

ORIGINAL ARTICLE

Cracks In the Facade: The Link Between Workplace Psychosocial Challenges on Mental Health of Hotel Workers

Nur Azma Amin^{1*}, Jasreen Qistina Johari¹, Kartini Ilias², Abdul Rohim Touleka³

¹ Universiti Kuala Lumpur, Institute of Medical Science Technology (UniKL MESTECH), A1- 1, Jalan TKS 1, Taman Kajang Sentral, 43000 Kajang, Selangor, Malaysia

² Department of Basic Science, Faculty of Health Sciences, UiTM Puncak Alam, 42300 Selangor, Malaysia

³ Faculty of Public Health, Universitas Airlangga Kampus-C, Univ Airlangga Jl. Ir. Soekarno Surabaya 60115, Indonesia

ABSTRACT

Hotel workers experienced demanding psychosocial work environment characterized by multitasking tasks, irregular working hours, poor coworker coordination, and lack of supervisor support. These factors are hypothesized to be adversely impact workers' mental health. This research explores the correlation between perceived psychosocial factors in the workplace and the status of hotel employees' mental health. This cross-sectional study design distributed Malay translated self-administered survey to 310 hotel workers in the Klang Valley (response rate: 91.29%). The Depression Anxiety and Stress Scale (M-DASS21) was used to assess the mental health status while Job Content Questionnaire (M-JCQ) evaluated perceived workplace psychosocial factors. Data analysis was conducted using IBM SPSS for both inferential and descriptive statistics. The study reported that 73.9% of hotel workers reported symptoms of poor mental health, with anxiety being the most prevalent concern (70.3%). Additionally, participants perceived high levels of job demands (33.57%), low job control (55.12%), and poor supervisor support (56.18%). These findings suggest significant association between negative workplace psychosocial factors and the mental well-being of hotel workers. This study highlights the potential detrimental effect of poor workplace psychosocial factors on the mental health of hotel employees. These preliminary outcomes may offer future research efforts valuable input at improving working conditions and promoting the well-being of hospitality workers.

Malaysian Journal of Medicine and Health Sciences (2026) 22(SUPP3): 91-97. doi:10.47836/mjmhs.22.s3.14

Keywords: emotional health, hospitality, job demands, job support, job autonomy

Corresponding Author:

Nur Azma Amin, PhD

Email: nurazma@unikl.edu.my

INTRODUCTION

According to the World Health Organization, mental health refers to a state of well-being that empowers individuals to effectively manage life's challenges, actively participate in their communities, and maintain productivity. Nationally, the 2015 National Health and Morbidity Survey (NHMS) reported that one-third of Malaysians experience poor mental health (1). Closer to home, after a decade, trends become worsen with more than half of employees suggesting suffering from mental health issues (2).

Recognizing the link between workplace factors and mental health, numerous theoretical models have been developed. In modern and future cultures, psychological work environment is widely regarded as one of the most significant issues pertaining to the working environment. The renowned Karasek's Job

Demand-Control Support (JDSC) model is used to explain the psychosocial workplace environment in three domains (3) of job demands, job control, and job support by predicting the type of job strain perceived by workers (3). Job demands are defined as the pressure perceived in delivering tasks in a timely manner. Job control in the workplace is measured by the autonomy that an individual has on the decision of his working environment. Social support is described as the support of peers and supervisors to facilitate workers' well-being and create a healthy environment in model (3).

The visible threads binding the workplace are finally coming into focus, with research communities acknowledging the adverse effects of psychosocial workplace either physical (4) or mental health (5-6). Perceived workplace psychosocial risks in organizations associated with employees across the working population have been documented significantly in the literature. Faruque et al (4) in a large population of the Netherlands, agreed that emotional demands at the workplace were inversely associated with blood pressure. Employees exposed to high job strain and

poor reward imbalance have higher blood pressure and receive acceptable reward incentives than employees with low job strain. Similarly, Nurhani et al (5) indicated that in a local study of baristas, connections were identified between depression and unfavorable perceived workplace psychosocial elements such as job demands and job support. Hsieh et al. (6) found that enduring psychosocial stressors, such as limited social support, discrimination, bullying, and job uncertainty, declining symptoms of mental wellbeing were observed through changes on individual's behavior such as sadness and depression.

