The current issue and full text archive of this journal is available on Emerald Insight at:
https://www.emerald.com/insight/2514-9792.htm

Received 26 May 2021
Revised 7 December 2021
5 February 2022
30 March 2022
3 May 2022
Accepted 6 May 2022

Impact of COVID-19 on mental health and career anxiety of hospitality and tourism students in the UK

Roya Rahimi
Department of Management and Leadership, University of Wolverhampton Business School, Wolverhampton, UK
Yilmaz Akgunduz
Dokuz Eylul Universitesi, Izmir, Turkey, and
Anil Bilgihan
Marketing Department, Florida Atlantic University, Boca Raton, Florida, USA

Abstract

Purpose – The current study investigates the impact of the COVID-19 pandemic on the mental health and career perspectives of the future workforce of the tourism and hospitality industry in the UK. The paper is based on theories of emotion and focuses on the interplay role of three factors of fear of COVID-19, depression, and future career anxiety.

Design/methodology/approach – The current research uses a mixed-method approach in two studies to answer the research questions. First, an online questionnaire was distributed among 197 current tourism and hospitality students in the UK. In the second phase through a qualitative approach and 17 semi-structured interviews, a more in-depth approach was taken to understand the impact of the COVID-19 pandemic and the future career perspectives of the respondents.

Findings – Findings reveal a high level of mental health disorders among respondents. The majority of respondents suffer from some sort of mental health conditions/disorders that affect their moods, thinking, and behaviors. The results further show that the fear of COVID-19 causes depression which results in career anxiety.

Practical implications – The findings suggest that the future tourism workforce in the UK is likely to suffer from some sort of mental health disorder that can influence their performances in the workplace. Companies are advised to make adjustments that help to protect the well-being and psychological health of their staff.

Originality/value – Previous studies used a snapshot in time only with a focus on the immediate and short-term effects of the pandemic. In the current study, by taking a long-term impact approach, the authors attempted to understand the psychological impact of the COVID-19 on the future workforce of the tourism industry in the UK and offered practical implications for stakeholders.

Keywords COVID-19, Tourism workforce, Mental health, Depression, Career anxiety

Paper type Research paper

Introduction

In mid-December 2019, Wuhan in China experienced an outbreak of coronavirus (COVID-19) which is an airborne illness that is highly transmittable between humans. Shortly after that, the local outbreak developed into an emerging public health crisis, and the World Health Organization (WHO) declared it a global pandemic in March 2020 (Yang *et al.*, 2020; Farzanegan *et al.*, 2020). In March 2020, Europe and the United States became epicentres of the pandemic. Among the European countries, the UK has been particularly affected and has one of the highest mortality rates over 89,000 reported deaths (GOV.UK, 2021). Consequently, quarantine measures, restrictions on human mobility, global travel restrictions, and closing borders have been implemented to contain the virus (Chinazzi *et al.*, 2020; Rutynskyi and

Journal of Hospitality and Tourism Insights
Vol. 6 No. 2, 2023
pp. 892-911
© Emerald Publishing Limited
2514-9792
DOI 10.1108/JHTI-05-2021-0129

Kushniruk, 2020). The impacts of these restrictions on the tourism industry have been profound given its reliance on human mobility (Kaushal and Srivastava, 2021).

Before the global COVID-19 pandemic, the tourism industry in the UK was one of the fastest-growing sectors and it was predicted that its value could reach £257bn by 2025 (Iceaw, 2021). Based on World Travel and Tourism Council's (WTTC) 2020 economic impact report, the travel and tourism industry are responsible for creating almost 4 m jobs, 11% of the UK's total workforce, and generates nearly £200bn annually, 9% of the economy in the UK After the global COVID-19 pandemic there is a decline of 76% for the inbound visit, 73% for international arrivals, and a decline of 80% in spending. This represents a loss compared to the pre-COVID-19 forecast of 32.3 million visits and £24.7 billion spending which in turn puts 3 million jobs at risk (VisitBritain, 2021). There was an 82% decline in air travel demand in the first quarter of 2020 and 4.5 million flight cancellations, according to the International Air Transport Association (IATA, 2020), it will be at least 2024 before the air industry and air traffic reaches their pre-pandemic levels. For example, the UK's biggest airport Heathrow reported a £1bn loss, with passenger numbers slumping by 96% (BBC, 2020).

Although the vaccine has been rolled out in different parts of the UK and different countries, still the future and recovery of some parts of the industry such as events and conferences which are dependent on mass gatherings remain unclear. This uncertainty and the disruption to social and economic systems resulted in numerous impacts (Tandon, 2020) on the current and future workforce of the tourism industry (Sönmez *et al.*, 2020). Fear about getting jobs and sustaining existing jobs can form career-related anxiety among the current and future workforce of the tourism industry (Mahmud *et al.*, 2020). Furthermore, the warning about the upcoming recession as the result of the COVID-19 pandemic creates a new form of mental burden for the current and potential workforce to think about their future which ultimately can form depression and anxiety (Lee *et al.*, 2020). This is while, in the past 15–20 years a considerable increase in occupational stress has been already observed in the tourism sector compared to the general workforce (Karatepe and Tizabi, 2011; O'Neill and Davis, 2011). Also, there have been regular warnings about the unstable status of workers in the hospitality industry and their vulnerability to crisis situations, as they are excluded from emergency solutions (Tapia and Alberti, 2019; Baum *et al.*, 2020).

Hence, the research questions we are trying to address are,

RQ1. What are the effects of COVID-19 on the mental health of the future tourism workforce in the UK?

RQ2. How does COVID-19 impact the career perspective of current tourism students in the UK?

Since the beginning of the pandemic, a large amount of descriptive research is being conducted to confirm what is already known: that the pandemic is destroying the tourism industry all around the world (Kock *et al.*, 2020). Most of these studies are prone to be a snapshot in time only with a focus on the immediate and short-term effects of the pandemic. Sigala (2020) suggested advancing tourism research by stating an inter-disciplinary approach needs to be taken to enable out-of-the-box, creative and flexible thinking that challenges and goes beyond existing pre-assumptions and mindsets regarding the COVID-19 and tourism industry. Taking these points on board by using an interdisciplinary approach (i.e. psychology and tourism domains), we tried to understand the psychological impact of COVID-19 on the future workforce of the tourism industry in the UK.

While most of the previous studies tried to investigate the psychological impacts of the COVID-19 pandemic on care workers or patients (For example, Lai *et al.*, 2020; Ripp *et al.*, 2020; Varshney *et al.*, 2020; Wang *et al.*, 2020) current study using Mahmud *et al.* (2020)

research's model takes a niche approach and focus on the tourism workforce in the UK as the sample. To address the above-mentioned questions via adopting an inter-disciplinary approach the direct and indirect relationship between fear of COVID-19 and career anxiety where depression plays a role as a mediator has been investigated. We conducted a two-stage mixed-methods study via sequential phases of quantitative and qualitative. In the quantitative phase (Phase 1) by defining a set of hypotheses and using a structural questionnaire the relationship between these variables has been examined. In the second phase (Phase 2) through 17 in-depth interviews, more information has been achieved about the impact of COVID-19 on students' mental health and their future career perspectives. The analysis highlights a set of novel findings and the implications of the study have been discussed.

Literature review

COVID-19 and tourism

In 2019, Tourism as one of the world's major economic sectors accounted for 7% of global trade. Tourism is the third-largest export sector in the global economy, and both developing and developed economies support one in 10 jobs (UNWTO, 2020). COVID-19 pandemic with its imposed travel restrictions, border closures, events cancellations, quarantine requirements, and restrictions on community gatherings has jeopardized the tourism industry given its reliance on humans' ability to move around and socialize with each other. According to UNWTO World Tourism Barometer (2020), between January–October 2020, international tourist arrivals fell by 72% compared to the same period last year. The decline in the first ten months of the year represents 900 million fewer international tourist arrivals compared to the same period in 2019 and translates into a loss of US$ 935 billion in export revenues from international tourism, more than 10 times the loss in 2009 under the impact of the global economic crisis. Based on current trends international tourism could have returned to levels of 30 years ago. The accommodations and food and beverage sectors have been similarly devastated by the restrictions and lockdowns (Sönmez *et al.*, 2020).

