



**Crisis Management of Upscale Hotels in Phuket during COVID-19 Pandemic**

**Julalak Phimarn**

**A Thesis Submitted in Partial Fulfillment of the Requirements for the  
Degree of Master of Business Administration in Hospitality and Tourism**

**Management (International Program)**

**Prince of Songkla University**

**2023**

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**Thesis Title** Crisis Management of Upscale Hotels in Phuket during COVID-19  
Pandemic

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I hereby certify that this work has not been accepted in substance for any degree, and is not being currently submitted in candidature for any degree.

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<b>ชื่อวิทยานิพนธ์</b>	การจัดการวิกฤตของ โรงแรมหรูในจังหวัดภูเก็ต ในช่วงการระบาดของโรคโควิด-19
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### บทคัดย่อ

อุตสาหกรรมโรงแรมมีความเปราะบางต่อวิกฤต จังหวัดภูเก็ตได้รับผลกระทบโดยตรงจากการแพร่ระบาดของโรคโควิด-19 อาทิ ข้อจำกัดในการเดินทางที่เข้มงวดทำให้นักท่องเที่ยวยกเลิกการเข้าพัก ธุรกิจโรงแรมขาดรายได้และต้องปิดตัวลง อัตราการว่างงานเพิ่มสูงขึ้น ที่ผ่านมามีงานวิจัยเพียงไม่กี่ชิ้นที่ศึกษาแนวทางปฏิบัติในการจัดการวิกฤตโควิด-19 ของโรงแรม อย่างไรก็ตามไม่มีการศึกษาใดที่เน้นการตอบสนองเชิงกลยุทธ์ของโรงแรมต่อวิกฤตโควิด-19 ตลอดระยะเวลาการแพร่ระบาดที่ยืดเยื้อ งานวิจัยนี้ได้เติมเต็มช่องว่างโดยศึกษาว่ากลยุทธ์การจัดการวิกฤตโควิด-19 อะไรที่โรงแรมหรูในจังหวัดภูเก็ตได้นำมาประยุกต์ใช้ และเปรียบเทียบแนวทางปฏิบัติในการจัดการภาวะวิกฤตระหว่างโรงแรมหรูระดับท้องถิ่นกับเครือโรงแรมหรูระดับนานาชาติ งานวิจัยฉบับนี้เป็นงานวิจัยเชิงคุณภาพที่ใช้วิธีการสัมภาษณ์แบบตัวต่อตัวกับผู้บริหารโรงแรมทั้ง 18 ท่าน จาก 16 โรงแรมโดยแบ่งเป็นโรงแรมระดับท้องถิ่น 8 แห่ง และโรงแรมหรูระดับนานาชาติ 8 แห่งในจังหวัดภูเก็ต ประเทศไทยการวิเคราะห์ข้อมูลใช้วิธีการวิเคราะห์แก่นสาระ ผลการศึกษาพบว่า แนวทางปฏิบัติในการจัดการวิกฤตของ โรงแรมหรูมี 80 แนวทาง แบ่งเป็น 5 หัวข้อหลัก โดยกลยุทธ์ที่โรงแรมหรูระดับท้องถิ่นและระดับนานาชาติได้ดำเนินการมากที่สุด คือ กลยุทธ์การประหยัด (ครอบคลุมด้านทรัพยากรบุคคล การดำเนินงาน และการบำรุงรักษา) นอกจากนี้ผลการวิจัยพบว่า โรงแรมหรูในเครือระดับนานาชาติมีความพร้อมในการรับมือกับวิกฤตมากกว่าโรงแรมหรูในท้องถิ่น เนื่องจากได้รับแนวทางในการจัดการกับสถานการณ์จากแบรนด์ต้นสังกัด สิ่งสำคัญที่สุดของงานวิจัยฉบับนี้ คือ ข้อมูลเชิงลึกเกี่ยวกับแนวทางปฏิบัติในการจัดการวิกฤตของแต่ละโรงแรมหรูต่อการระบาดของโควิด-19 ตลอด 3 ช่วงของการแพร่ระบาด นอกจากนี้ การศึกษาขึ้นจนถึงการขาดความพร้อมและแผนการจัดการวิกฤตสุขภาพในอุตสาหกรรมโรงแรมจังหวัดภูเก็ต ผู้บริหารโรงแรมสามารถนำกลยุทธ์เหล่านี้มาปรับใช้ให้ตรงกับลักษณะโรงแรม เพื่อการจัดการกับวิกฤตสุขภาพอื่น ๆต่อไปในอนาคต

**คำสำคัญ:** การจัดการวิกฤต, แนวทางปฏิบัติในการจัดการวิกฤต, โรงแรมหรู, จังหวัดภูเก็ต

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<b>Author</b>	Miss Julalak Phimarn
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### **ABSTRACT**

The hotel industry is susceptible to crises. Phuket was a prominent victim of the COVID-19 outbreak. Rigorous travel restrictions caused the hotel businesses to shut down. The unemployment rate substantially surged. Only a few researchers have examined hotels' COVID-19 crisis management practices. To survive, it is an urgent need for hotel practitioners to resiliently adjust management strategies. However, none of the studies has highlighted tremendous strategic responses to this crisis for the prolonged situation. This research attempts to fill this gap by investigating what are the COVID-19 crisis management strategies implemented by Phuket's upscale hotels and comparing the crisis management practices between local upscale hotels and international upscale chain hotels. Data were collected from in-person interviews of 18 hotel executives managing 8 local upscale hotels and 8 international upscale chain hotels in Phuket, Thailand. Data were analyzed by using thematic analysis. The research reveals 80 crisis management practices in five main themes. The most widely undertaken strategy among the local upscale and international upscale chain hotels is the saving strategy (including human resources, operations, and maintenance). Dissimilarly, international chain hotels are better equipped than the locals. They have received guidelines to tackle the situation from the brands they belonged to. Most importantly, this research contributes profound insights of the COVID-19 pandemic crisis management practices for hotels across the three-wave of infections. It also confirms the absence of preparedness and health crisis management plans in the Phuket hotel industry. The hotel executives can adopt strategies that best match their hotel characteristics to handle future health crises.

**Keywords:** Crisis management, Crisis management practices, Upscale hotels, Phuket

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Julalak Phimarn



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## CHAPTER 1

### INTRODUCTION

Thailand has become one of the most popular destinations for tourists worldwide. According to the statistical data reported by The World Bank (2021), the number of international tourist arrivals in Thailand in 2019 was 39,916,000 million people while China was a major group of tourists that most visited Thailand every year. From Statista Research Department (2020), the highest number of tourists in Thailand for the first six months of 2020 categorized by nation, was occupied by China, approximately 1.25 million people, then followed by Malaysia and Russia, respectively. Since 1960, Thailand only had a few revenues from the tourism industry which were lower than 10 million USD. In 2019, the national tourism revenue dramatically reached 62 billion USD (CEIC Data, 2021).

Phuket is named the pearl of the Andaman Sea and the largest island in Thailand. There are many competitive attributes that bring Phuket to become a well-known tourist destination, for example, geographical and natural perfections, multi-cultural diversity, and remarkable gastronomy. Most foreign tourists visit Phuket island to embrace nature and peaceful beaches, experience adventurous activities, enjoy shopping for local souvenirs, and taste either traditional food or fresh seafood. Not only the above-mentioned attributes of Phuket influenced the increasing number of tourists but also the Thai hospitality style which is considered unique and impressive for all visitors.

Each year, massive international tourists come to Phuket. Tourism Authority of Thailand (2021a) reported that Phuket was the country's second largest source of tourism revenue in 2019 at approximately 442,891 million Baht. There were 14,576,466 visitors who arrived in Phuket combining domestic 3,977,545 and international 10,598,921 visitors. More importantly, Office of the National Economic and Social Development Council (NESDC, 2018) reported that Phuket's economy is highly associated with the service industry, particularly hotels, and restaurants. According to the Department of Tourism as cited in (Wongsuwan et al., 2020), around 1,800 hotels operated in Phuket in 2018 with 84,700 hotel rooms in total. To supply a rapid growth of tourists' demand, indeed, there are many luxury hotels in Phuket including branded and

unbranded hotels which are approximately 5.8%, whereas 77.1% are upscale hotels, and 17.1% are midscale hotels (Wongsuwan et al., 2020).

### **1.1 Statement of the problem**

COVID-19 pandemic is an unforeseen circumstance that becomes a global crisis. Phuket was selected as a case study because the island is one of the most popular tourist destinations in the world. The main revenue stream for Phuket's local people comes from the hospitality and tourism industry. Since the outbreak occurred at the beginning of 2020, the Provincial Governor declared that Phuket must be under lockdown for a month, and a curfew period was announced to control the infection. Some service businesses were compulsory to close such as hotels, spas, massage, fitness centers, restaurants, or even schools. Unquestionably, Phuket's economy was directly damaged by the crisis. No one prepared and anticipated to this incident. The businesses with financial constraints were seriously suffering, some were completely shut down and this resulted in Phuket's economic downturns. According to research (Tourism Authority of Thailand, 2021b), the number of domestic and foreign visitors in 2020 were only 4,003,290 visitors, and 108,464 million Baht of revenue was generated. In 2021, the tourism situation in Phuket was still in trouble when the number of visitors drastically decreased to 886,361 visitors with 14,425 million Baht of revenue (See Table 1.1).

At that time, the infection of COVID-19 widely spread to many countries around the world in a few months. This was another obstacle in traveling for foreigners to come to Phuket. Due to rigorous travel restrictions in Thailand and Phuket, the hotel sector was fragile when inbound tourists were not allowed, almost bookings were canceled, and occupancy rates dropped down substantially. The revenue loss affected many accommodations to halt permanently, while some branded and unbranded hotels with financial solidity promptly adjusted their operational activities to be more flexible to capture a rapid change and sustain the businesses to survive. Phuket's upscale hotels were explored because of their managerial challenges in terms of the sophistication of organizational structure, number of employees, number of rooms, and hotel facilities.

More crucially, not only the business operators confronted these severe effects, but also employees working in the service industry, especially in hotels lost their jobs. According

to research (Provincial Labor Office Phuket, 2020), in the second quarter of 2020 (during April – June), there were 8,147 employees from 317,447 employees in Phuket who were unemployed which was approximately 2.57% (See Table 1.2). Compared to the year 2019 in the same period, only 4,637 unemployed from 320,701 employees which was estimated at 1.45%. Compellingly, before the COVID-19 infection, the total number of workers who were working for hotels and restaurants in Phuket in the second quarter of 2019 was 94,850 workers. Unfortunately, since the emergence of COVID-19 in Phuket, the number of hotel and restaurant workers in the second quarter of 2020 greatly plummeted to 88,803 (Provincial Labor Office Phuket, 2020). While COVID-19 was an ongoing pandemic until 2021, the situation seemed not to be recovered in a short period of time. Provincial Labor Office of Phuket (2021) reported that the unemployment situation in Phuket in the second quarter of 2021 peaked from 8,147 in 2020 the same period to 35,517 unemployed workers which were approximately 2.57% in 2020, and 11.02% in 2021 (See Table 1.3). These numbers represented that the COVID-19 pandemic was a significant factor caused the increasing unemployment rate in Phuket.

Table 1.1 Phuket’s visitors and tourism revenue

	Year		
	2019	2020	2021
<b>Number of visitors (domestic and foreign tourists)</b>	14,576,466	4,003,290	886,361
<b>Tourism revenue (million Baht)</b>	442,891	108,464	14,425

Source: TAT Intelligence Center

Table 1.2 Phuket’s unemployment rate in 2020

Unemployment rate	Quarter				
	2/2019	3/2019	4/2019	1/2020	2/2020
Number of unemployed labors	4,637	4,537	4,519	5,200	8,147
Labor force in Phuket	320,701	323,670	327,293	335,744	317,447
<b>Unemployment rate in Phuket</b>	<b>1.45</b>	<b>1.40</b>	<b>1.38</b>	<b>1.55</b>	<b>2.57</b>

Source: Phuket Provincial Statistical Office



Table 1.3 Phuket's unemployment rate in 2021

Unemployment rate	Quarter				
	2/2020	3/2020	4/2020	1/2021	2/2021
Number of unemployed labors	8,147	29,018	19,860	31,307	35,517
Labor force in Phuket	317,447	318,674	316,524	317,300	322,298
<b>Unemployment rate in Phuket</b>	<b>2.57</b>	<b>9.11</b>	<b>6.27</b>	<b>9.87</b>	<b>11.02</b>

Source: Phuket Provincial Statistical Office

## 1.2 Aims and objectives of the study

Therefore, in this research, two essential objectives are;

1.2.1 To investigate COVID-19 pandemic management strategies implemented by upscale hotels in Phuket.

1.2.2 To compare the management strategies conducted by local upscale hotels and international upscale chain hotels in Phuket.

## 1.3 Significance of the study

The COVID-19 pandemic is considered an unprecedented and prolonged situation challenging every business sector worldwide. The literature on hotel health crisis management is needy (Henderson & Ng, 2004; Kim et al., 2005; Lai & Wong, 2020; Pavlatos et al., 2020; Yacoub & ElHajjar, 2021; Le & Phi, 2021). This is because crises are infrequent occurred, and most health crises were short. The “one size fits all” approach cannot apply to the COVID-19 catastrophe because of its scale, effects, and duration. Different crises require different strategies in response (Speakman & Sharpley, 2012). However, none of the existing body of literature on hotels' COVID-19 pandemic crisis management practices compared management strategies among different hotel categories. The recent studies on hospitality's COVID-19 health crisis management were only conducted at a certain point of time, especially during the lockdown period (Lai & Wong, 2020; Pavlatos et al., 2020; Burhan et al., 2021; Yacoub & ElHajjar, 2021). In addition, none of the previous studies conducted in-person in-depth interviews during the ongoing outbreak. These three gaps caused academic scholars to lack critical insights. Therefore, this research attempts to fill these gaps by comparing how the hotel executives of the local upscale hotels and international upscale chain hotels strategically respond to the pandemic, conducting face-to-face in-depth interviews with

the general managers at the properties during the pandemic stages in Phuket (considering the first wave in March 2020 through the third wave in March 2021).

Thus, this research provides potential contributions to both the hotel industry and academic scholars. Hotel practitioners can adapt these ready-crisis management practices to tackle future health crises. For academia, it contributes a profound body of knowledge to the hotels' COVID-19 crisis management in Phuket, and this is a priceless blueprint to be developed for better studies ahead.

#### **1.4 Scope of the study**

To study the management strategies of the hotel sector in Phuket during the COVID-19 pandemic, three important periods of an ongoing pandemic were investigated. These three periods consist of the first wave of the infection including the lockdown period, the second and the third wave of the outbreak, excluding the Phuket Sandbox Program because the Program allowed some foreign travelers who complied with the Thai government restrictions to enter the island without quarantine. Thus, each period leads the hotels to come up with various strategic implementations due to the different levels of pandemic severity and restrictions.

#### **1.5 Definition of key terms**

K. Chon and Maier (2009) introduced several terms pertaining to the lodging industry. In this thesis, some relevant terms have been chosen to discuss including;

**Luxury properties** mean actual room rates of properties that are above the 85th percent in the geographic market.

**Upscale properties** mean actual room rates of properties that are above the 70th percent, but below the 85th percent in the geographic market.

**Independent ownership** means a firm or individuals opened a hotel, managed, and took responsibility for the failure or success of the hotel.

**Chain ownership** is divided into three categories: (1) franchises operated by the investor(s) who possessed licenses to use the brand's name and system; (2) investor(s) operated the properties under the contract provided by the brand; and (3) mother firm-owned and run by the brand.

Accordingly, the terms of property and hotel are similar (Chon & Maier, 2009). Therefore, independent ownership refers to a local hotel, and chain ownership refers to an international chain hotel. In terms of levels of service, this study has defined upscale properties as full-service properties. These hotels usually offer clean and well-decorated spaces, restaurants, meeting rooms, various recreational activities, and other facilities.

## CHAPTER 2

### LITERATURE REVIEW

This chapter describes key concepts pertaining to crisis management and terminology related to the hospitality and tourism industry in Phuket. The structure of this chapter is organized into the following sections:

#### 2.1 Natural Crisis: Indian Ocean Tsunami

#### 2.2 Health Crisis: COVID-19 Pandemic

##### 2.2.1 First wave of the infection in Phuket

##### 2.2.2 Second wave of the infection in Phuket

##### 2.2.3 Third wave of the infection in Phuket

#### 2.3 Crisis Management

#### 2.4 Crisis Management Practices

#### 2.5 Definition and importance of New Normal

#### 2.6 Definitions and classifications of quarantine

##### 2.6.1 Alternative State Quarantine (ASQ)

##### 2.6.2 Alternative State Local Quarantine (ASLQ)

#### 2.7 COVID-19 vaccines and the importance

2.8 Definition and importance of Safety & Health Administration Certificate (SHA)

#### 2.9 Tourism Stimulus Scheme (We Travel Together Campaign)

### **2.1 Natural Crisis: Indian Ocean Tsunami**

One of the nightmares that Phuket island encountered is Tsunami. The waves came only a day after Christmas. On Sunday 26<sup>th</sup> December 2004, Phuket was hardly hit by Tsunami natural disaster. The big waves were triggered by earthquakes in Indonesia. Not only Phuket suffered from this natural devastation, but also other 5 provinces in the Andaman Sea, including Phang Nga, Karbi, Trang, Ranong, and Satun. The waves destroyed both physical assets and lives in coastal areas. More than 5,000 people died and around 2,000 were tourists (Henderson, 2005).

There was a noticeable study regarding managing a hotel after Tsunami in Phuket conducted by Henderson (2005). The study presented that the general manager of a hotel played an important role to look after both anxious guests and the hotel's operations at the same time. Extensive damages to properties occurred, especially the hotels located in the beachfront areas. The engineering and security teams were working hard to restore the hotel. Reliable information was truly essential in communication during the crisis. Since the hotel occupancy rate dramatically declined from the guests' cancellation. As a result, to respond to the crisis, the hotel's management strategies had been adjusted, for instance cutting salaries, asking staff to take unpaid leave, and laying off. Moreover, with the assistance of TAT, the island was advertised to domestic and international tourists that Phuket was safe to visit, and many promotions were on offer to increase bookings. In the end, the Phuket hotel industry recovered and resumed in a few months of 2005.

## **2.2 Health Crisis: COVID-19 Pandemic**

Throughout history, Jarus (2020) mentioned that the world has encountered many disease outbreaks such as plagues, H1N1 flu pandemic, SARS, Ebola epidemic, and COVID-19 pandemic. The latest and severest outbreak on earth today is the COVID-19 pandemic. According to the report (WHO, 2020a), there were initial cases of pneumonia of unknown etiology discovered in Wuhan City, Hubei Province in China on 31<sup>st</sup> December 2019. The National Authorities in China reported to WHO that 44 cases were pneumonia of unknown etiology, 11 patients were ill severely, and another 33 patients were in stable condition. Consequently, the suspected market in Wuhan was closed for infection control.

As a matter of fact, Coronavirus disease (COVID-19) is an infection caused by a newly detected coronavirus. Most infected people with this virus will have a respiratory illness, and the patients will recover without any special treatment. However, it is seemingly detrimental in elderly people as this age would have an inferior immunity system when compared to other ages. Thus, when an infected person coughs or sneezes, the virus will simply spread to others through saliva or discharge from the nose. To slow down the virus transmission, World Health Organization (2020) suggested that understanding and knowing how to prevent the outbreak properly is the best way for individuals to be safe from the infectious disease.

### **2.2.1 First wave of the infection in Phuket**

According to the recent report (Office of National Economic and Social Development Council (NESDC, 2021) the situation of the COVID-19 outbreak in Thailand was starting on 12<sup>th</sup> March 2020, and that eventually led the nation to implement a lockdown policy. On 3<sup>rd</sup> April 2020, the peak of the first wave for 7 days on average was 120 infectious people per day. Whereas in Phuket, the Provincial Governor reported that Phuket had 5 confirmed cases on 20<sup>th</sup> March 2020. Then, there were 170 confirmed cases in Phuket on 10<sup>th</sup> April 2020. Thus, Phuket occupied the highest rate of infection compared to other provinces in Thailand (Cripps, 2020). Referring to statistics, Phuket is a small island and there were approximately 38.95 cases per 100,000 people, while in Bangkok only 21.90 cases per 100,000 people.

Unfortunately, the outbreak situation in Phuket seemed to be even worse, as a result, many restrictions were set tighter by Phuket Authorities. On 9<sup>th</sup> April 2020, Phuket Governor announced that all the residents in Phuket in 17 sub-districts were not allowed to travel out of their own sub-districts for 14 days starting from 13<sup>th</sup> – 26<sup>th</sup> April 2020, except for some emergency and medical personnel, and logistics companies transferring necessary goods. Since Phuket province was under lockdown and curfew situation from 10.00 p.m. until 4.00 a.m. for controlling the spread of the COVID-19 virus. All transportation routes to Phuket were also closed, including by air, cars, or even boats. Not only Phuket International Airport was closed until the end of April 2020 but also all beaches, and other service businesses were forced to be closed. Furthermore, around 80% of all hotels in Phuket were closed, or in the process of closing down. In fact, Phuket has more than 88,000 registered hotel rooms to welcome a huge inflow of international tourists, so the hotels and staff have got direct effects from this order in several aspects, particularly financial impact.

### **2.2.2 Second wave of the infection in Phuket**

Since the first wave of the pandemic, the situation in Phuket was seemingly getting better after the lockdown period. Many hotels and service businesses on the island were resumed, and numerous domestic travelers were encouraged to travel to Phuket due to the Thai government's attractive traveling campaign called "We Travel Together". The primary aims are to stimulate Thai people's spending through domestic tourism, foster small entrepreneurs, hotels, and other related businesses as well as improve the holistic Thai economy (Rao Tiew Duay Gun, 2021). Every

business sector in Phuket literally hopes that the outbreak will be soon recovered and back to normal in the high season or before the New Year Festival 2021.

Eventually, the second wave of infection surged again in Thailand on 19<sup>th</sup> December 2020. Regarding research (Office of National Economic and Social Development Council (NESDC, 2021) the peak of this wave for 7 days on average was 755 infectious people per day reported on 31<sup>st</sup> January 2021. In this wave, Phuket was considered a surveillance zone when compared to other provinces in the central part of Thailand which had a more rapid and wider infection. This time, Phuket had a prompt execution to handle the situation without locking down the province but closing all schools and other suspected service businesses on the island to prevent the infection. Only 3 infectious cases in the same family were confirmed in Phuket and their timelines were quickly disclosed to the public, so the people were aware of the COVID-19 pandemic and voluntarily stayed home for reducing the spread of the virus.

### **2.2.3 Third wave of the infection in Phuket**

After the second wave of the virus at the beginning of 2021, the overall COVID-19 situation in Phuket was stable. There was a dramatic increase in booking rates of operating hotels on the island from domestic tourists who were planning to come to Phuket for long holidays during the Songkran Festival. Unavoidably, Phuket finally encountered the third wave of the infection. The spread of the COVID-19 virus initially came from crowded parties in the nightclubs in Kamala Subdistrict. This wave caused many infectious cases in Phuket before Songkran. According to a report (Ministry of Public Health, 2021), Phuket had 204 confirmed cases between 1<sup>st</sup> – 19<sup>th</sup> April 2021, while the same period in Bangkok and Chiang Mai had 3,615 and 2,250 confirmed cases, respectively.

From the first wave in early 2020 through the third wave in 2021, Phuket has ample experience in tackling the COVID-19 situation. During this wave, Phuket province was not locked down and domestic tourists were still allowed to come to Phuket with even tighter restrictions. Albeit, some hotels' confirmed bookings were canceled, and some were postponed due to several rationales such intensive pandemic in certain parts of the country, especially the central part which became a major obstacle to Thai people's confidence to travel. Lastly, there were few domestic travelers who visited Phuket during the third wave, and the Province's economy was partly recovered from Thai tourists' spending. Therefore, local people, small entrepreneurs, and

other service sectors received some tourism revenue to sustain the businesses to survive during this challenging time.

### **2.3 Crisis Management**

The hospitality industry is susceptible to catastrophes, in particular, natural disasters, epidemic, terrorist attacks, political situations, and economic crises (Gursoy & Chi, 2020; Jiang & Wen, 2020; Le & Phi, 2021). Campbell (1999) described a definition of crisis as various incident or event which generates severe losses to a company's operations, employees, and reputation. In addition, a crisis is defined as an event that can damage a whole firm's reputation or be destructive to a firm's growth and profitability in long run (Stafford et al., 2002). Accordingly, lacking effective management planning is considered a significant cause of a crisis (Kim et al., 2005). Crisis management is a designed managerial process used to protect an organization or its stakeholders. It can reduce some incurred damages from the threats (Institute for Public Relations, 2007). Herbane (2012) defined crisis management term as the business's preparation and execution of its strategic plan. In hotel management, it refers to how a hotel prepares to survive before and after a crisis (Israeli et al., 2011). Burnett (2002) mentioned that every crisis contains both the seeds of the success and the roots of failure, so the essence of crisis management comes from finding, cultivating, and harvesting the potential seeds of success. To cope with the crisis successfully, managers should be proactive and understand that a crisis is a "change", not a "problem" (Regester & Larkin, 2008). In accordance with the study, Ritchie (2004) stated that crisis management consists of three stages, for instance, pre-crisis (focusing on planning and identifying the effects), during-crisis (implementing the preventive practices), and post-crisis. Williams et al. (2017) elucidated a resilient approach is a developed process that allows an organization to identify and utilize existing resources to encounter disruptions throughout the three stages of the crisis (before, during, and after). Being resilient and having effective crisis management plans assist organizations to overcome critical situations. In short, the fundamental foci of crisis management are to respond to, manage, and recover from an unprecedented event (Willmer, 2016). Without proper crisis management, the hotel industry would continually suffer from an escalation of unforeseen calamity.

SARS was one of the global epidemic crises which firstly originated in Guangdong province of China in November 2002. In the following year, the virus spread rapidly



to Hongkong, Taiwan, and Singapore. Indeed, it was a short-term epidemic, but people lacked knowledge and an accurate understanding of the virus, creating acute impacts on the national economy and tourism industry. Singapore is a developed country with an effective crisis management plan. Regarding the previous study on the SARS epidemic in 2003 (Henderson & Ng, 2004), Singapore successfully overcame the virus transmission by implementing crisis management practices and receiving support from the government. These practices were primarily based on sales and marketing, human resources management, hygiene and safety, and government support. For sales and marketing, Singapore's hotels did a lot of advertisements on tourism promotional campaigns to attract domestic customers, added value by providing extra amenities instead of discounting on room charges, and collaborated with airlines and travel agencies. In terms of human resources, the hotels kept permanent staff, reduced salaries, asked for unpaid leave, and sent some of their employees for training programs. Furthermore, hygiene and cleanliness became the priority of all hotels in Singapore to build guests' confidence. At last, another crucial crisis management practice for Singapore's hotels was government support which offered several assistance programs such as tax rebates and providing loans, for example.

Another literature on the SARS epidemic is a case study of Korean hotels, Kim et al. (2005) demonstrated that the SARS outbreak had a significantly negative impact on the hotel industry. Due to the unreadiness of the industry, this crisis taught a precious lesson on the importance of crisis management. To handle the crisis, Korean five-star hotels implemented various practices in some departments such as marketing, general affairs, human resources, and convention and meeting department. Mostly, Korean hotels initially minimized their operational costs, then asked permanent employees to either take holidays or unpaid leave. In terms of marketing, the hotels drew customers' attention by offering up to 30% discount room rates. Not only that, the SARS emergency communication network and special SARS emergency watch were also established to enhance the customers' confidence and safety. Kim et al. (2005) suggested that hotels' quick recognition of what is happening in a crisis would be an advantage to prevent unexpected damages. When a crisis emerged, the hotel should arrange a special meeting for employees to brainstorm about the strategic plan, then the hotel management team can adopt practical strategies to tackle the situation.

