

This is the author-created version of the following work:

**Pratt, Stephen, and Tolkach, Denis (2022) *Affective and coping responses to quarantine hotel stays*. *Stress and Health*, 38 (4) pp. 692-707.**

Access to this file is available from:

<https://researchonline.jcu.edu.au/71262/>

© 2022 John Wiley & Sons Ltd.

Please refer to the original source for the final version of this work:

<https://doi.org/10.1002/smi.3126>

Stephen Pratt (Orcid ID: 0000-0002-6550-132X)

## **Affective and Coping Responses to Quarantine Hotel Stays**

Stephen Pratt\*  
School of Business & Management  
The University of the South Pacific  
Laucala Campus  
Suva,  
Fiji  
Email: stephen.pratt@usp.ac.fj  
Telephone: (679) 323 2106

Denis Tolkach  
College of Business, Law & Governance  
James Cook University  
1/14-88 McGregor Rod,  
Smithfield  
Queensland  
Australia  
Email: denis.tolkach@jcu.edu.au  
Telephone: (61) 7 423 21474

\* Corresponding author

### **Acknowledgements**

The authors sincerely thank Marica Stephens for her assistance in transcribing the interviews.

### **Declaration of Conflicting Interests**

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

### **Running Heading**

Responses to Quarantine Hotel Stays

### **Data Availability**

Data available on request due to privacy/ethical restrictions.

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1002/smi.3126](https://doi.org/10.1002/smi.3126).

This article is protected by copyright. All rights reserved.

## Affective and Coping Responses to Quarantine Hotel Stays

### Abstract

During the outbreak of COVID-19, many travelers had to quarantine upon arrival to their destination, often at designated hotels and usually for two weeks. Quarantine, as any type of isolation, is often emotionally challenging. This study applies the transactional theory of stress to explore guests' experiences during the hotel quarantine, the cognitive appraisals of their experiences and affective responses, and the coping strategies they deploy to address adverse mental effects of the quarantine. Data from in-depth interviews with quarantine hotel guests demonstrates that guests experience a rollercoaster of moods and emotions during their stay, moving from uncertainty and anxiety to isolation and boredom to despair and depression, and finally to relief and optimism. These hotel guests used a range of coping styles to alter the perceived space and time in quarantine, address social isolation as well as negative emotions and moods. These findings have important implications for tourism, hospitality, and health professionals in managing travel, accommodation, and quarantine arrangements during a crisis.

**Keywords:** Stress; Hotel Experience; Emotions; COVID-19; Coping; Quarantine; Mental Health

### Introduction

Tourists predominantly travel to have positive experiences that can provide multiple personal benefits (Filep & Pearce, 2014). Taking a trip can contribute to a person's health and well-being (Voigt & Pforr, 2013). Choosing a hotel to stay in and enjoying the hotel experience is one of the key aspects of the holiday experience. Memorable hotel experiences consist of the warm and welcoming attitudes of the staff, a comfortable room, the location of the accommodation, and the breakfast (Sthapit, 2019). Hotels provide guests with comfort and hospitality during their stay and deliver a pleasant experience (Wong & Yang, 2020). But what about situations where travellers are forced to quarantine in a hotel for a period of time; unable to leave and are guarded by government security forces for fear of spreading a deadly virus? What is the hotel experience like for them? The hotel experience, which is supposed to be pleasurable, may be confined, suffocating, forced and jail-like. According to the Cognitive Activation Theory of Stress (Ursin

& Eriksen, 2004), this disconnect between the expectation and reality, the expectation of what travel should be like and travel during the COVID-19 pandemic, may be a stressor. Stress by itself is not necessarily a negative event and depends on how individuals appraise it. However, the stress response to situations like quarantining at a hotel has the potential to cause negative mental health consequences. COVID-19 has resulted in increased levels of distress and anxiety among many segments of society (Benham, 2021; Fan, Fu, Li, Li, & Zhu, 2021). This research examines the impact of quarantine hotel stays on guests' emotional and mental wellbeing.

With the outbreak and exponential spread of COVID-19, many travelers made immediate plans to return to their home country. All international airlines informed travellers that they were grounding their fleets. Many governments insisted on returning residents and citizens to self-isolate and then required compulsory quarantining for, in most cases, 14 days to contain the virus. This isolation often takes place at hotels that usually accommodate tourists. Despite being established as a safe haven and a place of refuge, there are reports in the media about quarantine hotels being dirty and serving sub-standard food (Smee & McGowan, 2020). Other reports note that the vulnerable, such as pregnant women and people with mental health issues, are more at risk due to a lack of fresh air, exercise, and medical services (Davey, 2020).

The scale of COVID-19 and the number of people in need of quarantine are unprecedented. Considering the pandemic is ongoing and there is a potential for future crises occurring requiring similar measures, research on quarantining at hotels is urgently required. This study, in particular, seeks to understand guests' emotional experiences during quarantine at a hotel. To understand this phenomenon, we undertake semi-structured interviews with travellers who had to undertake mandatory hotel quarantine stay due to the COVID-19 pandemic. The research questions of this study are to understand hotel guests' affective response to quarantine, to assess the impacts of quarantine on the travellers' wellbeing, and determine the coping mechanisms these guests used throughout the stay. Recent research has covered the impacts of the COVID-19 pandemic on employees' work stress, well-being, and mental health (Yu, Park, & Hyun, 2021) and how COVID-19 has impacted teachers (Fan et al., 2021), students (Benham, 2021) and residents more generally (C. Liu, Lee, Lin, & Yang, 2021). However, there is scant research on the hotel guest experience during the COVID-19 pandemic.

The hotel quarantine and associated travel act as a stressor that is neither acute nor chronic. It is characterised by a set period of time known to the quarantined and typically lasts between seven days and four weeks. An important aspect of COVID-19 travel, and especially quarantine, is the locus of control, as travellers find themselves in a highly-regulated environment and confined spaces. As the findings of this study demonstrate, the extended period of time spent in the quarantine facilitates reappraisal of their situation by travellers who elicit a range of affective responses and employ a range of coping techniques. We applied the transactional model of stress and the circumplex model of affect (Russell, 1980) to look at this phenomenon. In addition, various coping strategies employed by this study's participants assisted the understanding of how guests manage their well-being during a hotel quarantine (Lazarus & Folkman, 1984). The study's results help inform better quarantine practices in the future. Our findings revealed that hotel guests experience a rollercoaster of emotions but are creative in overcoming some of the challenges by developing coping mechanisms during their stay (Mehrabian & Russell, 1974).

## **Literature Review**

This research engages the literature of transactional theory of stress, affect and emotions, coping, and the hospitality sector's response to the pandemic. The transactional theory of stress provides the overarching approach to examining stress in a hotel quarantine environment. The theory suggests individuals appraise a stressor in their environment and have affective responses to it. Thus, affective responses (i.e. emotions, moods, and feelings) play an important role in this situation. To maintain psychological well-being, individuals then adopt coping strategies that address the problem and/or the affective response to that problem. The literature review is structured accordingly by introducing the transactional theory of stress and discussing, in detail, affective response and coping strategies as the constructs most relevant to this study.

### *Transactional Theory of Stress*

Stress can be viewed as a relationship between a person and their environment, wherein the person appraises the environment and enacts a coping mechanism in order to manage problems that cause distress and sustain positive well-being (Folkman, 2013). Stressors are the causes of

stress. They create non-specific (either negative or positive) stress responses to the anticipation or experience of encountering demands in a goal-related context (Crum, Jamieson, & Akinola, 2020). Ursin and Eriksen (2004) in their Cognitive Activation Theory of Stress suggested that the disconnect between reality and expectation stimulates stress. Crum et al. (2020) suggested that stress is not necessarily detrimental to one's life and can enhance performance and well-being. Various models of stress highlight the importance of cognitive processes in valuation and response to stress (J. J. Liu, Ein, Gervasio, & Vickers, 2019), amongst them, are the biopsychosocial model (Seery, 2013), mindsets model (Crum, Salovey, & Achor, 2013) and transaction theory (Lazarus & Folkman, 1984).

While the general traits are similar across the models, this study applied Lazarus & Folkman's (1984) transactional theory of stress, which focuses on cognitive appraisal. It is also predominantly concerned with the interaction between the environment (the stressor) and the individual being affected. Affective, especially emotional, responses to stress play an important role within Lazarus' work, thus fitting the focus of the present study.

Cognitive appraisal can be used to explain how individuals assess, emote and respond to their external environment (Lazarus, 1998). The way individuals appraise the same situation may result in different emotional responses (Roseman, 1991). There are generally three components to this overall model: appraisal, emotions, and the coping response (Scherer, Schorr, & Johnstone, 2001). Cognitive appraisal of stress generally involves individuals assessing the following dimensions: perceptions of threat, challenge, centrality, control-by-self, control-by-others, and uncontrollable-by-anyone (Gabrys, Tabri, Anisman, & Matheson, 2018; Peacock & Wong, 1990, 1996). Individuals also have affective responses to the stressors which impact their moods, feelings, and emotions (J. T. Larsen & McGraw, 2011). Coping strategies are employed to deal with the catalyst for the stress response, with the arising emotions or both the stress response and emotions. These three components of a stress model, i.e. appraisal, affective response, and coping, are not sequential and occur in parallel (Lazarus & Folkman, 1984).

Following Lazarus and Folkman (1984), Peacock and Wong (1990) developed a more specific stress appraisal measure (SAM) that identified several broad dimensions of cognitive appraisal of

stressors, which is still applied in studies on the topic of stress appraisals (e.g. Gabrys et al., 2018; Zacher & Rudolph, 2021). Transactions between an individual and the stressor include a primary and secondary appraisal. According to Peacock and Wong (1990), primary appraisal involves the identification of a threat, challenge, and centrality. Threat refers to the possible loss to the individual that might be expected but not unavoidable due to the situation while loss refers to the perception that the damage has already occurred and cannot be changed as a result of the situation. Appraising the situation as a challenge suggests there is potential for positives or growth from the experience. Centrality can be thought of as an individual's assessment of the impact that an experience will have on them (Jordan & Prayag, 2021). Perceptions of situational control constitute a secondary appraisal. Henderson, Snyder, Gupta, and Banich (2012) referred to controllability as the appraisal of who can influence the outcome of any given situation. Individuals can appraise the situation as being controlled by themselves, controlled by others, or unable to be controlled by anyone (Peacock & Wong, 1996).