The temporary closure of the tourism industry in response to the coronavirus pandemic has resulted in governments providing short-term financial support to the affected workers and businesses (IMF, 2020; Williams, 2020). To protect over nine million jobs, the UK government launched the Job Retention Scheme (Furlough). This initiative allows businesses to claim 80% of their employees' monthly wages up to a maximum of £2,500 per employee, to keep them on the payroll (GOV.UK, 2021). Similarly, to support the hospitality industry UK government introduced another scheme called The Eat Out to Help Out (EOHO Scheme). It was one of the Government's policy measures aimed to support businesses reopening after the COVID-19 lockdown period. Under the scheme, the government-provided 50% off the cost of food and non-alcoholic beverages consumed at participating businesses (House of Common Library, 2022). Similar schemes have been introduced across Europe and beyond (Williams, 2020). COVID-19 pandemic impacts have been profound and are still unfolding with a lot of pressure on the current and future tourism workforce as well as other stakeholders. Despite all these initiatives UK tourism industry still struggling, and it is unclear how and when it can again become one of the most successful and vibrant sectors of the economy (VisitBritain, 2020).

Psychological impacts of COVID-19

Vindegaard and Benros (2020) systematically reviewed the studies conducted on the COVID-19 pandemic and its mental health consequences. Their findings report studies that

focusing on healthcare workers revealed increased depression and depressive symptoms, fear, anxiety, psychological distress, and poor sleep quality. Similarly, the general public reported lower psychological well-being and higher levels of anxiety and depression compared to before COVID-19.

Fear is a difficult concept to define precisely, particularly in social science (Jackson, 2013). One of the reasons is that key terms of fear and anxiety are being used interchangeably by some writers (Bauman, 2006; Gill, 2007) but not others (Ahmed, 2004; Salecl, 2004). According to Rachman (1998, p. 25) "*anxiety is that anxiety is one of the most prominent and pervasive emotions. It is a feeling of uneasy suspense, the tense anticipation of a threatening but vague event. Fear and anxiety share some common features, but fears tend to have a specific, usually identifiable focus, and to be more intense and episodic*". In psychological terms, anxiety is characterized by a persistent state of apprehension that may arise in response to potential difficulties or threats (Stein and Sareen, 2015). A depressive state, on the other hand, is characterized by diminished or even absent pleasures (Dhir *et al.*, 2018).

The psychological impacts from a pandemic on mental health are coming from two sources: (1) The psychological impact of quarantine and (2) The psychological impact of uncertainty (Jeong *et al.*, 2016; Ripp *et al.*, 2020; Varshney *et al.*, 2020; Wang *et al.*, 2020). According to the World Health Organization (2004), mental health refers to "*a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community*" (p. 2). In addition to being a threat to the population's physical health, the COVID-19 pandemic also poses threats to mental health due to increased and prolonged feelings of fear and uncertainty, separation and grief, and disruption to social and economic systems (Serafini *et al.*, 2020). A number of studies have been conducted to investigate the population's psychological responses to previous pandemics and epidemics such as SARS and MERS (Bai *et al.*, 2004; Jeong *et al.*, 2016; Liu *et al.*, 2012; Reynolds *et al.*, 2008; Sprang and Silman, 2013; Taylor *et al.*, 2008; Wu *et al.*, 2008). Since the start of the COVID-19 pandemic, different scholars tried to identify the main psychological reactions to the current crises (Lai *et al.*, 2020; Ripp *et al.*, 2020; Varshney *et al.*, 2020; Wang *et al.*, 2020; Zhang *et al.*, 2020; Xie *et al.*, 2020; Xiao *et al.*, 2020). A summary of these studies can be found in Table 1.

According to these studies, the main psychological reactions to pandemics and epidemics are *emotional disturbance, depression, stress, mood alterations and irritability, insomnia, post-traumatic stress symptoms, anger, emotional exhaustion, fear, anxiety and insomnia, confusion, grief,* and *numbness*. Thus, it can be said that pandemics and epidemics have important and dysfunctional psychological consequences on the individual's mental health not only in the short-term but also in the long-term period which vary from a panic behaviour to pervasive feelings of hopelessness and desperation which are associated with negative outcomes including suicidal behaviour (Serafini *et al.*, 2020).

In the UK, Data from the UK Office of National Statistics (ONS) suggests that around 72% of people are currently worried about the effect of COVID-19 on their life, with many reporting diminished well-being (43%), high levels of anxiety (32%), and loneliness (23%) (Dawson and Golijani-Moghaddam, 2020). Another recent study conducted in the large UK population reported that there is a higher level of stress and anxiety due to the economic impact of the pandemic and associated uncertainties regarding job security and income in comparison to the previous years (Ulster.ac.uk, 2022).

Theories of emotion and conceptual model

Fear, depression, and career anxiety. Passavanti *et al.* (2021) studied the psychological impact of COVID-19 and reported the severe psychological impact on the global population. They found out the levels of stress, fears, depression, and anxiety increased during the pandemic. Similarly, students' mental health is also severely impacted by the pandemic. Mental health is

Authors	Participant	Sample size	Psychological impacts
Bai *et al.* (2004)	Hospital Staff	338	Anxiety, irritability, insomnia, poorer concentration and performance, reluctance and stress
Taylor *et al.* (2008)	Horse Owners	2,760	Psychological distress
Reynolds *et al.* (2008)	Adult Individuals	1912	Fear, nervousness, sadness, and guilt. Maladaptive psychological reactions such as avoidance behaviours
Wu *et al.* (2008)	Hospital Employees	549	Alcohol abuse/ dependence, PTS and depression
Liu *et al.* (2012)	Hospital Staff	549	Depressive symptoms
Sprang and Silman (2013)	Adult Respondents	398	Post-traumatic stress
Jeong *et al.* (2016)	South Korea Residents	1,656	Anxiety symptoms and feelings of anger
Zhang *et al.* (2020)	Health Workers	2,182	Insomnia, anxiety, depression, somatization and obsessive-compulsive symptoms
Ripp *et al.* (2020)	Task Force	NA	Fear for their personal safety
Wang *et al.* (2020)	General Public	1,210	Higher levels of stress, anxiety, and depression
Xie *et al.* (2020)	Students	2,330	Depressive symptoms, including anxiety
Lai *et al.* (2020)	Healthcare workers	1,257	Depression, anxiety, insomnia, and distress
Varshney *et al.* (2020)	General public	1,106	Significant psychological impact
Xiao *et al.* (2020)	Medical staff	180	Anxiety, negativity, poor sleep quality and self-efficiency social support

Table 1.
Main psychological reactions to pandemics and epidemics

influenced by coping strategies. Coping strategies and emotional experiences are shaped by beliefs about emotions (Tamir *et al.*, 2007). People sometimes see emotions as the unavoidable, uncontrollable, and immediate result of events or contexts (i.e. static implicit theory). Whereas others think of them to be malleable, and they can act on their emotional experience (i.e. dynamic implicit theory). The implicit theory of emotion played a role in students' coping strategies during the COVID-19 pandemic (Le Vigouroux *et al.*, 2021). University students reported high levels of stress, anxiety, and depression during COVID-19 lockdown. The most at-risk to suffer from such consequences were students who believed lockdowns would affect their future employment prospects (Le Vigouroux *et al.*, 2021).

Emotion has a key impact on forming human behavior (Cherry, 2019). There are different emotional theories that play a significant role to understand the behavioral outcome of humans. Such as the James-Lange theory of emotion (Cannon, 1927), Cannon-Bard theory of emotion (Plutchik, 1960), Schachter-Singer theory of emotion (Newman *et al.*, 1930), and Lazarus theory of emotion (Mahmud *et al.*, 2020). What all these theories attempt to explain is that when an event happens, it builds up emotions, and the physiological response happens as the result of these emotions. So, there shall be an event in the first place and then both the physiological response and the experience of emotion occurred. According to Creamer *et al.* (1992), a difficult life event can culminate in the formation of a fear network, which is made up of cognitive, affective, and physiological responses to that event. During a difficult life event, the individual develops beliefs about the threat the event poses. The fear network was found to be positively correlated with depression by Virtue *et al.* (2014). In a similar vein, Lazarus Theory posits that a thought (e.g. mental image) must come before any emotion or physiological arousal (Lazarus, 1991). According to this theory, the individual first thinks about their situation (e.g. unable to find a job due to the pandemic) before he experiences an emotion (e.g. sadness).

Fear and anxiety play a great role in human emotion (Barlow, 2000). However, fear and anxiety as human emotions are essentially different from each other (Barlow *et al.*, 1996; Bouton *et al.*, 2001). *Fear* is a primary form of emotion that is present commonly across ages, races, cultures, and species and is defined as "awareness and appraisal of danger, and *anxiety* as the unpleasant feeling state and physiological reaction that occurs when fear is provoked" (Beck and Emery, 1979). Anxiety has been defined as "*a formed human emotion as the result of the future threat*' (Dobson, 1985) or "*threats to future happiness, threats to self-esteem, and threats to the individual's ability to make sense of the data of his experience*" (Epstein, 1985). Depression is viewed as a state of disinterest in daily activities. Hence, the below hypothesis has been proposed.