## 2.4 Crisis Management Practices

It is always true that each crisis cannot be resolved by a sole simple formula because of its scale and severity but having apparent blueprints would patronize an organization to shorten the time, energy, and other resources (Sonmez et al., 1999). The crisis management practices framework was first introduced by Israeli and Reichel (2003). Their framework involved 21 practices categorized into four main themes: human resources, maintenance, marketing, and governmental assistance. In recent studies on crisis management practices of the COVID-19 pandemic in the Greek hotel industry, Pavlatos et al. (2020) proposed 31 crisis management practices grouped into five categories, including operations, human resources, marketing, maintenance, and government. The first category, operations involved the hotel's actions to reduce any risks from the COVID-19 outbreak and provide safe and healthy conditions to customers. The human resources category related to labor cost reduction, whilst marketing practices focused on increasing hotels' occupancy rates. The fourth category, maintenance practices basically dealt with techniques for reducing maintenance costs as well as limiting the number of services. The last category, government assistance included the suspension of tax payments and reduction of interest from bank loans.

Table 2.1 Practices in crisis management during COVID-19 pandemic in Greek hotels

Category	Practice	Title
<b>Operations</b>	Use of new technologies that reduce the contact between guests and employees (e.g., applications for electronic check-out)	Oper_1
	Encourage guests to use room service free of charge	Oper_2
	Daily informing and communicating with customers through teleconferences by specialized personnel for hygiene and safety issues (e.g., at a specific time every day on room TVs)	Oper_3
	Forming and organizing a crisis management team for COVID-19 incidents and continuous training by specialized personnel	Oper_4
<b>Operations</b>	Investment in new technologies that are not provided by the health protocols (e.g., electrostatic sprayers and infrared technology) in the common areas and in the rooms for the disinfection of surfaces and objects	Oper_5

Table 2.1 (Continued)

<b>Category</b>	<b>Practice</b>	<b>Title</b>
<b>Maintenance</b>	Cost cuts by limiting hotel services	Main_1
	Cost cuts by postponing maintenance of the building (cosmetics)	Main_2
	Cost cuts by postponing maintenance to the engineering systems	Main_3
	Extending credit or postponing scheduled payments	Main_4
<b>Human resources</b>	Laying off employees to reduce labor force	HR_1
	Using unpaid vacation to reduce labor force	HR_2
	Reducing the number of workdays per week	HR_3
	Freezing pay rates	HR_4
	Replacing highly paid employees with new low-paid employees	HR_5
	Increased reliance on outsourcing	HR_6
	Employee shifts with the same people for the immediate tracking of each employee's contacts in the workplace in the event of a Covid-19 case	HR_7
<b>Marketing</b>	Marketing to domestic tourists in joint campaigns with local merchants (such as Visa and MasterCard)	MKT_1
	Marketing to domestic tourists that the hotel strictly adheres to all health protocols and provides maximum safety (safe brand)	MKT_2
	Marketing to foreign tourists that the hotel strictly adheres to all health protocols and provides maximum safety (safe brand)	MKT_3
	Price drop on special offers	MKT_4
	Reducing list price	MKT_5
	Marketing and promoting new products or services strictly adhering to all health protocols (family events, catering etc.)	MKT_6
	Digital Marketing tools (e.g., social media analytics, web site analytics, Google analytics)	MKT_7
<b>Marketing</b>	Marketing to domestic tourists with focus on specific attributes of the location	MKT_8
	Marketing to foreign tourists with specific focus on the location's distinctive features and relative safety	MKT_9

Table 2.1 (Continued)

Category	Practice	Title
<b>Government</b>	Industry-wide demand for consumer assistance with current expenses that have increased due to the mandatory implementation of health protocols	GOV_1
	Industry-wide demand for a grace period on tax payments	GOV_2
	Industry-wide demand for a grace period on local tax (municipality) payments	GOV_3
	Request for employment (salary) subsidy for employees due to shift work in hotels (from the state)	GOV_4
	Industry demand for low-interest bank loans with low interest rate and long repayment period	GOV_5
	Request from the State to reduce VAT in accommodation and catering.	GOV_6

Source: Pavlatos et al. (2020)

Another empirical study on COVID-19 crisis management practices is in Macau's hotels, Lai and Wong (2020) mentioned that Macau is a world casino gaming destination where more than 70% of the tourists came from Mainland, China. Since the COVID-19 situation was discovered in Wuhan, Macau's hotel industry got direct impacts from the crisis. As a result, 31 crisis management practices were designed and divided into five categories. These practices were slightly different from the above-mentioned literature conducted by Pavlatos et al. (2020). The five categories consisted of marketing practices, maintenance practices, epidemic prevention, human resources practices, and governmental assistance. In terms of marketing, the hotels emphasized location and safety matters. For human resources, numerous practices were executed such as reducing the number of working days or working hours and freezing or reducing pay rates. For maintenance, the hotels valued for cutting costs by limiting hotel services and hotel facilities. Governmental assistance associated with providing subsidies to hotel employees, providing subsidies to customers who stayed in hotel rooms, and providing subsidies to local residents who used hotel facilities. Most essentially, Jiang and Wen (2020) as cited in Lai and Wong (2020), during the COVID-19 infection, hotel cleanliness and hygiene has become the most important issue that all hotel guests concern.

Table 2.2 Epidemic crisis management practices for the hotel industry in Macau, China

<b>Category</b>	<b>Practice</b>	<b>Code</b>
<b>Marketing practices</b>	Reducing prices on special offers	MK1
	Reducing list prices of office services	MK2
	Marketing to foreign tourists with a specific focus on the location's distinctive features and relative safety	MK3
	Marketing and promoting new products or services	MK4
	Marketing to new segments	MK5
	Marketing to domestic tourists in joint campaigns with local merchants	MK6
	Advertising on different media channels	MK7
<b>Maintenance practices</b>	Cost cuts by postponing office maintenance	MT1
	Cost cuts by postponing systems' maintenance	MT2
	Cost cuts by purchasing lower-cost office supplies	MT3
	Cost cuts by closing less used facilities	MT4
	Extending credit or postponing scheduled payments	MT5
<b>Epidemic prevention</b>	Implement body temperature checks for customers at the entrances	EP1
	Provide sufficient protective materials (such as masks) to employees	EP2
	Educate employees about the knowledge of epidemic prevention	EP3
	Remind guests of the importance of epidemic prevention	EP4
	Implement sufficient cleaning and disinfection in public areas in hotels	EP5
	Implement sufficient cleaning and disinfection in hotel rooms	EP6
	Develop and implement standardised epidemic prevention procedures	EP7
<b>Human resources practices</b>	Reducing the labour force by laying off employees	HR1
	Reducing the labour force by unpaid vacation	HR2
	Reducing the number of office hours or working days	HR3
	Freezing or reducing pay rates	HR4
<b>Human resources practices</b>	Replacing high-tenure employees with new employees	HR5
	Increased reliance on outsourced human resources	HR6
	Provide voluntary early retirement or resignation plans	HR7

Table 2.2 (Continued)

Category	Practice	Code
<b>Governmental assistance</b>	The government provides tax benefits	GA1
	The government provides subsidies to hotel employees	GA2
	The government holds international events to attract customers to Macau	GA3
	The government provides subsidies to customers who consume hotel rooms	GA4
	The government provides subsidies to local residents who consume hotel facilities	GA5

Source: (Lai & Wong, 2020)

In brief, the SARS infection was quite similar to the COVID-19 pandemic. In comparison, the period of the COVID-19 outbreak is much longer and even severer than the SARS virus, especially in terms of economic impacts and a growing number of daily infectious cases. Thus, the hotels must always quickly revamp their crisis management plans to be ready and updated to catch up with any unprecedented situations. Notably, lacking preparation can negatively result in a business's huge losses, particularly in revenues, or customers' confidence. Ultimately, to regain public confidence, organizations are required to invest heavily in advertising (Sonmez et al., 1999).

Table 2.3 The summary of pertinent studies

Authors	Health Crisis	Focus	Theory/Concept	Data Collection	Undertaken Strategies/Practices	Country
Henderson and Ng (2004)	SARS	SARS impacts on the Singapore hotel industry	Faulkner's framework (pre-event, Prodromal, Emergency, Intermediate, Long-term recovery, and Resolution).	Postal questionnaire survey	<p><b>Human resources:</b> no staff retrenchment, reducing salary, taking unpaid leave, performing multi-tasking</p> <p><b>Operations:</b> reducing hotel services, shutting down for renovation</p> <p><b>Marketing:</b> targeting domestic, adding value on services, advertising, collaborating with airlines</p> <p><b>Hygiene and cleanliness:</b> achieving the COOL award to assure SARS-free and SARS-ready</p> <p><b>Government support:</b> providing relief package, tax rebates, and loans</p>	Singapore

Table 2.3 (Continued)

Authors	Health Crisis	Focus	Theory/Concept	Data Collection	Undertaken Strategies/Practices	Country
Kim et al. (2005)	SARS	SARS impacts on the South Korean hotel industry	Stafford et al. (2002) & Sonmez et al. (1999)	Analyze hotels' internal data & in-depth interviews	<p><b>Operations:</b> reducing operating expenses, postponing investment activities</p> <p><b>Marketing:</b> working jointly with airlines and travel agents, offering discount packages, advertising, and launching promotional campaigns</p> <p><b>Human resources:</b> taking leave without pay, not firing permanent staff, providing training programs, establishing internal and external communication channels</p> <p><b>Convention/meeting:</b> focusing on domestic customers instead of inbound</p>	South Korea
Pavlatos et al. (2020)	COVID-19	Crisis management of the hotel industry in Greece	Unspecified	Questionnaire	31 undertaken strategies in five themes: (1) Operations 5 practices; (2) Maintenance 4 practices; (3) Human Resources 7 practices; (4) Marketing 9 practices; and (5) Government 6 practices	Greece



Table 2.3 (Continued)

Authors	Health Crisis	Focus	Theory/Concept	Data Collection	Undertaken Strategies/Practices	Country
<b>Jiang and Wen (2020)</b>	COVID-19	The impacts of COVID-19 on hotels' management and marketing	Unspecified	Reviewing the relevant literature	Three focal points are addressed to navigate the hotels' management and marketing: (1) Artificial intelligence and robotics; (2) Hygiene and cleanliness; and (3) Health and healthcare	Unspecified
<b>Burhan et al. (2021)</b>	COVID-19	Crisis management practices in restaurants	Crisis preparation framework (Pauchant & Mitroff, 1992)	Semi-structured face-to-face interviews	Practices in three main themes are discovered: (1) anticipation and crisis preparation; (2) impacts on restaurant business; and (3) business operational management	Pakistan
<b>Yacoub and ElHajjar (2020)</b>	COVID-19	The effects of COVID-19 on the Lebanese hotel industry	Pre-Crisis Management and the expansion of the principles of disaster management	Structured phone interviews	<b>Operations:</b> canceling investment in renovations, reducing costs, increasing security personnel <b>Human resources:</b> laying off staff, taking a vacation or unpaid leave, freezing bonuses, reducing salary and benefits, providing online training and relief programs <b>Marketing:</b> adjusting the room rates and menu prices, communicating closely with agents	Lebanon

Table 2.3 (Continued)

Authors	Health Crisis	Focus	Theory/Concept	Data Collection	Undertaken Strategies/Practices	Country
<b>Ghaharian et al. (2021)</b>	COVID-19	Crisis management practices of Gambling-related Business Stakeholders (GBSs)	Three-phase crisis management framework (preparedness, response, future) & Importance-performance analysis (IPA)	Online surveys	Twenty crisis management practices in four themes are outlined: (1) Human resources 6 practices; (2) Marketing 5 practices; (3) Maintenance 6 practices; and (4) Government 3 practices	Unspecified
<b>Kaushal and Srivastava (2021)</b>	COVID-19	Challenges to the hospitality industry and learnings from crisis	Unspecified	E-mail interviews	Four main themes with 27 sub-themes: (1) Human Resource Management; (2) Health and Hygiene; (3) Continuity; and (4) Concerns	India

Table 2.3 (Continued)

Authors	Health Crisis	Focus	Theory/Concept	Data Collection	Undertaken Strategies/Practices	Country
<b>Le and Phi (2021)</b>	COVID-19	Hotels’ strategic responses in five phases of the crisis	Strategic crisis management framework	Analyzing global news media collected via the NexisLexis database	Seven major themes are revealed: (1) Emergency transformation; (2) Business innovation; (3) Service changes; (4) Health & safety measures; (5) Negative impact; (6) Recovery strategies; and (7) Government policies	Unspecified

## 2.5 Definition and importance of New Normal

Maragakis (2020) stated that the new normal is a new protective practice which was emerged after the COVID-19 pandemic in 2020. During rapid virus transmission, the new normal practice benefits both individuals and the immediate environment to be safe from the disease's severity. In practice, people are encouraged to stay at least 6 feet away from others in public places, and this is called social and physical distancing. Washing hands frequently for at least 20 seconds by using sanitizer gel is an effective way to prevent infection. Wearing a face mask is very helpful to protect others from illness in case of one person was infected by the virus and does not recognize it. More interestingly, this outbreak also allows people of all ages to work from home, or even study via online applications. However, the COVID-19 pandemic was an essential cause of tension, therefore Maragakis (2020) suggested that people should relieve stress by mental and physical healing to obtain healthy well-being.

Currently, the new normal is mandatory for all business sectors and public places. According to research, Brouder et al. (2020) found that since the pandemic surged, there was a large number of people who were traveling by car instead of crowded trains and buses. This represents that public service providers must strictly implement new normal practices, specifically for public transportation has to emphasize more on hygiene and safety as well as limiting the number of passengers on the public vehicles, otherwise it would surely turn into a great source of infection. In Thailand, the Department of Medical Services has collaborated with the Ministry of Public Health, under the support of World Health Organization (WHO) and the Japanese Government to develop a new normal model to strengthen the healthcare system and support health workers during the COVID-19 pandemic (WHO, 2020b).

Besides the new normal practices, the Department of Disease Control (2021) recommended that Thai people should protect themselves from the virus by following D-M-H-T-T precautions. "D" means social distancing, in which a person should be away 1- 2 meters from others and avoid staying in crowded areas. "M" refers to mask-wearing, which everyone must wear at all times when living outside. "H" stands for hand washing, which requires people to wash their hands frequently with either soap or concentrated alcohol gel. "T" is testing for temperature and another "T" is Thai Cha Na, all people are required to install this application to scan at public places every

time before entry and departure. So, this application will collect data of the people who visited that places and assist in tracing suspected persons in case of an infection.

## **2.6 Definitions and classifications of quarantine**

The term quarantine is defined as a public health practice used to prevent people from any contagious diseases. The people with suspected conditions must stay separately, and their movement is strictly for a certain period of time (Thai Embassy, 2021). Centers for Disease Control and Prevention (2020) described quarantine as a procedure keeping a person who might have been exposed to the virus disease away from others. It is very helpful to prevent future infections that can emerge before an individual knows that they are ill or infected by the virus. During the period of quarantine, the people should stay home, separate themselves from others, take care of their health, and follow state or local health department's restrictions. Starting from 1<sup>st</sup> April 2021 onwards, the mandatory quarantine will be reduced from 14 days (2 weeks) to 10 days for all travelers, except any completely vaccinated travelers who are required for only 7 days (1 week) quarantine.

### **2.6.1 Alternative State Quarantine (ASQ)**

Alternative State Quarantine or ASQ is a process of mandatory quarantine at government-accredited hotels in Bangkok, Thailand. Travelers are required to be responsible for all expenses at ASQ hotels. Any hotels applied for ASQ must be approved by Thailand's Ministry of Public Health and the Ministry of Defense. For travelers who desire to enter Thailand, booking ASQ packages via online would be the most convenient channel. Normally, the ASQ packages are including accommodation, 3 meals per day, two COVID-19 tests, and airport transfers. (Thai Embassy, 2021).

### **2.6.2 Alternative State Local Quarantine (ASLQ)**

ASLQ is offering quarantine facilities for travelers in other cities outside Bangkok, for example, Phuket, Pattaya, Buriram, and Prachinburi. There are 18 ASLQ hotels in Phuket, 6 ASLQ hotels in Pattaya, and one ASLQ hotel in Buriram, and Prachinburi (Thai Embassy, 2021).

## 2.7 COVID-19 vaccines and the importance

World Health Organization (2020c) defined the definition of vaccine as a simple, safe, and effective way to protect people from any harmful diseases. When people got a vaccination, the human body will create natural defenses to resist infection, while the immune system will become stronger and create antibodies. In fact, vaccines contain killed or weakened forms of either virus or bacteria, so they will not cause any complications or destructive disease. Generally, most vaccines will be given by injection, but some vaccines will be sprayed into the nose or given through the mouth.

Recently, Pfizer/BioNTech has announced its COVID-19 vaccine efficacy of 95%, Gamaleya's efficacy is 92%, Moderna's efficacy is 94.5%, AstraZeneca has announced its efficacy of 70%, and Sinopharm's vaccine efficacy is 79%. Furthermore, Sinovac vaccine from a Chinese company is also widely used in many countries, Thailand for example. Various companies are struggling to find partners in manufacturing COVID-19 vaccines (J. H. Kim et al., 2021). AstraZeneca has partnered with Serum Institute of India and SK Bioscience (Republic of Korea), Sinovac (China) has cooperated with Butantan (Brazil) and Bio Farma (Indonesia), and Johnson & Johnson has collaborated with Biological E (India).

Vaccines do not save lives but vaccination does (J. H. Kim et al., 2021). Unquestionably, vaccination is the most effective way to prevent severe infection and save people's lives. During the COVID-19 pandemic, vaccination is considered as an essential treatment that helps to slow down virus transmission and reduce an individual's serious illness (WHO,2020c). With the efficacy of COVID-19 vaccines, every business will be soon recovered. The hospitality and tourism industry will be resumed prosperously, and people will travel with more confidence. Phuket's private sectors have collaborated with Phuket Authorities to allocate vaccines for Phuket residents with the fruitful aims of creating group immunity, saving people's lives, and fostering Phuket's tourism economy. The Sinovac vaccine was injected to healthy residents at the age of 18 and above, whilst AstraZeneca was given to elder people the age of 60 and above. In accordance with statistical reports (Department of Disease Control, 2021), the total population in Phuket is 547,584 people. Phuket residents' vaccination rate for first, second and third doses are 415,412 people (75.9%), 327,269 people (59.8%), and 3,053 people (0.6%), respectively. As a result, Phuket has the highest vaccination rate in Thailand.

## **2.8 Definition and importance of Safety & Health Administration Certificate (SHA)**

Amazing Thailand Safety & Health Administration (SHA) is strong cooperation between the Ministry of Tourism and Sports, the Tourism Authority of Thailand (TAT), the Ministry of Public Health, government, and private sectors in the hospitality and tourism industry. The aims of this project are to encourage existing businesses in the industry to comply with the new normal practices and be able to improve their standards and sanitation measures (Ministry of Tourism and Sports & Ministry of Public Health, n.d.). More importantly, SHA is a certificate that represents the tourism industry's readiness in providing hygiene and safety on their products and services.

Certainly, to prevent the spread of the Coronavirus Disease 2019, SHA would be a beneficial project that can effectively build customers' trust and confidence. Nowadays, around 414 businesses in Bangkok were granted the Amazing Thailand Safety and Health Administration (SHA) certification (TAT Newsroom, 2020). Phuket is preparing for reopening the island to welcome fully vaccinated visitors worldwide without quarantine requirements. All hospitality and tourism business sectors are truly active in being awarded this certificate. TAT Newsroom (2021) reported that 1,389 venues and businesses in Phuket have received the Amazing Thailand SHA certificate. This number includes hotel, accommodation and homestay category, restaurants and diner's category, travel agency category, and other categories for 882, 169, 157, and 181, respectively.

## **2.9 Tourism Stimulus Scheme (We Travel Together Campaign)**

A potential solution to circulate the national economy and stimulate domestic tourism is introducing a tourism stimulus scheme. Amid the COVID-19 situation, the Thai Government later launched "We Travel Together" widely well-known in Thai as "Rao Tiew Duay Kan". This campaign has been designed for Thai citizens minimum age of 18 years old, and successfully registered on the "Paotang" application. The registered participants will only pay 60% of the hotel room rate, and another 40% will be subsidized by the government or up to 3,000 baht per room per night. But the booking must be made directly to the hotel prior to the check-in date for at least 7 days, and the destination hotel must not be in the same province as the traveler's house registration. Besides that, registered Thai travelers will receive a cashback 40% subsidy for airfare

tickets and food coupons up to 600 Baht per day via the Paotang application after 5.00 p.m. on the check-in date. Since the registration period opened, there were 4.51 million applicants and 6,815 hotels in Thailand participated in this scheme. The first top five provinces are Bangkok, Chiang Mai, Krabi, Phuket, and Prachuap Khiri Khan (National News Bureau of Thailand, 2021).



## CHAPTER 3

### METHODOLOGY

The research on Crisis Management of Upscale Hotels in Phuket during the COVID-19 Pandemic was undertaken by qualitative research technique. The overall purposes of this research are to investigate COVID-19 management strategies that the upscale hotels implemented to tackle the situation and to compare the management strategies conducted by local upscale hotels and international upscale chain hotels in Phuket. Consequently, the methodology was designed to investigate the current situation of the COVID-19 outbreak. Therefore, this chapter explains the methodology used to accomplish the objectives of the research as follows:

#### 3.1 Research Design

#### 3.2 Data Collection

#### 3.3 Data Analysis

### 3.1 Research Design

Considering the ongoing pandemic situation at hand, this research was designed to apply a qualitative research technique by using descriptive phenomenology. Participants of this research are hoteliers who are working at managerial levels of operating local upscale hotels, and international chain hotels in Phuket during the pandemic. A significant reason that this research focused on interviewing general managers, or hotel executives instead of other departmental managers is because the general manager's responsibilities are looking after guests, employees, and facility maintenance, controlling operations, and maximizing profitability (Chon & Maier, 2021). For this reason, the general managers are familiar with the operations and able to provide in-depth management strategies for every department in the hotels.

However, a main challenge in interviewing the hotel executives was some upscale hotels were silent and refused to participate. Therefore, the "*Snowball technique*" is an effective method applied to approach interviewees who have similar characteristics, experiences, and attitudes (Schindler, 2021). For instance, when the researcher had done an in-person interview at any upscale hotels, the interviewees were asked to refer the researcher to the next upscale hotel. To reach recommended upscale hotels, the emails were sent and consisted of three main parts,

including a brief self-introduction of a researcher, the title and objectives of the study, and listed questions that the participants would be asked. Also, the researcher would ask the participants for permission in conducting an audio recording during the conversation. The electronic cover letter issued by the Faculty would also be attached to the email. Most importantly, at the end of the emails, all the information, including hotel names and participant names, will be kept confidential and used for academic purposes only. After an email was sent directly to the participants, a phone call was made to follow up on the progress. The interview sessions were conducted at the hotels, and appointments depended on the participants' availability. Shortly, this technique was truly helpful and shortened the time of searching for upscale hotels to interview.

It is apparent that the interview questions are considered one of the most vital parts of data collection. Appropriate interview questions would provide accurate data which would also benefit in the following step of data analysis. As a matter of fact, the interview questions of this study were approved by the Faculty's thesis committee. Furthermore, these questions were brought to discuss with the general managers of three upscale hotels in Phuket to validate whether they did agree with the two big questions or not. Eventually, the questions were accepted by the hotels, and the two interview questions are;

(1.) What are the COVID-19 management strategies that the hotel implemented to tackle the situation?

(2.) Does the hotel have any contingency plans if there is another infection again in the future?

### **3.2 Data Collection**

Once receiving a confirmation email or phone call from the hotels, then the interview appointments were made. Around 20 upscale hotels in Phuket were projected to be interviewed or keep interviewing until reaching "*Data Saturation*". The data saturation was used as a criterion to indicate when should stop interviewing. This concept occurs when no new data, no new themes, and no new coding was found (Guest et al., 2006). In this research, the interviews were stopped when nothing new information was being heard, or the obtained information was similar to one another.

To establish trustworthiness, the sessions began with the researcher's self-introduction, followed by informing the title and objectives of the study, the benefits of this research to the hotels, and interview questions. The questions were neither harmful nor involved intrusive personal information. In terms of credibility, the participant would receive an informed consent form and a physical cover letter issued by the Faculty and be reminded that all information received from the interview was strictly kept confidential and only used for academic purposes. If the participant had any other queries or concerns, he/she was encouraged to contact the researcher and advisor directly via provided email and phone number. Then, the participant was asked to sign the informed consent form, and the researcher would again ask the participant for permission to conduct the audio records. If he/she did not allow, the researcher would take notes on the notebook instead. Also, during the interview, if the participant was uncomfortable, he/she can skip any questions, or even withdraw from the interview session at any time without consequences.

The participants would be asked these three main parts of the interview questions.

**Part I: Hotel general information**

1.1 How long has the hotel been operated?

1.2 How many employees are there before and during the COVID-19 pandemic?

1.3 How many rooms and room types are there in this hotel?

**Part II: Hotel crisis management practices and contingency plans**

2.1 What are the COVID-19 management strategies that the hotel implemented to tackle the situation?

2.1.1) How did the hotel operate the business during the COVID-19 pandemic? What are the implemented management strategies in hotel operations?

2.1.2) How did the hotel maintain rooms/ amenities/ facilities during the outbreak? What are the implemented management strategies in the maintenance department?

2.1.3) How did the hotel do to target domestic tourists? What are the implemented management strategies in the marketing department?

2.1.4) How did the hotel manage the manpower during the outbreak? What are the implemented management strategies in the human resources department?

2.1.5) What are implemented practices used to prevent the pandemic?

2.1.6) What are the government support campaigns that the hotel received during the pandemic?

2.2 Does the hotel have any contingency plans if there is another infection again in the future?

### **Part III: Participants profile**

3.1 How old are you?

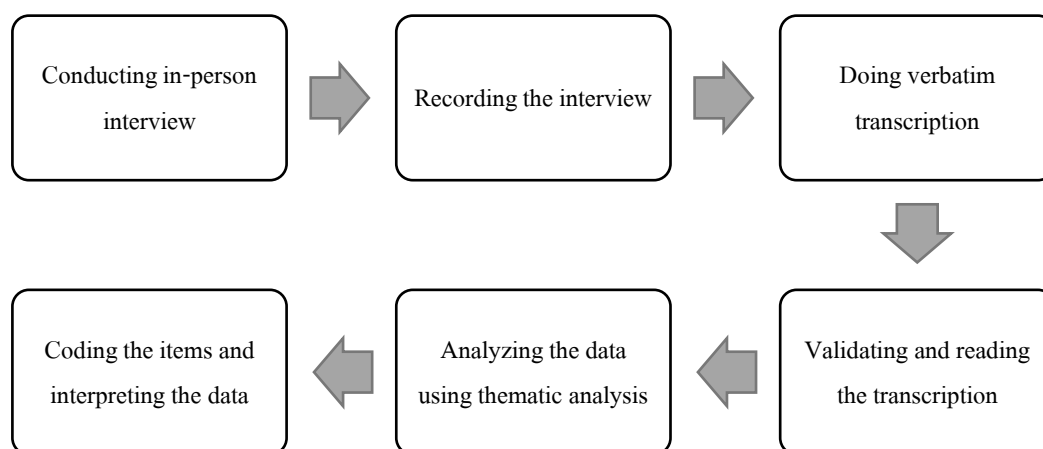
3.2 How many years have you been working in the hotel industry?

