

A Study on Mental Health Challenges and Job Turnover Intention Among Employees of A 4-Star Hotel at Kota Bharu, Kelantan

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Abstract

This study investigates the relationship between depression, anxiety, and stress and turnover intention among hotel employees in Kota Bharu, Kelantan. A quantitative approach was employed, with 150 employees completing a structured questionnaire incorporating the Depression, Anxiety, and Stress Scale-21 (DASS-21) and turnover intention items. Reliability analysis confirmed acceptable internal consistency for all scales. Multiple regression results indicated that depression significantly predicted

turnover intention ($B = 0.258$, $p = 0.025$), while anxiety and stress were not significant predictors, and overall, the model was statistically significant ($F = 5.084$, $p = 0.002$). These findings emphasise the critical role of depression in employee retention, suggesting that hotel organizations should implement mental health support and proactive interventions to reduce turnover and enhance workforce well-being and organisational performance.

Keywords:

Turnover intention, hospitality industry, hotel employees, DASS-21 (Depression Anxiety Stress Scales-21), occupational stress, employee mental well-being, workplace psychological health

1 Introduction

Mental health is a critical global concern affecting individuals across all sectors, including the hotel industry (Andrews, 2021). Factors such as work demands, financial pressures, family responsibilities, and interpersonal relationships significantly influence mental health (National Institute of Occupational Safety and Health, 2019). One study showed that approximately one in five hospitality workers experience work-related mental health issues, with anxiety and depression being the most prevalent (Castro-Casal et al., 2019). In Malaysia, poor mental health among hotel employees can negatively affect work performance, service quality, and organisational reputation, ultimately increasing turnover rates in the hospitality sector. Workplace mental health is defined as “the psychological, emotional, and social well-being of employees in a shared working environment” (Bartlett et al., 2019).

The hotel industry is characterised by high-pressure environments and demanding workloads, with up to 80% of workers reporting mental health challenges (Batra, 2022). Experts emphasise the importance of prioritising employee mental health to maintain productivity and reduce turnover (Hamouche et al., 2023). Interventions such as mindfulness meditation have been shown to alleviate stress among hospitality employees (Jang et al., 2020). Enhancing mental health literacy (MHL), or knowledge of mental health conditions, treatment efficacy, stigma management, and risk factors, can support employees’ psychological well-being (Munawar et al., 2021). Despite this, MHL remains low in Malaysia, highlighting the need for improved awareness and education on mental health (Munawar et al., 2021).

Psychotherapeutic approaches, including mindfulness-based interventions and Eye Movement Desensitisation and Reprocessing (EMDR) therapy, can be brief yet effective for addressing mental health issues (Linder, 2024). Recovery is possible with timely intervention, yet mental health problems among hotel employees continue to contribute to high turnover rates. Employees often lack awareness of the severity of their condition and are unfamiliar with appropriate assessment or management methods. This study, therefore, aims to examine mental health conditions, specifically depression, anxiety, and stress, and their effects on hotel employees’ turnover intentions. These dimensions were assessed using the Depression, Anxiety, and Stress Scale-21 (DASS-21), a validated and reliable instrument suitable across various contexts (Lovibond & Lovibond, 1995).

While the DASS-21 is widely applied, its item characteristics and performance within Malaysian hospitality settings have received limited attention. To address this, the Item Response Theory (IRT) was employed to evaluate latent item and individual properties for each DASS-21 subscale (Vos et al., 2020). These findings can inform industry practices, enhance awareness of mental health management, and promote sustainable workforce practices by improving emotional regulation, self-compassion, and resilience in high-stress work environments (Baum, 2019; Lau et al., 2020). Ultimately, this study contributes to both theoretical understanding and practical strategies for fostering mental health and retention in the hospitality sector.

2 Literature Review

Mental health concerns among hospitality employees have become increasingly visible, particularly due to the demanding nature of the industry. Frontline workers are often exposed to long working hours, irregular schedules, and constant interaction with customers, contributing to heightened stress and emotional fatigue (Kim et al., 2020). Unlike other service sectors, hospitality roles frequently require employees to suppress negative emotions and display positive affect, a process known as emotional labour. While this act is necessary for maintaining service quality, it places additional psychological strain on employees and heightens the risk of burnout (Zhao et al., 2021).

