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Experiences and Concerns of Female Hotel Housekeepers in the First Stages of the Covid-19 Lockdown in the Balearic Islands (Spain): A Qualitative Study

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Abstract

Strongly enforced mobility restrictions to deter the spread of COVID-19 severely impacted tourism, a pivotal economic sector of the Balearic Islands. Little is known about the experiences of the most economically affected groups, such as hotel housekeepers. This study aimed to explore the experiences and concerns of hotel housekeepers (approximately 13,000 worked in the Balearic Islands before the pandemic) during the first stages of the COVID-19 lockdown. Semi-structured interviews were conducted by telephone in April of 2020. Thematic analysis was used for interpretation. Eighteen hotel housekeepers were interviewed. Main experiences and concerns identified were: (a) distress due to employment status and economic situation, (b) concerns for children's education, (c) health-related concerns, mainly regarding the possibility of infecting someone, and (d) feelings related to home confinement (e.g., sense of security against infection, tedium, and boredom). Uncertainty permeated all discourses, generating feelings of fear and distress, particularly related to employment status and the general economic situation. Our findings shed light on the impact of public health measures to control COVID-19 spread in the different areas of life of hotel housekeepers, one of the most economically affected occupational groups. The trade-off between economics and health must be considered in future decisions on public health.

Keywords

COVID-19, lockdown, hotel housekeepers, semi-structured interviews, thematic analysis

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We acknowledge the collaboration of all hotel housekeepers who agreed to participate in the project and be interviewed.

Experiences and Concerns of Female Hotel Housekeepers in the First Stages of the COVID-19 Lockdown in the Balearic Islands (Spain): A Qualitative Study

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Introduction

The fast spread of COVID-19 in Europe since the first diagnosed case in mid-January of 2020 forced governments to apply stringent public health measures that negatively impacted the daily life of citizens. The lockdown in Spain began on March 14, 2020, and involved home confinement, closure of schools and non-essential businesses, and severe restrictions to mobility among regions. These restrictions had a drastic impact on tourism throughout Spain. If in 2018, tourism accounted for 44% of gross domestic product (GDP) in the Balearic Islands, the Social and Economic Council of the Balearic Islands forecasted a decline of 75 to 80% in the hospitality sector by the end of 2020 (Consell Econòmic i Social

de les Illes Balears, 2020). In 2019, 16,444,775 tourists arrived in the Balearic Islands, and only 3,071,905 in 2020 (Balearic Islands Statistics Institute).

An estimated 13,000 hotel housekeepers, an almost 100% female-dominated sector in Spain (Cañada, 2018), worked in the Balearic Islands in 2019. Their employment status before the pandemic was already precarious, with mostly recurring seasonal or temporary employment contracts, and no guarantee of income throughout the year. The Organisation for Economic Cooperation and Development (2020) anticipated a greater exposure to financial hardship derived from the COVID-19 pandemic for women due to multiple gender inequalities (e.g., income, wealth, type of jobs, etc.).

The severe physical effects of COVID-19 on persons who contract the virus had been recognized from early stages of the pandemic. However, the public health measures taken against COVID-19, such as home confinement and restrictions of social activities, indirectly affected the mental health of the general population, causing a higher prevalence of anxiety and depression (Gao et al., 2020; Huang & Zhao, 2020), especially in women (Brivio et al., 2021; Mazza et al., 2020; Nienhuis & Lesser, 2020) and young people (Ozamiz-Etxebarria et al., 2020).

It is not surprising to note that people from socially disadvantaged backgrounds (O'Connor et al., 2021) and individuals with poor self-rated health status (Wang et al., 2020) reported poorer mental health. Furthermore, some studies reported that women were more affected by changes in work status than men during the pandemic (Nienhuis & Lesser, 2020). Poor mental indicators were observed among people who had lost their jobs in the course of the pandemic (Rodríguez-Rey et al., 2020). People who stopped working during the COVID-19 crisis showed poorer general health and more distress (Zhang et al., 2020).

To date, most COVID-19 qualitative studies have focused on the experiences of people with COVID-19, people with specific health problems like cancer, and people in special situations (i.e., pregnancy). Studies conducted in the general population identified specific factors that eroded psychological well-being: isolation (Sharma et al., 2020), school closure-provoked anxiety, frustration and stress generated by compliance with safety measures (Ali et al., 2021), uncertainty for the future (Shahabi et al., 2020), and increased sleep disturbances (Salarvand et al., 2021). However, few studies explored the impact of the pandemic specifically in regard to hotel housekeepers. Hotel housekeepers' work is already frequently precarious, and they were further heavily impacted by the restrictions designed to reduce COVID-19 spread. We believe that workers in other affected economic sectors globally (i.e., restaurants, cinemas, live entertainment, etc.) might have suffered similar experiences.

This qualitative study aims to explore the coping mechanisms and main concerns of hotel housekeepers of the Balearic Islands when faced with the COVID-19 pandemic. The results will shed light on the repercussions of public health policies on everyday life in a society where no living generation had experienced this level of lockdown and home confinement. Our findings can inform future policies impacting precarious hospitality jobs.