3.3 How long have you been working in this current hotel?

The in-person interview sessions were performed at the hotels or resorts and lasted around 1 hour. It was quite long due to the duration of the outbreak in Phuket was more than a year and that caused the hotels implemented numerous strategies to respond to this crisis. That was why the interviewees took time telling the story of handling the situations. The data collection was during the ongoing pandemic in Phuket between March 2021 – April 2022 with the aim to gather critical insights from the industry. Both researcher and participants were attentive to safety and hygiene matters by complying with new normal practices, particularly washing hands while entering the hotels, physical distancing, and wearing a face mask for the entire session. As this research applied semi-structured interviews, the participants were encouraged to freely talk and share their experiences in tackling the COVID-19 situation without disruption because each participant would have different management strategies depending on the hotel's organizational structure and performance. The above-listed questions were not ranked in order. When an interview was completely done, the audio records were kept in the researcher's personal mobile phone with password protected. After that, the record files would be transferred to the researcher's personal computer with another password-protected, and no one can access it.

Most importantly, the researcher rigorously followed an ethical manner in conducting research. The confidentiality of the hotels and participants is always the number one priority that the researcher has emphasized. Hotel names and participant names would not be disclosed. There was no information tracing the identity of individual hotels and participants. The anonymity will be maintained. This study has obtained ethical approval from the [Prince of Songkla University, Thailand] Institutional Review Board.

Figure 3.1 Interview process



### 3.3 Data Analysis

Prior to data analysis, a pre-coding scheme was developed from the 2 latest literature about Practices in crisis management during the COVID-19 pandemic in Greek hotels (Pavlatos et al., 2020) and Epidemic crisis management practices for the hotel industry in Macau, China (Lai & Wong, 2020). After merging, the first revision yielded 5 main themes and 34 subthemes which displays in Table 3.1.

Table 3.1 First revised version of Hotel Crisis Management Practices in Greece and Macau, China

Category	Practice	Code
<b>Marketing practices</b>	Reducing prices on special offers	MK1
	Marketing and promoting new products or services	MK2
	Marketing to new segments	MK3
	Marketing to domestic tourists in joint campaigns with local merchants	MK4
	Marketing and promoting new products or services strictly adhering to all health protocols (family events, catering etc.)	MK5
	Marketing to domestic tourists with focus on specific attributes of the location	MK6
	Advertising on different media channels	MK7
<b>Maintenance practices</b>	Cutting costs by postponing office maintenance	MT1
	Cutting costs by postponing systems' maintenance	MT2

Table 3.1 Continued

<b>Category</b>	<b>Practice</b>	<b>Code</b>
	Cutting costs by purchasing lower-cost office supplies	MT3
	Cutting costs by closing less used facilities	MT4
	Cutting costs by closing some rooms or villas	MT5
	Extending credit or postponing scheduled payments	MT6
<b>Pandemic prevention</b>	Daily informing and communicating with customers for hygiene and safety issues	EP1
	Daily checking guests' temperature	EP2
	Providing enough sanitizer gel in many places around the hotel	EP3
	Encouraging guests to wear a face mask when staying outside the room	EP4
	Reporting guests' check-in status to the local health department	EP5
	Implementing strict new normal practices in every area of the hotel	EP6
	Forming and organizing a crisis management team for COVID-19 incidents and continuous training by specialized personnel	EP7
<b>Human resources practices</b>	Reducing the labor force by laying off temporary employees	HR1
	Reducing the labor force by unpaid vacation	HR2
	Reducing the number of office hours or working days	HR3
	Freezing or reducing pay rates	HR4
<b>Human resources practices</b>	Replacing high-tenure employees with new employees	HR5
	Hire internship students instead of permanent employees	HR6
	Provide voluntary early retirement or resignation plans	HR7
	Cut some benefits such as staff party, pick-up service	HR8
<b>Governmental support</b>	Reduction of the contributions to the social security fund	GA1
	Increasing unemployment benefits	GA2
	Employment support for new graduates from public and private sectors	GA3
	Loan for employment support	GA4
	The government provides subsidies to customers who consume hotel rooms	GA5
	Support financial liquidity and debt issues for commercial bank	GA6

Once the completion of the interviews, the audio records were verbatim transcribed and cleansed for unrelated data. Then, the transcriptions were sent to all participants via email to correct the data validity. When the transcriptions were agreed upon by the hotel executives,

the transcribed notes of the individual upscale hotel were read and summarized. To analyze the data on hand, thematic analysis was applied. New findings of crisis management practices were combined with the first revision in Table 3.1. Irrelevant subthemes from the previous studies were screened out, only the items that matched with Phuket upscale hotels' COVID-19 management strategies have remained. The codes of each theme were then finalized, including 5 main themes and 80 subthemes: human resources 16, operations 19, maintenance 11, marketing 14, and pandemic prevention 20 practices.

Table 3.2 Final revised version of Crisis Management Practices of Upscale Hotels in Phuket, Thailand

Category	Practice	Code
<b>Human resources</b>	Laying off staff to reduce the labor force	HR_1
	Using unpaid vacation to reduce the labor force	HR_2
	Outsourcing staff or internship students to work instead of permanent staff	HR_3
	Reducing the number of office hours, overtime, or working days	HR_4
	Freezing or reducing pay rates	HR_5
	Reducing some repetitive positions	HR_6
	Offering an early retirement package	HR_7
	Implementing job rotation	HR_8
	Requiring staff to perform multi-tasking	HR_9
	Adjusting staff's benefits	HR_10
	Permitting staff to wear casuals during the lockdown and hotel's closure	HR_11
	Providing rescue bags to staff's families	HR_12
	Supporting staff to receive compensation from Social Security Office	HR_13
	Stopping fixed service charges, but paying based on actual hotel revenue	HR_14
	Arranging some training programs for staff (e.g., hygiene and safety standards training program)	HR_15
	Training staff to understand Thai guests' behavior	HR_16
<b>Operations</b>	Using new technologies to reduce the contact between guests and employees (e.g., application for check-in, in-room services)	OP_1
	Reducing the number of printed documents in the office	OP_2
	Reducing electricity consumption	OP_3
	Closing the elevator	OP_4

Table 3.2 (Continued)

<b>Category</b>	<b>Practice</b>	<b>Code</b>
<b>Operations</b>	Removing all minibar items from the rooms	OP_5
	Having financial projection plans	OP_6
	Closing some hotel outlets and restaurant	OP_7
	Adjusting breakfast style depending on the number of guests	OP_8
	Adjusting breakfast menus to suit Thai guests	OP_9
	Reconsidering or reducing the suppliers	OP_10
	Dealing with business partners and contractors to postpone scheduled payment	OP_11
	Communicating with staff and guests closely	OP_12
	Opening some hotel's sections or wings	OP_13
	Encouraging some teams to work from home	OP_14
	Limiting hotel services	OP_15
	Joining food delivery service	OP_16
	Growing some vegetables and herbs inside the hotel's area for utilizing in the kitchen	OP_17
	Farming chicken inside the hotel's area for utilizing their eggs in the kitchen	OP_18
Producing non-chemical fertilizer to utilize in the hotel's garden	OP_19	
<b>Maintenance</b>	Postponing maintenance of the building	MT_1
	Postponing major maintenance/renovation	MT_2
	Closing less used facilities	MT_3
	Requiring all engineering, housekeeping, and gardening teams to fully work	MT_4
	Arranging security team to work 24/7	MT_5
	Separating electricity and air conditioners' breakers from the water pump supply for the swimming pool	MT_6
	Switching off the breakers of any villas with no existing guests	MT_7
	Setting timer for pools' water pump supply	MT_8
	Folding beds and curtains in all closing rooms to keep the dust-out	MT_9
	Fixing or renovating all possible areas and continuing minor maintenance in rooms	MT_10
	Running air conditioner, water taps, and other systems frequently	MT_11



Table 3.2 (Continued)

<b>Category</b>	<b>Practice</b>	<b>Code</b>
<b>Marketing</b>	Marketing to domestic tourists with a focus on specific attributes of Phuket	MK_1
	Investing more in the advertisement	MK_2
	Approaching domestic tourists by using social media (e.g., Facebook, LINE Official, Instagram)	MK_3
	Launching new products or services to attract local and domestic tourists	MK_4
	Offering special promotions to attract local, domestic tourists, and expats	MK_5
	Reducing room rates to be more affordable	MK_6
	Remaining the same room rate to sustain the hotel's positioning	MK_7
	Using reviews to boost the hotel's ranking	MK_8
	Inviting celebrities, vloggers, or influencers to promote the hotel	MK_9
	Inviting foreign media or TAT's guests to inspect or experience the hotel	MK_10
	Working closely with OTA, travel agencies	MK_11
	Collaborating with flash sale operators	MK_12
	Targeting government servants as a new group of guests	MK_13
	Joining the Thai government's tourism stimulus scheme called " We Travel Together"	MK_14
<b>Pandemic prevention</b>	Implementing body temperature check at the entrance	PP_1
	Providing sufficient protective equipment to staff (such as masks, and face shields)	PP_2
	Educating staff about the knowledge of pandemic prevention	PP_3
	Reminding guests of the importance of pandemic prevention	PP_4
	Implementing sufficient cleaning in all hotel public areas	PP_5
	Implementing sufficient cleaning in all hotel rooms	PP_6
	Developing and implementing standardized pandemic prevention procedures	PP_7

Table 3.2 (Continued)

<b>Category</b>	<b>Practice</b>	<b>Code</b>
<b>Pandemic prevention</b>	Following up closely to the Phuket governor and Thai government regarding the situational announcement to update the hotel guests	PP_8
	Tracing staff's timelines when coming to work	PP_9
	Complying with the SHA standards strictly	PP_10
	Sending staff uniforms to the SHA certified laundry service company	PP_11
	Wearing hand gloves as always for staff working in the kitchen	PP_12
	Distributing face masks to the guests	PP_13
	Training staff about safety, hygiene, and New Normal practices	PP_14
	Recording and reporting guests' details to local government	PP_15
	Keeping room to be vacant for at least 24 hrs.	PP_16
	Limiting traffic to come inside the hotel	PP_17
	Setting COVID-19 management team to closely monitor the crisis	PP_18
	Hiring fully vaccinated staff	PP_19
	Having a contingency plan to tackle the situation	PP_20

The comparative findings of crisis management practices between local upscale hotels and international upscale chain hotels are presented in Chapter 4. Lastly, the completed research report would be sent to every participating hotel executive in Phuket via email for their reference and to reconfirm that there is full confidentiality within the report. All transcriptions and other related data will be erased permanently within two years.

## CHAPTER 4

### RESULTS

In this chapter, the profound findings from interviewing the hotel executives of 16 operating upscale hotels in Phuket were analyzed to meet the two objectives of the study. The results were analyzed by using thematic analysis to identify the COVID-19 management strategies of the individual department in the hotels. Insightful findings are presented in the following sections:

#### 4.1 Participants Profile

#### 4.2 Phuket Upscale Hotels' COVID-19 Pandemic Management Strategies

#### 4.3 Comparing crisis management practices of Phuket's local upscale hotels and international upscale chain hotels

##### 4.3.1 Human Resources Practices

##### 4.3.2 Operations Practices

##### 4.3.3 Maintenance Practices

##### 4.3.4 Marketing Practices

##### 4.3.5 Pandemic Prevention Practices

#### **4.1 Participants Profile** (See Table 4.1)

The crisis management practices were contributed by 18 hotel executives working in 8 local upscale hotels and 8 international upscale chain hotels around Phuket Island 100% of the participants working in the local upscale hotels were male, while the participants working in international upscale chain hotels were male 70%, and female 30%. However, 63% of the participants from local hotels were non-Thai, whilst non-Thai participants from international chain hotels were 50%. The senior participant from the local hotel (P4) was 57 years old and had 33 years of working experience in the hospitality industry. (P2) was one of the participants from the local hotel who had 15 years of working experience in the current hotel at the age of 43 years old. (P12) was a general manager who had the most experience in the industry for 35 years at his age of 53 years old. (P14) was from one of the international chain hotels who had 34 years of working

experience in the hospitality industry, and 30 year-experiences in the current hotel at the age of 57. (P13) was similar to (P14) in terms of age and experience in the industry, but her experiences in the current hotel were 7 years. Shortly, (P4), (P7), (P8), (P9), (P10), (P12), (P13) and (P14) were the most senior participants having ample experience of more than 30 years in the hospitality industry.

The number of working experiences in the industry represents how many crises that they have gone through, for instance, natural disasters, health crises, political crises, economic crises, and so on. Therefore, experienced hotel executives would be the ones who can lead the team to prevail over the crises. Table 4.1 displays the Participants Profile.

*"We have encountered a lot, COVID-19 is the severest. Every crisis is short, Tsunami that is the most damaged, but one boom ends. We started counting 1 again, but this one is ongoing. It doesn't end. When it is about to end, Delta became Omicron variant." (P14)*

Table 4.1 Participants Profile

Participant	Position	Hotel Category	Hotel Code	Location (Subdistrict)	Gender (M/F)	Nationality (Thai/Non-Thai)	Participants Age (In years)	Total Experience (In years)	Experience in Hotel (In Years)
P1	Hotel Manager	5* Local	L1	Kamala	M	Thai	49	22	3
P2	Assistant Managing Director	5* Local	L2	Rawai	M	Thai	43	19	15
P3	Resident Manager				M	Non-Thai	46	25	3
P4	Director of Human Resources/ Training and Quality Assurance	5* Local	L3	Sakhu	M	Non-Thai	57	33	7.2
P5	General Manager	5* Local Boutique	L4	Patong	M	Thai	41	21	2
P6	General Manager	5* Local	L5	Kamala	M	Non-Thai	42	27	-3
P7	General Manager	5* Local	L6	Rawai	M	Non-Thai	54	30	7
P8	Director of Hotel and Resorts	5* Local 4* Local	L7 L8	Karon Karon	M	Non-Thai	54	32	7
P9	General Manager	5* Chain	I1	Kamala	M	Non-Thai	47	31	3

Table 4.1 (Continued)

<b>Participant</b>	<b>Position</b>	<b>Hotel Category</b>	<b>Hotel Code</b>	<b>Location (Subdistrict)</b>	<b>Gender (M/F)</b>	<b>Nationality (Thai/Non-Thai)</b>	<b>Participants Age (In years)</b>	<b>Total Experience (In years)</b>	<b>Experience in Current Hotel (In Years)</b>
<b>P10</b>	General Manager				M	Non-Thai	49	33	4
<b>P11</b>	Director of Marketing and Communications	5* Chain	12	Cherngtalay	F	Thai	43	10	4
<b>P12</b>	General Manager	5* Chain	13	Karon	M	Non-Thai	53	35	5
<b>P13</b>	General Manager	5* Chain	14	Cherngtalay	F	Thai	57	34	7
<b>P14</b>	Resort Manager	4.5*	15	Patong	M	Thai	57	34	30
<b>P15</b>	Director of Human Resources	Chain			M	Thai	44	22	2.5
<b>P16</b>	Resort Manager	5* Chain	16	Kamala	F	Thai	46	19	3
<b>P17</b>	General Manager	5* Chain	17	Patong	M	Non-Thai	44	22	8
<b>P18</b>	General Manager	5* Chain	18	Pa Klok	M	Non-Thai	52	26	7

## **4.2 Phuket Upscale Hotels' COVID-19 Pandemic Management Strategies**

To answer the first objective of the study, this part expressed what were the COVID-19 management strategies undertaken by the upscale hotels in Phuket. The interviews revealed that various management strategies were implemented. There were 80 strategies grouped into five main categories, such as human resources 16 strategies, operations 19 strategies, maintenance 11 strategies, marketing 14 strategies, and pandemic prevention 20 strategies. Additional details regarding their management strategies were summarized, compared, and discussed in the following session.

## **4.3 Comparing crisis management practices of Phuket's local upscale hotels and international upscale chain hotels (See Table 4.2)**

### **4.3.1 Human Resources Practices**

*“Big spender for the hotel is salary. When the crisis occurred, the first thing that the business did is reducing the manpower” (P1)*

From Table 4.3, all 16 upscale hotels had firstly controlled costs by reducing the number of staff. 50% of local hotels laid off their staff while the other 50% did not, but the staff voluntarily resigned due to the hotels' adjustment on payroll and working days which were not enough with the high cost of living in Phuket. The highest number of retrenched staff in local hotels were occupied by (L6) and (L8) 110 staff. Around 75% of the international chain hotels retrenched staff by implementing several strategies during the ongoing pandemic such as terminating staff who was on probation, had less than 1 year of working experience, and working in duplicate positions. Also, some staff either voluntarily resigned or accepted the early retirement program offered by the hotels. The highest number of retrenchments in the chain hotel was (I2) 420 staff, whilst the least was (I8) 142 staff.

Similarly, the most implemented HR practices among local upscale hotels and international chain hotels were using unpaid vocation to reduce the labor force, reducing the number of office hours and working days, freezing or reducing pay rates, implementing job rotation, asking staff to perform multi-tasking, adjusting staff's benefits, permitting staff to wear casuals during the lockdown and hotel's closure, supporting staff to get compensation from the Social Security Office, and providing training programs to re-skill and up-skill for staff. In contrast, reducing some

duplicate or unnecessary positions and offering early retirement packages were only implemented by the chain hotels. While providing rescue bags to mitigate staff's financial difficulty was implemented by only two local hotels. Additionally, 25% of local hotels and 25% of chain hotels had trained their staff to understand Thai guests' behavior, especially how to greet and communicate with Thai guests politely as well as improve the taste of food that they like. Briefly, both local and chain hotels had initially reduced their labor force by retrenchment in various stages. Possessing multi-tasking skills would be essential for staff. The chain hotels would rather have obvious strategies for managing staff step-by-step than the local. However, providing support to mitigate the staff's difficulty seemed to be explicit in the local hotels' management style.

*“Number 1 for the owner and for the whole company is "To maintain our staff and to keep our associate's standby" (P6)*

Several years in hotel operations also influenced human resources management. Particularly for the upscale hotels that have operated the businesses for more than 30 years (L3), (L6) and (I3), (I4), and (I5). It was challenging for (I3), (I4), and (I5) to look after all staff who worked for the hotels for years. To retrench some of their staff the managers of (I3) and (I5) had made very careful decisions on downsizing the number of staff. As a result, there were many stages of staff retrenchment with the least negative impacts on everyone. Albeit, (I4) did not lay off, the hotel did offer some early retirement packages, and asked the staff for voluntary resignation. Thus, the early retirement strategy was implemented by international upscale chain hotels that have more than 30 years of operations. On the other hand, (I6) is the youngest participating upscale hotel with only 2 years of operations. One of the advantages of managing human resources during a crisis in a brand-new hotel was all staff was new. When it came to staff retrenchment, the ones who were on probation period or had fewer working experiences than the others would be first laid off. Thus, there is no early retirement program offered by any new upscale hotels.

Nevertheless, in the post-pandemic or when the situation is under control, the major concern of many hotel executives in Phuket is a lack of skillful staff.

*“Once the situation resumes back to normal, Phuket will lack talented employees” (P4)*



Another concern is the difficulty in finding multi-tasking skilled staff who can perform many tasks which they have not done before.

*"If you are 25 years doing the same job and somebody tells you have to learn another three jobs. They don't want to do that, and they think is it worth to do it. Thai people as well, they don't like to lose face. They don't like to learn something new and fail"* (P12)

Accordingly, a priceless lesson learned from this pandemic allows Phuket's upscale hotels to put more emphasis on multi-skilling.

*"With less people, we expect everybody to do more. We have done a lot of cross-training. So, we are adjusting a little bit of positions to be allowing for flexibility"* (P18)

#### **4.3.2 Operations Practices**

*"The point for us was to reduce the expenses as much as we could, but without affecting guests' experiences"* (P18)

With limited labor force and cost control issues, all upscale hotels had adapted operational strategies to be more resilient. Several practices were implemented to ensure that the hotel operations still ran smoothly. Similar practices in operations between the local hotels and international chain hotels were using new technologies to reduce contact between guests and employees, reducing printed documents in the office, reducing electricity consumption, removing all minibars items from the room, having financial projection plans, closing some outlets and restaurants, adjusting breakfast styles depending on the number of guests, keeping close communication with guests and staff, opening some sections or wings, encouraging the team to work from home, and limiting hotel services. Most upscale hotels had utilized new technologies to shorten the operational process from check-in to check-out by introducing hotel mobile applications to facilitate guest experiences. This was a major part that reduced contact between the guests and staff. During the lockdown and the hotels' closure, all minibar items were removed, and perishable products were sold out to staff at the cost price. So, the hotels did not need to stock these items even when the hotels reopened, and some restrictions were lifted.

*"We have no more minibars, we have the fridge, but we do not stock in the minibar. So, we reduce the risks for contamination for you as a guest and as well for my team"* (P9)

Electricity consumption was another huge cost for the hotels. All upscale hotels have encouraged the staff to save energy, and this policy has been initially implemented before the

pandemic. Having financial projection plans was a very crucial practice during this uncertain situation. Every upscale hotel had adjusted breakfast styles to match the number of in-house guests. When the hotels had quite a low occupancy, the breakfast would be served in a la carte style, while the buffet line was arranged when the occupancy rate was high.

*"We have to adapt a lot, especially in operations. We did not have Thai menus in the breakfast before as well as staff has to learn how to serve and communicate in Thai politely"* (P16)

Compelling practices of one local and one chain hotel were growing organic vegetables, farming chicken, and producing non-chemical fertilizer to be utilized inside the resorts. However, the differences between the local and chain hotels were strategies to reconsider or reduce the suppliers and dealing with business partners and contractors to postpone scheduled payment. The local hotels had reconsidered or reduced their suppliers for cost reduction. The chain hotels had emphasized dealing with business partners or contractors to lengthen the scheduled payments.

#### 4.3.3 Maintenance Practices

*"Hotel is like the car engine that needs to be started every day"* (P5)

*"If you don't run the system for a long time, there is a high amount of bacteria effects sickness, so we have to run the system every day at all-time similar we run when the guests were here"* (P6)

Though the hotels were under closure, all the systems need to be run as usual otherwise it would cost a lot when it was time to reopen. Frequently performed practices among the local and chain hotels were closing less used facilities, requiring all engineering, housekeeping, and gardening teams to fully work, arranging security teams to work 24/7, folding beds and curtains in all closing rooms, fixing or renovating all possible areas, and running the air-condition, water taps, and other systems frequently. The engineering and security teams were the ones who worked very hard to protect the hotels' assets. Also, the housekeeping team looked after all rooms attentively as the nightmare of the housekeeping was a mole, bad smell, and humidity. Positively, the crisis was an opportunity to renovate or fix some parts, but of course, it came with costs. Thus, both local and chain hotels were similar in terms of maintenance. Most hotels took this time for renovation and refurbishment. But some major maintenance was postponed due to financial

limitations. Despite the ongoing incident, some local hotels were seemingly faced with maintenance issues as no guidelines were provided on what to do like the branded hotels.

*“We would pay more attention on maintenance, even if it wouldn't be painful but the struggles that we are going through now in catching up with the maintenance is quite a lot”*  
(P7)

The length of hotel operations directly affected maintenance. Particularly for (L3), (L6), (I3), (I4), and (I5) has operated for more than 30 years and have been situated in the beachfront areas (See Table 4.4). These hotels seemed to struggle on maintaining and painting the buildings. The competitive advantage of (I6) with 2 years of operations was saving the renovation costs, with only a few construction defects to improve.

#### **4.3.4 Marketing Practices**

*“We will never forget the Thai market, this will always be part of our strategy. We do not want to put all eggs into one basket”* (P4)

National lockdown and rigorous travel restrictions resulted in the number of international tourists arriving in Phuket. All hotels had revamped marketing strategies to target the only last piece of cake which was the domestic market. The most frequently implemented strategies by local and chain hotels were marketing to domestic tourists with a focus on specific attributes of Phuket, using social media to approach domestic tourists, launching new products or services to attract local and domestic guests, offering special promotions to attract the local, domestic and expats, reducing room rates to be more affordable, inviting celebrities, vloggers, or influencer to promote the hotels, and joining Thai Government's Travel Stimulus Scheme. Understanding Thai guest behavior was vital. Every upscale hotel had adjusted its pricing strategy to be more affordable, but still luxurious. Using social media to appeal to the Thai market. Inviting key opinion leaders (KOL) to experience and promote the hotels via social media was an effective marketing strategic approach. Since the outbreak, Thai people communicated and preferred direct bookings via the hotels' Facebook page rather than booking with the OTAs, unlike international guests who booked directly by sending an email. “We Travel Together Campaign” was also successful as 40% of the room rates were subsidized by the Thai government. Briefly, both local and chain hotels had quite similar marketing strategies.

*"For Thais and domestic, we had to put more personalized. It could be something very simple such as now we have to serve free water with breakfast which we have never done before. We always charge for extra water, mineral water, or organic water" (P6)*

The length in operations and beachfront location also influenced the Thai guests' decisions. Thai people desire to experience something new and photogenic. (L1), (L5), (L7), (I1), (I6), and (I8) have operated for less than 10 years and are located in beachfront areas or possessed beautiful scenery. The upscale hotels with more than 10 years of operations, and occupied serene beachfront areas still gained an advantage in terms of reputation. Launching attractive promotional campaigns or recreational activities was truly helpful to compete with other new upscale hotels.

*"The Thai market, they love to take pictures and they love to put on Instagram, Facebook, and Tik Tok" (P7)*

#### **4.3.5 Pandemic Prevention**

*"Learn to live with it instead of stopping everything inside the country" (P6)*

The only possible way to foster the Phuket hotel industry to survive was by adapting and learning to live with it. All upscale hotels were granted amazing Thailand Safety and Hygiene Administration (SHA) which represents hotels' safety and hygiene standards. Additionally, some of the local hotels and all chain hotels were accredited for the Hotel Resilient COVID-READY Certification, the internationally recognized standard (Phuket Hotels Association, 2020). Thus, there were several practices implemented to restore guests' confidence, and protect the guests and staff from the infection. In short, both local and chain hotels had similar practices in preventing the pandemic.

Dissimilarly, all the upscale chain hotels had set up a COVID-19 management team to handle the situation closely, while only a few local hotels did. Every international chain hotel had a manual guide for managing crises, and protocols provided by the hotel brands. In contrast, some local hotels did not have a COVID-19 management team and also a contingency plan. Another key factor to prevent the pandemic was delivering only facts and transparent communication to stakeholders (guests, owners, associates, community, and staff).

