

**ORIGINAL ARTICLE**



# Post Covid-19 Standard Operating Procedures' Compliance and Guests' Perception in Hotels in Edo and Delta States, Nigeria

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## Abstract:

The main objective of this study was to examine how compliance with the post COVID-19 standard operating procedures (SOP) impacts on guests' perception of cleanliness, hygiene and safety and their re-booking intention in hotels within Edo and Delta states of Nigeria. The study further investigated how each of the four stages in the guests' cycle (pre-arrival, arrival, occupancy and departure) influences guests' perception. Four specific objectives and corresponding hypotheses were formulated to guide the study. The target populations were the employees and guests of the hotels under study. To gather primary data, a four-point Likert-type questionnaire was used. Univariate data analysis was conducted using descriptive statistics (mean and standard deviation). The stated hypotheses were tested using Pearson Product Moment correlation technique. Results of the analyses revealed that there was positive and significant relationship between the extent of employees' compliance with the SOP and guests' perception and their re-booking intention. It was also observed that there was positive and significant relationship between each of the four stages of the guests' cycle and guests' perception, leading to the rejection of all the four hypotheses stated. Results indicated that extent of employees' compliance with the SOP was moderate, while the level of guests' perception was also moderate. The study revealed varied levels of compliance among hotels and assessed attributes. Based on the results obtained, the researcher concluded that compliance level influences guests' perception and re-booking intention. Among other recommendations, the researcher recommended that Nigerian hotels should adopt and rigorously implement protocols for cleaning, hygiene, and safety measures, and follow the guidelines provided by health authorities and industry experts.

**Keywords:** COVID-19 pandemic; Employees compliance; Guests' perception; Re-booking intention; Standard operating procedures

## Introduction

### 1.1 Background of the Study

The COVID-19 pandemic, has posed unprecedented challenges to societies worldwide since its emergence in late 2019 (World Health Organization (WHO), 2020). The virus spread was rapid, and it resulted in substantial health, social, and economic consequences, affecting various sectors, including the hospitality industry. With the emergence of COVID-19, the industry faced unprecedented challenges, posing severe threat to the hospitality industry and the wellbeing

of its customers.

As the virus spread rapidly across the country, the Nigerian government implemented stringent measures to curb its transmission, including travel restrictions, lockdowns, and social distancing guidelines. These measures were aimed at reducing movement of people and limiting social interactions to prevent the virus's spread (NCDC, 2020). Travel restrictions and limitations on social gatherings led to a significant decline in both domestic and international tourism.

Hotels and other accommodation sectors experienced a sharp decrease in occupancy rates, with many establishments facing temporary closures or operating at minimal capacity. This situation led to significant financial losses for hoteliers, as they struggled to cover fixed costs and maintain their workforce (Nigeria Tourism Development Corporation, (NTDC), 2020).

The fear and uncertainty surrounding the virus and its transmission led to a shift in consumer behaviour which influenced them to prioritize destinations and accommodations that demonstrated strong adherence to health protocols and implemented robust safety measures. This shift in consumer behaviour highlighted the critical importance of maintaining stringent health and safety standards within the hospitality industry to regain guest confidence and ensure business continuity (Ivanov, 2020).

In response to the challenges posed by COVID-19, the Nigerian government, in collaboration with relevant health agencies, developed new guidelines and protocols, post COVID-19 standard operating procedures (SOP) to guide the safe reopening of businesses, including hotels and other accommodation establishments (McKinsey, 2020). These guidelines emphasized the need for enhanced hygiene practices, physical distancing measures, and the use of personal protective equipment (PPE) to minimize the risk of viral transmission. Within the hotel sector, front office and housekeeping departments played a crucial role in implementing and maintaining these guidelines (International Association of Convention Centres (IACC), 2020). Adhering to these SOP has become essential not only to protect the health and safety of guests but also to regain their trust and confidence in the hospitality industry (Forbes Business Council, 2021) as the implementation and compliance with post COVID-19 SOPs became a determining factor in the recovery and future success of hotels and other accommodations sectors. The level of compliance with these SOP influences guest perception of cleanliness, hygiene, and safety practices within hotels. To ensure the effectiveness of post COVID-19 SOP and to enhance guest experience, it is crucial to assess the level of compliance with these protocols within the hospitality industry in Nigeria. Assessing the level of compliance with these protocols will provide valuable insights for

hoteliers and policymakers to make informed decisions and implement strategies that prioritize guest safety and satisfaction.

## 1.2 Statement of the Problem

The outbreak and spread of covid-19 caught the whole world unprepared, hence, its devastating consequences on global economy. Nigeria was not spared. Reports were that the travel and tourism industry of which the hospitality is a sector was the worst hit (Obinna, 2021; Ugwu-Ezeugwu, 2023; Ko, 2021 ). Studies on the consequences of COVID-19 pandemic by Obinna,2021; Bello and Bello, 2021; Ugwu-Ezeugwu, 2023; and Umunah and Clement (2022) revealed that the COVID-19 pandemic significantly disrupted the hotel industry in Nigeria and globally, necessitating proactive stringent health and safety protocols to prevent possible future virus transmission and its consequent negative impacts (Gössling, Scott, & Hall, 2021).

Reports showed that the industry had not fully recovered, world-wide, from the impact of COVID-19 as at 2023 (ECBM Insurance Brokers & Consultants, 2023; Liu-Lastres, Huang & Bao, 2023; Guest Delight International, 2023). According to Guest Delight International (2023), as at May, 2023, occupancy rates were still below pre-pandemic levels and recovery remained uphill battle. Perceived risk of COVID-19 and its possible resurgence caused a shift in consumer behaviour.

With the hospitality sector in Nigeria already reeling from the impacts of the pandemic (Dania, Akintimehin, Okonkwo, Ozordi, & Olateru-Olagbegi, 2020), evaluating extent of compliance and guests' responses to the revised standard operating procedures (SOP) have become imperative to restore the travelling public's trust and confidence on the hospitality industry and for its quick recovery and survival. While hotels have widely implemented enhanced cleaning practices like frequent disinfection, physical distancing, and staff PPE usage to mitigate COVID-19 risks (Nwosu & Ayonmike, 2021), empirical evidence on the extent of compliance to the new SOP and guests purchase behaviours (guest perceptions) remains sparse in the Nigerian context, particularly in Edo and Delta states. In this study, the SOP compliance (independent variable) is decomposed into four stages of the guest cycle,

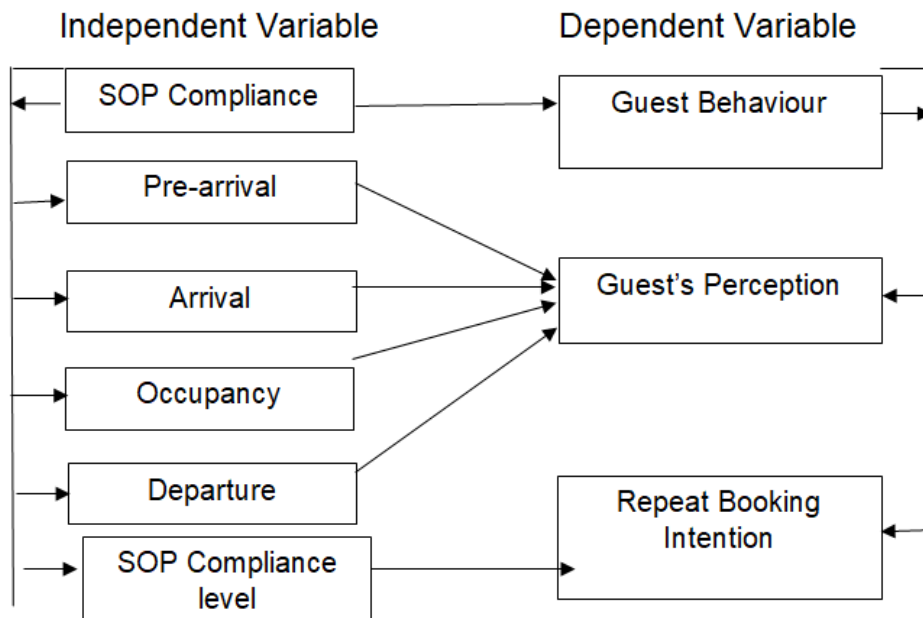
namely, pre-arrival, arrival, occupancy and departure measures.

