https://doi.org/10.5559/di.31.3.02

A HEALTHY WORK ENVIRONMENT IN THE SLOVENIAN HOTEL INDUSTRY: VIEWS OF EMPLOYEES AFFECTED BY THE COVID-19 PANDEMIC

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UDK: 640.412(497.4):614.446
Original scientific paper
Received: December 15, 2020

Previous research has mostly overlooked the hotel employee--related perspectives on (occupational) health, including its relation to pandemics (such as COVID-19). This research examines this perspective focusing on the case of the Slovenian hotel industry. An anonymous web questionnaire, as the only practical option, was sent during the lockdown to potential respondents from hotels throughout the country. For the analysis, the following approaches were employed: univariate analysis, the check of reliability and confidence intervals for the means, principal component analysis with Varimax rotation, and Spearman's and Pearson's rank-order correlations. The majority of respondents changed their attitude towards health during the pandemic ($\chi^2 = 2.66$). Using PCA, dimensionality-reduction of the dataset was implemented. A five-component solution, in which components account for 60.3% of the total variance, was identified. Due to low r_s and r_p, all components are negligibly correlated to demographic characteristics as well as to the respondents' changing health concerns due to COVID-19.

Keywords: hotel industry, employees, COVID-19 pandemic, occupational health, Slovenia

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INTRODUCTION

A strategic approach to health and safety at work focuses on the impact of employee health on business results and reducing the negative impact on performance, including productivity and business profit (Lamm et al., 2006; Loeppke et al., 2015). Hafner et al. (2015) and the European agency for safety and health at work (Dienstbühl et al., 2008) pointed out many risk factors that adversely affect health and thereby the increased costs for businesses and society, e.g., lack of physical activity, smoking, obesity among the general working population, lack of sleep, infections, and financial worries. The workplace is one of the key environments that affect mental well-being and health, and health is an essential value (Bye et al., 2016; Lau et al., 1986). There are some gaps in the perception of health-related values between employees and managers ("managers' perception of the presence of the health-related QM values within the companies is higher") (Bäckström, 2019). Hence, Lagrosen et al. (2012) identified three of the dimensions linked with the perception of employees' health: (a) 'presence/communication' and (b) 'integrity' derived from management commitment, and (c) 'influence' derived from employees' participation. Beyond all doubt, it is crucial to understand the factors that contribute to health and well-being in the workplace (Hafner et al., 2015). In this context, medicine, public health, and psychology should be highlighted when health – work/workplace connections are discussed (LaMontagne et al., 2014); the management science as well as the sociology of work and occupations should not be ignored either.

The COVID-19 pandemic has significantly affected the hospitality sector (Duarte Alonso et al., 2020; Gössling et al., 2020; Hu et al., 2020), including hotels (Filimonau et al., 2020; Gössling et al., 2020; Karatepe et al., 2021; Melián-Alzola et al., 2020; Salem et al., 2021; Stergiou & Farmaki, 2021). Although the findings from this research have enriched the knowledge of hotel department managers, occupational health and safety specialists, as well as occupational health physicians, they have left a significant gap in another aspect of health and safety – the employees' perception of occupational health/safety and work conditions (a work environment) during a pandemic. Generally, this topic is more or less overlooked in the health-related research (e.g., in the PubMed database), before the current pandemic and later. Consequently, we have little theoretical insight on this issue and how organisations (hotels) could effectively respond to the global health crises (Hu et al., 2020; Le & Phi, 2021). In this context, illuminating hotel employees' views on health, working conditions, and related approaches of employers, as well as their changed views' due to COVID-19, is relevant. Due to (possible) devastating consequences of the pandemic, it is essential to expand such re-

search in the hotel industry context (see also Filimonau et al., 2020; Demirović Bajrami, 2020; Aguiar-Quintana et al., 2021; Karatepe et al., 2021). This is especially pertinent when tourism depends on international tourism – as is typical for Slovenia (Špik, 2019).

The Slovenian National Institute of Public Health (2021) reports that in the pandemic year 2020, an average of 17.7 days of sick-leave days per person was recorded in the sector 'I – Accommodation and food services' (the average for all sectors was 17.9 days). In the absence of other occupational health-related analyses, these general figures show that work in the hospitality industry, including hotels, was not particularly 'hazardous'. Hence, national research finds that in March 2020 – when all COVID-19 restrictions were introduced and regularly intensified – Slovenian residents were increasingly concerned about the pandemic (especially concerning their families and health) (Valicon, 2020; Mediana, 2020).[1] An occupational perspective was overlooked in these surveys. Thus, the purpose of this research is to identify and classify employees' views (or experiences) on working conditions and occupational health/safety (working environment) in Slovenian hotels. A broader perspective of occupational health was sought, for which the impact of COVID-19 on employees was also investigated. A positivist approach (i.e., principal component analysis (PCA), Spearman and Pearson rank order correlation) is used to address this issue in order to fill the gap in the literature about occupational health in the hotel industry.