*"We provide only facts, we don't respond to gossip, we don't respond to panic. We just report what we know, and if we don't know, we say we don't know, and we will find out" (P10)*

Table 4.2 COVID-19 Crisis management practices of local upscale hotels and international upscale chain hotels in Phuket, Thailand

Category	Practice	Code	Local Upscale Hotels								International Upscale Chain Hotels								
			L1	L2	L3	L4	L5	L6	L7	L8	I1	I2	I3	I4	I5	I6	I7	I8	
<b>Human resources</b>	Laying off staff to reduce the labor force	HR_1			●			●	●	●	✓	✓	✓		✓	✓		✓	
	Using unpaid vacation to reduce the labor force	HR_2	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Outsourcing staff or internship students to work instead of permanent staff	HR_3	●					●							✓				
	Reducing the number of office hours, overtime, or working days	HR_4	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Freezing or reducing pay rates	HR_5	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Reducing some duplicate or unnecessary positions	HR_6											✓		✓	✓			
	Offering an early retirement package	HR_7											✓	✓	✓				
	Implementing job rotation	HR_8		●	●		●	●	●	●		✓	✓	✓	✓	✓	✓	✓	✓
	Requiring staff to perform multi-tasking	HR_9		●	●	●	●	-	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Adjusting staff's benefits	HR_10	●	●	●	●	●	●	●	●	✓				✓	✓	✓		
	Permitting staff to wear casuals during the lockdown and hotel's closure	HR_11	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Providing rescue bags to staff's families	HR_12		●			●												
	Supporting staff to receive compensation from Social Security Office	HR_13	●	●	●	●	●	●	●	●	✓	✓	✓		✓	✓			

Table 4.2 (Continued)

Category	Practice	Code	Local Upscale Hotels								International Upscale Chain Hotels							
			L1	L2	L3	L4	L5	L6	L7	L8	I1	I2	I3	I4	I5	I6	I7	I8
<b>Human resources</b>	Stopping fixed service charges, but paying based on actual hotel revenue	HR_14		●	●	●				●	●	✓						
	Arranging some training programs for staff (e.g., hygiene and safety standards training program)	HR_15	●	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓
	Training staff to understand Thai guests' behavior	HR_16				●	●						✓			✓		
<b>Operations</b>	Using new technologies to reduce the contact between guests and employees (e.g., application for check-in, in-room services)	OP_1			●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓
	Reducing the number of printed documents in the office	OP_2	●	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓
	Reducing electricity consumption	OP_3	●	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓
	Closing the elevator	OP_4	●											✓		✓		✓
	Removing all minibar items from the rooms	OP_5	●		●	●	●	●	●	●	●	✓	✓	✓		✓	✓	✓
	Having financial projection plans	OP_6	●	●		●	●					✓	✓	✓	✓	✓	✓	✓

Table 4.2 (Continued)

Category	Practice	Code	Local Upscale Hotels								International Upscale Chain Hotels							
			L1	L2	L3	L4	L5	L6	L7	L8	I1	I2	I3	I4	I5	I6	I7	I8
Operations	Closing some hotel outlets and restaurant	OP_7	●	●	●	●		●			✓	✓	✓	✓	✓	✓	✓	✓
	Adjusting breakfast style depending on the number of guests	OP_8	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓
	Adjusting breakfast menus to suit Thai guests	OP_9		●		●	●						✓			✓		
	Reconsidering or reducing the suppliers	OP_10		●		●	●		●	●								
	Dealing with business partners and contractors to postpone scheduled payment	OP_11													✓		✓	✓
	Communicating with staff and guests closely	OP_12	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓
	Opening some hotel's sections or wings	OP_13	●	●	●			●	●	●	✓	✓	✓	✓	✓	✓	✓	✓
	Encouraging some teams to work from home	OP_14	●		●		●		●	●	✓	✓			✓	✓	✓	✓
	Limiting hotel services	OP_15	●	●	●	●					✓	✓	✓	✓	✓	✓	✓	✓
	Joining food delivery service	OP_16												✓				
	Growing some vegetables and herbs inside the hotel's area for utilizing in the kitchen	OP_17					●							✓				
	Farming chicken inside the hotel's area for utilizing their eggs in the kitchen	OP_18												✓				

Table 4.2 (Continued)

Category	Practice	Code	Local Upscale Hotels								International Upscale Chain Hotels							
			L1	L2	L3	L4	L5	L6	L7	L8	I1	I2	I3	I4	I5	I6	I7	I8
<b>Operations</b>	Producing non-chemical fertilizer to utilize in the hotel's garden	OP_19												✓				
<b>Maintenance</b>	Postponing maintenance of the building	MT_1						●					✓					
	Postponing major maintenance/renovation	MT_2					●					✓	✓					✓
	Closing less used facilities	MT_3	●	●	●	●	●	●	●	●	✓	✓	✓		✓	✓	✓	✓
	Requiring all engineering, housekeeping, and gardening teams to fully work	MT_4	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓
	Arranging security team to work 24/7	MT_5	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓
	Separating electricity and air conditioners' breakers from the water pump supply for the swimming pool	MT_6	●															
	Switching off the breakers of any villas with no existing guests	MT_7	●	●	●		●				✓							
	Setting timer for pools' water pump supply	MT_8	●		●		●											
	Folding linens and curtains in all closing rooms to keep the dust-out	MT_9	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓



Table 4.2 (Continued)

Category	Practice	Code	Local Upscale Hotels								International Upscale Chain Hotels								
			L1	L2	L3	L4	L5	L6	L7	L8	I1	I2	I3	I4	I5	I6	I7	I8	
<b>Maintenance</b>	Fixing or renovating all possible areas and continuing minor maintenance in rooms	MT_10	●	●	●		●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓	
	Running air conditioners, water taps, and other systems frequently	MT_11	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓	
<b>Marketing</b>	Marketing to domestic tourists with a focus on specific attributes of Phuket	MK_1	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓	
	Investing more in the advertisement	MK_2				●											✓		
	Approaching domestic tourists by using social media (e.g., Facebook, LINE Official, Instagram)	MK_3	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Launching new products or services to attract local and domestic tourists	MK_4			●	●	●		●	●		✓		✓		✓		✓	
	Offering special promotions to attract local, domestic tourists, and expats	MK_5	●	●	●	●		●	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Reducing room rates to be more affordable	MK_6	●	●	●	●		●	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Remaining the same room rate to sustain the hotel's positioning	MK_7					●												

Table 4.2 (Continued)

Category	Practice	Code	Local Upscale Hotels								International Upscale Chain Hotels								
			L1	L2	L3	L4	L5	L6	L7	L8	I1	I2	I3	I4	I5	I6	I7	I8	
Marketing	Using reviews to boost the hotel's ranking	MK_8				●							✓						
	Inviting celebrities, vloggers, or influencers to promote the hotel	MK_9							●	●	●		✓		✓	✓	✓	✓	
	Inviting foreign media or TAT's guests to inspect or experience the hotel	MK_10														✓			
	Working closely with OTA, travel agencies	MK_11	●	●									✓					✓	
	Collaborating with flash sale operators	MK_12							●				✓	✓			✓		
	Targeting government servants as a new group of guests	MK_13														✓			
	Joining the Thai government's tourism stimulus scheme called " We Travel Together"	MK_14	●	●	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓
Pandemic prevention	Implementing body temperature check at the entrance	PP_1	●	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓
	Providing sufficient protective equipment to staff (such as masks, and face shields)	PP_2	●	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓
	Educating staff about the knowledge of pandemic prevention	PP_3	●	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓

Table 4.2 (Continued)

Category	Practice	Code	Local Upscale Hotels								International Upscale Chain Hotels							
			L1	L2	L3	L4	L5	L6	L7	L8	I1	I2	I3	I4	I5	I6	I7	I8
Pandemic prevention	Reminding guests of the importance of pandemic prevention	PP_4	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓
	Implementing sufficient cleaning in all hotel public areas	PP_5	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓
	Implementing sufficient cleaning in all hotel rooms	PP_6	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓
	Developing and implementing standardized pandemic prevention procedures	PP_7	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓
	Following up closely with the Phuket governor and Thai government regarding the situational announcement to update the hotel guests	PP_8	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓
	Tracing staff's timelines when coming to work	PP_9	●												✓	✓	✓	✓
	Complying with the SHA standards strictly	PP_10	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓
	Sending staff uniforms to the SHA-certified laundry service company	PP_11	●															
	Wearing hand gloves as always for staff working in the kitchen	PP_12	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓

Table 4.2 (Continued)

Category	Practice	Code	Local Upscale Hotels								International Upscale Chain Hotels							
			L1	L2	L3	L4	L5	L6	L7	L8	I1	I2	I3	I4	I5	I6	I7	I8
Pandemic prevention	Distributing face masks to the guests	PP_13	●	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓
	Training staff about safety, hygiene, and New Normal practices	PP_14	●	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓
	Recording and reporting guests' details to local government	PP_15	●	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓
	Keeping room to be vacant for at least 24 hrs.	PP_16	●	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓
	Limiting traffic to come inside the hotel	PP_17					●							✓	✓	✓		
	Setting COVID-19 management team to closely monitor the crisis	PP_18		●	●		●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓
	Hiring fully vaccinated staff	PP_19	●	●	●	●	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓
	Having a contingency plan to tackle the situation	PP_20			●	●		●				✓	✓	✓	✓	✓	✓	✓

Table 4.3 Adjustment on the upscale hotels' labor force

Hotel Code	No. of Rooms/Villas	Number of Staff		Reduced by	Staff Reduction (in %)	HR Practices
		Before Pandemic	During Pandemic			
L1	95 pool villas	240	170	70	29.2	No termination (voluntary resignation)
L2	92 pool villas	180	100	80	44.4	No termination (voluntary resignation)
L3	200 rooms and villas	380	290	90	23.7	*Retrenchment
L4	35 rooms	28	18	10	35.7	No termination (voluntary resignation)
L5	38 villas	180	120	60	33.3	No termination (voluntary resignation)
L6	120 rooms	240	130	110	45.8	*Retrenchment
L7	124 rooms	120	50	70	58.3	*Retrenchment
L8	330 rooms	160	50	110	68.8	*Retrenchment
I1	214 rooms and villas	280	90	190	67.9	*Retrenchment
I2	371 rooms	700	280	420	60.0	*Retrenchment
I3	470 rooms	800	430	370	46.3	*Retrenchment
I4	253 rooms	290	188	102	35.2	No termination, (voluntary resignation)

Table 4.3 (Continued)

Hotel Code	No. of Rooms/Villas	Number of Staff		Reduced by	Staff Reduction (in %)	HR Practices
		Before Pandemic	During Pandemic			
I5	398 rooms	498	180	318	63.9	*Retrenchment
I6	221 units	325	160	165	50.8	*Retrenchment
I7	314 rooms and villas	300	180	120	40.0	No termination (voluntary resignation)
I8	106 rooms and villas	298	156	142	47.7	*Retrenchment

Table 4.4 Characteristics of participating upscale hotels

Hotel Code	No. of stars	Property Scale	Location	Beachfront Area (Yes/No)	Length of hotel operations
L1	5*	95 pool villas	Kamala	Yes	8 Years
L2	5*	92 pool villas	Rawai	Yes	14 Years
L3	5*	200 rooms and villas	Sakhu	Yes	36 Years
L4	5*	35 rooms	Patong	Yes	22 Years
L5	5*	38 villas	Kamala	No	6 Years
L6	5*	120 rooms	Rawai	Yes	36 Years
L7	5*	124 rooms	Karon	No	5 Years
L8	4*	330 rooms	Karon	No	22 Years

Table 4.4 Continued

<b>Hotel Code</b>	<b>No. of stars</b>	<b>Property Scale</b>	<b>Location</b>	<b>Beachfront Area (Yes/No)</b>	<b>Length of hotel operations</b>
I1	5*	214 rooms and villas	Kamala	Yes	6 Years
I2	5*	371 rooms	Cherngtalay	Yes	11 Years
I3	5*	470 rooms	Karon	Yes	35 Years
I4	5*	253 rooms	Cherngtalay	Yes	35 Years
I5	4.5*	398 rooms	Patong	Yes	35 Years
I6	5*	221 units	Kamala	Yes	2 Years
I7	5*	314 rooms and villas	Patong	No	8 Years
I8	5*	106 rooms and villas	Pa Klok	Yes	9 Years

## CHAPTER 5

### CONCLUSIONS AND DISCUSSION

#### 5.1 Conclusions

The aims of this research are to investigate COVID-19 pandemic management strategies implemented by upscale hotels in Phuket and compare the management strategies conducted by local upscale hotels and international upscale chain hotels in Phuket during the COVID-19 pandemic. This research discovers 80 crisis management practices categorized into five themes, including human resources, operations, maintenance, marketing, and pandemic prevention. Individual upscale hotels had undertaken different management strategies at different points of time depending on several factors such as hotels' characteristics, financial support from the owners, and so on. During this health crisis, a saving strategy or cost-cutting strategy (combining strategies in human resources, operations, and maintenance practices) was widely implemented by all upscale hotels. At the same time, marketing strategies were adjusted to suit a new target market. Though many costs were cut or reduced, the pandemic prevention strategy always needs to be maintained no matter how high of the costs. However, it is truly hard to confirm which certain strategy is the most important. This is because the outbreak is ongoing, so the hoteliers must come up with plenty of strategies to keep the businesses survive. One management strategy may work well for a particular upscale hotel, but not for other hotels. As a result, the holistic approach was applied by all hotel executives. Overall, major differences between local upscale hotels and international upscale chain hotels are the readiness of the hotel itself, and financial liquidity.

#### 5.2 Discussion

The interviews reveal that both the local upscale hotels and international chain hotels controlled costs by reducing the number of working days and using unpaid vacations. This correlates with the research conducted by (Lai & Wong, 2020) that the two effective practices to reduce operating costs during the crisis were reducing the number of office hours or working days and reducing the labor force by unpaid vacation. Several human resource practices were applied regarding the ongoing outbreak in Phuket, including retrenching staff, reducing payroll, adjusting some staff's benefits, providing online and offline training programs, and requiring staff to perform



multi-tasking. Offering an early retirement package and reducing some duplicate positions or unnecessary positions were only implemented in the chain hotels with a long period of hotel operations and a high number of staff. Many staff voluntarily resigned to return to their respective home provinces due to insufficient incomes and the high cost of living in Phuket. Laying off the staff was considered a brutal reaction made by the hotel managers (Yacoub & ElHajjar, 2021). In the Phuket context, the executive team communicated with staff transparently and informed them of the hotels' financial difficulties. However, some of the terminated staff was still in contact and will be recalled when the hotels reopened. Briefly, all Phuket upscale hotels prioritize human resources as the most crucial part of the crisis. "Keep the people motivated, keep the people engaged, engagement is a very important aspect of our business" (P17).

Secondly, the hotels' financial losses led the operations to be revamped. Both the local and chain hotels similarly reduced electricity consumption, operating some outlets, restaurants, buildings or wings, removing all minibar items and implementing contactless technologies. These findings correlate with the research conducted by Wang and Ritchie (2011) that many hotels implemented survival strategies through cost-cutting practices during the crisis. The finding in terms of contactless services is aligned with the research conducted by Hao & Chon (2021) that high-tech and low-touch will become the future of the hospitality industry for the COVID-19 recovery phase. Practically, many hotel guests are familiar with the traditional way of low-tech and high-touch. "Touchless services are one of the things we did it before. To be honest, a lot of the guests get used to what they did before, not many people want to add another application to their phones" (P6). However, finding a way to balance the "human touch" and service automation is another challenge in the "new normal" era (Rivera, 2020). The interviews reveal that the Thai government's support for Phuket's hotel sector in terms of tax rebates and capital loans was insufficient which contradicted the Greek hotel industry that the most important factor to cope with a crisis is assistance from the State (Pavlatos et al., 2020). In the Phuket context, the local and chain hotels' operations were run with the support of the owners. "We have been fortunate that we have an owner who has enough money to help us survive month after month. If we didn't have such an owner, I don't think we will be sitting here today" (P7).

Thirdly, the hotels' closures and travel bans caused the hotel managers strategically reacted to maintenance. All Phuket upscale hotels set responsible teams to look after

the properties 24/7 even if no in-house guests. Every system was run frequently varying from each hotel's maintenance plans such as swimming pools, water pumps, in-room water taps, and air-conditioning. To sustain financial liquidity, major maintenance was postponed, but minor ones were continued. The lodgings with enough capital reserves took a closure period for renovation and refurbishment (Roan and Kelly, 2020). Fourthly, popular marketing practices among the local and chain hotels are targeting the domestic market, using digital marketing, adjusting pricing strategy, launching promotional campaigns, and participating in the Thai Government's Travel Stimulus Scheme. The findings associated with the study by Kim et al. (2005) that Korean 5-star hotels discounted the room rates, and it helped to increase occupancy rates. Utilizing social media platforms was an effective tool to reach massive people during the lockdown (Kucukusta et al., 2013). Lastly, pandemic prevention practices were adopted to prevent the infection and restore guests' confidence during their stay at the hotels. All local upscale hotels and international chain hotels were accredited on a national level for SHA. Members of the Phuket Hotels Association were granted Hotel Resilient COVID-READY Certification. This represents safety for hotels' guests, staff, and communities. Every chain hotel and some local hotels have contingency plans in tackling the situation. The finding of Phuket's international chain hotels aligns with the research by Pavlatos et al (2020) that multinational chain hotels will obtain ready-made crisis management guidelines from the brand they belong to. Additionally, a COVID-19 manager was appointed from the existing management team to closely monitor the event and assist the general manager's decision-making.

Compared to the Tsunami, the hotel managers had to look after both anxious guests and the hotel's operations. Extensive damages to the hotel properties occurred only in beachfront and coastal areas (Henderson, 2005). The virus was invisible and speedy scattered in every corner which contradicted the Tsunami incident that the natural destruction was physical havoc, and business recovery was speedier. As aforementioned, the Tsunami wave hit without prior warning, but the COVID-19 pandemic first emerged in China in 2019 and sent a signal to the whole world for preparedness. No health crisis on earth is prolonged and widely impacted like the COVID-19 pandemic. This is a significant reason why various strategic reactions were employed throughout the three waves in Phuket. The most implemented practice is a saving strategy, including human resources, operations, and maintenance. This correlates with Israeli et al. (2011)

that the saving strategy is differently implemented depending on the scale of the hotels. Also, the longer time of the outbreak, the more seriously staff termination, and cost-cutting policies (Lai & Wong, 2020). Marketing and pandemic prevention practices are supportive strategies for the hotels to generate revenue and build trust in safety and hygiene. Briefly, Phuket's local upscale hotels and international upscale chain hotels are slightly different in terms of management strategies, and characteristics (e.g. number of rooms or keys, and the number of years in operations). The chain hotels adopt the saving strategy and possess strong financial liquidity can continually run their operations (Clemence, 2020). Generally, upscale chain hotels are better prepared than local or privately-owned hotels in crisis management (Le & Phi, 2021). Large chain hotels own a worldwide brand reputation, managerial experiences, and sufficient capital resources (Ritchie et al., 2011). The chain hotels encountered fewer effects than local or family-owned hotel businesses, and the tourists will be confident to stay at the chain hotels due to their safety and hygiene standards (Yacoub & ElHajjar, 2021).

### **5.3 Theoretical Implications**

Previously, there are few research on hotels' health crisis management (Henderson & Ng, 2004; Kim et al., 2005; Lai & Wong, 2020; Pavlatos et al., 2020; Yacoub & ElHajjar, 2021; Le & Phi, 2021). Initially, the study by Israeli and Reichel (2003) discovered crisis management practices in 4 categories, marketing, maintenance, human resources, and government assistance. Later, Pavlatos et al. (2020) explored 5 categories, and 31 practices of Greek hotels' pandemic crisis management practices, including operations, maintenance, human resources, marketing, and government. Lai and Wong (2020) proposed 31 practices in 5 categories, marketing, maintenance, epidemic prevention, human resources, and governmental support. In the Phuket context, 80 crisis management practices in 5 categories were developed (human resources, operations, maintenance, marketing, and pandemic prevention). Numerous practices were addressed due to the differentiation of hotel types and characteristics. The Phuket hotel sector adjusted itself to survival mode. Apparently, no governmental assistance was examined in this research because of the limited support. This implies that the government's rescue package varies in developed and developing countries. Therefore, Phuket hotel executives realize that to diminish substantial loss and fasten the business recovery, they should not only rely on government support.

#### 5.4 Practical Implications

The ongoing catastrophe was an expensive lesson to the Phuket hotel industry. To strengthen the ability to tackle the crisis, hoteliers should always be resilient. Being proactive hotel managers would help to minimize damages. It is true that staff retrenchment is not a sustainable human resources management practice, but this would be one of the resilient strategies that keep businesses running. In the business recovery, the hotel sector will lack skillful or talented employees. For the managers, managing too many staff and not enough staff is a different trial. The pandemic crisis challenges how the executives manage limited existing staff to work productively. This research discovers that multi-tasking skill is considered an asset. With this transformational change, multi-skilled labor is in need, and service automation will be more utilized. Setting clear working schedules and providing cross-training programs would build the staff's confidence to get used to multiple tasks. Timing is another crucial key when making managerial decisions. The managers should prioritize what practices should be first implemented, and that must align with individual hotel characteristics. One upscale hotel may perform different management strategies at a different time from others. Transparent communication among stakeholders should also remain.

Hotel operations for the post-pandemic may not resume to normal, and this is what hotel managerial positions need to prepare for. In terms of operations and maintenance practices, they need to be undertaken at the same time because if the hotel only focuses on increasing occupancy rates, then there will be a problem with the limited staff who will be providing services to the guests which eventually causes ineffective operations and guest dissatisfaction. Besides that, there will be no chance to improve the hotel's infrastructure. Therefore, as a manager, even if the property is under closure, the in-room facilities and other parts need to be run or maintained similarly when the guests stayed. To be more resilient, the future of the hotel industry will rely a lot on contactless services. The number of working staff will decline as the hotel may introduce intelligent robots to perform tasks instead of human workers. Hotel operations can still run effectively no matter the natural, health, or economic crises. In long run, service automation will potentially benefit the business in terms of controlling costs and reducing conflicts between guests and staff.

Another crucial part to boost sales for the hotel business during the outbreak is marketing. The hotel executives should make a decision to launch a promotion or campaign at the

right time. It means no matter how interesting that marketing strategy is if it is released at the wrong time and in the wrong distribution channels, that strategy is ineffective. Once any crises emerged, the executives need to consider dimensionally, including who will be the new target market, what are their behaviors, which channels should be advertised, and how much the room rates they can afford. However, there are some external factors that hoteliers cannot control especially governmental restrictions. Thus, it is vital for the hotel to resiliently adjust its marketing strategies to comply with the restrictions, for example, when Phuket was under lockdown and tourists from other provinces were not allowed, the hotel came up with special promotions offered to the local Phuket people instead. Lastly, albeit, the costs of pandemic prevention practices are seemingly high. But it is a critical part for hotels to maintain their safety and hygiene standards. The guests will emphasize how safe and clean the hotel is when making a decision to book. Therefore, the hotel should not underestimate this matter even if when the situation is under control.

### **5.5 Limitations and further research**

The main challenges of this research are the duration of data collection. The in-depth in-person interviews with the 18 hotel executives took 14 months commencing from March 2021 until April 2022. The researchers struggled to contact various operating local upscale hotels and international chain hotels in Phuket. We worked patiently to interview every single hotel on the island even if it was an ongoing outbreak. Secondly, the length of data collection affected the incompleteness of pandemic crisis management practices because most of the participants needed some time to recall memories of what strategic reactions they had implemented in 2020 through 2021. Finally, tremendous COVID-19 management strategies caused difficulties in comparison between the local upscale hotels and international chain hotels which all have unique hotel characteristics.

This research is one of the first academic endeavors that investigate hotels' pandemic crisis management in Phuket, Thailand. Future research could explore crisis management practices in airline businesses and compare the differences among national and multinational airlines. Examining hospitals' health crisis management is another interesting topic for future research. Comparing crisis management practices between private and public hospitals would

provide a very insightful contribution to academia and hospitals' managerial positions. Additionally, the limited studies on hotel crisis management practices become an opportunity for academic scholars to investigate the management strategies in other tourist destinations that have similar geographical attributes to Phuket, Bali in Indonesia, and the Maldives for example.

## BIBLIOGRAPHY

- Brouder, P., Teoh, S., Salazar, N. B., Mostafanezhad, M., Pung, J. M., Lapointe, D., Higgins Desbiolles, F., Haywood, M., Hall, C. M., and Clausen, H. B. (2020). "Reflections and discussions: tourism matters in the new normal post COVID-19." *Tourism Geographies*, 22(3), 735–746. doi:10.1080/14616688.2020.1770325.
- Burhan, M., Salam, M. T., Hamdan, O. A., and Tariq, H. (2021). "Crisis management in the hospitality sector SMEs in Pakistan during COVID-19." *International Journal of Hospitality Management*, 98, 103037. doi: 10.1016/j.ijhm.2021.103037.
- Burnett, J. (2002). *Managing Business Crisis: From anticipation to implementation*. Westport: Quorum.
- Campbell, R. (1999). *Crisis Control: Preventing & managing corporate crisis*. Australia: Prentice Hall
- CEIC. (2019). *Thailand Tourism Revenue*. Retrieved April 18, 2021 from <https://www.ceicdata.com/en/indicator/thailand/tourism-revenue>
- Centers for Disease Control and Prevention. (2020). *If You Are Sick or Caring for Someone*. Retrieved February 11, 2020 from <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>
- Chon, K., & Maier, T. A. (2009). *Welcome to Hospitality: An Introduction*. 3<sup>rd</sup> ed. Cengage Learning.
- Chon, K. S., & Maier, T. A. (2021). *Welcome to Hospitality: An Asian Perspective*. Cengage Learning Asia Pte Limited.
- Clemence, S. (2020). *Nearly 1,000 New Hotels Are Still Opening During the Pandemic. Why?*. Retrieved May 28, 2022 from <https://www.bloomberg.com/news/articles/2020-08-17/why-new-hotels-are-still-opening-during-the-pandemic>
- Cripps, B. C. K. (2020). *Thailand's most popular island goes into lockdown as Covid-19 cases surge*. Retrieved April 15, 2021 from <https://edition.cnn.com/travel/article/phuket-thailand-lockdown/index.html>
- Department of Disease Control. (2021). *D-M-H-T-T*. Retrieved May 8, 2021 from <https://ddc.moph.go.th/brc/news.php?news=16434&deptcode=brc>

### **BIBLIOGRAPHY (Continued)**

- Department of Disease Control. (2021). *COVID-19 Vaccination Rate in Thailand*. Retrieved January 6, 2022 from <https://www.mhesi.go.th/index.php/all-media/infographic/4186-98641.html>
- Ghaharian, K., Abarbanel, B., Soligo, M., and Bernhard, B. (2021). "Crisis management practices in the hospitality and gambling industry during COVID-19." *International Hospitality Review*, 35(2), 171–194. doi: 10.1108/ihr-08-2020-0037.
- Guest, G., Bunce, A., and Johnson, L. (2006). "How many interviews are enough? An experiment with data saturation and variability." *Field Methods*, 18(1), 59-82. doi:10.1177/1525822X05279903.
- Gursoy, D., and Chi, C. G. (2020). "Effects of COVID-19 pandemic on hospitality industry: review of the current situations and a research agenda." *Journal of Hospitality Marketing & Management*, 29(5), 527–529. doi: 10.1080/19368623.2020.1788231.
- Hao, F., and Chon, K. K. S. (2021). "Contactless service in hospitality: bridging customer equity, experience, delight, satisfaction, and trust." *International Journal of Contemporary Hospitality Management*, 34(1), 113–134. doi: 10.1108/ijchm-05-2021-0559.
- Henderson, J. C., and Ng, A. (2004). "Responding to crisis: severe acute respiratory syndrome (SARS) and hotels in Singapore." *International Journal of Tourism Research*, 6(6), 411–419. doi: 10.1002/jtr.505.
- Henderson, J. C. (2005). "Responding to Natural Disasters: Managing a Hotel in the Aftermath of the Indian Ocean Tsunami." *Tourism and Hospitality Research*, 6(1), 89–96. doi: 10.1057/palgrave.thr.6040047.
- Herbane, B. (2012). "Exploring Crisis Management in UK Small- and Medium-Sized Enterprises." *Journal of Contingencies and Crisis Management*, 21(2), 82–95. doi: 10.1111/1468-5973.12006.
- Institute for Public Relations. (2007). *Crisis Management and Communications*. Retrieved November 19, 2020 from <https://instituteforpr.org/crisis-management-and-communications/>



### BIBLIOGRAPHY (Continued)

- The World Bank. (2021). *International tourism, number of arrivals - Thailand*. Retrieved April 18, 2021 from <https://data.worldbank.org/indicator/ST.INT.ARVL?end=2019&locations=TH&start=1995&view=chart>
- Israeli, A. A., and Reichel, A. (2003). "Hospitality crisis management practices: the Israeli case." *International Journal of Hospitality Management*, 22(4), 353–372. doi: 10.1016/s0278-4319(03)00070-7.
- Israeli, A. A., Mohsin, A., and Kumar, B. (2011). "Hospitality crisis management practices: The case of Indian luxury hotels." *International Journal of Hospitality Management*, 30(2), 367–374. doi: 10.1016/j.ijhm.2010.06.009.
- Jarus, O. (2020). *20 of the worst epidemics and pandemics in history*. Retrieved March 20, 2020 from <https://www.livescience.com/worst-epidemics-and-pandemics-in-history.html>
- Jiang, Y., and Wen, J. (2020). "Effects of COVID-19 on hotel marketing and management: a perspective article." *International Journal of Contemporary Hospitality Management*, 32(8), 2563–2573. doi: 10.1108/ijchm-03-2020-0237.
- Kaushal, V., and Srivastava, S. (2021). "Hospitality and tourism industry amid COVID-19 pandemic: Perspectives on challenges and learnings from India." *International Journal of Hospitality Management*, 92, 102707. doi: 10.1016/j.ijhm.2020.102707.
- Kim, J. H., Marks, F., and Clemens, J. D. (2021). "Looking beyond COVID-19 vaccine phase 3 trials." *Nature Medicine*, 27(2), 205–211. doi: 10.1038/s41591-021-01230-y.
- Kim, S. S., Chun, H., and Lee, H. (2005). "The effects of SARS on the Korean hotel industry and measures to overcome the crisis: A case study of six Korean five-star hotels." *Asia Pacific Journal of Tourism Research*, 10(4), 369–377. doi:10.1080/10941660500363694.
- Kucukusta, D., Mak, A., and Chan, X. (2013). "Corporate social responsibility practices in four and five-star hotels: Perspectives from Hong Kong visitors." *International Journal of Hospitality Management*, 34, 19–30. doi: 10.1016/j.ijhm.2013.01.010.
- Lai, I. K. W., and Wong, J. W. C. (2020). "Comparing crisis management practices in the hotel industry between initial and pandemic stages of COVID-19." *International Journal of Contemporary Hospitality Management*, 32(10), 3135–3156. doi: 10.1108/ijchm-04-2020-0325.

