

# Occupational Stress in the Hospitality Industry - An Employment Relations Perspective

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## Abstract

This article endeavours to draw attention to occupational stress amongst workers in so-called 'low risk industries' – namely the service and hospitality industries - and to explore their perceptions of stress, their attitudes to managing stress and their responses to the recent inclusion of stress in the Health and Safety in Employment Amendment Act, 2002. It is also the intention to broaden the scope of analysis by investigating a range of employment factors – such as heavy workloads, interpersonal relationships and organisational factors - which can contribute to occupational stress amongst workers. Findings from two case studies are reported and they indicate that working in the hospitality industry can be stressful and that many workers are vulnerable in terms of their poor working conditions and low wages. Consistent with other studies, it was also found that there was low trade union presence and a high rate of casualisation and staff turnover. At the same time, there was a lack of overt conflict between management and workers, with an apparent close alignment of goals between the two parties and a style of management that could be described as unitarist.

## Introduction

There has been growing recognition in the literature over the past twenty years that occupational stress can contribute to work-related ill health, with negative effects on both physical and psychological well-being (Caplan, Cobb, French, Harrison, & Pinneau, 1975; Perrewe & Anthony, 1990; Bohle and Quinlan, 2000; Smith 2003). Occupational stress has been associated with reduced work output and can contribute to increased accidents, absenteeism, employee turnover and poor employee performances (Caplan, Cobb, French, Harrison, & Pinneau, 1975; Perrewe & Anthony, 1990; Spector, 2003). Moreover, it has the potential to spill over to affect employees' private life, causing marital, friendship or community problems (Kahn & Byosiere, 1992; Sauter, Murphy, & Hurrell, 1990). These outcomes of occupational stress can result in significant economic and social costs for both employers and employees (Watkins, 2003).

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Recently, there has been a great deal of public attention on occupational stress in New Zealand as a result of the Health and Safety in Employment Amendment Act, 2002. In this Amendment, occupational stress is officially recognised as a 'hazard' (refer to Section 8). Such changes have been largely informed by significant developments in New Zealand's common law as demonstrated in two leading decisions from High Court and Court of Appeal respectively – namely *Brickell v Attorney-General* and *Attorney-General v Gilbert* (Caisley, 2004; Scott-Howman & Walls, 2003). In essence, these cases confirmed that the employer has a general duty of care to safeguard their employees not only from physical harm but also from *mental harm* (Scott-Howman & Walls, 2003). Furthermore, more recent New Zealand and UK court cases – for example, *Hatton v Sutherland* [2002] 2 All ER 1 (CA) – have supported the notion that counselling alone is not sufficient to allow an employer to discharge his/her obligations under both statute and common law, (Scott-Howman & Walls, 2003). There has to be demonstrable evidence that the employer has endeavoured to eliminate or isolate or minimise the sources of stress. Therefore, the inclusion of stress and fatigue in the Amendment to the Health and Safety in Employment Act has meant that all employers must be cognizant of the employment conditions of their workers, irrespective of the type of work, and must implement systems that treat stress and fatigue as any other workplace hazard (Department of Labour, 2003).

Although it is generally acknowledged that occupational stress can be a contributing factor in workplace illness and injury rates, little is known about the extent of occupational stress in so-called 'less hazardous' industries that rely on 'emotional labour', such as the hospitality industry. This lack of knowledge is of concern given that hospitality workers now constitute 6.0% (102,620 workers) of the total surveyed workforce in New Zealand (Statistics New Zealand, 2004a). In the literature, this fast-growing industry is characterised by non-standard and precarious work arrangements, low-wages, excessive work demands, intensive customer interaction and a rapidly changing work environment (Haynes & Fryer, 1999; Bernhardt, Dresser & Hatton, 2003). There is also the issue of 'emotional labour': a requirement for employees to act in an empathetic, positive and friendly manner at all times when dealing with customers in order to make them feel wanted and welcome (Anderson et al., 2002; Grandey, 2003; Lashley, 2001).

The purpose of this article, therefore, is to examine the attitudes of those working in the hospitality industry to both occupational stress and the recent legislative changes. For several reasons, the focus in this article will be on large-sized, metropolitan hotels. First, there is general agreement in the literature that there is a lack of knowledge of occupational stress across a range of industry sectors, including the hospitality industry, and across a variety of occupations and organisational levels (see Singer, Neale, & Schwartz, 1987). Second, larger hotels are more likely to have established health and safety committees and a greater unionised workforce compared to small hotels restaurants, bars and cafes (Whatman, Harvey, & Hill, 1999) and, therefore, may present more evidence of the role of health and safety representatives in dealing with occupational stress (refer to S19 of the Health and Safety in Employment Amendment Act, 2002). Finally, the majority of large

hotels in Auckland (as in many other parts of New Zealand) are in overseas ownership (Haynes & Fryer, 1999) and this could offer comparative insights to overseas and local management of occupational stress.

The article commences with a brief profile of the New Zealand hospitality industry and an overview of the research on occupational stress. Based on the extant literature, a more comprehensive model is presented that incorporates the core employment relations features and levels of analysis with the orthodox psychosocial elements. Using the model as an underlying framework, the key findings from a study of two large hotels are presented. The implications of the findings are discussed further in a thematic manner and the concluding remarks propose areas for further research.

**The Hospitality and Hotel Industries**

The hospitality industry is categorised as the Accommodation, Cafes and Restaurants sector (division H57) under the Australian and New Zealand Standard Industrial Classification (ANZSIC). This sector employs approximately 6.0% of the New Zealand’s working population and represents 3.5% of New Zealand businesses, see Table 1. For the year ending February 2004, the Accommodation, Cafes and Restaurants sector generated \$28,085.30 of revenue, which represents around 2.8% of the New Zealand’s total industry gross earnings (Statistics New Zealand, 2004b). Although cafes and restaurants represent the largest number of businesses in the hospitality category, accommodation businesses (ANZSIC subdivision H57 10) are the second largest group, making up 35.3% of the hospitality industry. In the accommodation industry, the hotel sector represents the largest group, as shown in Table 2, and accounts for approximately 51.6% of the industry’s total employment.