Positioning Ourselves as Researchers

In 2017 (pre-COVID-19), a group of general practitioners in Mallorca observed shared health conditions among hotel housekeepers, mainly musculoskeletal disorders such as low back and cervical, shoulder, hand, wrist, and knee pain (Abdol Rahman & Muhamad Jaffar, 2017; Hsieh et al., 2016; Wami et al., 2019). This initial concern firstly evolved into a descriptive study conducted in a single primary healthcare centre on the island of Mallorca, followed by a wider project involving the four Balearic Islands ("Hotel Housekeepers and Health"), funded by the Sustainable Tourism Tax of the Balearic Islands Government (Grant

number ITS17-096). The main objective of this project was to generate and disseminate knowledge about the occupational health of hotel housekeepers and to evaluate the effectiveness of a complex, preventive health promotion intervention implemented from primary care through a clustered randomized clinical trial (RCT). The objective of this RCT was to evaluate the effectiveness of a complex intervention based on health promotion and empowerment of hotel housekeepers to improve their quality of life, self-perceived health status, and adherence to healthy lifestyles, and to reduce chronic pain, stress, chronic medication consumption, and the associated health costs (<http://www.isrctn.com/ISRCTN14664526>).

When the lockdown was enforced in March of 2020, Phase Three of the RCT with over a thousand participating hotel housekeepers was ongoing. All authors evaluated this situation as an opportunity to explore the response of hotel housekeepers to the pandemic restrictions. High levels of concern regarding employment status, finances, and health were anticipated.

With regard to the researchers involved, the multidisciplinary team of two general practitioners (OB and JLL), a nurse (MCVT), a physical therapist (CSR), and a political scientist (XCA) were already conducting the project “Hotel Housekeepers and Health” mentioned above. The first and second authors are currently writing doctoral theses on the health of hotel housekeepers: one author focuses on stress, sexual harassment, and work-life balance; the other author explores prevalence of chronic pain among hotel housekeepers and how a complex primary care-based intervention can mitigate their pain.

The researchers undertook a reflexive approach: we all engaged in telematic meetings to discuss our experiences and concerns related to the pandemic and how these could influence and bias all the research processes (data collection, analysis, and writing the results). For instance, the expected concern for the employment status of the hotel housekeepers and researchers’ higher concern for infection as they continued working during the lockdown were the main two domains identified by researchers as negatively affected by the pandemic and considered to potentially affect the research process. This reflexive exercise contributed to guarantee the validity and rigour of the results (Sundler et al., 2019).

Methods

We considered that qualitative methodology was most adequate for exploring hotel housekeepers’ experiences due to lack of prior evidence on lockdown and pandemic situations. Qualitative methodology allows participants to openly describe their experiences and concerns without reducing their discourse to predetermined coordinates.

Semi-structured interviews were conducted during the first stages of the pandemic to explore and understand hotel housekeepers’ experiences of the lockdown, their main sources of concern, and their expectations. These interviews, conducted by telephone due to lockdown restrictions, explored the complexity of the effects of the lockdown and the pandemic.

Study Population and Recruitment

The participants of this qualitative study were selected from a random sample of 200 hotel housekeepers that participated in the aforementioned RCT. To be eligible, hotel housekeepers from the control group had to have attended the baseline visit; meanwhile, the hotel housekeepers randomized to the intervention group had to have attended the 8th study visit (at two months since baseline). Hotel housekeepers were selected from different locations to guarantee heterogeneity according to their place of residence. After that, in order

to achieve the sample variation, we contacted 30 hotel housekeepers according to relevant sociodemographic variables: age in years (<35, 36-50, >51), employment status (permanent, temporary, recurring seasonal), place of residence (urban: Palma and metropolitan area; rural: rest of municipalities), and participation in the control or intervention group. We called them to inform about the study and invited them to participate. Four of them did not respond to the call, four did not want to participate, and four agreed to participate but did not answer the phone call on the day of the interview. We accepted anybody who was willing to participate. Before the interview, informed consent was audio recorded.

A total of 18 hotel housekeepers, all women, were interviewed between April 14-24, 2020; Table 1 shows the hotel housekeepers' profiles and codes. All participants were under the mandatory lockdown enforced since March 14, 2020.

Table 1

Profiles of hotel housekeepers interviewed

Code	Age	Employment Status	Place of Residence
E1	44	End of employment contract	Rural
E2	42	Temporary	Urban
E3	54	Recurring seasonal	Rural
E4	42	Recurring seasonal	Urban
E5	40	Temporary	Urban
E6	28	Temporary	Rural
E7	62	Recurring seasonal	Rural
E8	23	Recurring seasonal	Urban
E9	63	Recurring seasonal	Rural
E10	34	Recurring seasonal	Rural
E11	46	Temporary	Rural
E12	41	Recurring seasonal	Rural
E13	61	Temporary	Urban
E14	50	Recurring seasonal	Urban
E15	56	Recurring seasonal	Rural
E16	49	Permanent	Rural
E17	30	Temporary	Urban
E18	59	Recurring seasonal	Urban

Data Collection

Based on the review of a few previous studies on the effects of the pandemic on the population (mostly conducted in China), the objectives of the study, and our experience working with hotel housekeepers, we elaborated a semi-structured interview guide to explore the dimensions identified as relevant. Firstly, previous studies had identified a rise in anxiety. Secondly, considering that lockdown implied staying at home for most of the population, the authors proposed gender roles when performing housework as a possible relevant dimension to explore in interviews. Finally, we considered the financial component due to the seasonal occupational situation of this population group. The initial interview guide was expanded and completed as data collection for this qualitative study progressed. For instance, questions regarding the education of children were included after being identified as a concern in the third interview. In conclusion, we explored the following dimensions: (a) Experience of lockdown, (b) Activities carried out during the day, (c) Feelings and concerns about the current situation, (d) Distribution of household tasks, and (e) Economic situation in the household.