Recent scholarship emphasises that unmanaged mental health issues in hospitality not only affect individual well-being but also have broader organisational consequences. Studies have found that employees experiencing psychological strain are more likely to withdraw from tasks, display reduced productivity, and consider leaving their organisations (Lee et al., 2021). This relationship is particularly problematic for hotels, where high employee turnover disrupts service quality, increases training costs, and damages customer satisfaction. Moreover, hospitality workers often lack adequate access to workplace mental health resources, which exacerbates the problem (Chen et al., 2022).

The COVID-19 pandemic has intensified these challenges by introducing new stressors such as job insecurity, health-related fears, and greater workloads due to labour shortages (Jiang et al., 2022). Research highlights that the pandemic significantly worsened psychological distress in hospitality employees, reinforcing the need for organisations to prioritize mental health support. Taken together, the literature underscores that mental health is not merely an individual issue but a critical organisational concern that directly impacts sustainability and competitiveness in the hospitality industry.

2.1 Job Turnover Intentions in the Hotel Industry

Turnover intention is a central issue for hospitality organisations, as high employee attrition undermines both financial performance and service delivery. Workers who experience elevated depression, anxiety, or stress are especially prone to perceiving their work environment as unsupportive and overwhelming, leading to resignation

considerations (Nguyen et al., 2021). This finding is consistent across global hospitality contexts, highlighting the universal challenges of emotional labour, customer pressure, and long work hours.

A growing body of research emphasises the mediating role of job satisfaction and organisational commitment in the relationship between mental health and turnover. For example, employees with untreated psychological distress report lower engagement, reduced motivation, and diminished loyalty toward their organisations (Madera et al., 2019). This disconnect contributes not only to turnover intentions but also to presenteeism, where employees remain at work but are less productive. Addressing such issues requires a dual focus on reducing workplace stressors and building supportive organisational cultures.

Later evidence suggests that hotels can mitigate turnover intentions by investing in employee well-being initiatives. These include the introduction of mental health programs, flexible scheduling, career development opportunities, and leadership practices that emphasise empathy and support (Chen et al., 2022; Zhang & Wu, 2023). Proactive measures not only reduce turnover risk but also foster a positive work environment that enhances performance and customer satisfaction.

Thus, turnover intention in hospitality is best understood as a multifaceted phenomenon shaped by both individual psychological states and organisational practices.

2.2 DASS-21: A Tool for Measuring Mental Health

The Depression, Anxiety, and Stress Scale-21 (DASS-21) has become one of the most widely used tools for assessing psychological distress in both clinical and organisational contexts. Developed by Lovibond and Lovibond (1995), the instrument captures three dimensions of mental health: depression, anxiety, and stress, with strong psychometric validity. Its brevity makes it practical for occupational studies, while its ability to detect subclinical symptoms enables organisations to identify at-risk employees before their conditions escalate into severe mental health problems (Antony et al., 1998).

Beyond its psychometric strengths, the DASS-21 has been successfully applied in diverse cultural and occupational settings, confirming its adaptability. Past studies highlight its reliability in high-stress professions such as healthcare, education, and hospitality, where employees are regularly exposed to significant psychological strain (Nguyen et al., 2021; Lim et al., 2022). In hospitality, the scale has proven particularly useful for examining the relationship between employee well-being and turnover intentions, offering a systematic approach to understanding how workplace stress translates into organisational outcomes.

Scholars also note that the DASS-21 is valuable for tracking changes in employee mental health over time, allowing organisations to evaluate the effectiveness of interventions (Zhang & Wu, 2023). For instance, hospitality firms that implement stress management or resilience-building programs can use the DASS-21 to assess improvements in employee well-being. Thus, the scale is not only a diagnostic tool but

also a resource for informing evidence-based human resource strategies. Its widespread adoption demonstrates its utility in bridging the gap between psychological assessment and practical organisational applications.

2.3 Depression

Depression is a debilitating mental health condition characterised by persistent sadness, loss of interest in daily activities, and cognitive impairments such as poor concentration and feelings of worthlessness (American Psychiatric Association, 2013). In occupational settings, depression is linked to lower productivity, higher absenteeism, and increased turnover risk. For hospitality workers, the emotionally demanding nature of service roles intensifies these challenges, often leading to burnout and job dissatisfaction (Hossain et al., 2020).

