been documented across hospitality sectors globally, where the pandemic intensified job insecurity, workload stress and health-related anxieties (Krikonis et al., 2025). Respondents’ self-assessment of their mental health prior to the COVID-19 pandemic is presented in Figure 5 and the current self-assessment of employees’ mental health in the post-pandemic period is illustrated in Figure 6.

7.2. IMPACT OF THE PANDEMIC ON MENTAL HEALTH

When directly asked whether the pandemic affected their mental health, a combined 27% of participants reported that it had impacted them “a lot” or “extremely”. Another 23% reported a moderate effect, while only 20% stated it had no impact. These findings align with studies in Europe and Asia, which consistently show that COVID-19 created psychological strain among hotel staff due to uncertainty, heightened guest demands and the implementation of health protocols (Zakaria & Bansah, 2024). Employees’ perceptions of the impact of the COVID-19 pandemic on their mental health are presented in Figure 7.

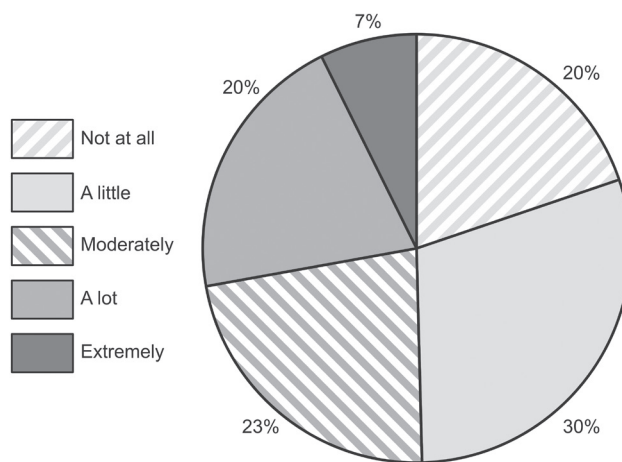


Figure 7. Impact of the pandemic on mental health (answers to the question: “Do you believe the pandemic affected your mental health?”)
Source: authors

7.3. MENTAL HEALTH SYMPTOMS REPORTED

Respondents also indicated specific psychological symptoms experienced after the pandemic. The most frequently reported were anxiety (47.5%), emotional exhaustion (38.8%) and sleep disorders (30.9%). Depression was reported by 20.9% of participants, while 32.4% stated they experienced none of the listed symptoms. This distribution mirrors findings from Wong et al. (2025), who found that hotel stressors contribute to higher levels of anxiety and depression, as

well as reduced inner calm. The prevalence of emotional exhaustion corresponds to the literature on burnout in hospitality, where pandemic-induced pressures amplified existing risks (Weerakit & Eason, 2022). The distribution of reported psychological symptoms after the pandemic is presented in Table 2.

Table 2. Have you experienced any of the following since the pandemic? You may select more than one (question no. 14)

Answer	Frequency	Percentage (%)
Anxiety	66	47.5
Depression	29	20.9
Emotional exhaustion	54	38.8
Sleep disorders	43	30.9
None of the above	45	32.4

Source: authors.

7.4. SEEKING PROFESSIONAL SUPPORT

Despite the prevalence of mental health concerns, only 16.5% of respondents reported seeking help from a mental health professional. The majority (76.3%) stated they had not sought such support, while 7.2% were considering it. These results are consistent with broader hospitality research, which highlights stigma and low mental health literacy as major barriers preventing employees from seeking professional assistance (Kotera et al., 2018). The distribution of responses regarding whether employees sought professional support is presented in Figure 8.

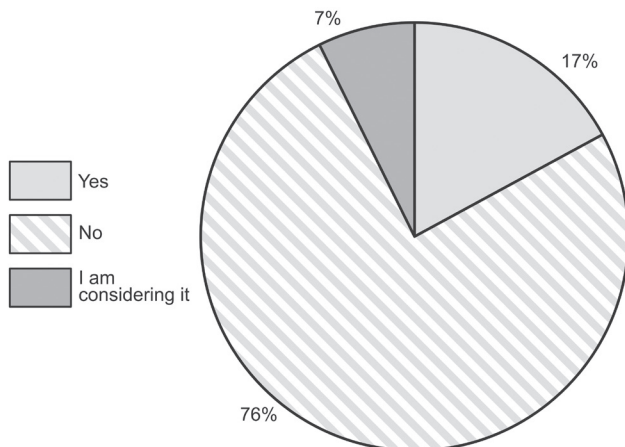


Figure 8. Seeking professional support (answers to the question: “Have you ever sought help from a mental health professional due to your work situation or the pandemic?”)