Several occupations are known to have precarious psychosocial work environments such as healthcare (7), education (8), food and beverages (5) and hospitality (9). The hotel industry plays a crucial role in Malaysia's economy. Tourism-related spending, taxes, and job creation significantly contribute to the nation's Gross Domestic Product (GDP). As reported by the Department of Statistics Malaysia, the hotel industry alone boosted Malaysia's GDP by 7.0% in the fourth quarter of 2022 (10). The industry provides a diverse range of job opportunities, offering career paths for people with various skills and backgrounds, ranging from hospitality and housekeeping to food and beverage services, maintenance, and administration, to ensure smooth operation and entice guests' satisfaction. Workers usually juggle multiple tasks and deal with demanding guest requests, limited flexibility in scheduling, extended shifts, split schedules leading to fatigue, disrupted sleep patterns, and difficulty in maintaining work-life balance. As frontliners, workers are also required to accommodate customer requests with a positive demeanor, as customer feedback holds a significant value for the hotel's reputation. One study among the few on psychosocial work stress among hotel industry employees found that half of the 941 hotel room cleaners in the study encountered discrepancies between the efforts expended and the rewards received, while 60% reported health issues (11). Hence, the objective of this study is to examine the mental health status of hotel workers and its correlation with their perceived workplace psychosocial factors.

MATERIALS AND METHODS

Sample collection

This cross-sectional study focused on hospitality workers in hotels in the Greater Klang Valley, Malaysia. The participants were chosen using convenience sampling, with consent obtained from the hotel management. Prior to data collection, meetings were held between researchers and hotel management to discuss the details of this study and benefit the organization. The Universiti Kuala Lumpur Research Ethics Committee (UREC/2020/005) provided the required approval for this study. The participants maintained their anonymity and were assigned unique identifying codes that were

only known to the research team. The sample size was determined using the prevalence rate of mental health issues ($P=29.2\%$) (1) employing a single proportion with a confidence interval (CI) of 95%, α (5%), and 80% power. Thus, the minimum number of participants recruited in this study was 395. Those medically diagnosed with mental illness were excluded from the study.

The Malay-translated survey of the three (3) sections was disseminated to staff with the assistance of hotel management. The Depression, Anxiety and Stress (MDASS-21) tool was used to assess the mental health status (12-23). Each of the domains comprised seven (7) statements and was scored based on the four (4) Likert responses of "0" (Did not apply to me at all) to "3" (Applied to me very much, or most of the time) that should reflect the participants feeling preceding seven days of the study. The scores from each domain were combined to create a singular subscale score, which was then interpreted based on predefined criteria ranging from 'normal' to 'extremely severe'. Higher scores on each subscale's depression, anxiety, and stress scales indicate greater severity sustained by an individual (12). Perceived workplace psychosocial factors were evaluated using the Job Content Questionnaire (M-JCQ) of the three domains of job control (JC) (nine items), job support (JS) (eight items), and job demand (JD) (five items). The questionnaire utilized the Likert scale, ranging from 1 (strongly disagree) to 4 (strongly agree), for scoring purposes (14-15). The scoring of M-JCQ was derived from the recommended formulae by Karasek et al (14), of these four items were reversed coded; Q8 ("little decision freedom") for decision authority, and Q22 ("no excessive work"), Q23 ("enough time"), and Q26 ("conflicting demands") for psychological job demand. The scores ranged from 12 to 48 (JD), JC (24 to 96), and JS (8 to 32). The median cut-off score was adopted to classify the job exposure group as either high or low of respective domains (14).

Data analysis

Data was organized and analyzed employing IBM SPSS software to conduct both descriptive and inferential statistical analyses. Percentages, means, standard deviations, and frequency distributions were calculated using descriptive statistics. Inferential statistics, specifically the chi-square test, were utilized to ascertain the correlation between mental health status and workplace psychosocial factors, with a significance level (p-value) set at 0.05.