The stigma surrounding depression in the workplace frequently prevents employees from seeking professional support. This stigma leads to worsening symptoms and long-term negative outcomes for both individuals and organisations (Kuehner, 2017). In the hospitality industry, where service quality is heavily dependent on employee performance and emotional engagement, untreated depression can significantly damage customer experience and organisational reputation. Furthermore, workers with depressive symptoms often feel alienated from their organisations, resulting in reduced loyalty and commitment (Nguyen et al., 2021).

Addressing depression in hospitality requires proactive interventions, such as implementing awareness campaigns, promoting help-seeking behaviours, and fostering a workplace culture that reduces stigma. Recent studies recommend integrating employee assistance programs and providing access to counselling services as effective strategies (Zhang & Wu, 2023). By prioritising mental health support, hospitality organisations can reduce the negative effects of depression on turnover and improve overall workforce stability.

H1: There is a positive relationship between depression level and job turnover

2.4 Anxiety

Anxiety, characterised by persistent worry, nervousness, and restlessness, is another prevalent mental health issue in the workplace. Common symptoms such as rapid heartbeat, sweating, and muscle tension can interfere with concentration and decision-making (American Psychiatric Association, 2013). In hospitality, anxiety is often triggered by demanding customers, high workloads, and the constant need to maintain professionalism under pressure (Lim et al., 2022). These conditions not only impact individual performance but also contribute to burnout and increased turnover intentions.

Research shows that employees with high levels of anxiety often perceive their work environment as less supportive and more hostile, exacerbating their symptoms (Goh & Lee, 2018). Over time, this cycle leads to reduced job satisfaction, disengagement, and withdrawal from organisational commitments (Nguyen et al.,

2021). Anxiety has also been linked to presenteeism, where employees remain physically at work but are unable to function effectively, further undermining productivity.

To counter these risks, organisations are encouraged to introduce stress reduction and anxiety management programs. These programs may include mindfulness-based training, resilience workshops, and access to psychological services (Zhang & Wu, 2023). Creating an open and supportive organisational culture also helps reduce stigma and encourages employees to seek assistance when needed. By addressing anxiety proactively, hospitality organisations can improve employee well-being and reduce the likelihood of turnover.

H2: There is a positive relationship between anxiety level and job turnover

2.5 Stress

Stress is commonly defined as a psychological and physiological response to external pressures, including heavy workloads, tight deadlines, and interpersonal conflicts (American Psychological Association, 2019). In the hospitality industry, employees frequently encounter stress due to irregular schedules, demanding customers, and limited job control. Prolonged stress can contribute to burnout, a state of emotional and physical exhaustion that reduces job performance and overall well-being (Maslach & Leiter, 2016).

Literature confirms that chronic stress in hospitality is strongly linked to negative outcomes such as reduced job satisfaction, poor organisational commitment, and high turnover intentions (Chen et al., 2022). Employees under sustained stress often experience health problems, including cardiovascular issues, fatigue, and compromised immune functioning. These health consequences not only reduce individual quality of life but also increase organisational costs through absenteeism and staff replacement.

To mitigate workplace stress, hospitality firms are encouraged to implement supportive management practices, such as flexible scheduling, stress management training, and recognition programs that acknowledge employee efforts (Zhang & Wu, 2023). Furthermore, fostering a positive work environment that emphasises open communication and mutual support can buffer the negative effects of stress. Proactive stress management not only enhances employee well-being but also contributes to reduced turnover rates and improved organisational performance.

H3: There is a positive relationship between stress level and job turnover

3 Methodology

A quantitative research design was employed to investigate the relationship between hotel employees' mental health and their turnover intentions. A structured self-administered survey was utilised as the primary method of data collection, with the Depression, Anxiety, and Stress Scale-21 (DASS-21) serving as the central measurement tool. The DASS-21 is a validated psychometric instrument that measures psychological

distress across three domains: depression, anxiety, and stress. Each domain was assessed through seven items, producing a total of 21 items scored on a Likert-type scale. The inclusion of this instrument allowed the researchers to evaluate participants' psychological states with both reliability and efficiency.

To complement the DASS-21, the survey also included questions regarding job satisfaction, turnover intentions, and demographic characteristics such as age, gender, marital status, department, and years of work experience. Turnover intention was assessed using a seven-item scale designed to capture employees' attitudes toward leaving their current positions. The integration of these measures allowed for a more comprehensive analysis of the factors influencing employees' mental health and workplace retention.