#### *Affect and emotions*

Affective responses to the environment, of which emotions are a part, are centrally positioned in social psychology. Affect and emotions are extensively discussed in the literature on stress. Catalysts of stress response, not only evoke actions to resolve a stressful situation, but also a range of emotions, moods, and feelings (Lazarus, 1998). Yet, there is little agreement on the definition and categorisation of affect and emotions (Keltner & Lerner, 2010). While most literature discusses the term 'emotions', Russell (2003) focused on the 'core affect'. This term includes longer-lasting moods that are not necessarily attributable to a specific event, as well as emotional episodes as reactions to changes in the environment.

Emotions generally have three elements: a subjective experience, an expressive component, and physiological arousal (Li, Scott, & Walters, 2015). Conceptually, there have been two main approaches to researching emotions; the basic emotions approach and the dimensional approach (Grandjean, Sander, & Scherer, 2008). The dimensional approach proposes that each basic emotion represents an anchor on the same continuum (Gunes, Schuller, Pantic, & Cowie, 2011). One of the most cited models is Russell's (1980) Circumplex of Affect (Figure 1), where the two major dimensions used to distinguish affective responses are valence and arousal (Li et al.,

2015). ‘Valence’ refers to the degree of pleasantness (positive or negative) and ‘Arousal’ measures the degree of activation of an affect, anchored by active (high arousal) and passive (low arousal). The dimensional approach has been commonly used as a way to analyse emotions due to being intuitive and being able to distinguish emotions (R. J. Larsen & Diener, 1992).

[INSERT FIGURE 1 HERE]

Russell’s (1980) approach to understanding affect, based on two dimensions, has been used in a wide variety of contexts. Predominantly, these studies focus on the affective response of customers to elements of servicescape. Some studies refer to Russell and Mehrabian (1977) three-dimensional pleasure-arousal-dominance (PAD) model, which adds dominance as a third dimension to valence and arousal described earlier. Dominance-submissiveness describes whether an individual feels controlling and dominant or controlled and submissive. Most studies however focus only on pleasure and arousal. For example, Eerola and Vuoskoski (2011) used the dimensional model of affect to understand emotions to music. In the business and consumer behaviour arena, the pleasure-arousal-dominance (PAD) model has been used as a way to examine store atmosphere and purchasing behaviour (Donovan, Rossiter, Marcoolyn, & Nesdale, 1994), word-of-mouth intentions of mobile app users, and responses to television commercials (Morris et al., 2009), demonstrating its wide applicability. In the tourism and hospitality field, Leong, Yeh, Fan, and Huan (2020) used the PAD constructs as part of their model to analyse creative cuisines while Kaminakis, Karantinou, Koritos, and Gounaris (2019) employed these dimensions to look at how human-made environments affect customer-employee interactions in restaurants. The purpose of the aforementioned studies is to identify how consumers respond to elements of the servicescape, e.g. ambiance, interior design, food presentation, music. The findings of these studies suggest how the servicescape can be modified to elicit the desired mood from consumers, e.g. excitement or calmness.

While Li et al. (2015) argued that tourism scholars have long studied the role of emotions experienced by tourists before planning, during, and after their trip, Hosany (2012) countered that research into the emotional aspects of travel remains largely underexplored. Previous research into tourists’ emotions has focussed on positive feelings such as joy, love, and positive



surprise (Hosany & Gilbert, 2010), yet there is scant research into negative emotions while travelling. This research contributes to the studies of affect in travel beyond positive emotions.

### *Coping*

Being forced to stay in a quarantine hotel after taking an international flight can be stressful, and it also can trigger anxiety (Wong & Yang, 2020). Coping strategies help moderate an individual's physical and mental wellbeing when confronted with negative or stressful situations (Endler & Parker, 1990). Since the 1980s there has been a plethora of research into how individuals deal with stressful situations (Lazarus & Folkman, 1984): changing the situation that caused the stress; re-interpreting the situation that resulted in the stress, and managing the emotional response to the stressful situation. These coping strategies include both cognitive and behavioural responses. Behavioural responses attempt to address catalysts for the stress response and change the environment. Emotional responses focus on how an individual feels about the situation that causes stress. Re-appraisals, as a strategy to change one's view or mindset regarding the stress-causing environment, can assist in addressing both emotions and the problem that causes stress. For example, it can alleviate a feeling of helplessness and stimulate active solutions to a problem (Crum et al., 2020; Stanisławski, 2019).

The body of literature traditionally identified two main approaches to coping: problem-focused coping and emotional-approach coping (Stanton, Kirk, Cameron, & Danoff-Burg, 2000).

Problem-focused coping occurs when individuals' responses modify or eliminate the issue creating the stress. These strategies are action-orientated and have a cognitive element, e.g. generating options to solve the problem, evaluating the costs and benefits of different options, and taking action to solve the problem (Baker & Berenbaum, 2007). This includes planning (deliberations on how to solve a problem), active coping (taking action to address the stressor), seeking social support (asking for advice or information), and suppression of competing activities (putting aside other activities to better cope with the problem).

Emotion-focused coping aims to manage the emotional distress of stressful situations (Lazarus & Folkman, 1984). Emotion-focused coping involves both processing emotions (e.g. "I acknowledge my emotion") and expressing emotions (e.g. "I allow myself to express my

emotions”). Emotion-focused coping strategies include denial of the problem, positive comparisons, acknowledging and venting emotions, positive reinterpretation of events, and seeking out emotional support (Baker & Berenbaum, 2007).

Stanisławski (2019) suggested the two approaches, namely problem-focused and emotion-focused, were non-exclusive and could be applied simultaneously. Stanisławski (2019) introduced a coping circumplex model which includes eight specific coping styles (see Figure 2). These can be defined by either high or low engagement with either the problem or the emotions. For example, efficiency acknowledges thoughts and feelings about the stressor, which assists taking action to resolve the problem. Conversely, helplessness is a maladaptive coping strategy that avoids the problem and internalises negative emotions such as self-blame. Similar to Stanisławski (2019), Orgilés et al. (2021) considered that various coping strategies can be used simultaneously. In the context of youth coping with a COVID-19 health crisis, they group the strategies as being task-oriented (e.g. highlighting the pros of being at home), emotion-oriented (e.g. expressing feelings), or avoidance-oriented (e.g. acting as if nothing is happening). Moreover, Lorente, Vera, and Peiró (2021) study of nurses’ responses to stress during the COVID-19 pandemic followed Stanisławski’s (2019) model and suggested that different coping strategies could take place simultaneously and concurrently.

[INSERT FIGURE 2 HERE]

### *Hotels and quarantines*

There is emergent literature specifically related to the impacts of the COVID-19 pandemic in the hospitality sector. Wong and Yang (2020) investigated hotel guest experiences of quarantine in a quantitative study. They identified anxiety as a major issue, which can be mitigated by the quality of service provided to the quarantined guests. Guests’ health status and the length of stay are important factors affecting anxiety. In the post-COVID-19 world, hotels will need to install visible sanitizing equipment (hand sanitizers at the entry, staff wearing masks and gloves) and implement health and safety practices (social distancing, reduced capacity of customers, frequent deep cleaning of surfaces in public areas) to reassure guests (Gursoy & Chi, 2020).

Isolation and quarantine due to the outbreak of infectious diseases have long been subjects of discussion in the medical literature. Concerns regarding the effectiveness of isolation and quarantine have been reignited during SARS. Some health professionals suggested quarantines are not effective as they require healthy people to isolate and require levels of compliance that are hard to achieve (Mandavilli, 2003). Quarantine imposes movement restrictions on individuals thus it also represents an ethical issue of limiting one's liberties and rights (Upshur, 2003).

Besides a quarantine's effectiveness and ethical issues, the medical literature has raised concerns regarding its impact on mental health (Brooks et al., 2020). For example, Hawryluck et al. (2004) reported that symptoms of posttraumatic stress disorder (PTSD) and depression were observed in 28.9% and 31.2% of survey respondents who experienced quarantine during SARS. Longer stays and knowledge of direct exposure to the virus increased the prevalence of the symptoms.

The COVID-19 literature points out the effectiveness of quarantine to curb the infection spread (Chiew, Li, & Lee, 2020). Facility-based quarantine is deemed to be more effective than an at-home quarantine (Chen et al., 2020). Previous experience of dealing with pandemics and imposing quarantine and border restrictions helped governments respond to the COVID-19 crisis. Jordan-Martin et al. (2020) discuss the COVID-19 isolation hotels program in New York. This program aims to address the needs of those with inadequate housing (e.g. homeless, living in crowded housing) rather than travellers during the pandemic. The program uses a tiered system of the provision of clinical services during the stay depending on the status of guests (i.e. COVID-positive, negative, pending test results, compromised health). The hospital environment is emulated to reduce the risk of transmission. The study reported that isolation hotels gradually expanded the services they provide to include cable TV, indoor and outdoor recreational opportunities, and various food choices. Mandatory COVID-19 quarantine has also impacted the mental health of the quarantined with regard to emotional distress (Xin et al., 2020). Thus, it is important to integrate mental health promotion into quarantine measures. It is noteworthy that the risk of anxiety and depression does not only affect hotel guests, but also employees of quarantine hotels (Teng, Wu, Lin, & Xu, 2020).

The above literature review establishes hotel quarantine as a stressor that involves appraisal and reappraisal of the situation, affective response, and various coping strategies. Interventions may

be needed to reduce the risks of mental health issues related to anxiety and depression. The hospitality literature has started to cover the issue of the health and safety of hotel employees during the pandemic and what it takes to make them feel safe (Wong & Yang, 2020). However, there is little research on the quarantine guest experience, their appraisal of their situation, guests' affective responses to the quarantine, and how they cope during their enforced stay. This research examines hotel quarantine as a stressor with a pre-determined time length, its influence on travellers' emotional state, and coping techniques travellers employ to manage the stressful environment.

## **Methods**

A qualitative research methodology was chosen due to the exploratory nature of this research and the research objectives. The study followed an inductive design, as the research participants were asked broadly about their experiences of travel and staying at quarantine hotels. Stress, moods and emotions, and coping strategies emerged as the main topics discussed by the participants.

The data was collected through in-depth interviews conducted online using zoom software.

There were two reasons for this. The first reason was that the researchers were in different geographical locations from the participants. Additionally, for those participants who were in the same location as the researchers, physical distancing rules limited any possibility of meeting for a face-to-face in-depth interview. Both the researcher and the participants had been using video teleconferencing software for work and/or leisure. There were no perceived hesitations in conducting the research among the participants. No one besides the researcher and the participants were present during the interviews. In-depth interviews allowed research participants to freely express their experiences of travel during the pandemic and especially of their stay at a quarantine hotel. Since little was known about such experiences, the interviews helped researchers identify what were the important aspects of these experiences, especially differentiating them from standard leisure travel.