Data was considered sufficiently rich (narratives and concerns were being repeated) after 16 interviews (Fusch & Ness, 2015; Saunders et al., 2018). Two additional interviews were made to ensure that no new information emerged.

Ethical Approval

This qualitative study was approved by the Balearic Islands Research Ethics Committee (IB 4187/20 PI). Information about the study and clarifications were provided by telephone; consent was audio recorded before starting the interview. Individual interviews were conducted by the first author and lasted 15 to 35 minutes. Interviews were conducted in Spanish or Catalan, depending on participants' preference; selected relevant verbatim comments were translated into English. An identifying code was assigned to each participant to guarantee confidentiality of every contribution.

Data Analysis

Thematic analysis was conducted independently by the first and second authors. Software NVivo 11 was used in analyzing our data.

We used a six-phase thematic analysis process, as defined by Braun and Clarke (2012). To begin, the first and second authors got familiar with the data, reading and re-reading the transcriptions of each interview and taking notes about relevant information and pre-analytic intuitions (i.e., financial concerns would be the most important, younger participants would be more unhappy regarding imbalanced distribution of housework, etc.).

Based on what we read in the first phase and the notes we took, an initial list of codes was proposed to systematically code data and to identify information relevant to the research question. To code and analyze data, we combined a deductive approach (codes based on dimensions covered in the individual interviews) with an inductive approach (codes were modified or added as analysis was progressing) (Braun & Clarke, 2012). The combination of deductive and inductive approaches facilitates responding to the research questions and staying close to the data content as the analysis develops. An agreement on the codes and their definitions was reached among researchers XCA and CSR.

The third step consisted of looking for themes: firstly, an analysis of each code was discussed between the first and second author until agreement was reached. Next, the codes sharing features were clustered and organized into themes based on shared experiences of the hotel housekeepers (Table 2). We decided to include the code "Feelings" across the four themes, connecting each feeling with every specific situation that emerged in the interviews, allowing us to identify the association that participants made between situations and feelings.

Table 2

Codes clustered into themes

Codes	Theme
Economic and work status Attitudes related to work and finances Expectations related to work Measures/strategies to face economic loss	Employment and economic situation
Concerns about children's education Follow-up homework Extra educational resources	Education
Safety recommendations Attitudes to health	Health

Declared symptoms	
Experience of confinement Cohabitation Housework	Home confinement

In the fourth phase, the themes previously identified were reviewed in relation to textual data. To ensure quality, the first author re-read all textual data to verify that (a) themes captured the meaning of the interviews, (b) each theme had sufficient data to be supported, and (c) data supporting themes were consistent.

The last two phases (defining and naming themes and writing the results) were carried out simultaneously. While themes were defined, we selected some extracts to support the findings. Verbatims were selected based on their potential to illustrate findings and to represent all the interviewees.

Strategies to Enhance Trustworthiness

To enhance the trustworthiness of our results, we used some of the criteria established by Lincoln and Guba (1985). To increase credibility, we used investigator triangulation in different steps of the research. First, a manual code was agreed between the two researchers responsible for the analysis (XCA and CSR). After that, these two researchers independently coded and analysed data to ensure credibility of the representation of the hotel housekeepers' views. Next, results of every code were agreed between these two researchers and themes were built based on this analysis. Before the themes were considered final, all data were read again and the coding was again scrutinized to guarantee that themes were consistent with data collected. Finally, during the writing phase, all authors met regularly to ensure that the manuscript supported the conclusions.

In order to increase dependability, researchers positioned themselves in relationship to this study (as described in a previous section) allowing the readers to have a fair understanding of the authors' relationships to this research.

Given that hotel housekeeping is an occupational group that shares some key features in different countries (such as having precarious working conditions, being an unskilled occupational group, having high physical demands and low control over the work, etc.) and the fact that countries applied similar restrictions to respond to the COVID-19 pandemic, we believed that our results can be applied to different settings. Also, the detailed description of the particular circumstances of this occupational group in the Balearic Islands during the first stages of the lockdown provided a rich enough portrayal to enhance transferability of the results to the public health decision makers and stakeholders.

Results

Results are classified according to the four main themes identified in the analysis: (a) employment and economic situation, (b) education, (c) health, and (d) home confinement.

Employment and Economic Situation

Employment status and economic situation were the main concerns raised during the interviews. Some hotel housekeepers had just started working when the state of emergency was declared; others were going to start in the following weeks or days. The hotel housekeepers who had a recurring seasonal or temporary contract and were employed when state of emergency was declared were included in the Temporary Workforce Adjustment Plan

(ERTE in its Spanish acronym), which provided 70% of their salary until September 2020 (this period was later extended).

I should have started (working) on March 16 - (...) But (...) because of the state of emergency, some days before, we now rely on the Royal Decree (ERTE) (E8).

During the interviews, hotel housekeepers emphasized the lack of information: they did not know how much they would earn, when they would get paid, or for how long.

We don't know anything. We only know that they have made an ERTE but not how long for nor... I was saying, very little information (E14).

And well, we have the ERTE since March 22. We don't know...anything! We just don't know anything! I can't tell you because we don't know anything. Only that we have the ERTE, we don't even know when we are getting paid (E6).

This lack of information generated mainly feelings of uncertainty.

We got an ERTE, which by the way has not yet been approved. But it will, but they don't explain anything, and we don't know for how long the ERTE will last (E5).

They called us and said that all the reservations were being cancelled and that they could not tell when we could start (E10).