H1. Fear of COVID-19 causes depression among tourism students.

Fear has been identified as one of the most common psychological reactions to the COVID-19 pandemic (Lai *et al.*, 2020; Varshney *et al.*, 2020; Xiao *et al.*, 2020). The COVID-19 pandemic and its fear and uncertainty resulted in numerous impacts on the current and future workforce of the tourism industry (Ghebreyesus, 2020). Based on the theory of career development, students ages 23–25 years form their career expectations and career commitments (Super, 1980; Tsai *et al.*, 2017). With the COVID-19 pandemic, the forthcoming tourism graduates who are going to face the job market soon are afraid of getting jobs and sustaining existing jobs. Furthermore, the warning about the upcoming recession as the result of the COVID-19 pandemic creates a new form of mental burden for the current and potential workforce to think about their future (Lee *et al.*, 2020). It has been noted that anxiety can arise from the perception of threat by Epstein (1976). Such treats include obstacles to future happiness and challenges to individuals' self-esteem. The human emotional system with fear and uncertainty about the future forms depression and anxiety. All these can cause career-related anxiety (Mahmud *et al.*, 2020). Indeed, the uncertainty about employment in the tourism industry negatively affects the psychological health of employees feeling their jobs are under threat (Ruiz-Palomino *et al.*, 2022a, b).

Pandemics cause individuals, communities, and families to feel hopelessness, despair, grief, bereavement, and a profound sense of purposelessness (Levin, 2019). Furthermore, previous research in the human resources domain reveals that the sense of losing control leads to anxiety (Duffy, 2010). Since the trajectory of the pandemics is constantly evolving, fear and uncertainty are aggravated as a result of a feeling of loss of control (Usher *et al.*, 2020). Finally, anxiety is associated more with future events, whereas depression is associated primarily with past events (Eysenck *et al.*, 2006). Hence, the following hypotheses have been proposed.

H2. Depression from COVID-19 causes future career anxiety among tourism students.

H3. Fear of COVID-19 causes future career anxiety among tourism students.

H4. Depression from COVID-19 mediates in the effect of fear of COVID-19 on future career anxiety among tourism students.

The below research model (replication of research model by Mahmud *et al.*, 2020) has been proposed based on the above-mentioned hypotheses (see Figure 1).

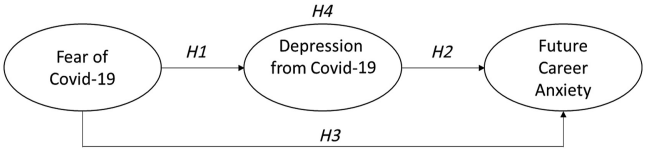


Figure 1.
Proposed Research Model adopted from Mahmud *et al.* (2020)

Methodology

The study has been conducted based on mix method approach to obtain more comprehensive findings.

Phase one: quantitative research

Measuring tool and data collection. The research instrument for conducting the quantitative part of the study was an online questionnaire, to measure the three main variables of the research namely, *fear of COVID-19, depression from COVID-19,* and *future carrier anxiety*. All scale items were scored on a five-point Likert scale, ranging from (1) strongly disagree to (5) strongly agree. Three closed questions identified gender, marital status, and age. To measure depression from COVID-19, we adapted 6 items from Le *et al.* (2017) and Shea *et al.* (2009). Sample items include "*I feel I am not worth much as a person because of COVID-19*."; and "*I find it difficult to work up the initiative to do things because of COVID-19*." The reliability of the scale was quite high with a Cronbach's alpha (a) of 0.89. Tourism students' future career anxiety was assessed using five items adapted from Tsai *et al.* (2017). Sample items include "*I worry about future employment because of a potential economic recession*" and "*I worry about future employment because my salary would probably not be as excellent as I wish*." The reliability of the scale was high with a Cronbach's alpha (a) of 0.88. To measure fear of COVID-19, we adapted 7 items from Ahorsu *et al.* (2020). Sample items include "*It makes me uncomfortable to think about novel Coronavirus*" and "*When watching news and stories about novel Coronavirus on social media or any other media (i.e. TV, Radio), I become nervous or anxious*." The reliability of the scale was quite high with a Cronbach's alpha (a) of 0.91.

The data has been collected in December 2020 via sharing an online link of the survey using Survey Monkey among all tourism students in a Further Education (FE) provider in London, United Kingdom. This particular FE provider has been selected due to the possibility of data collection. The link of the survey has been shared during the break time of the classes as well as sending emails through Virtual Learning Environment (Moodle). In total 210 responses were collected, 13 of them were deleted due to missing data points, and 197 responses have been used for this study.

Data analysis. For the quantitative data analysis, the two-step method was used. Firstly, the validity of the proposed research model was tested by performing Exploratory Factor Analysis (EFA). To internal reliability, the most used method of evaluating quantitative measurements is Cronbach's alpha confidence (Hair *et al.*, 2010). Second, the research hypotheses were tested on a valid model using regression analysis. In addition, independent samples *t*-tests were performed to test for the difference in fear of COVID-19, depression from COVID-19, and future career anxiety between demographic factors such as age, gender, and marital status. All analyses were performed by using SPSS 22.

Empirical findings. To determine the construct validity of the scales, EFA on the scales was performed (extraction method Maximum Likelihood, Oblimin rotation) confirming the hypothesized factorial structures, with high factor loadings on separate factors (loadings >0.3; eigenvalues ≥1). The results of EFA are presented in Table 2.

Initially, the factorability of the 18 items was examined; one item from the fear of COVID-19 scale was eliminated to meet the minimum criteria of having a primary factor loading of 0,30. In total, 17 items were used for further analysis. Values for Kaiser-Meyer-Olkin (KMO) of EFA were found to be 0.894 and Barlett's test of sphericity was significant ($p < 0.001$), ensuring sample adequacy for factor analysis and hypotheses tests. As shown in Table 1, Cronbach's alpha was 0.917 for fear of COVID-19, 0.890 for depression from COVID-19, and 0.880 for future career anxiety which indicates that each scale demonstrated acceptable internal consistency. It was also determined that according to the demographic characteristics of tourism students', whether mental health and future career anxieties differ

Items	Factor loadings	Eigenvalues	% of variance	M	CR
Fear of COVID-19		*7.936*	*46.683*	*2.707*	*0.917*
It makes me uncomfortable to think about novel Coronavirus	0.887				
I am most afraid of the novel Coronavirus	0.880				
When watching news and stories about novel Coronavirus on social media or any other media (i.e. TV, Radio), I become nervous or anxious	0.781				
I am afraid of losing my life because of COVID-19	0.758				
I cannot sleep because I am worried about getting the novel Coronavirus	0.756				
My hands become sweaty when I think about COVID-19	0.730				
Future Career Anxiety		*2.575*	*15.146*	*3.892*	*0.880*
I worry about future employment because of fierce competition in the job market	0.843				
I worry about future employment because of a potential economic recession	0.818				
I worry about future employment because of the increasing unemployment and job cut reported by the mass media	0.805				
I worry about future employment because my salary would probably not be as excellent as I wish	0.805				
I worry about future employment because I probably would not find a job that interests me	0.770				
Depression from COVID-19		*1.224*	*7.203*	*2.876*	*0.890*
I do not experience any positive feelings at all because of COVID-19	0.832				
I feel I am not worth much as a person because of COVID-19	0.822				
I feel that life is meaningless because of COVID-19	0.815				
I find it difficult to work up the initiative to do things because of COVID-19	0.616				
I am unable to become enthusiastic about anything in this pandemic situation	0.574				
I feel downhearted and blue	0.563				

Note(s): KMO value = 0.894; Barlett's test of sphericity = 2,372.504; p = 0.001; Cronbach's α = 0.927; M = 3.115
F = 87.576 AVE = average variance extracted; CR = composite reliability

Table 2.
Factor analysis

significantly. As shown in Table 3, a significant difference between marital status and future career anxieties ($p < 0.05$) was found based on the t-test analysis. Married have a higher future career anxiety than single. It was found a significant difference between gender and future career anxieties ($p < 0.05$) and gender was found based on the t-test analysis. In this study, it was concluded that female students have a higher future career anxiety than male students. In addition, it was not found a significant difference between age and future career anxieties, fear of COVID-19, and depression from COVID-19.

