JOURNAL OF INTERDISCIPLINARY PERSPECTIVES

ISSN Print: 2984-8288, ISSN Online: 2984-8385
Vol. 2, No. 8, pp. 6-15, August 2024

Implementation of Minimum Health Protocols for Dine-in Restaurants in Dumaguete City, Philippines

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Date received: June 1, 2024
Date revised: June 14, 2024
Date accepted: June 19, 2024

Originality: 99%
Grammarly Score: 99%
Similarity: 1%

Recommended citation:
Guevarra, S., Tayco, R., Tubog, M.V. (2024). Implementation of minimum health protocols for dine-in restaurants in Dumaguete City, Philippines. *Journal of Interdisciplinary Perspectives*, 2(8), 6-15. https://doi.org/10.69569/jip.2024.0254

Abstract. This study aimed to assess the implementation of minimum health protocols in dine-in restaurants in Dumaguete City. The researchers employed a descriptive research method using correlational techniques. The study focused on the owners, managers, and customers of dine-in restaurants, who were selected as respondents through convenience sampling. Results indicated that dine-in restaurants in Dumaguete City fully adhered to the government-mandated health protocols. Customers reported that the dine-in establishments they visited consistently implemented these protocols. Compliance with these measures was crucial for the restaurants to continue operating in the new normal. The study highlighted significant challenges faced by dine-in restaurants during the COVID-19 pandemic, including financial and operational impacts, adjustments to new norms, and adherence to government protocols. Additionally, the research revealed correlations between these challenges and various aspects of the restaurants' organizational profiles, such as the number of part-time employees and business hours. One of the primary challenges identified was the adherence to government protocols. The findings suggest that dine-in restaurants in Dumaguete City should maintain strict implementation and monitoring of the health protocols set by the government to ensure the safety of their services and products. Adhering to these safety and health protocols is essential for controlling the spread of COVID-19 and providing a safe environment for customers.

Keywords: COVID-19**;** Restaurant industry; Minimum health protocols; Dine-in restaurant; Descriptive method; Dumaguete City; Philippines.

1.0 Introduction

The novel coronavirus, also known as COVID-19, was first discovered in December 2019 in Wuhan, China. Within a short period, the virus has spread throughout the globe, reaching 146,054,107 confirmed cases with 3,092,410 deaths as of April 21, 2021 (WHO Report, 2021), becoming a true pandemic that has severely affected almost every country, with the Philippines, as no exception. In the first COVID-19 situation report of the Philippines to the World Health Organization (WHO) last March 9, 2020, the country only recorded seven (7) positive cases, of which the first case was recorded to have traveled in Negros Oriental, particularly in Dumaguete City. This made the Department of Health raise the COVID-19 alert system to Code Red Sublevel 1 to prepare for a possible increase in suspected areas in the country and to facilitate the mobilization of resources, including procurement of critical logistics and supplies (WHO Report, 2020). The country remains in Stage 2, localized transmission, with some geographic areas showing higher transmission intensity and indications of widespread community transmission with 574,247 positive cases (WHO Report, 2021).

With this, many industries have been suffering, including the food and beverage industry. The health crisis rapidly led to an economic decline due to the measures implemented by most countries to contain the virus. As a result, it has significantly impacted the tourism industry, especially in the food and beverage sector. Restaurants had to

close or operate with significant limitations, with only delivery and takeout services permitted (Madeira et al., 2020). Consumers tended to avoid public spaces and maintain distance from others. Even after reopening, authorities mandated these businesses to prioritize delivery services to reduce seating capacities in line with social distancing policies. The future for restaurants is dire, with experts estimating that over half will not survive (Severson & Yaffe-Bellany, 2020). Therefore, it is crucial to make strategic moves to maintain consumer demand during this crisis (Smith et al., 1996) (Sigala, 2020). This study aims to evaluate the extent to which dine-in restaurants in Dumaguete City, Philippines, are following the minimum health protocols set by the Department of Trade and Industry (DTI) and the COVID-19 Inter-Agency Task Force for the Management of Emerging Infectious Diseases Resolutions (IATF-EID).