Extant research exhibits the pivotal role of perceived cleanliness and hygiene standards in influencing guest sentiment and purchasing behaviour in hotels during the pandemic (Jani & Han, 2021; Kesar & Rimal, 2021). Guests rely on visual cues like disinfection displayed and cleaning staff PPE to evaluate hotel hygiene efforts (Zenker & Kock, 2020). Perception and satisfaction with housekeeping thoroughly predict post-COVID guest loyalty, underlining its importance (Li, 2020). However, there is limited context-specific research assessing extent of compliance with post-COVID-19 SOP guests' metrics like perception of cleanliness, re-purchase intention, and satisfaction in hotels in Edo and Delta states, Nigeria.

While some studies in other regions indicate guests may accept rate premiums for enhanced COVID-19 sanitization procedures (Jani & Han, 2021), evidence from Edo and Delta states, Nigeria is lacking. The relationship between SOP compliance and guest purchase intention, warrants scrutiny, given the region's competitive landscape and price-sensitivity of travellers (Dania *et al.*, 2020). Investigating this would support hotels in balancing guest safety with revenue goals.

Additionally, few studies holistically analysed all components of post-COVID SOP in relation to guest attitudes. SOP span across the guest journey including pre-arrival preparation, arrival, occupancy, and departure protocols (Gursoy & Chi, 2020). Evaluating each phase in conjunction provides deeper insights compared to analysing measures in silos. The connection between post-COVID-19 SOP compliance and key guest behavioural metrics remains empirically under-investigated in hotels within Edo and Delta states.

Studies have been previously conducted in Nigeria with regards to the level of compliance with post COVID-19 protocols by Ekundayo and Olowojolu (2021) and some others. In a study conducted by Adekunle *et al.* (2021), compliance levels with COVID-19 protocols were examined in hotels across different regions of Nigeria. Okonkwo and Ezeuduji (2021) investigated the compliance status of hotels in Nigeria with COVID-19 safety protocols. Ogbechie and Adegbesan (2022) examined the level of compliance with post COVID-19 housekeeping SOP in luxury hotels in Abuja, Nigeria. A cross-sectional study was conducted by Amadi, Opara and Nworgu (2021) to assess the level of compliance with post COVID-19 housekeeping SOP in hotels in Port Harcourt, Nigeria. Adeyemo and Adeyinka (2021) assessed the level of compliance with post COVID-19 housekeeping SOP in hotels in Lagos, Nigeria. Akpabio and Ufot (2021) carried out a comparative study aimed to evaluate the level of compliance with post COVID-19 housekeeping SOP in hotels in Lagos and Port Harcourt, Nigeria. The above referred studies reported inconsistent results and did not cover extent of compliance to the new SOP and guests purchase behaviours in hotels within the geographical scope of this study. The extent of adherence to the new SOP and guests perception and experiences may be unsatisfactory than anybody would imagine. In the context of Nigeria, Edo and Delta states in particular, it is therefore, crucial to assess the level of compliance with the new SOP, as the country has experienced challenges in maintaining consistency in adherence to health and safety guidelines and SOP as reported by previous studies, hence, the researcher embarked on the present study. This study was guided by the operational framework presented in Figure 1.1.



**Figure 1.1: Operational Framework of the Study**  
Source: Researchers' Desk 2023

The operational framework depicts the relationship between post-COVID-19 standard operating procedures (SOP) compliance, guest perception of compliance, cleanliness and safety, and guest perception in hotels in Edo and Delta states of Nigeria. The independent variable is SOP compliance, referring to the extent to which hotels adhere to enhanced cleaning and hygiene protocols instituted due to the pandemic. These are the measures in the four stages of the guest cycle (pre-arrival, arrival, occupancy and departure). The dependent variable is guests' perception. The hypothesized relationship is that SOP compliance has no significant effect on (guest behaviours) perception and repeat booking intention.

### 1.3 Objectives of the Study

The main objective of this study was to investigate how compliance with the Post COVID-19 standard operating procedures (SOP) impacts on hotel guests' perception of environmental cleanliness and safety in Edo and Delta states of Nigeria. The specific objectives of this study were to:

1. Assess the extent of relationship between compliance with post COVID-19 pre-arrival SOP in hotels and guest perception of environmental cleanliness and hygiene;
2. Examine the strength of relationship between compliance with post COVID-19 arrival SOP in hotels and guest perception of

environmental cleanliness and hygiene;

3. Assess the degree of relationship between compliance with post COVID-19 occupancy SOP in hotels and guest perception of environmental cleanliness and hygiene;
4. Investigate the strength of relationship between compliance with post COVID-19 departure SOP in hotels and guest perception of environmental cleanliness and hygiene and
5. Examine the extent of relationship between overall compliance level and re-booking Intention by guests.

### 1.4 Research Questions

In order to achieve the stated objectives, the following questions were asked;

1. What is the extent of the relationship between compliance with post COVID-19 pre-arrival SOP measures in hotels and guest perception of environmental cleanliness and hygiene?
2. What is the degree of the relationship between compliance with post COVID-19 arrival SOP in hotels and guest perception of environmental cleanliness and hygiene?
3. What is the strength of the association between compliance with post COVID-19 occupancy SOP and guest perception of environmental cleanliness and hygiene?
4. Is there significant relationship between compliance with post COVID-19 departure



SOP in hotels and guest perception of environmental cleanliness and hygiene?

5. what is the extent of relationship between overall compliance level and re-booking Intention?

#### 1.4 Statement of the Hypotheses

The study were guided by the following null hypotheses:

H<sub>01</sub>: the extent of the relationship between compliance with post COVID-19 pre-arrival SOP in hotels and guest perception of environmental cleanliness and hygiene is not significant,

H<sub>02</sub>: There is no significant relationship between post-COVID-19 arrival SOP compliance in hotels and guest perception of environmental cleanliness and hygiene.

H<sub>03</sub>: There is no significant association between compliance with post COVID-19 occupancy SOP and guests' perception of environmental cleanliness and hygiene.

H<sub>04</sub>: The extent of the relationship between compliance with post COVID-19 departure SOP and guest perception of environmental cleanliness and hygiene is not significant.

H<sub>05</sub> The strength of relationship between overall compliance level and re-booking Intention is not significant.

#### 1.5 Scope of the Study

This study focused on hotels in Edo and Delta states, Nigeria and specifically examined the compliance level with the post COVID-19 SOP and guest purchase behaviours. The dependent variable was guests 'perception of cleanliness and hygiene, and re-booking intention.

The independent variable was the compliance level with the post COVID-19 SOP for pre-arrival, arrival, occupancy and departure. The research involved a sample of frontline staff of hotels and customers in major cities of the states selected for the study. During COVID-19, the frontline hotel employees played crucial role in mitigating its spread. Data were collected through surveys. Within the hospitality industry, front of the house department plays a crucial role in implementing and maintaining the SOP. During the outbreak of

COVID-19, frontline staff played crucial role in the fight against the spread of coronavirus (McKinsey, 2020).

#### 1.6 Significance of the Study

The study on post COVID-19 standard operating procedures (SOP) compliance and guest perception and re-booking intention in Nigeria holds several significant implications for the hospitality industry and public health. The findings of this research will contribute to the existing body of knowledge in the following ways:

**Understanding Compliance Levels:** This study assessed the level of compliance with post COVID-19 SOPs in hotels in Edo and Delta states, Nigeria. By examining the extent to which hotels have implemented and adhered to these SOP, the research will provide insights into the effectiveness of health and safety measures in the hospitality sector. This knowledge will be valuable for both researchers and industry practitioners in understanding the current compliance landscape and identifying potential gaps or challenges in implementing these SOP. . Evaluating these relationships across all SOP components would significantly highlight the level of preparedness of hotels towards possible future outbreak and spread of any form of virus transmission. This study would contribute to knowledge, supporting hotels in devising strategies and simultaneously reassure guests and sustain business operations during an unprecedented crisis.

### 2.0 Review of Related Literature

#### 2.1 Conceptual Review

Coronaviruses (CoVs) are positively sensed single-stranded RNA viruses that belong to the order Nidovirales, family Coronaviridae, sub-family Orthocoronavirinae with 4 genera: alpha, beta, delta, and gamma coronaviruses (WHO, 2020). Coronaviruses cause respiratory, gastrointestinal, and neurological diseases. The coronavirus can be transmitted from human to human via the droplets generated during speaking, coughing, and sneezing by symptomatic patients. It can spread up to 1–2 m; a recent study demonstrated that the infection can also occur in asymptomatic people and before the onset of symptoms (Singhal, 2020).