Table 4 indicates the correlations between the three-labeled variables of depression from COVID-19, fear of COVID-19, and future career anxiety. The results show that fear of COVID-19 had a significant positive relation with depression form COVID-19 (r = 0.717,

	Frequency	%	Fear of COVID-19	Depression from COVID-19	Future career anxiety
Gender					
Female	144	76	2.730	2.893	3.985*
Male	46	24	2.626	2.887	3.656*
Age					
18–24	31	16	2.526	2.752	3.794
25–34	103	53	2.761	2.887	4.009
35–44	51	26	2.717	2.912	3.709
45–54	11	5	2.636	3.015	3.945
Marital status					
Single	73	43	2.591	2.775	3.772*
Married	96	57	2.806	2.997	4.111*

Table 3.
Difference analysis

Note(s): *$p < 0.05$

	Mean	Std. Deviation	1	2	3
1 Fear of COVID-19	2.706	1.042	1		
2 Depression from COVID-19	2.875	0.9705	0.717**	1	
3 Future Career Anxiety	3.892	0.8520	0.387**	0.402**	1

Table 4.
Correlation, means and Std. Deviations

Note(s): *$p < 0.05$, two-tailed

$p < 0.05$) and future career anxiety ($r = 0.387$ $p < 0.05$). Also, future career anxiety had a significant positive relationship with depression from COVID-19 ($r = 0.402$ $p < 0.05$).

Mediated regression was used to examine the direct effect of the fear of COVID-19 on depression from COVID-19, the effect of depression from COVID-19 on future career anxiety, the role of fear of COVID-19 on future career anxiety, and the mediating effect of depression of COVID-19 on the relation between fear of COVID-19 and future career anxiety. According to Baron and Kenny (1986), to mediating test four conditions are required. If these conditions are not met, a mediation test cannot perform. Considering the variables of this study, these conditions are:

(1) Condition 1: Fear of COVID-19 has a statistically significant influence on the depression from COVID-19 (H1).

(2) Condition 2: Depression from COVID-19 has a statistically significant effect on future career anxiety (H2).

(3) Condition 3: Fear of COVID-19 influences future career anxiety (H3).

(4) Condition 4: the relationship between the fear of COVID-19 and future career anxiety changes because of including the depression from COVID-19. If the fear of COVID-19 becomes non-significant in Condition 4 (whereas it was significant in Condition 3), it is said to be fully mediated. If the fear of COVID-19 remains significant but its influence is reduced, it is partially mediated.

As can be seen in Table 5, Reg. (1), fear of COVID-19 ($\beta = 0.716$ $t = 14{,}343$ $p < 0.001$) is related to depression from COVID-19. Therefore, H1 is supported. The Reg. (2) indicates that depression of COVID-19 ($\beta = 0.402$ $t = 6.126$ $p < 0.001$) influences future career anxiety. Therefore, H2 is supported. According to the Reg. (3), fear of COVID-19 ($\beta = 0.382$ $t = 5.7688$ $p < 0.001$) influences future career anxiety, thus supporting H3.

	Standard coefficient Independent	→	Dependent variable	Beta	*t*-value	Sig	Result
Reg. (1)	Constant (1.046)			0.716	7.671	0.000	H1: Supported
	Fear of COVID-19	→	Depression from COVID-19		14.343	0.000	
	$R^2 = 0.513$ $\Delta R^2 = 0.511$ *F*-value = 205.708 df = 196						
Reg. (2)	Constant (2.878)			0.402	16.475	0.000	H2: Supported
	Depression from COVID-19	→	Future Career Anxiety		6.126	0.000	
	$R^2 = 0.161$ $\Delta R^2 = 0.157$ *F*-value = 37.524 df = 196						
Reg. (3)	Constant (3.037)			0.382	19.139	0.000	H3: Supported
	Fear of COVID-19	→	Future Career Anxiety		5.768	0.000	
	$R^2 = 0.146$ $\Delta R^2 = 0.141$ *F*-value = 32.265 df = 196						
Reg. (4)	Constant (2.795)			0.263	15.712	0.000	H4: Partially mediated
	Depression from COVID-19	→	Future Career Anxiety	0.193	2.826	0.005	
			↓				
	Fear of COVID-19	→	Future Career Anxiety		2.070	0.040	
	$R^2 = 0.180$ $\Delta R^2 = 0.171$ *F*-value = 21.211 df = 196						

Table 5. Regression estimates of equations

The beta values in Reg. (4) suggest that both depression from COVID-19 ($\beta = 0.263$ $t = 2.826$ $p < 0.005$) and fear of COVID-19 ($\beta = 0.193$ $t = 2.070$ $p < 0.040$) still have a statistically significant effect on future career anxiety (as occurred Reg. (3)). The beta coefficient for fear of COVID-19 dropped from $\beta = 0.382$ in Reg. (3) to $\beta = 0.193$ $p < 0.04$. Given the changes in the betas for the fear of COVID-19, we can say that depression from COVID-19 partially mediates the relationship between the fear of COVID-19 and future career anxiety.

Phase two: qualitative research

Data collection. The qualitative part of the study has been conducted to support the quantitative results in answering the research questions. To achieve this, in total 17 semi-structured interviews have been conducted with students in a Further Education (FE) provider in London (Table 6). The interviews were conducted in the months of November and December 2020. The study used purposive sampling (Ritchie *et al.*, 2003). The researchers using purposive sampling tried to identify appropriate participants for the study considering all research variables and research questions (Lincoln and Guba, 1985). During the interview process, the confidentiality of the interview was assured. Audio-taped and transcribed verbatim has been used. To maintain the anonymity of participants identifying details have been modified and pseudonyms are used throughout this research. During the interviews, the students have been asked about; *how they felt about the COVID-19; how COVID-19 impacted their mental health, and how COVID-19 changed their future career perspective in the tourism industry*. During the interview, further insights have been encouraged by asking open questions around the COVID-19 and the current and future of the tourism industry. The participants were also encouraged to illuminate their views with specific examples, stories, and personal narratives (Jafari *et al.*, 2013).

Across the 17 interviewees, more than 38 h of audio were recorded with transcriptions amounting to over 200 double-spaced pages. Furthermore, field notes and memos were taken during the interviews and were triangulated with the audio to strengthen the validity and

ID	Sex	Age	Previous Working Experience in Tourism Industry
1	Female	25	Yes
2	Male	32	Yes
3	Male	28	No
4	Male	36	No
5	Female	35	Yes
6	Female	52	No
7	Female	29	No
8	Female	28	Yes
9	Male	33	Yes
10	Male	37	No
11	Female	44	Yes
12	Male	46	No
13	Female	39	Yes
14	Female	48	No
15	Male	27	No
16	Male	45	No
17	Female	33	Yes

Source(s): data analysis

Table 6. Interview participants' profile

credibility of the research (Miles and Huberman, 1994). The data has been analyzed manually using template analysis (King, 1998). We used the initial coding template technique and to start three prior themes of *Fear, Depression,* and *Career Anxiety* has been defined. During the data analysis another theme, *Work Experience,* has emerged.

Fear. Fear is an adaptive response in the presence of danger (Mertens *et al.*, 2020). The COVID-19 pandemic has been fearful for people. Fear about a new disease and what could happen has been overwhelming, chronic, and burdensome. Analysis of the interviews showed that the majority of the students have different types of fears about the current situation namely (1) Fear of catching the virus and contamination (2) fear of losing the loved ones (3) fears about economic consequences and (4) fear of not knowing and uncertainty. These findings replicate findings of similar studies (Taylor *et al.*, 2020). One of the student's (respondents 11) with previous work experience in the tourism industry said:

> I am really scared of the current situation; I lost my job due to COVID-19 and now looking after my kids. I am a single mother and I do not know what will happen to my kids if I catch the virus. I was a room attendant in a hotel for 15 years and I am not sure if I can again find a job in the tourism industry and I do not have any other skills, it is a very scary situation.

Stress, anxiety, and depression. "My mental health is really playing up" . . . one of the students says. From March 2020 to the current date, January 2021, the UK has gone through the three National Lockdowns. This had a massive impact on people's mental health and caused different psychological reactions (Pierce *et al.*, 2020; Dawson and Golijani-Moghaddam, 2020). In times of an epidemic and the fear of the unknown people tend to experience anxiety, stress, and depression (Wang *et al.*, 2020; Tang *et al.*, 2020). Stress is an emotional and physical tension that arises from any event that threatens our homeostasis and anxiety is the body's natural response to stress (Holland, 2018; Selye, 1956).