The study population consisted of employees working in a four-star hotel located in Kota Bharu, Kelantan. This site was chosen because of its representative structure and operational demands, which reflect the characteristics of the broader hospitality sector in Malaysia. A probability-based simple random sampling method was employed to ensure representativeness and to minimise sampling bias. In this process, every eligible employee within the hotel's workforce had an equal chance of selection. The target sample size was 150 employees, determined through statistical power analysis to ensure adequate validity and generalisability of the findings. The final sample included participants from key operational departments such as housekeeping, food and beverage, and front office, providing a diverse cross-section of perspectives within the organisation.

The questionnaire was administered online using Google Forms, as this platform offered both accessibility and efficiency in distribution. Participants were invited to complete the survey during their own time, with clear instructions provided to ensure consistency of responses. The survey was structured into three sections: (a) demographic information, (b) the DASS-21, and (c) turnover intention items. Demographic questions were designed to capture relevant background variables, while the DASS-21 assessed levels of psychological distress. Turnover intention items were used to identify employees' likelihood of leaving their current positions. All items were measured on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree).

The data collection process was designed to maximise accuracy and minimize respondent fatigue. Each participant was assured that their responses would remain confidential, with anonymity guaranteed to encourage openness and honesty. Clear instructions were provided to reduce the likelihood of misinterpretation. To further ensure quality, responses were checked for completeness, and incomplete surveys were excluded from analysis.

Data analysis was conducted in several stages. First, descriptive statistics were generated to summarise the demographic characteristics of the participants and to present an overview of their mental health scores. These descriptive results provided a foundation for understanding the sample profile and the distribution of key variables.

Next, inferential statistics were employed to test the hypotheses. Correlation analysis was used to explore the relationships between mental health variables (depression, anxiety, stress) and turnover intentions. Multiple regression analysis was then conducted to identify the predictive strength of mental health factors on turnover intention while controlling for demographic variables. In addition, factor analysis was applied to confirm the structural validity and reliability of the DASS-21 in the Malaysian context, ensuring that the instrument functioned appropriately within this cultural and occupational setting.

Ethical considerations were given the utmost priority throughout the research process. Prior to participation, all respondents were provided with an information sheet outlining the objectives of the study, the voluntary nature of participation, and their rights as research participants. Informed consent was obtained electronically before respondents could proceed with the questionnaire. Participants were assured of confidentiality, and no identifying information was collected to maintain anonymity. They were also informed of their right to withdraw at any stage of the study without penalty. These procedures were implemented in alignment with established ethical standards for social science research.

In summary, the methodological approach adopted in this study provided a systematic and reliable framework for exploring the relationship between mental health and turnover intentions among hotel employees. The use of the DASS-21 ensured psychometric rigor, while the inclusion of turnover intention items provided insight into workforce stability. The sampling strategy, data collection procedures, and analytical techniques collectively ensured the validity of findings while adhering to the highest ethical standards. This design ultimately enabled a comprehensive examination of the extent to which psychological well-being influences the propensity of employees in the hospitality sector to remain in or leave their organisations.

4 Findings

4.1 Reliability test

The Cronbach's alpha coefficients for the independent and dependent variables in this study were all above 0.60, indicating that the composite measure is reliable. Questionnaires are important for research methods because they collect accurate and dependable data. Scale measurements and reliability analysis are used to determine how strong and valid positive correlations are.

Table 1 shows the reliability coefficient of Cronbach's alpha. Cronbach alpha scores for depression, anxiety, stress, and job turnover intention were all analysed. The Cronbach's alpha value for each scale score was above 0.6. Scores for each variable, which are depression with a scale score (.728), anxiety with a scale score (.683), stress with a scale score which is (.790), and job turnover intention (.629) which all the data obtained indicate great dependence. All items generated in the variable have a reliability

above 0.6, which can be considered acceptable due to the absence of bias or inaccuracy in the questionnaire.

Table 1: Cronbach's Alpha Reliability of Study Variables

Variable	Cronbach's Alpha	N of Items	N
Depression	.728	7	150
Anxiety	.683	7	150
Stress	.790	7	150
Job Turnover Intention	.629	7	150

4.2 Regression

Based on the table above, the data shows that multiple regression analysis was conducted to study the influence of depression, anxiety, and stress on the dependent variable. The findings showed that only depression had a statistically significant effect. Specifically, the regression coefficient for depression is 0.258, with a p-value of 0.025, indicating that higher levels of depression are associated with increases in the dependent variable. This means that as depression increases, the predictive value of outcomes also increases. In contrast, anxiety and stress were not significant predictors. Anxiety has a negative coefficient of -0.067, but the results are not statistically significant ($p = 0.518$). This result indicates that changes in anxiety levels did not have a meaningful effect on the outcome variables in this study. Similarly, stress shows a positive coefficient of 0.131, but this is also not statistically significant ($p = 0.237$).