A purposeful sampling and a snowballing approach were employed to identify potential research participants. A potential participant needed to be recently (1-2 days) out of a hotel quarantine to ensure the recall of quarantine experience with little retrospective distortion (Colombo et al., 2020). Thus, initial participants were identified by the first author through personal connections,

as this was the most efficient way to identify suitable research participants. Considering the first author's familiarity with some of the participants, several personal background questions did not need to be asked, as the researcher was already aware of this information, such as occupation. Cases where the research participants knew the researcher well, which could potentially lead to hesitancy to disclose some details regarding their quarantine experience due to social desirability bias. However, this was not evident to the first author, as participants did not hesitate to discuss quarantine challenges including relationships with their family members. Given the unprecedented experience of having to quarantine, it was felt participants were eager to describe their experiences to the researcher. Participants were aware the research is undertaken for academic purposes only. The first interview took place on April 11, 2020. By May 21<sup>st</sup>, 2020, sixteen (16) interviews had been completed. Four additional quarantine hotel guests were identified through personal networks, however, these potential participants did not respond to an email invitation to participate in the research. At that stage, a preliminary analysis done by researchers through familiarisation with the interview transcripts and initial coding of information suggested data saturation has been reached as no new themes were emerging in the later interviews. Thus, new interviews were no longer conducted. No repeat interviews were required. All interviews were conducted by the first author who is a male, holds a Ph.D., and is a professor at a public university with fourteen years of research experience. The average length of the interviews was 32 minutes. The characteristics of the sample are provided in Table 1.

Six of the 16 participants were female. The age of the participants varied from 31 to 60 years of age. Seven of the participants departed from Fiji to be quarantined elsewhere. Australia, Canada, Indonesia, Malaysia, New Zealand, Samoa, and the UK were other points of departure. Nine participants were quarantined in Australia in the following cities: Brisbane (2), Canberra (1), Melbourne (2), Sydney (2), and Perth (2). Other destinations included Fiji (5), the Philippines (2), and New Zealand (1). Except for the Philippines where quarantined participants were required to pay for their own quarantine hotel stay, the Governments of the respective countries required hotel guests to stay in designated four- or five-star internationally-branded hotels. Ten of the 16 participants were quarantined by themselves, one participant quarantined with her husband, and the remaining five participants were quarantined with their complete family or with their children. None of the research participants were infected with COVID-19.

[INSERT TABLE 1 HERE]

Potential participants were initially contacted by email and invited to take part in a research project about the experiences of those travellers who have been placed into quarantine at hotels due to the COVID-19 pandemic. Upon agreement, the participant was interviewed one or two days after they completed the hotel quarantine stay. The recency of the quarantine was required to ensure participants could recall their experiences. The interviews, with the participants' consent, were audio-recorded and later transcribed for analysis. The interview guide (see supplementary materials) was emailed to the participants prior to the interview so that participants could familiarize themselves with the interview questions. Participants were informed that taking part in the study was completely voluntary and they could stop taking part in the study at any time without explanation or prejudice. Participants were informed their responses and any individually identifiable information was held in strict confidence, accessible only to the researchers. Field notes were made after the interviews.

The interview guide covered three main sections. The introductory section covered the background of participants, the reasons behind travel during the pandemic, and the logistics of getting to the destination. The second section covered the experiences of quarantine at hotels during the COVID-19 pandemic. This section covered topics such as the entertainment and food and beverage options of staying in the quarantine hotel, the service provided by hotel staff, medical staff, and security staff during the stay, including health and hygiene arrangements. The final section asked participants to share their feelings as they recalled their entry into the hotel, their emotional state while under quarantine, and how they adjusted to leaving the quarantine hotel. Quarantine hotel guests were asked to describe their coping mechanisms during their stay. These questions were designed based on the themes covered in Brooks et al. (2020) literature review of the psychological impacts of quarantine. Recommendations were sought as to how the hotel and governments might have better provided for the quarantined hotel guests if future arrangements had to be implemented. The collected data were transcribed by a research assistant and then analysed by the researchers. The transcripts were returned to participants for comment, however, none were made.

Thematic analysis was utilised in this study. Researchers generally followed Nowell, Norris, White, and Moules (2017) approach, as follows. To ensure the credibility of the findings, two researchers independently analysed data and then cross-examined the findings. Each researcher first familiarised themselves with the transcribed data. Consequently, initial codes via open coding were generated. They have become the basis of themes discussed in the remainder of the article. The emergent themes were cross-examined by the researchers in view of existing literature. Since much of the interviews focused on research participants describing their affective state at different periods during their travel and their strategies to deal with these moods and feelings, literature on stress, affect, and coping was used in discussing the findings.

As the analysis progressed, separate categories emerged for different time periods, that is, prior to travel, travel to the hotel, initial days at the hotel, middle of the quarantine, and the end of the quarantine. Research participants reappraised their situation in each time period. How participants coped during their stay was documented with key phrases highlighted, then grouped into four main coping strategies. Being familiar with the existing coping theories, the researchers then allocated these strategies as predominantly problem-focused strategies or emotional approach strategies. For example, research participants would discuss the middle of their stay in the quarantine, and so the time period would be assigned a code “end of week 1”. They would mention how they felt at that time, e.g. “boredom”, “isolation”. These would also become codes and categorise as “affect” and subcategories “low arousal”, “low valence”. Participants could then say they occupied themselves with “undertaking work remotely”. This would be assigned a category of “problem-based coping” and a subcategory of “being productive”. While the thematic analysis was applied, the findings are presented chronologically as the study describes a journey of typical two weeks quarantine period.

The findings of this exploratory study should not be treated in a positivist way, they are not necessarily generalizable, due to the sampling limitations. The focus of this study was travellers from, to, or within the Asia-Pacific region. While the region and the background of the respondents are quite diverse, quarantine hotel experiences in other regions would be beneficial. Rich descriptions are provided as per Nowell et al. (2017) to assist other researchers in judging

the transferability of the findings. Nevertheless, they contribute to the field, as very little is known on the topic of experiencing quarantine in hotels.

## **Findings**

The major themes revealed in the analysis of the in-depth interviews show hotel guests feel a rollercoaster of emotions during their quarantine, as a consequence of how they appraise their situation. The experience of travel during COVID-19 from the place of origin to the destination via a quarantine hotel stay can be divided into six stages with four different types of affect being prominent at each stage. At the beginning of quarantine, research participants have a high level of arousal and negative emotions, these change to low arousal and negative emotions towards the middle of the quarantine. As the quarantine is about to come to an end the arousal and positivity rise once again. We map these affective states across the length of the hotel quarantine stay. We present the Cycle of Hotel Quarantine Emotions in Figure 3, detail the elements of the cycle, and demonstrate how they relate to the Circumplex Model of Affect (Figure 1). Figure 4 maps the same affective responses that research participants described, but for clarity, the valence and arousal are clearly identified and the results are overlaid on the Circumplex Model of Affect (Russell, 1980). The coping mechanisms that mitigate their negative emotions include the notions of space, time, connectivity, and work-life balance, which are discussed in accordance with Stanislawski's (2019) circumplex of coping. The rest of the paper provides the results from the data that led to the design of Figures 3 and 4.

Across participants, there were similar comments in the affective response to quarantine. Most likely this is due to the similar pattern in the stimulation of travellers, where there is a lot of stimuli during travel, but the quarantine itself constitutes repetitive days that lower the arousal which in turn leads to unpleasant emotions and moods. The anticipation of the end of quarantine increases arousal and leads to positive emotions. The specifics of responses to quarantine as a stressor as well as coping strategies vary. Different factors described in the findings below may contribute to stress. The intensity of the stress is, however, not the focus of this study and would require a quantitative approach to determine how exactly different factors affect stress, affective response, and coping. There were varying degrees of affect based on whether the participants



were quarantining by themselves or with others. Quarantining with young children resulted in more intense experiences.

[INSERT FIGURE 3 HERE]

[INSERT FIGURE 4 HERE]

#### *Uncertainty and health concerns during travel decision-making*

All guests appraised that the possibility of being exposed to the infection by travelling with others was considered a major threat to their health and wellbeing. At this stage, controllability varied among guests. For five participants, the decision was taken out of their hands as their employer required them to relocate – controllable by others but not themselves. Others had some sort of control over the decision. Several participants volunteered to return to their home country, others volunteered to continue performing their duties that involve travel even if it resulted in increased exposure to the virus or inconveniences of being quarantined. Often the decision was made, because of their family situation. An example of this was a pilot who volunteered to fly freight and repatriation flights because he was single. He did this so that his colleagues could stay at home with their wives and small children.

When quarantine hotel guests decided to travel, they realised that the decision to relocate was of high importance and would involve losses and threats. Guests acknowledged the losses of having to relocate, often at short notice, to another country, leaving family and friends. They also acknowledged that there would be a loss of freedom involved in a forced quarantine stay, having to give up physical separation with family and friends, fresh air, and their everyday living. The overarching threat was the chance that during transit or while in quarantine, the guest could catch the virus. At that stage, due to the high number of uncertainties related to the procedures involved in travelling, logistics of it, undertaking health checks, limiting contacts with others, and quarantining in the new destination, they were not sure of the extent of the losses or the magnitude of the threats.

The secondary appraisal relating to controllability was more certain. They were sure the situation was out of their own control, out of others' control, and possibly out of anyone's control. Guests were not sure how contagious or how deadly the virus was. They were also not sure how of the best ways to counter the spread of the virus. Neither were government officials. The science examining the virus was still at an early stage, suggesting the situation was possibly out of anyone's control. This heightened sense of uncertainty is the first stage in the cycle of emotions experienced by hotel quarantined guests. Emotions experienced here rate highly on the unpleasant end of the Valence dimension and the Active end of the Arousal dimension of the Circumplex Model of Affect (Figure 4, Wave 1). Given the fact nothing like this pandemic has occurred in recent history, it was evident that governments, airlines, and hotels were learning, and the procedures applied to travellers were changing to manage the safe international movement of people. The novelty and ambiguity of this travel environment, as well as lack of sense of control, contribute to travellers' anxiety. While participants remarked that they believed governments and companies were doing their best, they still encountered issues with information dissemination.