Numerous ways to prevent an individual from contacting the virus include the use of disposable nose masks, avoiding direct contact with droplets and body fluid secretions, the use of disposable gloves to avoid contact with contaminated objects and environments, and maintaining social distancing. At the same time, available evidence has shown that the aforementioned viruses are effectively inactivated by adequate sanitization procedures, which include the use of disinfectants based on sodium hypochlorite (0.1%–0.5%), ethanol (62%–71%) or hydrogen peroxide (0.5%), for an adequate contact time; providing adequate ventilation of closed rooms (Kampf, Todta & Pfaender, 2020); or through the use of physical means such as ultraviolet irradiation (UV) (Walker and Ko, 2007).

Doshi (2011) has it that a pandemic is defined as "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people." In December 2019, unexplained pneumonia (later named as coronavirus disease 2019, COVID-19) broke out in Wuhan, China (Phelan, Katz & Gostin, 2020). The initial patient was related to a seafood wholesale market in Wuhan.

In the context of Nigeria, the first case of the pandemic was reported on the 27<sup>th</sup> of February, 2020 (Nigeria Centre for Disease Control, 2020a). However, analysis of the infection and death rate of COVID-19 in Nigeria as at December 28, 2020 shows that almost 85 thousand confirmed infection cases were reported with 1,264 death rates (The Voice of Africa, 2020; Nigeria Centre for Disease Control, 2020b). According to the Nigeria Centre for Disease Control, a second confirmed case was detected in the country on the 9<sup>th</sup> of March 2020. This case was a contact of the index case. As at April 2020, the infection rate had spiked through local transmission, with about 2 million confirmed cases in more than 200 countries (European Centre for Disease Prevention and Control, 2020).

### 2.1.2 COVID-19 Preventive Measures

Preventive measures to reduce the chances of infection include getting vaccinated, staying at home, wearing a mask in public, avoiding crowded places, keeping distance from others, ventilating indoor spaces, managing potential exposure durations, washing hands with soap and

water often and for at least twenty seconds, practising good respiratory hygiene, and avoiding touching the eyes, nose, or mouth with unwashed hands (NCDC, 2020; WHO, 2020). A COVID-19 vaccine is a vaccine intended to provide acquired immunity against severe acute infection.

The WHO and the US CDC recommend individuals wear non-medical face coverings in public settings where there is an increased risk of transmission and where social distancing measures are difficult to maintain. The CDC recommends that crowded indoor spaces should be avoided, and thorough hand hygiene after any cough or sneeze is necessary.

Social distancing (also known as physical distancing) includes infection control actions intended to slow the spread of the disease by minimising close contact between individuals. Methods include quarantines; travel restrictions; and the closing of schools, workplaces, stadiums, theatres, or shopping centres. Individuals may apply social distancing methods by staying at home, limiting travel, avoiding crowded areas, using no-contact greetings, and physically distancing themselves from others.

### 2.1.6 Effects of the Post COVID 19 Pandemic Experience on Hospitality Industry

Hotels were the first to be affected in the hospitality industry because restrictions on domestic and international travel directly affect their core business. The hospitality industry was among the first industries affected, and it will be among the last industries to recover (Tappe & Luhby, 2020). On January 20, 2020, the United States reported its first COVID-19 confirmed case (Kretchmer, 2020). In February and through March 2020, the pandemic began to exact unprecedented economic and social consequences. Since public health concerns started to escalate in mid-February 2020, U.S. hotels have lost room revenues (American Hotel and Lodging Association (AHLA), 2020). Since August 2020, almost half of the hotel industry's employees were still not working, and five out of ten rooms were empty.

The Pre-Covid-19 statistics on hotel occupancies in Nigeria showed that Nigeria's hotel industry accounted for 49.8%, 44.7%, 43.6%, 42.4%, and

42.6% of occupancies in 2014, 2015, 2016, 2017, and 2018 respectively (Pricewaterhouse Coopers, 2018). This, however, implies that demand for hotel accommodation, for instance, was on the average. However, recent statistics show that "the slow pick up of international travel, restrictions on large gatherings, the switch to virtual meetings, and fear of the virus have further reduced demand for hotels in Nigeria, thus steeping occupancy levels to their lowest – less than 5%" (Nairametrics, 2020). The implications of this are that Nigeria's hospitality industry was seriously losing demand for its major products. Hence, the physical capacity of hotel facilities in Nigeria was underutilized. Communal calamity and crisis formed by the Corona virus' wide spread led to increased discrimination, social exclusion, inequality, and world-wide joblessness for a long time. Individuals remain behind closed doors, avoiding social environments such as those associated with the hospitality industry. The hospitality industry, especially the hotels during the COVID-19 pandemic, suffered great losses due to low patronage and the social status of the industry was reduced to a minimum (Khanwalker, 2020).

### **2.1.7 Controls and Remedies to Social Implications of Post COVID 19 Pandemic: Experience in Hospitality Industry Control**

To reduce customer fear of the virus in the hospitality industry, a series of post-COVID-19 actions for restaurants to take, such as island-sitting arrangements to ensure maximum physical distances between people, live cooking counters to allow customers to watch their food being prepared to instil confidence in its safety, and having appropriate hygiene and cleaning procedures throughout (Jain, 2020). Bagnera et al. (2020) investigated the impact of COVID-19 on hotel operations and recommended a series of actions for hotel owners and managers, including using fewer rooms (reducing hotel capacity); emphasising take-out or delivery options to reduce public dining; implementing intensified cleaning and sanitizing protocols; committing to the use of personal protective equipment (PPE) for workers and increasing attention to personal hygiene; communicating new COVID-19 policies to guests and employees; implementing physical distancing practises in public areas; and implementing protocols for guests exposed to or infected by

COVID-19 (Bagnera et al., 2020).

It should be noted that the World Health Organization (WHO) produced a guide titled "Operational Considerations for COVID-19 Management in the Accommodations Sector" to provide practical assistance to the hospitality sector in particular (WHO, 2020). The report covered all departments in the hotel COVID-19 (WHO, 2020). Furthermore, Jain (2020) discussed different hotel industry strategies to bring back customers, including disposable utensils in rooms, emphasising staff health and hygiene, and using UV light to disinfect.

### **2.1.11 Guest Perception and its Influence**

Guest perception plays a pivotal role in shaping their overall satisfaction and loyalty towards hotels. When it comes to cleanliness, hygiene, and safety, guests rely heavily on their perception to evaluate the adequacy and effectiveness of the measures implemented by hotels (Kim & Zhong, 2021). Positive guest perception in these areas not only enhances guest satisfaction but also strengthens their trust in the hotel's commitment to their well-being (Lee et al., 2021; Brown, Davis & Wilson, 2022). On the other hand, negative perceptions can result in decreased satisfaction, negative reviews, and a reluctance to return, which can have adverse effects on a hotel's reputation and financial performance (Fernandes & Leite, 2021).

Several factors contribute to guest perception of cleanliness, hygiene, and safety measures in hotels. Clear and transparent communication about the implemented protocols is essential, as guests need to be informed about the specific measures in place to address their concerns (Kim & Zhong, 2021). The visible presence of hygiene practices, such as hand sanitizing stations, regular cleaning, and disinfection activities, and the use of personal protective equipment (PPE) by staff members, can also positively influence guest perception (Ogunnusi & Sridharan, 2022). Studies conducted in the Nigerian context by Ogunnusi and Sridharan (2022), and Adekunle et al. (2021) have shed light on guest perception of cleanliness, hygiene, and safety measures during the pandemic.

By adopting the protection motivation theory, Calderon, Leung and Kim (2023) explores the



differences between frequent and infrequent hotel guests in terms of risk perceptions and intentions to stay at a hotel. The results indicated that perceived vulnerability negatively influences guests' intentions to stay during a pandemic whereas self-efficacy and hotel's response efficacy showed positive effects. Kainthola, Tiwari and Chowdhary (2021) found that tourists' perception of sanitised services at destinations was a pre-requisite in selecting a destination.