In most cases, at the time of the interviews, hotel housekeepers lacked any type of income, since their unemployment benefits had already expired, or their salary stopped when the activity ceased due to the pandemic. The hotel housekeepers underscored that their expenses had not decreased despite the drop in their income which created a situation that was experienced as unfair.

We are being charged daily for the essentials, the bills [for electricity, gas,...] and... with no income and we must also eat (E2).

Uncertainty and lack of income caused various degrees of concern, which depended on the (a) type of contract, with hotel housekeepers with temporary contracts expressing more concern since hotel housekeepers not employed when the state of alarm began were not included in ERTE, and (b) economic status of their relatives and household, with a more positive outlook when other family members continued working.

While my husband has a job, (I am) not so much (worried). Because I know that we'll have food and a home (E12).

Thank God I don't have financial problems at the moment. Because, we have two salaries at home, I still have some savings (E15).

The concern increased when the salary of the hotel housekeepers was essential to afford the most basic expenses. In extreme cases, some hotel housekeepers reported that they

did not earn enough to pay for necessities. Some hotel housekeepers mentioned that due to restrictions on mobility, they had to quit other informal jobs they had. Having informal jobs further reflects the precarious economic situation of hotel housekeepers.

[My husband] still has a job. Fortunately, his wages are still there. But with 1,400 euros the five of us cannot eat, nor do we pay a mortgage or all the expenses, car, electricity... That's why I say that my salary is very important in this house (E1).

Next month is my last month of unemployment benefits, and with the compensation I cannot live. The whole compensation is just what I need to pay the rent (E6).

Because I also used to clean private homes, and now I cannot even do those (...) If I cannot go out, I cannot do that (E5).

Other feelings reported were fear and distress caused by being unable to afford basic expenses, and unfairness due to the situation generated by the COVID-19 pandemic. This frustration was especially expressed by the hotel housekeepers who would have signed a seasonal recurring contract after two consecutive temporary contracts, or women starting at a new company that had not yet signed the new job contract. These circumstances left them in a more precarious situation.

I don't get unemployment benefits and I'm requesting the 400 euro compensation, I don't know if I'll get it, it's nerve-racking, not knowing if I can afford to pay for anything (E1).

For me it's all very very unsettling and I'm really really scared, because I am paying a mortgage and – and I still have years to pay and I'm already 50 years old (E14).

With regard to future prospects, hotel housekeepers reported that working during the summer season would be very complicated, because they believed that the touristic sector would be among the last to open and return to normality. Hotel housekeepers stated that people in summer of 2020 would travel less, and since most hotels welcomed almost exclusively foreign customers, they expected hotels to remain closed. Hotel housekeepers maintained a global perspective: the problem could not be solved unless the situation improved abroad and in the Balearic Islands. However, some declared that they expected (or wanted) to work at least two or three months (instead of the usual six to nine months). All the discourses and ideas reported were infused by the uncertainty of the situation.

I don't think I'll (work)- I work in hospitality and no... It's really bad (...). If the clients don't come, we cannot work (E7).

Some hotel housekeepers with (or anticipating) economic difficulties developed strategies to deal with uncertainty and the fall in income:

- Waiting until the ERTE and the employment status (i.e., when they would receive the ERTE allowance, for how long, whether hotels would open, etc.) were resolved.

Some hotel housekeepers considered looking for other jobs, while others had already started looking for different or additional employment.

In any case I need to work. I mean... I have a mortgage, I have a car, I have expenses to pay and yes, I need to work (E17).

The only thing I've done is send cv's to all the malls. I really don't care what the job is (E1).

- Some hotel housekeepers explained that they had savings, affording them some peace of mind. Other hotel housekeepers were already using these savings to pay for everyday expenses.

We have also been following the situation. Of five euros we gain, we spend three or three and a half (E9).

- Some hotel housekeepers had considered reducing expenses (including a request for an extension of the mortgage or a reduction in the rent) because of the uncertainty of the labour market and the economic situation.

And well, negotiating with the bank to get a moratorium on everything, for the mortgage and for the personal loans (E11).

I am leaving the house where I am renting, and with the €400 benefits, me and my children will eat (E6).

Education

Education also emerged as a concern, mainly in hotel housekeepers with children in primary and secondary compulsory education. Adding uncertainty, when the interviews were conducted, it was unclear whether schools would open before the end of the school year (around June 20 in Spain).

The analysis indicated two opposite discourses regarding education: some hotel housekeepers appeared very worried about their children's education, while others seemed completely unconcerned. The concerns of the first group were related to:

- Perceptions that children were missing the school year because they were not acquiring the expected knowledge, although all were sent homework by their teachers.

The youngest was always a bit behind, now even more. I'm pretty certain that this year he'll fail (E10).

Because they will not learn anything during this half year, because it really has been only half a year. (...) And next year they'll be behind (E6).

- A more positive value was ascribed to the traditional, face-to-face education as opposed to distance learning which was implemented at all educational levels during the lockdown, characterized by remote lessons and homework sent virtually.

There should be proper lessons (...) watch the video where they teach, I really disagree with this (...) because it's very different from being in the classroom and asking the teacher when they don't understand something (E2).

- Hotel housekeepers with children in their last year of primary education were especially concerned because their children would transfer schools the following year. School closures were experienced as a complication when choosing secondary school and filling in the paperwork.

I'm very worried about the education of my children, especially my son in sixth grade who's going to transfer to ESO (secondary school). They say that they are going to cancel the school year, what is he going to do? Will they start ESO completely unprepared? (E1).