#### *Travelling to the destination – Uncertainty and Anxiety*

Many participants described the heightened sense of emotions and feelings as they made their way through transit and into the quarantine hotel. Participants made comments regarding what they found unusual, e.g. lack of passengers and a high number of officials. At this initial stage of quarantining process, individuals felt controlled and lacked agency. One participant described their experience as follows:

*“When we got to the airport, it was pretty full-on, there were only 28 people that were on the 787 [airplane] that took us to Melbourne which was good. It wasn't a big rush, there were lots of health workers, lots of border force, you know it was quite intense” [P4, Male, Suva, Fiji to Melbourne, Australia]*

Another participant also had a similar experience highlighting the lack of understanding of what was occurring as it was very unusual:

*“We got our bags and it was pretty regulated. You’re basically ushered to the back, there was a lot of police then there was a lot of army. Loads of people in uniform. You’re basically ushered into a coach, told that you were going to be staying at a hotel for two weeks and no one knew what was going on. They were trying to tell us what was going on but I guess it was very well organized but it just felt wow...this is unusual” [P13, Male, London, UK to Sydney, Australia]*

All travellers reported social distancing was maintained on the aircraft, in the quarantine and during the testing process on arrival, and at the hotels. For example, in Australia, coaches used for transporting passengers from the airport to the quarantine hotels were limited to half capacity to avoid unnecessary person-to-person contact. Protocols to ensure social distancing was implemented in hotels. Hotel meals were delivered outside the rooms whereby guests were to wait two minutes before collecting their meals to allow the hotel staff to leave. Hotel housekeeping was limited, and no new linen was provided during the hotel stays. These measures assured hotel guests that the possibility of the transmission of the virus was being minimized as much as possible. During the hotel stays, Ministry of Health officials called guests regularly asking if they were displaying any symptoms of the virus. Again, this reassured guests that they were being cared for.

When guests first went into the hotel room, there was also a sense of the unknown and anxiety. In some cases, the host governments did not do a good job of communicating with the hotel guests regarding how their quarantine will proceed. For example, at the start of the outbreak and discussion of the closing of borders, there was uncertainty about whether passengers could self-isolate or would need to have an enforced hotel quarantine. Several passengers were not informed which hotel they were being transferred to. In the case of the family relocating from Indonesia, there were major differences in infection rates and death rates between what the government was reporting and what other sources were reporting. This fuelled the hotel guests’ anxiety.

Not everything in the hotel guest experience was unusual. As with a regular hotel stay, when guests arrived at the room, they explored the features of the room, such as the menu, the

bathroom facilities, the TV channels, and the Wi-Fi connection. This had a calming effect, thus lowering the arousal.

*“The first day was like a normal traveling day. I just want a shower...I was looking forward to checking in and having a warm shower, having something to eat, and hitting the bed. ...I guess I was finding out what was in the room, what channels were on TV and what meals are being provided” [P14, Male, Suva, Fiji to Auckland, New Zealand]*

#### *Isolation and boredom*

After this initial period, guests fell into a routine and as days became more predictable, guests reported isolation and boredom. At this stage, guests, especially those quarantining by themselves, had appraised their losses (lack of movement, separation from family and friends, the sacrifice of day-to-day comforts in their usual environment) and assessed the extent of the threats to their health and livelihoods. None of the research participants had COVID-19, and in this contained environment of a hotel quarantine, the threat of catching the virus was considered low and did not preoccupy them. Guests' emotions move from a state of high arousal through the neutral point to the negative valence and low arousal emotions on the Circumplex Model of Affect (Figure 4, Wave 2). Guests tried to compartmentalize and structure the day to help pass the time. Those that could not leave their rooms or get fresh air were particularly affected. One guest describes the impact when boredom set in as follows:

*“The days started to get longer, I might be exaggerating a bit, but yeah it did. It started to feel longer after the first week. The last weekend at the hotel really felt long.” [P10, Male, Sydney, Australia to Nadi, Fiji]*

Food was initially problematic and contributed to the boredom. In some hotels, meals were provided by a government-contracted catering company. Hotel guests described these meals as being very carbohydrate-heavy accompanied by snacks with a lot of sugar or salt, such as chocolate bars and crisps. The food was plentiful but lacked nutrition, which concerned many of the mothers in quarantine. Because there was no choice of menu, if their children didn't like the food, the children would not eat. This added to the stress. Mothers disliked the amount of wasted

food and worried about the diet of their children. These guests acknowledged that the governments did not want the quarantined hotel guests to be hungry so there would not be any complaints about the quantity of food delivered. Several other hotels learned from this and provided guests with a choice of meal, albeit limited options. Other hotels allowed care packages from friends and relatives to be dropped off or outside food to be delivered (e.g., Uber Eats) although these meals need to be paid for by the hotel guests. Alcohol was generally available at all hotels, although sometimes there was a daily quota. The cost of the alcohol was borne by the hotel guest. This return of partial control over own situation, albeit limited to diet, helps reduce negative emotions.

### *Despair and Depression*

By the middle of the quarantine stay, guests tended to be bored, felt cooped up, and restless. The full extent of their appraisals was being realized. In this period, guests reported significant declines in their mental health and emotional wellbeing. Guests, especially those quarantining by themselves, started to experience negative emotions with higher arousal (Figure 4, Wave 3).

Guests reported struggling for real emotional connection with other people at that time. Personal traits, for example, introversion may affect the extent to which isolation in quarantine affects mental state, for example:

*“Because I am so social, I like talking to people, so this was harder. The first week was ok and then Sunday and Monday, when I know I had been here a week and I have to do another week, knowing that, I got really down. Had some pretty bad days with my fiancée, we fought quite a bit. I fell into depression and sort of stayed there and ignored what was going on. Which wasn’t good for our connection during this time.” [P12, Male, Vancouver, Canada to Melbourne, Australia]*

Those guests quarantining with other family members mentioned they were arguing and quarrelling more often. Being forced to spend 24 hours seven days a week for two weeks with the same people, despite them being immediate family whom they loved, was another area of their situation beyond their control. It is more challenging for children to manage their emotions. Consequently, children’s frustrations pass on to parents:

*“The most challenging thing for the hotel stay was the lack of space... We are such a close family, we get along, but my boys were really fighting. Because they were being frustrated with being in each other’s faces all that time. I felt worried that their relationship was being fractured. I thought their relationship could really break down. ...We had a lot of tears which we don’t usually have in our family.” [P11, Female, Kuala Lumpur, Malaysia to Perth, Australia]*

### *Relief and Optimism*

By the middle of their hotel stay, guests started to appraise the quarantine as a challenge. As the quarantine stay was coming to an end, the mood of hotel quarantined guests started to improve (Figure 4, Wave 4). The coping strategies outlined below also helped the guests feel a sense of control over their situation. They were able to gain control over their situation themselves (Figure 3). Guests started to make plans on what they would do when they were allowed to leave. Many of these things were simple activities that these guests had taken for granted: a walk on the beach to get some fresh air, a hug from their spouses and children, a run in the park for some exercise. There was a sense of relief that they had not contracted COVID-19. A sense of hope that they had made it through this ordeal and would be united in person with their loved ones.

When asked what they were looking forward to on leaving the quarantine hotel, one guest remarked:

*“Some interaction, rather than virtually, with some real people – my wife and my son...And probably beyond meeting with my family, the opportunity to go for a walk or jogging, to get some fresh air. Because there is no fresh air. I can’t open the window. I [need to] get some sunshine.” [P7, Male, Suva, Fiji to Sydney, Australia]*

[INSERT FIGURE 3 HERE]

### **Coping Mechanisms**

As noted above, hotel guests experienced a range of emotions during their quarantine stay. Hotel guests moderated these negative emotions through the use of both problem-focused coping and emotional-approach coping. Guests took action (problem-focused coping) to improve their wellbeing through changing their living space and being productive. They also used emotional-approach coping through changing their perceptions of time and increasing their social connectivity to re-interpret their situation, get distracted, and try to minimize the time they are bored and are alone with their feelings, as such context gives rise to their negative emotions. These coping mechanisms were creative and spoke to human ingenuity. To some extent, coping mechanisms helped hotel guests gain a sense of agency and control over their situation.

### *Use of Space*

Space or the perception of space was an important factor for affective states. Guests acknowledged they were going to be confined to their room for the quarantine period. Some guests reported reconfiguring their furniture to give the perception of more space. Those guests with access to open spaces or a balcony were less likely to develop negative emotions and moods than those unable to leave the confines of their room during the whole stay. Even a small bit of extra space helped improve guests' sense of space and mental health, as one participant remarked:

*"We have windows, well not windows...a little sliding door that goes out into the balcony. It's not the most relaxing thing to take your four-year-old to the balcony. But we do...and it's fine when it's beautiful and sunny. And that's kind of my release there, so my husband and I just try and sit out there for breakfast in the morning" [P6, Female, Suva, Fiji to Brisbane, Australia]*

The problem was more acute with families. Families with children, in general, were given two large rooms with an interconnecting door. This helped provide more space, especially when children needed to undertake online schooling and parents needed to work remotely.

*"...the setup of our rooms, there is a corridor that we can also use. The rooms are interconnecting, and we can lock off the corridor outside. That means we can have personal space to do our stuff: my teaching and also, we have regular time slots to call Dad, watch TV*

*together, and we have online school. And this gives us some structure. So, I think these things make a big difference in our mental state.” [P3, Female, Tangerang, Indonesia to Perth, Australia]*

But still, not being able to leave the room affected the physical and mental wellbeing of guests.

*“...there was not really much room for exercise, I did push-ups and the running on the spot, yeah basically eating food for two weeks with no exercise...not very healthy.” [P2, Male, Suva, Fiji to Canberra, Australia]*

In some places (e.g. Fiji) guests were allowed out of their rooms for fresh air and exercise twice daily escorted by the military at a distance. This helped guests' physical and mental wellbeing considerably.

### *Productivity*

All participants who had the ability to work from the hotel room and were staying on their own were able to be relatively productive in terms of their work. If the Wi-Fi was fast and unlimited and if they had appropriate workspace, they were able to accomplish many of their daily tasks although they did acknowledge they were not as productive as normal. Quarantining families who required their children to undertake online schooling or continued to work remotely perceived these activities as a way of still being productive over the quarantine stay. This problem-focused coping mechanism gave them a sense of purpose.

### *Perceptions of Time*

Structure gives our life form. Being in quarantine meant hotel guests had a lot of time to spend, use, and waste. Yet many guests structured their day so they could still feel constructive and to help pass the time as quickly as possible. Some reported carving the day up into smaller parcels where one period might be used to work virtually, especially to coincide with colleagues in different time zones. Other parts of the day might be used for relaxation such as watching movies on Netflix or YouTube videos, for example. Another part of the daily routine would include reading or communicating online with family and friends.



For those with school-aged children, online schooling had to be organized and supervised. Parents designed a schedule for their families each day in an attempt to keep their children entertained and stress levels low. Parents described being creative to entertain their children. Some parents designed physical activities such as push-ups, sit-ups, ball games, and running laps of the interconnecting rooms. Some parents got their children to make arts and crafts. The hotels also assisted in this area whereby they provided board games and books to these guests. This helped parents not lose their temper with their children.