Ogbechie and Adegbesan (2022) examined the level of compliance with post COVID-19 housekeeping SOPs in luxury hotels in Abuja, Nigeria. The study revealed a high level of awareness and commitment to implementing post COVID-19 housekeeping SOPs among luxury hotels in Abuja. Thompson and Martinez (2022) in a study revealed a positive and significant relationship between pre-arrival measures and guest satisfaction. Hotels that implemented comprehensive pre-arrival measures aligned with post COVID-19 housekeeping SOPs demonstrated higher guest satisfaction levels.

Smith, Johnson and Thompson (2022) in their study found that the majority of hotel guests had positive perceptions of the cleanliness and hygiene measures implemented by hotels in response to the COVID-19 pandemic. The presence of hand sanitizing stations, frequent cleaning of high-touch surfaces and the use of personal protective equipment by hotel staff were identified as the most important factors influencing guest perception. The study by Brown and White (2021) revealed that pre-arrival measures that actively communicated SOP compliance positively influenced guest perception of cleanliness and hygiene. This, in turn, led to increased guest satisfaction and loyalty, highlighting the importance of transparent communication in shaping guest perceptions.

Garcia and Martinez (2021) sought the impact of pre-arrival temperature checks and health questionnaires on guest perception of hygiene and safety. The results of this research indicated that guests subjected to pre-arrival health checks had significantly higher perceptions of hygiene and safety. A cross-sectional study was conducted by Amadi, Opara and Nworgu (2021) to assess the level of compliance with post COVID-19 housekeeping SOPs in hotels in Port Harcourt,

Nigeria. The findings of the study showed that the level of compliance with post COVID-19 housekeeping SOPs in hotels in Port Harcourt, Nigeria was generally low.

Adeyemo and Adeyinka (2021) found that 78% of hotels reported implementing post COVID-19 housekeeping SOPs. However, compliance levels varied across different aspects of SOPs, with higher compliance observed in sanitization practices compared to physical distancing and personal protective equipment usage.

Akpan and Ogbu (2021) carried out a quantitative study aimed to assess the level of compliance with post COVID-19 housekeeping SOPs in budget hotels across Nigeria. The study found moderate levels of compliance with post COVID-19 housekeeping SOPs in budget hotels. The analysis revealed a positive correlation between compliance levels and training practices ( $r = 0.45$ ,  $p < 0.05$ ), indicating the importance of training in promoting compliance.

Opara, Amadi and Nworgu (2021) assessed impact of post COVID-19 housekeeping SOPs on guest perception of cleanliness and safety. The findings of the study showed that compliance with post COVID-19 housekeeping SOPs had a positive impact on guest perception of cleanliness and safety. Guests stayed in hotels with high compliance with post COVID-19 SOP.

In addition to these factors, cultural and individual differences can also influence guest perception. For example, guests from different cultural backgrounds may have varying expectations and preferences regarding cleanliness and hygiene practices (Kim & Zhong, 2021). Individual differences, such as personal health concerns and risk perceptions, can further shape guest perception (Fernandes & Leite, 2021). Therefore, hotels should consider these factors and tailor their measures accordingly to meet the diverse needs and expectations of their guests.

## 2.2 Theoretical Review

Theoretical frameworks provide a conceptual structure for understanding and analysing research phenomena. In the context of this study, the following three theories were reviewed, but the researcher anchored this work on Protection motivation theory (PMT) developed by R.W Rogers in 1975 and modified in 1983.



### 2.2.1 Expectancy-Disconfirmation Theory

Expectancy-Disconfirmation Theory, proposed by Oliver (1977) posits that customer satisfaction is influenced by the comparison of their expectations with the perceived performance of a product or service. In the context of this study, guests arrive at hotels with certain expectations regarding cleanliness, hygiene, and safety standards. Compliance with post COVID-19 SOPs can either confirm or exceed these expectations, leading to positive disconfirmation and enhanced guest perception and satisfaction. When hotels effectively meet or surpass guests' expectations by adhering to SOPs, guests are likely to feel satisfied, resulting in positive evaluations and an increased likelihood of future bookings.

In the context of post COVID-19 SOPs compliance, guests enter hotels with expectations of stringent cleanliness, hygiene, and safety measures. When hotels adhere to these post COVID-19 SOPs effectively, exceeding guests' expectations, it creates positive disconfirmation and enhances guest perception of the hotel's commitment to their well-being and safety. Findings from studies by Zhang *et al.* (2020) and Kim and Zhong (2021) support the tenets of the Expectancy-Disconfirmation Theory.

Overall, the Expectancy-Disconfirmation Theory provides valuable insights into how compliance with post COVID-19 SOPs can shape guest perception and satisfaction. When hotels exceed guests' expectations by effectively implementing SOPs, it creates positive disconfirmation, enhancing guests' perception and satisfaction and increasing the likelihood of future bookings.

### 2.2.2 Social Exchange Theory

Social Exchange Theory, developed by Homans (1958) and expanded upon by Blau (1964), posits that human interactions are based on a rational calculation of costs and rewards. Applied to the context of this study, guests engage in an exchange relationship with hotels, where they expect certain benefits (e.g., cleanliness, hygiene, safety) in return for their patronage. Compliance with post COVID-19 SOPs by hotels can be viewed as a form of investment in the relationship, leading to positive guest perceptions and future bookings. In the context of the COVID-19 pandemic, guests have heightened concerns about

their health and safety when staying at hotels. They seek reassurance that hotels are taking appropriate measures to mitigate the risk of transmission and provide a safe environment. Compliance with post COVID-19 SOPs becomes crucial in establishing and maintaining trust between hotels and guests. When hotels effectively adhere to SOPs, guests perceive it as a valuable return on their investment, resulting in increased satisfaction and loyalty (Dali, 2021).

Compliance with SOPs can be seen as a signal of the hotel's commitment to guest well-being and its ability to provide a safe and clean environment. According to Social Exchange Theory, guests evaluate the benefits received from the hotel in terms of cleanliness, hygiene, and safety measures. When hotels prioritize and strictly adhere to post COVID-19 SOPs, guests perceive that their needs for safety and hygiene are being met. This perception of value and benefit received creates a positive exchange experience, leading to increased guest satisfaction and the likelihood of repeat visits or recommendations (Lee, & Hsu, 2013).

Furthermore, Social Exchange Theory highlights the reciprocity aspect of the guest-hotel relationship. When guests perceive that hotels are investing in their well-being by complying with SOPs, they are more likely to reciprocate with loyalty and positive word-of-mouth. This reciprocal exchange reinforces the trust and commitment between hotels and guests (Chen & Chen, 2010). Compliance with SOPs establishes trust, fosters satisfaction, and encourages loyalty, ultimately influencing guests' decision to choose a particular hotel for future stays.

### 2.2.3 Protection- Motivation Theory of Risk

Protection motivation theory (PMT) was developed by R.W Rogers in 1975 and modified in 1983. PMT states that individuals conduct threat and coping appraisals when deciding how to respond to perceived risks. The protection motivation theory deals with how people cope with and make decisions in times when they perceive harmful or stressful events in life. These decisions are a way of protecting oneself from perceived threats. The theory attempts to explain and predict what motivates people to change their behaviour.

The theory therefore, says that in order for an individual to adopt a health behaviour, they need to believe that there is a severe threat (for instance, COVID-19) that is likely to occur and that by adopting a health behaviour, they can effectively reduce the threat. The individual should also be convinced that he is capable of engaging in the behaviour which should not cost him a lot. Protection- Motivation Theory (PMT) as a health promotion mode states that a degree of risk-related information can create the necessary motivation to determine the severity of risk, vulnerability and ability to reduce risk in people.

This theory includes two stages of threat appraisal (perceived vulnerability, perceived severity, and reward) and coping appraisal (response efficacy, self-efficacy and response costs) and the construct of fear. According to this theory, a person is likely to perform preventive behaviours if they believe there is a possibility of a risk occurring (perceived vulnerability) and the consequences of the risk are serious (perceived severity) and in addition, the perceived internal and external rewards are less than existing behaviours that increase the probability of harm. Also, perceived self-efficacy and perceived response efficacy should overcome adaptive response costs. Protection motivation is synonymous with the behavioural intention that causes or continues the protective behaviour.

Protection Motivation Theory has four key elements: "threat appraisal", followed by "coping appraisal", which comprises "response efficacy" - the belief that certain processes will mitigate the threat - and "self-efficacy", an individual's idea of their own ability to implement the required actions to mitigate the threat.