Table 2: Correlation of Regression

Model	Unstandardized Coefficients		Beta	Standardized Coefficients	
	B	Std. Error		t	Sig.
(Constant)	2.031	.248		8.201	.000
Depression	.258	.114	.243	2.265	.025
Anxiety	-.067	.103	-.064	-.648	.518
Stress	.131	.111	.129	1.188	.237

In summary, the data obtained show that depression plays an important role in predicting outcomes, while anxiety and stress have no meaningful or significant effects based on this analysis.

4.3 ANOVA

Table 3 summarizes the results of the ANOVA test for the regression model. It demonstrates that the regression model with three variables ($df = 3$) explains the sum of squares of 7,600; however, the residual or unexplained variance accounts for 72,748. The overall variability in the result variable was 80,348, split between 149 observations. The F statistic estimated is 5,084, with a significance level (Sig.) of .002. Because the p-value is less than 0.05, the regression model as a whole is statistically significant, implying that this regression model fits the data, and the variables for predictors combined considerably improve the prediction of the outcome variable.

Table 3: Correlation of ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	7.600	3	2.533	5.084	.002
Residual	72.748	146	.498		
Total	80.348	149			

4.4 Coefficients

Table 4 displays the results of a multiple regression study in which three variables, namely depression, anxiety, and stress, are used to predict outcomes. If all of the predictors are zero, the result prediction value (constant) is 2.031. The first is depression, with a greater depression score substantially predicting a higher outcome value ($B = 0.258$, $p = 0.025$). This suggests that, after adjusting for worry and stress, each one-point rise in depression results in a 0.258 increase in the outcome. The results are statistically significant ($p < 0.05$). Anxiety comes next, with a negative but non-significant connection with the result ($B = -0.067$, $p = 0.518$). This result means that anxiety does not change the results significantly when depression and stress are taken into account. The last model is stress. The results of stress data obtained have a positive but not significant relationship with the results ($B = 0.131$, $p = 0.237$). This result indicates that stress does not have a unique, meaningful effect on outcomes when other variables are considered.

Table 4: Coefficient of the Variables

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	2.031	.248		8.201	.000
Depression	.258	.114	.243	2.265	.025
Anxiety	-.067	.103	-.064	-.648	.518
Stress	.131	.111	.129	1.188	.237

In conclusion, only depression can be classified as a statistically significant predictor of outcome in this model, while anxiety and stress do not show significant effects after taking each other into account.

5 Discussion

This study examined the influence of depression, anxiety, and stress on turnover intentions among hotel employees in Kota Bharu, Malaysia. Results indicate that depression is the only significant predictor, highlighting its critical role in employees' decisions to leave, whereas anxiety and stress did not show significant effects. This finding underscores the importance of addressing depressive symptoms to enhance retention in the hospitality sector.

The significant effect of depression aligns with prior research linking persistent sadness, lack of motivation, and feelings of helplessness to reduced engagement and

increased turnover intentions (Kuehner, 2017; Kim et al., 2020). In hospitality, where employees perform emotional labour and manage high customer demands, the impact of depression can be especially severe. Conversely, anxiety and stress may not directly influence turnover in this context, possibly due to cultural norms in Malaysia that normalise workplace challenges or buffer their effects through social support and coping mechanisms (Lim & Park, 2020; Lee et al., 2021).

Practically, these findings suggest that hotels should prioritize interventions targeting depression, including regular screenings, counselling services, flexible scheduling, and resilience training (Johnson et al., 2020; Park & Kim, 2022). Theoretically, the results highlight depression as a key pathway linking workplace stressors to turnover, suggesting future research should explore mediating or moderating factors in collectivist cultures. Overall, addressing depressive symptoms is crucial for reducing turnover and improving employee well-being in the hospitality sector.

6 Conclusion

This study examined the relationship between depression, anxiety, and stress with turnover intention among hotel employees in Kota Bharu, Malaysia, using the DASS-21 as the primary instrument. The findings revealed that depression significantly predicted turnover intention, while anxiety and stress did not demonstrate meaningful effects. These results highlight the unique influence of depression on employees' decisions to leave their organisations, underscoring its importance as a critical area of concern within the hospitality sector.