Of course I worry; we are locked up and I don't know how he will progress. They are giving him homework and he is doing it, he is suffering, but he is following and they don't know what they are going to do, with the schools and all this. Because he's not going to school next year, and we don't know how schooling is going to be like, the school he's allocated (E13).

- Hotel housekeepers who felt unprepared to help their children with school lessons because they had a lower educational level or because they did not know how to teach certain subjects showed a higher degree of concern about the education of their children. In order to support their children's schoolwork, some hotel housekeepers were receiving help from an older sibling or had to look for additional tools such as educational mobile apps or additional textbooks.

...although they have lots of homework, every day is doing homework, homework and more homework, and we worry because we cannot help with all subjects (E1).

Poor things they are not doing too well (...) And now this... (...) It's very difficult for him. If it's hard in normal circumstances, imagine now with me without any qualification, I cannot help much (E4).

Among hotel housekeepers less concerned about the education of their children, we identified two profiles. On the one hand, hotel housekeepers with children in post-compulsory education thought that they could rely more on independent learning and that online instruction was not so detrimental.

They do the assignments work, because my son is doing FP (vocational training). (...) At home they make the food that the teacher tells them. They also have exams, exercises (...) And they have to study. I think it works (E3).

On the other hand, some hotel housekeepers with children in compulsory education believed that they could help them with school lessons or that they could do additional homework with them. Most hotel housekeepers with these two profiles were satisfied with the homework given by the school and did not think that the children were missing the school year.

I'm not particularly worried, because the teachers send them lots to do and (...) has followed the school schedule. I don't think it would be a missed year. It's true that going to school is better and that they would like to be with friends. But it's not a lost year (E12).

In conclusion, hotel housekeepers who perceived having more resources (i.e., knowledge about the subjects their children were studying) showed lower levels of concern compared to hotel housekeepers who perceived not having enough resources to help their children.

Health

Despite the pandemic context, most hotel housekeepers perceived a low individual risk of contagion by COVID-19, except those who considered themselves to belong to a risk group due to age or some comorbidity (such as cardiovascular, respiratory, or diabetes conditions). The main concern of hotel housekeepers was the possibility of infecting/infection of a vulnerable family member; consequently, some hotel housekeepers reported helping family members with errands to reduce their relatives' chances of contagion.

I'm a healthy girl, sporty (...) That's why, within reason, I'm not worried, I'm worried about the health of my family, of course. (...) I have elderly parents. (...) And sometimes I had to go and to sort out things, because I did not want them to go to the bank and get infected (E8).

Although most hotel housekeepers had a low perception of individual risk, all of them followed safety recommendations, which caused feelings of fear and anxiety (particularly in those most afraid of being infected). Social distancing, constant disinfection, uncertainty, and the emergency climate created by the authorities and the media only amplified these feelings. At this stage of the state of emergency, severe restrictions to leave the house were enforced and people were just allowed to conduct essential activities such as going to the supermarket, the doctor, or the pharmacy. Only essential workers travelled to work. Hotel housekeepers reported going out as little as possible. Further safety measures implemented were wearing disposable gloves, cleaning the shoes, and taking a shower when arriving home.

Despite the generalized perception of low risk, leaving the house was perceived as risky and was negatively experienced by some hotel housekeepers.

I have fear and apprehension when I need to go shopping and coming back, because it's an invisible virus. (...) I'm usually edgy (E2).

The truth is that I am a little overwhelmed already (...) not being able to go anywhere... it's really what I find most unsettling right now. The fear of going out, the climate when you go out, not being able to approach anyone ... (E16).

Hotel housekeepers who did not report this negative experience and/or trusted the protective measures appeared better adapted to the new circumstances.

If you go shopping and keep your distance ... You put on gloves, you put on a mask, you disinfect yourself well ... at first it was more difficult because we didn't have all the information, but now we just have to do it (E1).

In addition, some hotel housekeepers reported persuading family members to observe the restrictions and to understand the importance of doing so in order to avoid infection.

Well when it started my son was against it, then I talked to him, I insisted and he has gradually come to terms with it. He didn't understand at the beginning (that he had to stay at home) (E3).

I call and tell her: "Granny, don't leave the house, you are too old" (E6).

Although employment status was the obvious concern among interviewees, hotel housekeepers had the same level of concern regarding their health. They explained that employment was not possible without being healthy. Significantly, the hotel housekeepers that underscored the importance of health had more financial security than those whose main concern was employment status, illustrating a higher vulnerability towards infection of low-income groups and, most globally, the trade-off between economics and health.

Well the main (worry) is health, that we all stay healthy, everything else will sort itself out. We'll make with what we have (E11).

No, the main thing, if you have health, you have everything, you have opportunities (E13).

The most important thing for me is health. We'll go out when we can go out. That's the least of my worries. Next is work, but with no health you cannot work or do anything (E14).

Home Confinement

Daily life and household tasks during lockdown were not negatively experienced by some hotel housekeepers and some even stated that they coped well with confinement. Reasons provided for a more positive experience were as follows: (a) staying at home was viewed as safety against contagion, (b) generally enjoying being at home, (c) having planned tasks at all times, and (d) having an attitude of adaptation/acceptance of the situation. Tasks considered to ease confinement were cleaning, and hobbies such as reading, watching TV, and exercising.

You just accept what's happening, you let the days go by and that's it, we don't have any choice. Of course you think "buff [sighing] now I would do this..." or "I'd take the car and I'd go to ..." but then you think "there's no choice, is it?" Why getting mad if we have to do it and it is what it is (E1).

Reasons why cleaning was that important during this time were that: (a) hotel housekeepers gave cleanliness significant importance, and (b) it made time pass quicker.

