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COVID-19 prevention in hotels: Ritualized host-guest interactions

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Abstract

As COVID-19 prevention efforts have become normalized, conflicts between guests and hotel staff, who must adhere to government protocols, can have a serious impact on host-guest interactions. Drawing on interaction ritual chain theory, this research explores the ritualized mechanism of host-guest interactions during the pandemic from the perspectives of staff and guests. By combining video ethnography and interviews, this study identifies the ritual ingredients, processes, outcomes, and collective symbols of COVID-19 prevention measures. Based on the attitudes and performance paths of staff and guests, the interaction chain may become longer or shorter, and result in guests becoming “insiders” or “outsiders” and leaving the interaction space. An integrated model of host-guest interactions based on interaction ritual theory is proposed.

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Introduction

Hospitality and tourism businesses have been hard-hit by the COVID-19 pandemic (Sharma & Nicolau, 2020). Despite advances in preventive measures, consumers’ pandemic-related fear may have lasting effects on emotions and travel behavior (Williams et al., 2022). While many hospitality establishments went out of business, those remaining in operation face a sharp decline in customers and increased disease prevention costs, staff safety management, and potential conflicts in host-guest interactions concerning anti-epidemic protocols. As hospitality and tourism is a “people” industry, hotels need to maintain positive interactions between guests and staff, communicate COVID-19 safety measures, assure guests of a safe and pleasant stay, and ensure that staff and guests comply with pandemic prevention protocols.

Two years into the global outbreak of COVID-19, many safety measures and social distancing practices became the “new normal.” How have hotel staff and guests adapted to these new codes of conduct? As hotels are places for social interactions, host-guest interactions have undergone obvious changes before and after COVID-19. Before the pandemic, research on host-guest interactions focused on service marketing, customer relationship management, social exchange, and impact (Brady & Cronin, 2001; Helkkula et al., 2018; Lehto et al., 2020). After the pandemic, hotels adopted more technologies to reduce human interaction (Sharma et al., 2021; Yang et al., 2021). New interactions also emerged, such as temperature checks, travel history verification, and personal hygiene protocols. Have these practices become new “rituals” in hotels? If so, can they bring the same social solidarity, emotional energy, and collective effervescence as other ritualized interactions (Sterchele, 2020)?

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From a sociological perspective, religious ceremonies and ritualized activities are common in everyday life (Garry & Hall, 2015). Durkheim (1912) used religion as an archetype to explain how individuals can develop a collective consciousness by practicing collective rituals. Goffman (1967) extended the concept of rituals to daily interactions. Building on the works of Durkheim and Goffman, Collins (2004) developed the theory of interaction ritual chains. He clarified the mechanism of interaction rituals from a micro-sociological perspective and proposed that social interactions (“interaction rituals”) can generate emotional energy for individuals and solidarity within a group. These emotions are contagious and can be passed on to other people and subsequent interactions, thus creating an interaction ritual chain (Collins, 2004). Currently, empirical research on interaction ritual theory in tourism is limited, especially in the hotel context.

Owing to the COVID-19 pandemic, additional service standards emerged. These new practices have been examined through service delivery design and innovation (Seyitoglu & Ivanov, 2020; Sharma et al., 2021), while the social components of these interactions have not yet been considered. Under the threat of the epidemic, staff-guest interactions in hotels are likely to be more time-consuming and emotionally charged, as people hold contrasting COVID-related beliefs and practices. New measures also increase guests’ anxiety towards hotel stays and staff’s pressure to maintain a safe environment, which may jeopardize host-guest relationships. Nevertheless, the formation of new rituals may generate positive outcomes, from individual emotional energy to the use of this energy to bring about change (Simons, 2019). Interaction ritual chain theory explains both successful and unsuccessful interactions and how ritual outcomes are transmitted and recharged over time, which are highly relevant to hotel practices where routine and repetition play an important role in staff-guest interactions. Hence, the theory is useful in analyzing hotel staff-guest interactions in the context of the pandemic. Through ritualized interactions, hotels’ anti-epidemic measures may produce emotional solidarity and morality among staff and guests, create a greater sense of community amid crises, and facilitate future interactions.

This research examines COVID-19 prevention measures in hotels through interactional ritual theory, specifically the ritualized process, ingredients, outcomes, and guest participation. The project consisted of two stages. Stage I investigates how COVID-19 prevention measures have become ritualized from the hotel side. How were these anti-epidemic rituals formed? What are the key ritual elements and outcomes? Hotel staff may engage in staff-only rituals as well as “backstage” preparation activities to ensure that host-guest interaction rituals can be effectively carried out upon guest arrival (Goffman, 1959). As Stage I focuses on staff-only rituals and staff’s preparation of host-guest rituals, Stage II examines the interactions between guests and hotel staff. How do guests participate in COVID-19 rituals? What social emotions are generated? Will guest participation cause variations in the ritual and result in different outcomes?

This study used qualitative research approaches—video ethnography, in-depth interviews, and the Zaltman metaphor elicitation technique—to explore the mechanism of host-guest interaction rituals during COVID-19. Data was collected from an upscale hotel in a city in southeastern China. The findings can guide hotels on public health policy implementation while handling conflicts and promoting positive staff-guest interactions.

**Literature review**

**Host-guest interactions**

Host-guest interactions are essential in tourism and can occur in different contexts, including hospitality services (Liu-Lastres & Cahyanto, 2020). While many studies examined interactions between tourists and residents, interactions between tourists and service personnel might be perceived as more superficial and, hence, less researched (Joo et al., 2020). From a service marketing perspective, Moore et al. (2005) divided service interactions into three categories: customer-service provider interactions, customer-environment interactions, and customer-customer interactions, which were commonly used to analyze hospitality services.

**Service interactions**

During customer-service provider interactions, customers are the co-producers of service, and service encounters can be enhanced through customized service marketing (Dadfar et al., 2013). Wind and Rangaswamy (2001) pointed out that the information provided by customers would affect the quality of service they received. Research on customer service and interactions in hospitality also emphasized the quality of customer-employee relationships and interactions. Wu and Liang (2009) highlighted hotel managers’ role in providing regular training for employees on service quality. Specifically, employees’ attitude changes and responses could increase guests’ awareness of friendly and attentive services. Castellanos-Verdugo et al. (2009) identified the factors that influence employee-customer relationship in hotels. Interestingly, they found that service providers’ attributes (i.e., appearance, expertise, and experience) have the strongest impact on relationship quality, while understanding customer needs and conflict resolution did not have significant effects.

Customers also interact with hospitality service environments. Among customer-employee, customer-environment, and customer-customer interactions, Wu and Liang (2009) found physical environment factors to have the strongest influence on consumer experiential value in luxury hotel restaurants. North et al. (2003) compared the effects of playing classical music, pop music, and no music in restaurants, revealing that classical music led to higher customer spending. Countryman and Jang (2006) identified five atmospheric elements of hotel lobbies, and found color, lighting, and style to be significant predictors of guests’ overall impression of lobbies being beautiful, inviting, and comfortable. Another study focused specifically on the colors of hotel rooms (Siamionava et al., 2018). Using an experimental design with room colors under different levels of saturation...
and brightness, the study showed that blue hotel rooms were viewed as more pleasant to stay, but red rooms were associated with higher levels of arousal.