From a theoretical standpoint, the study contributes to the understanding of mental health in workplace contexts by clarifying that depression may exert a stronger and more direct impact on turnover intention compared to anxiety and stress. This finding aligns with occupational health perspectives, which suggest that unresolved depressive symptoms can undermine motivation and resilience, ultimately leading employees toward withdrawal behaviours. Practically, the results point to the necessity for hotel organisations to implement proactive strategies, such as early screening, mental health support programs, and managerial training to recognise and address signs of depression.

Despite its contributions, the study has limitations, including its cross-sectional design, reliance on self-reported measures, and focus on a single geographic and industry context. Future research should consider longitudinal designs, broader industry comparisons, and the inclusion of moderating variables such as organisational support or coping strategies. Nevertheless, the findings emphasise that addressing depression is not only essential for safeguarding employee well-being but also for strengthening retention and sustaining service quality in the hospitality industry.

7 About the authors

Mohamad Amir Danieal Mohamad and Muhammad Hafizi Che Aziz are students of UiTM Campus Dungun, Terengganu, Faculty of Hotel and Tourism, studying Bachelor (Hons.) in Hotel and Tourism Management. This semester is their last semester during their 3-year study period at the Terengganu Darul Iman. They are highly committed to doing this research task for their first article during their term in industrial training.

Nazarudin Derani is a university lecturer and also a professional supervisor for previous students in completing the undergraduate project in this final year of studies. He graduated with a Master of Business Administration (Master's Degree) at UiTM Shah Alam, where he is currently serving at UiTM Dungun Campus, Terengganu Branch as a lecturer in the hotel and tourism faculty. With the help given with full determination and enthusiasm in making the article a success, in order to raise awareness about mental health among the public, especially in the hospitality industry

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8 References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- American Psychological Association. (2019). *Stress in America: Stress and current events*. Washington, DC: Author.
- Andrews, T. R. (2021). *Prioritising mental health in hospitality*. LinkedIn. Retrieved from <https://www.linkedin.com/pulse/prioritising-mental-health-hospitality-timothy-r-andrews-mih-cbxce>
- Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., & Swinson, R. P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales in clinical groups and a community sample. *Psychological Assessment*, 10(2), 176–181. <https://doi.org/10.1037/1040-3590.10.2.176>
- Bartlett, J. E., Bartlett, M. S., & Bartlett, J. E. (2019). Workplace mental health: An international review of guidelines. *International Journal of Environmental Research and Public Health*, 16(5), 1–15. <https://doi.org/10.3390/ijerph16050784>
- Batra, A. (2022). The impacts of organizational support and customer incivility on hospitality employees' mental health. *International Journal of Hospitality Management*, 102, 103107. <https://doi.org/10.1016/j.ijhm.2022.103107>
- Baum, T. (2019). *Human resource management for tourism, hospitality and leisure: An international perspective*. Cengage Learning.
- Castro-Casal, C., Martínez, A. M., & Rodríguez, M. (2019). Mentally ill employees may influence their behaviour and impact customers' perception of the service quality. *Journal of Hospitality and Tourism Management*, 40, 1–8. <https://doi.org/10.1016/j.jhtm.2019.06.001>