### BIBLIOGRAPHY (Continued)

- Le, D., and Phi, G. (2021). “Strategic responses of the hotel sector to COVID-19: Toward a refined pandemic crisis management framework.” *International Journal of Hospitality Management*, 94, 102808. doi: 10.1016/j.ijhm.2020.102808.
- Maragakis, L. (2020). *The New Normal and Coronavirus*. Retrieved August 14, 2020 from <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-new-normal>
- Ministry of Public Health. (2021). *Coronavirus Disease 2019 (COVID-19)*. Retrieved June 19, 2021 from [https://media.thaigov.go.th/uploads/public\\_img/source/190464.pdf](https://media.thaigov.go.th/uploads/public_img/source/190464.pdf)
- Ministry of Tourism and Sports., and Ministry of Public Health. (n.d.). *Amazing Thailand Safety and Health Administration (SHA)*. Retrieved June 6, 2021 from <https://www.thailandsha.com/index#Information>
- National News Bureau of Thailand. (2021). *Cabinet approves extension of Phase 3 of We Travel Together*. Retrieved January 21, 2022 from <https://thainews.prd.go.th/en/news/detail/TCATG210922225248174>
- Statista. (2020). *Number of tourists in Thailand in the first half of 2020, by country (in 1,000s)\**. Retrieved April 18, 2021 from <https://www.statista.com/statistics/672055/tourists-to-thailand-by-country-of-origin/>
- Office of the National Economic and Social Development Council. (2018). *Gross Regional and Provincial Product Chain Volume Measures 2018 Edition*. Retrieved April 10, 2021 from [https://www.nesdc.go.th/ewt\\_dl\\_link.php?nid=5628&filename=gross\\_regional](https://www.nesdc.go.th/ewt_dl_link.php?nid=5628&filename=gross_regional)
- Office of National Economic and Social Development Council. (2021). *Thailand's Economic Outlook and Key Economic Policies*. Retrieved March 16, 2021 from [https://www.boi.go.th/upload/content/Thailand%20Economic%20Outlook%202021%20EN\\_6034b4cfeaaf8.pdf](https://www.boi.go.th/upload/content/Thailand%20Economic%20Outlook%202021%20EN_6034b4cfeaaf8.pdf)
- Pavlatos, O., Kostakis, H., and Digkas, D. (2020). “Crisis management in the Greek hotel industry in response to COVID-19 pandemic.” *Anatolia*, 32(1), 80–92. doi: 10.1080/13032917.2020.1850485.

### BIBLIOGRAPHY (Continued)

- Phuket Hotels Association. (2020). *Phuket Hotels Association Partners With Hotel Resilient To Launch COVID-READY Certification In Phuket*. Retrieved June 15, 2020 from <https://www.hospitalitynet.org/news/4099173.html>
- Provincial Labor Office Phuket. (2020). *Labor Statistics*. Retrieved July 7, 2020 from <https://bit.ly/33mq1Es>
- Regeester, M., & Larkin, J. (2008). *Risk Issues and Crisis Management in Public Relations: A Casebook of Best Practice (PR In Practice)*. 4<sup>th</sup> ed. Kogan Page.
- Ritchie, B.W. (2004), "Chaos, crises and disasters: a strategic approach to crisis management in the tourism industry." *Tourism Management*, 25(6), 669–683.
- Ritchie, B. W., Bentley, G., Koruth, T., and Wang, J. (2011). "Proactive Crisis Planning: Lessons for the Accommodation Industry." *Scandinavian Journal of Hospitality and Tourism*, 11(3), 367–386. doi: 10.1080/15022250.2011.600591.
- Rivera, M. A. (2020). "Hitting the reset button for hospitality research in times of crisis: Covid19 and beyond." *International Journal of Hospitality Management*, 87, 102528. doi: 10.1016/j.ijhm.2020.102528.
- Roan, C., and Kelly, M. (2020). *COVID-19: Hospitality sector forced closure response for SMEs*. Retrieved May 27, 2022 from <https://home.kpmg/au/en/home/insights/2020/03/covid-19-coronavirus-hospitality-sector-closure-response-for-sme.html>
- Schindler, P. S. (2021). Business Research Methods. In *Qualitative Research Design* (14th ed., pp. 130–131). McGraw-Hill Education.
- Sonmez, S. F., Apostolopoulos, Y. and Tarlow, P. (1999). "Tourism in crisis: Managing the effects of terrorism." *Journal of Travel Research*, 38(1), 13–18.
- Speakman, M., and Sharpley, R. (2012). "A chaos theory perspective on destination crisis management: Evidence from Mexico." *Journal of Destination Marketing & Management*, 1(1–2), 67–77. doi: 10.1016/j.jdmm.2012.05.003.
- Stafford, G., Yu, L. and Armoo, A. K. (2002). "Crisis management and recovery: How Washington, D.C., hotels responded to terrorism." *Cornell Hotel and Restaurant Administration Quarterly*, 43(5), 27–40.

### BIBLIOGRAPHY (Continued)

- Thai Embassy. (2021). *Alternative State Quarantine (ASQ) in Thailand*. Retrieved May 21, 2021 from <https://www.thaiembassy.com/travel-to-thailand/alternative-state-quarantine-asq-in-thailand>
- Tourism Authority of Thailand. (2021a). *Internal Tourism Statistics (By Province)*. Retrieved December 28, 2021 from <https://intelligencecenter.tat.or.th/articles/1431>
- Tourism Authority of Thailand. (2021b). *Tourism Situation in 2021 (By Province)*. Retrieved December 29, 2021 from <https://intelligencecenter.tat.or.th/articles/9907>
- Tourism Authority of Thailand Newsroom. (2020). *Amazing Thailand SHA certificate awarded to 414 businesses in Bangkok*. Retrieved May 29, 2021 from <https://www.tatnews.org/2020/08/amazing-thailand-sha-certificate-awarded-to-414-businesses-in-bangkok/>
- Tourism Authority of Thailand Newsroom. (2021). *Phuket introduces Amazing Thailand SHA Plus certification*. Retrieved August 10, 2021 from <https://www.tatnews.org/2021/06/phuket-introduces-amazing-thailand-sha-plus-certification/>
- Wang, J., and Ritchie, B. W. (2011). “A theoretical model for strategic crisis planning: factors influencing crisis planning in the hotel industry.” *International Journal of Tourism Policy*, 3, 297–317. doi: 10.1504/IJTP.2010.040389.
- Williams, T. A., Gruber, D. A., Sutcliffe, K. M., Shepherd, D. A., and Zhao, E. Y. (2017). “Organizational Response to Adversity: Fusing Crisis Management and Resilience Research Streams.” *Academy of Management Annals*, 11(2), 733–769. doi: 10.5465/annals.2015.0134.
- Willmer, J. (2016). *Crisis Management Versus Risk Management: Do You Know the Difference?*. Retrieved August 10, 2022 from <https://probonoaustralia.com.au/news/2016/09/crisis-management-versus-risk-management-know-difference/#:%7E:text=Crisis%20management%20is%20concerned%20with,cause%20harm%20to%20the%20business.>
- Wongsuwan, A., Masan, R., and Chaisiriroj, P. (2020). *HVS Market Pulse: Phuket, Thailand*. Retrieved March 11, 2021 from <https://hvs.com/article/8714-HVS-Market-Pulse-Phuket-Thailand>

**BIBLIOGRAPHY (Continued)**

- World Health Organization. (2020a). *Pneumonia of unknown cause – China*. Retrieved January 5, 2022 from <https://www.who.int/emergencies/disease-outbreak-news/item/2020-DON229>
- World Health Organization. (2020b). *Thailand Launches “New Normal” Healthcare System To Build Back Better After COVID-19*. Retrieved May 19, 2021 from <https://www.who.int/thailand/news/feature-stories/detail/thailand-launches-new-normal-healthcare-system-to-build-back-better-after-covid-19>
- World Health Organization. (2020c). *Vaccines and immunization: What is vaccination?*. Retrieved May 19, 2021 from <https://www.who.int/news-room/q-a-detail/vaccines-and-immunization-what-is-vaccination>
- Yacoub, L., and ElHajjar, S. (2021). “How do hotels in developing countries manage the impact of COVID-19? The case of Lebanese hotels.” *International Journal of Contemporary Hospitality Management*, 33(3), 929–948. doi: 10.1108/ijchm-08-2020-0814.

## APPENDIX A

### Certificate of approval from the Institutional Review Board



Certificate of Approval of Human Research Ethics  
Center for Social and Behavioral Sciences Institutional Review Board,  
Prince of Songkla University

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**Document Number:** 2021 – St – Fht – 042 (Internal)

**Research Title:** Crisis Management of Upscale Hotels in Phuket during COVID-19 Pandemic

**Research Code:** PSU IRB 2021 - St - Fht 042 (Internal)

**Principal Investigator:** Miss Julalak Phimarn

**Workplace:** Master of Business Administration Program in Hospitality and Tourism Management (International Program), Faculty of hospitality and tourism, Prince of Songkla University, Phuket campus

**Approved Document:**

1. Human Subjects
2. Instrument
3. Invitation and Informed Consent

**Approved Date:** January 18, 2022

**Expiration Date:** January 18, 2024

This is to certify that the Center for Social and Behavioral Sciences Institutional Review Board, Prince of Songkla University has approved for Ethics of this research in accordance with Declaration of Belmont. And please report the research result every year in the AP-IRB Form.

*Sasitorn Phumdoung*

(Professor Dr. Sasitorn Phumdoung)

Committee Chairman of Center for Social and Behavioral Sciences  
Institutional Review Board, Prince of Songkla University



## APPENDIX B

### Informed Consent Form



#### INFORMED CONSENT FORM

Please read this consent document carefully before you decide to participate in this study. The researcher will answer any questions before you sign this form.

**Study Title:** Crisis Management of Upscale Hotels in Phuket during COVID-19 Pandemic

**Purpose of the Study:**

1. To investigate COVID-19 pandemic management strategies implemented by upscale hotels in Phuket.
2. To compare the management strategies conducted by upscale local hotels and upscale international chain hotels in Phuket.

**Procedures:**

The in-person interview will be conducted once permission has been approved by participant. The interview session will begin with the researcher's self-introduction, title and objectives of the study. Three main questions will be repeated to the participant. Consequently, the researcher will again ask the participant for permission to do an audio recording. If it is not allowed, the researcher will take note instead. The session will not be longer than 1 hour. The participant can skip any questions or even stop the interview at any time.

**Potential Risks of Participating:**

The risks of this study are no more than daily life. However, for safety of both parties during the interview, the researcher and participants are required to comply with New Normal practices strictly.

**Potential Benefits of Participating:**

This study will provide direct benefits to the participants as it will present actual management strategies that the hotel industry implemented to tackle with the situation.

**Confidentiality:**

Since the completion of the interview, the audio records will be kept in the researcher's personal mobile phone with password protected. When transcribing data from the audio records into text



## APPENDIX B

### Informed Consent Form (Continued)

all information will be kept in the researcher's personal computer notebook with password protected, and no ones can access to it. Hotel names and participant names will not be disclosed. There will be no information that can trace the identity of individual hotel and participant. The study results will be analyzed anonymously and utilized for academic purposes only. Once the report is completed, all transcriptions and other related data will be destroyed permanently within two years.

**Voluntary participation:**

Your participation in this study is completely voluntary. There is no penalty for not participating. You may also refuse to answer any questions or stop the interview at any time.

**Right to withdraw from the study:**

You have the right to withdraw from the study at any time without consequence.

Whom to contact if you have questions about the study:

Miss Julalak Phimam (Principal Investigator)

Telephone: 088-7538004

Email: phimam\_j@gmail.com

**Agreement:**

I have read the above procedure. I am voluntary and agree to participate in the interview. Also, I have received a copy of this description.

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_





## APPENDIX C

### Lists of Interview Questions

#### Lists of Interview Questions

This research aims to conduct in-depth interview, which these below questions have been approved by the MBA Committee and validated by 3 general managers of the upscale hotels in Phuket. Three main parts of the interview session include,

##### Part I: Hotel general information

- 1.1 How long has the hotel been operated?
- 1.2 How many employees are there before and after COVID-19 pandemic?
- 1.3 How many rooms and room types are there in this hotel?

##### Part II: Hotel crisis management practices and contingency plans

2.1 What are the COVID-19 management strategies that the hotel implemented to tackle the situation?

- (2.1.1) How did the hotel operate the business during the COVID-19 pandemic? What are implemented management strategies in hotel operations?
- (2.1.2) How did the hotel maintain rooms/ amenities/ facilities during the outbreak? What are implemented management strategies in maintenance department?
- (2.1.3) How did the hotel do to target domestic tourists? What are implemented management strategies in sales and marketing department?
- (2.1.4) How did the hotel manage the manpower during the outbreak? What are implemented management strategies in human resources department?
- (2.1.5) What are implemented practices used to prevent the pandemic?
- (2.1.6) What are the government support campaigns that the hotel received during the pandemic?

2.2 Does the hotel have any contingency plans if there is another infection again in the future?

##### Part III: Participants profile

- 3.1 How old are you?
- 3.2 How many years are you working in hotel industry?
- 3.3 How long have you been appointed as the general manager in this current hotel?



## APPENDIX D

### The Transcription of Local Upscale Hotel (L1)

**ผู้สัมภาษณ์:** สวัสดีคะ เริ่มแรกขอทราบข้อมูลทั่วไปเกี่ยวกับโรงแรมหน่อยคะ

**ผู้ให้สัมภาษณ์:** โรงแรมของเราเป็นรูปแบบโรงแรมในสไตล์พูลวิลล่า ถ้าเรานับจำนวนห้องหรือจำนวนหลัง เรามีทั้งหมด 95 keys keys ก็คือ 95 keys ก็คือ 95 keys ไม่ได้เป็นห้องละหรือหลังละ one bedroom ทั้งหมด ก็จะมีสัดส่วนที่แตกต่างกันออกไป ตัวเลขเราค่อนข้างอีกทีเนอะ ประเภทของแต่ละหลัง แต่ละวิลล่าก็จะมี 1 bed room ผมหา เรามีอยู่ประมาณ 80% ทั้งหมดหรือ 70 กว่าห้องโดยประมาณ ที่เป็น 1 bedroom ที่มีห้องนอน ห้องนั่งเล่น และ ห้อง bath shower tap และมีสระน้ำในตัว อันที่สอง ก็คือเป็น 2 bedroom pool villa ก็คือมี 2 ห้องนอน ห้องนั่งเล่น bath shower tap และ 1 สระว่ายน้ำ อันที่สาม ก็คือ 3 bedroom ก็ลักษณะเดียวกัน แต่พื้นที่กว้างขึ้น ใหญ่ขึ้นโดยสเปก เมื่อก่อนคือ 1 bedroom ก่อน โดยประมาณ พื้นที่เราอยู่ที่ประมาณ 240 square meter โดยประมาณ ขยายขึ้นมาที่ 3 หรือ 4 bedrooms พื้นที่ก็จะอยู่ที่ประมาณ 300-400 square meter มีห้องที่เป็น 3 หรือ 4 bedrooms เนี่ย ก็จะมีแค่สระน้ำเดียว แต่ห้องนอนมีเพิ่มขึ้นตามจำนวนตัวเลขที่เป็นแต่ละชนิด เรามีห้อง maximum เยอะสุดก็คือ 4 bedrooms (1 bed, 2 beds , 3 beds และ 4 bedrooms) 4 bedrooms ณ ตอนนี้อยู่ก็คือเรามีแค่หลังเดียว ไซส์ก็ประมาณ 400 กว่าโดยประมาณ นี่ก็ประเภทของห้อง โดยพื้นที่ทั้งหมดของโรงแรมอยู่ที่ประมาณ 40 กว่าไร่ 40 ไร่ 40 ไร่ แบ่งการจัดการคือ พื้นที่หลักที่ประมาณ 80% เป็นพื้นที่ของห้องพัก และก็แบ่งแต่ละส่วนที่เป็น outlet ห้องอาหาร เป็น Store เป็นเหมือน coffee shop หรือว่าเป็นพื้นที่สวน จัดการสวน นะครับโดยระบบ ก็จะมีห้องอาหารแต่ละประเภท Outlet หลักๆจริงๆ เรามีอยู่ทั้งหมด 3 outlets โดยหลักๆ เราจะมี 3 outlets ที่เป็นห้องอาหาร เรามี all day ที่เป็นห้องอาหารที่มีขายอาหารตลอดทั้งวัน และก็มินิบาร์ เราเรียกว่าร้านอาหารน่านา เป็นเหมือนคาเฟ่ coffee shop อยู่ริมหาด หน้าหาด และก็เรามี sky lounge ห้องอาหารที่อยู่บนตึก เรามีสปา ส่วนของสปา เรามีส่วนของ activity หน้าหาด ด้วย location มันจะเป็นแนวระนาบ ตั้งแต่เขาราบลงมาถึงชายทะเล เราจะมีบริเวณหน้าหาดของเรา ประมาณ 100 เมตรไม่เกิน 150 เมตร เพราะฉะนั้นเราจะมีบริเวณหน้าหาดของเราที่เราต้องดูแลของเราเอง น้ำขึ้น-น้ำลงก็จะมีส่วนของที่เป็นทราย และก็ส่วนที่เป็นเหมือนหิน และเราก็จะมีแนวปะการังของเรา ตอนนี้เป็นเวลาค่อนข้างดี มันฟื้นฟูได้เยอะช่วงโควิด ห้องอาหารบางส่วนก็อยู่ริมทะเลนะครับ และก็ activity ของโรงแรมที่ควบคู่กับแผนกสปาเค้าจะเป็นคนดูแล ก็จะมีกีฬาทางน้ำค่อนข้างเยอะ ก็จะมีพวก พายเรือ เรือใบ คายัค paddle board โดยประมาณ หรือใครที่อยาก snorkeling ก็สามารทำได้ เรามีสระว่ายน้ำใหญ่ เป็น main pool ที่อยู่ด้านหน้า มีสนาม มีบ่อพักน้ำและก็มีห้องที่ไล่ที่คิดทะเลจนถึงขึ้น

ไปบนเขา เราจะมีตัวตึกขนาดประมาณ 4-6 ชั้นโดยประมาณ แต่ถ้ามองจากด้านล่างลงไปก็จะเห็นตัวตึก ตึกหนึ่งที่มีห้องอาหารอยู่ด้านบน ชั้นบนสุด ร่องลงมา ถัดลงมาจะเรียกว่าตึกของสปา เรามีห้องทรีตเมนต์ทั้งหมด 4 ห้อง อีก 2 ห้องจะเป็นห้องทำเล็บ มีฟิตเนส มีลานโยคะ และมีห้องพักผ่อนอยู่ 3 ห้อง ที่อยู่บนตึกนั้น ซึ่งเราเรียกห้องประเภทนี้ว่า ห้องนภาสวิต เป็นนภาสวิต ที่เป็น 1 ห้องนอนธรรมดา ไม่ได้เป็นพูลวิลล่า เพราะเป็นห้องอยู่บนตึก และไม่มีสระว่ายน้ำในตัว แต่เรามีอ่างจากุซซี่ให้พอประมาณ ในโรงแรมก็จะมีแค่ 3 ห้องนี้เท่านั้น ที่เราขายเป็น room type โดยภาพรวมของโรงแรมก็ประมาณนี้ พนักงานทั้งหมดจากเดิมก่อนโควิด เราอยู่ที่ประมาณ 230-240 คนโดยประมาณ พอหลังโควิดไปจนถึงเมื่อปีที่แล้ว ที่เรากลับมาเปิด สัดส่วนลดลงไปก็ค่อนข้างเยอะ หายไปเกือบครึ่ง ตอนนี้เหลือประมาณ 160-170 คนโดยประมาณ

**ผู้สัมภาษณ์:** ก็คือตั้งแต่หลังโควิดจนถึงปัจจุบัน ประมาณ 170 คน

**ผู้ให้สัมภาษณ์:** ใช่ๆ ประมาณนี้ ไม่ได้เยอะเลย ด้วยสัดส่วนและด้วยวิกฤติหลายๆอย่าง ก็คร่าวๆ โรงแรมเปิดมาปีนี้ ถ้าถามผมนะ เข้าปีที่ 7 ปีที่ 8 ตั้งแต่เริ่มต้น โรงแรมด้วย location ในการวางวิลล่าด้วยในพื้นที่ 40 กว่าไร่ มันก็เลยทำให้โรงแรมเนี่ย โรงแรมนี้ออกแบบโดยอาจารย์ดวงฤทธิ์ บุนนาค วางตัวแพลนในแต่ละวิลล่าที่เป็นทรงกล่องไม้ขีด ยื่นออกไป โดยพื้นที่ของมันค่อนข้างที่จะแยกวิลล่าในแต่ละหลัง สัดส่วนมันค่อนข้างลงตัว คือมันแยกกันเลย ไม่มีวิลล่าไหนที่ติดกันเลย มันจะแยกกันออกไป ในส่วนตัวผมมันได้เปรียบตรงที่ว่า ทำให้การถ่ายเท การระบายอากาศค่อนข้างดีแล้วถ้าอยู่ในตัววิลล่าเองโดยตรง จะไม่ได้ยุ่งเกี่ยวกับใครมากเลย จะไม่มีการใกล้ชิด หรือสัมผัสเลยค่อนข้าง private พุดง่าย ๆ

**ผู้ให้สัมภาษณ์:** โอเค เราเริ่มกันตรงที่วิกฤติ ก่อน วิกฤติของโควิดเนี่ย ตอนนั้นเราเรียกว่า โควโรน่าไวรัส โควโรน่าไวรัส ผมเล่าก่อนว่า ช่วงปี 2019 ช่วงตลอดปี 2019 ตั้งแต่ต้นปี จนถึง October ตั้งแต่ January ถึง October เราก็มีการดำเนินธุรกิจปกติ เราจะไม่ไปพูดถึงตรงนั้นว่าสถานการณ์เป็นยังไง ทุกอย่างมันปกติหมดเลย ตั้งแต่ high season , low season แล้วก็กลับไปต้นที่จะขึ้น high season ใหม่ ในช่วง September และ October.... November เป็นข่าวแรกที่อุ้ยอ้าน ตอนนั้นเริ่มเข้ามาเพียงแค่ว่า แต่ว่ายังไม่มียผลกระทบอะไร นักท่องเที่ยวยังเดินทางปกติ เริ่มจากที่จีนก่อน โรงแรมเรา เราต้องพูดแบบนี้ว่า ลูกค้าหรือว่านักท่องเที่ยว หรือว่าแขกที่เข้ามาพักในโรงแรมเนี่ย เราต้องพูดว่า international เราไม่เจาะจงว่า เราจะไปคูที่ตลาดไหนหลัก เพราะว่าแต่ละ season แต่ละเดือน แต่ละตลาด แต่ละประเทศ แต่ละพื้นที่ก็เข้ามาในจังหวะที่แตกต่างกันออกไปนะครับ แต่โดยรวมแล้วก็จะมีทุกชนชาติอะครับพุดง่าย ๆ ถ้าเราจะแบ่งแยกเป็นประเภทหรือเป็นโซนๆ แน่นอนช่วง high season ก็จะมีโซนยุโรป อเมริกา ค่อนข้างเยอะ ก่อนหน้านี้ประมาณ ปีสองปี ก็จะมีโซนยุโรป อเมริกา ออสเตรเลีย เยอะ และมีนักท่องเที่ยวที่เป็นชาวจีนเยอะมาก แต่ปีหลังๆมา ตั้งแต่ปี 2018

ก่อนโควิด จนถึงปี 2019 เรามีลูกค้าชาวจีน ผมพูดถึงลูกค้าสัญชาติจีนทั้งหมดนะ ฮ่องกง ได้หวัน ลิงคโปร์ จีนแผ่นดินใหญ่ main China ก็จะมีเข้ามาเบียดสัดส่วนค่อนข้างเยอะในช่วง high season โดยเฉพาะช่วง peak season November December เพราะฉะนั้นตั้งแต่เดือน November และ December 2019 มันเลยมีผลกระทบจากสัดส่วนที่เป็นลูกค้าชาวจีนด้วย เพราะว่าโคโรน่า หรือ โควิดมาจากอู่ฮั่น เราเองเราอยู่เราสัมผัสเค้าโดยตรง เริ่มมีข่าวตั้งแต่ November พอขึ้น December ช่วงใกล้ peak ของเราละ ลูกค้าชาวยุโรป ต่างชาติเยอะ อเมริกา ออสเตรเลีย เยอะ ณ ขณะเดียวกันจีนก็เยอะ ยังเดินทางเยอะอยู่ เพราะว่า ชุดตลาดชาวจีนที่มาพักกับเราเนีย ไม่ได้เป็นลูกค้าตลาด mass หรือเป็นตลาดทัวร์ ทัวร์จีนที่ถือธงมากับรถทัวร์ ด้วย location ของโรงแรมเราไม่สามารถให้รถทัวร์ ขึ้นมาได้ รถทัวร์ขนาดใหญ่ 30-40 ที่นั่ง ไม่สามารถขึ้นมาได้ และโรงแรม 95 keys ไม่สามารถรับจำนวนกรู๊ปได้ เรามีห้องประชุมนะครับ แต่ห้องประชุมขนาดไม่ใหญ่มาก 70-100 แต่ก็ต้องจัดเก้าอี้ให้ดีๆ แต่ก็ไม่ได้ใหญ่ ถ้ามว่าเราเคยมีกรู๊ปประชุมมัย เรามี เรามีอยู่บ่อยๆ แต่เป็นชุดเล็กภายในประเทศบ้างหรือต่างประเทศก็มี หรือชุดงานแต่ง กรู๊ปแต่งงานมี แต่กรู๊ปงานแต่งงานใหญ่ ไม่นั่งรถทัวร์ จะมาเป็นรถตู้ๆ และก็ชุดเนีย 80-120 หรือ 150 เรารับได้ เรารับตามห้องได้ ส่วนบาง คน บางงานมาแต่งงานกับเราแล้วเจ้าบ่าว เจ้าสาว ครอบครัวพักกับเรา แต่คนอื่นไปพักข้างนอก.... กลับมาที่เรื่องของลูกค้าจีนก่อน ช่วง December ตอนนั้นเนียเรามีเข้ามาเยอะ แล้วชุดที่เข้ามาส่วนใหญ่เนีย เราเรียกว่า FIT คือ Flying Individual มาเลย คือเค้าสามารถเที่ยวได้ โดยที่เป็นครอบครัว กลุ่มเล็กๆ มากัน 2 คน อีกชุดนึงที่พอมีกำลังซื้อของลูกค้าตลาดที่เป็นเอเชีย นอกจากตลาดจีน ก็จะมีตลาดญี่ปุ่นและตลาดเกาหลี นะครับ ชุดนี้ก็เป็นกำลังซื้อพอสมควรเหมือนกันที่เข้ามาในช่วงหน้า peak season ของเรา...อะ แล้วก็มาว่ากันเรื่องตอน December 2019 ข่าวเข้า November กลางๆจน December โรงแรมยังไม่มีผลกระทบอะไร จนมากลางๆเดือน December ก่อนจะ countdown ข่าวก็ค่อนข้างเยอะขึ้น คราวนี้เนียในส่วน พี่จะเข้าเรื่องก่อนว่า ในส่วนของพี่ พี่ดูในส่วนของ operations ทั้งหมด operations ทุกสัดส่วนของโรงแรม เราต้องรับฟังข่าวสารหรือไปขนขวายเอาจากทุกที่ ที่มีข้อมูล ตอนนั้นช่วงเดือนธันวาคม เรายังไม่ได้มีข้อมูลอะไรมา แม้กระทั่งจากส่วนกลางเอง จากภาครัฐ จากกรุงเทพฯเอง ไม่มีอะไรมา สมาคมธุรกิจท่องเที่ยว สมาคมโรงแรม หรือสายการบินของแต่ละที่ ไม่มีข้อมูลหรือข้อจำกัดใดๆในการเดินทางของนักท่องเที่ยวที่ชาวจีนมากนัก แต่ระบุเจาะจงว่าลูกค้าชาวจีน ที่บินมาจากเมือง หรือมณฑล หรือแคว้นอู่ฮั่น หูเป่ย์ และแคว้นยูนนาน อะไรของเค้านี้แหละ เราต้องไปขนขวาย เพราะกระแสข่าวเริ่มแรงขึ้นเรื่อยๆละ เราก็ต้องไปค้นคว้าเสาะหาสิ่งแรกก่อน เสาะหาข่าวจากพวกสมาคมที่อยู่ในจังหวัด บางคนก็ให้ข้อมูล บางคนก็ไม่ให้ข้อมูล ต้องพูดแบบนั้น บางคนถามว่าเราเป็นสมาชิกกริปล่าแล้ว เค้าถึงให้ข้อมูล บางคนก็ไม่ให้ข้อมูล พอไม่ให้ข้อมูล ผมก็ต้องขนขวายเอง ยกตัวอย่างเช่น ผมต้องการรู้ว่าถ้ามีลูกค้าชาวจีนบินมาจากหู