Source: authors

7.5. EMPLOYER CONSIDERATION OF MENTAL HEALTH

Perceptions of organizational support were limited. More than half (54.7%) of respondents believed that their employer does not take employees’ mental health into account, while 28.8% felt it was considered only “to

some extent”, and just 16.5% believed it was adequately addressed. This lack of organizational attention is problematic, as evidence shows that psychosocial safety climates and supportive leadership reduce stress and buffer employees against burnout (Dollard & Bakker, 2010; Liu et al., 2025). Employees’ perceptions of whether employers take mental health into account are presented in Figure 9.

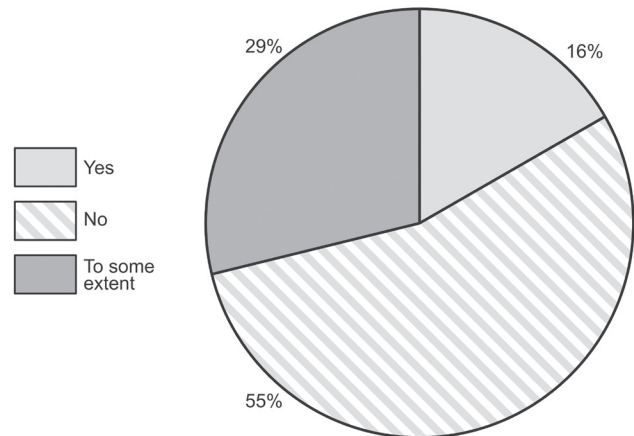


Figure 9. Employer consideration of mental health (answers to the question: “Do you believe your employer takes employees’ mental health into account?”)

Source: authors

The survey findings indicate that the COVID-19 pandemic had a profound and enduring effect on Greek hotel employees’ mental health. A significant portion of the workforce reported declines in well-being, with anxiety, emotional exhaustion and sleep disorders emerging as the most common symptoms. Despite these challenges, few employees sought professional help, highlighting the ongoing barriers of stigma and insufficient workplace support. Furthermore, the majority perceived employers as inattentive to their psychological needs. These findings underscore the urgent need for targeted interventions, both organizational (improving psychosocial safety climates, providing training and resources) and policy-level (ensuring access to mental health services and employee protections), to address the pandemic’s enduring mental health legacy in the hospitality sector.

8. SUGGESTIONS AND COPING (QUESTIONS 17–20)

8.1. EMPLOYEE SUGGESTIONS FOR IMPROVING WORKPLACE MENTAL HEALTH

Figure 10 highlights the limited existence of formal mental health support structures within Greek hotels, illustrating a critical gap between employee

needs and organizational provisions. The findings show that most employees do not perceive their workplace as offering structured assistance, such as counseling services or stress management programs. This absence of institutional support not only reinforces the stigma surrounding help-seeking but also explains why staff rely predominantly on personal coping mechanisms, as reflected in Figure 7. Taken together with perceptions of employer neglect (Figure 8), Figure 9 underscores the urgent need for organizations to adopt systematic interventions that prioritize psychosocial safety, reduce work-related stress and promote resilience.

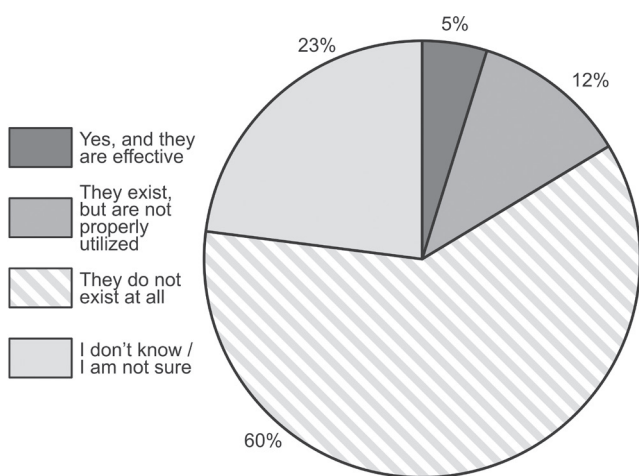


Figure 10. Existence of mental health support structures (answers to the question: “Do you believe there are sufficient mental health support structures in your workplace?”) Source: authors