**Table 1: Profile of New Zealand’s Accommodation, Cafes and Restaurants Sector**

Type of Business	Number of Enterprises	Geographical Units	Number of Salaried/Waged Earners
Accommodation	4,045	4,396	30,060
Pubs, Taverns and Bars	1,407	1,524	12,930
Cafes and Restaurants	5,609	6,298	55,650
Clubs (Hospitality)	397	402	3,990
<i>Total Accommodation, Cafes &amp; Restaurants</i>	<i>11,458</i>	<i>12,620</i>	<i>102,620</i>
<i>Total All Industry</i>	<i>324,293</i>	<i>354,440</i>	<i>1,640,980</i>

(Source: Statistics New Zealand, February 2004 b)

**Table 2: Profile of New Zealand's Accommodation Businesses**

Type of Accommodation	Number of Enterprises	Geographic Units	Number of Salaried/Waged Earners
Hotels	487	542	15,500
Motels and Motor Inns	1,623	1,688	7,700
Hosted Accommodation	923	956	1,210
Backpacker and Youth Hostels	335	397	1,430
Caravan Parks and Camping Grounds	372	419	1,670
Accommodation not elsewhere classified	305	394	2,540
<b>Total Accommodation</b>	<b>4,045</b>	<b>4,396</b>	<b>30,060</b>

(Source: Statistics New Zealand, February 2004b)

Over the past decade, a major feature of the hotel industry has been the rise of global players and the intensifying competition. This has caught hotels in a strategic bind: trying to minimise costs through applying a range of cost-cutting strategies and, at the same time, attempt to improve the quality service by implementing customer orientation programmes, etc. (Bernhardt, Dresser, & Hatton, 2003; Korczynski, 2002; Peccei & Rosenthal, 2000). According to Bernhardt, et al (2003: 7), strategies to reduce personnel, freeze wages and conditions, eliminate or combine job categories and increase hours of work have had enormous implications for those working in the industry. There has also been a growing trend to subcontract out services and administrative functions, such as valet, cleaning, laundry, payroll and benefits processes, compliance and systems maintenance (Fox, 1998). Employers have benefited from subcontracting and outsourcing the work in terms of lower labour costs, lower utility and water costs and less scrutiny from regulatory agencies (Francis, 1998; Lattin, 1993; cited in Bernhardt et al., 2003). However, the subcontracting of work has also hastened the decline in the number of unionised workers and shifted many of the compensation claims to outside organisation (Haynes, 2005).

Because of the dichotomous nature of the hotel industry (i.e. fluctuating financial profits and tight margins *versus* the pressure to deliver quality services), the literature suggests that working in the hotel industry can be stressful and has raised a number of concerns. Typically, these concerns are associated with shift work and fatigue as a result of working long hours, unpredictable shifts, few breaks, heavy physical demands (manual handling heavy loads, etc), and mental and emotional demands (Wallace, 2003). Inherent in this fast-paced, competitive service industry are the high levels of casualisation and high employee turnover (Bernhardt et al., 2003; Haynes, 2005). Low pay is also a concern since work is remunerated on the basis of qualification standards which tend to be set lower in relation to other service industries like nursing and policing (Haynes & Fryer, 1999).

## Previous Research on Occupational Stress

One of the major weaknesses of orthodox research on occupational stress is that it has been dominated by psychological and medical approaches. This has meant that occupational stress is largely attributed to *individual behaviours* such as personality traits and therefore, coping mechanisms are primarily initiated and managed by the individual (Cartwright, Cooper & Murphy, 1995; Semmer, 1997; Parkes and Sparkes, 1998). Authors who pursue these lines of inquiry have been criticised for their narrow focus on the individual and for fostering a ‘victim-blaming ideology’ rather than recognising other environmental sources of stress and investigating underlying problems and solutions that incorporate a wider number of factors (Otto, 1985; Cox, 1988; van der Hek & Plomp, 1997; Cartwright & Cooper, 1997; Cooper, Dewe & O’Driscoll, 2001; Hart & Cooper, 2002).

In addition, there has been a growing recognition that managing occupational stress is complex and multifaceted, and therefore requires a more holistic approach. There is also recognition that *employment* factors (e.g. wages and conditions, employment relationships, company policies, etc.) as well as the roles played by the different interests groups (employers, trade unions and government agents) are important in understanding the complex nature of occupational stress (see Bohle & Quinlan, 2000; Smith 2003; Bohle, 2004; Gold, 2005).

Taking a more multi-dimensional view of stress, Cooper, Dewe and O’Driscoll, (2001) argue that sources of stress can be grouped into three broad categories: job-specific sources, organisational sources and individual sources. The first two categories are external to the individual and are frequently referred to as “environmental” sources of stress. Cartwright and Cooper (1997) identified six environmental sources as follows:

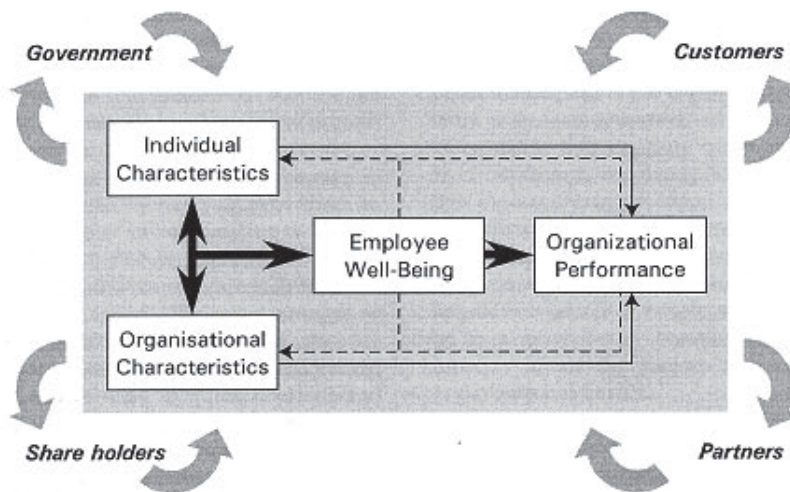
1. Factors intrinsic to the job itself
2. Roles in the organisation
3. Relationships at work (with supervisors, colleagues, and subordinates)
4. Career development issues
5. Organisational factors (e.g. organisational structure and climate)
6. The home-work interface.

Cox (1998) and Hart and Cooper (2002) have incorporated the six environmental sources together with some employment relations features to create a new model, as illustrated in Figure 1. The key strength of their model is that it expands the notion of occupational stress by marrying some of the best aspects of psycho-medical perspective and employment relations. Unlike conventional psycho-medical approaches, this model not only recognises the interaction between individual and organisational factors and their effects on the employee’s well-being at the micro level, but it also incorporates a strong

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link to organisational performance. Moreover, although a number of researchers have highlighted the negative impacts of occupational stress on organisational performance in terms of the quality of the working environment and employee attitudes and behaviours, this factor has often been overlooked in stress research (Kompier, Geurts, Grudemann, Vink & Smulders, 1998; Reynolds & Shapiro, 1991). At the macro level, external factors, such as government legislation and share holders' demands, influence the core elements of the organisation, such as employee performance (Hart & Cooper, 2002). The core elements are also inter-related and can influence each other. For example, the organisation's policies and practices will influence how the team operates under certain conditions.

**Figure 1: Factors that Impinge on Occupational Stress**



Source: Hart, P. M., & Cooper, C. L. (2002).