Based on the findings, the majority of the students mentioned that the current situation and fear of the unknown and uncertainty make them stressed. The majority of the respondents said that they are suffering from depression and anxiety and more than a third of them receive treatment and therapy for this. This confirms our quantitative findings and duplicates the findings of similar studies that reported severe psychological distress such as

stress, anxiety, and depression are quite common and hence, alarming during COVID-19 (Wang *et al.*, 2020; Tang *et al.*, 2020; Bäuerle *et al.*, 2020; Qiu *et al.*, 2020a, b). One of the student's (respondents 17) with previous work experience in the tourism industry said:

> I am stressed because I lost my job suddenly after so many years. I love my job and really miss it. I never had any breaks apart from my maternity leave. I worked for 10 years in this industry. This sudden change along with the national lockdowns really messed up my mental health. I stayed indoors so many months without any job and had no hope for the future. I am now getting treatment for my depression.

Career anxiety. Goodstein (1995) mentioned that in career uncertainty, a person feels anxious when he or she cannot decide, and anxiety is a consequence. When people cannot decide, they will have an anxious feeling that makes them unable to make further decisions. This works like a circle. Therefore, anxiety is a very negative constraint for career decisions and career development (Tsai *et al.*, 2017). As a result of COVID-19, most of the students mentioned they feel anxious about their future career in the tourism industry. One of the students who has been working in the Gatwick airport has been on the Furlough since March 2020 (the first Lockdown in the UK when the government closed most parts of the airport). She mentioned that (Respondent 7).

> I am not sure if I can have a career in this industry again. The airport is working with reduced number of staff. On some days they only have 4 flights compared to before which was 100–200 per day. All small businesses in the airport are closed. Most of my friends who were working in the airport lost their jobs.

One of the respondents (4) with previous work experience mentioned that

> I do not think that things go back to normal for the tourism industry any time soon, I will look for other jobs because I must survive. But I like to go back to tourism.

Previous work experience. During the data analysis another theme, *Work Experience*, has emerged. Analysis of the data showed that students' views about the future of the tourism industry and their career can be divided into two groups (1) Students with previous work experience in the tourism industry (2) students who never worked in the tourism industry but look at it a future opportunity. For those who are already worked in the industry, accepting the situation, and seeing a way out of it, is more difficult. The main reason is that they can see how much the industry declined in the last year and how challenging it is to go back to the way it was before.

Those who are currently students and never worked in the industry have more hope. The majority believe that by the time they finish their studies, things will be back to normal. One of the students said that (Respondent 15):

> I know things are not easy now but buy by the time I will graduate everything will be back to normal.

In general, it can be said that the students have hope that in the long-term tourism industry will pick up but short term it is unlikely. Those who had hope that everything goes back to normal were not sure how the new normal look like. The majority of the students who lost their job are currently either on Furlough or Universal Credit which is a payment from the UK government to help them with their living costs.

Discussions

In the wake of the current Coronavirus pandemic, the world has been plunged into severe socioeconomic crisis and psychological distress. The hospitality and tourism industries are still suffering from the lingering effects of the pandemic. There is a mass exodus as the workforce is finding jobs in other industries. Furthermore, the pandemic is having an

emotional toll on tourism employees as they were furloughed or lost their jobs. At times, they needed to work while feeling not safe. Many potential students decided to study other fields. The current research investigated the impact of COVID-19 on the mental health and career perspectives of the future workforce of the tourism and hospitality industry in the UK Specifically, we looked into fear of COVID-19, depression, and future career anxiety and conducted two studies. Our results reveal a high level of mental health disorders among the tourism workforces. The majority of respondents suffer from some sort of mental health conditions/disorders that affect their moods, thinking, and behaviors. The results further show that the fear of COVID-19 causes depression which results in career anxiety. Several implications have been proposed.

Theoretical implications

While some studies show that most people are resilient and can cope with the stressors of the sudden change in the environment (Pfefferbaum and North, 2020) many people struggle, and since the start of the pandemic higher levels of anxiety and suicides have been seen in the UK which is attributed to the COVID-19 (Dawson and Golijani-Moghaddam, 2020). The current study, using a mixed-method approach, has examined two core questions in the tourism industry as one of the hardest-hit sectors: (1) What is the effect of COVID-19 on the mental health of the future tourism workforce in the UK? (2) How does COVID-19 impact the career perspective of current tourism students in the UK? In answering these questions, our study makes several contributions to both management and psychiatry disciplines. First, our model integrates variables relating to mental health and career perspective. The result from both phases 1 and 2 showed as the result of COVID-19 there is a very high level of fear, stress, and anxiety among the students. These findings support the previous studies (Wang *et al.*, 2020; Tang *et al.*, 2020; Bäuerle *et al.*, 2020; Qiu *et al.*, 2020a, b). The majority of students mentioned that they suffer from some form of mental health issues such as depression, feeling down and life being meaningless. These mental health issues have long effects which influence their quality of life and performance, and it is going to be a real challenge for the industry's future as well. Furthermore, the statistical result showed that fear of COVID-19 causes depression which positively contributes to career anxiety among the current and future workforce of the UK tourism industry. Tourism students' depression from COVID-19 partially mediates the relationship between fear of COVID-19 and future career anxiety. These findings support the previous studies (e.g. Mahmud *et al.*, 2020).

The results also indicated that due to COVID-19, female and married tourism students have more future career anxiety than males and singles. This result confirms the debates around the increased gender inequality in the tourism workforce as the result of the Covid-19. In the tourism industry, most of the workforce is female, who are low-skilled, casual, and seasonal. They mostly are working as "non-standard workers", in the "gig economy" in "uncontracted casual roles" and are the first to lose their employment. On the other side, women who lost their job or are being paid to stay at home face increased financial dependence and more risk of experiencing domestic violence (Czymara *et al.*, 2020; Taub, 2020; Fortier, 2020). Furthermore, the results showed that students with previous experience in the tourism industry have less hope for their future career in the tourism industry as they can see how much the industry declined in the last year and how challenging it is to go back to the way it was before.

Finally, our findings support to notion that anxiety and depression are often associated, but they are not identical (Frances *et al.*, 1992).

Practical implications

In line with previous studies about the impact of crises on mental health, this study suggests that future tourism workforces in the UK are going to suffer from some sort of mental

disorders which can influence their performances in the workplace. According to the Equality Act 2010 mental health condition is considered a disability. Hence, organizations must be aware of these issues and take actions to change their policy and practice to make reasonable adjustments and identify the psychological processes that can help to protect the well-being and psychological health of their staff and organization. The senior management team also need to understand and support these processes. Different strategies such as allowing flexible schedules, simplifying work scope, sharing deadlines as needed and focusing on positive outcomes, and criticizing less can also be applied to support staff with mental health issues. In the UK, there are different mental health charities, organizations, and support groups such as Anxiety UK, Bipolar UK, CALM, and Mental Health Foundation that can offer expert advice. It is recommended that tourism organizations use these supports and create a mental health support hub for their current and future staff. Also, participation in Mental Health Awareness campaigns is important to create a supportive environment for the staff. We suggest universities provide emotional support and counseling to their hospitality and tourism management students. Similarly, as government responds to COVID-19, mental health services should be a fundamental component. Mental health needs to be included in health coverage as we recover from the pandemic. Governments are advised to support the mental health and wellbeing of the younger population and prioritize the industries that suffered the most during the pandemic. We also suggest that policymakers to intensify their efforts to make mental health care accessible and inclusive.

COVID-19 driven stress in tourism and hospitality industry workers adversely affects their organizational trust, job satisfaction, and self-esteem (Kang *et al.*, 2021). We suggest companies to regularly check-ins with employees. Ruiz-Palomino *et al.* (2022a, b) suggested that having supervisors who focus on serving employees help them feel less depressed. Upper management are suggested to train supervisors with the servant leadership skills.

Limitations and future research

This study is subject to certain limitations that must be addressed. The most important limitation is that the data is collected from the United Kingdom and results cannot be applied to the other countries. Future studies can use samples from diverse geographical and cultural setups toward newer findings. The current study only focused on *Fear* and *Depression* as the triggers of *Future Career Anxiety* but other psychological impacts such as emotional disturbance, stress, mood alterations and irritability, insomnia, anger, confusion, grief, and numbness remain a strand that could be picked in future research. The sample for the current study is students and future studies can focus on other stakeholders and this could extend the findings. Those who are currently studying and never worked in the industry have more hope and believe that by the time they finish their studies, things will be back to normal. This is a new finding and can be investigated further by other researchers. Future studies may collect data from other industries such as healthcare and education.