RESULTS

Demographic Profile

As shown in Table I, 283 participants were eligible for the study (response rate: 91.29%). Most participants were male (56.2%) and Malay (70.0%), with an average age of (29.82 ± 7.83) . Approximately three out of four

participants completed tertiary education (67.50%), with an average monthly salary of RM 1894.65 (SD:13.588). Half of the participants (56.2%) worked in shifts and were on shifts and working for at least eight hours.

Table I: Socio demographic and occupational profile among hotel workers (N= 283)

Variables	% (n)	Mean (SD)
Age (Years)		
≤28	55.1 (156)	29.8 (7. 83)
>28	44.9 (127)	
Gender		
Male	56.2 (159)	
Female	43.8 (124)	
Races		
Malay	70.0 (198)	
Non - Malay	30.0 (85)	
Level of education		
Tertiary	67.5 (191)	
Non – tertiary	32.5 (92)	
Marital Status		
Married	48.4 (137)	
Unmarried / Divorce	51.6 (146)	
Working Hours / day (Hours)		
≤ 8 hours	88.7 (251)	7.9 (0.897)
> 8 hours	11.3 (32)	
Working Shift		
Yes	56.2 (159)	
No	43.8 (124)	

Mental health status

In Table II, descriptive analysis of mental health status based on the MDASS21 summarizes the mean (SD) scores of depressions (5.67 ± 4.35), anxiety (6.3 ± 4.24), and stress (7.54 ± 4.36). The Cronbach’s alpha coefficient showed acceptable reliability values >0.70 for the subdomains of the MDASS21. This study documented that approximately three out of four (73.90%) participating hotel workers sustained at least one symptom of poor mental health. The most prevalent symptoms were anxiety (70.3%), depression (60.1%), and stress (50.2%). Interestingly, one of the three employees in this study agreed that they experienced at least severe anxiety symptoms compared to the other symptoms of mental health.

Mental health status and workplace perceived psychosocial factors

Descriptive statistics for the subscales of Karasek’s psychosocial components are presented in Table III. Both subdomains of job control (JC) and job support (JS) portrayed good internal consistency with Cronbach Alpha value ranged between 0.71 to 0.91 respectively as compared to acceptable Cronbach Alpha value of 0.37 for job demands (JD). The mean (SD) of each subdomain was 35.13 ±6.02 (Job demands), 63.95±9.73 (jobcontrol), and job support (25.4 ±4.35). A score surpassing the median value suggests elevated exposure to job demands, while a score falling below the median value indicates inadequate job support and control. Next, to

Table II: Mental health status of hotel workers (N=283)

Subscales	Cronbach α	Mean (SD)	Status of mental health (%)				
			Normal	Mild	Moderate	Severe	Extremely Severe
Depression	0.88	5.67±4.35	39.9	17.0	29.3	7.8	6.0
Anxiety	0.86	6.3±4.24	29.7	6.0	28.6	12.4	23.3
Stress	0.83	7.54±4.36	49.8	15.2	23.3	9.2	2.5

Table III: Association Between Mental Health Status and perceived workplace psychosocial factors (N=258)

Subdomain	Cronbach α	Depression % (n)		Anxiety % (n)		Stress % (n)	
		Normal	Depressive	Normal	Anxiety	Normal	Stress
Job Demand							
Low (n= 188)	0.37	33.5 (63)	66.5(125)*	23.4(44)	76.6(144)	44.1 (83)	55.9 (105)*
High (n= 95)		52.6 (50)	47.4(45)	42.1(40)	57.9(55)	61.1 (58)	38.9 (37)
Job Control							
Low (n=156)	0.71	37.8 (59)	62.2(97)	25.6(40)	74.4(116)	46.2 (72)	53.8 (84)
High (n= 127)		39.9(113)	57.7(73)	34.6(44)	65.4(83)	54.3 (69)	45.7 (58)
Job Support							
Low (n =159)	0.91	35.2(56)	64.8(103)	25.2(40)	74.8 (119)*	47.2 (75)	52.8 (84)
High (n=124)		46.0(57)	54.0(67)	35.5(44)	64.5(80)	53.2 (66)	46.8 (58)

estimate the workplace's psychosocial exposure, scores were categorized into two groups, low and high, based on the median values of each subdomain. Thus, workers scoring below the median value for social support (<25) were considered to receive poor support from peers and supervisors. Those with a median score of more than 36 perceived high job demands, whereas low work autonomy was characterized by participants scoring a median value of less than 64. This study suggested that one out of three hotel workers was exposed to high job demands (33.6%), low job control (55.10%), and poor job support (56.20%).