For customer-to-customer interactions, Huang and Hsu (2010) argued that tourism research focused more on tourists’ interactions with local people or service personnel, rather than with other tourists. Hence, they examined customer-to-customer interaction during cruise vacations, revealing that positive and negative interactions were emotional rather than evaluative, and interaction quality had a positive impact on cruise experience and vacation satisfaction. Miao and Mattila (2013) used psychological distance to examine the impact of other customers on customer experience and encounter satisfaction in restaurants. Although both positive and negative behaviors could elicit emotional responses from other customers, they found that other customers in close psychological distance would have more negative reactions towards negative behaviors. Lin et al. (2020) also studied the impact of nonverbal customer-to-customer interactions on customer satisfaction and loyalty in restaurants. The study showed that when customers exhibited friendly body motions, such as eye contact and facial expression, others might experience positive emotions. They also found that customers had different expectations of nonverbal interactions with employees and with other customers.

A hospitality paradigm of host-guest interactions

Existing research on host-guest interactions in hospitality largely relied on service management and marketing literature. Interactions are analyzed as service encounters between employees and customers, or customer-to-customer, with the goal of enhancing service quality (Nicholls, 2011). Lynch et al. (2011) argued that as a large number of hospitality studies emerged from business and managerial science, hospitality has been defined as the practices and provision of food, drink and accommodation, without addressing the essence and historical meanings of hospitality. Along the same line, Golubovskaya et al. (2017) called for a shift from the service paradigm to a hospitality paradigm when considering host-guest relationships, where the essence of simplicity can be expressed through generosity, altruism, and providing “safety and protection, friendliness, connectedness to cultural norms and traditions, as well as defining kinship, community and group identity” (p. 1285).

Within previous research under the service paradigm, some concepts reflect the spirit of hospitality. For example, empathy is one dimension in the SERVQUAL scale. Numerous studies have examined the role of empathy and rapport in hotel staff-guest interactions (Kim & Baker, 2019; Umashathan et al., 2017). Li and Hsu (2016) identified solidarity and harmonization as two of the three dimensions of hotel customer-employee exchange. They found that solidarity and harmonization positively influenced employee innovative behavior, while information exchange did not. Chou et al. (2021) discussed the importance of employees’ proactive behaviors when interacting with customers. They argued that service organizations could empower employees to engage in altruistic behaviors and serve the greater good, which would allow employees’ energy and care to be felt by customers. These studies reflect the emotions, altruism, and solidarity in host-guest interactions from a hospitality perspective. Through service interactions, enthusiasm and trust between staff and guests may contribute to positive emotions and behavior of both groups. Golubovskaya et al. (2017) also noted that through host-guest interactions with generosity and kindness, reciprocal relationships can be developed between staff and guests. Notwithstanding the importance of service in hotels, hotels differ from other service providers in the essence of hospitality. Customers are regarded as “guests” and hotels, as “hosts,” are obliged to provide care, comfort, ease, welcome, and safety to the guests (King, 1995).

With the emergence of COVID-19, hotels take on more responsibility in looking after guests. Anti-epidemic practices such as physical distancing, protective wear, and staying away from large crowds are antithetical to the core of hospitality, which is about “host and guest” and “coming together” (Rivera, 2020). Hence, hotel staff need to spend extra efforts to express their warmth and hospitality, such as showing positive facial expressions while wearing a mask (Song et al., 2021). Another characteristic of hospitality is the provision of security and comfort. Since the pandemic, guests became more concerned about safety and hygiene during hotel stays. Hang et al. (2020) argued that guests and hotel staff shared the same feelings of fear and anxiety during the pandemic, and suggested that hotels’ crisis communication should focus on these shared emotions. Srivastava and Kumar (2021) found that COVID-19 precautions in hotels (e.g., mask, sanitizer, social distancing) resulted in positive reviews and five-star ratings from guests. With increasing guest demand for safety and cleanliness, guests expect staff to showcase their commitment to safety and hygiene protocols (Jiang & Wen, 2020).

Given the changes in guest attitude and additional challenges for hotel staff due to COVID-19, more research is needed on host-guest interactions through the hospitality paradigm. A new perspective to explore the social and emotional nature of hotel staff-guest interactions in light of the meaning of hospitality is offered by Collins’ (2004) interaction ritual theory, which explains the mechanisms of social interactions and how emotional energy and solidarity are generated through the ritual process.

Interaction ritual chain theory

Ritual theory originated from religion studies. Durkheim (1912) observed that similar to religious rituals, any other type of collective rituals can produce collective emotions, and shared practices can unite individuals into a moral community. According to Durkheim, social solidarity is generated and maintained through repeated reaffirmation of social values and moral standards in collective rituals. Successful rituals also produce collective symbols or “sacred objects,” which can be emblems, flags, and objects of religious worship as well as ideas, words, gestures, etc. that are important to the group and markers of group belonging.

Goffman (1959) shifted Durkheim’s concept of rituals from big, collective gatherings to small, everyday interactions. According to Goffman, the way people present themselves in the presence of others can be viewed as a performance. The performer guides the response of the audience, and the audience will “often co-operate by acting in a respectful fashion, in awed regard for the
sacred integrity imputed to the performer” (p. 69). In this sense, these ordinary interactions in daily life highlight the shared values of a community or a group of people and are similar to Durkheim’s concept of ceremony—“an expressive rejuvenation and reaffirmation of the moral values of the community” (Goffman, 1959, p. 35). Moreover, Goffman (1967) identified deference and demeanor as basic components of ceremonial activities. Through demeanor, individuals display an image of themselves to others, in hope of receiving deference—acts of appreciation and regard, which generate sentiments of affection and belongingness. Goffman (1967) emphasized that individuals cannot give deference to themselves. Hence, the self is “a sacred object which must be treated with proper ritual care,” and through ceremonial demeanor and deference, “a constant flow of indulgences is spread through society” (p. 91).

Informed by the works of Durkheim and Goffman, Collins (2004) explained the mechanism of social interactions, solidarity, conflicts, and changes in group membership in his interaction ritual chain theory. Seeing “emotional solidarity with a group as the primary good in social interaction,” he argued that individuals are rationally motivated to optimize their behavior to acquire more emotional energy and membership symbols through various interaction rituals (Collins, 1993, p. 205). According to Collins (2004), shared mood, mutual focus of attention, bodily co-presence, and barrier to outsiders are required for interaction rituals to take place. Feedback loops are formed and maintained through rituals, resulting in individual emotional energy, group solidarity, sacred objects, and standards of morality. Notably, the collective effervescence generated by interaction rituals does not last forever. Its effect can be prolonged “when it becomes embodied in sentiments of group solidarity, symbols or sacred objects, and individual emotional energy” (Collins, 2004, p. 36). Collins described these symbols as batteries. They can store the “electricity” (e.g., emotional energy) of interactional rituals temporarily, but need repeated rituals to be “recharged with feelings of solidarity” (p. 151). The individual energy that participants feel will also fade and need to be recharged by engaging in subsequent ritual interactions. Thus, rituals must be performed regularly to sustain their emotional significance and group solidarity, resulting in “a chain of self-reinforcing interaction rituals” (p. 95).