8.2. COPING STRATEGIES USED BY EMPLOYEES

Figure 10 presents the coping strategies employed by hotel employees to manage work-related stress, revealing a strong reliance on informal and personal approaches. The most common strategies included spending time with family and friends, engaging in physical exercise, and seeking rest or leisure activities, while only a minority turned to hobbies or creative outlets. Notably, professional psychological support is almost absent from the responses, which is consistent with earlier findings of stigma and limited workplace provisions (Figures 8 and 9). These results highlight the resilience of employees in attempting to safeguard their well-being through social and individual resources, yet they also point to a structural imbalance: personal coping alone cannot compensate for the lack of organizational and policy-level interventions. In this sense, Figure 10 illustrates the coping burden placed on employees and emphasizes the necessity of institutional measures to complement individual strategies.

8.3. ORGANIZATIONAL AND POLICY-LEVEL INTERVENTIONS

Figures 11 and 12 illustrate employees’ proposed organizational and policy-level interventions to improve workplace mental health, underscoring their clear demand for structural solutions rather than reliance solely on individual coping mechanisms.

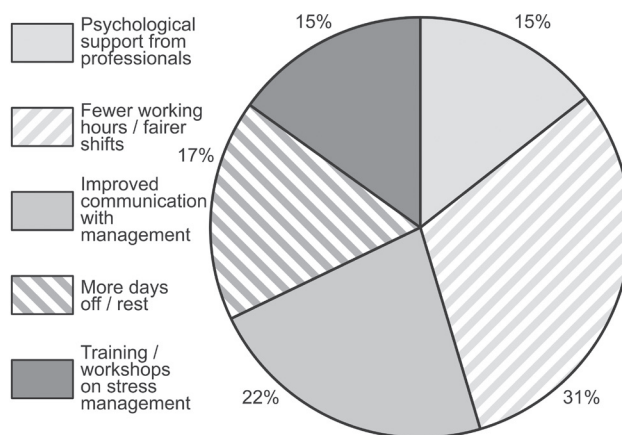


Figure 11. Coping strategies used by employees (answers to the question: “Which of the following actions do you consider most important for improving mental health at the workplace?”) Source: authors

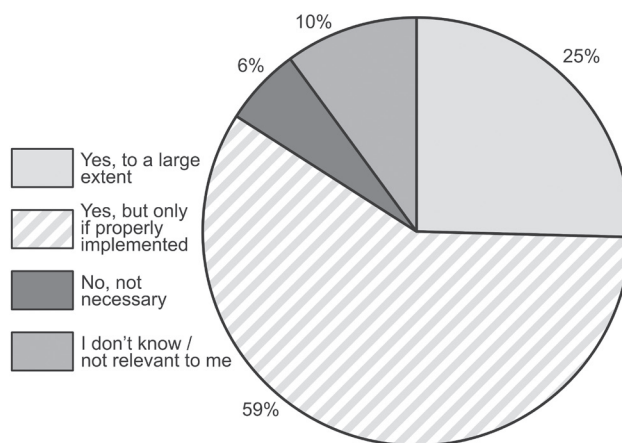


Figure 12. Organizational-level interventions proposed by employees to improve workplace mental health (answers to the question: “Do you think it would be useful to have a mental health policy in the hotel where you work?”) Source: author

Figure 13 presents employees’ satisfaction with the support they receive from their employer when facing psychological pressure. Respondents emphasized the need for formal mental health programs, access to counseling services, and management training in emotional intelligence and conflict resolution. These findings align with international best practices that advocate for psychosocial safety climates and structured well-being initiatives as critical buffers against stress and burnout in the hospitality sector.

Importantly, the figures demonstrate that employees are not passive in the face of mental health challenges; rather, they actively articulate concrete measures that could strengthen resilience and enhance job satisfaction. The consistency of these proposals with evidence from the literature highlights both the feasibility and urgency of implementing systemic reforms at the organizational, sectoral and governmental levels.