The paper begins with a review of the research literature on the characteristics of work in the hospitality/hotel industry, followed by a description of the hotel industry during the first wave of the pandemic in Slovenia. Following the methodology, the results/findings are presented and then discussed in terms of key constructs/concepts. Limitations, theoretical and practical implications are presented at the end.

CHARACTERISTICS OF WORK IN THE HOSPITALITY INDUSTRY

The tourism and hotel industry are marked by specific work conditions/environment, which are not particularly highlighted in the above studies. Šuligoj (2006) thus distinguishes between 'physical' and 'psychological' work conditions, which both significantly affect hotel employees' working life and arise from the particular characteristics of industry and services (Šuligoj, 2010). Hence, Poulston (2005, 2009) according to other authors, summarises that job insecurity, the 24-hour nature of the industry, unpredictable hours, low pay, the female workforce, stress, absenteeism, high turnover, staff shortage and poor image of hospitality work, mark the hospitality industry, while the health aspect is not specifically discussed.

Pienaar & Willemse (2008) and Shani et al. (2014) claim that emotional work[2] is a speciality of hospitality, although it is not an exclusive characteristic of the hospitality/hotel industry – see, for example, in Isenbarger and Zembylas (2006), Mann and Cowburn (2005) and Modekurti-Mahato et al. (2014). Emotional work is described in connection with high values of stress, distress of people, high employee turnover rates and low levels of satisfaction among employees in the service industry.[3] Similarly, O'Neill and Davis (2011) also claim that stress is a significant issue in the hospitality industry. In addition, the higher (predominant) proportion of female workforce, part-time employment, low wages, immigrants, young employees and instable employment mark the EU tourism industry, including accommodations (Alberti & Iannuzzi, 2020; Dienstbühl et al., 2008; International Labour Organization, 2019). Šuligoj (2006), Sönmez et al. (2017), and Hsieh et al. (2016) highlighted employees' constant exposure to health risks; Li et al. (2020) highlighted their exposure to discrimination. Deviations can affect employees, organisations, workplace health and compensation authorities, and social welfare systems (LaMontagne et al., 2014; OECD, 2012). Furthermore, the global health crisis opened many health-related questions in tourism, including the hotel industry, where employees are often exposed to infections, and employers should protect them (Duarte Alonso et al., 2020; Hu et al., 2020).

Personal perceptions of the work environment are very important (Franěk & Večeřa, 2008), which is compatible with the subjective well-being concept introduced by Diener (1984);[4] this is especially important for the hospitality industry (Ford & Heaton, 2001; Lee & Way, 2010); a lot of research is based on the characteristic heterogeneity of workforce in the hospitality industry – see Alberti and Iannuzzi (2020), Mkono (2010), Dienstbühl et al. (2008) and Šuligoj (2006). These are some of the employees/work-related aspects studied in the hospitality/hotel industry. The global health crisis and 'new normality' (Moiseyev, 2020), of course, raise new issues that need to be explored. Moreover, even many in the past scientifically validated findings are questionable in these new circumstances. The next section presents epidemiological measures and their consequences for the Slovenian hotel industry.

THE COVID-19 PANDEMIC IN SLOVENIA

What was happening in the country at the peak of the pandemic in Spring 2020 (the first pandemic wave)? According to the Ministry of Health (GOV.SI, 2020), the first infected person diagnosed with COVID-19 in the country was detected on 4 March 2020. At the end of May 2020 the Slovenian government called an official end to its COVID-19 pandemic, becoming the first European country to do so (Novak, 2020).[5] In the

meantime, the government have taken many systemic measures (decrees, ordinances) to protect and support employees and employers (Legal information system, n.d.). Accordingly, due to prohibition on the sale of goods and services, the temporary general prohibition of movement and public gathering, the employees stayed at home. However, they retained all labour rights, social rights, and health insurance rights. Affected employers, including self-employed workers, were given the right to claim reimbursement of labour costs from the authorities.

Due to lockdown in Europe, severe downfalls were recorded in demand across accommodation in Slovenia – by the end of May 2020, the lowest ever value of -98 percentage points was identified (Figure 1). The employment indicator, also declined – in May 2020 reaching the lowest ever value of -72 percentage points (Sarić, 2020). Interestingly, the health crisis has also caused a permanent reversal from a labour shortage (Šuligoj, 2006, 2010) to a labour surplus (Sindikat gostincev opozarja na nedopustno odpuščanje tujih delavcev, 2020).