The food and beverage industry must enforce safety and health protocols to ensure the well-being of employees and consumers. There are also significant concerns about operational restrictions. It is essential to restructure operations to produce and serve food safely, financially viable, and environmentally sustainable (Telukdarie et al., 2020). The virus's rapid spread has prompted nations and organizations worldwide to take urgent measures to protect public health. Many companies have issued guidelines emphasizing consistent hygiene practices, such as regular hand washing and minimizing face touching to limit the spread of the virus. Restaurants and other food establishments have also made significant adjustments by implementing recommended social distancing measures (Mitchel & Lustrin, 2020).

In the Philippines, to support the economy and prevent the spread of the virus, the Inter-Agency Task Force against Emerging Infectious Diseases (IATF-EID) has approved health protocols for dine-in operations based on the Department of Trade and Industry findings. Adhering to these guidelines will assist restaurants in staying open despite the challenges of the pandemic and the changing circumstances.

As more and more restaurants reopen in the Philippines, particularly in Dumaguete City, they must take extra measures to prioritize quality service, safety, cleanliness, and the implementation of health protocols and standards to ensure the well-being of their employees and customers. The researchers conducting this study are focusing on the need for local government studies to assess the extent of implementation of health protocols. This study will also address whether the mandatory minimum health protocols set by the Department of Trade and Industry and the Inter-Agency Task Force against Emerging Infectious Diseases are fully implemented and complied with by dine-in restaurants in Dumaguete City during their day-to-day operations in the absence of health marshals.

2.0 Methodology

2.1 Research Design

The study used a quantitative approach to gather data on the respondents' profiles, the implementation of minimum health protocols, and the challenges faced by dine-in restaurants. The quantitative approach allows the researchers to obtain a more comprehensive understanding of the implementation of minimum health protocols for dine-in restaurants in Dumaguete City. This study involved descriptive research using a correlational method. Descriptive research aims to provide a detailed portrayal of the characteristics of the population or phenomenon under investigation. The researchers used the correlational method to explore the relationship between variables and their strengths. The correlational approach aims to determine the degree of association between two different variables (Cherry, 2020).

2.2 Research Participants

One hundred sixty-five diner respondents and 38 owners/managers answered the survey questionnaire. The researchers employed two sampling methods. First, purposive sampling was used to gather information from the owners or managers/supervisors of food establishments in Dumaguete City that are still operating during the pandemic. The criteria for selecting food establishments as respondents included: a) being operational during the pandemic; b) being restaurants, bistros, or fast food establishments with ten or more employees; and c) being legally registered. On the other hand, convenience sampling was used to determine the number of customer respondents. This nonprobability sampling method identifies respondents based on proximity and does not necessarily represent the entire population.

2.3 Research Instrument

A questionnaire checklist was used as the main instrument for data gathering. The survey questionnaire is adapted from the memorandum circular no. 20-37 series of 2020 by the Department of Trade and Industry (DTI) on implementing minimum health protocols for dine-in services by restaurant and fast-food establishments and IATF interim guidelines on workplace prevention and control of COVID-19. This memorandum explains the mandatory minimum requirements for the operation of dine-in services and additional control measures to be implemented by food establishments. Reliability analysis was conducted on all items using Cronbach's α coefficient to measure internal consistency.

2.4 Data-Gathering Procedure

For data collection, the researchers requested permission from dine-in restaurant owners/managers and customers and used a questionnaire checklist as the primary instrument. The questionnaires were personally distributed and retrieved by the researchers.

2.5 Data Analysis

Descriptive statistics, including simple frequency counts and percentages, were used to evaluate nominal data. Additionally, weighted mean and standard deviation were employed to summarize the sample and measures. The researchers also performed multiple regressions to analyze the relationships between the extent of implementation of minimum health protocols for dine-in restaurants in Dumaguete City and various factors such as minimum health protocols as perceived by customers, challenges faced by dine-in restaurants amid the COVID-19 pandemic, and the profiles of the respondents.

2.6 Ethical Considerations

A consent form was given to the respondents to participate in the study. In line with the Data Privacy Act of 2012, the researchers are committed to protecting and securing personal information obtained during its mandate. Collected personal information was kept/stored and accessed only by the researchers and was not shared with any outside parties unless written consent was secured.