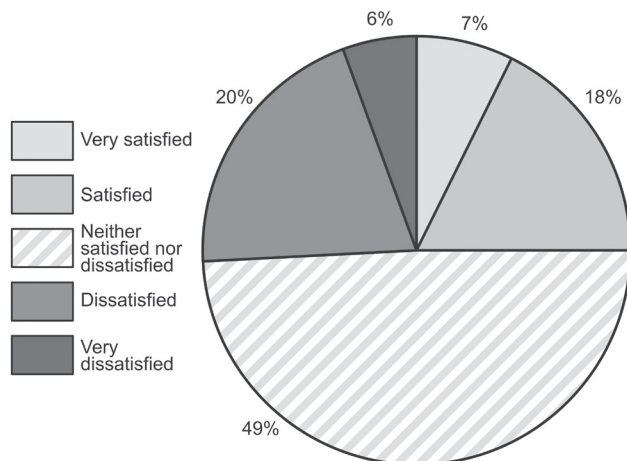


Figure 13. Policy-level interventions proposed by employees to improve workplace mental health (answers to the question: “How satisfied are you with the support you receive from your employer when facing psychological pressure?”)
Source: authors

The survey results suggest that Greek hotel employees see both structural and individual solutions to mental health challenges. On the one hand, employees emphasized the need for systemic changes, such as reduced working hours, better schedules and organizational support mechanisms. On the other hand, many relied on social connections and personal coping behaviors to buffer stress. However, the relatively low mention of professional psychological help suggests that stigma and accessibility barriers remain issues, as noted in prior hospitality research (Kotera et al., 2018). Thus, any long-term strategy should combine individual coping resources with structural reforms at the organizational and policy level.

9. POLICY IMPLICATIONS

The empirical evidence from this study highlights urgent challenges for the Greek hotel sector regarding employee mental well-being. High levels of workplace stress, deterioration of well-being after COVID-19, and limited organizational support underscore the need for targeted interventions. Policy implications can be drawn at three levels: organizational, sectoral and governmental.

9.1. ORGANIZATIONAL-LEVEL POLICIES

Hotel organizations should prioritize creating a psychosocially-safe work environment. Implementing psychosocial safety climate policies, such as clear communication of mental well-being priorities, management training in emotional intelligence, and the establishment of employee assistance programs, has been shown to reduce stress and burnout in service industries (Dollard & Bakker, 2010; Liu et al., 2025). Moreover, redesigning shift schedules to reduce excessive working hours and ensuring fair workload distribution are key to improving a work–life balance, which was one of the strongest concerns expressed by employees in this study.

Hotels could also adopt mental well-being literacy programs, normalizing discussions about stress and reducing stigma around seeking professional support. Prior research has shown that low mental well-being literacy and shame often prevent hospitality employees from accessing available resources (Kotera et al., 2018).

9.2. SECTORAL-LEVEL POLICIES

Industry associations and tourism bodies in Greece can play a significant role by promoting sector-wide guidelines for mental well-being. These could include codes of practice for shift length, mandatory rest periods and stress management workshops. International best practices, such as resilience training and mindfulness programs implemented in Asian and Western hotels, have demonstrated positive outcomes for employee well-being. Sectoral initiatives should also emphasize career development opportunities, as these are linked to lower stress and greater job satisfaction in hospitality (Saito et al., 2025).

9.3. GOVERNMENTAL POLICIES

Given the tourism sector’s strategic importance for Greece, the state has a role in shaping labour and social policies that safeguard employee mental well-being. Policies could include:

1. Regulation of working hours and seasonal employment practices, reducing the burden of extended shifts.
2. Subsidized mental well-being services for seasonal and full-time hotel workers, ensuring accessibility beyond urban centers.
3. Integration of mental well-being considerations in tourism policy frameworks, aligning with EU directives on occupational health and safety.

Governmental support for mental well-being initiatives can also strengthen the sector’s resilience against future crises. The COVID-19 experience demonstrated that crises have disproportionate psychological

impacts on hospitality workers (Krikonis et al., 2025). Embedding mental well-being protections into labour law and crisis management planning can mitigate such impacts in the future.