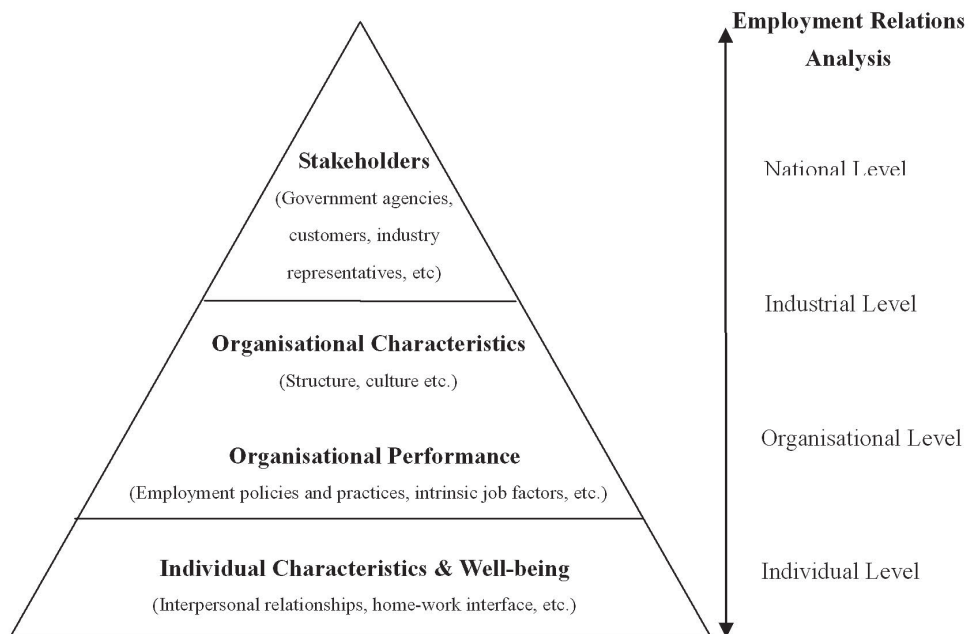
Although Cox (1988) and Hart and Cooper's (2002) model is useful in that it attempts to broaden the investigation on occupational stress, it only incorporates *some* of the employment relations features and it does not include the employment relations' levels of analysis (that is, workplace, organisation, industry, region, etc). Therefore, it is necessary to provide a more in-depth approach to occupational stress within the hospitality industry by focusing on the following levels:

- *The level of the employee:* work-related factors, such as the level of pay, hours of work, etc., as well as non-work aspects of the person's life (Duxbury & Higgins, 2002);
- *The organisational level:* the company's OSH policies and systems within the context of performing services in which many of the tasks involve emotional labour (i.e. interpersonal interaction with primarily clients, colleagues and supervisors).

- *The level of the industry:* the characteristics of the industry and pressures from the key stakeholders, such as representatives from the employers and employees associations and human resource managers operating in the industry.
- *The national level:* The legislation that governs occupational health and safety as well the enforcement agency – the Department of Labour’s OSH Service.

By amalgamating Hart and Cooper’s (2002) model with Cartwright and Cooper’s (1997) six environmental sources as well as incorporating the employment relations’ levels of analysis, it is possible to create a framework sufficiently robust to investigate stress in the hospitality industry as shown in Figure 2 below.

**Figure 2: Employment Relations Analysis to Stress in the Hospitality Industry**



Unlike psycho-medical models that focused on ‘cause and effect’ interactions between stress factors, the employment relations framework applies a wider perspective to occupational stress at different levels of analysis. The triangular model in Figure 2 demonstrates that the key elements to stress can be viewed as interconnected rather than as separate factors.



## Methodology

As stated previously, given the growing academic interest in the working conditions in the hospitality industry and the increased attention occupational stress is currently receiving, the scarcity of information on the level of occupational stress in this industry is surprising. Thus, it was the intention of this study to investigate the following research questions:

- What are the experiences of occupational stress amongst employers and employees in the hotel industry?
- What are their perceptions and attitudes about the responsibilities of managing stress?
- What is the hotel industry's current approach to occupational stress?

Given the exploratory nature of the investigation a qualitative, comparative case study methodology was adopted. A triangulated approach was also used which involved the collection of data from multiple sources (Patton, 1987). The two large hotels were chosen to represent the different types of organisations within the hotel sector – one being part of an international chain while the other is a locally owned hotel (referred to as Hotel A and Hotel B respectively). Within the two case studies, 35 interviews using a semi-structured interview schedule were undertaken between August 2003 and February 2004. The duration of each of the interviews was approximately forty-five minutes. The interviewees represented all the departments and levels in the organisations. Hotel participants included the executive managers as well as departmental managers, supervisors and staff from the four departments - front desk, food and beverage, kitchen and housekeeping. Organisational documentation and archival records pertaining to stress policies and practices were also collected from the two hotel cases.

Furthermore, interviews were undertaken with key stakeholders from the Department of Labour's Occupational Safety and Health (OSH) Service, the Employers and Manufacturers Association (Northern), the Service and Food Workers Union, representatives from the Employees Assistance Programme as well as HR specialists. Interviews of the key stakeholders were used to support or challenge data collected from the case studies as a way of addressing the problem of intrinsic bias that comes from single observer research (Yin, 1994; Ghauri et al., 1995).

The macro/micro levels of analysis embedded in the study is compatible with the underlying broader employment relations perspective. In particular, the data was analysed by adopting Marshall and Rossman's (1989) analytical strategies. Firstly, the interview data was organised through coding and transcription and were structured in accordance to the research questions and the interview schedule. Secondly, categorisation processes were used to identify recurring regularities in the data and to evaluate the plausibility of those developing categories. In order to rule out alternative explanations of the data, pattern-matching technique (Yin, 1994) was applied by constantly comparing the



emerging categories against the collected data for credibility and centrality. Finally, the interview data and the organisational records were presented into tables and graphs and were discussed in a summarised and reflective format.

## Findings

It was found that the two hotels differ in terms of their organisational profile, as summarized in Table 3. One on hand, Hotel A is part of an international chain and has been in operation since 2001. The hotel tends to attract younger employees as it offers more overseas transfer opportunities, than Hotel B. On the other hand, Hotel B is locally owned, has been in operation for over 26 years and has twice the number of staff as Hotel A. Hotel B has a higher proportion of female staff than Hotel A. It is also important to note that Hotel A has subcontracted its housekeeping services (28 staff).

**Table 3: Characteristics of Case Studies**

	<b>Hotel A</b>	<b>Hotel B</b>
<b>Type of Business</b>	International franchised	Locally owned
<b>Age of Business</b>	4 years	26 years
<b>Number of Employees</b>	Full-time Male 29 (37%) Female 24 (30%) Part-time Male 17 (22%) Female 9 (11%) <b>Total 79*</b>	Full-time Male 43 (28%) Female 69 (45%) Part-time Male 11 (7%) Female 32 (21%) <b>Total 155</b>
<b>Age of Employees</b>	79% under 30 years old	56% under 30 years old
<b>Union Membership</b>	None of the internal staff belong to a union**	65% (100 staff). Mainly in Rooms Division, Restaurant, Maintenance

\* Excludes housekeeping contractors.