เป็ย มันเป็นแคว้น และจากเมืองอู่ฮั่นอยู่ใกล้เคียงกันเนี่ย สายการบินบินเข้ามา ตม.ยังอนุญาตมัยั้ครับ นี่เป็นผลกระทบจากเรา เพราะลูกค้าบางคนใน โรงแรมก็ไม่มี ความมั่นใจว่า “ฉันเห็นคนจีนเดินเข้ามา มาจากไหน คุณสแกนรึยัง” ฝรั่งบางคน alert ฝรั่งบางคนไม่ alert ไม่สนใจด้วยซ้ำ เพราะมันเป็น ข่าวไกลประเทศเค้าตอนนั้น แต่จีนบางคนสนใจ จีนบางคนก็ไม่สนใจ เพราะว่าฉันมาเพื่อมาเที่ยว ฉันจะไม่แคร์ ฉันบินออกมาก่อน ก่อนที่โรคนี้มันจะระบาดออกจากตลาดอู่ฮั่นตลาดส่งปลา ซีฟู้ด นี้อะ เค้าไม่สนใจ ซึ่ง แต่เราอะ เราเป็นเจ้าของพื้นที่ เราต้องสนใจตรงนี้ ผมก็เลยติดต่อสอบถามไปที่ ตรวจคนเข้าเมืองว่า เค้ามีมาตรการอะไรรึยัง สรุปพอผมสอบถามไป คนที่บินเข้ามาก็ยังบินเข้ามา ปกติ ก็ไม่มีการ คือ ตม.ก็ให้คำตอบว่า ถ้าหากการบินอนุญาตให้เดินทางเข้า ตม.มีการแสดมภ์ผ่าน ขึ้นตอนปกติ ตอนนั้นไม่มีการเช็คอุณหภูมิ ไม่มีการใช้เจลล้างมือ ไม่มีอะไรทั้งสิ้น ก็ยังเดินทางเข้า ผมบอกได้เลยว่าช่วง December ยังมีการให้เดินทางเข้า และไม่มี การตรวจอะไรเลย จนพอจบไป โรงแรมมีลูกค้าช่วง December ตอนประมาณวันที่ 31 ตั้งแต่ Christmas จนถึงปลายเดือน ลูกค้าเต็ม เกือบ 100% เยอะมาก เราภาวนาทุกครั้งว่า อย่าให้มันมีผลกระทบเลย เพราะว่ามันจะทำให้ตลาดตรง นี้มันพังหมด ตอนนั้นมันยังไม่ได้ขยายไปประเทศอื่น เนี่ยอะผมดู timeline ได้เลย พอเข้ามาเป็น มกราคม 2020 เรายังมีลูกค้าปกติ แต่เริ่มมีความเข้มงวดขึ้น มีมาตรการสั่งการขึ้นว่า ให้ระบุให้เช็ค การเดินทางเฉพาะลูกค้าชาวเอเชีย ลูกค้าชาวจีนที่เดินทางมาจากเมืองหรือแคว้นหูเป่ย อู่ฮั่น ช่วง เดือนมกราคมเนี่ย เราเปิดพาสสปอร์ตกันทุกคนเลย พอเปิด ณ ตอนนั้น ลูกค้า in-house อยู่ใน โรงแรม เราต้องเรียกลูกค้ามาแต่ละคน เพื่อที่จะมาสอบถามว่า คุณเดินทางออกมาจากเมืองหรือ ประเทศคุณตั้งแต่เมื่อไหร่ บางคนเพิ่งเริ่มบินมา บางคนบินมาช่วงเกิดวิกฤติ บางคนบินก่อนออกมา จากนั้น ณ ตอนนั้น เราแค่ทราบข้อมูลว่า คนนี้ เพิ่งบินออกมา คนนี้ บินก่อนหน้านี้ แต่เรายังไม่ มีมาตรการอื่นที่จะมารองรับว่า ถ้าคนนี้บินออกมาจากประเทศ หรือเมืองอู่ฮั่นตั้งแต่ตอนที่มิวิกฤติ เกิดขึ้น เราต้องทำยังไงกับเค้า เราจะถอยเลยมัยั้ เค้ามาหน้าเคาท์เตอร์เราถอยเลยมัยั้ หรือเราแค่บอก ว่า คุณเดินทาง คุณมีอาการอะไรมัยั้ครับ เพราะส่วนใหญ่แล้ว ช่วงที่ลูกค้าที่เดินทางมาพักกับเรา ในช่วงหน้า peak season เค้าจะอยู่กับเรายาว อยู่กับเราประมาณ 3-4 วัน หรือ 1 อาทิตย์โดยประมาณ เพราะฉะนั้น ณ ขณะที่คุณบินมา คุณมีอาการไข่มัยั้ ตอนนั้นเรายังไม่รู้ว่าโควิดเนี่ย แสดอาการยังไง ผลมีอะไรบ้าง เราไม่รู้อะไรเลย เรายุ่อย่างเดียวว่า ลูกค้าจะมีอาการเจ็บคอ ลูกค้าจะมีไข้สูง เรามีแค่ สองอย่าง เราก็เลยสอบถามในเบื้องต้นว่า ลูกค้าตอนที่บินมาถึงมีอาการไข่มัยั้ ลูกค้าหรือเพื่อน หรือ แฟนของคุณลูกค้า ตัวเองไม่เป็นไร แต่เพื่อนคุณมีอาการมัยั้ ไปหาหมอหรือยัง หรือมีอะไรให้เราช่วย มัยั้ นี่ก็คือทุกคน ทุก scenario ที่เราสามารถทำได้ในช่วงเดือนมกราคมนะครับ ไล่เฉพาะชาวจีนก่อน หรือคนบางคนบินผ่านก็มี เราต้องเช็ค เราถามนะว่า คุณบินมาจากที่ไหน พาสสปอร์ตคุณอยู่อู่ฮั่น

แต่ตัวคุณอาจทำงานที่ปักกิ่งก็ได้ บินมาจากที่ไหน บินมาตั้งแต่กี่วันแล้ว มากับใคร แล้วไป drop ที่ไหนมาบ้าง นี่คือข้อมูลที่เราได้ช่วงเดือนมกราคม

**ผู้ให้สัมภาษณ์:** เดือนกุมภาพันธ์ ข่าวมันเริ่มแรงล่ะ เริ่มกระจายเดือนกุมภาพันธ์ครับ ตัวไวรัสกระจายออกนอกพื้นที่ รู้สึกถ้าผมจำไม่ผิดจะเข้าสู่ยุโรปตั้งแต่เดือนกุมภาพันธ์ บางคนไปทางเรือสำราญจำได้มั๊ย เรือเฟอร์รี่ที่ติดกันไป บางคนบินไปเป็นลูกค้าที่เป็นนักท่องเที่ยว บางคนคิดเชื่อผ่านทางสินค้าที่ส่งไปในคาร์โก้ก็มี ตอนนั้นได้ยืนยัน เริ่มกระจายออกไปตั้งแต่เดือนกุมภาพันธ์ occupancy เราก็เลยน้อยลงไป จำนวนลูกค้าก็จะน้อยลงไป คราวนี้ พอลูกค้าน้อยลง มาตรการเริ่มเข้มงวดขึ้น ทางรัฐเริ่มมี...ผมจำไม่ได้ว่า รู้สึกจะเป็นปลายๆเดือนหรือกลางๆเดือนกุมภาพันธ์ ที่ตอนนั้นรู้ว่ามีคนไทยติดอะเคสแรกของคนไทย คุณจำได้มั๊ยครับ?

**ผู้สัมภาษณ์:** จำไม่ได้ค่ะ

**ผู้ให้สัมภาษณ์:** เคสแรกของคนไทยที่เป็นตัว cluster ใหญ่ คือ จากสนามมวย เคสแรกคือ มีนักท่องเที่ยวคนไทยที่บินไปต่างประเทศ หรือไปจีน หรือมีบางกลุ่มบางก้อนบางทัวร์ที่ไปเที่ยวจากจีน แล้วก็กลับมาไม่ได้พัก แล้วก็เข้าไปดูไปเที่ยว จริงๆก่อนสนามมวยมันจะมีเคสที่ท่องเที่ยวก่อนที่ไปเที่ยวกันในผับ ติดจากลูกค้าหรือติดจากดีเจหรืออะไรก็ตามแต่ แต่ตอนนั้นยังเล็ก ผู้ที่บูมที่สุดก็คือสนามมวยจำได้มั๊ย ช่วงนั้นอะพี่ว่าจะเป็นช่วงกลางๆเดือนกุมภาพันธ์ แต่ ณ ตอนนั้นคนไทยก็ยังไม่เดินทางเที่ยว ยังไม่ได้ห้าม ยังไม่มีการ lockdown นั่นคือเคสแรก พอจบเดือนกุมภาพันธ์ ก็ขึ้นเดือนมีนา พอเดือนมีนาปิดหัวปักทันที เดือนมีนา occupancy ตอนนั้นอะ ถ้าว่าตลอดเวลาช่วง high season (ชันวา มกราคม กุมภาพันธ์) เราจะอยู่ที่โดยเฉลี่ยประมาณ 1,800 – 2,000 กว่า room night นะครับ ต่อเดือน ช่วงเดือนกุมภาพันธ์ เราลดลงเหลือ 1,700 เศษๆ พอเดือนมีนา 2020 ช่วงที่เราเริ่มหวั่นไหว ทั้งเดือนเรามีอยู่แค่ 600 กว่า room night นี่คือการส่งผลที่ชัดเจน คราวนี้ ตลอดระยะเวลาเรายังลี้ลี้กันอยู่พูดง่ายๆ ตั้งแต่ต้นกุมภาพันธ์ วิกฤติเกิดพฤษจิกชันวา มกราคมเรายังลี้ลี้กันอยู่นะ แต่เราเริ่มคุยกันแล้วแหละว่าจะทำยังไง เพราะลูกค้าลด ถ้าลูกค้าค่อยๆน้อยลงเราจะทำยังไง operations ที่จะคาบเกี่ยวกับทางฝ่ายบุคคล ฝ่าย HR เนี่ย ต้องมานั่งคุยกัน เราวางกลยุทธ์เราทำแผนกัน อันนี้เราพูดถึงภายในก่อนเราทำแผน 1 2 3 เราใช้แผนยุทธการ เราเรียกกันสั้นๆว่า “เราซักรง” เราจะมีธงเหลือง ส้ม แดง เหลืองเรายังพอรับวิกฤติได้ ส้มเริ่มไม่ดีแล้ว แดงคือเราต้องจบแล้ว เราก็แบ่งแยกตรงนี้ออกไป ผมจะไม่ลงไปใน details ทั้งหมดนะครับแต่ผมจะยกตัวอย่างให้ฟังว่า ถ้าสมมติว่าเกิดวิกฤติ เราดูอ้างอิงจากอะไรเป็นหลัก เราดูจากตัว occupancy เป็นหลัก ว่าสมมติ occupancy เหลือจากทุกปี เราอยู่ที่ประมาณ 80-90% แต่พอปีนี้เดือนนี้เหลือ 60% หรือ 70% ตลอดเดือนมาเรามีกำลังพลเต็มอัตรา นี่ก็คาบเกี่ยวกับ HR ต่อ เพราะเค้าดูเรื่องของตัวพนักงาน สวัสดิการ ผลประโยชน์ของพนักงานทั้งหมด ฝ่ายบุคคลก็ต้องเป็นคนดู เพราะฉะนั้น เวลาเราจะดำเนินการอะไรที่คาบเกี่ยวกับกำลังพลของ

พนักงาน หรือ ไปแตะสวัสดิการอะไรของพนักงาน หรือการทำงานอะไรของพนักงานก็แล้วแต่ เราต้องคำนึงถึงมาตรการว่าเราต้องยึดอะไรเป็นหลัก ถ้ามันมีผลกระทบมาแบบนี้และ สมมติโรคซาร์ส เอ่อ...แผ่นดินไหว สึนามิเข้า หรืออะไรก็ตามแต่ ที่มันมีผลกระทบทำให้จำนวน occupancy น้อยลง ลูกค้าน้อยลง สัดส่วนของจำนวนพนักงานก็ต้องปรับเปลี่ยนเหมือนกัน การทำงาน อาจจะทำงานมากขึ้น แต่พนักงานกำลังพลก็ต้องสัดส่วนน้อยลงไป ตัวที่เป็นแผนแรกเลย สมมตินะครับ เราชักธงเหลือง ทางฝ่ายบุคคลต้องมาทำยังไง ผมเป็นคนกำหนดการในการสั่งตรงนี้ ผมก็เลยบอกฝ่ายบุคคล สมมติคุณเป็นฝ่ายบุคคล ผมก็จะบอกว่า ธงเหลืองของเราละ ถ้า occupancy เดือนนี้เนี่ย สมมติเดือนมกราคมเนี่ย ปกติเราอยู่ที่ 90% 80% แต่มกราคมนี้ที่เราจะถึงเนี่ย เหลืออยู่ 50% เราเข้าขั้นสีเหลืองละ คุณเป็นฝ่ายบุคคล ผมจะบอกนโยบายว่า คุณต้องทำอะไรบ้าง 1. พนักงานการบริการเนี่ย ในทุกๆวันที่พนักงานเข้ามาทำงาน แทนที่ ตัวอย่างเช่น พนักงานคนนึงทำงานเต็ม 6 วันต่อสัปดาห์ อาจจะลดลง เหลือทำงานแค่ 5 วันต่อสัปดาห์ หรือ 4 วันต่อสัปดาห์ และเวลาช่วงการทำงานก็จะน้อยลงไปในะครับ 2. ให้เอาวันหยุดที่พนักงานบางคนที่ยัง ผมเชื่อว่าพนักงานทุกคนมีวันหยุดวันลาเหลืออยู่ ให้เอามาใช้ โดยที่ทางโรงแรมเราไม่ได้บังคับใช้ว่า คุณจะ ต้องหยุด แล้วคุณต้องไม่รับเงินเดือน เรายังไม่ถึงขั้นนั้น ให้เอาวันหยุดวันลามาใช้นะ มี OT มั้ย ไม่ต้องจ่ายเป็นเงิน เอา OT มาใช้ สมมติว่าคุณทำงานเต็มวัน วันนี้คุณเอา OT มาใช้ ครึ่งวันคุณก็กลับบ้านได้แล้ว ด้วยพนักงานที่ว่าง ลูกค้าน้อย อีกอันนึงก็เหมือนเรารับเด็กฝึกงานมา มีเด็กฝึกงานมาช่วยรองรับ ธงเหลืองของพีก็ คือ พนักงานที่หยุดมากขึ้น แต่ลูกค้าน้อยลง แต่บางทีงานมันก็ยังเท่าเดิมอยู่ ก็อาจจะต้องทำงานหนักขึ้น เราก็ให้ทาง HR ไปหา intern มา ก็คือเด็กฝึกงานมาช่วย นี่ก็เป็นการทดแทนและเป็นหนึ่งในมาตรการของ HR ที่จะต้องเข้ามาดูแลนะครับ ปรึบลดอัตราของพนักงานให้เหลือน้อยลงไปตาม สัดส่วนของ occupancy เอา internship เข้ามาช่วย พอเข้าไปขั้นสูงสุด สมมติเข้าไปขั้นชักธงสีส้มละ เด็กฝึกงานไม่ต้องล่ะ เหลือแต่พนักงานล่ะอะ ไรอย่างเงี๊ยะ คุณพอเข้าใจ step มั้ย โอเค เอ่อเรื่องของอะไร อีกที่ทาง HR ก็จะต้องช่วยคุณ เราจะมีสวัสดิการเรื่องของรถรับ-ส่งพนักงาน เรื่องรับส่งพนักงาน แทนที่วันนึงมี 3 รอบ ก็อาจจะลดเหลือแค่ 2 รอบ แต่ว่าไม่ใช่ไม่มี พนักงานทำงานน้อยลง ทั้งเรื่องของจำนวนและเรื่องของเวลาถูกมั๊ย ตอนแรกมี 3 รอบ ลด 3 รอบเหลือ 2 รอบ อะไรอย่างเงี๊ยะ ก็จะลดน้อยลงไป นี่ก็คือสัดส่วน ถ้าคุณดูจริงๆ ชุดที่ออกเป็นมาตรการหรือเป็นกลยุทธ์ ทุกอย่างทำมาด้วยจำนวนแต่ละหัวข้อที่เป็นสัดส่วนเนี่ย เราคำนึงถึงเรื่องของ costs ทั้งนั้นเลย เพราะว่าลูกค้าน้อยลงแน่นอนเราต้องประหยัดกันให้มากขึ้น ใช้จ่ายให้คุ้มค่าที่สุด นี่ก็สิ่งสำคัญนะครับ แต่ว่าเราจะพยายามไม่ให้การลดสัดส่วนของทุกๆประเภทหรือของทุกๆงานเนี่ย จะต้องไม่มีผลกระทบกับการบริการที่มีต่อลูกค้า ลดสัดส่วนของพนักงาน แต่พนักงานก็ยังให้บริการเท่าเดิม เราประหยัดทุกอย่าง เรื่องของการ printing ในออฟฟิศ ของแผนก sale แทนที่เค้าจะไปออก sale ให้เยอะขึ้น โดยค่าใช้จ่าย

มากขึ้น ก็ให้สัดส่วนน้อยลงไป เพราะเรารู้ว่าตลาดน้อยลงไป พนักงานแต่ละคนก็จะมี OC ที่สามารถลงไปทานอาหาร ก็จะตัดสัดส่วนตรงนี้ไป เห็นมียอะอะไรที่กระทบกับพนักงาน ก็จะตัด ลด ได้ลดไปก่อน แต่อะไรที่เป็นของลูกค้าเราก็จะไม่ไปยุ่งมัน ช่วยกันประหยัด เวลาออกมาจากออฟฟิศปิดแอร์ ลงไปทานข้าวปิดไฟ ปิดแอร์อะไรอย่างเงี้นะครับ เปลี่ยนจากการใช้แอร์มาเปิดพัดลมแทน จิปาถะ ไม่นอนุญาตให้พนักงานทำงานล่วงเวลา อะ OT ไม่ต้องละเพราะแบกน้อย อะไรประมาณนี้อะ ถ้าพูดถึงก็คือ เราต้องลด costs ให้ได้มากที่สุดตามสัดส่วน จนไปถึงซักรางแดงละ เข้าขั้นวิกฤติละ 1. ยกตัวอย่างบางบริษัทที่จ้างออก เหมือนการบินไทยเห็นมีย เล้าวิกฤติละ Layoff พนักงานอันดับ 1 สมัครงลาออก early retire อันดับ 2 นี้คือลด ต้องพูดว่า big spender ใหญ่ที่สุดในธุรกิจ ก็คือเรื่องของตัว Salary หรือเงินเดือนของพนักงาน หรือจำนวนคน นี้คือ big spender สุด, costs ใหญ่สุด เพราะฉะนั้นเวลาเกิดวิกฤติมากๆ เล้าต้องลดสัดส่วนของพนักงานก่อนนะครับ ตรงนี้ก็คือเหมือนชงแดงที่เราออกไป ของเราเนี่ยโรงแรมของอาจารย์จะมีนโยบาย โรงแรมอื่นเราไม่รู้ แต่โรงแรมเราที่เนี่ยนโยบายเราคือ รักษาคุณภาพ รักษาชีวิตพนักงานให้ได้มากที่สุด ช่วยกันให้ได้มากที่สุด ด้วยวิกฤติเราต้องช่วยกันให้ได้มากที่สุด พอเรามีมาตรการหลังๆมาตั้งแต่โควิด คือ ทุกคนทำงานใช้วันหยุด เล้าเรียกใช้ leave without pay ให้ได้มากที่สุด คือเหมือนบังคับเลยว่า เราไม่จ่ายเงินเดือนเต็มนะ แต่เพื่อความอยู่รอดขององค์กร เราต้องช่วยกัน เล้าเรียกว่า ตัดแขน สะละอวัยวะเพื่อรักษาชีวิต นี้ก็จะเป็ main หลักๆ น่าจะครอบคลุมประมาณนี้แหละว่า พอเราเจอวิกฤติ ก่อนวิกฤติ เราตั้งตัวปั๊บ เรามีมาตรการทำมันยังไง ลดจำนวนการทำงาน ตลาด ในเรื่องของการทำตลาด หรือการ Sale ของแผนก Sale & Marketing เนี่ย ประคับประคองลูกค้าที่ยังอยู่ในมือให้ได้มากที่สุด คุยกับทาง OTA, OTA ก็คือ ชุคที่เป็น Oversea Travel Agent ให้ได้มากที่สุดนะครับ เดียวนี้เนี่ยการทำ reservation booking มันผ่าน online ค่อนข้างเยอะนะครับ ผลกระทบที่มากที่สุดก็คือ ข่าว ข่าวที่ไม่ดี ข่าวที่มาซ้ำ ข่าวที่รู้เร็วแล้วข่าวที่ไม่จริง fake news ทั้งหลาย ต้องบริหารจัดการให้ดีมากๆ คุยกับคนอื่น จะคุยกับลูกค้า หรือจะคุยกับ agent ก็ตามแต่ ต้องมีข้อมูลที่ไม่ panic ไม่สามารถเอาข้อมูลที่ไม่เป็นความจริงไปทำให้เกิด Crisis เลย ห้ามเด็ดขาด กรองแล้วกรองอีก ชัวร์แล้วชัวร์อีก มากน้อยแค่ไหน คือผมบอกเลยว่า ตั้งแต่ช่วงโควิดเข้ามาเดือนมีนาที่เราเริ่มหวั่นๆ จนเรา lockdown ในช่วงเมษายนเนี่ย ข้อมูลทุกข้อมูลจริงไม่จริงไม่รู้ ช่วยกันหาข้อมูล เราต้องผ่านมันให้ได้อะ แต่อย่าทำให้มันแตกตื่นไปมากกว่านี้เลย และอีกส่วนนึงเราก็ต้องรอจากทางรัฐด้วย รัฐบอกให้แต่ละจังหวัดไปบริหารจัดการของแต่ละคนถูกมัย จังหวัดเข้าไม่ได้ ผู้ว่าเป็นพ่อเมืองเรา พ่อคิดเข้าไม่ได้ ถ้าพ่อคิดเข้าเราต้องไล่พ่อออกจากบ้าน ถูกมัย พ่อคิดเข้าไม่ได้สาธารณสุขที่อยู่กับพ่อ เป็นหมอกับพ่อ ก็เข้าไม่ได้ เพราะทุกคนตาย ถ้าพ่อฆ่าตาย ถ้าพ่อไม่ทำอะไรเลยตาย บอก lock เมืองแต่ไม่ทำอะไรเลยตาย นี้คือข้อมูลทั้งหมดเราต้องจับมาให้ได้ เพื่อที่เราจะต้องประคองลูกค้า ฐานลูกค้าที่เรายังมีอยู่ในมือ ช่วงที่



ปิดโรงแรม ที่ lockdown เชื้อมัย agent บาง agent อะ ยังมีลูกค้าอยู่ในมือเลย จนเค้าปิดประเทศก่อน บอกว่าปิดประเทศแต่สายการบินยังบินอยู่ เค้าบอกสุวรรณภูมิปิดแล้ว ไม่ปิดหรอก เพราะเค้ายังมี Cargo ก็ยังบินอยู่ถูกมัย ทูต พาณิชย์ ทหาร เค้าก็ยังเดินทางอยู่ ซึ่งพวกนี้อะมันจะไปทำลายชุดพวกนี้ ทั้งหมด ถ้าข้อมูลที่ผิคนะ ทั้ง agent ทั้ง OTA ทั้งลูกค้าคนอื่นๆ โทรมาที่โรงแรม เราไม่มีคนทำงาน โรงแรมเปิดมัย จันจะมาได้มัย เรายังบอกอย่ามาเลย ตอนนี้อะเปิดหมดแล้ว คือ ทุกอย่างไม่มีการทำธุรกรรมอะไร โรงแรมก็ปิด ช่วง lockdown เราหยุดทุกธุรกรรม เราปิดเริ่มก็คือเมษา พฤษภาคม มิถุนา 3 เดือนหลักๆที่เราปิด

**ผู้สัมภาษณ์:** อันนี้ก็คือว่า ช่วง lockdown กลยุทธ์เป็นชงแดง

**ผู้ให้สัมภาษณ์:** เป็นชงแดง และช่วง lockdown จะมีชุดที่ทำงานอยู่ ชุดทำงานหลัก คือ 1. แผนกช่าง โรงแรมปิด เปลี่ยนวิกฤติเป็น โอกาสแผนกช่างทุกคน ช่างทุกคนที่พร้อมจะทำงาน ก็ซ่อมโรงแรม เค้าเรียกว่า อย่าใช้คำว่า maintenance เลย เราใช้คำว่า เรา renovate มันเลยดีกว่า เอาวิกฤติตรงนี้มา renovate ซ่อมอะไรที่เรายังไม่ได้ซ่อม เราทำทุกอย่างที่เราต้องการซ่อม อะไรที่เราไม่ได้ทำมานานแล้ว ก็ซ่อม ช่วง 3 เดือนนี้ ปรับวิกฤติเป็นการ maintenance ทั้งหมด security สำคัญมาก ต้องมีคน standby