9.4. SUMMARY

Overall, this study's findings point to the need for a multi-level policy response. At the organizational level, hotels must actively manage workloads and invest in psychosocial safety climates. At the sectoral level, industry-wide standards can reduce variability in practices and promote sustainable employment. At the governmental level, regulatory and supportive frameworks are necessary to protect employees in one of Greece's most vital economic sectors. Addressing mental well-being is not only a matter of individual well-being but also of service quality, staff retention, and the long-term competitiveness of the tourism industry.

10. LIMITATIONS AND FUTURE RESEARCH

Although this study provides valuable insights into the mental well-being of hotel employees in Greece, several limitations must be acknowledged. First, the sample size (139 respondents) was modest and drawn using convenience sampling. While this approach was practical, it limits the generalizability of the findings to the broader population of Greek hotel employees. Future studies should adopt larger, probabilistic samples across different regions and hotel categories to strengthen external validity.

Second, the study relied on self-reported data, which may be subject to bias such as social desirability or underreporting of mental well-being issues due to stigma. Mixed-method approaches that combine quantitative surveys with qualitative interviews could provide a richer understanding of employee experiences.

Third, the cross-sectional design offers only a snapshot in time, preventing the identification of causal relationships or long-term trends. Longitudinal research would allow scholars to examine how mental well-being evolves across different tourism seasons and in the aftermath of crises such as COVID-19.

Finally, while this study focused on individual employees, future research should explore multi-level perspectives, including managerial practices, organizational culture and sector-wide policies, to better capture the systemic factors influencing mental well-being. Comparative studies across countries or regions would also help situate the Greek case within the global hospitality context.

Although employees from different departments participated in the study, the sample size does not allow statistically reliable comparisons between occupational groups (e.g. housekeeping versus management). Future research should apply stratified sampling and larger samples to examine occupational differences in perceived well-being and psychological distress.

In sum, addressing these limitations through broader, longitudinal and multi-level research designs will contribute to a deeper understanding of mental well-being in hospitality and help inform evidence-based interventions to support the well-being of hotel employees.

11. CONCLUSIONS

This study explored the mental well-being of Greek hotel employees through a survey of 139 respondents, focusing on workplace pressures, the effects of the COVID-19 pandemic, coping mechanisms, and policy implications. The findings provide valuable insights into the challenges faced by employees in one of Greece's most important economic sectors.

First, the analysis revealed that stress is pervasive in hotel workplaces. Employees frequently work long hours, often exceeding the standard eight-hour day, and many reported difficulties balancing professional obligations with personal life. Work-life imbalance and workload intensity were identified as central drivers of stress, echoing international hospitality research on occupational pressures.

Second, the COVID-19 pandemic significantly deteriorated employees' mental well-being. While most respondents assessed their mental well-being as good or very good before the pandemic, the proportion decreased substantially afterward. Symptoms such as anxiety, emotional exhaustion and sleep disorders were widespread, reflecting the pandemic's long-lasting psychological toll on the hospitality workforce. Despite these challenges, relatively few employees sought professional help, underscoring persistent stigma and barriers to accessing mental well-being services.

Third, the study highlights an evident gap between employees' needs and organizational practices. More than half of respondents believed their employers did not take mental well-being into account, and only a minority perceived any meaningful support. This suggests that, despite the importance of well-being for performance and retention, mental well-being remains an overlooked issue in Greek hotels.

Finally, the employees' suggestions point toward actionable strategies. Respondents emphasized the need for fairer scheduling, reduced working hours, better managerial communication and formal support

programs. Together, these findings underline that addressing mental well-being is not only a matter of individual coping strategies but also requires organizational and policy-level reforms.

In conclusion, this study demonstrates that mental well-being in the Greek hotel sector is shaped by structural pressures, crisis impact and insufficient institutional support. Improving employee well-being demands a coordinated, multi-level response: hotels must cultivate supportive workplace cultures, industry associations should promote sector-wide standards, and government policies must safeguard workers through regulations and accessible services. Such efforts are essential not only for protecting employees' psychological health but also for ensuring the sustainability and competitiveness of the Greek hospitality industry in a post-pandemic world.

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