3.0 Results and Discussion

3.1 Background of the Respondents

Data in Table 1 presents the profile of the respondents of this study. Table 1 shows that on age, the majority of the respondents were aged 20-25. This conforms to the data provided by the Philippine Statistics Authority on the projected population by age group and by single-calendar year interval: 2010-2020 (medium assumption), which totaled 19.5 million (psa.gov.ph). This shows that since they belong to the most employed working group during the pandemic, this age is still active in dining outside. In Chua et al.'s study on customer restaurant choice, this group of individuals is also believed to be capable of earning disposable income and making decisions in restaurant selection.

Table 1 also shows that, regarding gender, most of the respondents are female; out of 162 respondents, 110 are female. Males, 53 or 32, follow this. 10%, and the LGBTQ group, with two respondents or 1.20%. The number of times eating in a restaurant, 2 to 3 times in a month, is the highest with a percentage of 22.4%. In the restaurant economy statistics 2022 posted by *toasttab.com*, a whopping 45% of diners go out to eat multiple times a month. These diners from varying demographics reported in ordering and payment. Lastly, 2 has the highest frequency of 41, or 24.8 %, on the number of companions eating in the restaurant. During the pandemic, restaurants had to undergo major logistical modifications and retrofitting to make in-house dining crisis-adaptive. This led to the removal of some tables and chairs to spread customers out when dining. In addition, the risk of contracting the virus also limits people's dining out. Some experts and health organizations have taken it upon themselves to assess the hazards of eating with others.

Table 1. Descriptive statistics of the socio-demographic profile of respondents

Variables	Frequency	Percentage
Age		
61 and above	1	0.61
56 – 60	2	1.21
51 – 55	1	0.61
46 – 50	4	2.42
41 – 45	7	4.24
36 – 40	10	6.06
31 – 35	7	4.24
26 – 30	25	15.15
20 – 25	83	50.30
18 – 19	25	15.15
Gender		
Female	110	66.70
Male	53	32.10
LGBTQ	2	1.20
Number of Times Eating in the Restaurants (Monthly)		
0	3	1.8
1	41	24.8
2	37	22.4
3	37	22.4
4	13	7.9
5	18	10.9
6	4	2.4
7	1	.6
9	1	.6
10	9	5.5
11	1	.6
No of Companions Eating in the Restaurants		
0	3	1.8
1	8	4.8
2	41	24.8
3	38	23.0
4	27	16.4
5	20	12.1
6	11	6.7
7	3	1.8
8	6	3.6
10	4	2.4
11	1	.6
12	1	.6
20	1	.6
25	1	.6

3.2 Profile of the Dine-in Restaurants

Data in Table 2 presents the profile of the dine-in restaurants. Table 2 shows that, of the types of restaurants, people prefer to eat in American/casual restaurants, with a frequency of 12 or 31.58%, according to Chua et al.'s study. On customer restaurant choice, they emphasized that customers eating in quick-casual dining restaurants look for a limited-service style, moderately priced food in a casual dining atmosphere. Customers look for quick but serve more quality food, which is a priority during the pandemic. Consumers who perceive the COVID-19 threat to be high will prefer private room dining restaurants or private tables in a restaurant. This prediction was based on several theories. First, the behavioural inhibition system theory (Elliot, 2006) suggests that the anxiety caused by the pandemic can generate avoidance behaviour, such as increasing physical distance from others in social interactions. The desire for safety increases, and thus, people avoid other people who might carry COVID-19 (Crandall & Moriarty, 1995). In response to COVID-19, many individuals stockpile supplies or take extreme measures to avoid contact with others. Consumers are also hesitant to dine out at restaurants and bars. Given these conditions, exploring the different factors that could encourage consumers to resume visiting restaurants is crucial. Accommodation in private restaurant rooms is an essential factor in consumers' perception and evaluation of restaurants (Hwang & Yoon, 2009; Tse, So, & Sin, 2006; Yim et al., 2014). The choice of dining in private rooms and fine restaurants with limited seating capacity was also reflected in the data, with a frequency of 6 or 15.79% of the total respondents.