The house, the kitchen. Eh... washing machine, iron... sometimes I exercise (...) I combine them, a bit for the back, arms, legs... I also read. I watch TV. In short, I do a bit of this every day (E3).

The other half of the interviewees reported a negative lockdown experience, emphasizing boredom and tedium but also anxiety, mood swings, feeling overwhelmed, and lack of motivation, even for housework.

Some days I feel overwhelmed, days when I feel super active, like the world is my oyster, days when I don't feel like doing anything... And... that, this scares me because I'm very anxious and I eat a lot (E4).

Now because we get bored ... Well (you say) "I don't want to do it today" due to boredom, I don't want to do it (E15).

Regarding the distribution of household tasks, hotel housekeepers did not report much change compared to the pre-lockdown period. In most cases, they stated that household tasks were distributed among all the members of the household, and although some members did more than others, distribution was not perceived as unbalanced. Some hotel housekeepers reported changes toward a more balanced distribution of housework between adult household members since the beginning of lockdown. Interestingly, the hotel housekeepers who did more housework were generally not unhappy, since household tasks helped them fight boredom.

Additionally, in the cases where the partner continued working, they were usually in charge of tasks outside the home such as shopping, so that the hotel housekeepers completely avoided going out. Partners of hotel housekeepers did not usually clean but instead performed other tasks such as cooking.

My husband helped more before because I went to work and then we divided the work. But since I'm here (at home) always... (E16).

I do practically everything, truth be told, other than when I send him to hang out the washing, to the shops... but he doesn't... do much. Well, he cooks, on Saturday and Sunday. Yes, this is not a problem (E14).

Generally, hotel housekeepers reported involving their children in housework during the lockdown; mainly minor tasks such as cleaning their own room, setting the table, loading the dishwasher, etc. The values attached to this practice were responsibility and learning about housekeeping while better managing the lockdown situation.

We have always tried to be organised and teach the children how to manage a household. This has not changed after the confinement (E11).

Regarding satisfaction with household task distribution, hotel housekeepers were either satisfied or resigned. The main reasons for satisfaction were perception of an equal/fair distribution of tasks or using household tasks to fight boredom. Resigned hotel housekeepers reported two major reasons: (a) being used to doing most of the housework and believing this status quo would not change, and/or (b) justifying doing more because they were not working and had more time. Analysis also showed a certain generational effect and indicates a trend towards changing values among young women: younger hotel housekeepers who did most tasks were unsatisfied or resigned, whereas older hotel housekeepers accepted and even justified the situation.

As always (...) housework it's usually me. Yes, I got used to these years ago, nobody changes at this point (E18).

Sometimes I get pissed (at the burden of housework I have), but well! It's not that bad, because otherwise the hours are too long for me. What else could I do? I get really bored! (E4).

Generally, hotel housekeepers reported that household dynamics were good and believed that their children had a harder time coping with the lockdown. Whenever there was an argument, hotel housekeepers underscored that (a) tensions among people living in the same household were more difficult to manage, and (b) arguments usually started for reasons that did not exist before the lockdown.

With my partner ... fine, generally, with some tension. Well, constantly side by side, each of us with our own quirks and without our own space, when something annoys you, you cannot leave or take a breather. Just this, this has caused more tension which would not exist in normal conditions (E8).

With my son and my husband. I think good enough (household dynamics). There have been moments of friction, of course, if we argue in normal conditions, when you are locked in day in day out even more (E15).

Discussion

This qualitative study explored experiences and concerns of hotel housekeepers in the Balearic Islands (Spain) during the first stages of the COVID-19 lockdown. Results showed that the main concern among hotel housekeepers with an already precarious employment situation was uncertainty related to lack of income, which pervaded all discourses, illustrating that this workforce was drastically negatively impacted by the financial downfall of the COVID-19 pandemic. Hotel housekeepers also expressed concerns related to job instability (greater in temporary hotel housekeepers) and with the employment situation of other members of the household (mainly their partners). Uncertainty and lack of income translated into feelings of frustration, fear, and distress. With regard to home confinement, discourses conveyed adaptation or resignation. Generally, household task distribution was not substantially modified. Housework was also considered a solution to ease the long hours of confinement. Although most hotel housekeepers reported concern about their employment status and the economic situation, hotel housekeepers with temporary contracts and with no family members working expressed more concern than their counterparts.

These results are congruent with the participants' precarious employment status. Most hotel housekeepers work under recurring seasonal or temporary employment contracts, which do not guarantee a steady income throughout the year. The pandemic has heightened their financial hardship and employment insecurity. This concern illustrates the importance of hotel housekeepers' salary for the family's finances, and thus the shift from the male-breadwinner model toward a dual-earner model is also illustrated. Nonetheless, since the male contribution to domestic and care tasks did not increase as fast as women's presence in the labour market, the gender inequalities in the distribution of housework persists, women still being those who perform the bulk of domestic work (Altuzarra et al., 2020; Moreno, 2013).

Our results also align with studies that emphasize that the lack of income associated with the economic crisis caused by the COVID-19 pandemic is a main global concern,

sometimes even surpassing health issues (Alqahtani et al., 2021; Rodríguez-Rey et al., 2020). Our results regarding the connection between the importance of health and financial security illustrated the fact that vulnerable population groups (including those with low income) were more exposed to COVID-19 infection and the importance of the social determinants of health when explaining the unequal impact of COVID-19 among populations (Green et al., 2021). Additionally, workers who perceived insecurity on their employment status and income were particularly psychologically impacted (Ripoll et al., 2021; Rodríguez-Rey et al., 2020); moreover, Ali et al. (2021) reported an association between these concerns with an increased risk for mental disorders.