FIGURE 1
Business tendencies in accommodation sector, demand

Note: monthly, from January 2019 to December 2020; demand across accommodation is measured as a balance (increase, no change, decrease) in percentage points.
Source: Statistical Office of the Republic of Slovenia (2021)

In the EU, a drop of 52% in nights spent in tourist accommodation was observed in 2020 compared to 2019; along with Croatia, Cyprus, Greece and Spain, Slovenia was among the hard-hit countries with a 49.4% drop (Eurostat, 2021; Zupančič, 2020). The first lockdown with all socio-economic consequences was thus very 'painful'. Employees were sent home to self-quarantine that may contribute to mental disorders – see Rubin and Wessely (2020), Brooks et al. (2020), Demirović Bajrami et al. (2020), Kavčič et al. (2021) and Karatepe et al. (2021). Accordingly, we are interested in their perceptions/experiences of occupational health in such an unusual situation for them. Therefore, the main quantitative exploratory questions are:

Q1: *In how many (homogeneous) groups can perceptions of hotel employees regarding occupational health/safety and work conditions be classified?*

The present research illuminates employees' subjective perceptions in the time of the national lockdown; self-reported perceptions have been shown to be a useful indicator of health on the individual level (Karasek, 1979).

Q2: *Are identified groups of perceptions correlated to employees' demographic characteristics?*

It is assumed that respondents' (demographic) heterogeneity – see Alberti and Iannuzzi (2020), Mkono (2010), Dienstbühl et al. (2008) and Šuligoj (2006) – is reflected in their discordant perception of health/safety and work conditions.

Q3: *Are identified groups of perceptions correlated to the COVID-19 pandemic and potential changed attitudes towards health?*

This research question stems from the above-mentioned national research (Valicon, 2020; Mediana, 2020). The eventual change in perception (due to the pandemic) has not been explored yet.

METHOD

Sample and participants

The research approach (data gathering) was completely adapted to the public health situation (lockdown) in the country. Following the sampling practices of Demirović Bajrami (2020), Kavčič et al. (2021) and Đogaš et al. (2020), online data collection was implemented. In specific conditions (lockdown), the anonymous web questionnaire, as practically the only option, was sent to potential respondents from hotels throughout the country; participation was voluntary. To increase the response rate, the second and third follow-up messages were sent to potential respondents. The survey was conducted for 41 consecutive days in April and May 2020.

Included in the sample were 304 at least partially completed questionnaires; the implemented data gathering ap-

proach prevented us from calculating the response rate. Table 1 summarises the respondents' demographic characteristics divided into two groups: personal and occupational. Among the respondents, 54.4% were female. Slovenians dominate (82.5%), although nationals of the former Yugoslav republics (immigrants) were also included. Slightly more than 61% of participants were less than 40 years old, which is also reflected in the total years of service. Guest contact employees (food & beverage service, reception) represent 63.4% of respondents. Exactly 95% of respondents claim that they rarely get sick. Hence, 60.4% of respondents work with indefinite-term employment contracts. The normality of distribution was also tested with the Kolmogorov-Smirnov and Shapiro-Wilk tests. As we can see in Table 2, demographic variables are not normally distributed, $p < 0.05$.

TABLE 1
Demographic characteristics of the respondents

Demographic characteristic			*f*	%
Personal	Gender	Male	130	45.6
		Female	155	54.4
	Nationality	Slovenian	235	82.5
		Other nation of former Yugoslavia	43	15.1
		Other	7	2.5
	Age range (years)	18 to 28	97	33.9
		29 to 39	79	27.6
		40 to 50	74	25.9
		51 to 61	25	8.7
		62 or more	11	3.8
	Often getting sick	Yes	15	5.0
		No	285	95.0
Occupational	Hotel department	Kitchen	30	10.6
		Food & beverage service	99	34.9
		Reception	81	28.5
		Housekeeping	13	4.6
		Other	61	21.5
	Total years of service	1-5	101	38.5
		6-10	31	11.0
		11-15	34	12.1
		16-20	33	11.7
		21-25	29	10.3
		26-30	22	7.8
		31-35	15	5.3
		36-40	10	3.5
		41 or more	7	2.5
	Type of employment contract	Fixed-term employment	65	23.0
		Permanent employment	171	60.4
		Other	47	16.6

Note: some demographic data were missing

Based on the adopted sampling criteria, our case represents hotel employees in Slovenia. Thus, an instrumental case study for primary quantitative data collection and analysis (see Eisenhardt, 1989; Kaidesoja, 2019) was applied. "A case may be understood as an instance or an example of a social phenomenon." In this context, the present case can be labelled by the already mentioned specific work conditions (Alberti & Iannuzzi, 2020; Kaidesoja, 2019; Pienaar & Willemse, 2008; Shani et al., 2014; Šuligoj, 2006, 2010), including constant exposure to health risks (Hsieh et al., 2016; Sönmez et al., 2017; Šuligoj, 2006) in hotels in Slovenia. An additional peculiarity were/are the extremely negative consequences of the global health crisis (Duarte Alonso et al., 2020; Gössling et al., 2020). The Slovenian hospitality industry, had been also seriously affected by COVID-19 lockdown (Sarić, 2020), e.g., the number of employees decreased the most in manufacturing and in accommodation and food service activities (Čuk, 2020).