Table 2. Descriptive statistics of the profile of the dine-in restaurant

Variables	Frequency	Percentage	Variables	Frequency	Percentage
Type of Restaurant			**Job Position**		
Al Fresco	1	2.63	Owner	4	10.53
American/Spanish/Casual/ Restaurant	12	31.58	Manager	25	65.79
Bistro	1	2.63	Supervisor	8	21.05
Café	2	5.26	Not Stated	1	2.63
Family Style	1	2.63	**Operating Hours**		
Fast Food Chain	4	10.53	8	4	10.5
Fine Dining/Private Rooms	6	15.79	9	2	5.3
Function and Resto	1	2.63	10	4	10.5
Quick Service	1	2.63	11	7	18.4
Semi Fine Dining	3	7.89	12	8	21.1
Resto Bar	1	2.63	13	4	10.5
Not stated	5	13.16	14	4	10.5
Number of Employees			15	1	2.6
Not stated	13	34.2	16	1	2.6
4	5	13.2	17	1	2.6
5	3	7.9	18	1	2.6
6	3	7.9	24	1	2.6
7	4	10.5	**Years in the Business**		
9	1	2.6	Less than one year	1	15.7
10	1	2.6	1	6	15.8
14	1	2.6	1.5	1	2.6
15	1	2.6	2	2	5.3
16	1	2.6	3	2	5.3
20	1	2.6	4	4	10.5
22	1	2.6	5	4	10.5
27	1	2.6	6	5	13.2
28	1	2.6	10	1	2.6
58	1	2.6	11	1	2.6
No. of Part-time Employee			13	2	5.3
0	26	68.4	18	1	2.6
1	2	5.3	21	1	2.6
2	3	7.9	34	1	2.6
3	3	7.9	35	1	2.6
6	1	2.6			
7	1	2.6			
11	1	2.6			
15	1	2.6			

N = 38

On the other hand, the number of employees in restaurants was also reduced. Layoffs and reductions were one of the major problems that restaurants faced during the pandemic. Restaurants were battered by COVID-19, with one in 10 permanently closed during the pandemic, according to estimates from food industry research firm Datassential. This has caused restaurants also to limit the number of employees, as reflected in the data. Data shows that dine-in restaurants in Dumaguete only employed and maintained four (4) staff in all their service operations.

Table 2 also shows that the majority of the respondents are working as managers in restaurants. This is simply because owners employ trusted people to run the business. Managers are chosen because of their competence and leadership roles in business management. It also shows that most restaurants in Dumaguete City only operate 12 hours a day during the pandemic. Restaurants have trimmed their weekly operating hours by 7.5%, or 6.4 hours, compared with pre-pandemic schedules, according to a new report from Datassential. This is due to the restrictions and curfew imposed by the Government during the pandemic that limits restaurants in their operation.

For years in business, most restaurants have been operating for one (1) year, which means they are new. Many discussions have been held, and predictions have been shared about restaurant closures and COVID-19. However, the results are the opposite: Restaurants and food businesses, an industry struck by the pandemic, have seen many brand-new business openings amid the increased challenges. The continued operation of these establishments has

been made possible by prioritizing health and safety measures and implementing new strategies to accommodate customers, such as offering outdoor services and dining options (*qsrmagazine.com*).

3.3 Minimum Health Protocols Implemented in Dine-in Restaurants

As Perceived by the Dine-in Restaurants

Table 3 shows the extent of implementation of minimum health protocols for dine-in restaurants. The study conducted by Ocampo et al. (2020) illustrates the implementation of minimum health protocols for dine-in restaurants. These protocols, including face masks, were introduced as part of the lockdown relaxation measures implemented by the Philippine Government in response to the COVID-19 pandemic to provide additional time for developing vaccines and antiviral drugs.

Additionally, restaurant personnel must adhere to recommended infection prevention and control practices, such as wearing appropriate face coverings, monitoring themselves for COVID-19 symptoms, and refraining from reporting to work if they feel unwell or have tested positive for the virus (cdc.gov).. These protocols specify that employees with COVID-19 symptoms or exposure should not be permitted to work, and dine-in restaurants in Dumaguete City have fully implemented this requirement.