\*\* The majority of the housekeeping contractors is union members.

The two hotels also vary in their employment relations arrangements as seen in Tables 3 and 4. In terms of *trade union membership*, Hotel B has 65% union members while none of Hotel A's employees belong to a union. However, the majority of Hotel A's subcontracted housekeepers are unionised. Averaged out across both sites, the low number of trade union members is consistent with national figures for the hospitality industry (Haynes, 2005). According to Haynes (2005), union membership in the large hotel industry in the Auckland region averaged 11.2% (range being 1% to 25%) in 2002-2003.

Table 4: Employment Conditions as of February 2003

	Hotel A	Hotel B
<b>Overtime*</b>	<ul style="list-style-type: none"> <li>• Payment: normal rate</li> <li>• Requires authorisation &amp; <i>signed</i> mutual agreement</li> <li>• Requires 8 hrs break between shifts</li> <li>• No weekly limit on overtime</li> </ul>	<ul style="list-style-type: none"> <li>• Payment: time and a quarter</li> <li>• Requires authorisation &amp; mutual agreement for 4 consecutive shifts</li> <li>• Requires 12 hrs break between shifts</li> <li>• Limit on overtime: 10 hrs per week</li> </ul>
<b>Provisions</b>	<ul style="list-style-type: none"> <li>• Free meals (except housekeepers)</li> <li>• 1/2 hr unpaid meal break</li> <li>• 2 x 10min paid breaks</li> </ul>	<ul style="list-style-type: none"> <li>• Free meals</li> <li>• 1/2 hr unpaid meal break</li> <li>• 2 x 10min paid breaks</li> </ul>
<b>Holidays/Leave Entitlements**</b>	<ul style="list-style-type: none"> <li>• Annual Leave: 3 weeks/yr; 4 weeks for senior positions</li> <li>• Statutory Holidays: 11 days/yr</li> <li>• Special Leave: 7 days/yr after 6 months' employment (<i>maximum accumulation of 20 days</i>)</li> <li>• Parental Leave: as per legislation</li> </ul>	<ul style="list-style-type: none"> <li>• Annual Leave: 3 weeks/yr; 4 weeks after 7 yrs of employment</li> <li>• Statutory Holidays: 11 days/year</li> <li>• Special Leave: 5 days/yr after 6 months' employment (<i>no maximum accumulation</i>)</li> <li>• Parental Leave: as per legislation</li> </ul>

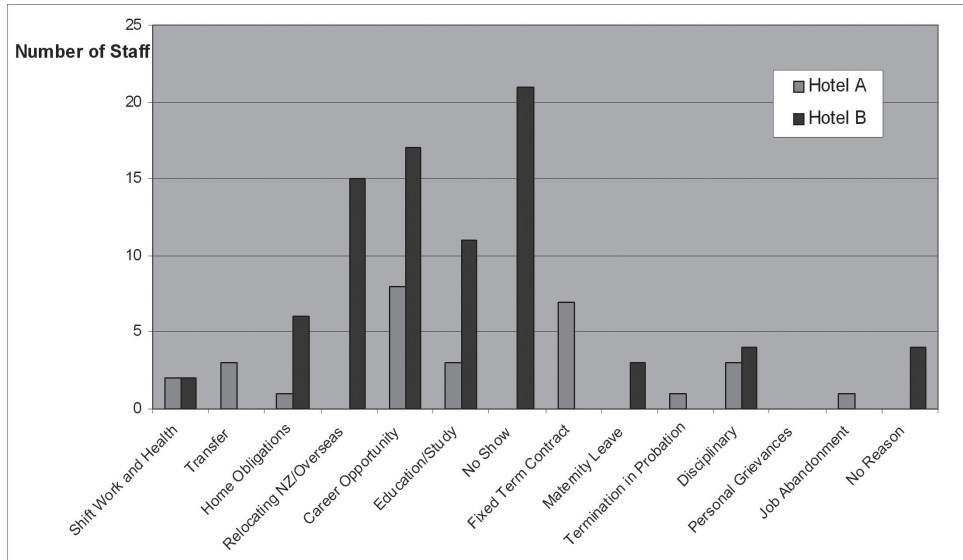
\* Ordinary Working Hours: 8-hour shift and 5 shifts per week

\*\* Special Leave is now separate into Sick Leave and Bereavement Leave under the Holidays Act 2003.

Hotels A and B have different *overtime practices and policies*. In Hotel A, there is no limit on the amount of overtime workers can do and the breaks between shifts – 8 hours – are shorter than those in Hotel B. In spite of the unlimited overtime allowed, Hotel A's management has put in place a number of constraints on their full-time, non-managerial staff working extra hours. For example, employees must obtain written management authorisation prior to working overtime and there were no overtime penal rates or bonuses (day off in lieu) for working overtime. While the provision of breaks and access to free meals are generally the same across the two hotels, the housekeeping subcontractors in Hotel A are not provided with free meals.

Unlike Hotel A, there is a more flexible approach to working overtime in Hotel B in which mutual agreement between the employee and the supervisor is only required for working four consecutive 10-hour shifts. In Hotel B, employees must have a minimum of a 12-hour break in between shifts and can only work a maximum of 10 hours of overtime per week. Furthermore, although both hotels complied with the basic minimum standard of leave entitlements, Hotel B offered unlimited accumulation of special leave which was not provided under the previous Holidays Act 1981.

Figure 3: Reasons for Staff Turnover



Overall, the rate of *staff turnover* is considerably higher in Hotel B (56%) than in Hotel A (35%), as shown in Figure 3. However, the organisational records of exit interviews for Hotels A and B must be treated with caution for a number of reasons. First, the recorded staff categories used by Hotels A and B are dissimilar and crude. In Hotel A, the breakdown of categories is: management, supervisory and front line positions; while in Hotel B the breakdown of categories is: full-time and part-time positions. As a result of the simplistic method of categorising the data, there is no way to verify the anecdotal evidence of an even higher staff turnover in the food and beverage sections in both hotels, compared to the recorded highest rate of staff turnover in supervisory/front-line positions in Hotel A and in part-time positions in Hotel B. Second, both hotels use contract and temporary labour and therefore the true level of staff turnover is not reflected in the staff records and assertions can only be made based on the records of permanent staff. Third, the reasons for leaving given during exit interviews may not necessarily be accurate.

In spite of these drawbacks, the reasons for employees leaving *appear* to be fairly consistent and tended to be clustered around new employment opportunities, relocation, and education opportunities rather than associated with shift work and health concerns. Other less common reasons for staff turnover include family obligations, transfer, termination of contract and inappropriate behaviours at work. There were also a number of employees who left the job without giving any notice (or “no show”). It is impossible to give any accurate reason why these employees left, though they were predominately part-time and constituted one quarter of total staff turnover in Hotel B. Interestingly, Hotel B had significantly higher turnover in part-time staff (67%) than in full-time staff (33%), while Hotel A’s staff turnover was equally distributed across full-time and part-time staff.