### *Social Connectivity*

A quarantine hotel stay naturally involved physical separation from other people. Many guests reported being on social media more often with a wide range of friends and family to compensate for the lack of social contact. This helped guests pass the time and improve their mental well-being. Several guests reported contacting former school friends or extended family that they had not spoken to for many years. One guest bought himself a PlayStation game console online which the Government then arranged to be delivered. This helped him divide his time between online work commitments and passing time on FaceBook. One guest played online games with two friends he had not seen in two years. Another guest provided the following comment:

*“Every evening I’d go to my porch. Use technology, you could be having a drink by yourself and your family and friends would be doing the same thing at their place...well it’s not the same, of course, but you could be drinking and socializing, but not physically, and catching up with mates having a drink, over the internet” [P9, Male, Los Angeles, USA to Nadi, Fiji]*

Technology helped in this regard. The speed and connectivity of the Wi-Fi were extremely important to guests. Many guests reported having ‘happy hour’ or ‘wine o’clock’ with family and friends using Zoom or Skype. In this way, the quarantine experience was shared with their peers, helping them to feel connected. Online schooling and remote working also contributed to a sense of connectedness despite being physically isolated.

### **Discussion**

### *Contribution to Knowledge*

This study examined the relatively new phenomena of quarantine hotel stays. Hotels are usually places of enjoyment and relaxation that are voluntarily chosen by the guest to match their tastes and budget. Quarantine hotels, on the other hand, are places of confinement, isolation, and restrictions. Experiences of this nature have rarely been examined previously. We combined the transactional theory of stress, the theory of emotions, and the theory of coping strategies to take a holistic approach to this phenomenon (Jordan & Prayag, 2021). Transactional Theory of Stress provided an overall approach to how quarantine stay is viewed in terms of transactions between individuals and their environment. Travellers continuously appraised and reappraised the situation they were in pre-quarantine, during quarantine, and upon leaving the quarantine hotel. These appraisals lead to affective responses and activated coping strategies to address the circumstances of the quarantine that act as a stressor or to address their feelings and emotions about their experience. This research also provided a visual conceptualisation of the cycle of affect that hotel guests experience during their quarantining. This cycle of affect can be used as a conceptual framework for other tourism experiences. For example, do these affective responses follow a similar pattern for non-quarantine hotel stays? Is the flow of emotions and moods similar for other fixed-length holidays – package holidays or cruise holidays? This rollercoaster of affect was mapped onto Russell's (1980) circumplex of affect. First, there is a heightened sense of negative emotions. Then there is a decline to more neutral and low arousal emotions that later become increasingly unpleasant (low valence) and active (high arousal). Towards the end of the stay, valence increased. This rise is partly attributable to coping mechanisms. For the cycle of hotel quarantine emotions, quarantined guests used techniques to pass the time and change their living and work environment, and social networks.

This study used coping to identify four strategies that quarantine hotel guests used as coping mechanisms. The stressors related to quarantine were the lack of space and the abundance of time. Changing living environments was a problem-focused strategy that also helped address how participants felt about the quarantine. It is most reflective of efficiency in Stanislawski's (2019) circumplex of coping as this strategy addresses both the catalyst for stress and the emotions caused by it. Structuring time and filling it with a range of activities was another

problem-solving coping mechanism as it helped address the issue of time. In terms of emotions, however, this strategy might have contributed either to the hedonic disengagement or efficiency depending on the activities that individuals undertook in the quarantine (e.g. studying or watching TV shows). Similarly, work productivity addressed the issue of time and may also help individuals appraise their quarantine stay positively and as a challenge rather than a threat if they managed to be productive. Conversely, social connection addressed the emotional challenges of quarantine and its prime feature of isolation in an enclosed space. Fortunately, technology-enabled communications, to some extent, broke the social isolation that quarantine imposes. Interestingly, being together in quarantine with other people may not necessarily be a positive experience as participants described arguments with their family members. In comparison to Orgilés et al. (2021) that investigated coping behaviours of youths at home during the COVID-19 pandemic, our participants did not discuss at length how talking about COVID-19 with their travel companions may have helped address the situation. For example, the use of humour in discussing the situation may be of assistance. All the above coping strategies can be explored further and empirically tested in other tourism and hospitality scenarios, especially in unpleasant travel situations.

This study demonstrates that a context of a finite stressful environment merits further research. A hotel quarantine is not an acutely stressful situation, nor is it a chronic or long-term stressor such as one's occupation or a chronic disease. The quarantine stay is also a planned situation; thus individuals can prepare themselves to appraise it as a challenge. The mindset interventions may be useful in such context (e.g. Crum et al., 2020; Crum et al., 2013). However, in the present study participants seemed to be focused on the technicalities of travelling to the destinations and settling into the quarantine. The information provided by the officials and other sources also focused on the practical rather than mental aspects of such travel. While beyond the scope of the present study, understanding of how subjects of quarantine may be better prepared prior to travel is needed.

There has been little research into the negative emotions experienced by travellers, as most of the previous research that has delved into negative emotions is often related to dark tourism (Zheng, Zhang, Qiu, Guo, & Zhang, 2020), but negative emotions are an important part of the tourism

experience (Nawijn & Biran, 2019). To the authors' best knowledge, there is only one other study addressing this topic of guests' experience of quarantined hotel stays. The study of Wong and Yang (2020) used a quantitative study of Chinese domestic tourists from Hubei Province. In contrast, this study used a qualitative approach to understand how guests dealt with and processed these experiences.

#### *Contribution to Management / Practice*

This study has revealed several practical implications that governments and hotels can implement before, during, and at the end of the quarantine to maintain favourable and healthy conditions for guests. Before hotel guests go into quarantine governments need to communicate with hotel quarantine guests to reduce some of the uncertainty regarding the stay. This study confirmed the paramount importance of communication during crises (UNWTO, 2011). Clear and unambiguous instructions need to be provided concerning procedures on arrival, transit, and hotel stay. These include advising on the latest science regarding the transmission of the virus. For example, early on, hand sanitization was deemed to be extremely important with less emphasis on wearing a mask. However, this advice shifted as research was disseminated on the high transmission of airborne particles making wearing a mask very important (WHO, 2020).

This research also provided practical suggestions that hotels can make during guests' stay. The uncovering of the coping mechanisms hotel quarantine guests use provides hotels and governments with important strategies that can be used to support hotel guests when they are quarantining. Fast and reliable WiFi is essential for quarantined guests to stay in touch with friends and relatives online (C. Liu et al., 2021). Some hotels provided their quarantined guests with board games and puzzles to help them pass the time. This was extremely important for quarantined guests with children. Further, for families that needed to be quarantined, sufficient space was required to ensure guests were not crowded. Adjoining rooms should be provided and hallways that could be cordoned off from other guests would also provide more space for families.

Several quarantine hotels in Fiji had the luxury of affording guests the space to exercise at carefully scheduled times accompanied by government security, at a distance. This enables

guests to get both fresh air and exercise daily. This may be more difficult to achieve in an inner-city hotel but the perception of space can be achieved by hosting guests in rooms with large windows or having balconies. While the food was plentiful, some guests reported a lack of nutrition or its sameness and were relieved when they could order their own food and have it delivered. This helped reduce waste and, although this food was at the guests' expense, they were more satisfied and could order to their tastes. Governments should make these arrangements clear upon 'check-in'.

Having negotiated international travel and been accommodated in a quarantine hotel, guests do not want the added worry of being infected during the quarantine stay by frontline hotel staff. For example, some places, such as Victoria, Australia, saw subsequent waves of infections that were attributed to hotel staff and private security firms manning quarantine hotels, not having proper training, not being given enough Personal Protective Equipment (PPE), and inappropriate socialising between hotel guards and quarantined travellers (BBC, 2020). As a result, it is a straightforward recommendation for service staff and security at quarantine hotels and airline crew working on repatriation flights to strictly follow proper health and sanitation protocols. They need to have sufficient PPE and in-depth training on the do's and don't's of social distancing and hygiene requirements (Atadil & Lu, 2021). Knowing frontline staff are properly trained and strictly following health and safety protocols, will ease guests' concerns about catching the virus and contribute to improved mental health.

Overall, hotel design needs to be considered to ensure a hotel is suitable to host quarantined guests without adverse mental impacts. Given guests' concerns about confined spaces, hotels need to be spacious, provide an opportunity to have fresh air, provide entertainment, and exercise opportunities. Hotel companies may consider including some well-being and mental health training to staff, both to be able to manage the well-being of guests and the mental health of staff (Gursoy & Chi, 2020). Enhancing guest wellbeing is something that hotels aim to achieve in non-crisis situations. Thus being attentive to guest emotions is beneficial in day-to-day operations, but such skills are especially useful should a crisis arise. Lee- Ross (1999) demonstrated that there is a cross-over between nurses' and hospitality workers' service attitudes. However, so far, the exchange of knowledge and practices between the health and

hospitality industries has been most evident in medical tourism (e.g. Han, Kim, Kim, & Ham, 2015). Inclusion of health aspects into general hospitality training and management will be beneficial. Additionally, culinary training needs to focus on nutrition and the ability to provide nutritious food at a low cost. Ultimately, the reduction of uncertainty and anxiety via clear communication can relieve much stress.

### **Conclusions**

The outbreak of COVID-19 saw many governments enforce mandatory quarantine hotel stays for those arriving from overseas or even for interstate travellers. Previously used to cater to the tourism industry, these hotels became a barrier and a transit zone through which infected passengers could be detected and treated to stop the spread of the virus into the community. We examined how the hotel guests appraised their situation and their subsequent emotions during their time in quarantine and how they coped with the experience. Through semi-structured interviews among a range of hotel guests, we revealed that guests recognized many losses and threats during their stay and that many situations were out of their own control, and even out of the control of others. Guests appraised the centrality of their experiences in many ways, in an uncontrollable situation. They experienced a rollercoaster of emotions during this highly uncertain time. In general, they experienced uncertainty and anxiety followed by isolation and boredom then despair and depression, and finally relief and optimism. It was generally felt that a 14-day quarantine period was bearable. The general view was that any period longer than this would have seriously affected the hotel guests' mental and physical health. While experiencing negative emotions, guests used a variety of actions to help them cope, using both problem-focused and emotional-focused strategies. These mechanisms included altering the space they had, structuring their time, building their social connections, and being productive while working remotely.

### *Limitations and Areas for Future Research*

There are several future directions this research could take that can build on some of the limitations of this research. While this qualitative research covered quarantine stays in Australia, New Zealand, and Fiji, experiences of mandated quarantine hotel stays may be different in other parts of the world. This study was exploratory and thus the findings may not be generalisable.