Our results also illustrate the conflict between two spheres of society – health and economics – triggered by the COVID-19 pandemic. During this period, policy makers had to face the trade-off between the two and decide what to prioritise: the economy over health, assuming the increase of the death toll due to COVID-19, or health over the economy, which implied even harder economic difficulties among population for the most vulnerable socioeconomic groups. The study by Oana et al. (2021) showed that most European citizens agreed with the restrictive health measures applied irrespective of their economic impact. In this line, although hotel housekeepers demonstrated a high concern for the economic situation, they did not show disagreement with the restrictive health measures taken by the government.

The COVID-19 pandemic also raised concerns about education, due to school closures and the sudden shift to remote learning. School closures shook all stakeholders (public administration, teachers, and families) since most schools were not equipped to shift to distance education. Hotel housekeepers with children in compulsory education were the most concerned, as conveyed by the thoughts of missing the whole school year, of distance learning being less effective, and of not being able to help with school assignments, mirroring concerns reported by Ali et al. (2021). We believe that this concern responds to the traditional construct of gender roles, which attribute to women the main responsibilities related to the care and well-being of minors and family members in general. This gendered division of labour seemed to prevail during the COVID-19 crisis, as Meraviglia and Dudka (2021) found that household tasks and care activities remained highly gendered during the COVID-19 lockdown, leaving women in charge of most of the housework and childcare.

Although there is mixed evidence about the impact of COVID-19 on educational attainment and inequalities and on the duration of this effect (Coe et al., 2020), some research does in fact support hotel housekeepers' concerns. Kuhfeld et al. (2020) concluded that, in Autumn of 2020, pupils would return to school less prepared compared to a regular year. The low concern of hotel housekeepers for older students was consistent with Bonal and González (2020), who showed that students in non-compulsory education spent more time studying during lockdown and received more online lessons and feedback from teachers. Also, mothers might not be so concerned about their older children since they are not so directly involved in their education. During lockdown, family support for learning activities became especially relevant, and families with higher educational attainment had more resources and devoted more time to their children's education (Bonal & González, 2020). The hotel housekeepers' narratives on the impact of school closures reflect that younger children, families with lower socioeconomic background, and hotel housekeepers with a perception of having less educational resources were disproportionately affected.

Health concerns were not prominent among hotel housekeepers when directly asked. The major health-related concern was the possibility of infecting other people, especially vulnerable relatives, corroborating the results of studies undertaken during the early stages of the pandemic (Ali et al., 2021; Sandín et al., 2020). Low concern about COVID-19 might respond to the generalized belief at the time interviews were conducted that the people at

high risk of contracting and/or dying of COVID-19 were the elderly and adults with pre-existing health conditions (Working Group for the Surveillance and Control of COVID-19 in Spain, 2020).

This low risk of contagion perceived by hotel housekeepers contrasts with the results of Dryhurst et al. (2020), who found that Spain was second to the UK in risk perception at the beginning of the pandemic. The lack of direct personal experience with COVID-19 reported by most hotel housekeepers (only E12 had symptoms), which has been identified as a factor related to an increase in risk perception (Dryhurst et al., 2020; Rodríguez-Rey et al., 2020), together with the relatively low number of confirmed cases in the Balearic Islands at the time of the interviews (Working Group for the Surveillance and Control of COVID-19 in Spain, 2020), might explain this low risk perception of contagion and of health concern among hotel housekeepers. The age of participants (average = 45.7 years) and their good health status (except one, who perceived belonging to a risk group) could further explain the low health concern. Finally, evidence shows that risk perception is also influenced by previous experiences (Alqahtani et al., 2021), and the prior Middle East Respiratory Syndrome (MERS) and Ebola outbreaks that did not have a significant impact in Spain.

We should emphasize that the low risk of contagion perceived by hotel housekeepers contrasted with (1) a high adherence to preventative behaviours—even beyond the recommendations by health authorities, such as cleaning keys, changing clothes, and showering when returning home, and (2) hotel housekeepers advising relatives to observe restrictions and to avoid risky behaviours. Interestingly, research shows that women adapted more frequently to health-safety measures compared to men (de la Vega et al., 2020; Galasso et al., 2020), although no significant differences between men and women have been found regarding risk perceptions associated with COVID (Bronfman et al., 2021). A high perception of risk at the societal level might also increase rule following (Dryhurst et al., 2020; Gonçalves et al., 2021). Specifically, the hotel housekeepers' worry of infecting others might have persuaded them to adopt precautionary behaviours, since they consider themselves responsible for the care and wellbeing of family members (Bronfman et al., 2021). Additionally, adherence to precautionary behaviours might be associated with the uncertainty surrounding the virus, while the importance of cleanliness could be attached to the nature of their job and traditional gender roles which consider cleaning a woman's job. Finally, hotel housekeepers explained that, as previously reported, adopting these safety measures caused feelings of stress and frustration (Ali et al., 2021), compliance with personal hygiene measures caused higher anxiety (Solomou & Constantinidou, 2020) and impacted daily functioning (Mazumder et al., 2021).