DISCUSSION

The vibrant hospitality industry, with its diverse workforce and global reach, has played a critical role in facilitating travel, tourism, and economic growth. However, behind the scenes of this bustling industry, a human element is often overlooked: the mental and psychosocial wellbeing of hotel workers. Hotel workers are frontliners facing demanding customer interactions and are susceptible to a range of work-related challenges such as prolonged working hours, deadlines, complexity of work shifts, high workloads, and extensive physical and emotional demands during engagement with customers (16-17). This research investigated the correlation between mental health status and the psychosocial well-being of hotel employees. By examining these associations, our goal was to uncover the possible psychosocial hazards encountered by the workforce and lay the groundwork for devising efficient interventions and support mechanisms.

Over the past decade, Malaysia has witnessed an increase in mental health issues among its population, including among hotel workers. The Malay validated version of the Depression, Anxiety, and Stress Scale (MDASS21) has been extensively researched and validated in various working populations (5.7-9) to screen for symptoms of mental health. The internal consistency reported acceptable reliability across the subdomains of DASS21, like those found in a local study conducted among healthcare workers (13).

The present findings suggest that 73.40% of the workers studied presented at least one symptom of poor mental health. This finding remained consistent, indicating a more than twofold rise when compared to the prevalence rate documented among Malaysians in the National Health and Morbidity Survey 2015 (1). Evidence suggests that work culture in the hospitality industry is characterized by high expectations and demands that workers develop poor mental health(11,17). The most frequently reported symptoms were anxiety (70.3%), depression (60.1%), and stress (50.2%). A similar pattern was documented in a study conducted among hotel employees in China, with depression (43.5%), anxiety (68.2%), and stress (8.2%) (18). A literature

review suggests that difficult customers contribute to a high level of stress because hospitality workers need to maintain their positive demeanor regardless of the situation (16,19).

Meaningful work in supportive psychosocial environments fosters flourishing mental health. Conversely, unfavorable working environments characterized by discrimination, overwhelming workloads, restricted control, and job uncertainty can considerably increase the likelihood of mental health issues. Workplace psychosocial factors refer to the interactions within the work setting, job responsibilities, organizational circumstances, and employees' abilities, requirements, cultural background, and external personal factors, all of which can impact health, job performance, and satisfaction through individuals' experiences and perceptions. While various theories exist, this study centers on Karasek's psychosocial theoretical framework, widely employed in occupational health psychology to examine the connection between employee well-being and job attributes (20). The model posits that the combination of high job demands (JD), low job control (JC) and poor job support is particularly detrimental to worker health including emotional health (3,16-17).

Job demands are defined by the volume and complexity of tasks, shift work, and unrealistic deadlines (3). Hotel workers, encompassing various roles, experience different levels of job demand depending on job roles, such as working long shifts during peak seasons, managing multiple tasks simultaneously, and interacting with diverse guests with varying needs and potential conflicts. The results showed that all subdomains of mental health were significantly associated with job demands ($p < 0.05$). O'Neill and Davis (21) stated that work overload was linked to a high level of stress among American hotel workers. These results are also in agreement with Rao et al. (22) that concluded performing tasks within a limited timeframe intensified the risk of stress among hotel workers in India.