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Other key differences between each of the hotels are highlighted in the performance indicators, such as the level of disciplinary actions, sick leave and workplace accidents. Each of the indicators has implications for stress in the respective workplaces.

**Table 5: Organisational Performance Records**

	<b>Hotel A</b> (year ended Oct2003)	<b>Hotel B</b> (year ended Feb2004)
<b>Disciplinary Actions</b>		
• Record of Discussion	4	4
• Verbal/Written Warnings	4	0
• Suspension/Dismissal	0	0
<b>Sick Leaves</b>	90 hours	3675 hours
<b>Workplace Injury</b>		
• Reported Accidents	3	4
• Hours on ACC	1128 hours	82 hours

As shown in Table 5, disciplinary procedures for both hotels were few and minor. There was no record of suspension/dismissal occurring and there appears to have been only a few discussions and warnings given for misdemeanours such as, falsifying timesheet/wage records, intoxication, unauthorised possession of company property, etc.

Although Hotel B had a significantly higher record of sick leave – 3675 hours compared to Hotel A (which recorded 90 hours of sick leave), this figure was influenced by the ill-health suffered by one employee. However, Hotel B had a significantly lower number of recorded accidents in spite of the fact that it has almost double the number of staff compared to Hotel A. Although Hotel B's injury rate was lower than Hotel A's, at the time of the data collection, Hotel B was paying higher Accident Compensation Corporation premiums under the Workplace Safety Management Practices (WSMP) Programme compared to Hotel A (see below for more detailed discussion). However, Hotel B was a new entrant into the WSMP and, according to a management interviewee, the lower grade/higher premiums reflected this status.

While both hotels share core occupational health and safety (OHS) elements within their policies and practices, there some were notable differences. In particular, there were differences in their means of communicating OHS outcomes and concerns as well as having different Accident Compensation Corporation (ACC) ratings, as seen in Table 6. Both hotels are operating OHS committees comprising of employer and employee representatives from different departments. These committees comply with the most basic criteria outlined in the Health and Safety in Employment Act, 2003 and are consistent with other large hotels in Auckland (see Haynes & Fryer, 1999:106). While both hotels have arrangements to cover the duties of attending committee members, interviewees

stated that it was still difficult to attend the meetings as they neither had the time nor someone to relieve them from their duties. The OHS committee meetings in Hotel A are held more frequently than those in Hotel B (monthly compared to two-monthly). On the whole, the content of the OHS meetings was similar across the two hotels: they had similar agendas, including accidents reported and other health and safety issues. The minutes of the meetings in Hotel B are distributed to all departmental heads and are posted at the reception area. In addition, the OHS hazard identification forms in Hotel B are also posted on all departmental notice boards. In Hotel A, the minutes of the OHS committee meetings and other printed information, such as copies of the employment legislation and customer feedback forms, were filed at the staff canteen.

**Table 6: OSH Practices and Policies**

	<b>Hotel A</b>	<b>Hotel B</b>
<b>OSH Committees</b>	<ul style="list-style-type: none"> <li>• Monthly meetings (1 hour)</li> <li>• Minutes, statues &amp; customer feedback filed at staff canteen</li> </ul>	<ul style="list-style-type: none"> <li>• Two-monthly meetings (1 hour)</li> <li>• Minutes distributed to departments and filed at reception</li> </ul>
<b>Communication Channels</b>	<ul style="list-style-type: none"> <li>• General Meetings (two-monthly)</li> <li>• Departmental Meetings (monthly)</li> <li>• Staff Notice Boards</li> <li>• Hotel Manager, HR Department, Line Managers</li> </ul>	<ul style="list-style-type: none"> <li>• General Meetings (quarterly), Departmental Meetings (monthly)</li> <li>• Staff Notice Boards</li> <li>• General Manager, Executive Assistant Manager, Line Managers, Union Delegate</li> </ul>
<b>ACC Rating</b>	<ul style="list-style-type: none"> <li>• Tertiary Level (as at Feb 2004)</li> </ul>	<ul style="list-style-type: none"> <li>• Secondary Level (as at Feb 2004)</li> </ul>

Both hotels participate in the Accident Compensation Corporation’s (ACC) Workplace Safety Management Practices (WSMP) Programme in which participating companies are allocated reductions on their workplace cover levies (see <http://www.acc.co.nz> for details). Based on an independent audit, ACC assesses and grades a company’s injury and illness rates and their OSH systems and procedures. While participation in the programme is optional, it is recommended for organisations with 20 or more employees (also refer to Section 19 of the Health and Safety in Employment Amendment Act, 2002). The ACC reductions are divided into three levels: primary (10% discount), secondary (15% discount) and tertiary (20% discount). The two hotels have achieved different ratings for the WSMP Programme. At the time of the research, Hotel A had achieved a tertiary level rating while Hotel B had achieved a secondary level rating.

**Table 7: Stress-related Practices and Resources**

	<b>Hotel A</b>	<b>Hotel B</b>
<b>Training</b>	<ul style="list-style-type: none"> <li>• Induction, customer service</li> <li>• Health &amp; safety training</li> </ul>	<ul style="list-style-type: none"> <li>• Induction, customer service</li> <li>• Health &amp; safety training</li> <li>• External courses on building confidence &amp; managing stress</li> </ul>
<b>Services</b>	<ul style="list-style-type: none"> <li>• Counselling &amp; massage</li> </ul>	<ul style="list-style-type: none"> <li>• Union delegates (on site)</li> </ul>
<b>Company Practice</b>	<ul style="list-style-type: none"> <li>• Employee opinion surveys</li> <li>• Annual performance reviews</li> <li>• Exit interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Annual performance appraisals</li> <li>• Exit interviews</li> </ul>

Both hotel case studies have in place a variety of practices aimed at reducing the levels injury and illness and by proxy the management of workplace stress as outlined in Table 7, commencing with training. Both hotels undertake induction training that incorporates an overview of the organisation, customer service as well as key health and safety procedures such as hazard identification, *including stress-related hazards*. However, interestingly, the hotels' records showed that stress *had never been identified* as a hazard.

In particular, Hotel B provides an external training course focusing on building individual confidence and stress management for new recruits and this course is also offered to other staff every 2-3 years. According to the management of Hotel B, the course has an emphasis on stress within their occupations and is separated into two main parts: the first part focuses on team building, building individual confidence, and ways of servicing guests; and the second part looks at ways of handling stress and difficult clients. Hotel B also has two on-site union delegates who can assist in any employment matters, including stress related issues.

On the other hand, the management of Hotel A can refer stressed employees to a number of services, including a free on-site massage services and independent counselling, with the hotel management paying some of the costs. However, very few of the staff were aware of these services and to date, there had been only two referrals during its three years of operation.