The main premise of PTM is that people are motivated to protect themselves from physical, psychological and social threats. The objective of PMT is to recognize and assess the danger, and then counter this assessment with effective and efficacious mitigation options such as the use of sanitizers, face/nose masks, personal protective equipment (PPEs) and even reduced frequency of patronage of hotels. This makes PMT applicable and relevant in this study.

The PMT can be utilized in examining and predicting consumer behavioural intentions in the hotel industry especially with the COVID-19 pandemic which threatened the whole world and

significantly reshaped the hospitality industry, bringing massive market disruptions on a global scale, forcing hospitality organizations to significantly alter their method of service delivery by introducing the post COVID-19 standard operating procedures (SOPs).

The perceived severity of the hazard, (COVID-19), the likelihood of the hazard occurring, what mitigation measures (SOPs) are available, and the individual's (staff and guests) ability to successfully enact those measures (compliance) determine the consumers' (guests) perception and re-booking intentions. Low extent of compliance with the SOPs portends high level of vulnerability. Where the guest perceives greater severity and vulnerability, he is likely to perceive the hotel negatively, become more conscious and adopt more protection motivation towards the particular hotel organization where level of compliance does meet their expectation. Thus, this study is anchored on protection motivation theory (PMT).

### 3.0 Methodology

#### 3.1 Research Design, Population Of The Study And Sample Size

This is a descriptive research, therefore, the survey design was adopted. The study population comprised of all the hotels in Edo and Delta States within the South-South region of Nigeria. However, twenty (20) hotels registered with NTDC were selected for the study. A non-probability sampling method was adopted in selecting the Upper-scale, Middle-scale and lower-scale (1-4 Stars) hotels in Edo and Delta hotels. The staff strength of the front of the house departments of the selected hotels were obtained from each hotel. Also customers of the hotels were targeted population. Following Gay (1996), in this study, stratified sampling method was used to determine individual hotel establishments sample size with regards to the targeted respondents. Due to heterogeneous nature of the study population, Taro-Yamenne's statistical method was adopted. Sample size (n) determined was 341.

To determine the sample size of the customers/guests, Freund and Williams method was adopted because the population was unknown. Applying the formula the sample size for customers of the selected hotels was **323**.

### 3.2 Research Instrument Design

The instrument for this study was structured questionnaire designed in a four (4) point Likert type scale. Each response was associated with a point value and a respondent's score was determined by summing the point values. To this effect, each point value was rated as; 4, 3, 2, or 1, respectively, assigned to: Strongly Agree (SA), or very high extent, Agree (A), or High extent, Disagree (D) or Low extent, Strongly Disagree (SD) or Very low extent), respectively to positive statements (Nzeneri, 2010). For negative statements the point values were reversed strongly agree or very low extent was assigned one (1). At the end of attitude statement generation and questionnaire designing exercise, the study questionnaire was subjected to validity and

reliability tests. In designing the questionnaire, the researcher consulted previous studies, those conducted within and outside Nigeria.

Validity of this research instrument was determined by consulting experts in the Department of Hospitality and Tourism Management of Imo State University, Owerri.

The Cronbach's alpha method was used to ascertain the reliability of the measurement items in this study. A pilot study was conducted. Cronbach's alpha coefficient levels for the subscales exceed the recommended benchmark of 0.7. For the reliability test, thirty (30) participants were randomly selected. The questionnaire was administered on the participants. However, reliability of the instrument in this study is marked as given in Table 3.1 below.

**Table 3.1 Reliability of the Sub-scales of the Research Instrument.**

| S/NO | Sub-scales         | Reliability Coefficient (Cronbach's alpha) |
|------|--------------------|--|
| 1    | Pre-arrival        | 0.78                                       |
| 2    | Arrival            | 0.82                                       |
| 3    | Occupancy          | 0.75                                       |
| 4    | Departure          | 0.74                                       |
| 5    | Guest Perception   | 0.84                                       |
| 6    | Guest Satisfaction | 0.82                                       |

Source: Survey Data 2023.

### 3.3 Methods of Data Analysis

The demographic characteristics of the hotel guests were measured: **(Gender, Age, Marital status, Educational status, Employment status).**

#### Determination of cut-off point;

$$\text{Cut-off point (x)} = \frac{\sum f}{n} = \frac{4+3+2+1}{5} = \frac{10}{4} = 2.5$$

The cut-off point was determined to be 2.5.. This implies that statements with mean score of 2.5 and above are acceptable/satisfactory.

Research questions 1 to 5 were achieved using descriptive statistics (mean, standard deviation) while for the null hypotheses testing, the Pearson's Product Moment correlation method was used to determine the relationship between level of compliance and guest behaviour.

The correlation matrix is mathematically denoted

as:

$$r = \frac{n \sum xy - (\sum x)(\sum y)}{\sqrt{(n \sum x^2 - (\sum x)^2)(n \sum y^2 - (\sum y)^2)}} \dots \dots \dots (3.2)$$

Where:

r = correlation coefficient

n = number of samples variables

x = independent variables

y = dependent variables

The Pearson correlation measures the strength of the linear relationship between two variables. It has a value between -1 to 1, with a value of -1 meaning a total negative linear correlation, 0 being no correlation, and + 1 meaning a total positive correlation.

**Table 3.2 Interpretation of Pearson R results**

| Size of correlation Coefficient | Strength of Relationship |
|---------------------------------|--------------------------|
|---------------------------------|--------------------------|

|  |               |             |
|--|---------------|-------------|
|  | 0.80 – 1.00   | Very strong |
|  | 0.60 – 0.799  | Strong      |
|  | 0.40 – 0.599  | Moderate    |
|  | 0.200 – 0.399 | Weak        |
|  | 0.0 – 0.199   | Very Weak   |

Source: Aspelmeier . (2005).

Table of critical values for Pearson  $r$  is in the Appendix C. The table contains critical values for two-tail tests. For one-tail test, multiply alpha by two.

Decision rule: If the calculated Pearson's correlation coefficient is greater than the critical value from the table, then reject the null hypothesis that there is no correlation (that is correlation coefficient is zero).

#### 4.0 Data Analysis, Interpretation and Discussion Of Findings

In this chapter, the researcher presents the data analysis techniques, interpretation under these headings: demographic profile of respondents, questionnaire return rate, univariate and bivariate analysis.

#### 4.1 Demographic Profile of Respondents

The profile of the respondents are presented in Table 4.1. From table 4.1 it was observed that both males and females completed the questionnaires, and the study was cross-sectional. The table revealed that individuals with varied backgrounds and age brackets participated in the study.

#### 4.2 Univariate Analysis and Finding

In this section of the report, descriptive statistics (mean, standard deviation) for the study variables and their proxies are presented in Table 4.2, Table 4.2A and Table 4. 2B.

**Table 4:1 Demographic profile and questionnaire return rate.**

| Questionnaire Distributed                 | Hotel Staff  | Guests      |
|---|--------------|-------------|
| Gender                                    | 347          | 360         |
| Male                                      | 143 (43.3%)  | 120 (64.9%) |
| Female                                    | 187 (56.7%)  | 65(35.14%)  |
| Questionnaire return rate                 | 330 (95.19%) | 185 (51.4%) |
| <b>Educational Qualification</b>          |              |             |
| First school leaving Certificate          | -            | 40(21.62%)  |
| Secondary school certificate (O'level)/NO | 115(34.85%)  | 65(35.12%)  |
| HND/B.Sc- Ph.D                            | 215(65.15%)  | 80(43.24%)  |
| <b>Career/Discipline/Business</b>         |              |             |
| Within hospitality and tourism            | ALL          | 30(16.21%)  |
| Outside hospitality and Tourism           |              | 155(83.78%) |

Source: Survey data 2023.

Table 4.2 presents the extent of compliance with the post COVID-19 standard operating procedures (SOPs). The research instrument used in this study was a four-point Likert type scale, hence, the cut-off mean was 2.5, and meaning that any hotel or variable whose mean falls below 2.5 was not satisfactory rated. From Table 4.2 it was observed that the mean for the hotel coded -C- was 2.33 (below 2.5 cut-off mean). This result implies that the extent of compliance by Hotel-C was rated

low. For the other hotels, their mean scores were found to be 2.5 and above, ranging from moderate to high extent. Also from the table it was revealed that the extent of compliance for four hotels (B,M,H,J) was rated high extent. None of the hotels was rated very high extent. Among the four stages in the guest cycle, (check-in and check-out process), the departure received the least compliance ( $X=2.67$ ), while pre-arrival, arrival and occupancy, each had a mean score of 2.7.