Nonetheless, the study provides a glimpse into the issues of stress, affect, and coping in a quarantine hotel setting. Research in other contexts would add to our knowledge in this area. In some parts of the world, quarantine stays are not mandatory. Some returnees may choose to self-quarantine. As such, it would be informative to understand the emotions they experience on their return. We used self-reported methods to measure emotional responses. Recently, the development of new technologies has allowed researchers to use physiological measurements (Hadinejad, Moyle, Scott, & Kralj, 2019; Kim & Fesenmaier, 2015). Measuring negative emotions via these methods would be another interesting avenue of research. Lastly, it would be of interest to quantify some of the results found in our research. With a large sample size of quarantined hotel guests, segmenting guests by party size and composition, gender and age would further help governments target care for those at most risk of mental and physical health issues.

## References

- Atadil, H. A., & Lu, Q. (2021). An investigation of underlying dimensions of customers' perceptions of a safe hotel in the COVID-19 era: effects of those perceptions on hotel selection behavior. *Journal of Hospitality Marketing & Management*, 1-18. doi:10.1080/19368623.2021.1877588
- Baker, J. P., & Berenbaum, H. (2007). Emotional approach and problem-focused coping: A comparison of potentially adaptive strategies. *Cognition and Emotion*, 21(1), 95-118.
- BBC. (2020). Coronavirus: Why has Melbourne's outbreak worsened? Retrieved from <https://www.bbc.com/news/world-australia-53259356>
- Benham, G. (2021). Stress and sleep in college students prior to and during the COVID-19 pandemic. *Stress and Health*, n/a(n/a). doi:<https://doi.org/10.1002/smi.3016>
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395(10227), 912-920. doi:[https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
- Chen, S., Chen, Q., Yang, J., Lin, L., Li, L., Jiao, L., . . . Bärnighausen, T. (2020). Positive impact of facility-based isolation of mild COVID-19 cases on effectively curbing the pandemic: a mathematical modelling study. *Journal of travel medicine*. doi:10.1093/jtm/taaa226
- Chiew, C. J., Li, Z., & Lee, V. J. (2020). Reducing onward spread of COVID-19 from imported cases: quarantine and 'stay at home' measures for travellers and returning residents to Singapore. *Journal of travel medicine*, 27(3). doi:10.1093/jtm/taaa049
- Colombo, D., Suso-Ribera, C., Fernández-Álvarez, J., Cipresso, P., Garcia-Palacios, A., Riva, G., & Botella, C. (2020). Affect recall bias: Being resilient by distorting reality. *Cognitive Therapy and Research*, 44(5), 906-918.
- Crum, A. J., Jamieson, J. P., & Akinola, M. (2020). Optimizing stress: An integrated intervention for regulating stress responses. *Emotion*, 20(1), 120-125. doi:<https://doi.org/10.1037/emo0000670>
- Crum, A. J., Salovey, P., & Achor, S. (2013). Rethinking stress: the role of mindsets in determining the stress response. *Journal of Personality and Social Psychology*, 104(4), 716-733. doi:<https://doi.org/10.1037/a0031201>
- Davey, M. (2020). Hotel quarantine a 'disaster' and vulnerable people should be allowed home, doctor says. Retrieved from <https://www.theguardian.com/world/2020/apr/05/hotel-quarantine-a-disaster-and-vulnerable-people-should-be-allowed-home-doctor-says>
- Donovan, R. J., Rossiter, J. R., Marcoolyn, G., & Nesdale, A. (1994). Store atmosphere and purchasing behavior. *Journal of Retailing*, 70(3), 283-294. doi:[https://doi.org/10.1016/0022-4359\(94\)90037-X](https://doi.org/10.1016/0022-4359(94)90037-X)
- Eerola, T., & Vuoskoski, J. K. (2011). A comparison of the discrete and dimensional models of emotion in music. *Psychology of Music*, 39(1), 18-49.
- Endler, N. S., & Parker, J. D. (1990). Multidimensional assessment of coping: A critical evaluation. *Journal of Personality and Social Psychology*, 58(5), 844-854.
- Fan, C., Fu, P., Li, X., Li, M., & Zhu, M. (2021). Trauma exposure and the PTSD symptoms of college teachers during the peak of the COVID-19 outbreak. *Stress and Health*, n/a(n/a). doi:<https://doi.org/10.1002/smi.3049>



- Filep, S., & Pearce, P. (2014). Introducing tourist experience and fulfilment research. In S. Filep & P. Pearce (Eds.), *Tourist experience and fulfilment: insights from positive psychology* (pp. 1-14). London, UK: Routledge.
- Folkman, S. (2013). Stress: Appraisal and Coping. In M. D. Gellman & J. R. Turner (Eds.), *Encyclopedia of behavioral medicine* (5th ed., pp. 1913-1915). New York: Springer.
- Gabrys, R. L., Tabri, N., Anisman, H., & Matheson, K. (2018). Cognitive control and flexibility in the context of stress and depressive symptoms: The cognitive control and flexibility questionnaire. *Frontiers in Psychology, 9*, 2219.
- Grandjean, D., Sander, D., & Scherer, K. R. (2008). Conscious emotional experience emerges as a function of multilevel, appraisal-driven response synchronization. *Consciousness and Cognition, 17*(2), 484-495. doi:<https://doi.org/10.1016/j.concog.2008.03.019>
- Gunes, H., Schuller, B., Pantic, M., & Cowie, R. (2011). *Emotion representation, analysis and synthesis in continuous space: A survey*. Paper presented at the Face and Gesture 2011.
- Gursoy, D., & Chi, C. G. (2020). Effects of COVID-19 pandemic on hospitality industry: review of the current situations and a research agenda. *Journal of Hospitality Marketing & Management, 29*(5), 527-529. doi:10.1080/19368623.2020.1788231
- Hadinejad, A., Moyle, B. D., Scott, N., & Kralj, A. (2019). Emotional responses to tourism advertisements: the application of FaceReader™. *Tourism Recreation Research, 44*(1), 131-135. doi:10.1080/02508281.2018.1505228
- Han, H., Kim, Y., Kim, C., & Ham, S. (2015). Medical hotels in the growing healthcare business industry: Impact of international travelers' perceived outcomes. *Journal of Business Research, 68*(9), 1869-1877. doi:<https://doi.org/10.1016/j.jbusres.2015.01.015>
- Hawryluck, L., Gold, W. L., Robinson, S., Pogorski, S., Galea, S., & Styra, R. (2004). SARS control and psychological effects of quarantine, Toronto, Canada. *Emerging infectious diseases, 10*(7), 1206-1212. doi:10.3201/eid1007.030703
- Henderson, R., Snyder, H., Gupta, T., & Banich, M. (2012). When Does Stress Help or Harm? The Effects of Stress Controllability and Subjective Stress Response on Stroop Performance. *Frontiers in Psychology, 3*(179). doi:10.3389/fpsyg.2012.00179
- Hosany, S. (2012). Appraisal Determinants of Tourist Emotional Responses. *Journal of Travel Research, 51*(3), 303-314. doi:10.1177/0047287511410320
- Hosany, S., & Gilbert, D. (2010). Measuring Tourists' Emotional Experiences toward Hedonic Holiday Destinations. *Journal of Travel Research, 49*(4), 513-526. doi:10.1177/0047287509349267
- Jordan-Martin, N. C., Madad, S., Alves, L., Wang, J., O'Gere, L., Smith, Y. G., . . . Cosmi, M. (2020). Isolation Hotels: A Community-Based Intervention to Mitigate the Spread of the COVID-19 Pandemic. *Health Security, 18*(5), 377-382. doi:10.1089/hs.2020.0123
- Jordan, E. J., & Prayag, G. (2021). Residents' Cognitive Appraisals, Emotions, and Coping Strategies at Local Dark Tourism Sites. *Journal of Travel Research, 0*(0), 00472875211004761. doi:10.1177/00472875211004761
- Kaminakis, K., Karantinou, K., Koritos, C., & Gounaris, S. (2019). Hospitality servicescape effects on customer-employee interactions: A multilevel study. *Tourism Management, 72*, 130-144. doi:<https://doi.org/10.1016/j.tourman.2018.11.013>
- Keltner, D., & Lerner, J. S. (2010). Emotion. In S. T. Fiske, D. T. Gilbert, & G. Lindzey (Eds.), *Handbook of Social Psychology* (pp. 317-352). Hoboken, New Jersey: John Wiley & Sons.

- Kim, J., & Fesenmaier, D. R. (2015). Measuring emotions in real time: Implications for tourism experience design. *Journal of Travel Research*, 54(4), 419-429.
- Larsen, J. T., & McGraw, A. P. (2011). Further evidence for mixed emotions. *Journal of Personality and Social Psychology*, 100(6), 1095-1110.
- Larsen, R. J., & Diener, E. (1992). Promises and problems with the circumplex model of emotion. In M. S. Clark (Ed.), *Review of personality and social psychology* (pp. 25–59): Sage Publications.
- Lazarus, R. S. (1998). *Fifty years of the research and theory of RS Lazarus: An analysis of historical and perennial issues*. Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Lee- Ross, D. (1999). A comparison of service predispositions between NHS nurses and hospitality workers. *International Journal of Health Care Quality Assurance*, 12(3), 92-99. doi:10.1108/09526869910265084
- Leong, M. W. A., Yeh, S.-S., Fan, Y.-L., & Huan, T.-C. (2020). The effect of cuisine creativity on customer emotions. *International Journal of Hospitality Management*, 85, 102346. doi:<https://doi.org/10.1016/j.ijhm.2019.102346>
- Li, S., Scott, N., & Walters, G. (2015). Current and potential methods for measuring emotion in tourism experiences: A review. *Current Issues in Tourism*, 18(9), 805-827.
- Liu, C., Lee, Y.-C., Lin, Y.-L., & Yang, S.-Y. (2021). Factors associated with anxiety and quality of life of the Wuhan populace during the COVID-19 pandemic. *Stress and Health*, n/a(n/a). doi:<https://doi.org/10.1002/smi.3040>
- Liu, J. J., Ein, N., Gervasio, J., & Vickers, K. (2019). The efficacy of stress reappraisal interventions on stress responsivity: A meta-analysis and systematic review of existing evidence. *PloS one*, 14(2), e0212854.
- Lorente, L., Vera, M., & Peiró, T. (2021). Nurses stressors and psychological distress during the COVID- 19 pandemic: The mediating role of coping and resilience. *Journal of Advanced Nursing*, 77(3), 1335-1344.
- Mandavilli, A. (2003). SARS epidemic unmasks age-old quarantine conundrum. *Nature Medicine*, 9(5), 487-487. doi:10.1038/nm0503-487
- Mehrabian, A., & Russell, J. A. (1974). *An approach to environmental psychology*. Cambridge, Massachusetts: MIT Press.
- Morris, J. D., Klahr, N. J., Shen, F., Villegas, J., Wright, P., He, G., & Liu, Y. (2009). Mapping a multidimensional emotion in response to television commercials. *Human brain mapping*, 30(3), 789-796.
- Nawijn, J., & Biran, A. (2019). Negative emotions in tourism: A meaningful analysis. *Current Issues in Tourism*, 22(19), 2386-2398.
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, 16(1), 1609406917733847. doi:10.1177/1609406917733847
- Orgilés, M., Morales, A., Delvecchio, E., Francisco, R., Mazzeschi, C., Pedro, M., & Espada, J. P. (2021). Coping Behaviors and Psychological Disturbances in Youth Affected by the COVID-19 Health Crisis. *Frontiers in Psychology*, 12(845). doi:10.3389/fpsyg.2021.565657
- Peacock, E. J., & Wong, P. T. (1990). The stress appraisal measure (SAM): A multidimensional approach to cognitive appraisal. *Stress medicine*, 6(3), 227-236.