References

Ahmed, S. (2004), *The Cultural Politics of Emotion*, Edinburgh University, Edinburgh.

Ahorsu, D.K., Lin, C., Imani, V., Saffari, M., Griffiths, M.D. and Pakpour, A.H. (2020), "The fear of COVID-19 scale: development and initial validation", *International Journal of Mental Health and Addiction*, pp. 1-9, doi: 10.1007/s11469-020-00270-8.

Bäuerle, A., Steinbach, J., Schweda, A., Beckord, J., Hetkamp, M., Weismüller, B., Kohler, H., Musche, V., Dörrie, N., Teufel, M. and Skoda, E. (2020), "Mental health burden of the COVID-19 outbreak in Germany: predictors of mental health impairment", *Journal of Primary Care and Community Health*, Vol. 11, 2150132720953682, doi: 10.1177/2150132720953682.

Bai, Y., Lin, C., Lin, C., Chen, J., Chue, C. and Chou, P. (2004), "Survey of stress reactions among health care workers involved with the SARS outbreak", *Psychiatric Services*, Vol. 55 No. 9, pp. 1055-1057, doi: 10.1176/appi.ps.55.9.1055.

Barlow, D.H. (2000), "Unraveling the mysteries of anxiety and its disorders from the perspective of emotion theory", *American Psychologist*, Vol. 55 No. 11, pp. 1247-1263, doi: 10.1037/0003-066X.55.11.1247.

Barlow, D.H., Chorpita, B.F. and Turovsky, J. (1996), "Fear, panic, anxiety, and disorders of emotion", in *Nebraska Symposium on Motivation, 1995: Perspectives on Anxiety, Panic, and Fear Lincoln*, NE, US, University of Nebraska Press, pp. 251-328.

Baron, R.M. and Kenny, D.A. (1986), "The moderator mediator variable distinction in social psychological research: conceptual, strategic and statistical considerations", *Journal of Personality and Social Psychology*, Vol. 51 No. 6, pp. 1173-1182, doi: 10.1037//0022-3514.51.6.1173.

Baum, T., Mooney, S., Robinson, R. and Solnet, D. (2020), "COVID-19's impact on the hospitality workforce - new crisis or amplification of the norm?", *International Journal of Contemporary Hospitality Management*, Vol. 32 No. 9, pp. 2813-2829, ISSN 0959-6119, doi: 10.1108/IJCHM-04-2020-0314.

Bauman, Z. (2006), *Liquid Fear*, Polity Press, Cambridge.

BBC News (2020), "Heathrow overtaken as Europe's busiest airport amid pandemic", available at: https://www.bbc.co.uk/news/business-54716289 (accessed 13 January 2021).

Beck, A.T. and Emery, G. (1979), *Cognitive Therapy of Anxiety and Phobic Disorders*, Center for Cognitive therapy.

Bouton, M., Mineka, S. and Barlow, D. (2001), "A modern learning theory perspective on the etiology of panic disorder", *Psychological Review*, Vol. 108 No. 1, pp. 4-32.

Cannon, W.B. (1927), "The James-Lange theory of emotions: a critical examination and an alternative theory", *The American Journal of Psychology*, Vol. 39 Nos 1/4, pp. 106-124.

Cherry, M. (2019) "Decreasing stress through an emotion regulation and non-judging based intervention with trauma-exposed college students", Doctoral Dissertations.

Chinazzi, M., Davis, J., Ajelli, M., Gioannini, C., Litvinova, M., Merler, S., Piontti, A.P.y., Mu, K., Rossi, L., Sun, K., Viboud, C., Xiong, X., Yu, H., Halloran, M., Longini, I. and Vespignani, A. (2020), "The effect of travel restrictions on the spread of the 2019 novel coronavirus (COVID-19) outbreak", *Science*, Vol. 368 No. 6489, pp. 395-400, doi: 10.1126/science.aba9757.

Creamer, M., Burgess, P. and Pattison, P. (1992), "Reaction to trauma: a cognitive processing model", *Journal of Abnormal Psychology*, Vol. 101 No. 3, p. 452.

Czymara, C.S., Langenkamp, A. and Cano, T. (2020), "Cause for concerns: gender inequality in experiencing the COVID-19 lockdown in Germany", *European Societies*, pp. 1-14, doi: 10.1080/14616696.2020.1808692.

Dawson, D.L. and Golijani-Moghaddam, N. (2020), "COVID-19: psychological flexibility, coping, mental health, and wellbeing in the UK during the pandemic", *Journal of Contextual Behavioral Science*, Vol. 17, pp. 126-134.

Dhir, A., Yossatorn, Y., Kaur, P. and Chen, S. (2018), "Online social media fatigue and psychological wellbeing—a study of compulsive use, fear of missing out, fatigue, anxiety and depression", *International Journal of Information Management*, Vol. 40, pp. 141-152.

Dobson, K.S. (1985), "The relationship between anxiety and depression", *Clinical Psychology Review*, Vol. 5 No. 4, pp. 307-324, doi: 10.1016/0272-7358(85)90010-8.

Duffy, R.D. (2010), "Sense of control and career adaptability among undergraduate students", *Journal of Career Assessment*, Vol. 18 No. 4, pp. 420-430.

Epstein, S. (1976), "Anxiety, arousal, and the self-concept", in Sarason, I.G. and Spielberger, C.D. (Eds), *Stress & Anxiety*, Washington, DC, Vol. 3.

Epstein, S. (1985), "Anxiety, arousal, and the self-concept", *Issues in Mental Health Nursing*, Vol. 7 Nos 1-4, pp. 265-305, doi: 10.3109/01612848509009458.

Eysenck, M., Payne, S. and Santos, R. (2006), "Anxiety and depression: past, present, and future events", *Cognition and Emotion*, Vol. 20 No. 2, pp. 274-294.

Farzanegan, M.R., Gholipour, H.F., Feizi, M., Nunkoo, R. and Andargoli, A.E. (2020), "International tourism and outbreak of coronavirus (COVID-19): a cross-country analysis", *Journal of Travel Research*, 0047287520931593, doi: 10.1177/0047287520931593.

Fortier, N. (2020), "COVID-19, gender inequality, and the responsibility of the state", *International Journal of Wellbeing*, Vol. 10 No. 3, Foundation.

Frances, A., Manning, D., Marin, D., Kocsis, J., McKinney, K., Hall, W. and Kline, M. (1992), "Relationship of anxiety and depression", *Psychopharmacology*, Vol. 106 No. 1, pp. S82-S86.

Furlough scheme extended and further economic support announced, available at: https://www.gov.uk/government/news/furlough-scheme-extended-and-further-economic-support-announced (accessed 12 January 2021).

Ghebreyesus, T.A. (2020), "Addressing mental health needs: an integral part of COVID-19 response", *World Psychiatry*, Vol. 19 No. 2, p. 129.

Gill, T. (2007), *No Fear: Growing up in a Risk Averse Society*, Calouste Gulbenkian, London.

Goodstein, J. (1995), "Employer involvement in eldercare: an organizational adaptation perspective", *Academy of Management Journal*, Vol. 38 No. 6, pp. 1657-1671.

GOV.UK (2021), "[Withdrawn] claim for wages through the coronavirus job retention scheme", available at: https://www.gov.uk/guidance/claim-for-wages-through-the-coronavirus-job-retention-scheme (accessed 23 May 2021).

Hair, J.F., Anderson, R.E., Babin, B.J. and Black, W.C. (2010), "Multivariate data analysis: a global perspective", Vol. 7.

Holland, K. (2018), "Making mental health news", *Journalism Studies*, Vol. 19 No. 12, pp. 1767-1785, doi: 10.1080/1461670X.2017.1304826.

House of Common Library (2022), available at: https://commonslibrary.parliament.uk/research-briefings/cbp-8978/ (accessed 23 May 2022).

IATA (2020), "Recovery delayed as international travel remains locked down", available at: https://www.iata.org/en/pressroom/pr/2020-07-28-02/ (accessed 12 January 2021).

Icaew (2021), "Tourism in the UK - post covid", available at: https://www.icaew.com/technical/business-and-management/business-and-management-faculty/business-and-management-magazine/bam-july-august-2020/tourism-in-the-uk-post-covid (accessed 13 January 2021).

IMF (2020), "A year like No other", available at: https://www.imf.org/external/pubs/ft/ar/2020/eng/ (accessed 12 January 2021).