Table 4.2A presents guests perception and satisfaction with the extent of staff compliance with the SOPs. Table 4.2A shows how each hotel was perceived by guests. For this study the instrument was a four-point Likert-type scale, hence, the cut-off mean was 2.5; meaning that any hotel and/or variable whose mean is below 2.5 is not satisfactorily perceived. The table revealed that the mean score for the hotels' compliance level ranged from 2.43 to 3.0, indicating moderate level of compliance. Test of significance was conducted at  $p=05$ , and the result showed that those means below 2.5 were not significantly

below 2.5, hence, it was concluded that no hotel was negatively (unsatisfactorily) perceived by the guests. Among the four stages in the guest cycle (pre-arrival, arrival, occupancy and departure) the mean scores ranged from 2.51 to 2.71 meaning that none of the four stages was perceived negatively. In other words, the hotels met the minimum requirements as perceived by the hotel guests. Generally observed was that the upper-scale hotels' compliance with the SOPs were at high extent and better than the middle and low scale hotels. This finding corroborates findings by Egwuonu and Mbaekwe (2021).

**Table 4.2: Descriptive Statistics for Extent of Compliance for each Hotel**

| Hotel Code | Sample Size(n) | Pre-Arrival   |       | Arrival      |       | Occupancy    |       | Departure     |       | Grand Mean |
|------------|----------------|---------------|-------|--------------|-------|--------------|-------|---------------|-------|------------|
|            |                | Mean          | Stdev | Mean         | Stdev | Mean         | Stdev | Mean          | Stdev |            |
| A          | 9              | 2.72          | 0.19  | 2.45         | 0.32  | 2.65         | 0.26  | 2.9           | 0.22  | 2.68       |
| B          | 11             | 2.77          | 0.28  | 2.83         | 0.3   | 2.66         | 0.24  | 2.64          | 0.18  | 2.73       |
| C          | 14             | 2.31          | 0.16  | 2.28         | 0.12  | 2.31         | 0.16  | 2.4           | 0.22  | 2.33       |
| D          | 14             | 2.63          | 0.14  | 2.61         | 0.27  | 2.52         | 0.17  | 2.51          | 0.14  | 2.57       |
| E          | 17             | 2.66          | 0.17  | 2.52         | 0.15  | 2.58         | 0.21  | 2.78          | 0.28  | 2.64       |
| F          | 21             | 2.71          | 0.26  | 2.75         | 0.24  | 2.66         | 0.27  | 2.7           | 0.33  | 2.71       |
| G          | 25             | 3.12          | 0.19  | 3.1          | 0.24  | 3.1          | 0.19  | 3.1           | 0.2   | 3.11       |
| H          | 30             | 2.6           | 0.31  | 3            | 0.22  | 3.2          | 0.33  | 3.13          | 0.1   | 3.0        |
| J          | 35             | 2.88          | 0.23  | 2.9          | 0.22  | 2.92         | 0.26  | 3.1           | 0.1   | 3.0        |
| K          | 15             | 2.6           | 0.26  | 2.64         | 0.24  | 2.44         | 0.16  | 3.1           | 0.23  | 2.7        |
| L          | 6              | 2.64          | 0.18  | 2.65         | 0.23  | 2.65         | 0.2   | 2.48          | 0.23  | 2.61       |
| M          | 24             | 2.87          | 0.27  | 2.88         | 0.15  | 3            | 0.22  | 2.7           | 0.1   | 2.86       |
| N          | 17             | 2.56          | 0.14  | 2.52         | 0.2   | 2.55         | 0.11  | 2.8           | 0.22  | 2.63       |
| O          | 17             | 2.66          | 0.18  | 2.66         | 0.28  | 2.6          | 0.2   | 2.51          | 0.1   | 2.58       |
| P          | 9              | 2.67          | 0.26  | 2.48         | 0.17  | 2.62         | 0.24  | 2.58          | 0.2   | 2.59       |
| Q          | 15             | 2.62          | 0.26  | 2.56         | 0.35  | 2.54         | 0.18  | 2.67          | 0.2   | 2.6        |
| R          | 11             | 2.7           | 0.35  | 2.7          | 0.26  | 3            | 0.88  | 2.28          | 0.17  | 2.67       |
| S          | 11             | 2.82          | 0.28  | 2.8          | 0.2   | 2.7          | 0.32  | 1.76          | 0.14  | 2.52       |
| T          | 9              | 2.67          | 0.27  | 2.75         | 0.3   | 2.68         | 0.28  | 2.48          | 0.32  | 2.65       |
| U          | 9              | 2.6           | 0.35  | 2.7          | 0.2   | 2.6          | 0.88  | 2.67          | 0.34  | 2.62       |
|            | Grand Mean     | <b>2.6905</b> |       | <b>2.689</b> |       | <b>2.699</b> |       | <b>2.6645</b> |       |            |

Source: Survey Data 2023

**Table 4.2A: Guests' Behaviour: Perception Level**

| Hotel Code | Sample Size(n) | Pre-Arrival | Arrival | Occupancy | Departure | Grand Mean |
|------------|----------------|-------------|---------|-----------|-----------|------------|
| A          | 6              | 2.34        | 2.42    | 2.52      | 2.5       | 2.445      |
| B          | 7              | 2.41        | 2.45    | 2.6       | 2.81      | 2.5675     |
| C          | 8              | 2.24        | 2.52    | 2.54      | 2.75      | 2.5125     |
| D          | 10             | 2.35        | 2.42    | 2.46      | 2.6       | 2.4575     |
| E          | 12             | 2.51        | 2.6     | 2.65      | 2.78      | 2.635      |
| F          | 7              | 2.41        | 2.47    | 2.6       | 2.76      | 2.56       |

|   |             |          |          |          |          |          |
|---|-------------|----------|----------|----------|----------|----------|
| G | 9           | 2.72     | 2.74     | 2.8      | 2.74     | 2.75     |
| H | 11          | 2.77     | 2.75     | 2.84     | 3        | 2.84     |
| J | 12          | 2.52     | 2.55     | 2.61     | 2.9      | 2.84     |
| K | 8           | 2.46     | 2.5      | 2.5      | 2.63     | 2.5225   |
| L | 10          | 2.35     | 2.35     | 2.4      | 2.6      | 2.425    |
| M | 8           | 2.46     | 2.53     | 2.54     | 2.44     | 2.4925   |
| N | 9           | 2.95     | 3        | 3.1      | 2.85     | 2.975    |
| O | 14          | 2.31     | 2.35     | 3.1      | 2.74     | 2.625    |
| P | 11          | 2.79     | 2.71     | 2.78     | 3        | 2.82     |
| Q | 6           | 2.37     | 2.44     | 2.53     | 2.5      | 2.46     |
| R | 12          | 2.51     | 2.55     | 2.65     | 2.47     | 2.545    |
| S | 11          | 2.82     | 2.78     | 2.86     | 2.88     | 2.835    |
| T | 8           | 2.48     | 2.5      | 2.5      | 2.62     | 2.525    |
| U | 10          | 2.45     | 2.48     | 2.52     | 2.6      | 2.5125   |
|   | Grand Mean  | 2.511    | 2.5555   | 2.655    | 2.7085   | 2.6075   |
|   | Grand Stdev | 0.189997 | 0.163223 | 0.193223 | 0.164781 | 0.160729 |

Source: Survey Data 2023

This section presents the results of the Pearson (Bivariate) correlation analysis measuring the degree of relationship between the independent variable (proxies) and the dependent variable

(proxies). Results of these analyses (Test of hypotheses) are presented in Tables 4.3 and 4.3A using Pearson Product Moment Correlation Coefficient technique.