**ผู้สัมภาษณ์:** แล้วสำหรับห้องพักที่เราปิดหรือไม่มีลูกค้า เราจัดการยังไงคะ

**ผู้ให้สัมภาษณ์:** ในห้องที่ไม่มีลูกค้า เราจะปิด breaker แต่ที่นี้ถ้าเราปิด breaker หมด มันก็จะเป็นปัญหา เพราะจะมีทั้ง breaker แอร์ ไฟฟ้า ปั๊มน้ำสระว่ายน้ำ ระบบน้ำของสระว่ายน้ำเนี่ยสำคัญ เราเลยแยกชุด breaker อันไหนไม่สำคัญก็ปิด ปั๊มน้ำสระว่ายน้ำปิดไม่ได้นะ แต่เราตั้ง timer ได้ ให้ปั๊มน้ำทำงานเป็นเวลาตามที่ตั้งไว้ บางทีก็เปิดวันเว้นวัน หรือเปิด 2 ชั่วโมงแล้วค่อยไปปิด ผู้มีนบารก็ยก ออก ผ้า màn แม่บ้านเค้าจะรวบรวมจะได้ไม่โดนฝุ่น เดี๋ยวก็เก็บให้เรียบร้อย ในห้องครัวเนี่ยเราจะมีตู้แช่ขนาดใหญ่ เหมือนตู้คาร์โก้ เราเก็บเอาของจากผู้เขียนเล็กๆทั้งหลาย ย้ายไปไว้ในตู้เดียวเลย รวมกันเป็นจุดใหญ่จุดเดียว จะได้ไม่เสีย costs เยอะ ลิฟต์เราก็ปิด อันนี้เปลืองไฟมาก น้ำจืดก็เป็นปัญหาเนาะ ต้องประหยัดมาก ระบบน้ำที่มีเหลือต้องเก็บให้ดี

**ผู้สัมภาษณ์:** อยากให้พูดถึงกลยุทธ์ในส่วนของ marketing ช่วงหลัง lockdown จนถึงตอนนี้หน่อยคะ

**ผู้ให้สัมภาษณ์:** พอผ่าน lockdown มาเนี่ย เรายังมาแยกตลาด แต่ต้องตัดตลาดต่างประเทศไปก่อน เพราะรัฐบาลเองยังไม่ได้เปิดรับนักท่องเที่ยวต่างชาติ เราเลยจะหยุดตลาดต่างประเทศไว้ก่อน เชื้อมัยว่าวัคซีนมา การท่องเที่ยวจะกลับมาเหมือนเดิม ก่อนหน้านี้ที่เค้าพูดกันว่าจะทำ Travel Bubble จะทำเป็นลูกโป่ง เราย้ายไปวางตลาดกับมันมากนะ ตอนนี้อะเหลือแค่บ่อเดียว ก็คือ ตลาดในประเทศ รัฐบาลเองก็กลับมาสนับสนุนให้มีการท่องเที่ยวในประเทศมากขึ้น เราเลยคิดว่า เราต้องทำ

ตลาดในประเทศ ทำโปรโมชั่น ทำ local marketing ทำ PR เอาการฟื้นฟูของธรรมชาติช่วงนี้อะ มาทำโปรโมชั่น ตั้งราคาที่คนไทยเองสามารถจับต้องได้ เพราะคนไทยไม่เที่ยวราคาสูงๆ คุณรู้ไหม เราจะไม่ใช้ราคาเดิมอีกจนกว่าตลาดต่างประเทศจะกลับมา ที่จริงก่อนที่เราเที่ยวด้วยกันจะมา เราทำตลาดคน local มาก่อน เริ่มตั้งแต่ lockdown ตำบล พยายามเอาลูกค้าในจังหวัด หรือจังหวัดใกล้เคียงก่อน แล้วมาปรับให้เข้ากันกับเราเที่ยวด้วยกัน เราทำควบคู่กันไป เพราะเราไม่ได้คิดว่า เราเที่ยวด้วยกันจะอยู่กับเราตลอดไป มีนะลูกค้าบางคนไม่อยากจะเที่ยวด้วยกัน คุณรู้ไหม ทำไม เพราะเค้าต้องจองล่วงหน้า 3 วัน ก่อนหน้านี้นานกว่านี้อีก ฉะนั้นเราก้เลยมีโปรโมชั่นเทียบเคียงกับเราเที่ยวด้วยกัน ก็คือ 'ไม่มาได้ผล' ซึ่งราคาก็จะอยู่ในระดับใกล้เคียงกัน เรายังพยายามที่จะ built คน local ด้วย พอคนกรุงเทพฯ เริ่มเดินทางได้ ก็ทำโปรเพิ่มขึ้นอีก เช่น ให้ลูกค้ามาพักวันธรรมดา สำหรับใครที่ไม่อยากมาพัก เราก้มีราคาของ one day pass ตอนนี้มีคนไทยมาเที่ยวเยอะ นักท่องเที่ยวส่วนใหญ่ที่เป็นคนกรุงเทพฯ จะใช้เราเที่ยวด้วยกัน โดยเฉพาะปลายเดือนนี้จนถึงสงกรานต์ occupancy เริ่มสูงละ

**ผู้สัมภาษณ์:** หัวข้อสุดท้ายแล้วคะ ถ้ามีการระบาดระลอกใหม่อีก ทางโรงแรมมีแผนการรับมืออย่างไรบ้างคะ

**ผู้ให้สัมภาษณ์:** ก็ตัวหัวข้อสุดท้ายเนี่ย New normal แน่นอน ตัว New Normal มาหลังจากที่เรา lockdown จบแล้วตั้งแต่รอบแรก ใช้มาจนถึงระลอก 2 ก็คือปลายปีที่แล้ว แต่ตั้งแต่ระลอกแรกก็ดำเนินการมา ก็คือตัว New normal มาต่อเนื่อง ทุกภาคส่วนของธุรกิจ ในจังหวัด โดยเฉพาะในส่วนของโรงแรม ทุกๆสมาคมเรื่องของการท่องเที่ยว สมาคมโรงแรมต่างๆ ทุกคนต้องมีการปรับตัว โดยใช้แผนตัว New normal แรกๆสุดเลยก็คือ เรายังกับเรื่องของ SHA SHA เกิดจาก ททท ร่วมมือกับทางสาธารณสุข และก็เค้าจะทำให้ตัวนี้เป็นตัวมาตรฐานหลักมาตรฐานเดียวเลย ครอบคลุมทุกองค์กร ไม่ว่าธุรกิจร้านอาหาร ห้างสรรพสินค้า สปา หรือการขนส่งอะไรทุกอย่าง ก็ให้อิงจาก SHA มาตรฐานตัวนี้ต้องเอาออกมาใช้เป็น New normal เราเคยคุยกันว่า ในอนาคต New normal จะเท่ากับ normal ทุกวันนี้เราก้ normal แล้วใช่ไหม แต่ก่อนเราไม่เคยใส่หน้ากาก พอเรา New normal ปูบ เราใส่หน้ากาก เราก้เลยแปลก แต่ตอนนี้กลายเป็น normal ละ ถ้าเราไม่มีหน้ากากสิ เราแปลก โอเค New normal = Normal, SHA ก็จะเป็นอะไรที่ทุกคน ทุกโรงแรมต้องมีให้เห็น ตัวนี้เนี่ยมันจะถูกกำหนดให้เป็น standard ของโรงแรม และจะแบ่งเป็นสัดส่วนของแต่ละแผนกก็จะไม่เท่ากันนะครับ ทุกแผนกก็ต้องคำนึงถึงตัว New normal ตัวนี้ หรือตัวมาตรฐานตัวนี้ที่ออกมา แล้วก็แยกๆกันออกไป ตั้งแต่ลูกค้าจองเข้ามา ตอนจองเนี่ย พูดถึง process มันก่อน จองยังไม่ค่อยเท่าไร ทำการจองก็ยังไม่ปกติ แต่พอ once ที่ลูกค้าเดินเข้ามาเนี่ย ลูกค้าจะต้องเข้ามาปั๊บเนี่ย ตัวของลงลูกค้าเองเนี่ย จะต้องเห็นก่อนว่า first impression ว่า โรงแรมเรา อันนี้เราพูดตั้งแต่ตอนแรกๆเลยนะ โรงแรมเรา

ป้ายมาหน้าล็อบบี้ เราจะเห็น counter shield แล้วพนักงานทุกคนที่เข้าไป service 1. มีหน้ากาก และก็ เวลาเข้าไป participate กับลูกค้า สิ่งแรกเลยก็คือ ตรวจวัดอุณหภูมิก่อน เจลล้างมือ ตรวจวัดอุณหภูมิ นะครับ เว้นระยะห่าง นี่คือนี่ที่เป็น normal หรืออยู่ในมาตรฐานของ SHA เสร็จของอันนี้คือแผนกต้อนรับธรรมชาติ พอมีการตรวจเช็คป้าย ในส่วนขององค์กรภายในเอง เริ่มสัดส่วนเกิดจากตัวของ พนักงานก่อน ก็คือเกี่ยวข้องกับแผนก Human Resources, HR ก็ 1. ตรวจวัดพนักงาน สืบประวัติ พนักงานทุกคน ช่วงที่หยุดไปหรือช่วงที่คุณไม่ได้มาทำงาน คุณไปที่ไหนมาบ้าง แหล่งพื้นที่เสี่ยงรีป ล่าว กรอกประวัติชัดเจน พอเสร็จป้ายก็เวลากลับเข้ามาทำงาน วางมาตรฐานเดียวกัน นั่งรถพนักงาน กลับเข้ามา ใส่หน้ากากทุกคน ตรวจวัดอุณหภูมิ เรามีทุกจุดตั้งแต่พนักงานขับรถเข้ามา เสร็จป้าย เปลี่ยนเสื้อผ้า เสื้อผ้าชุดยูนิฟอร์มเราก็ส่งซักเป็นปกติตามมาตรฐาน มาตรฐานเราก็กำเนียงถึง เรา ส่งออกไปข้างนอก โรงงานก็ต้องมีมาตรฐานของ SHA ด้วยเหมือนกัน การฆ่าเชื้อทุกอย่าง พอเสร็จ ป้ายพร้อมที่จะออกไป service หรือบริการลูกค้า ทุกคนก็ต้องอยู่ในชุดที่พร้อม แม่บ้านอาจจะเห็นใน ส่วนหนึ่ง แต่ของ F&B หรือ kitchen เนี่ย แน่นนอนครัวใส่ถุงมือแนนอน ห้องอาหาร พนักงานบริการ พนักงานเสิร์ฟทุกคน ก็หน้ากาก เจลล้างมือ ตรวจวัดอุณหภูมิ เวลาใน line buffet ในห้องอาหาร ถ้า เป็น breakfast เราจะมี food shield จะมีตัว cover กันใหญ่ๆ เพื่อที่ลูกค้าเนี่ยยังไม่สามารถเข้าไปตัก เองได้ นี่เราพูดถึงช่วงแรกๆนะที่เรากลับมาเปิด เป็น buffet แต่ลูกค้าไม่ตักเอง ลูกค้าบอกให้ พนักงานตักให้ ยื่นจาน แล้วก็กลับไปนั่ง เรา panic นะ แม้กระทั่งลูกค้าจาม คุณโอเคมัย แต่ละวัน ลูกค้าเข้ามาพักเนี่ย นอกจากจะตรวจตั้งแต่ day 1 ที่เข้ามาเช็คนแล้ว ในทุกเช้าที่เค้าลงมาทานที่ ห้องอาหาร เค้าต้องได้รับการตรวจตรงที่ห้องอาหารว่าอุณหภูมิเค้าปกติ เค้ายังไม่มีอาการอะไร ทั้งสิ้น บางคนไปเที่ยวมา พอพักเช็คนเสร็จออกไปเที่ยว กลับมาอาจจะมิใช่ไม่สบายก็เป็นไปได้ แม่บ้านเวลาทำความสะอาดตอนนี่ การ set up อุปกรณ์ในห้อง อย่างพวกแก้ว พวกน้ำขวดที่เรา set อยู่ในห้อง การทำความสะอาดแนนอนเราก็กทำความสะอาดมากขึ้น ทำให้มันมากขึ้นจนให้มันเป็น normal อะไรที่มันเพิ่มขึ้นมา การกำจัดขยะจากในห้องต้องใช้อุปกรณ์ แก้วน้ำที่ set อยู่ในห้อง ก็ต้อง มีการห่อ ใช้กระดาษห่อนะครับ ว่าเราทำความสะอาดแล้วนะ สิ่งสำคัญก็คือ mask ที่เราจะมีแจกให้ ลูกค้า ถ้าลูกค้าต้องการ แม่บ้าน ช่วงแรกเราก็ใส่ถุงมือนะ แต่พอช่วงหลังเราก็ผ่อนลงไป เพราะถุง มือบางคนพนักงานบางคนทำงานไม่ค่อยสะดวก ไม่เหมือนในครัว ในครัวจะสะดวกกว่าในการหั่น ในการหยิบจับอาหาร ของแม่บ้านเราก็จะพ่นน้ำยาฆ่าเชื้อในห้อง แต่ก่อนหน้านี้เราพ่นทุกสัดส่วน แต่ละ outlet อยู่ละ ใส่ชุดเลยอะ ชุด PVE ฉีดพ่นเพื่อฆ่าเชื้อ ลูกค้าที่มาป้ายเนี่ยพอทำความสะอาด เสร็จแล้วเนี่ย ก่อนที่เราจะปูผ้า เราต้องกำจัดอีกที แต่ว่าเราจะไม่ใช่เครื่องที่เป็นยาฆ่าแมลงนะ เราจะ ใช้ตัวที่บีบ คุณเห็นที่เค้ารดน้ำกล้วยไม้มัย นี่มันจะสะดวก พนักงานก็จะง่ายในการทำ ใส่แมสเสร็จ ป้าย เค้าก็จะใส่หน้ากากฉีดพ่น

**ผู้สัมภาษณ์:** แสดงว่าหลังจากแขกเช็คเอาท์ 1 ห้องออกไป ทำความสะอาดใหม่ แล้วก็ฉีดพ่นไข่ม้อยคะ

**ผู้ให้สัมภาษณ์:** แต่ถ้าแขกอยู่ในห้อง สมมติว่าแขก in-house อยู่ 2 วัน เราจะไม่ทำอย่างนั้นนะ ลูกค้าจะเวลาอยู่ในแต่ละวัน เราจะมีทำความสะอาดหรือ turn down วันละ 1 รอบ turn down 1 รอบ ทำความสะอาด 1 รอบ คือวันละ 2 รอบพุงดง่ายๆ แล้วก็เช็คเอาท์ เราก็มาทำความสะอาด มาเชื้อใหม่อีก รอบ costs ค่อนข้างสูง ต้องพูดแบบนี้ เรื่อง New normal เนี่ยมากับ costs จริงๆ จะตัวเป็นเจล แอลกอฮอล์ หรือแอลกอฮอล์ก็ตามแต่ มากับ costs เข้มงวดขึ้น รับผิดชอบ-ส่งลูกค้าก็จะมี การทำความสะอาด เช็คดู ลูกค้าก็ แต่ก่อนได้คุยกับลูกค้า แต่ตอนนี้ไม่ได้คุยกับลูกค้าละ พนักงานก็จะใส่แมส แต่ลูกค้าก็โอเค ทุกคนโอเค ทุกคนปรับตัว ลูกค้าบางที่เจอในห้องอาหาร บางคนเห็นลูกค้าคนอื่นที่เวลาเดินไปสั่งอาหารไม่ใส่แมส บางที่เค้ายังรังเกียจกันเอง เค้ายังคิดว่าเราทำ บางคนนะลูกค้าบางคนไม่ได้ตำหนินะ แต่...บางที่เค้าก็พูดกับพนักงานนะ ผมอะไม่ใส่ไม่เป็นไร แต่คุณอะต้องใส่ คุณเป็นพนักงาน คุณต้องใส่ ผม happy ที่ผมเห็นคุณใส่ แต่ผมไม่ใส่ ผมไม่ happy หรือ แต่ผมชอบ ผม happy ที่เห็นคุณใส่ มันเหมือนเป็นอะไรที่แบบมาให้บริการในที่ๆเค้าสามารถปล่อยวางได้ ซึ่งเค้าไม่รู้หรือบางที่เราเองเราก็ก้าวเค้า ไม่ใช่เค้ากลัวเรา เค้าอาจจะไม่กลัวเรา แต่เราอะกลัวเค้า เรายังต้องป้องกันตัวเองด้วย

**ผู้สัมภาษณ์:** แล้วถ้าเหมือนกับมันระบาดระลอกใหม่ยังงี้จะคะ เน้นอนว่าตอนนี้ New normal เรายังทำ แต่ว่าถ้ามันมาใหม่ยังเนี่ย เหมือนกับโรงแรมมีทีมมัยคะว่า เราจัดตั้งทีมขึ้นมาเลยทีมรับมือวิกฤติอะไรแบบนี้มีมัยคะ

**ผู้ให้สัมภาษณ์:** เอาจริงๆก็ไม่ได้มีนะ เราประเมินสถานการณ์อยู่แล้ว คือเหมือนกับตัวรอบที่ 2 ที่มาเนี่ย เราประเมินมันจะไปขึ้นสุดแค่ไหน แต่ข่าวเราก็ต้องดูอยู่ตลอดเวลา ฟีกี่ต้องไปอีกอะ คือทางจังหวัดสั่งยังไง ข้อมูลว่ายังไง การรับรู้ข้อมูลเนี่ย นี่คือการเตรียมตัวของเรา ว่าเราจะวางแคไหน เราจะต้องกลับมาทำแคไหน แล้วกลับมาที่โรงแรมว่า ชีดวงตรงนี้แล้วนะ ตามลูกค้าสิ พักอยู่ตรงไหน อยู่จังหวัดไหน ซึ่งมันไม่มีการจัดตั้งทีมว่าต้องรับมือ ขอให้เราคง standard ของ SHA เอาไว้และถ้ามีปัจจัยอื่นเข้ามา สิ่งแรกที่กระทบ ไม่ได้กระทบกับตัวของโรงแรม กระทบ Sales & Marketing ก่อน ลูกค้าจะถอยไปก่อน การที่ลูกค้าจะถอยไปได้ นอกจากลูกค้าจะได้รับข้อมูลจากเรา ลูกค้าทุกคนโทรมา ได้ข่าวว่าภูเก็ตเจอระลอก 2 จาก big bike หรือคะ แล้วตอนนี้เป็นอย่างนี้บ้างคะ โรงแรมปิดรีปแล้วคะ ลูกค้าจะโทร เรายังจะบอก ไม่มีปัญหาเลย เรายังเปิดรับปกติ เรายังคงมาตรฐานเดิมอยู่ แล้วก็ SHA หรือว่าลูกค้าที่มาจาก local เอง เรายัง screen อยู่ปกติ ไม่มีปัญหาเลย เดินทางได้ครบ มาเลยครบ ถ้ามีระลอก 3 จริงๆ รัฐบาลประกาศ ก่อนจะมาถึงเราจบแล้ว ถูกมัย เค้าไม่ได้มาดูตรงปลายทางว่าเราต้อง เราพร้อมก่อนอยู่ละ แต่ของเค้าอะจบละ รัฐบาลก็จะบอกว่า คนที่มาจากจังหวัด

สมุทรสาคร ปทุมธานี นนทบุรี บางแค จะมาภูเก็ต ภูเก็ตว่าไง ภูเก็ตก็รีบกลับไปเปิดประกาศของเก่า ว่า ประกาศของเก่าจำได้มั๊ย คนนี้มาจากพื้นที่ไหน คุณเป็นโรงแรมเนี่ย คุณจำได้มั๊ย ผมอะประกาศ พื้นที่คนที่มาจากพื้นที่สีแดงต้องทำยังไงบ้าง คุณก็ต้องกลับไปดู พี่เป็นโรงแรมก็ต้องกลับไปเปิด อ้อ โอเค คนที่มาจากสมุทรสาคร พี่มีเคสล่าสุดเลย กรู๊ป เค้าเป็นกรู๊ปที่จะมาพัก มีลูกค้าส่วนหนึ่งมาจาก สมุทรสาคร 3 คน เค้ายกกันว่า ถ้าจะมาภูเก็ต ภูเก็ตจะกักตัวเค้ามั๊ย คำถามแรกก่อน แล้วประกาศ จังหวัดเค้าว่าใครรับคำถามที่ 2 แล้วโรงแรมจะต้อนรับมั๊ย โรงแรมพี่ก็ตอบเค้าไปว่า 1. ถ้าหากผม ไม่ต้องการคนที่มาจากพื้นที่สีแดงหรือสมุทรสาครที่เป็น cluster ใหญ่ก่อน ถ้าเป็นไปได้ให้เค้าหยุด มาก่อน ถ้าเค้าจะมา เค้าอยากจะมาเที่ยวเพราะเค้าปลอดภัย พื้นที่สีแดงคุณจะรู้ได้ยังไง ผมอาจจะ ได้รับวัคซีนก่อนคุณก็ได้ ถูกมั๊ย โอเคถ้าคุณจะมา ผมกลับไปเปิดประกาศ ผมส่งประกาศให้คุณดู ว่า คุณต้องทำยังไงบ้าง คนที่มาจากพื้นที่สีแดงนะ สมุทรสาคร 1. โหลด application 2. เข้าหมอชนะ 3. คุณต้องได้รับการตรวจจาก swap test หรือไปตรวจจริงก็ตามแต่ คุณต้องได้รับการตรวจและมี ใบรับรองแพทย์ 72 ชั่วโมงล่วงหน้า คุณอาจจะไม่รู้ละ นี่คือประกาศล่าสุด 4. คุณต้องได้รับจดหมาย คุณต้องมีจดหมายจากทางจังหวัดว่าคุณเดินทางออกจากจังหวัดคุณได้ เรายังอิงจากจดหมาย 5. คุณพร้อมที่จะเดินทาง คุณจะไม่มีอาการอื่น คุณจะไม่มีอาการแทรกซ้อนอื่น ไม่ว่าจะป็นไข้ คุณก็สามารถเดินทางได้ เนี่ย 3 ข้อสุดท้ายนี้ ที่คุณต้องคำนึงถึง แต่หลักๆคุณต้องมีใบรับรองว่าตรวจ และ จดหมายจากจังหวัด สุดท้ายเค้าก็ไม่มา เราอะปลายทางเรายังคำนึงถึงประกาศจังหวัดเดิม ไม่ต้อง กักตัว คุณไม่ต้องไปคำนึงถึงเรื่องการกักตัว เค้ายังระบุว่าให้กักตัวในพื้นที่ 14 วัน หรือตามจำนวนที่ คุณเดินทางเข้ามาในจังหวัด เพราะฉะนั้นถ้าคุณเดินทางมาอยู่ 3 วัน 2 คืน ก็ไม่มีปัญหา คุณก็กักตัว อยู่ในนั้น คุณจะออกไปไหนก็เรื่องของ คุณ แต่คุณมีใบตรวจเช็ค นี่คือข้อมูล เรายังต้องเตรียมความ พร้อม ถ้าสมมติว่ามันเกิด cluster นี่จริงๆ ย้อนกลับไปดูประกาศของเรา และเตรียมความพร้อมของ โรงแรม เตรียมความพร้อมในพื้นที่ก่อน มาตรการเดิมของเราก่อน ในโรงแรมก่อน 2. อ้างอิงจากตัว ของจังหวัด ว่าจังหวัดที่ประกาศออกมาใช้เนี่ย เค้ายังมีระเบียบเดิมอยู่รึปล่าว แล้วเรายังอิงจากตรง นั้น ถ้ามี 2 จุดนี้ ผมว่าเราเอาอยู่ ส่วนเรื่องการทำการตลาด Sales & Marketing ไม่ต้องไปคำนึงถึงมัน มาก ถ้ามันมีระลอก 3 สมมติจริงๆมีระลอก 3 เข้ามาปั๊บ ส่วนกลางเค้าจะเป็นคนแจ้งออกมาก่อน คน ที่จะเดินทางหรือลูกค้าที่มาจากต่างจังหวัด เค้าจะรู้ตัวของเค้าก่อน เรา...โรคก็กลัวแต่เงินเราก็อยาก ได้ ถูกมั๊ย เรายังต้องไปบอกเค้า เรามีมาตรการอย่างนั้นนะคะ ถ้าคุณคิดว่าคุณปลอดภัย คุณพร้อม เดินทาง มาเลยครับ ถูกมั๊ย ครอบคลุมมั๊ย

## APPENDIX E

### The Transcription of International Upscale Chain Hotel (I1)

**Interviewer:** From the impacts of COVID-19, what are the main focuses of the hotel?

**Interviewee:** For us, it's a holistic approach. The key thing is how we drive the business through this pandemic. The biggest challenge is you cannot just drive on hop and see, you need to take the overall impacts into consideration. So, I have made the slide up for you. You know a pandemic now, no one has experienced, and it has been quite a long stretch. It's not only 3 months. Most of the hotels have enough cash funds to go through 3 months, but now coming into 15 months or quadrant 2 one and a half years. It's really challenging to get through. So, the key aspect is to drive the business forward in a sustainable way, and that's why I'm saying the holistic approach is very important. If you look at the slide, our holistic approach focuses on the three different subjects. This is our roadmap or strategies to recover. When you see our strategies, we are focusing on the domestic market. We are driving that with Facebook, Nok Air, Megatrix to drive business to the hotel. We are focusing on the international market which is our OTAs, packages (the Sandbox Packages for 7 days, 14 days), we are working with star connectivity and no static contracts, and then we are focusing on the different markets. So, the first two months we focused on Israel and UAE, Europe, UK, and US. Korea which is one of our key markets, we focused at the latest stage because that's not ready yet, they are not ready to fly. On people side, we are looking at the workload. We have long shifts, one personal shift, reservation 7 days a week. So, this is where the challenge is what we have with the team because the team has been reduced, people went back to their provinces just now they can't come back. So, we have to reduce workforce. The SHA Plus process, the Sandbox but don't take that into the wrong context. We love the Sandbox, and it's the right thing to do for Thailand, but this had caused a lot of increased processes. These processes are changing daily because of the something new the Government introduced, and then from there, we started, and then they changed it. So, we need to update the team and we were working 24/7. So, you told in the afternoon, they need to make sure to go to the night shift, go to the morning shift, come back to the afternoon shift. And then a new change comes in. So, it's a challenge to up heat with all these changes. But as I say, Sandbox is really critical for us to survive. Another part is our culture. We have an empowered culture which started 3 years ago. So, let's hierarchy more people

are empowered to do and to make decisions, but we faced as well a lot of resignations because of they know we are getting too tough and opportunities starting up with all the hotels. So, we see now a lot of hotels are reopening, and they are looking at people who are working in hotels. Experiences go in through this. I'm losing key people because they said...well I get a better opportunity, career growth, or financial growth. So, this is our risk, so we focused on that. The infrastructure, you know we have been closed, parts of the buildings have been closed for 15 months, so we need to maintain. Because financial cash flow is tight, you can't just replace everything. So, in data, big challenges as well to make sure we have the rooms ready where we occupy the guests, but then we have a certain amount of rooms which are not occupied, but we need to maintain them as well otherwise when the business comes back, we are not gonna be ready. So, this is what we are focusing here to ensure that we have... and you know linen, towels, sheets, and face-towels. This is the same challenge where we had a 90% occupancy for 2 years running this hotel, and then suddenly we were dropping down to 10%. First, we were closed 3 months (April, May, June), and then we were coming back with occupancy of 10%. So, the beginning, we had enough linen, but now the linen is getting used over a year, so we need to start replacing linen as well, which means extra costs to the business. So very challenging part, this is where we are looking at not just occupancy rate. We are looking at holistic approach. If we are doing with occupancy too much, we'll be struggling with people. We won't be able to upgrade the infrastructure. For us, the key part is our strategies built that we can holistically get the right price and the right occupancy that we can cater with the people and then at the same time can do the upheav of the other building to grow. So, we're not keen to do 100% of occupancy because we're not gonna be ready, and that's gonna cause detrimental impact to our guests' experience which then go on OTAs, Tripadvisor, Google Reviews, and much much more. So, this is where it's critical that you know we have a holistic approach to how we drive business. So, our occupancy has dropped significantly and will be high. If I look at the market, this's called "STR" Smith Travel Review, that's a global comparison for hotels. In the current, we were traveling behind in occupancy by about 10%, but our rights are much higher. So, in that aspect, that was our strategy we don't wanna have cheap price and high occupancy, otherwise we're not able to pay them. The big impact in hotel operations is the costs to operate. Cost to operate is manpower, linen, amenities, and power. So, we're quite few the hotels, my costs are little high for

the low rate. So, we're struggling our rates against the occupancy that we're then able to manage our business. Is that answering your questions?