Job support refers to the variety of resources and aid provided to employees to enhance their job performance and provide a sense of value and support in their work environment. Social support serves as a protective barrier against the adverse impacts of job demands, mitigating the risk of anxiety and burnout (23). According to a study among hospitality workers in the USA, workers who perceived low job support from supervisors had a higher rate of job turnover (24). Similarly, a study conducted on five-star hotel workers in Turkey found that workers with a lack of supervisor support were more prone to suffer poor mental health (16). According to Kotera et al. (25) the reason behind the deterioration of workers' mental health status was that they were afraid to engage with their bosses in addressing their dilemmas at work. When workers perceive that they

have support from their colleagues and supervisors, they may experience less stress and better cope with the demands of their jobs. Therefore, in the Karasek model, job support is considered an important protective factor that complements job control in buffering the negative impact of job demands on worker mental health (3).

Job control (JC) is defined as an employee's autonomy and discretion in making decisions about work tasks (20). Job control encompasses various control measures within the workplace, such as scheduling individual breaks, implementing flexible hours, selecting vacation time, and tailoring workflow to suit individual needs (3). The study documented that none of the M-DASS21 subdomains was significantly associated with job autonomy. In contrast, Bekele et al. (26), in a study among Ethiopian restaurant workers, offered significant evidence between JC and mental health. When workers oversee their jobs, they are less stressed and less likely to burn out. They have a sense of empowerment in handling their workload, selecting their methods, and resolving issues autonomously, resulting in an increased sense of control over their work environment. This is aligned with the findings in Korean hotel employees that high job control contributes to employee engagement, which can positively impact work-life balance and overall work-life balance and obtain better mental health wellbeing (27).

CONCLUSION

This study revealed the real perceived workplace environment of hotel workers. The overwhelming majority experienced symptoms of poor mental health, with anxiety being the most prevalent concern. These findings can be attributed to workers' perceptions of poor psychosocial factors in the workplace. High job demands, low job control, and lack of job support emerged as significant contributors to mental health struggles. These findings underscore the pressing need for enhancing the working conditions within the hotel industry. Job demands and support were significantly associated with mental health symptoms. In contrast, the results showed a non-significant association between job control and mental health status.

There are also some noteworthy limitations to this study. First, given that it was cross-sectional in nature, it allowed the frequency of observations to be determined to establish associations between variables. However, the findings should be viewed with caution, since with certainty which is the cause, and which is the effect. Second, the information provided by workers might be restricted and unable to describe a real situation to avoid conflicts of interest. Third, the study focused on hotel employees. In the future, the study can be extended to a wider working population to obtain more accurate information. Notwithstanding these constraints, the findings provide valuable initial

insights into the mental health status of workers and their perceptions of workplace psychosocial factors among hotel staff. Addressing these factors, including alleviating job demands, enhancing job control, and promoting supervisor support, can help organizations cultivate a work environment that puts the mental health of employees first. This not only benefits the health of the workers but also improves employee retention and overall business performance. Future research can explore specific interventions within the hospitality industry to mitigate psychosocial stressors and promote positive mental health among hotel workers.

Findings of this research are expected to generate rigorous, evidence-based insights that can support employers and policymakers in shaping a comprehensive workplace psychosocial risk management framework. By elucidating the pathways through which psychosocial hazards influence worker wellbeing, the study's outcomes will strengthen and refine national initiatives, including the Department of Occupational Safety and Health (DOSH) Psychosocial Risk Assessment (PRisMA) 2024. These guidelines outline employers' responsibilities in identifying psychosocial risks and implementing organizational-level interventions aimed at preventing adverse effects on employees. The evidence produced will therefore contribute directly to enhancing policy coherence, improving workplace prevention strategies, and promoting a safer and more resilient Malaysian workforce.

ACKNOWLEDGMENT

The authors acknowledge that this research was funded by the Ministry of Higher Education Malaysia (MOHE) (FRGS/1/2020/SS0/UNIKL/02/2) and the Universiti Kuala Lumpur Research Grant. The researchers also acknowledged the voluntary participation of hotel workers for their cooperation and commitment towards this study.

COMPETING INTERESTS

The authors declare that they have no conflicts of interest.

ETHICAL CLEARANCE

This study was approved by the University Research Ethics Committee (UREC) (UREC/2020/005).

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