Jackson, C. (2013), "Fear in and about education", in *Contemporary Debates in the Sociology of Education*, Palgrave Macmillan, London, pp. 185-201.

Jafari, A., Taheri, B. and Lehn, D.V. (2013), "Cultural consumption, interactive sociality, and the museum", *Journal of Marketing Management*, Vol. 29 Nos 15-16, pp. 1729-1752, doi: 10.1080/0267257X.2013.811095.

Jeong, H., Yim, H.W., Song, Y., Ki, M., Min, J., Cho, J. and Chae, J. (2016), "Mental health status of people isolated due to Middle East Respiratory Syndrome", *Epidemiology and Health*, Vol. 38, doi: 10.4178/epih.e2016048.

Kang, S.E., Park, C., Lee, C.K. and Lee, S. (2021), "The stress-induced impact of COVID-19 on tourism and hospitality workers", *Sustainability*, Vol. 13 No. 3, p. 1327.

Karatepe, O.M. and Tizabi, L.Z. (2011), "Work-related depression in the hotel industry: a study in the United Arab Emirates", *International Journal of Contemporary Hospitality Management*, Vol. 23 No. 5, pp. 608-623.

Kaushal, V. and Srivastava, S. (2021), "Hospitality and tourism industry amid COVID-19 pandemic: perspectives on challenges and learnings from India", *International Journal of Hospitality Management*, Vol. 92, p. 102707, doi: 10.1016/j.ijhm.2020.102707.

King, N. (1998), *Template Analysis' Qualitative Methods and Analysis in Organizational Research: A Practical Guide*, Sage Publications, Thousand Oaks, CA, pp. 118-134.

Kock, F., Nørfelt, A., Josiassen, A., Assaf, A.G. and Tsionas, M.G. (2020), "Understanding the COVID-19 tourist psyche: the evolutionary tourism paradigm", *Annals of Tourism Research*, Vol. 85, p. 103053, doi: 10.1016/j.annals.2020.103053.

Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., Wu, J., Du, H., Chen, T., Li, R., Tan, H., Kang, L., Yao, L., Huang, M., Wang, H., Wang, G., Liu, Z. and Hu, S. (2020), "Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019", *JAMA Network Open*, Vol. 3 No. 3, p. e203976, doi: 10.1001/jamanetworkopen.2020.3976.

Lazarus, R.S. (1991), "Cognition and motivation in emotion", *American Psychologist*, Vol. 46 No. 4, p. 352.

Le, M.T.H., Tran, T.D., Holton, S., Nguyen, H.T., Wolfe, R. and Fisher, J. (2017), "Reliability, convergent validity and factor structure of the DASS-21 in a sample of Vietnamese adolescents", *PLoS ONE*, Vol. 12 No. 7, doi: 10.1371/journal.pone.0180557.

Le Vigouroux, S., Goncalves, A. and Charbonnier, E. (2021), "The psychological vulnerability of French university students to the COVID-19 confinement", *Health Education and Behavior*, Vol. 48 No. 2, pp. 123-131.

Lee, S.A., Mathis, A.A., Jobe, M.C. and Pappalardo, E.A. (2020), "Clinically significant fear and anxiety of COVID-19: a psychometric examination of the Coronavirus Anxiety Scale", *Psychiatry Research*, Vol. 290, p. 113112, doi: 10.1016/j.psychres.2020.113112.

Levin, J. (2019), "Mental health care for survivors and healthcare workers in the aftermath of an outbreak", in *Psychiatry of Pandemics*, Springer, Cham, pp. 127-141.

Lincoln, Y.S. and Guba, E.G. (1985), *Naturalistic Inquiry*, Sage, California.

Liu, X., Kakade, M., Fuller, C.J., Fan, B., Fang, Y., Kong, J., Guan, Z. and Wu, P. (2012), "Depression after exposure to stressful events: lessons learned from the severe acute respiratory syndrome epidemic", *Comprehensive Psychiatry*, Vol. 53 No. 1, pp. 15-23, doi: 10.1016/j.comppsych.2011.02.003.

Mahmud, M.S., Talukder, M.U. and Rahman, S.M. (2020), "Does 'Fear of COVID-19' trigger future career anxiety? An empirical investigation considering depression from COVID-19 as a mediator", *The International Journal of Social Psychiatry*, doi: 10.1177/0020764020935488.

Mertens, G., Gerritsen, L., Duijndam, S., Salemink, E. and Engelhard, I.M. (2020), "Fear of the coronavirus (COVID-19): predictors in an online study conducted in March 2020", *Journal of Anxiety Disorders*, Vol. 74, p. 102258, doi: 10.1016/j.janxdis.2020.102258.

Miles, M.B. and Huberman, A.M. (1994), *Qualitative Data Analysis: An Expanded Sourcebook*, Sage.

Newman, E.B., Perkins, F.T. and Wheeler, R.H. (1930), "Cannon's theory of emotion: a critique".

O'Neill, J.W. and Davis, K. (2011), "Work stress and well-being in the hotel industry", *International Journal of Hospitality Management*, Vol. 30 No. 2, pp. 385-390, doi: 10.1016/j.ijhm.2010.07.007.

Passavanti, M., Argentieri, A., Barbieri, D.M., Lou, B., Wijayaratna, K., Mirhosseini, A.S.F., Wang, F., Naseri, S., Qamhia, I., Tangerås, M. and Pelliciari, M. (2021), "The psychological impact of COVID-19 and restrictive measures in the world", *Journal of Affective Disorders*, Vol. 283, pp. 36-51.

Pfefferbaum, B. and North, C.S. (2020), "Mental health and the covid-19 pandemic", *New England Journal of Medicine*, Vol. 383 No. 6, pp. 510-512, doi: 10.1056/NEJMp2008017.

Pierce, M., Hope, H., Ford, T., Hatch, S., Hotopf, M., John, A., Kontopantelis, E., Webb, R., Wessely, S., McManus, S. and Abel, K.M. (2020), "Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population", *The Lancet Psychiatry*, Vol. 7 No. 10, pp. 883-892.

Plutchik, R. (1960), "The multifactor-analytic theory of emotion", *The Journal of Psychology*, Vol. 50 No. 1, pp. 153-171.

Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B. and Xu, Y. (2020a), "A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations", *General Psychiatry*, Vol. 33 No. 2, p. e100213, doi: 10.1136/gpsych-2020-100213.

Qiu, R.T.R., Park, J., Li, S. and Song, H. (2020b), "Social costs of tourism during the COVID-19 pandemic", *Annals of Tourism Research*, Vol. 84, p. 102994, doi: 10.1016/j.annals.2020.102994.

Rachman, S. (1998), *Anxiety*, Hove: Psychology Press, New York.

Reynolds, D., Garay, J., Deamond, S., Moran, M., Gold, W. and Styra, R. (2008), "Understanding, compliance and psychological impact of the SARS quarantine experience", *Epidemiology and Infection*, Vol. 136 No. 7, pp. 997-1007, doi: 10.1017/S0950268807009156.

Ripp, J., Peccoralo, L. and Charney, D. (2020), "Attending to the emotional well-being of the health care workforce in a New York city health system during the COVID-19 pandemic", *Academic Medicine*. doi: 10.1097/ACM.0000000000003414.

Ritchie, J., Spencer, L. and O'Connor, W. (2003), "Carrying out qualitative analysis", in *Qualitative Research Practice: A Guide for Social Science Students and Researchers*, pp. 219-262.

Ruiz-Palomino, P., Yáñez-Araque, B., Jiménez-Estévez, P. and Gutiérrez-Broncano, S. (2022a), "Can servant leadership prevent hotel employee depression during the COVID-19 pandemic? A mediating and multigroup analysis", *Technological Forecasting and Social Change*, Vol. 174, p. 121192.

Ruiz-Palomino, P., Yáñez-Araque, B., Jiménez-Estévez, P. and Gutiérrez-Broncano, S. (2022b), "Can servant leadership prevent hotel employee depression during the COVID-19 pandemic? A mediating and multigroup analysis", *Technological Forecasting and Social Change*, Vol. 174, p. 121192.

Rutynskyi, M. and Kushniruk, H. (2020), "The impact of quarantine due to COVID-19 pandemic on the tourism industry in Lviv (Ukraine)", *Problems and Perspectives in Management*, Vol. 18 No. 2, p. 194.

Salecl, R. (2004), *On Anxiety*, Routledge, London.

Selye, H. (1956), "The stress of life".