**Table 4.3 Relationship between Post-Covid-19 SOPs' compliance and Guests perception**

| S/ N | Independent variable proxies    | Size of coefficient (r) | Strength of relationship | Significance |
|------|---------------------------------|-------------------------|--------------------------|--------------|
| 1    | Pre-arrival and perception      | 0.281                   | Weak                     | Significant  |
| 2    | Arrival and perception          | 0.287                   | Weak                     | Significant  |
| 3    | Occupation and perception       | 0.32                    | Weak                     | Significant  |
| 4    | Departure and perception        | 0.454                   | Moderate                 | Significant  |
| 5    | Compliance level and perception | 0.33                    | Weak                     | Significant  |

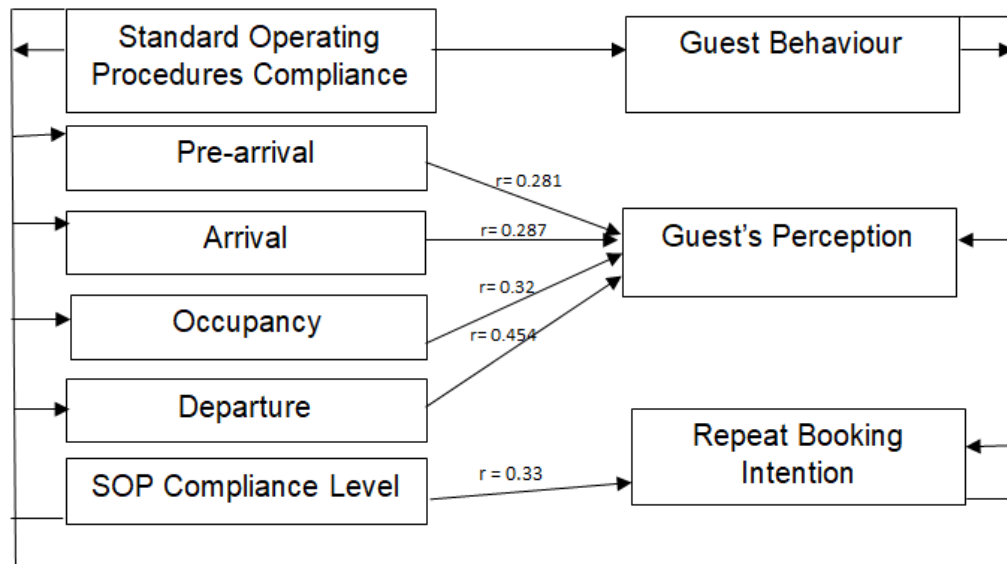
Source: Survey Data 2023

Table 4.3 indicates that there is positive and significant relationship between guests' perception and level of compliance ( $r = 0.33$ ) and the independent variable proxies (pre-arrival, arrival, occupancy and departure measures). The strength of their relationship was found to be weak for pre-arrival, arrival and occupation, while that of departure was very weak. The calculated correlation coefficients, 0.281, 0.287, 0.32 and 0.130 for relationships between perception and pre-arrival, arrival, occupancy and departure respectively were found to be significant. By making reference to Table of Pearson's correlation, Appendix C, the critical value of  $r$

was 0.124 at 0.05 level of significance. The hypotheses that their relationships were not significant were therefore, rejected.

#### 4.4 Discussion of Findings

The main objective of this study was to examine the relationship between post-COVID-19 standard operating procedures (SOP) compliance, guest perception of compliance, cleanliness and safety, and guest perception and satisfaction in hotels in Edo and Delta states of Nigeria. In this segment of this report, findings are presented with regards to the level of compliance and its influence on guest purchase behaviours of perception and satisfaction.



**Figure 4.1 represents a framework of relationship of SOP compliance and guest perception and Repeat Booking Intention**

The present study revealed varied levels of compliance among hotels and assessed attributes. In some hotels, extent of compliance was rated low, in majority, it was rated moderate while in some others (about 20%) it was rated high. Studies conducted in Nigeria by other researchers also revealed similar results. The researchers are Ogbechie and Adegbesan (2022), Amadi, Opara and Nworgu (2021), Adeyemo and Adeyinka (2021), Akpabio and Ufot (2021), Akpan and Ogbu (2021), Egwuonwu and Mbaekwe (2021), Egwuonwu and Mbaekwe (2021). . Ogbechie and Adegbesan (2022), reported that luxury hotels in Abuja demonstrated a strong commitment to complying with post COVID-19 housekeeping SOPs. Amadi, Opara and Nworgu (2021), reported that the level of compliance with post COVID-19 housekeeping SOP in hotels in Port Harcourt, Nigeria was generally low. Adeyemo and Adeyinka (2021) observed that majority implemented the SOP, however, compliance levels varied across different aspects of SOP, with higher compliance observed in sanitization practices compared to physical distancing and personal protective equipment usage. Akpan and Ogbu (2021), found moderate levels of compliance with post COVID-19 housekeeping SOP in budget hotels across Nigeria. Egwuonwu and Mbaekwe (2021) found varying levels of compliance with post COVID-19 housekeeping SOP among small-scale hotels. While some hotels demonstrated high compliance, others showed low levels of adherence (Okonkwo & Ezeudiji, 2021).

Results obtained from above researches show that compliance level is not yet adequate to assure restoration of trust and confidence of guests who stay or intend to stay in hotels. Extent of compliance with the SOP is a manifestation of pro-activeness and level of preparedness of the hotels towards management of future occurrence and the spread of such contagious diseases as COVID-19, SARS etc. Emergence of COVID-19 took the world unaware. If COVID or a similar disease occurs again, the rate of spread may still be very high. The implication is that Nigerian hotels need to put in a lot more effort to improve implementation of the new SOP.

The hypotheses stated in chapter one were tested to determine the relationship between guests' perception of the level of compliance with cleanliness and safety measures at each stage of the guest cycle (pre-arrival, arrival, occupancy and departure). The results obtained revealed that each stage has influence on guess' perception of compliance level. The overall result shows moderate (average) level of compliance, however, the level of influence varied among hotels, ranging from low to high extent. Results of the present study corroborate those of other researchers who reported positive correlation between guests' perception and stages of the guest cycle. Brown and White (2021), (Lee and Kim, 2020), Garcia and Martinez (2021), Wang and Liu (2020), Chen and Liang (2020, Nguyen and Zhao (2020), Kim and Park (2021), Torres (2020), Kumar, Singh and Sharma (2021), Wang, Xie and

Li (2021), Opara, Amadi and Nworgu (2021) reported that compliance with pre-arrival measures has positive influence on guests' perception.

As observed in this study, Chen and Liang (2020), Lee and Kim (2020) also reported that compliance with occupancy measures has influence on guest satisfaction and their intentions. This can be explained by Protection motivation theory (PMT) developed by R.W Rogers in 1975 and modified in 1983. PMT states that individuals conduct threat and coping appraisals when deciding how to respond to perceived risks. The protection motivation theory deals with how people cope with and make decisions in times when they perceive harmful or stressful events in life. These decisions are a way of protecting oneself from perceived threats. The theory attempts to explain and predict what motivates people to change their behaviour. The guests in this study perceived moderate level of compliance which influenced their level of satisfaction.

## 5.0 Summary, Conclusion and Recommendations

### 5.1 Summary of Findings

Findings made in this research are summarized in this segment and are presented below:

1. Overall compliance level as presented by employees was found to be at moderate extent,
2. Guests' perception of cleanliness and safety measures (indicating compliance level) was also found to be at moderate extent.
3. Compliance with the SOP has positive correlation with guests' purchase behaviours (perception and satisfaction)
4. Each of the four stages in the guest cycle (pre-arrival, arrival, occupancy and departure) has positive correlation with guests' purchase behaviours (perception and satisfaction).
5. Compliance level varied among the hotels and the SOP (cleanliness and safety measures).
6. In terms of compliance with the SOP, the up-scale hotels performed better.

### 5.2 Conclusion

Compliance with SOP of an accommodation facility has a direct correlation with guests' purchase behaviours (perception, satisfaction and re-booking intention). Every stage of the guest cycle (pre-arrival, arrival, occupancy and departure) also has influence on guests' perception. These findings therefore, highlight the need for hotels to prioritize and strictly implement hygiene and safety protocols to improve guests'

perception and maintain guest satisfaction to foster long-term loyalty. High level of cleanliness is a critical factor when guests are deciding where to lodge in. In the context of this study, findings therefore, suggest that the hotels are facing challenges in the implementation of the SOP, and that recovery from the devastating impact of COVID-19 would be slow.