The two hotels also had other ways to monitor the level of workplace stress through the use of employee surveys and performance reviews. For example, Hotel A conducts an online voluntary employee opinion survey that measures the respondents' level of satisfaction with the organisation and their level of awareness of health and safety

responsibilities. The survey is measured against the company's other hotels and each hotel must maintain a benchmark of 80% employee satisfaction. Other assessment tools include annual performance reviews and exit interviews to ascertain the reasons why people were leaving.

Although the managers in Hotel B had previously conducted employee opinion surveys, the practice had been discontinued. Instead, information on employee performance and satisfaction is gained from annual employee performance appraisals which are conducted by departmental heads. However, it is problematic relying solely on this evaluation system since a lack of anonymity may discourage comments on sensitive issues, such as staff dissatisfaction or a tense relationship with other staff. Also, as noted in previous studies, by focusing on the performance or non-performance of the individual, the wider organisational and employment issues that impact on the wellbeing of the employee are frequently overlooked.

While it was evident that working in the hotel industry has stressful elements, when participants were asked to rate their level of stress, *the ratings were medium to low*, as indicated in Table 8.

**Table 8: 5-Point Rating Scale of Perceived Stress Levels**

	Hotel A (mid Oct 2003)	Hotel B (average)*
<b>Food &amp; Beverage</b>	3	2.56
<b>Kitchen</b>	2.75	2.58
<b>Front Office</b>	3	2.35
<b>Housekeeping</b>	2.88	2.58
<b>AVERAGE</b>	<b>2.91</b>	<b>2.52</b>

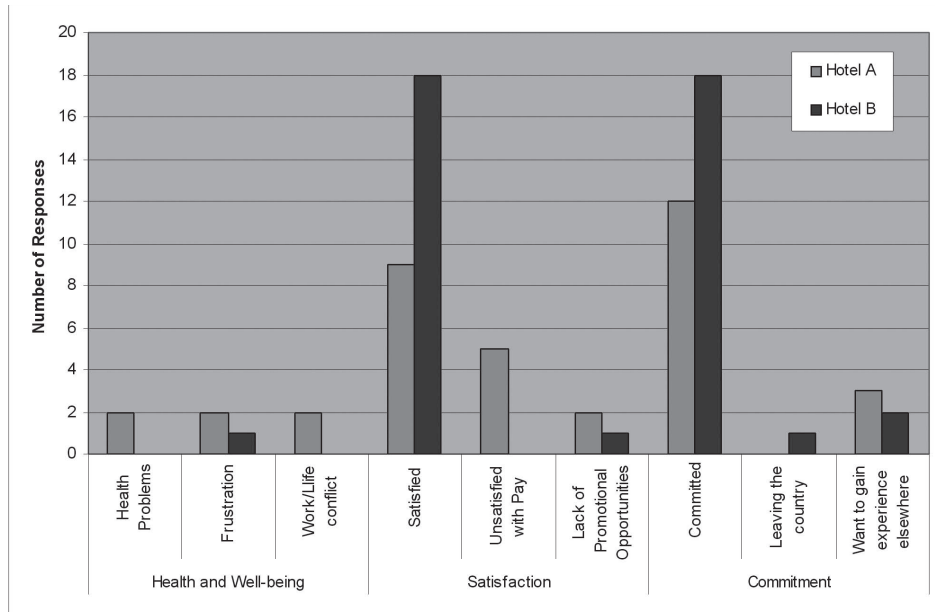
Note: Hotel A participants were interviewed during a typical season of the year (mid October 2003). However, Hotel B participants were interviewed during a quiet season (early Jan 2004), so they were asked to recall their stress levels during the peak season (i.e. before Christmas 2003) in order to derive an average rating that is comparable to Hotel A.

Staff interviewed were asked to rate the level of stress in their jobs on a 5-point scale, with 1 being the lowest and 5 being the highest. Overall, employees in both hotels reported a *moderately stressful rating* (2.91 and 2.52 respectively) with no major differences across occupations or status in the organisation. There was a general agreement amongst interviewees that although the employer's expectations are high, the working hours and workload are fair and acceptable and many hotel participants reported that they rarely had to work overtime. Interviewees also noted that the high levels of stress from customer interaction and the pressure of the job are not constant as some days are busier than others. A few interviewees (3 out of 35) stated that they enjoyed the flexible working hours as well as being kept reasonably busy. One of the most interesting findings was



that, with the exception of one person, interviewees who did shift work stated that they had no major health problems and had little interference with their personal life – which is contrary to the findings in mainstream literature.

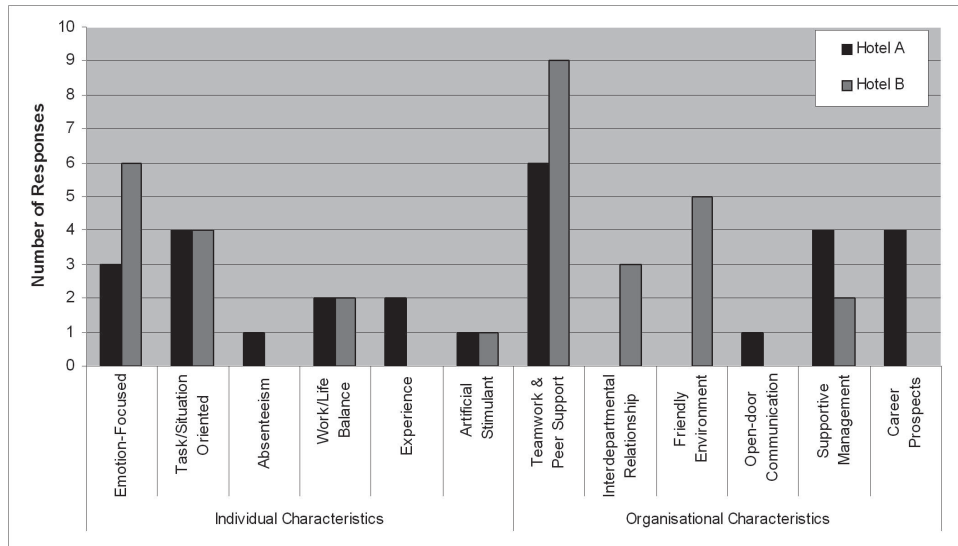
Figure 4: Employee Well-Being



Generally, the interviewed employees felt a sense of well-being. Job satisfaction and organisational commitment were high across both hotels. However, 3 out of 13 employees in Hotel A reported dissatisfaction with pay and lack of promotional opportunities, as shown in Figure 4. For example, one of the subcontracted housekeeping employees saw little advancement opportunities within the company. In another example, an employee from Hotel A complained of not being promoted and felt that their skills and experience were being undervalued by their superiors. However, some of the interviewees noted that one way to advance their careers in the industry was to gain experience in a range of jobs, including those that entailed shift work.