**Interviewer:** Yes

**Interviewee:** So, that's really the key part, and you see this in terms if you go to Booking.com at the moment, you picked up five-star hotels, you can pick them up for below 1,000 baht. They have a different strategy than what we have. Everyone has a different strategy and that's why you see how they represent themselves in the market. So, for us, we defined this approach to move forward. We need to have a balanced approach between these three to be able to drive us. If you just focus on fill this hotel, the people will fall, and infrastructure will not be able to keep up. If you're just focusing on people, we're not gonna have the business. If you're just focusing on infrastructure, we have no more money to pay the people and drive the advertising. So, that's why it's important. One part is looking after the other. Hence you see our rates if you're looking on Booking.com, our rates are a bit higher than a lot of the competitors. But for us, it's a balance. Everyone has a different strategy.

**Interviewer:** So, normally who are the main targets of the hotel?

**Interviewee:** For us, every month is different. So, in 2018 and 2019, every month is different, and that's how we got a 90% occupancy. If you talk with the other hotels, they have December, January, February high, and then after Songkran, they come down to 40%, 50% occupancy, and then in July, August, it goes up but rate is not going up just occupancy rate comes to 60-70%, then it's around September and then October, European autumn holiday starts, and then it comes to high season November back to December. Our hotel is different. We do not do contract with wholesalers. We focus only on OTA market, and with that, we've been able to fill the hotel 90%. So, December, January, February, our main markets are Europe, US, then if we go into April, it's changed to domestic market, in May is Korean market, and June as well. And then, from July, August will be Middle East, Saudi, and Israel market. And then in September, October, we start with Europe again. So, that's where the difference is. Wholesalers, they have to rate in the book, but they're not really flexible to change. For us, because with direct only, direct connectivity, less contract, no static contract, right? So, we were able to manage the business by the demand and geographic market.



**Interviewer:** Now, we're gonna move on to the management strategies. Would you mind tell me the story that at the beginning of the pandemic emerged in Phuket in April starting from the first case reported. Are there any impacts to the hotel?

**Interviewee:** No, for us, I sent the first email in January 2020 to my corporate office and say guys this is speaker than what we see. This was in January, last week of January. We already saw there was a changing in the market. The news in China was scary and we started at the beginning of February to have change. So, you know when I say before we have 90% every month. In January, we still have our 90%, and we were ahead of budget, but then in February, we dropped down to 72%. In March, we came down to 25%, and then in April we were forced from the Government to close. So, for us, it didn't start in April. Our approach here was already first week of February we started to make changes. So, when we see something is not working to plan we react. So, we didn't wanna wait to be shut or what are we doing now. We started to look up here what are we doing, and the funny thing was in February when I called back to the office which is in Australia and say guys this is speaker than what you guys understand. This has a bigger impact, and they just said "this is China, take different markets", and we said "we do". But we still see it's not coming and it's getting bigger. Then, in February, we started to close outlets and reduce services, and we've asked staff to take unpaid leave to reduce the cash flow impact to our owner. The team was very good, they supported us. So, this was right, but then we have March coming and they got worst, and then we have closure. In February, we already started to make all the requirements to adjust the business because you cannot just wait and see. So, for us the big impact is always to make sure pay.

**Interviewer:** Do you have a special team to handle the situation? Like are there any COVID manager?

**Interviewee:** Yes, we have a crisis team to then with the management to start looking how do we drive this, how do we make this happen and that's why we've got to support from the team to go through. So, this is every week. This is the first one which we've done end of January in the week of the 28<sup>th</sup> of January. So, we're talking about the cancellations from the 14<sup>th</sup> through the 26<sup>th</sup> of January. We had 7 million cancellations in room nights, 453 for change, 679 room nights for February. And then from there, what we're doing and how we're traveling. Middle East, so we're trying to push that. Marketing, we're moving from China to the Middle East market. We've then

talked to the business partner. Monitor competitor rate, OTAs, revise the cancellation policies, and so on. And this is week by week and then as you see every week is getting longer and changes. Every week there is more impact towards what we're doing. Prepare stock masks in HR in case situation is needed. So, we bought face masks we always have in our emergency kit. Tissue alcohol, hand sanitizer are for front desk and cashier station. This is already completed at the end of January. Cleaning guests' tables, hand drying, toilet taps, all the metal glass, hand tools with this infection, this was end of January we talked about this.

**Interviewer:** Last year?

**Interviewee:** Last year, before. So, you see for us, we took these steps way before the Government started to introduce.

**Interviewer:** Before the New Normal actually

**Interviewee:** Yes, this was still. Everyone was like... We started to look at employees. So, this is all stuff which we've gone through week by week, and you know... have updated and put in what we've done. And you know... we just continue to go through all the individual actions what we were doing, masks, alcohol, social media, as well to highlight that we're using these practices. And to reduce panic within the team to inform staff about what is Coronavirus include update on the daily briefing. Brief facts for department heads, so this was new for our employees, so we had to educate them develop them that they are not scared. So, this was ongoing until we were closed. So, and you are saying how has it changed from April, but for us it has changed since January already. So, you know, for us as an international company, we are understanding that we need to look outside of Phuket, we need to look in the global market what is happening. All crises are under risks in different areas can have a detrimental impact to our business. So from a risk point of view, we need to change and adjust and what we see with this document, we adjust this already at the end of January because we looked at signs what is happening on the outside. We saw oh that's something strange, and we started to plan, and we started to go in. So, we have processes in our risk management for you know natural disasters which can be flooding, which can be heavy rain, which can be storms, Typhoon, and Tsunami. But we still have the process if the Tsunami would happen again. If the Tsunami hits, how do we manage the guests, how do we manage telephone communication because we are far away from the center, food supply, transports. So, we have all these processes in place in our risk management. We've never had this pandemic as such, we had

the bird flu, we had SARS, so we had document about this, but when we saw this it's like hey this goes further. So, let's activate it, and let's go in. This is then with our HRD team and our risk team. We came through and we met every week with updated what's happening on our side, with updated what's happening from the Phuket Hotels Association. We kept in touch with the other hotel counterparts. Under this situation, we worked together. Where on the outside, we worked against each other, but behind we worked together. So, I'm working with my team in the hotel, I worked with my corporate office to get their fill on the market and the actions were taken, I'm working with my owner to keep them an update and understand. And we're working with our hotels here in Phuket to understand what they are doing and what we're doing. So, this is what we worked collaboratively to go through the situation. This was for us, we've already done this. The funny part for me is as a chief of corporate office, they said I gave you a different market, but for us, it was like no it's going no way. As soon as they picked Australia where the corporate office is, and in America where our mother company, then they started to react. Oh... you need to have sanitizers, oh...you need to have masks. We had these since January, you want some advice because it went to Indonesia, it went to Australia, and then they started to keep asking. But for us, tick here done, tick here done. We've done everything already. For us, this is important. We had then closed the hotel in April. We were forced from the government to close the hotel after our last group of guests had arrived. We were not allowed to take any more bookings. The hotel was closed, and we had the clear taker team here at the hotel 2 guards and 2 engineers, security, and a manager who stayed in the hotel and live in the hotel. In May, when the restrictions were eased, we then replaced the team because we're working 7 days non-stop here, so we released part of this team to give them a break. During May and June, we then started to prepare for reopening. We spoke to the owner how is the reopening looking, what were the strategies to go. So, then we started to make financial projection how we're gonna go, does it make sense to open (yes/no). So, our initial anticipation was we're opening in July, this is our soft opening, we get team members back, we trained them on the processes mask-wearing, sanitizing, cleanliness, and social distancing. We had cleaning training, so we've got through all of these, and we planned in July soft opening gained August domestic, September domestic, and then October we're also gonna get some international guests coming back for the high season. And we went that it's not the fact, Thailand was still closed. So, in that aspect, we fully worked with domestic market. And for end of December, we can do it. We

made financial breakeven for the GOP which is important, but then the second wave came in January, and then we had to recover and can back up again. The third wave came in April from Thonglor and Café del Mar. So, then we had May and June disaster, and then we started in July the Sandbox, it started to pick up again. July was looking good, August OK, but as soon as we had the new restrictions coming in from Thailand that there was high infection in Thailand that where we had the problems again. More cancellations and we had challenges to restart again. So that is the big key part. Coming back to July last year, besides just doing the training for the team, we then did 2 certifications one is the one from the government (SHA) Safety and Health Administration certification to make sure that the processes are there, and the other one is the Hotel COVID-READY which is the international certification. For us, it was important. We have the Thai government one already, but when the international market starts, we wanna have the international certification. So, we make the 2 certifications. And then we went back. You know there was changing in chemical for used, changing in processes what we do, changing in services. So, even in the time in February and March, we closed some of our outlets because it was not worth one. The pool bar, we were not serving anymore. We were serving at the pool if you ordered via the application, but we have no main power there. So, the guests have to order by phone, and then we deliver the drinks there like room service to the bar, to the pool, and so on. When you reopened, we had no more minibar. We had the fridge, but we were not stocking the minibar, and the guests said No! five-star hotel doesn't even have the minibar. And my team was just like oh boss, but you said that. And I said yes! You are staying with this. And I explained to the guest, yes, that's correct because you're coming here for a safe environment. Do you wanna have every day 2 persons extra coming to your room, the first person to check and the second person to restock? That's too much handling. If you wanna have a drink, you order it. Or otherwise, you're going to have extra people every day coming to your room. So, we're reducing the risks for contamination for you as a guest and as well for my team. So, with that, it is critical. In the beginning, our breakfast was A la carte, and just an A la carte then we saw we had a lot of waste because of people...I want this, a little bit here a little bit there. Then, we had a lot of waste, and then we saw that people had to wait, and people don't like to wait. So, what we did is we had a cold buffet. With the cold buffet, people ordered the hot items from the kitchen. Only the cold items that people could grab so they can start already. That was good, but then when the number increased, and then we started as well back to

cold buffet. We are adjusting by the number of guests. We're adjusting how we serve and what we do. So, if we have a small amount of guests, we do A la carte, if we have certain amount of guests, we do cold buffet. And if we have 30 rooms, then we go on the full buffet.

**Interviewer:** In February, before you adjusted the team, how many staff were working?

**Interviewee:** We used to have 280 team members

**Interviewer:** Until now how many?

**Interviewee:** Now, we have 90 team members working, but we have 150 team members under contract. So, 60 team members are not in the hotel working. They went back to their provinces. They kept the contract when the business comes back, you can call them, they can come back. But they say you know Phuket is expensive. It's too much to stay here. They weren't able to pay. So, in that aspect, they say no, we were going back to the provinces. But if the business comes back, you call us, and we'll be back. This is for us good because it reduces the cash flow, and liability, but then at the same time these team members have been trained, they know the culture of our resort, they know the facilities. If I have a new team member, I need to do 2 weeks on boarding on training and explaining. If I call the people from the provinces back, I have one day for them and say guys this is a new process, this is a new season, this is the rules which you need to abide with. This is how the guests impacted our change. They are very quick back into the system.

**Interviewer:** So, during the crisis, are there any benefits or the welfares that have to be cut in order to reduce the costs.

**Interviewee:** Yes, so...we did 3 options either we work and pay 50%, you go on unpaid leave, but you keep the contract, or you resign, ask for resignation. And we had a mix. You know 90 people are working here on 50%, then there is the group who is in their province, they're under contract but they're not paid, and then we have the team members who said that find another job with something else. So, that's it. And benefits which we've reduced, we have no more pick-up from Phuket Town, we reduced the meal sizes at the canteen. In our canteen, we used to have soup, salad, and three dishes to choose from. Now, we have the rice, a vegetarian dish. So, we still give a meal to the team members, but it's reduced from the variety what we used to have. That's the two major changes. So, the food which is important for everyone, and the pick-up from Phuket Town.

**Interviewer:** What's about the laundry? The laundry services

**Interviewee:** Same, No! You know, the benefits otherwise we didn't change, same as the holiday, the public holiday we didn't change. You know, we believe in the people. We understand that the business is suffering. So, we all took our pay cut, but on the other side you say as well any happy people to serve our guests, and then with the happy people, you then get the business running, and you see this when you go to the different hotels, you see some team members they're happy, they're engaged, they're looking after the guests. And the other team members just like they're doing their job, and that's the difference. That's why for me culture is important, and I have a very supportive team here and that's because we're supporting them. But we have been upfront and honest team from the beginning. So, in January we explained the financial impact we had and because the people understand it is not we're reducing your wage, oh we're chaining this, oh we're doing that. Continuously update that the team members understand why we're doing this, how we're doing this. So, this is where we are. So, annual leave we keep, and at one stage to come back people need to take a rest as well because it's the tough time at the moment, really tough time.

**Interviewer:** What's about the service charge during the time that the hotel close? Do they still get the service charge?

**Interviewee:** They do get the service charge but there's no minimum. So, the service charge received split by the team, but yes because you know we're collecting from the guests. So, this is what the team should get. The good thing as well we had the service charge, before split with 280 people now the service charge split by 90 people. So, the service charge is important part for them to come through.

**Interviewer:** You mentioned that you removed all the minibars from the room, until now?

**Interviewee:** Yes!

**Interviewer:** So, the stuff like the beverages since the first day that you removed. So, where did you keep it, or just sell to the staff.

**Interviewee:** No, basically we used it up in the hotel. So, the wine bottles, the whisky and so on there is no problem. And the soft drinks and the beers, we just transferred to the restaurant and used it up in the restaurant. And what we had stock which expired, we just used it in the staff canteen. We gave it to the team, we declared that and say guys this is expired. If you wanna have a Schweppes or Coke, you need to be aware of its expired, but you can have it.

**Interviewer:** So, what's about saving the power inside the hotel. Are there any actions?

**Interviewee:** You see this here, there's no aircon running. Elevators we run because elevators you cannot stop. So, even in April, May, June, we had to run the elevators once a day to go up and down because the elevators if you leave them sitting, there's no oiling on the car. So, if you keep the cabin at the ground floor, you turned it off. It's long-term damage to your elevators. So, you see here the aircons are not running, we're using this same as the villa lobby, aircons are not running. You see that this used to be aircon all day, breakfast, lunch, dinner, and outside people see to enjoy the beach. Villa lobby downstairs where you just waited for me same same aircon all day. So, these are cut what we've done, then with the team in the offices, we reduced the aircon usage. The team turn the aircon off a half an hour before they go home, they already turn the aircon off, lights are continuing to turn off. So, we've done a lot of reduction.

**Interviewer:** What's about any printings in the office? Have you cut any printings out?

**Interviewee:** No, because printing we've already looked that beforehand. This was for us not just now because we have a crisis where we're reducing. We've always done this you know...saving the environment, printing where we can. We've always done. I think the one big savings what we've done but that same this was not during COVID it was already pre-COVID. It's our hotel application. So, this is implemented since 2018, so this is an app where you can go through, in-room dining, you have the compendium on it, you see hotel information and activities, pools and spa, the hotel's map, experiences in Phuket you wanna book transportation, and special events. So, all these things are here. So, we stop prints put into the room. So, we don't have the compendium in the room anymore. This is something which is you know we implanted this in 2018 because we wanted to save paper, we wanted to save prints, and we understand that the guests today focus on the mobile phone. So, then we did it on the mobile phone today. So, this makes it way easier for them to go through.

**Interviewer:** Is this applied to all your chains?

**Interviewee:** No, it's for this hotel. It was my initiative to drive. Before hands, it was very successful, and many hotels adopted it. And you know because we've coached the team on this already, this was for us it's easy. So, we came into COVID, and then everything is like this. Some hotels have done QR codes some hotels have done apps. We were already on that.

**Interviewer:** Even they wanna like order some food. They can order from the app?

**Interviewee:** Yes, in every location they are. So, they can order everything on here, and they can communicate in their own language, and then our team has the other app. And then when our team saw it, we communicate with the guests directly.

**Interviewer:** So, all the restaurants during the time of the COVID last year, have you closed some?

**Interviewee:** Yep

**Interviewer:** What about the staff? Is there job rotation?

**Interviewee:** No, we do multi-tasking. So, when you finished the breakfast then they go and help front desk. So, this is the guests' tracks. And the guest saw, he arrived in the evening, we downloaded the app for him, and then we wrote "Good evening Mr.... and Mrs....). Kindly be informed that first swop test result is not detected, best regards. So, with that our team can communicate, and then we had orders as well.

**Interviewer:** So, the guests will have their own accounts, right? And when they finished, they will be charged to the room, right?

**Interviewee:** Yes, and then the guests can order as well, say oh I need some extra shower gel, toilet paper, and coffee. So, they just order through here, and the team picks it up and sends it out.

**Interviewer:** This is the first place that I see.

**Interviewee:** I know, we had this 2 years ago, and the people love it. So, it is something which is very different, and this is where hospitality is important that we adapt and change. Now, give you a different story, a GM 30 or 40 years ago, he was standing at the lobby, the people came back at 5 o'clock, 6 o'clock, they had drinks with the GM, and GM talked with everyone. Now, it's different. Now, I'm here for breakfast, when I came to pick you up, I was talking with my guests then I came down to pick you up and bring laptop here. That's the touch point with the guests and that is important. Whenever I was at the breakfast ground, I see that a lot of the people they were on their phones. So that well why does no one read it? When you do a check-in, and you give this to the guests. No one reads it, but when I do it through this, and then we have additional benefits we can make push notifications. It says hey! Happy hours if you see massage, the spa is not busy, it says hey! Extra discounts from 2 – 4 pm bookings today, and then we can push this out to all the guests. So, it's an advertising communication, and with that it's perfect. That really really helps.

**Interviewer:** What's about the maintenance that you've already mentioned for the aircon, they're gonna be run 3-4 hours, everyday right?



**Interviewee:** Nope, once a week.

**Interviewer:** Are there any rooms that have private swimming pools?

**Interviewee:** 152 rooms

**Interviewer:** So, during the time that you closed how do you maintain the water pumps at the swimming pools?

**Interviewee:** We reduced the operating time, but we still let it runs. These are different key reasons, the first reason is Phuket has a water shortage, so when we came into closure in April where all barriers closed we don't have enough water. So, for us, draining the pools and then refilling in July when we opened, cannot. The other part is the pump same as the lifts if we just let them rest for 6 months, it's not gonna work. And the other part is in-pools, they have water in them. So, we kept the pools running, we paid for chemicals, and we had a team who is cleaning the pools every day.

**Interviewer:** In the rooms, how often that the housekeepers come and clean up the rooms?

**Interviewee:** Daily, we have the rooms which are operating with the guests, we clean daily. And the rooms which are out of service at the moment, we clean them once a week.

**Interviewer:** So, what about the curtains?

**Interviewee:** The linens, we've taken out, but the rest were left because we maintained with the aircon, you know hotel will turn everything off, and just leave it. It's gonna have mole and smell, and if you have moles in the rooms, it's in the curtain, it's in the mattress, it's in your carpet, it's in everything. So, for us this was no option. And I have experienced when I went to Bangkok and Samutprakarn, and we came into hotel, they never opened the room, and when we came in...the smell, so we turned the aircon on and we left the room for 2 hours, we went shopping, we came back and then it was ok. But as soon as you turned the aircon off it was very bad. And that's why for us as a five-star hotel, yes you can save more money, and I had a lot of discussions with the owner and arguments with the owner. Yes, can save more money, but the long-term damage it's gonna cost you more than you keep going and keep the rooms running.

**Interviewer:** During the COVID, are there any parts that you do some maintenance?

**Interviewee:** Yes, you know during the closure we've done fixing of the pools, we changed the water. On the sink, the water taps, we bought a highly water efficient sink tap, and we've put these in all the rooms to save water in long term. We've done a lot of painting, aircon cleaning, and so on.

**Interviewer:** So, we could say that during the crisis, you take this opportunity to maintain and renovate.

**Interviewee:** Yes, we have not done massive renovations because we are the new hotel, but we've done our monthly up heat of the rooms, pumps cleaning, service things, we've done all of these during that time.

**Interviewer:** So, we're gonna move to the pandemic prevention.

**Interviewee:** So, before they're allowed to come to work, they have to go through the training sessions which is training on the chemicals, which is training on the PPE, training on the processes for their departments, and this is key for us. Now, with team members coming back they have to be vaccinated.

**Interviewer:** Once the guests checked out, all the rooms have to be sanitized with special chemicals, right?

**Interviewee:** No, we've been cleaning the rooms with special all the time. We're not having a special check-out. We have a chiller for viruses, so we used that for the telephones, for the remote controls, for the hands, for the toilet flush, for the sink taps, and so on. We're using that consistently. In the beginning, we kept the rooms 24 hours closed, and we only cleaned up 24 hours, but nowadays you know when you learned about the virus it only survives 8 – 12 hours. All our guests have been checked. If there is a case if we had an active case then we have procedures of 72 hours the room is untouched, and then after 72 hours clean. So, we had these processes in place. This is normal guest, this is guest where we had a detective case, different scenarios, different processes.

**Interviewer:** What about sales and marketing as you mentioned that Thai people normally the hotel focuses on social media, right?

**Interviewee:** Yep, we're driving the market by the demand you wanna create, so we've done a lot of Facebook advertising, Line App (so we have Line business account). So, we're doing a lot on this side, and this really depends for us which market we wanna talk to. When we had the domestic market, there was Facebook where we had the biggest returns, and that's why we focus. But then as well we target Bangkok market because it's our main source market, but then when we had the Thonglor cluster, we stopped it. So, May – June we didn't do advertising whereas in February - March we then changed from Bangkok to Trang, Surat Thani, Nakhon Si Thammarat. So, we're just focusing with our sales team what we're doing. We do as well residential rate for Thai residents

out of Bangkok, so we do special rates through Facebook for our guests. We had packages, we had special Sandbox packages, we advertised on the quarantine website for the packages. So, this is a different area depending on how the market is going that's how we focus on our business.

**Interviewer:** What's about the government support for the subsidy program?

**Interviewee:** Yep, "We Travel Together", it was absolutely amazing. Unfortunately, the government stopped it. And you know this is what I think, being here in Thailand I have my family in Switzerland, our family grew up in Australia. So, I'm looking what's happening in Switzerland, I'm looking what's happening in Australia, I'm looking what's happening in Thailand. I think Thailand had a very cautious but safe approach, and you know I think these support packages were fantastic for people to travel, supporting the hotel. We need to live with COVID right? Australia is going with the Zero Policy, and that's not working. We need to live with COVID. Even Singapore tries to do Zero Policy, it's now changing. And this is what I think to Thai Government has done right here for us in Phuket with the Sandbox. We've got immunity from vaccinations, we've got travel back in internationally, but in the safe way. Now, it is hard for the guests to come here. They need to get the SHA+ certificate, they need to get the swap test payment receipt, they need to get COVID insurance, and so on. So, there are a lot of pre-requirements, but in the end the guests want to come here, that's the guests we want because the guests who tend to come here because it's cheap as you can travel that one will cause traffic again. So, let them go to Spain, Mayorga, and we have a safe restart. So, I think as well with the SHA you know this SHA certification. This is not just hotels, this is restaurants, this is transport providers, this is tour operators, this is shopping centers, this is maybe theaters. So, Thailand has done that really well. In Indonesia, you know everyone has been doing a little here and a little bit there, no one has an approach. Here in Thailand SHA Certify, you know then you do the process. SHA+ I know the people here group immunity in this area is provided. And I think this is where the confidence for the travelers is different. If you look into other countries, you'll see a lot of advertising, there are a lot of videos how you get welcome, and they clean your pen and need to sanitize and this and that. One of the advertising for hospitals, they're advertising for an environment, but with our SHA Certification the guests know this hotel follows the process. So, I think in that aspect you know the Thai Government and TAT really have done a great job to build this platform that we now we slowly can grow. Yes, I would love to have a hotel back to 90%, I would love to have my 218 staff back and working with me to

create happy guests' stories. It's not realistic and it's better to do the baby steps now instead of opening, closed, and this is for us you know the challenge what we had is the domestic market. And this is what we're hoping now with the government closing the bridge, but there is no more domestic people coming in. It's tough for family, it's tough for people who you know wanna come back to work, and so on. But for the Sandbox, it's safe way to keep that going.

**Interviewer:** What's about the price that you are selling now? Of course, it's not the same price as before COVID. So, do you reduce like the amenities or services?

**Interviewee:** No, not in that aspect. So, amenities are same. We haven't changed this. If the guests pay 3,000 Baht for the room, they still have expectations, and if you pay 850 Baht for the room, you don't expect a lot, right? Only reduction, we have done is basically minibar. But we're serving you the minibar if you want. We're delivering to you 24/7. You wanna have the beer, you wanna have some nuts, you wanna have a club sandwich, you wanna have pizza, we delivered to you same as the drinks, but we didn't stock.

**Interviewer:** So, during the crisis, what is the most important matter for the hotel?

**Interviewer:** For me is the team. If you're looking after the team, the team will look after your guests and that will bring money back to you. Now, it's not financial rewards what we can do, but it's how we're working with the team, how we're supporting with the team. It's me as a general manager driving the car to get the guests to the room because the front desk check-in is busy, it's me as a general manager supporting the gardeners and cutting the greenery because we have such of abundant greenery to maintain. Normally, we had a 3 p.m. in the afternoon, we get together we called it the spiritual, and we get together from all different departments, we work together and have fun together. I think for me every crisis; the key is the people. If you don't look after the people, you have no one to support you. Another thing is it doesn't matter, you can be the most covered captain of a boat. If you don't have the team to support you, your boat is not going out of the harbor. And this is way for me to challenge is to make sure that we're supporting the team, we're here with the team if something happens that what it is. So, I'm 24/7 available for the team. It's a small thing which makes it different for the team. Financial we can't, that's what it is, right? We don't have enough cash flow, we don't have enough funding, so financially we can't. But the other thing we make it different. Being honest and being humble is critical in crisis situation. Every time, you need to be directive to lead and guide the team, sometimes we have discussions.

Sometimes you have to be directive, but then sometimes you have to be inclusive. At the time of the crisis, you need to show leadership and you have to be directive because everyone is looking after you. So, that is what I'm saying as a leader should be directive to give guidance that staff can follow, especially in crisis situations the team members just want to follow. In the lockdown, we had special dinner together and so on, and we had fun, it was tough. This is what I try to embed in our culture here. If we don't have a team, we don't have a hotel. So, number 1 in hospitality ... team. If you don't have a team, you aren't gonna succeed. The reason why this hotel has been successful before COVID, and now during COVID is because we have a team looking after the guests. We have 800 hotels in Phuket. Every hotel is offering the same. Some hotels have the seas, some hotels are close to Patong, but a hotel is a hotel. Everyone can build the same hotel, but the team is a critical part to be successful. So, if you wanna make it different that no one can copy, it's the service delivery from the team. And that is in crisis that the guests feel comfortable and safe. You'll see with our guests they're coming here for anniversaries, for honeymoons because they know we look after them for their special celebrations, and when they go home, they talked about us, they shared the experiences they had here because they love it. This is for us the best advertising. If you wanna be a successful hotel, you need to define what you wanna be as a hotel, and then you need to work around with your team to do the culture to look after this. You can implement whatever you want if the team is not behind it, it's not working. So, the team is the key in hospitality.

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