Interaction ritual theory has been utilized to examine how rituals influence product consumption. Brown (2011) used interaction ritual theory to show that rituals and emotions could mobilize ethical consumers to buy socially responsible products. Cowan and Spielmann (2017) found that product-related rituals could transform the consumption practices of luxury brands. Specifically, open rituals focused more on the product (i.e., champagne) and the brand, whereas closed rituals revolved around the occasion (e.g., weddings). Bargeman and Richards (2020) proposed interaction ritual theory as a new approach to study tourism practices. Analyzing tourism activities as rituals, they developed a conceptual model showing the actors, ingredients, and consequences of interaction rituals in cruise tourism. Joo et al. (2020) identified three settings where interaction ritual theory can be applied in tourism, namely religious tourism (Joo & Woosnam, 2020), sports tourism (Cottingham, 2012), and event tourism (Simons, 2019, 2020; Sterchele, 2020). Apart from tourists, residents’ social emotions and reactions towards tourists and tourism can also be explained through interaction ritual theory (Joo et al., 2020).

The literature review suggests that the use of interaction ritual theory in tourism research is fairly recent, and has not yet considered host-guest interactions in hotels. The pandemic has brought new interaction rituals, such as temperature checks, hygiene measures, and identity verification, to hotels and other service establishments. These measures may create tensions and conflicts among staff and guests who hold different views regarding the implementation of top-down regulations. Moreover, with tighter security in hotels (e.g., single entrance, separate entrances), the sense of boundary between insiders (i.e., ritual participants) and outsiders becomes more obvious as a setting for interactional rituals. Interaction ritual theory provides a framework to explain the actors, context, ingredients, and outcomes of service interactions in hotels, particularly during the COVID-19 pandemic. Specifically, group solidarity and morality are common consequences of successful rituals, which may facilitate future staff-guest interactions and provide possible coping mechanisms against the pandemic. New rituals may also result in conflicts, as they are imposed by the government and can be understood differently by individuals. As such, more research is needed to investigate the process and outcomes of anti-epidemic rituals in hotels.

Methods

To examine the rituals of COVID-19 prevention in hotels, qualitative methods were adopted, including video ethnography, the Zaltman metaphor elicitation technique (ZMET) (Coulter & Zaltman, 1994), and semi-structured interviews. This study consisted of two stages. Stage I focused on COVID-19 prevention rituals from the hotel’s perspective, and Stage II explored the patterns and changes brought by customers’ participation. An upscale hotel in a city in southeastern China was used as the study site. Data were collected between November 2020 and June 2021.

Stage I

Stage I explored how the hotel’s COVID-19 prevention measures were ritualized and implemented through video ethnography and ZMET. Visual ethnography integrates visual technology to collect rich visual data, such as images, photos, and videos, along with qualitative interviews and observations (Sakellariou et al., 2020). Traditionally, images and photos have been used during interviews to evoke participants’ thoughts, feelings, and memory, and help participants articulate complex experiences (Harper, 2002). Going beyond photos, video ethnography uses video recordings to highlight the physical practice of human behavior (O’Regan et al., 2019). In this study, hotel employees were asked to take videos to showcase their COVID-19 prevention practices at work, and ZMET interviews were conducted to elicit their thoughts and extract the key metaphors of COVID-19 rituals as perceived by employees (Coulter & Zaltman, 1994; Zaltman, 2003). Traditional ZMET interviews utilized images. This study used
short video clips and screenshots to conduct ZMET interviews. As this study focused on social interactions, videos could better capture the actions of hotel staff.

The ZMET process was conducted in four steps: 1) participant selection, briefing, and video data collection; 2) video analysis and screenshots; 3) in-depth interviews with hotel staff (i.e., the videographers); and 4) transcription and data analysis (Hancock & Foster, 2019). First, research subjects were selected from different departments and positions through purposive sampling. Participants were asked to shoot several short videos and narrate the videos to explain the hotel’s anti-epidemic practices. Second, the video recordings were analyzed. Researchers documented the video lengths, transcribed the narration, and captured key screenshots from the videos to prepare for subsequent interviews. Third, semi-structured interviews were conducted with videographers following the key questions of ZMET interviews, including storytelling, missed issues, metaphor probes, and vignettes (Coulter & Zaltman, 1994). Finally, the interviews were transcribed and analyzed to identify key constructs to create a consensus map. Guidelines were provided to interviewees to ensure that the video shooting adhered to the participants’ privacy protection. A total of 119 short video clips were obtained, and 11 interviews were conducted. Table 1 presents interviewees’ profiles and the number of videos from each department.

Stage II

Stage II involved semi-structured interviews to capture hotel staff and guests’ perspectives. Interview questions covered the interaction processes of COVID-19 prevention, positive and negative experiences, and changes before and after COVID-19. Different questions were designed for staff and guests. Hotel employees were recruited through purposive sampling, including managers and frontline positions. Twenty-four staff interviews were conducted. Convenience sampling was used for guest interviews, and fourteen interviews were conducted with guests who stayed in the hotel during the pandemic. Table 2 presents the profiles of the interviewees in Stage II.

Data analysis

The interview data were transcribed, coded, and analyzed with the help of MAXQDA2018. As the study was guided by interaction ritual theory, analysis of Stage I data followed a deductive, “directed approach” (Hsieh & Shannon, 2005). Initial coding categories were identified before the analysis based on the key ingredients and outcomes of interaction rituals (Collins, 2004). The data was first coded based on the key concepts in interaction ritual theory. In the process, new codes that emerged from the data were analyzed to determine if they were new concepts or sub-categories of existing concepts/categories. Lastly, the key concepts were linked and organized into different stages of the ritualization process.

Stage II interview data were coded using a grounded theory approach (Strauss & Corbin, 1990). The coding process involves open, axial, and selective coding, through which concepts are connected to generate theories. The data were first sorted into positive and negative staff-guest interactions and then assigned labels through open coding. Each transcript was read several times, through which important terms and meaning units were marked and labeled as initial codes. Next, by systematically making connections between the initial codes (e.g., causal conditions, context behind the phenomena, strategies, and consequences), core concepts were identified through axial coding, including the causes of positive and negative interactions, interaction processes, and successful/unsuccessful outcomes. Finally, staff and guest interview data were compared and cross-examined to identify the structural relationships between core concepts and the overarching categories. Three overarching categories were formed to explain the process, different pathways, and consequences of staff-guest interaction rituals during COVID-19 prevention.