Finally, the primary mechanisms for coping with stress amongst the employees rested with the individual. The interviewed hotel managers argued that while they provided sufficient health and safety measures, coping with stressful situations was a personal matter. Therefore, as highlighted in Figure 5, it was not surprising that main responses to occupational stress was *individual adaptation* whereby employees tended to use personal coping strategies and social support more often than other types of strategies. The most common strategies were those that centred on controlling one’s emotions (e.g. staying calm, taking deep breathes), task/situation oriented strategies (e.g. focusing on the problem, time management) and seeking out team and peer support.

Figure 5 Stress Management Strategies Used by Hotel Employees



## Discussion

While the findings highlight a number of differences between Hotel A and Hotel B, such as staff configurations and the contents of organisational policies and practices, both hotels share similar core functional elements, such as OHS committees, and similar responses, particularly the perceived levels of stress. Certain themes related to the research questions have also emerged that require further exploration – namely:

- The perceived levels of stress
- Coping mechanisms based on the individual
- Sources of stress; and
- Compliance status quo.

One of the most puzzling aspects of this study was the respondents' low to moderate perceived levels of stress and very few acknowledged that they had stress-related health problems. This perception was also supported by key stakeholders. The OSH Service interviewees classified the hospitality industry as "a poorly organised job category" (Interview tape OSH1 17/09/2004) as it involves one-off stress factors (e.g. the risk of robbery) and fatigue (e.g. 7-day operation and shiftwork) in comparison to high-stressed jobs that are inherently stressful by their nature (e.g. air traffic, ambulance and policing).

The question is "why"? Could it be that hospitality workers are at risk of the "boiled frog" syndrome – that is, they are unaware of the impacts of an increasingly dynamic and stressful working environment on their health and well-being? There is evidence in both

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this study and others that there is widespread acceptance by those in the industry that stress is an integral part of the job (e.g. shiftwork, long working hours and emotional demands) or as some of the interviewees stated: "it's part of the package" and others described it as a "burn and churn" working environment (Interview tape HR1 06/11/2004). That is, hospitality workers are expected to *tolerate* occupational stress. As Sarabakhsh et al. (1989) have noted:

"... hospitality managers are aware that they will face irregular hours and demanding work when they enter the industry – individuals who can't tolerate those conditions don't choose careers in hospitality." (p.76)

Another possible explanation for this general tolerance of stress is that in each of the case studies, management tended towards a unitarist approach in managing employment relations. Put simply, under a unitarist style of management, dissidence is not acceptable and disagreements are the result of management's failure to communicate its goals effectively (Blyton & Turnbull, 1998). Employees are not expected to challenge managerial decisions or their employer's right to manage; to do so would result in the disapproval by their managers, as noted by both the trade union organisers and cleaning staff in this study. Nonetheless, this and other studies (for example, Kahn, & Byosiere, 1992; Cartwright, et al, 1995; Houtman, et al 1998; Bohle, et al, 2004) indicate that even the most dedicated and compliant workers have limits and that they are prone to stress-related ill-health and social problems if they are exposed to prolonged stressful working conditions.

A *second theme* that emerged from the findings is that the *coping mechanisms* rest almost entirely on the individual and that this self-management approach was generally accepted by those working in the two hotels and most of the industry stakeholders. Rather than challenging management over the decisions concerning conditions of work (see Lukes, 1993), typically individual employees adapted to stressful situations by applying a number of personal strategies that ranged from physiological techniques (deep breathing, etc.) to social support mechanisms. Such strategies are concentrated at the individual level rather than the organisational or industry levels of analysis. This suggests an abrogation of the regulatory duty of care in which the responsibility for health matters rests no longer with the employer, but with the employee.

The prevalence of a close working relationship between employers and employees in the hotel cases suggests that *social support* may play a critical role in neutralising employees' experience of occupational stress. Given the all consuming aspect of hospitality work in terms of long and unsocial hours, it is not unusual for work teams to provide a "second family" for many hospitality workers. This was particular so in Hotel B where a number of employees described their hotel as "very social", "enjoyable and friendly", "comfortable", and "homely family environment". In this sense, the camaraderie in the workplace provides an essential source of motivation, belongingness and support, especially for those who

are strong team players, which may in turn strengthen employees' commitment to their organisation in spite of unsatisfactory or stressful working conditions. According to Casey (1995; 2002), this "family culture" can be manipulative in nature in which employees are subconsciously drawn into the life of the organisation while subsuming their own personal lives and families. Furthermore, with unitarist style of management, there is a single source of authority (management) and each team or division was unified in a common purpose, namely the success of the team, and ultimately the organisation.

The findings also alluded to other possible coping mechanisms – namely *to vacate the job or to take annual holidays, sick leave or leave without pay* – once stress levels become intolerable. Most interviewees commented on the high absenteeism rate and the high staff turnover in the hospitality industry, where it is common for employees to leave their jobs without giving notice, particularly in Hotel B. However, as the industry has casualised most of its labour force and has a transient working population, it would be a misnomer to state that the high staff turnover was entirely the result of occupational stress. Nonetheless, one of the possible outcomes of an increase in the rate of stress-related illnesses could be growing number of absentees in the future (see Cooper and Cartwright, 1994). In addition, poor employment conditions associated with the industry have been identified by Hinkin and Tracey (2000) as the primary causes of employee turnover in the hospitality industry. Drawing on American and European longitudinal studies of voluntary employee turnover in the hospitality industry (see Wasmuth & Davis, 1983; Woods & Macaulay, 1991, 1998), Hinkin and Tracey (2000) concluded that dissatisfaction with an existing job (rather than attraction to other opportunities), poor quality of supervision and poor working conditions were more likely to be the main reasons for leaving rather than the low level of pay. Given this evidence, therefore, one has to question the validity of the exit interviews in both hotels, where the predominate reason given for leaving the job was better opportunities. Moreover, although employee turnover in both hotels (35% and 56% respectively) are relatively lower than the industry average in America (70%), Hinkin and Tracey's (2000) international study highlights the complexities of investigating occupational stress and the necessity to expand the purview of analysis.