TABLE 2
Normality test

Characteristics	*df*	Kolmogorov-Smirnov[a] Statistic	Sig.	Shapiro-Wilk Statistic	Sig.
Gender	285	0.505	0.000	0.463	0.000
Nationality	285	0.364	0.000	0.634	0.000
Age range (years)	286	0.199	0.000	0.863	0.000
Often getting sick	300	0.541	0.000	0.224	0.000
Hotel department	284	0.215	0.000	0.856	0.000
Total years of service	282	0.195	0.000	0.865	0.000
Type of employment contract	283	0.311	0.000	0.779	0.000

a. Lilliefors Significance Correction; some demographic data were missing.

Instrument and analysis

Several possible work and health-related variables were identified in the literature. Since many of them were substantially similar or less coherent with the objectives of the present research, the number was reduced to 17 (see Table 3), which are classified into three theoretical dimensions:

- healthy workplace in hospitality/hotel industry: two variables from Pienaar and Willemse (2008) and O'Neill and Davis (2011);
- economic/managerial perspective of health and work: nine variables from Lamm et al. (2006), Lagrosen et al. (2012) and Hafner et al. (2015), and Bäckström (2019);
- health as a value: seven variables from Lau et al. (1986), and Bye et al. (2016).

The developed questionnaire in the Slovenian language was tested with the help of 31 respondents and then improved. The five-point Likert-type scales, in which '1' means 'strongly disagree' and '5' means 'strongly agree' was used. A forced Likert scale (in which '1' means 'not changed at all' and

'4' means 'completely changed'; the neutral option was removed) was exceptionally used for one additional variable. This variable was related to respondents' changed health concerns (see Figure 3). The demographic characteristics of respondents were also investigated (categorical variables).

Statistical analysis in the study was done with IBM SPSS Statistics 26.0. The following approaches were used: univariate analysis (demographic analysis), the check of reliability and confidence intervals for the means, principal component analysis with Varimax rotation (as a method of data reduction; related to Q1), a Spearman's and Pearson's rank-order correlation to determine the strength and direction of association between groups of health-related working experiences/views and demographic characteristics of the respondents. As a result, a special correlation matrix was created (related to Q2 and Q3). In the end, a modelling technique was used to show the relationship between variables and components.

TABLE 3
Descriptive statistics of included variables

Code	Variable	*M*	Std. deviation	Skewness (γ1)	Kurtosis (β2)
V1	My job is excessively strenuous	3.97	0.808	-0.736	0.797
V2	I regularly face stress at work	3.99	0.791	-0.488	0.086
V3	I maintain health through preventive action at work[A]	4.18	0.767	-0.821	0.826
V4	My health is more important to me than my job	4.26	0.762	-0.852	0.647
V5	I can take a short break while working	3.95	0.963	-0.972	0.992
V6	My company provides joint recreation for employees	2.67	1.318	0.174	-1.138
V7	My company takes care of good interpersonal relationships	3.52	1.092	-0.600	-0.116
V8	Employees are mobbed in our company[B]	2.44	1.225	0.430	-0.801
V9	I feel safe at work in the company[C]	3,54	1.046	-0.431	-0.401
V10	The company makes certain that our snack/ lunch is healthy[D]	3.16	1.356	-0.188	-1.148
V11	I go to work refreshed	3.42	0.957	-0.562	-0.039
V12	After work, I am often mentally exhausted	3.67	0.948	-0.504	-0.329
V13	After work, I am often physically exhausted	3.54	0.981	-0.315	-0.583
V14	The company motivates employees to take care of our health	3.08	1.024	-0.101	-0.401
V15	The company informed me at the beginning of the work about occupational safety[E]	4.07	0.946	-1.250	1.682
V16	Our company regularly conducts training in occupational safety	4.14	1.005	-1.283	1.199
V17	I am bothered by the frequent smoking breaks of co-workers	3.04	1.456	-0.032	-1.352

Notes: A – e.g., hand washing, breaks, exercise, avoiding conflicts, etc.; B – e.g., unjustified pressure, abuse, intentional discrimination, insults, harassment, etc.; C – nothing threatens me, not even contract termination; D – we eat at least one healthy meal a day; E – after signing an employment contract.

A reliability check for 17 variables was made. Cronbach's $\alpha = 0.702$, which indicates a good level of internal consistency of the sample. Then, the 95% confidence intervals for the means were also calculated; Sig. (2-tailed) amounted to 0.000 for all variables ($2.30 \leq M \leq 4.35$). In addition to M, Table 3 also shows $\beta 2$ and $\gamma 1$, where values are within acceptable limits of ± 2.