To ensure the trustworthiness of this research, interviews were conducted in two stages with different approaches—ZMET and regular interviews—to achieve method triangulation. Moreover, staff and guests were interviewed to obtain multiple viewpoints. Further, guest reviews of the case hotel on Online Travel Agency websites from January to December 2020 were collected to

| Interviewee code (Department) | Interview code | Interviewee Age | Interviewee Gender | Number of videos | Average video length (s) |
|------------------------------|----------------|------------------|--------------------|-----------------|------------------------|
| A (Food & beverage)          | 25             | Male             | 16                 | 10.9            |
| B (Rooms)                    | 23             | Female           | 7                  | 13.5            |
| C (Security)                 | 24             | Male             | 12                 | 8.1             |
| D (Public area)              | 25             | Female           | 5                  | 9.4             |
| E (Reservation)              | 26             | Female           | 11                 | 10.4            |
| F (Human resource)           | 24             | Female           | 9                  | 11.5            |
| G (Sales)                    | 23             | Male             | 10                 | 12              |
| H (Front office)             | 21             | Female           | 11                 | 13.3            |
| I (Purchasing)               | 28             | Male             | 7                  | 12.6            |
| J (Cost)                     | 29             | Male             | 8                  | 14.8            |
| K (Marketing)                | 32             | Male             | 7                  | 10.7            |
| L (Gym)                      | 29             | Male             | 7                  | 12              |
achieve data triangulation. In the coding process, Researcher A constantly compared the data and checked guest comments to ensure credibility.

Findings

Stage I

From the video clips and narration, the rituals of COVID-19 prevention were identified. Interviews with hotel staff further revealed the key elements and outcomes of interaction rituals, including bodily co-presence, shared emotions, symbols of social relationships, and morality standards (Collins, 2004).

Typical rituals of COVID-19 prevention

This study documented COVID-19 prevention measures in hotels. The videos by staff from different departments are summarized below:

- **Supply/equipment preparation:** Thermometer; masks; hand sanitizers; disinfectants
- **Increased cleaning and disinfection:** Restaurants; rooms; public areas
- **Temperature checks:** Guest entrance; restaurants; employee entrance; delivery entrance
- **Social distancing:** Physical dividers; when queuing; with guests, clients, suppliers, deliveryman
- **Providing personal protective supplies to guests:** Masks; hand sanitizers
- **Face-to-face communication:** Checking and verifying guest identity/travel history/health code; reminding guests to wear masks
- **Phone communication:** Checking guest itinerary; explaining new procedures; cancellation/refund

Some practices occurred backstage, such as cleaning and interactions between staff or with suppliers/deliverymen, and can be considered staff-only rituals. However, similar measures (e.g., temperature check and social distancing) are required in staff-guest
interactions. These processes showed the mutual focus of attention in rituals, although ironically, the mutual focus was “to keep a distance” from others. According to Collins (2004), interaction rituals vary in intensity. Building on Goffman’s (1963) concept of unfocused interaction, Collins explains that even when people do not seem to be interacting, they pay attention to one another through “tacit monitoring, to make sure nothing abnormal or threatening is in the offing” (p. 23). During the COVID-19 pandemic, such monitoring becomes more obvious and a mutual focus of attention for people who share the same space. These rituals also created a clear boundary between insiders and outsiders. Photos of typical processes are shown in Table 3.

The videos confirmed that employees adhered to COVID-19 rituals: remembering protocols, focusing on COVID-19 prevention, and staying calm and professional. According to Interviewee_A, “prevention measures have become a regular work standard. When we advise diners, we go through the standardized procedures in our minds, provide sanitizer, take temperatures, check QR codes, etc.” Interviewee_A’s words demonstrated the importance of repetition in interaction ritual chains. Like religious rituals, social interactions must be practiced repeatedly for emotional energy and social relationship to be sustained. When interacting with guests, frontline staff repeat the same steps and take part in a series of interrelated ritual interactions with different guests.

Bodily co-presence

Through video narrations and interviews, employees emphasized being physically co-present with guests or the equipment during COVID-19 prevention rituals. The implementation of prevention measures was influenced by the physical presence of one another. Hotel staff paid attention to whether the required standards were met and implemented protocols through demonstration: “When meeting clients, we wear masks and keep a distance. Some clients are not used to this. However, we still take the initiative to keep social distance, wear masks, and speak loudly” (Interviewee_K). Interaction frequencies were frequently mentioned in the videos:

Video 03 (restaurant):
Narration: All guests must use the disinfectant before entering the restaurant because of COVID-19.
Interviewee_A’s explanation: The restaurant manager persuades diners who do not use disinfectants.

Findings highlighted the importance of physical co-presence in COVID-19 prevention rituals. By being co-present with guests, hotel staff can demonstrate the standards and convince guests to abide by the rituals.

Another type of “extended co-presence” can be observed given the unique characteristic of COVID-19. As the coronavirus can be transmitted through contact, people are increasingly aware of the indirect contact with others who were present in the same space earlier. Hence, some COVID-19 prevention rituals may require different parties to be “co-present” at different times. As shown in the following video:

Video 01 (gym):
Narration: Since the outbreak of COVID-19, the gym has remained open. The equipment has been disinfected with quaternary ammonium salt disinfectants daily and immediately after being used by guests.

Table 3

| Interviewees (Department) | Situation | Rituals | Video capture | Video narration/explanation |
|--------------------------|-----------|---------|---------------|-----------------------------|
| A (F&B)                  | Guests paying for meals | Queuing; Social distance (one meter apart). | ![Image](image1.jpg) | Explanation by Interviewee_A: The staff is doing a demonstration. In the western restaurant, guests are separated from one another by one meter when paying the bill, and there is a yellow one-meter line marked on the floor. |
| K (Marketing)            | Client meetings | Reception process; Social distance; Wearing a mask. | ![Image](image2.jpg) | Video Narration: During the pandemic, employees are required to wear masks and maintain a safe social distance during meetings with clients. |
| F (Human resource)       | Staff registration and declaration process after work | Temperature checks; Triple protection; Multiple verifications: paper and online. | ![Image](image3.jpg) | Video Narration: Every time we get off work, we will punch out at the security office to check our temperature, and after measuring our temperature, we will record our temperature on paper to report whether our temperature is normal. In addition to reporting our temperature on paper, we will also report our temperature on WeChat, and show the health code at the security office to achieve triple protection and multiple verification. |
Interviewee_L’s explanation: The staff wearing masks are using a disinfectant to wipe the fitness equipment after guest use.

Hotel staff were aware that they should keep social distance with guests yet showcase physical co-presence during environmental disinfection procedures. Guests may also wait for the disinfection rituals to be complete before they use hotel facilities. Employees’ physical presence promoted the implementation of anti-epidemic measures and strengthened their influence on guests.

Shared mood and emotional contagion
This study found that COVID-19 prevention rituals drove employees’ emotional energy. The tone of voice in the videos was relatively calm, and some were more enthusiastic, which reflected employees’ initiative and confidence. A key element of interaction rituals is a shared emotional state. The interviews revealed a chain of interaction rituals through COVID-19 prevention measures. The hotel provides staff with the necessary supplies to alleviate staff’s safety concerns. Through emotional contagion, backstage staff’s enthusiasm towards COVID-19 prevention rituals can be spread to frontline staff. Such emotional energy can then be shared with guests, which would, in turn, increase the staffs’ positive mood, creating a positive chain of interaction rituals and emotions. Interviewee_H described as follows:

To ensure the safety of staff and guests, the hotel keeps track of all COVID-19 supplies to ensure that they are delivered and used in different places. This gives employees a sense of security and confidence in performing their jobs, which forms a positive and stable mood. Then, the processes implemented at the reception can be understood by the guests, which also increases the positive working mood and employee motivation to implement COVID-19 measures together.