Furthermore, the queuing area in these restaurants must maintain a one-meter distance on all sides and provide plastic barriers or dividers. The seating arrangement should also adhere to guidelines for face-to-face seating, and the installation of physical barriers, like clear plastic sneeze guards, is part of the establishment's engineering controls as outlined in the Occupational Safety and Health Act of 1970 (www.osha.gov). These measures are essential for preparing workplaces for COVID-19 and ensuring safety and health regulations compliance.

Table 3. Descriptive statistics of the extent of implementation of minimum health protocols for dine-in restaurants

Indicators	SD	Mean	Interpretation
1. The establishments implement the contract tracing measures collected by registering with the SafePass app or StaySafe.ph or health checklist form.	0.65	3.50	Fully Implemented
2. The establishment checks regularly the temperature (thermal scanning) of all personnel, suppliers, and customers prior to entry	0.50	3.55	Fully Implemented
3. The establishments politely declined entry of customers, workers, and suppliers exhibiting symptoms such as colds, colds, and difficulty breathing.	0.46	3.71	Fully Implemented
4. No personnel with COVID-19 symptoms or with exposure shall be allowed to report to work	0.59	3.76	Fully Implemented
5. There is a provision for rubbing alcohol sprayed on the hands of personnel, suppliers, and customers before entry	0.41	3.79	Fully Implemented
6. The establishments strictly enforce the "No Face Mask, No Entry Policy."	0.37	3.84	Fully Implemented
7. The establishment observes proper social/physical distancing between workers and customers.	0.43	3.76	Fully Implemented
8. There is a proper ventilation and exhaust system in the establishment.	0.47	3.68	Fully Implemented
9. The establishment practices the required distance of chairs and tables at least one (1) meter distance on all sides	0.41	3.79	Fully Implemented
10. The establishment queuing area complies with the one (1) meter distance on all sides	0.45	2.74	Implemented
11. The establishment provides plastic barriers/dividers for all tables and chairs for face-to-face seating,	1.19	2.67	Implemented
12. No self-service is allowed in our establishment.	0.89	3.39	Fully Implemented
13. The establishment observes proper sanitation of restrooms and ensures that it is free from the accumulation of trash	0.39	3.82	Fully Implemented
Composite Mean	**0.55**	**3.63**	**Fully Implemented**

As Perceived by the Customers

Data in Table 4 presents the minimum health protocols in Dine-in Restaurants as perceived by the customers. As shown, the respondents observed that dine-in restaurants in Dumaguete City fully implemented the minimum health protocols guidelines by the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID). The report of Gursoy et al. (2020) suggested that the following precautions were the most important to restaurant customers during the COVID-19 pandemic: visible sanitizing efforts, implementing social distancing, limiting the number of customers served, more frequent and rigorous cleaning of high-touch areas, and employee training of health and safety protocols. However, in global health pandemics like the COVID-19 pandemic, cleanliness and sanitation have become even more important to consumers (Gossling et al., 2020). Implementing suitable health protocols in every restaurant will make consumers feel safer and more comfortable when resting on the food and beverage offerings provided (Maemunah, 2021).

Table 4. Descriptive statistics of the extent of minimum health protocols implemented in dine-in restaurants as perceived by the customers

Indicators	SD	Mean	Interpretation
1. The food establishment implements contract tracing measures collected by registering with the SafePass app or StaySafe.ph or health checklist form.	0.77	3.32	Fully Implemented
2. The establishments perform thermal scanning of all personnel, suppliers, and customers before entry.	0.71	3.58	Fully Implemented
3. The establishments strictly enforce the "No Face Mask, No Entry Policy" on all customers.	0.55	3.72	Fully Implemented
4. The establishments install hand washing stations with adequate water and soap.	0.69	3.52	Fully Implemented
5. The establishments observe the maximum allowable persons inside the restaurant	0.78	3.36	Fully Implemented
6. The establishments observe NO customer-personnel contact policy	0.81	3.07	Fully Implemented
7. The establishment observes proper social/physical distancing between workers and customers.	0.74	3.36	Fully Implemented
8. Chairs in the restaurant were distanced at least one (1) meter on all sides.	0.92	3.26	Fully Implemented
9. The establishments provide plastic barriers /dividers in face-to-face settings.	1.04	2.93	Implemented
10. The establishments ensure an adequate air exchange in enclosed areas.	0.78	3.19	Implemented
11. The establishment practices alternative methods of payments	0.76	3.21	Fully Implemented
12. The establishment observes the administration of protocols, including the right to refuse service to customers who fail or refuse to comply.	0.75	3.35	Fully Implemented
Composite Mean	**0.77**	**3.32**	**Fully Implemented**