Serafini, G., Parmigiani, B., Amerio, A., Aguglia, A., Sher, L. and Amore, M. (2020), "The psychological impact of COVID-19 on the mental health in the general population", *QJM: An International Journal of Medicine*, Vol. 113 No. 8, pp. 531-537, doi: 10.1093/qjmed/hcaa201.

Shea, T.L., Tennant, A. and Pallant, J.F. (2009), "Rasch model analysis of the depression, anxiety and stress scales (DASS)", *BMC Psychiatry*, Vol. 9 No. 1, p. 21, doi: 10.1186/1471-244X-9-21.

Sigala, M. (2020), "Tourism and COVID-19: impacts and implications for advancing and resetting industry and research", *Journal of Business Research*, Vol. 117, pp. 312-321, doi: 10.1016/j.jbusres.2020.06.015.

Sönmez, S., Apostolopoulos, Y., Lemke, M.K. and Hsieh, Y.C.J. (2020), "Understanding the effects of COVID-19 on the health and safety of immigrant hospitality workers in the United States", *Tourism Management Perspectives*, Vol. 35, p. 100717.

Sprang, G. and Silman, M. (2013), "Posttraumatic stress disorder in parents and youth after health-related disasters", *Disaster Medicine and Public Health Preparedness*, Vol. 7 No. 1, pp. 105-110, doi: 10.1017/dmp.2013.22.

Stein, M.B. and Sareen, J. (2015), "Generalized anxiety disorder", *New England Journal of Medicine*, Vol. 373 No. 21, pp. 2059-2068.

Super, D.E. (1980), "A life-span, life-space approach to career development", *Journal of Vocational Behavior*, Vol. 16 No. 3, pp. 282-298.

Tamir, M., John, O.P., Srivastava, S. and Gross, J.J. (2007), "Implicit theories of emotion: affective and social outcomes across a major life transition", *Journal of Personality and Social Psychology*, Vol. 92 No. 4, p. 731.

Tandon, R. (2020), "COVID-19 and mental health: preserving humanity, maintaining sanity, and promoting health", *Asian Journal of Psychiatry*, Vol. 51, p. 102256, doi: 10.1016/j.ajp.2020.102256.

Tang, F., Liang, J., Zhang, H., Kelifa, M.M., He, Q. and Wang, P. (2020), "COVID-19 related depression and anxiety among quarantined respondents", *Psychology and Health*, pp. 1-15, doi: 10.1080/08870446.2020.1782410.

Tapia, M. and Alberti, G. (2019), "Unpacking the category of migrant workers in trade union research: a multi-level approach to migrant intersectionalities", *Work, Employment and Society*, Vol. 33 No. 2, pp. 314-325.

Taub, A. (2020), *A New Covid-19 Crisis: Domestic Abuse Rises Worldwide*, The New York Times, p. 6.

Taylor, M.R., Agho, K.E., Stevens, G.J. and Raphael, B. (2008), "Factors influencing psychological distress during a disease epidemic: data from Australia's first outbreak of equine influenza", *BMC Public Health*, Vol. 8 No. 1, p. 347, doi: 10.1186/1471-2458-8-347.

Taylor, S., Landry, C.A., Paluszek, M.M., Fergus, T.A., McKay, D. and Asmundson, G.J.G. (2020), "Development and initial validation of the COVID stress scales", *Journal of Anxiety Disorders*, Vol. 72, p. 102232, doi: 10.1016/j.janxdis.2020.102232.

Tsai, C.(., Hsu, H. and Hsu, Y. (2017), "Tourism and hospitality college students' career anxiety: scale development and validation", *Journal of Hospitality and Tourism Education*, Vol. 29 No. 4, pp. 158-165, doi: 10.1080/10963758.2017.1382365.

Ulster.ac.uk (2022), "COVID-19 psychological research consortium study", available at: https://www.ulster.ac.uk/research/covid-19/impact/psychology-study(accessed 23 May 2022).

Unwto Barometer (2020), "Barometer | UNWTO", available at: https://www.unwto.org/taxonomy/term/347 (accessed 13 January 2021).

Unwto.org (2020), "Tourism and COVID-19 – unprecedented economic impacts | UNWTO", available at: https://www.unwto.org/tourism-and-covid-19-unprecedented-economic-impacts (accessed 13 January 2021).

Usher, K., Durkin, J. and Bhullar, N. (2020), "The COVID-19 pandemic and mental health impacts", *International Journal of Mental Health Nursing*, Vol. 29 No. 3, p. 315.

Varshney, M., Parel, J.T., Raizada, N. and Sarin, S.K. (2020), "Initial psychological impact of COVID-19 and its correlates in Indian Community: an online (FEEL-COVID) survey", *PLoS ONE*, Vol. 15 No. 5, doi: 10.1371/journal.pone.0233874.

Vindegaard, N. and Benros, M.E. (2020), "COVID-19 pandemic and mental health consequences: systematic review of the current evidence", *Brain, Behavior, and Immunity*, Vol. 89, pp. 531-542.

Virtue, S.M., Manne, S., Mee, L., Bartell, A., Sands, S., Ohman-Strickland, P. and Gajda, T.M. (2014), "The role of social and cognitive processes in the relationship between fear network and psychological distress among parents of children undergoing hematopoietic stem cell transplantation", *Journal of Clinical Psychology in Medical Settings*, Vol. 21 No. 3, pp. 223-233.

VisitBritain (2020), "Britain's visitor economy facts", available at: https://www.visitbritain.org/visitor-economy-facts (accessed 23 May 2021).

VisitBritain (2021), "Visitbritain inbound tourism forecast for 2021 predicts first signs of slow recovery", available at: https://www.visitbritain.org/visitbritain-inbound-tourism-forecast-2021-predicts-first-signs-slow-recovery (accessed 13 January 2021).

Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., McIntyre, R.S., Choo, F.N., Tran, B., Ho, R., Sharma, V.K. and Ho, C. (2020), "A longitudinal study on the mental health of general population during the COVID-19 epidemic in China", *Brain, Behavior, and Immunity*, Vol. 87, pp. 40-48, doi: 10.1016/j.bbi.2020.04.028.

Williams (2020), "Impacts of the coronavirus pandemic on Europe's tourism industry: addressing tourism enterprises and workers in the undeclared economy", *International Journal of Tourism Research*, Vol. 23 No. 1, pp. 79-88, doi: 10.1002/jtr.2395.

World Health Organization (2004), *Promoting Mental Health: Concepts, Emerging Evidence, Practice: Summary Report*, World Health Organization.

Wu, P., Liu, X., Fang, Y., Fan, B., Fuller, C.J., Guan, Z., Yao, Z., Kong, J., Lu, J. and Litvak, I.J. (2008), "Alcohol abuse dependence symptoms among hospital employees exposed to a SARS outbreak", *Alcohol and Alcoholism (Oxford)*, Vol. 43 No. 6, pp. 706-712, doi: 10.1093/alcalc/agn073.

Xiao, H., Zhang, Y., Kong, D., Li, S. and Yang, N. (2020), "The effects of social support on sleep quality of medical staff treating patients with coronavirus disease 2019 (COVID-19) in January and February 2020 in China", *Medical Science Monitor: International Medical Journal of Experimental and Clinical Research*, Vol. 26, e923549-1.

Xie, N., Qin, Y., Wang, T., Zeng, Y., Deng, X. and Guan, L. (2020), "Prevalence of depressive symptoms among nurses in China: a systematic review and meta-analysis", *PLOS ONE*, Vol. 15 No. 7, p. e0235448, doi: 10.1371/journal.pone.0235448.

Yang, Y., Zhang, H. and Chen, X. (2020), "Coronavirus pandemic and tourism: dynamic stochastic general equilibrium modeling of infectious disease outbreak", *Annals of Tourism Research*, Vol. 83, p. 102913, doi: 10.1016/j.annals.2020.102913.

Zhang, J., Yang, Z., Wang, X., Li, J., Dong, L., Wang, F., Li, Y., Wei, R. and Zhang, J. (2020), "The relationship between resilience, anxiety and depression among patients with mild symptoms of COVID-19 in China: a cross-sectional study", *Journal of Clinical Nursing*, Vol. 29 Nos 21-22, pp. 4020-4029, doi: 10.1111/jocn.15425.

Corresponding author
Roya Rahimi can be contacted at: roya.rahimi@wlv.ac.uk

For instructions on how to order reprints of this article, please visit our website:
www.emeraldgrouppublishing.com/licensing/reprints.htm
Or contact us for further details: **permissions@emeraldinsight.com**