- Peacock, E. J., & Wong, P. T. (1996). Anticipatory stress: The relation of locus of control, optimism, and control appraisals to coping. *Journal of research in Personality*, 30(2), 204-222.
- Roseman, I. J. (1991). Appraisal determinants of discrete emotions. *Cognition & Emotion*, 5(3), 161-200.
- Russell, J. A. (1980). A circumplex model of affect. *Journal of Personality and Social Psychology*, 39(6), 1161–1178.
- Russell, J. A. (2003). Core affect and the psychological construction of emotion. *Psychological review*, 110(1), 145.
- Russell, J. A., & Mehrabian, A. (1977). Evidence for a three-factor theory of emotions. *Journal of research in Personality*, 11(3), 273-294.
- Scherer, K. R., Schorr, A., & Johnstone, T. (2001). *Appraisal processes in emotion: Theory, methods, research*. Oxford, UK: Oxford University Press.
- Seery, M. D. (2013). The biopsychosocial model of challenge and threat: Using the heart to measure the mind. *Social and Personality Psychology Compass*, 7(9), 637-653.
- Smee, B., & McGowan, M. (2020). 'Treated worse than criminals': Australian arrivals put into quarantine lament conditions. Retrieved from <https://www.theguardian.com/world/2020/mar/30/treated-worse-than-criminals-australian-arrivals-put-into-quarantine-lament-conditions>
- Stanisławski, K. (2019). The coping circumplex model: an integrative model of the structure of coping with stress. *Frontiers in Psychology*, 10, 694.
- Stanton, A. L., Kirk, S. B., Cameron, C. L., & Danoff-Burg, S. (2000). Coping through emotional approach: scale construction and validation. *Journal of Personality and Social Psychology*, 78(6), 1150–1169.
- Sthapit, E. (2019). Antecedents of a memorable hotel experience: Finnish hotels perspective. *Current Issues in Tourism*, 22(20), 2458-2461. doi:10.1080/13683500.2018.1518413
- Teng, Y.-M., Wu, K.-S., Lin, K.-L., & Xu, D. (2020). Mental Health Impact of COVID-19 on Quarantine Hotel Employees in China. *Risk management and healthcare policy*, 13, 2743-2751. doi:10.2147/RMHP.S286171
- UNWTO. (2011). Toolbox for Crisis Communications in Tourism – Checklists and Best Practices. Retrieved from <https://www.e-unwto.org/doi/book/10.18111/9789284413652>
- Upshur, R. (2003). The ethics of quarantine. *AMA Journal of Ethics*, 5(11), 393-395.
- Ursin, H., & Eriksen, H. R. (2004). The cognitive activation theory of stress. *Psychoneuroendocrinology*, 29(5), 567-592.
- Voigt, C., & Pforr, C. (2013). *Wellness tourism: A destination perspective*. London, UK: Routledge.
- WHO. (2020). Coronavirus disease (COVID-19) advice for the public: When and how to use masks. Retrieved from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>
- Wong, I. A., & Yang, F. X. (2020). A quarantined lodging stay: The buffering effect of service quality. *International Journal of Hospitality Management*, 91, 102655. doi:<https://doi.org/10.1016/j.ijhm.2020.102655>
- Xin, M., Luo, S., She, R., Yu, Y., Li, L., Wang, S., . . . Lau, J. T.-f. (2020). Negative cognitive and psychological correlates of mandatory quarantine during the initial COVID-19 outbreak in China. *American psychologist*, 75(5), 607-617. doi:10.1037/amp0000692

Accepted Article

Yu, J., Park, J., & Hyun, S. S. (2021). Impacts of the COVID-19 pandemic on employees' work stress, well-being, mental health, organizational citizenship behavior, and employee-customer identification. *Journal of Hospitality Marketing & Management*, 1-20. doi:10.1080/19368623.2021.1867283

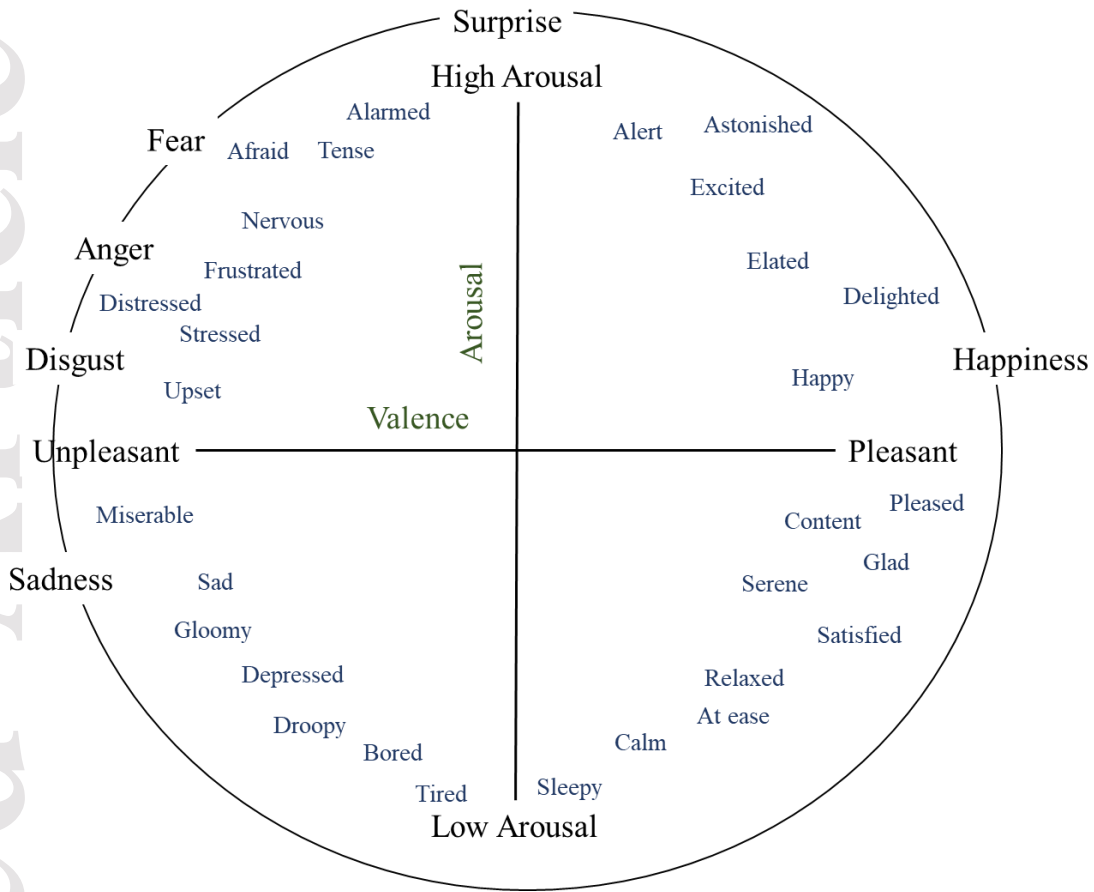
Zacher, H., & Rudolph, C. W. (2021). Individual differences and changes in subjective wellbeing during the early stages of the COVID-19 pandemic. *American psychologist*, 76(1), 50-62.

Zheng, C., Zhang, J., Qiu, M., Guo, Y., & Zhang, H. (2020). From mixed emotional experience to spiritual meaning: learning in dark tourism places. *Tourism Geographies*, 22(1), 105-126.