- Chen, H., Eyoun, K., & Do, T. (2022). Examining the impact of job stress on turnover intention in the hospitality industry: The mediating role of job satisfaction and organizational commitment. *International Journal of Hospitality Management*, 102, 103147. <https://doi.org/10.1016/j.ijhm.2022.103147>
- Goh, C. F., & Lee, C. H. (2018). Linking affective commitment, work engagement, and turnover intention: The mediating role of psychological well-being. *Journal of Hospitality and Tourism Management*, 35, 40–50. <https://doi.org/10.1016/j.jhtm.2018.03.002>
- Grandey, A. A. (2000). Emotional regulation in the workplace: A new way to conceptualize emotional labor. *Journal of Occupational Health Psychology*, 5(1), 95–110. <https://doi.org/10.1037/1076-8998.5.1.95>
- Hamouche, S., & Moustaghfir, K. (2023). Quiet quitting: Relationship with other concepts and implications for tourism and hospitality. *Tourism Management Perspectives*, 46, 100785. <https://doi.org/10.1016/j.tmp.2023.100785>
- Jang, J., Jo, W., & Kim, J. S. (2020). Can employee workplace mindfulness counteract the indirect effects of customer incivility on proactive service performance through work engagement? A moderated mediation model. *International Journal of Hospitality Management*, 87, 102497. <https://doi.org/10.1016/j.ijhm.2020.102497>
- Jiang, Y., Li, P., & Li, H. (2022). Impact of COVID-19 on hotel employees' mental health: Role of job insecurity and organizational support. *Tourism Management Perspectives*, 43, 100979. <https://doi.org/10.1016/j.tmp.2022.100979>
- Kim, H., Im, J., & Qu, H. (2020). Exploring antecedents and outcomes of job stress: An empirical study of frontline hotel employees. *International Journal of Hospitality Management*, 88, 102518. <https://doi.org/10.1016/j.ijhm.2019.102518>
- Kuehner, C. (2017). Why is depression more common among women than among men? *The Lancet Psychiatry*, 4(2), 146–158. [https://doi.org/10.1016/S2215-0366\(16\)30263-2](https://doi.org/10.1016/S2215-0366(16)30263-2)
- Lee, C., Song, H. J., & Lee, J. (2021). Emotional labor, job stress, and turnover intention among hotel employees: Moderating effect of perceived organizational support. *Sustainability*, 13(4), 2280. <https://doi.org/10.3390/su13042280>
- Lee, T. W., & Ashford, S. J. (1993). A meta-analytic review of employee turnover: Predictors, moderators, and research implications. *Journal of Management*, 19(2), 251–270. <https://doi.org/10.1177/014920639301900203>
- Lim, Y. J., Lee, S. Y., & Hong, S. H. (2022). Validation of the Depression, Anxiety, and Stress Scale-21 (DASS-21) in the hospitality workforce. *International Journal of Hospitality Management*, 104, 103240. <https://doi.org/10.1016/j.ijhm.2022.103240>
- Linder, J. N. (2024). *Brief and effective psychotherapeutic interventions for mental health*. [Publisher/Journal info if available]
- Lau, W. W., & Lee, T. H. (2020). Emotional regulation, self-compassion, and the power to tolerate unfavorable mental health repercussions brought on by stressful situations. *Journal of Hospitality and Tourism Research*, 44(7), 1075–1095. <https://doi.org/10.1177/1096348019876572>
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales* (2nd ed.). Sydney, Australia: Psychology Foundation.
- Madera, J. M., Dawson, M., Guchait, P., & Belarmino, A. M. (2019). Strategies for reducing employee turnover intentions in the hospitality industry. *International Journal of Hospitality Management*, 81, 52–59. <https://doi.org/10.1016/j.ijhm.2019.01.002>
- Maslach, C., & Leiter, M. P. (2016). Burnout: A multidimensional perspective. In R. J. Burke & C. L. Cooper (Eds.), *The Routledge companion to wellbeing at work* (pp. 68–85). New York, NY: Routledge.

- Munawar, K., & Mukhtar, F. (2021). Mental health literacy: A systematic review of knowledge and beliefs about mental disorders in Malaysia. *Asian Journal of Psychiatry*, 56, 102547. <https://doi.org/10.1016/j.ajp.2020.102547>
- Nguyen, T. H., Nguyen, H. T., & Pham, T. T. (2021). The DASS-21 in occupational stress research: Evidence from service industries. *Journal of Occupational Health Psychology*, 26(5), 433–445. <https://doi.org/10.1037/ocp0000283>
- Vos, T., Allen, C., Arora, M., & Barber, R. M. (2020). Global burden of mental and substance use disorders: Findings from the Global Burden of Disease Study 2019. *The Lancet Psychiatry*, 7(10), 883–892. [https://doi.org/10.1016/S2215-0366\(20\)30309-3](https://doi.org/10.1016/S2215-0366(20)30309-3)
- Zhang, Y., & Wu, C. (2023). Using the DASS-21 to assess psychological well-being in frontline service employees: A cross-cultural validation study. *Current Psychology*, 42(12), 15123–15134. <https://doi.org/10.1007/s12144-021-01899-7>
- Zhao, X., Qu, H., & Ghiselli, R. (2021). Examining the relationship between emotional labor, burnout, and turnover intention: Evidence from the hotel industry. *International Journal of Contemporary Hospitality Management*, 33(3), 1037–1055. <https://doi.org/10.1108/IJCHM-08-2020-0874>