Nevertheless, COVID-19 prevention rituals also triggered negative emotions. Some interviewees mentioned the tensions and anxieties when implementing these procedures. One problem is the constantly changing policies and requirements. For example, whenever confirmed cases of COVID-19 were found, the regional risk level would change, affecting people’s health code status and requirements for traveling. According to Interviewee_H24, “colleagues around me have complained, mainly because of the changes in the regional risk level and delays in policy release. The information is asynchronous, which will cause colleagues’ anxiety.” Another issue is the variations in policy at different administrative levels: “there were complaints among colleagues that the government policy and the policy of the subdistrict were inconsistent, which is very difficult for us to handle” (Interviewee_H22). Policy changes and inconsistencies at different administrative levels make it more difficult for new interactions to become established rituals, which would require repetition. Despite these issues, interviewees generally agreed on the importance of epidemic prevention in the hospitality industry and performed their duties to implement the measures.

Symbols of social relationship
As disease prevention policies are conveyed top-down from the government, hotels must keep up with new guidelines, which increases the need to communicate with guests and explain the most up-to-date requirements. Based on the videos, this study found that symbols, such as texts, graphics, and gestures, play an important role in the communication process. Symbols can deliver information in a more intuitive form, which can reduce the cost of explanation and communication, and improve guests’ confidence when checking in and dining. Typical symbols of COVID-19 prevention are shown in Table 4. The “sacred objects” of disease prevention, such as masks, hand sanitizer, and social distancing graphics, are featured repeatedly throughout the hotel: “as soon as you enter the hotel, in the lobby, or guestrooms, there are very obvious COVID-19 safety signs. Some are posters, some are electronic displays, some are printed on paper. The information is posted everywhere, in very obvious locations. This is something that I could not imagine before” (Interviewee_H23).

Besides signs and items, some actions can demonstrate staff’s efforts and foster a sense of unity. Behavioral-wise, employees perceived mask-wearing and social distancing as the most important and easily recognizable symbols to identify whether people are insiders or outsiders in the ritual. According to Interviewee_H, “more important measures are wearing masks and maintaining social distance. These details are easier to identify... I agree with the hotel’s measures because epidemic prevention is very important. We don’t want to close the hotel because of our negligence.” While income was a practical concern, employees also saw the hotel as a group and did not want their behavior to jeopardize the group. Moreover, the symbols performed by the staff can enhance guest participation. As Interviewee_H23 observed, “the staff will have a certain influence on guests’ behaviors. For example, when they see that every employee is wearing a mask, guests will be more proactive and pay attention to their own masks.” These findings illustrate how the symbols of social relationships are formed and regenerated through interaction rituals, where employees can perform the symbols of pandemic prevention and guests can perceive and repeat these symbols, thus reaffirming their sacredness.

Standards of morality
Social distancing is the main challenge faced by hotels. Videos showed how social distancing was maintained at the reception, in sales meetings, and during temperature checks, which has become the new standard of morality in hotels and other social contexts. Interviewee_A explained that all guests were required to use hand sanitizers before entering hotel restaurants, and “every employee of the restaurant is responsible for every dining customer in strict accordance with the prevention requirements because of the pandemic.” Through COVID-19 prevention rituals, the staff developed a sense of moral responsibility towards the guests and
towards disease prevention, which is one of the positive outcomes of interaction rituals. New morality standards can help them guide guests to join the rituals.

Employees may perform COVID-19 rituals for different reasons. According to Interviewee_H22, “On one hand, there’s pressure from the government. On the other hand, it’s because of our own professional work ethics.” Interviewee_H23 commented on the uniqueness of the hospitality industry: “in the service industry, we are in direct contact with customers… Most employees in the hotel cherish this job, so it is our duty to implement the measures and maintain guests’ safety.” Apart from government regulations, a sense of moral responsibility to ensure guest safety was an important driver of staff’s actions. They actively performed the rituals in their role as a member of the hospitality industry. The interviews also showed that some staff had accepted and internalized the rituals: “The daily temperature and health status reports have become a fixed part of our work routine. People are gradually getting used to the temperature declaration and triple protection verification processes” (Interviewee_F). While new COVID-19 measures become more established as rituals through repetition, overly repetitive interactions may result in meaningless ritualistic behavior rather than successful rituals that generate energy and collectivity.

Based on Stage I findings, Fig. 1 illustrates the ritualization process of COVID-19 prevention measures in hotels, from top-down government regulations to becoming established rituals in the new normal. The process is explained in four stages: external stimulus, preparation, implementation, and ritual outcomes. These four steps show the ideal scenario of a complete interaction ritual.
First, COVID-19 is a global crisis. The pandemic and subsequent government regulations were the external forces that initiated the formation of COVID-19 prevention rituals. They created a shared mood among hotel staff (e.g., fear of catching COVID-19, anxiety over losing their job), and the staff paid more attention to creating a safe environment for themselves and guests. Shared mood and new focus of attention are considered the preparation stage, as these emotions emerge before the interaction ritual takes place. The preparation stage applies to both staff-only and staff-guest rituals. In staff-to-guest rituals, the preparation may take place backstage before staff-guest interactions. In staff-only rituals, some preparation work is also needed (e.g., by security and human resource staff) before certain rituals can be performed. Next, during the implementation phase, hotel staff noted the importance of being physically co-present with the guests to enforce the measures, and the use of positive emotional energy, such as calmness, confidence, and enthusiasm, to communicate and demonstrate the policies to guests. Through successful ritual interactions, emotional energy is transmitted to other ritual participants, generating group solidarity, collective symbols of COVID-19 prevention, and new standards of hygiene, cleaning, and social distancing. Lastly, these ritual outcomes can create a positive feedback loop when COVID-19 prevention rituals are performed repeatedly and their effects are strengthened and more widely accepted as common practices.

Stage II

Stage I examined the formation of COVID-19 prevention rituals as perceived by hotel staff. Although top-down imposed policies created tensions, employees generally comply with the measures, either deeply or superficially for the sake of their job (Hu et al., 2021). According to interaction ritual chain theory, social interactions are rooted in participants’ previous interaction experiences. As employees of the same hotel, there is likely to be an existing level of group solidarity among the staff, which may facilitate their engagement in new COVID-19 rituals. Hotel guests, however, may not necessarily have previous experiences. Hence, their participation in the rituals is more unpredictable and may result in negative outcomes. In Stage II of the study, positive/negative experiences of hotel staff and guests were compared to explore different pathways and consequences of staff-guest interaction rituals during COVID-19 prevention. The analysis revealed three themes: time, group boundary, and performance.