A *third theme* was the *sources of stress*. Typically, employees and employers as well as stakeholders emphasised the *resource constraints*, such as work overload, time constraints, shortages of staffing and dealing with difficult customers, as influential factors in occupational stress. Staff shortages (either as a result of financial constraints or labour shortages) meant that sometimes workers, particularly the supervisors/junior managers, were required to *work longer hours*. This is supported by evidence found in the two case studies where 4 out of 6 (66.6%) supervisors and junior managers reported that they normally worked 40 hours plus overtime whereas 3 out of 13 (23%) entry level workers reported they only worked overtime occasionally. Furthermore, most executive and line managers (9 out of 13 interviewees) worked 50 hours or more per week. Comments about the general working conditions in New Zealand – that is, working longer and harder – were frequently mentioned by hospitality workers and the stakeholders. It is estimated

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that almost 22% of New Zealand workers work more than 50 or more hours per week (Messenger, 2004; Statistics New Zealand, 2004c). By contrast, in most EU countries, the number of people working 50 hours or more per work remains well under 10 per cent, with figures ranging from 1.4 per cent in the Netherlands to 6.2 in Greece and Ireland (Messenger, 2004). Although the link between hours worked, ill health and injuries is still debatable, there is growing evidence that working beyond 48 hours a week doubles the risk of coronary heart disease (Wedderburn, 1996; Smith, 1993, 1999; Quinlan and Bohle, 2000; Messenger, 2004; Gold, 2005). Similarly, a New Zealand study by O'Driscoll revealed that as daily working hours are increased from eight to 12, there are detrimental effects on health and safety over time (cited Macfie, 1998). Other New Zealand studies on shift work show that people who cope better are those with well-established community and family support networks, maintained during periods outside work (Wilson, 1995; Rasmussen and Lamm, 2002).

*Inter-personal relationships*, particularly the tensions between *subcontractors* and non-subcontracted employees, were also identified as a source of stress by the employees and managers. The use of subcontractors is an extensive and increasing practice in the hospitality industry (although this common practice was not mentioned by the key stakeholders interviewed). There are a number of studies that shows subcontracted workers in general have higher rates of injury and illness, compared to non-subcontracted workers as they are often required to carry out the more hazardous duties that the host company does not wish to undertake (Quinlan, Mayhew & Ferris, 1997; Tucker, 2002). However, instead of commenting on stress felt by subcontracted workers, the hotel interviewees suggested that the general tense relationship between them and subcontractors was a source of stress. The views of the interviewees in both hotels reflected a "them and us" tension between subcontractors and the "hotel family". For instance, in Hotel A, one housekeeping subcontractor noted that it was difficult to approach the hotel division manager and that there had been angry exchanges between subcontractors and hotel members over minor deficiencies. Although the housekeeping subcontractors are predominantly under a collective employment agreement with the principal cleaning company, they are excluded from Hotel A's OHS training and committee meetings. Similarly, in Hotel B, a few hotel employees stated that there was a problem with temporary and subcontracting staff as they did not perform well under pressure. Thus, one could surmise that the lack of communication, support and worker participation experienced by the subcontractors could not only be stress inducing, but could also foster tension between the workers in the hotel industry.

*A fourth theme* was that there is a *compliance status quo* in which the management in both hotels made no special provision to incorporate work-related stress as a workplace hazard into their existing OHS policies and practices. According to the managers and the OHS Committee members in the case studies, stress constituted a minor share of the agenda in their meetings. They argued that major changes are unnecessary because they already have in place adequate health and safety systems and an 'open-door'

policy. However, employees interviewed reflected a somewhat contradictory perspective of the *application* of these systems and in particular, the “open lines of communication”. For instance, the majority of employees interviewed (with the exception of the divisional managers who directly report to top management) indicated that it would be very unlikely that they would approach management with a complaint about their stress levels. The general belief amongst employees was that while senior management were sympathetic towards their staff, they were not proactive in remedying the stressful situations. In addition, there is a high turnover of line managers, creating constant variations in capabilities and people skills (and differing levels of support) at the supervisory level. In short, the majority of employees did not consider their superiors suitable to alleviate the conditions causing stress. These sentiments, however, are juxtaposed with the comments made by 23 interviewees (out of 35) that there is intimate teamwork and interdepartmental relationship and that their working environment is very friendly. In addition, 7 interviewees (out of 35) noted that most senior and line managers are supportive and approachable and that management has an open door policy. Such comments could be described as attuned with the unitarist perspective, as discussed above. Such contradictory findings are supported in the literature where a number of studies show that there is a great deal of managerial rhetoric on reducing stress levels, but with little evidence of real commitment and that employers often underplay the stress suffered by employees (Houtman et al., 1998; Lamm, 2002).

The other area in which compliance status quo was exhibited was in the lack of awareness of the recent OHS reforms, including the addition of stress and fatigue. Despite the fact that both hotel case studies have well-informed OHS Committee meetings, the findings indicate that hospitality employees, in the main, are unaware of the legislative change and hence were unable to comment substantially about such changes. The possible reasons for this low level of awareness amongst the employees interviewed are: the general *lack of worker participation and collective bargaining arrangements* (in which most interviewees did not know what was meant by “collective agreement”) as well as a *weak trade union presence*. There is overwhelming evidence that worker participation, collectivism and a strong trade union presence greatly enhances both the level of awareness of OHS requirements and the health and safety of employees (Weil, 1991; Walters, 1997). However, given that both hotels display a unitarist approach to employment relations (that is, trade unions are viewed as an unnecessary intrusion) and the precarious and non-standard nature of employment in the industry, it is not surprising that these elements are largely absent.

## Conclusion

This article has attempted to expand the level of analysis by incorporating employment relations features in its investigation of the complexities of occupational stress within the two hotel case studies. As a result of applying an employment relations perspective, a number of interesting aspects have emerged. First, the employees have low to moderate perceived levels of stress and yet there is no evidence that the stress levels are declining or that their conditions and pay rates are improving to any large extent. Also, the absenteeism and staff turnover rates are high and are increasing. In short, there is no conclusive answer as to why the interviewed employees perceive their stress levels to be low to moderate. It may be important that, under the unitarist frame of reference, management has a low tolerance to any dissent employees. Second, although there were some employer initiatives to reduce or manage workplace stress, coping with stress is still essential the domain of the individual employee. However, this focus on the individual should not preclude a wider examination of workplace stress. That is, the employment factors, such as poor working conditions, the lack of resources, etc., which contribute to stress cannot be overlooked or diminished.

Third, the overall results from these two case studies were similar despite the difference in their hotel ownership and management. The interviewed hotel managers and employees held similar perceptions about occupational stress and the responsibility in managing stress. The case studies revealed that there was a passive, even neutral reaction by the hotel managers to the inclusion of occupational stress and fatigue in the Amendment to the Health and Safety Act, 1992. The employees' general lack of awareness of the changes to the health and safety legislation and their company's stress-related policies and deficient resources were not surprising given the low level of both worker participation and trade unionism. Instead, the goals of employers and employees were harmoniously aligned within a socially bonding work environment. Thus, the findings show that the hospitality industry is still entrenched in the unitarist approach to employment relations, in spite of the fact that the current legislation has pluralist intentions.

Finally, it is advocated that it is necessary to move the traditional research of occupational stress beyond the narrow confines of a mono-disciplinary approach with a single level of analysis to a multidisciplinary approach with multiple levels of analysis that underpins the employment relations perspective. By expanding the purview of the research on occupational stress in the hospitality industry, it will hopefully shed more light on the wider factors that contribute to occupational stress in this and other related industries.



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