**Table 1: Participant Profile**

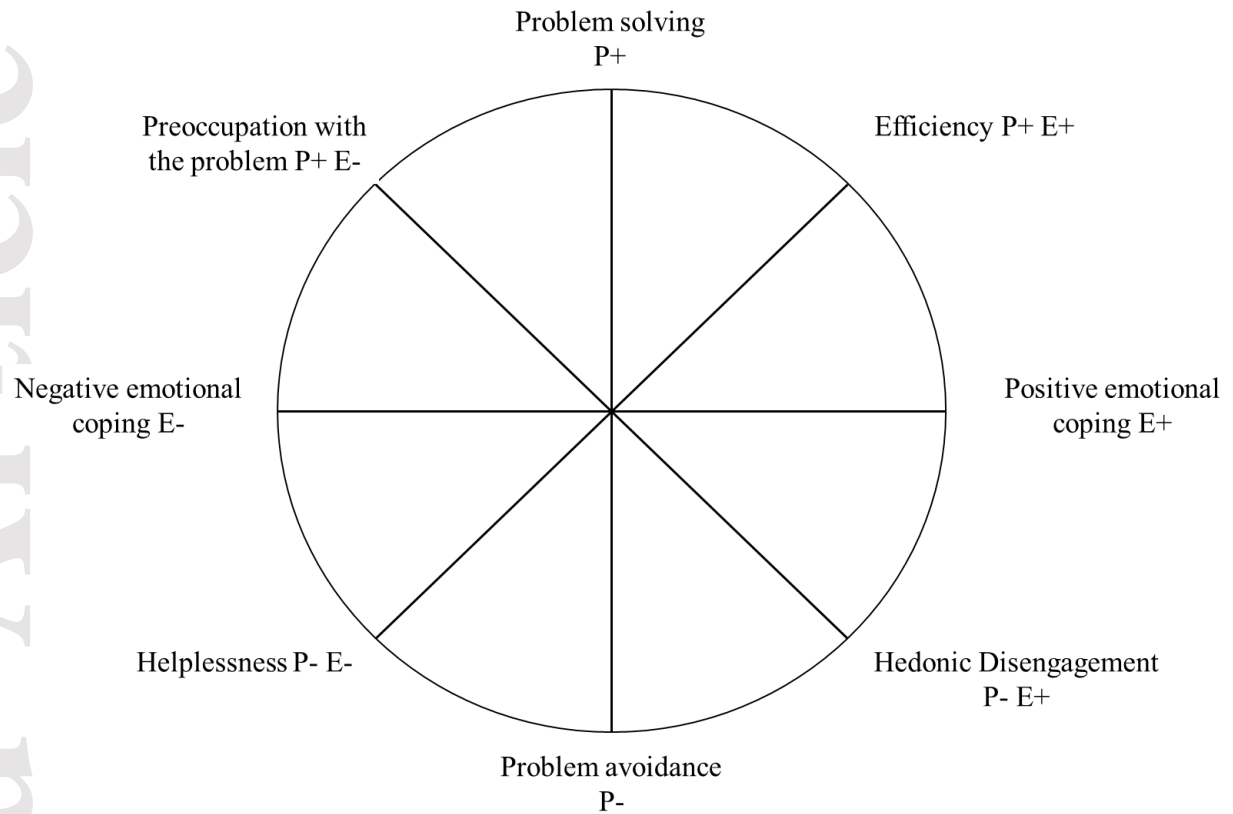
<b>Participant</b>	<b>Age</b>	<b>Gender</b>	<b>Nationality</b>	<b>Occupation</b>	<b>Origin City, Country</b>	<b>Destination City, Country</b>	<b>Quarantine Hotel Star Rating</b>	<b>Quarantine Group</b>
1	40	Female	Philippines	Agriculture Lecturer	Apia, Samoa	Cebu, Philippines	2	Self
2	44	Male	Australia	Macroeconomic Analysis Advisor	Suva, Fiji	Canberra, Australia	5	Self
3	44	Female	Australia	Housewife	Tangerang, Indonesia	Perth, Australia	5	Three children aged 16, 13, 10
4	45	Male	Australia	Financial Sector Supervision Advisor	Suva, Fiji	Melbourne, Australia	5	Family of 5 (wife, children aged 6, 8, and 9)
5	49	Female	UK	Housewife	Auckland, New Zealand	Nadi, Fiji	5	With husband
6	38	Female	Australia	Housewife	Suva, Fiji	Brisbane, Australia	4	Family of 4 (husband, children aged 4 and 8)
7	60	Male	Australia	Coordinator at Development Agency	Suva, Fiji	Sydney, Australia	4	Self
8	39	Female	Fiji	Human Resources Business Partner	Sydney, Australia	Nadi, Fiji	4	With daughter aged 16
9	36	Male	Fiji	Pilot	Los Angeles, USA	Nadi, Fiji	5	Self
10	32	Male	Fiji	Pilot	Sydney, Australia	Nadi, Fiji	4	Self
11	42	Female	Australia	Housewife	Kuala Lumpur, Malaysia	Perth, Australia	5	With three sons aged
12	31	Male	Australia	Mining Consultant	Vancouver, Canada	Melbourne, Australia	5	Self
13	47	Male	UK	Computer programmer	London, UK	Sydney, Australia	5	Self
14	30	Male	Fiji & New Zealand	Assistant Lecturer in Real Estate	Suva, Fiji	Auckland, New Zealand	4.5	Self
15	56	Male	Australia	Head of Credit of a Commercial Bank	Suva, Fiji	Brisbane, Australia	4	Self
16	49	Male	UK	Tennis Coach	London, UK	Cebu, Philippines	2	Self

Figure 1: The Circumplex Model of Affect



Source: Adapted from Russell (1980).

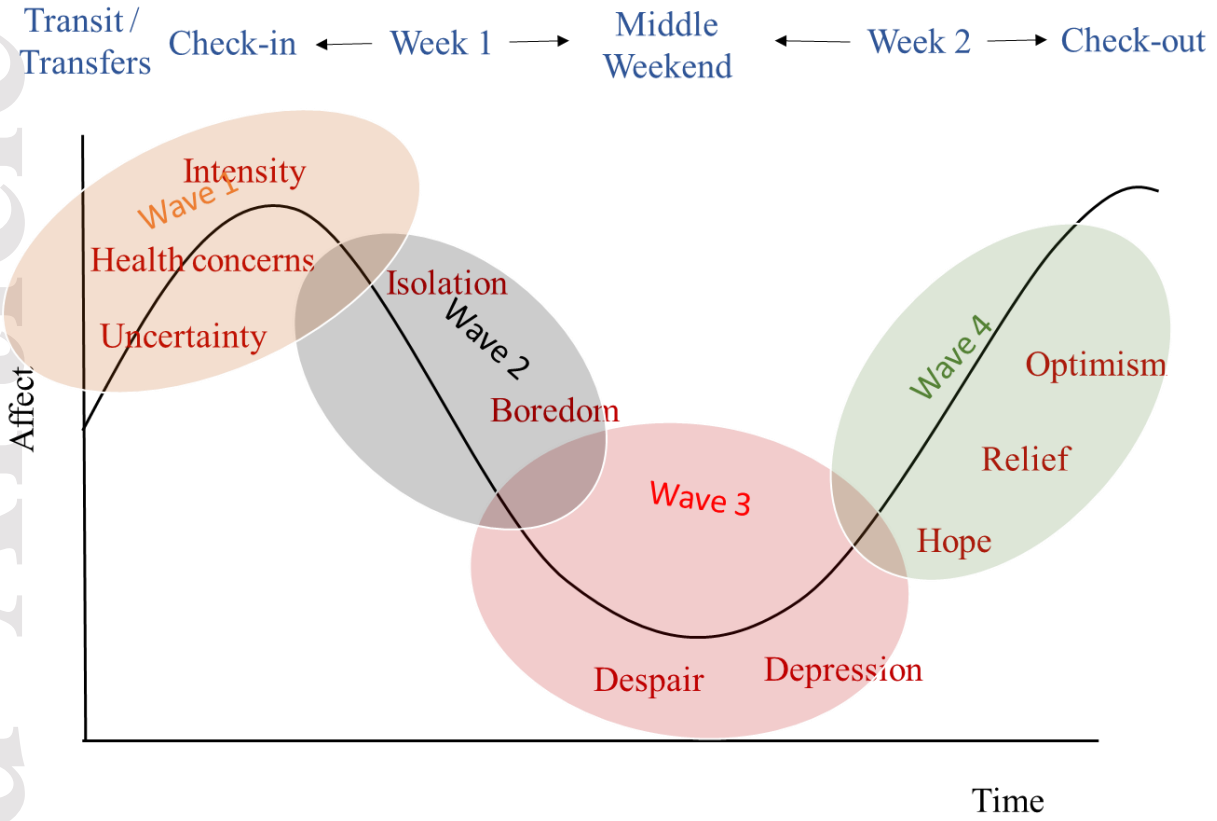
**Figure 2: The Coping Circumplex Model**



Source: Stanisławski, 2019

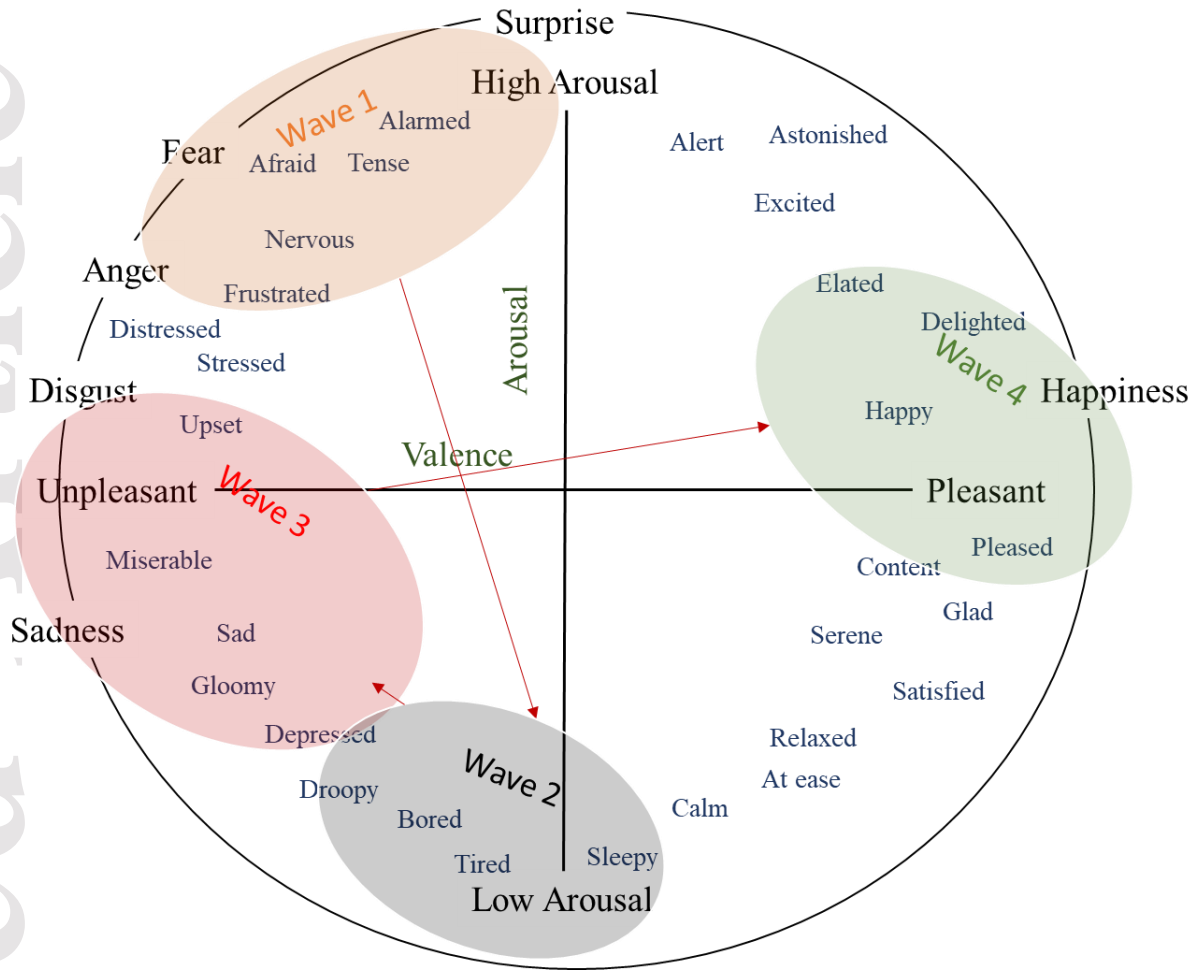
Accepted Article

Figure 3: Cycle of Hotel Quarantine Emotions





**Figure 4: Hotel Quarantine Guests' Circumplex Model of Affect**



Accepted Article