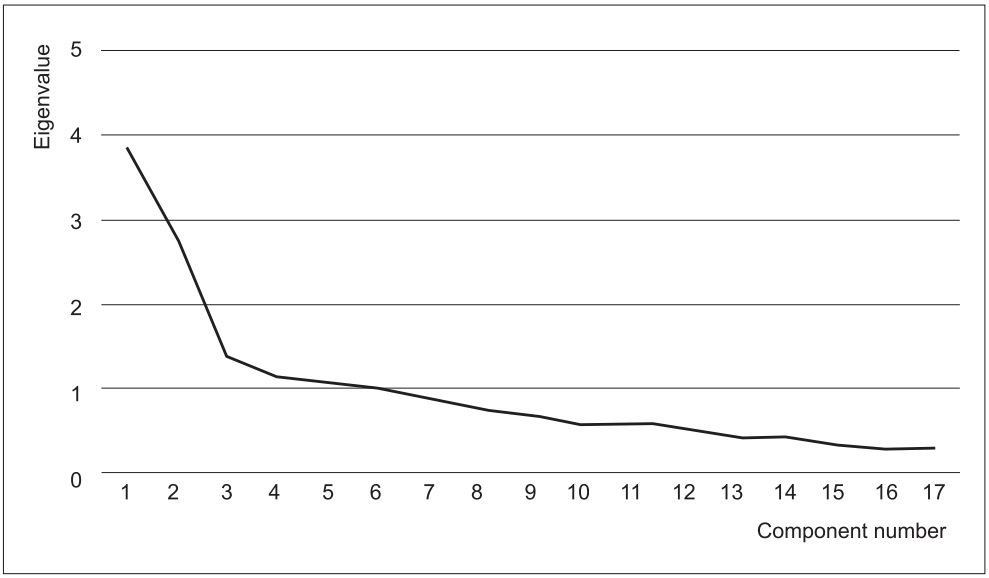


FIGURE 2
Scree plot

TABLE 4
Rotated component matrix

Variable	Components/Factors				
	1	2	3	4	5
V1	*0.760*				
V2	*0.732*				
V12	*0.707*			0.375	
V13	*0.645*				
V14		*0.750*			
V6		*0.748*			
V5		*0.592*			
V16	0.325	*0.495*	0.439		
V8			*-0.798*		
V9			*0.712*		
V7		0.437	*0.690*		
V15		0.455	*0.521*		
V4				*0.793*	
V3		0.319		*0.612*	
V10			0.404		*0.683*
V17	0.327				*0.655*
V11	-0.319	0.323		0.306	*0.577*
Cronbach's α	0.736	0.647	0.699	0.477	0.409

In the next step, PCA was used to explain the variance--covariance and dimensionality-reduction of that dataset; it can be used since data are normally distributed and sufficiently correlated. Based on the suitable KMO index = 0.733 (> 0.600) and Bartlett's sphericity test ($p = 0.000$),[6] a five-component solution was identified with an eigenvalue > 1 (Figure 2 and Table 4):

• Factors 1 and 2 consist of four positive statements and an acceptable level of consistency (Cronbach's α).

• Factor 3 consists of three positive statements and one negative (with reverse scoring for the negative variable). The factor also has an acceptable level of consistency.

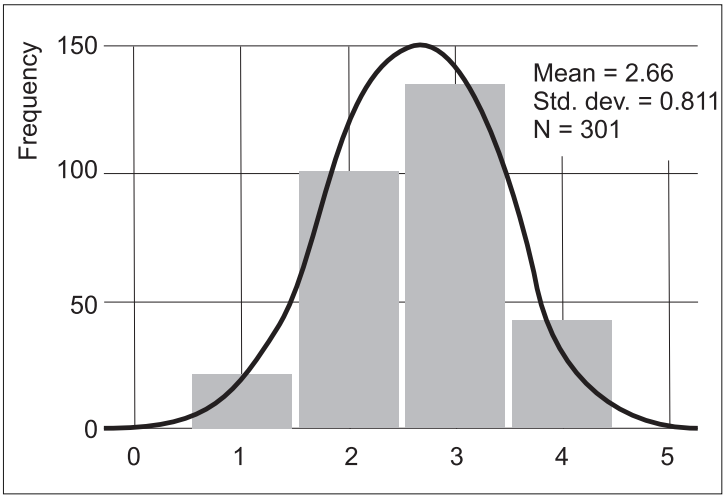
• Factor 4 consists of two positive and Factor 5 of three positive statements. These two factors were excluded from further analysis because of Cronbach's $\alpha < 0.500$.

These components/factors together account for 60.3% of the total variance. The rotated component matrix (a Varimax rotation was conducted) is presented in Table 4.