Time: long cycle and short cycle

COVID-19 prevention rituals were initially formed from the hotel side. When guests participate in the rituals, their different behaviors can complicate the interactions. From a temporal perspective, host-guest interaction rituals can be classified into long and short cycles, and the interaction length depends upon the complexity of the measures at the time and the degree of self-disclosure from the guests. The long cycle occurred more frequently at the beginning of the outbreak. At the time, guests’ fear and panic levels were high, and they were unfamiliar with COVID-related regulations. If guests provided false identity information, refused to provide travel history, or concealed the number of occupants in the room, the interaction time increased, with repeated communication and conflicts between host and guests. As described by Interviewee_H9,

In February, a local guest in his 30s checked in with a girl, but he refused to fill out the commitment letter and register under his real name and even provided false identity information. Consequently, the check-in process, which should have taken only a few minutes, was delayed for over an hour. We firmly insisted on real-name registration and relevant anti-epidemic documents. We all got tired of the process of communication and explanation. Finally, the guest took out his ID card and registered.

In short-cycle interactions, both hosts and guests shared the same awareness of COVID-19 prevention protocols. This was more common approximately six months after the outbreak. Besides hotels, COVID-19 prevention measures were required in other social settings (e.g., shopping, dining). As guests repeatedly experienced a chain of similar interactions, they became familiar with the process and outcome of these established rituals. Hence, guests willingly provided information and expressed their understanding of hotel requirements. Mutual trust and understanding between staff and guests can facilitate these processes and shorten the duration of future interactions. The interaction ritual was smooth, without disputes, and could achieve positive staff-guest interaction:

There was a guest from overseas—a foreigner who spoke Chinese very well—who came to check-in. He sent us a bunch of things, like the proof of his home quarantine. Later, on WeChat, I told him that we needed additional material, and he kindly provided it. He was very cooperative. I was deeply impressed and touched. Most guests are willing to cooperate and think what we do is good for them and a part of social morality. We feel it is comforting when guests tell us it is better to be strict.

[Interviewee_H9]

Interviewee_H9’s experience illustrates how guests’ understanding and support of COVID-19 requirements can transmit positive energy to the staff, and a sense of moral solidarity is generated through the interaction.

Group boundary: insider and outsider

Both long- and short-cycle interactions can result in successful ritual completion at the end. There is, however, a clear group boundary in host-guest interactions, and those who fail become “outsiders” and must leave the hotel. When guests, based on their personal beliefs or previous experience with COVID-19 rituals, share the same understanding and sense of morality with the staff,
interactions and guest experiences improve. Guests also take pride in their knowledge and familiarity with COVID-19 prevention. Interviewee_C7 worked in a state-owned enterprise with strict regulations:

> I work in an institution with higher prevention standards and demands than the hotel, so I understand COVID-19 prevention procedures. I was from a middle-risk area, took a nucleic acid test within seven days, and took the initiative to submit my travel history and health codes, so I finished it within half an hour, and the hotel sent me a package of disinfection products.

Interviewee_C7’s words demonstrate the effects of previous interaction ritual chains. Experience with COVID-19 rituals in his workplace facilitated ritual interactions with hotel staff. Interviewee_C13 appreciated the constant symbols of COVID-19 prevention seen throughout the hotel: "anti-epidemic measures were well implemented. Many reminders are shown on electronic screens. At the restaurant, we can see a clear division of labor among the staff. Everyone is assigned different roles, very professional." As guests become accustomed to the rituals, they have more appreciation for the staff’s efforts during subsequent interactions.

When guests are unaware of or reluctant to follow the hotel’s policies, conflicts arise and the interaction ritual may fail. Hotel staff recalled numerous instances where guests were unwilling to submit the necessary documents. It could be argued that these guests still presumed pre-pandemic interaction rituals, which valued privacy, confidentiality, and individual freedom as sacred objects. However, under new COVID-19 rituals, guests’ refusal to provide their real names and travel history would create a deadlock in the interaction. Hence, there is an obvious interaction boundary that distinguishes between two interaction spaces and outcomes. Those who understand and follow rituals become “insiders,” while others remain “outsiders” in the interaction ritual. Interviewee_C8 shared his previous experience at another hotel:

> I still clearly remember the day I checked in, because my record showed I traveled through Shanghai Pudong Airport, which had confirmed cases at the time. It took me an hour and a half lining up at reception. The receptionist was not clear about COVID-19 measures and told me to do different things. She first asked me to submit a nucleic acid test report and later said that I should register at the community hospital. This was an exhausting experience, so I left the hotel and went to another hotel.

Interviewee_C8’s experience demonstrates that conflicts and failed interactions can also result from changes in government policies and unclear communication from the staff. These conflicts create negative emotions. On one hand, the staff understood that some guests’ resistance was caused by sudden changes: “Some guests’ health code status will have new requirements, because of the emergence of high-risk areas in their itinerary. At that time, it’s common for the attitude and mood of the guests to be extreme. Some guests will cooperate, while others are not so willing” (Interviewee_H22). On the other hand, sometimes the guests’ extreme behavior would shock and anger the staff: “During the peak of the pandemic, we found one guest who was under quarantine still walking around in the corridor. Then we had to reprimand him sternly, and ask for additional disinfectants to sanitize the whole floor” (Interviewee_H23). Righteous anger for violations is another possible outcome of interaction rituals. When ritual symbols are violated, the “positive sentiment of moral solidarity turns negative, into righteous anger directed against the culprit” (Collins, 2004, p. 104). As such, guests’ disruption of the ritual generates anger from hotel staff. While the staff may perceive some guest behaviors as uncooperative, guests may also feel their expected rituals are “disrupted” as they are required to perform extra steps, which leads to negative emotions on both sides.

Performance pathways: managing ritual violations

Staff-guest interactions during COVID-19 prevention rituals can form different performance paths. As hotel staff are generally required to follow standardized procedures, their performance is more consistent and can influence guest behaviors through interaction rituals. According to Interviewee_H22, “in terms of influencing the awareness and behavior of the guests, we give out masks to guests, so that guests can put on the masks directly.” This action was perceived positively by guests: “hotel staff will actively offer masks and disinfectants to us for epidemic prevention, which is very warm” (Interviewee_C12). The staff’s efforts and dedication were also felt by guests, as described by Interviewee_C14: “during the outbreak, I feel it’s very tough on all the hotel staff, especially security who had to work in shifts. Sometimes when we checked in before dawn, they were still at their posts.” While staff check to see if guests are following COVID-19 protocols, guests also pay more attention to employees’ performances. Interviewee_H23 noticed that guests would check their own masks upon seeing every hotel staff wearing a mask, and “when cleaning, the guests pay more attention to our cleaning procedures.” Bodily co-presence and mutual focus of attention can be observed in host-guest interactions, and ritual participants’ emotions and behavior can influence others and result in smoother interaction rituals.

Hotel guests play different roles in the interaction. Some guests are familiar with the ritual process and cooperate with the staff. Others check-in with a resistant attitude, playing the role of justice from their perspective and emphasizing privacy, fairness, and freedom of choice. As a frequent traveler, Interviewee_C11 witnessed many conflicts between guests and staff: “In my impression, some guests were not willing to provide the travel code, some didn’t want to register their identity information, some people were stopped by the security guard at the elevator, some people wanted to secretly sneak into the room, all kinds.” When these attempts are not successful, guests respond with extreme emotions and disruptive behaviors, such as yelling and slapping the table. Resistance and exaggerated behaviors with maximum energy are performed to attract the attention of staff and bystanders. According to interaction ritual theory, when ritual violations occur, participants are likely to respond with righteous anger. It should be noted that even the dramatic emotions of ritual violators (e.g., guests unwilling to provide their travel history) can be explained by interaction ritual theory. Under the influence of pre-pandemic ritual patterns, some guests value privacy and individual rights, which were sacred objects in the pre-pandemic world. However, under new COVID-19 regulations, these sacred objects are
replaced by the notions of public health and collective safety, which triggers the righteous anger from guests to defend these sacred objects.