Confinement was not negatively experienced by hotel housekeepers who felt safer from infection staying at home, perceived themselves as homebodies (liked being at home) and engaged in resilient behaviours to cope with the tedium of confinement, such as occupying themselves with housework and hobbies. Similar experiences have been reported (Ali et al., 2021; Gonçalves et al., 2021). Some of these hotel housekeepers reported a process of progressive adaptation, a sign of psychological strength (Sharma et al., 2020), with a worse experience of lockdown at the beginning; we believe considering yourself a homebody contributed to resilience. Other hotel housekeepers experienced confinement as tedious and boring, which generated feelings of anxiety, overwhelmingness, and lack of motivation (Gonçalves et al., 2021).

Household dynamics were positively assessed, although the distribution of housework barely changed. Few hotel housekeepers reported a more equitable distribution of household tasks since the beginning of the lockdown, and narratives of hotel housekeepers illustrate the sexual division of labour, with women taking on the bulk of housework (Altuzarra et al., 2020; Moreno, 2013). Hotel housekeepers' narratives are consistent with Spanish time use

data (Instituto Nacional de Estadística (INE), 2010): firstly, compared to men, women spend two hours more a day on activities related to home and family. Secondly, in 2010 (the most recent data) 63.7% Spanish men dedicated, on average, one hour and 27 minutes every day to cook; this data are consistent with hotel housekeepers' explanations about the main activity their partners did at home – cooking. Surprisingly, few interviewed hotel housekeepers perceived the distribution of housework as unfair, except for the younger participants, indicating a certain generational component in the perception of inequality. Evidence has shown that, in many countries, more women than men have increased time devoted to household tasks and childcare during the COVID-19 pandemic lockdown (Giurge et al., 2021; Yaish et al., 2021). Gender norms and roles most likely lead older women to perceive household and care tasks as inherent to their responsibilities, and thus imbalances were not perceived as unfair. Despite this imbalance in the distribution of housework, we must underscore that housework was a means to ease confinement for some. Traditional gender roles and the need to ease home confinement prompted hotel housekeepers to include housework into their daily activities. We speculate that this situation was replicated in many households, since women are usually in charge of domestic work.

Moreover, this gender inequality in unpaid work is not unrelated to the 'familism' that characterises the welfare state in Spain (Valiente, 2010), which implies that caregivers are usually women, either from the family or informal workers, in response to scarce public policies supporting family (Gal, 2010). Hotel housekeepers' narratives also illustrated how 'familism' is embedded into family dynamics, with hotel housekeepers in most cases responsible for domestic and care activities. These results confirm that gender inequalities in unpaid work did not change during lockdown.

Conclusions

Most hotel housekeepers are female and usually work in precarious conditions; thus, they are expected to be particularly vulnerable to the economic downfall of the COVID-19 pandemic. Decreased income, uncertain employment status, and increased domestic and childcare responsibilities, which derived from restrictions enforced in the onset of the COVID-19 pandemic, are bound to negatively influence their wellbeing. Our results reveal that main concerns among hotel housekeepers interviewed were distress due to employment and economic situation, their children's education, and health-related concerns regarding, above all, the possibility of infecting someone. Thus, in the discourses of hotel housekeepers emerged the relevance of the trade-off between health and economics during the COVID-19 pandemic. Moreover, results show that for some hotel housekeepers, housework helped ease the confinement, while for some others, home confinement was a source of tedium and boredom.

Strict mobility restrictions were extended until June 21, 2020. However, other softer restrictions have been enforced (for instance, requiring a negative COVID-19 test to travel, with its subsequent impact on the touristic sector). Thus, a follow-up of the impact on the daily life of the most affected workforce is warranted. Importantly, since gender defines values and preferences linked to public and private spheres, gender emerges as a relevant variable to understand experiences and attitudes towards the COVID-19 pandemic and how restrictions imposed by governments affect people's daily life. In this sense, our results regarding the domestic tasks as a way of coping with home confinement might be rooted in female-related values regarding the private sphere.

Qualitative methods facilitated the exploration of the complex impact of COVID-19 on a workforce directly affected by the mobility restrictions implemented to control the pandemic. Semi-structured interviews encouraged interviewees to openly explain their

experiences and concerns, providing a rich portrayal of the human experience in this time of sudden change.

Limitations and Future Research

Limitations of this study relate to participants' characteristics: they were healthy and relatively young, and so, might have underestimated risk perception. Other aspects were not assessed because the interviews took place in the first stages of the lockdown, namely: higher levels of anxiety due to employment status after the extension of mobility restrictions, deterioration of family relations due to confinement, and mid-term consequences of income reduction. All these aspects might affect the transferability of our results. However, the detailed descriptions of the circumstances the participants provided allow us to expect comparable findings in other studies focused in low-wage female workforce groups and in other settings. Additionally, we have applied rigorous research methods such as the use of reflexivity and positionality tools, data saturation, and independent thematic analysis, aiming at countering limitations related to dependability and credibility. In addition, researchers adopted an open attitude to the unexpected during the whole process (data collection, analysis, and writing). For example, authors did not anticipate low risk perception of infection and concern about children's education, which were not initially considered an area to explore.

Further research is needed to assess whether the COVID-19 pandemic is having long-lasting effects on wellbeing and gender inequalities, including qualitative studies recruiting both men and women for in-depth understanding of how gender might influence experiences, concerns, and attitudes during the pandemic.

In addition, our results emphasize the trade-off between health and economics issue and the concern about the impacts of COVID-19 on education. Future research should focus on the perceptions and attitudes among population regarding the trade-off between health and other spheres of society. This information might inform public health decisions in future analogous situations, taking into account population preferences and improving the acceptance of controversial policies among population. Importantly, socioeconomic status and sociodemographic characteristics should be taken into account when exploring further these attitudes.

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