RESULTS

At the beginning of the analytical work, the variable related to changes in respondents' health concerns due to COVID-19 was not included in the PCA since a different scale was used (as mentioned above). However, it should be taken into account that the majority of respondents changed their attitude towards health during the pandemic, which can be seen in Figure 3 (59.2% of respondents chose 'changed' or 'completely changed'; $M = 2.66$). They were clearly not unconcerned about their health.

➲ FIGURE 3
Change of respondents' health concerns due to COVID-19



If we focus on PCA, a five-component solution reflects the heterogeneous views (or experiences) of employees about

working conditions and occupational health (working environment) in Slovenian hotels (Table 4). However, only three were suitable for further analysis (see the previous section; it refers to Q1). Accordingly, these components/factors can be labelled as follows:

1. *difficulty of work* marked by excessively strenuous work, stress at work, physically and mentally exhausted employees (V1, V2, V12, V13).

2. *collective prevention at work* means that employers motivate employees to take care of their health and regularly conduct training in occupational safety, provide joint recreation for employees and allow employees to take a short break while working (V14, V6, V5, V16);

3. *safe workplace* means that employees are not mobbed, they feel safe, are well informed about occupational safety from the beginning of the employment relationship and employers take care of good interpersonal relationships (V8, V9, V7, V15);

The identified components/factors, which are not consistent with the theoretical dimensions (see Instrument and analysis), are normally distributed as $\beta 2$ and $\gamma 1$ are on the interval from -2 to 2. Components/factors are also not correlated as $-0.39 \leq r_p \leq 0.20$ and $0.505 \leq p \leq 0.883$.

In the next phase, statistically significant correlations between the above-defined components/factors and employees' demographic characteristics were tested. The Spearman rank-order correlation was employed (due to the non-normal distribution). In summary, on the 'positive side' are $0.002 \leq r_s \leq 0.181$, while those on the 'negative' are $-0.166 \geq r_s \geq -0.002$ (Table 5). Analysis results reveal only weakly positive or negative correlations between components and demographic characteristics, while sickness frequency has proven to be practically uncorrelated. This is the answer to Q2.

➲ TABLE 5
Correlation matrix between health-related working experiences and demographic characteristics

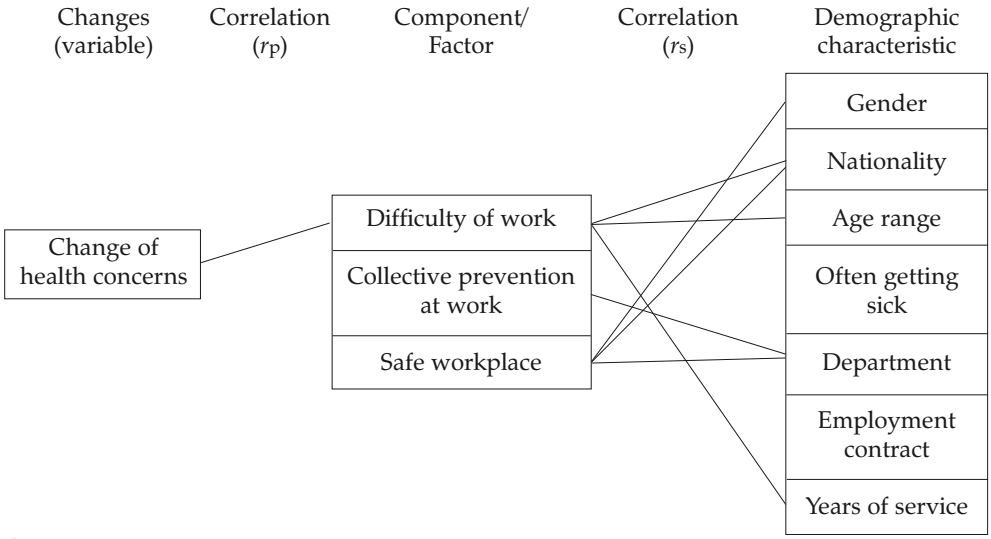
Correlation	Component 1 r_s	2 r_s	3 r_s
Gender	0.009	-0.086	0.121*
Nationality	0.162**	-0.109	0.149*
Age range	0.171**	0.057	-0.072
Often getting sick	-0.042	-0.039	0.053
Department	0.002	0.179**	-0.166**
Employment contract	0.002	-0.002	0.079
Years of service	0.181**	0.015	-0.066

Note: **Correlation is significant at the 0.01 level (2-tailed); *Correlation is significant at the 0.05 level (2-tailed).