### 5.3 Recommendations

The link between compliance with post COVID-19 SOP and guest perception and satisfaction has significant implications for hotels in Nigeria. As the industry seeks to recover and restore guests' trust and confidence, ensuring high levels of compliance is crucial. Nigerian hotels should therefore, adopt and rigorously implement protocols for cleaning, hygiene, and safety measures, following the guidelines provided by health authorities and industry experts. Hotel employees should be educated on the crucial importance of strict compliance of the SOP to assure guests of their safety and wellbeing, and enhance their overall satisfaction. Employees should be provided with the necessary equipment, skills and knowledge to effectively execute the SOP. There should be effective communication strategies to keep guests informed about the implemented SOP and the measures taken to ensure their well-being to demonstrate their commitment to guest safety and foster positive perception.

### 5.4 Limitations of the study

There are a few limitations to this study that need to be mentioned. First, low response rate from the guests which may be due to the time period of data collection which was done post COVID-19. Some guests may have been reluctant to participate because COVID-19 pandemic has ceased to exist in Nigeria. The timing or period when the research was conducted negatively affected the response rate. However, the researcher made proper use of the questionnaires that were properly filled. Notwithstanding above limitations, the researcher still believes that the findings made in this research are valid both in content and context.

### 5.5 Suggestions for further studies

There are some potential areas for inclusion in future studies:

1. Finding out areas of challenge hindering strict compliance with SOP by hotels



2. Assess the measures and attributes in order of importance to guests.
3. Include personal interview as a method of gathering qualitative data.
4. Increase sample size for guests to achieve higher number of questionnaire return.

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### **Appendix A: Questionnaire for Post COVID-19 Standard Operating Procedures Compliance, and Guest Perception and Satisfaction**

Dear respondent,

We are conducting a study on post COVID-19 standard operating procedures compliance and guest perception in Nigeria. The purpose of this study is to gather information about the level of compliance with post COVID-19 SOPs in hotels and guests' perception of the measures implemented by hotels to ensure cleanliness, hygiene, and safety in response to the pandemic. Please answer the following questions to the best of your knowledge and experience.

#### **Questionnaire identification**

Date administered: .....

Questionnaire number: .....

State: .....

Hotel:

***Instruction: Please answer the following questions by ticking (✓) the appropriate options and filling the gap as the case may require.***

#### **Section (a): Profile of hotel Staff**

1. Gender (a) Male  (b) Female
2. Age: .....years
3. Marital status: (a) Single  (b) Married  (c) Divorced  (d) Widowed
4. Employment status/ Career (a) Employed  (b) Self-employed  (c) unemployed
5. Position/Rank:  Junior SSSS  Senior

Other (please specify): .....

**Section (b): Compliance with post COVID-19 Standard operating Procedures (SOPs) in hotels** Please indicate the extent of availability of facilities/services/practices in your hotel by indicating your level or extent of agreement for each statement by selecting the appropriate option.

| S/N                         | Post COVID-19 Standard operating Procedures (SOPs) available/ in practice in your hotel        | Very High Extent (HE) (4)        | High Extent (HE) (3)        | Low Extent (LE) (2)        | Very Low Extent (VLE) (1)        |
|-----------------------------|--|----------------------------------|-----------------------------|----------------------------|----------------------------------|
| <b>Pre-arrival Measures</b> |  |                                  |                             |                            |                                  |
| 1                           | COVID-19 information update on website   |                                  |                             |                            |                                  |
| 2                           | Flexible cancelation / Fee waives  |                                  |                             |                            |                                  |
| 3                           | Having a policy of 24-hour mandatory room vacancy before next guest checks-in a room           |                                  |                             |                            |                                  |
| 4                           | Having a reputable certification of housekeeping services                                      |                                  |                             |                            |                                  |
| 5                           | Mobile or web-based payment  |                                  |                             |                            |                                  |
| 6                           | Mobile or web-based registration   |                                  |                             |                            |                                  |
| 7                           | Hotel employees had Covid19 health training  |                                  |                             |                            |                                  |
| 8                           | Hotel Employees get health screening   |                                  |                             |                            |                                  |
| 9                           | The hotel uses UVC light sanitation  |                                  |                             |                            |                                  |
| 10                          | The hotel uses hospital-grade disinfectant   |                                  |                             |                            |                                  |
| 11                          | Hotel having improved HVAC filtration (heating, ventilation, & air conditioning)               |                                  |                             |                            |                                  |
| <b>Arrival Measures</b>     |  |                                  |                             |                            |                                  |
| 1                           | Employees with personal protective equipment such as masks                                     |                                  |                             |                            |                                  |
| 2                           | Hotel offering free face masks for guests  |                                  |                             |                            |                                  |
|                             | <b>Post COVID-19 Standard operating Procedures (SOPs) available/ in practice in your hotel</b> | <b>Very High Extent (HE) (4)</b> | <b>High Extent (HE) (3)</b> | <b>Low Extent (LE) (2)</b> | <b>Very Low Extent (VLE) (1)</b> |
| 3                           | Availability of hand washing stations  |                                  |                             |                            |                                  |
| 4                           | Availability of health & hygiene signage on property   |                                  |                             |                            |                                  |
| 5                           | Social distancing markers  |                                  |                             |                            |                                  |
| 6                           | Having physical barriers, e.g., Plexiglass   |                                  |                             |                            |                                  |
| 7                           | Thermal imaging cameras at entrance  |                                  |                             |                            |                                  |
| 8                           | UV sterilizer machine in lobby   |                                  |                             |                            |                                  |
| 9                           | Electrostatic sprayer in lobby   |                                  |                             |                            |                                  |
| 10                          | Contactless check-in   |                                  |                             |                            |                                  |



| <b>Occupancy Measures</b> |  |                                  |                             |                            |                                  |
|---------------------------|--|----------------------------------|-----------------------------|----------------------------|----------------------------------|
| 1                         | In-room hand sanitizer   |                                  |                             |                            |                                  |
| 2                         | Personal care amenity kit in the guestroom   |                                  |                             |                            |                                  |
| 3                         | Availability of emergency medical technician on the hotel premises                             |                                  |                             |                            |                                  |
| 4                         | Disposable menu in restaurant  |                                  |                             |                            |                                  |
| 5                         | Providing housekeeping service only upon request   |                                  |                             |                            |                                  |
| 6                         | Keyless entry to room  |                                  |                             |                            |                                  |
| 7                         | Air purifier in the guestroom  |                                  |                             |                            |                                  |
| 8                         | Online chatting service with front desk  |                                  |                             |                            |                                  |
| 9                         | QR codes & application in hotel restaurant   |                                  |                             |                            |                                  |
| 10                        | 24/7 e-concierge service - chatting application  |                                  |                             |                            |                                  |
| 11                        | Individual room climate control system via personal mobile device                              |                                  |                             |                            |                                  |
|                           | <b>Post COVID-19 Standard operating Procedures (SOPs) available/ in practice in your hotel</b> | <b>Very High Extent (HE) (4)</b> | <b>High Extent (HE) (3)</b> | <b>Low Extent (LE) (2)</b> | <b>Very Low Extent (VLE) (1)</b> |
| 12                        | Social distancing of shared spaces, e.g., fitness centre & pools                               |                                  |                             |                            |                                  |
| 13                        | Availability of voice-assistants such as Alexa in the guestroom                                |                                  |                             |                            |                                  |
| 14                        | Availability of room service via mobile app or voice-assistant                                 |                                  |                             |                            |                                  |
| 15                        | Access to pre-packaged food (to go bag) in lieu of hotel buffet                                |                                  |                             |                            |                                  |
| 16                        | Access to coffee/tea in the guestroom  |                                  |                             |                            |                                  |
| 17                        | Access to a refrigerator in the room   |                                  |                             |                            |                                  |
| 18                        | Access to a microwave in the room  |                                  |                             |                            |                                  |
| <b>Departure Measures</b> |  |                                  |                             |                            |                                  |
| 1                         | Remote check-out   |                                  |                             |                            |                                  |
| 2                         | Free on-site testing before the guest departure  |                                  |                             |                            |                                  |
| 3                         | Ability to review guest folio via TV or mobile app   |                                  |                             |                            |                                  |
|                           | <b>RE-BOOKING INTENTION</b>  | <b>Strongly Agree</b>            | <b>Agree</b>                | <b>Disagree</b>            | <b>Strongly Disagree</b>         |
| 1                         | I have plan to re-visit this hotel in future   |                                  |                             |                            |                                  |
| 2                         | I will book again if I have need   |                                  |                             |                            |                                  |