From the staff’s perspective, although they feel angry towards guests’ ritual violations, their job does not allow them to act out. Rather than reacting with outrage, they must perform emotional labor, remain polite, and attempt to include guests in COVID-19 rituals. Interviewee_H8 explained that even when guests were yelling and carrying out verbal attacks at her: “the only thing we can do is explain the government's and subdistrict's anti-epidemic policies to guests again and again.” While courtesy and empathy are important dimensions of service quality for many businesses, the essence of hospitality is further associated with warmth, care, comfort, friendliness, welcoming, belonging, taking care of guests, and making guests feel at home (Dawson & Abbott, 2011; Golubovskaya et al., 2017). Staff’s sense of moral responsibility developed through previous ritual interactions also supports them to react with care and patience. According to Interviewee_H24:

The difficulties were mainly those guests who were not very cooperative. They would yell at us, slapping the table and throwing things, which made everyone feel sad and aggrieved. We will be patient when these anti-epidemic measures influence the guests, and we hope they can cooperate with us. We can’t express our policies bluntly; we try to help and take care of guests emotionally… But most of the time, it’s the guests who lash out at our staff.

Only when guests do not abide by the ritual after repeated communications will they be asked to leave the hotel.

Besides hotel staff, other guests are also audience to the dramatized performance of those who resist COVID-19 rituals. Interviewee_C12 shared her experience: “One time, I couldn’t bear to see a guest making trouble out of nothing. The receptionist was a girl who was probably new at the job, so I helped her and said a few words. I think it’s better to avoid arguments during the pandemic. Life is not easy for everyone.” Interviewee_C12’s words demonstrate that following interaction rituals is perceived as a form of moral solidarity at difficult times such as the pandemic. The disruptive behavior of some guests also angered other ritual-participating guests. Interviewee_C14 argued that “if there are conflicts, it’s because the mindset of some people is still stuck in ‘before the pandemic.’ After the pandemic, we need to strictly abide by many procedures. If people don’t have a sense of responsibility and observe public order, they need to be banned. It’s for our collective interest.” Finally, after exhausting time and energy, resistant guests may choose to compromise and follow the script of interaction rituals, or exit the stage and become an outsider.

When conflicts arise, staff may provide compensatory measures to comfort guests and avoid negative outcomes. Interviewee_H24 shared one experience of a guest who blamed the hotel for not informing him to prepare a nucleic acid test report, and insisted on checking-in. Interviewee_H24 calmed the guest by offering him a seat and a glass of water, and explained that these measures were government requirements. Lastly, after checking with hotel management, the hotel was willing to cover the cost of the nucleic acid test, which was $80CNY (=12.5USD). As the testing center would close soon, the hotel even arranged transportation to take the guest to the nearest testing center. Satisfied with the hotel’s arrangements, the guest wrote a positive review online, praising Interviewee_H24’s professionalism. In another instance, a guest left a USA phone number in his booking information. Hence, hotel staff couldn’t reach him to inform him of additional COVID-19 requirements. Upon arrival, the staff couldn’t let the guest check-in, and helped him to book another hotel in another district with different policies. However, the guest was still very angry and came back the next day to file complaints to the general manager and the group head office. Although hotel staff can perform compensatory rituals, guest reactions vary and may still result in failed interaction outcomes.

**Integrated model of host-guest interaction rituals**

To verify the trustworthiness of interview data, data triangulation was utilized by comparing guest interviews with Online Travel Agency reviews during the same period, specifically comments related to COVID-19 prevention. The description of the check-in process was consistent with the interviews. In terms of positive reviews, some guests complimented on the efficient check-in process and anti-epidemic efforts of the hotel. Negative reviews centered on the long queues during check-in (due to problems with previous guests), some facilities being closed due to COVID-19, and sudden changes in epidemic prevention policies, which were also consistent with interview findings.

Based on Stage II findings, this study proposes an integrated model of host-guest COVID-19 prevention rituals that highlights the performance paths of staff and guests as well as the variations in ritual outcomes (Fig. 2). During the interaction, staff and guests perform according to their roles. The staff generally follow a scripted performance to communicate hotel policies and guide guests through the ritual. When facing disruptive guests, staff need to perform emotional labor and may offer compensatory measures to achieve conflict resolution and positive outcomes from the interaction. Guests, on the other hand, have different performance paths. Some guests had repeatedly positive experiences of COVID-19 rituals and agree with such regulations. The shared emotion, trust, and sense of morality they received from previous rituals allowed them to cooperate with the staff and follow ritual requirements. Hence, the interaction has a shorter duration and generates successful outcomes. There are also guests who disagree with COVID-19 regulations, or are still expecting to carry on with pre-pandemic rituals and thus are surprised by new requirements. These guests may engage in a dramatized performance with exaggerated behaviors and negative emotional energy. Feeling stressed by sudden changes, skeptical of the new ritual, and not sharing the same moral responsibility towards the ritual, some guests resist and do not fully participate in the ritual, which requires more negotiation efforts from the staff and results in a long cycle of interaction rituals. Finally, depending on staff and guests’ performances, these interactions may produce successful interaction outcomes and group solidarity, with guests entering as “insiders” of the group, or unsuccessful interactions with guests exiting as “outsiders.”
Discussion

Through video ethnography, ZMET, and in-depth interviews with hotel staff and guests, this research explored the formation of new interaction rituals in hotels and variations in ritual processes and outcomes based on different perceptions and performances. Video ethnography allows the researchers to observe the participants in the videos, including their facial expressions and tone of voice in the video narrations (Sakellariou et al., 2020), which can reveal their attitude towards the hotel’s anti-epidemic measures. Through the probing and comparison techniques in ZMET interviews, researchers can also capture the meanings and importance that interviewees attach to different COVID-19 prevention rituals (Hancock & Foster, 2019).

Guided by Collins’ (2004) theory of interaction ritual chains, the first stage of this study aimed to investigate how COVID-19 prevention rituals were formed as well as the ritual components and outcomes. Four stages were identified in the ritualization process: external stimulus, preparation, implementation, and outcome. Compared to festival or sporting event rituals (e.g., Cottingham, 2012; Sterchele, 2020), COVID-19 prevention rituals did not originate internally from hotel management. Rather, hygiene and anti-epidemic protocols were set by the government and then implemented by hotels. The key elements of interaction rituals were observed and further divided into preparation and implementation stages. Given the scale of the pandemic, hotel staff shared the same mood and a new focus of attention as they engaged in backstage preparation for the rituals. When implementing COVID-19 prevention measures, bodily co-presence allowed for positive attitudes and emotional energy to be felt by staff and guests, and symbols used in COVID-19 prevention improved host-guest communication. In the case of positive, successful interactions, collective symbols and group solidarity were achieved. After the first ritual interaction, the next round of interaction rituals can be improved and intensified based on collective symbols, group solidarity, and sense of moral responsibility between staff and guests.