The Pearson rank-order correlation was employed (due to normal distribution) in order to test connections between three components/factors and the variable related to change of health concerns due to COVID 19 (see Figure 3). Rare and weak connections can be seen from the 3 × 1 correlation matrix. In summary, only one component shows correlation: Factor 1 (difficulty of work) at 0.01 level. However, all r_p are very low ($-0.016 \leq r_p \leq 0.182$). Consequently, the identified groups/components/factors of employees' health perceptions correlate only slightly with their attitudes towards health in the context of the COVID-19 pandemic. However, the descriptive statistics results show that hotel employees changed their health concerns due to COVID-19. All these are answers to Q3.

The final result with all relationships is summarised in Figure 4. The lines show correlations that are statistically significant, but at the same time very weak. Employees in Slovenian hotels are evidently concerned about the pandemic and have changed their attitudes towards health (Figure 3), but we cannot easily relate this to the components of working conditions and occupational health. The components' weak associations with demographics are also surprising, as they do not reflect completely the assumptions about difficult working conditions defined in the previous sections; there are no differences in correlations with personal and occupational demographics (see also Table 2). Moreover, the disease frequency and the nature of the employment contract were found to be irrelevant (or less relevant) in the context of working conditions and occupational health in the hotel industry.

FIGURE 4
Relations between selected variables and components



DISCUSSION AND CONCLUSION

Yamahata and Shibata (2020) as well as Rocklöv et al. (2020) warned how dangerously SARS-CoV-2 spreads on a cruise ship, which is somewhat similar to modern hotel complexes with additional products, e.g., casino, entertainment or convention centres, wellness, oriented towards mass tourism; some health services can be also included (Whitmore et al., 2015). Employees are exposed to infections (Aguiar-Quintana et al., 2021; Burdorf et al., 2020; Salem et al., 2021), therefore, employers must also pay attention to work conditions/environment in general and protect employees. Similarly, the International Labour Organization points to the obligation to protection of hospitality workers' health (International Labour Organization, 2020). Regardless of the COVID-19 crisis, hotel employees work in specific work environments and are in constant exposure to health risks (Hsieh et al., 2016; Sönmez et al., 2017; Šuligoj, 2006) and/or discrimination (Li et al., 2020).

In the present study respondents state that they are, on average, well informed about safety at work (V15, V16), which is not self-evident – this aspect was highlighted, for example, by Romero et al. (2018). Demanding work conditions and questionable safety, especially concerning migrants, were also problematised by Sönmez et al. (2017) and Hsieh et al. (2016). However, the present research did not confirm some of these issues, although Factor 1 is an exception (see Tables 4 and 5). Moreover, the so-called emotional work mentioned at the beginning (Pienaar & Willemse, 2008; Shani et al., 2014) in the case of the Slovenian hotel industry did not prove to be overly problematic; the same applies to the many risk factors illuminated by Hafner et al. (2015) and Dienstbühl et al. (2008), e.g., lack of physical activity, smoking, obesity among the general working population, lack of sleep, infections. Therefore, there is a positive awareness of employees who also claim to act preventively and thus protect their health; *M* of V4 only further confirms this claim. This is of particular importance because research on 'return to work guidelines for the COVID-19' were missing in the industry (Rueda-Garrido et al., 2020). From the occupational health perspective and in relation to COVID-19, this is a significant finding. On the other hand, this is always topical, even when there is no crisis. The occupational health professionals – as well as public health professionals (Stanwell-Smith, 2020) – must contribute with their knowledge to provide appropriate occupational health for all employees regarding the COVID-19 pandemic (Burdorf et al., 2020; Salem et al., 2021). Generally speaking, Slovenian hotel employees have different perceptions of health/safety at work and work conditions (due to health crisis; Figure 3).

One surprising finding is that the analysed variables/components/factors are very weak or not at all correlated with personal or occupational demographic characteristics (Figure 4). Interestingly, according to Poulston (2005, p. 17), "gender, age, seniority, and job security, are most strongly associated with reporting that constructive dismissals were common" (in the hospitality industry). Consequently, it can be argued that correlations of demographic data with work-related variables cannot be simply generalised. However, research results are in some ways consistent with research in Norwegian (Furunes & Mykletun, 2005) and Scottish (Magd, 2003) hotels where no negative attitudes towards seniority were expressed. Hence, it is neither possible to argue that those who are more concerned about health because of COVID-19 better evaluate other analysed variables. Hence, if we take into account the increased health concerns in the industry (Figure 2) and in general (Valicon, 2020; Mediana, 2020), this is surprising and shows that the pandemic was not related to the evaluation of other variables. In this regard, the short- and long-term consequences of the pandemic, including employee turnover, will be of interest – see Demirović Bajrami et al. (2020) and Salem et al. (2021). Consequently, based on the findings of this research, the reasons for employee turnover and dissatisfaction appear to be economic (e.g., low salary) and organisational (e.g., work schedules, employee shortages, interpersonal relationships) problems – see section 'Characteristics of work in hospitality industry'. In summary, this study adds to the existing literature in the following ways:

- the results do not support the findings of previous research on working conditions (e.g. Hafner et al., 2015; Dienstbühl et al., 2008; Pienaar & Willemse, 2008 and Shani et al., 2014), which means that the findings cannot be always readily generalised; there are notable differences between working environments in different hotels. This also applies to periods of crisis;
- similarly, correlations between demographic data and work-related variables cannot be easily generalised within the hotel industry. Furthermore, the pandemic does not affect Slovenian hotel employees' evaluation of working conditions/occupational health, which is not consistent with general measurements of the impact of the pandemic on Slovenian residents (Valicon, 2020; Mediana, 2020);
- a completely new set of variables were developed to measure subjective perceptions of the work environment/occupational health.

The present research is one of the few studies investigating hotel employees' perspective of health-related and work-

place issues and one of the first to focus on the change of respondents' health concerns due to COVID-19. Such an investigation may be very important to hotel companies (including small family businesses) trying to (further) improve their safety and health-related investments. Exceptional circumstances (e.g. COVID-19 pandemics and similar health crises, lockdown and similar measures) call for exceptional measures, caution, empathy and solidarity among employees and in relation to employees – see also, for example, Meenakshi and Neha (2020). It is necessary to protect the health of employees and guests. The present study shows that hotel managers do not even have to be afraid of frightened and panic-stricken employees who would have problems dealing with hotel guests in times of the 'new reality'. However, all investments/measures should be based on previous knowledge/research. In this context, the findings from this research will enrich the knowledge of hotel managers, hotel department managers, occupational health and safety specialists, as well as occupational health physicians and researchers/teachers. This clearly demonstrates the practical implications of this research.

Nevertheless, this study has some limitations. First, the online data collection was conducted while hotels were closed due to the first lockdown and social isolation in Slovenia. As a result, the non-probability sample limits the generalisability of the results. However, the practices of some other scholars were followed, e.g. Kavčič al. (2021), Đogaš et al. (2020). Hence, the effects of changing formal measures and discouraging data on the spread of the disease were neglected, although they may influence respondents. According to Horesh and Brown (2020), when researching different socio-economic perspectives/effects of (occupational) health during the pandemic, despite all limitations/restrictions, research must be carried out during the pandemic (in real time). This study provides insight into how employees perceive working conditions and the impact of a pandemic, while ignoring the views of others, such as managers and HR specialists. Therefore, the sample represents employees' individual/subjective perceptions, which, however, should not be underestimated. Future research can therefore improve the understanding of working life in hotels by including more diverse respondents in a wider geographical/international setting, as replication studies in other affected tourism destinations, hospitality and tourism providers would increase the knowledge of working conditions, occupational health and long-term impacts of the crisis on employees/employers. By drawing on more recent crisis-related studies, the measurement instrument can also be improved.

NOTES

[1] More on the psychological perspective of COVID-19 can be found in Kavčič et al. (2021).

[2] Generally, more can be found in Hochschild (1979).

[3] See also Pizam & Shani (2009, pp. 143–144).

[4] More can be found in Chia & Kern (2020) and Wheatley (2017).

[5] Slovenia was considered an epidemiologically safe country (Welcome to Green and Safe Slovenia!, n.d.).

[6] Consequently, factor analysis can be employed (Coakes, 2013).

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Zdravo radno okruženje u slovenskom hotelijerstvu: mišljenja zaposlenika pogođenih pandemijom COVID-19

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Prethodna istraživanja uglavnom su zanemarivala mišljenja hotelskih zaposlenika o zdravlju (na radnom mjestu), uključujući njegovu povezanost s pandemijama (kao što je COVID-19). Ovo istraživanje ispituje ta mišljenja usmjerujući se na slučaj slovenske hotelske industrije. Anonimni web-upitnik, kao jedina praktična mogućnost, poslan je tijekom pandemije potencijalnim ispitanicima u hotelima diljem zemlje. U analizi primijenjeni su sljedeći pristupi: univarijatna analiza, provjera intervala pouzdanosti za srednju vrijednost, analiza glavnih komponenti s Varimax-rotacijom te Spearmanov i Pearsonov koeficijent korelacije ranga. Većina ispitanika promijenila je svoj stav prema zdravlju tijekom pandemije ($\chi^2 = 2{,}66$). Analizom glavnih komponenti (PCA) uvedena je redukcija dimenzionalnosti skupa podataka i izdvojeno je pet komponenti koje čine 60,3 % ukupne varijance. Zbog niskog r_s i r_p, sve su komponente zanemarivo povezane s demografskim karakteristikama, kao i s promjenom zabrinutosti za zdravlje ispitanika zbog pandemije COVID-19.

Ključne riječi: hotelijerstvo, zaposlenici, pandemija COVID-19, zdravlje na radu, Slovenija