

The Impact of Working in the Hotel Quarantine Environment on the Mental Health and Wellbeing of Staff

In response to the global Covid-19 pandemic anyone arriving in Australia must quarantine if they have; been overseas, been in a declared COVID-19 hotspot, been in contact with someone who has COVID-19 or have had COVID-19 or any COVID-19 related symptoms. Providing quarantine accommodation is very different from 'business as usual' for the hotels. It requires an integrated approach involving hotel staff, the police, the Australian Defence Force, health and mental health services and public health. Working in the complex, high pressure and high-profile environment is challenging for all staff involved as well as hotel guests. This case study presents the findings of a piece of work considering how to support the mental health and wellbeing of staff during this working in the hotel quarantine environment.



Key findings

The Mental Wellbeing Impact

Assessment (MWIA) identified aspects of working in the hotel quarantine environment that impacted on the wellbeing of staff from across the agencies involved. The issues raised by staff are well aligned to the available literature. However, it should be noted that there was limited literature relating to working in hotel quarantine during COVID-19. The MWIA found that:

- The length of the pandemic and continued pressure and uncertainty of working within the hotel quarantine environment potentially negatively impacts on the physical and emotional wellbeing of staff.
- Across agencies people's roles have significantly changed from the one's that they had originally signed up to, creating a poorer job fit. There is good evidence that poor job fit impacts negatively on mental health. Roles in hotels have become more monotonous with limited face-to-face customer contact and an increased focus on dealing with guest complaints. QPS staff guard exits and facilitate fresh air breaks rather than dealing with critical incidents and emergencies. Health Accommodation Liaison Officers (HALO's) have less contact with their 'patients' as they are required to assess their wellbeing remotely. However HALO's, and other staff working in health related roles, have better alignment with their original job motivation and consequently appear to have a better job fit.
- Job insecurity impacts negatively on the wellbeing of hotel staff. Whilst working in hotel quarantine offers some short-term relief the longer-term is much more uncertain.

- The fear of contracting COVID-19 appears to be an issue, particularly for staff with families and caring responsibilities and for those with underlying health conditions. There is also a stigma attached to being associated with hotel quarantine.
- As quarantine continues guests needs and concerns appear to be growing in complexity and challenge. For example the number of guests with health conditions, addiction and mental health issues presenting with difficulties that require specialist advice. This results in hotel staff, with receptionists in particular, having to deal with increasingly challenging calls which impact negatively on their mental wellbeing. This is compounded when they have to communicate unpopular decisions about exemptions, fresh air breaks etc. but do not understand the reason why.
- Peer and supervisor support are important in negating the impacts of poor job fit, lack of job control and emotional distress. Rotating hotel staff helps with making jobs more interesting and promotes understanding across teams. Managers and sales teams working alongside staff on reception also appears to increase empathy, understanding and support. There was particular concern expressed for ADF personnel who were undertaking a very monotonous role and were often young and living away from home and their social support networks
- Good interagency working and support was regarded as a protective factor for wellbeing. The role of HALO's was greatly appreciated in taking pressure off hotel staff by dealing with the more complex cases. Where HALO's were located in the hotels they also became a source of informal support. Likewise having a QPS presence was reassuring for hotel staff. Interagency support is maximised when there is consistency and the short rotation of QPS personnel was highlighted as potentially impacting negatively on this.

Key actions to mitigate negative impacts and build on positive impacts

These actions have been generated from staff suggestions and the available literature

1. Support receptionists in a similar way to emergency call centre workers
2. Ensure regular breaks for staff answering phones (e.g. a 10 minute break every two hours)
3. Consider ways to reduce the volume of calls e.g. online booking for fresh air breaks
4. Consider specific training for hotel staff on how to deal with guests with drug or alcohol addictions, tailored to the 14-day quarantine context
5. Respect staff wishes if they are uncomfortable with some tasks that make them feel unsafe
6. Ensure staff are given a much notice as possible of changes to shifts
7. Ensure all new staff have training in Covid protocols including PPE and how the virus spreads (not online)
8. Provide refresher training in infection control
9. Ensure staff from all agencies know where they can turn to for emotional support
10. Provide regular debrief opportunities for staff at the end of shifts
11. Encourage managers to spend time working alongside front desk staff
12. Support managers to debrief staff

13. Provide 'safe spaces' at hotels where staff can take a ten-minute time out or debrief
Make rosters as consistent as possible providing continuity of teams
14. Provide clear escalation protocols for staff
15. Ensure transparency and consistency of decision making
16. Provide information on outcomes for guests to 'close the loop'
17. Ensure positive guest feedback is highlighted to staff
18. Ensure that decisions made at a senior level take into account the repercussions on the ground and communicate that back to staff
19. Maximise opportunities for supervisor support
20. Explore opportunities for Halos' or nurses to be deployed on the ground across hotels , rather than solely via phone access
21. Explore multi-agency debriefings as an opportunity to offer reciprocal support and share information
22. Offer psychological first aid
23. Consider ways to support staff self-care
24. Explore opportunities for more interagency training
25. Provide messages to the public about hotel quarantine, the important role the staff play and how safe the environment is.

What happened as a result?

"Without doubt the MWIA project was one of the worthwhile projects undertaken during the COVID-19. It turned the focus back towards the front-line responders including quarantine hotel staff who have helped protect our communities during unprecedented times. Helping those that helped keep our communities safe. MWIA helped to deeply understand how their involvement in the response campaign affected their mental well-being. Then how best to help them through targeted strategies I highly recommend this process be part of any major disaster response in the future." Acting Super Intendent Rob Graham, Queensland Police

Further Information

This case study was produced as part of the Mental Wellbeing Impact Assessment (MWIA) Demonstration Project, funded by the Queensland Mental Health Commission. The aim of the project was to demonstrate how a focus on mental wellbeing can improve outcomes for individuals, organisations and communities. Further information about this case study and other case studies can be found at <https://www.thrivewbc.com/case-studies>