Stage II of this study further examined how guests participated in COVID-19 prevention rituals. As hotel guests are likely to vary in their beliefs and past experience with COVID-19 rituals, their participation causes variations in the interaction rituals, generating different emotions and ritual outcomes. Findings revealed that based on guest emotions and performances, interaction ritual length may change, and the outcome may divide participants into “insiders” and “outsiders.” According to Quinn et al. (2012), interaction rituals can activate human energy within organizations. As the interaction process and ingredients change, the energy stored in the chain also increases or fades. In COVID-19 prevention rituals, changes in staff and guests’ emotional energy are impacted by changes in policy requirements, which causes conflicts between hosts and guests.

Fig. 2. An integrated model for COVID-19 prevention rituals in hotels.
Based on staff and guest interviews, an integrated model of host-guest COVID-19 prevention rituals was developed, which illustrated the different performance paths of staff and guests and variations in ritual outcomes. From the guests’ perspective, this study found that the dramatized performance of guests followed the stimulus-organism-response process (Treisman, 1960). First, some guests were agitated by COVID-19 prevention policies and wanted to resist, while others were willing to adopt new regulations. The different internal states of the guests, as shaped by previous interaction ritual chains, further influenced their responses and performances in subsequent rituals. When facing COVID-19 requirements, guest performances can be disciplined, or unbounded and disruptive (Ferguson & Veer, 2015). While some guests expressed their support and completed short-cycle interactions, others acted out with extreme emotions. These extreme behaviors not only disturb the staff’s work but may generate anger among other guests, as non-compliance to COVID-19 regulations puts other people at risk, which breaches one’s moral obligation towards others and weakens the collective solidarity produced through interaction rituals.

In the case of conflicts during COVID-related interactions, hotel staff felt a sense of righteous anger towards the guests for violating the ritual. However, they still displayed patience and emotional labor to communicate hotel policies to guests, which was consistent with the “repairing, declining, and apologizing” used by politicians to remedy potentially face-threatening interactions (Katila et al., 2020). Moreover, it was found that when some guests engaged in disruptive performance, other guests took sides with the hotel and might help to communicate with the resistant guests and obtain a better outcome in host-guest interactions. Guests’ perception of the warmth and positive energy from hotel staff and their own sense of morality derived from previous COVID ritual experiences prompted them to help the staff manage ritual violations from other guests.

Conclusions

Based on Collins’s (2004) theory of interaction ritual chains, this research proposes an integrated model of host-guest interaction rituals during the COVID-19 pandemic. Findings make several contributions to existing literature. First, while interaction ritual theory has been applied in various tourism settings, the interactions between hotel staff and guests were considered more transactional and have not been viewed as meaningful social interactions. The COVID-19 pandemic has created new and more complex host-guest interactions in hotels, which calls for a micro-sociological analysis and interpretation. During a crisis, emotions such as fear and anxiety, as well as issues of morality and unfairness, are more likely to emerge. To the best of our knowledge, this study is the first to examine interaction rituals in hotels, specifically during COVID-19. These empirical findings provide a new understanding of ritualized host-guest interactions, the flows of emotional energy, and the formation, process, and outcome of COVID-19 prevention practices. The outcomes of such rituals are shaped by the emotional energy inequality between hosts and guests, which comes from their previous ritual experiences and can be reinforced (or weakened) through new interaction rituals.

Second, the majority of previous studies on hospitality interactions utilized the service paradigm, viewing these interactions as service encounters and exchanges between customers and service providers. This study contributes to a better understanding of hotel staff-guest interactions through a hospitality paradigm—as the relationship between hosts and guests.

Analyzing COVID-19 interactions in hotels through the ritualized process of shared mood, moral obligation, and group solidarity sheds light on the unique nature of hotel host-guest interactions and the sense of obligation, reciprocity and protection, which reflect the essence of hospitality. Third, in recent hospitality and tourism research, COVID-19 prevention has been examined from the service quality, service delivery design, and product innovation perspectives. However, the sociological aspects of these interactions have not yet been explored. This study examined COVID-19 prevention practices as a chain of host-guest interactions and revealed how group solidarity was formed and sustained through interaction ritual chains, which are useful in holding society together in coping with the pandemic. Moreover, the different performance paths of staff and guests result in varying interaction times and outcomes. Findings offer insights on COVID-19 prevention in hotels from a micro-sociological perspective.

This study has several practical implications. Findings suggest that the key to improving host-guest interaction rituals is to find the sources of emotional energy and conflicts. During the pandemic, staff-guest relationships become more sensitive, and emergencies can occur at any time. Thus, in the implementation of host-guest interaction rituals, the hotel needs to identify potential conflicts in time, such as calling in advance to notify guests of potential changes and additional requirements needed for check-in. Hotels should also publicize their COVID-19 prevention measures. The channels of policy communication should be made public, and the message should build up positive emotion and focus of attention. Facing guests’ dramatized performance, the staff can show sympathy and understanding to reduce the negative emotions of the guests, and appeal to guests’ sense of moral obligation and collective solidarity towards the society. If hotel staff emphasize that these rules are imposed by the government, guests may comply despite not believing in these practices, which weakens the positive energy and collectivity generated through ritual interactions. The hotel can use collective symbols and reminders via various formats to reduce miscommunication and potential delays in host-guest interactions. Compensatory measures can be provided depending on the conflict situation.

Lastly, this study has some limitations. The long and short interaction rituals aligned with the timeline of COVID-19 outbreaks in China and might not be generalizable to other countries. Under the one-party state political system, high power distance, and low individualism culture in China, citizens are more likely to abide by top-down policy decisions and may be more accustomed to interaction rituals that celebrate collectivity over individualism. Moreover, data were collected from an upscale hotel, and the host-guest interaction rituals identified might not apply to midscale and economy hotels. Employees of upscale hotels may feel a stronger need to showcase the hotel’s high standards. Guests may also have higher expectations of the hotel, which influences host-guest interactions. Further research is needed to examine COVID-19 prevention rituals for other hotel types. Finally, while hotel staff repeatedly engage in the same rituals, guests may have multiple, varied experiences from previous interaction rituals in different hotels. For future research, guests can be asked to shoot videos during the current hotel stay, and researchers can
prepare additional photos (e.g., examples from other hotels) to facilitate the process of recall and comparison. This study lays the groundwork for future research on the optimization of host-guest interaction rituals within a broader hospitality context.

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CRediT authorship contribution statement

Keheng Xiang: Conceptualization, Methodology, Investigation, Formal analysis, Writing - Original Draft, Visualization, Funding acquisition, Writing - Review & Editing; Wei-Jue Huang: Conceptualization, Supervision, Writing - Original Draft, Writing - Review & Editing, Visualization; Fan Gao: Investigation, Formal analysis, Resources, Data Curation, Validation; Qin Lai: Investigation, Formal analysis, Validation.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary data

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