Table 4 shows that respondents observed that dine-in restaurants implemented the following protocols: "the establishments provide plastic barriers /dividers in face-to-face setting" and "the establishments ensure an adequate air exchange in the enclosed area ."The outbreak of the coronavirus pandemic in 2020 has had a variety of social and economic impacts affecting several service industries. Concerning the services cape, some restaurant operators removed or blocked off tables and seats, put up partitions between tables and counter-service areas and even placed mannequins or dolls in seats to further ensure proper social distancing (Petre, 2020). These policies and changes were among the most crucial safety precautions customers expected of restaurants as they reopened, per a report by Gursoy et al. (2020).

The 2020 study by Lyu and Wehby examines the impact of state government mandates for public face mask use on the spread of COVID-19, providing evidence that supports the effectiveness of widespread community use of face masks. In restaurant service, the key to food service is serving food and drinks to guests. Some restaurants have adapted by implementing new health protocols. Restaurants have implemented health and security protocols by providing hand sanitizers at the cashier desk. Cashiers are also required to wear a mask when making transactions with consumers. Implementing suitable health protocols in every restaurant will make consumers feel safer and more comfortable when resting on the food and beverage offerings provided (Maemunah, 2021).

3.4 Challenges Faced by the Dine-In Restaurants

Table 5. Descriptive statistics of the challenges faced by dine-in restaurants amid COVID-19 pandemic

Indicators	SD	Mean	Interpretation
Cancellations of booking	0.87	3.00	Somewhat Agree
Financial and operational impact of the pandemic	0.65	3.45	Strongly Agree
Decline in customer demand	1.01	3.00	Somewhat Agree
Effects on workplace and productivity	0.89	3.11	Somewhat Agree
Limited face-to-face activities	0.87	3.18	Somewhat Agree
Adopting and applying new normal ways	0.67	3.37	Strongly Agree
Decreasing or losing revenue	0.88	2.92	Somewhat Agree
Government protocols	0.69	3.50	Strongly Agree
Composite Mean	**0.82**	**3.19**	**Somewhat Agree**

Table 5 presents the challenges faced by dine-in restaurants during the pandemic. The challenges faced by dine-in restaurants during the pandemic were significant. According to Table 5, respondents highlighted various issues, including booking cancellations, declining customer demand, impacting workplace productivity, limited face-to-face activities, and decreasing or losing revenue. The pandemic presented an unprecedented challenge to the hospitality industry, leading to temporary closures of many businesses and a significant decrease in demand due to strategies aimed at combating COVID-19, such as community lockdowns and social distancing (Bartik et al., 2020). However, hospitality businesses are expected to make substantial changes to their operations in the COVID-19 business environment to ensure employees' and customers' health and safety and enhance customers' willingness to patronize their business (Gössling et al., 2020). The study of Tayco et. al (2023), explains that the

F&B establishments faced challenges during the COVID-19 pandemic, and customer demand for high-quality service while observing the safety protocols is increasing.

Additionally, respondents stressed the financial and operational impact of the pandemic, the need to adopt new standard practices, and challenges related to government protocols. The tourism industry, in particular, is expected to be heavily impacted by the pandemic (UNWTO (2020), necessitating adjustments to cope with social distancing and the "new normal" (Pricewaterhouse Coopers, 2020). Government intervention and stimulus packages are crucial in supporting industries and improving productivity during this challenging time (Higgins-Desbiolles, 2020).

Large and small restaurants had to adapt their operations significantly, with small businesses often being the most affected. Implementing new safety measures, such as changing gloves, sanitizing tables, and wearing masks, became essential for employees. Managers must ensure compliance with these rules while managing orders and staff effectively. This underscores the significant impact of government protocols on dine-in restaurants during the pandemic.

3.5 Relationship Between Socio-demographic Profile and Extent of Implementation

Table 6. Analysis for the relationship between socio-demographic profile and extent of implementation

Variables Tested		p-value	Interpretation
Dependent	**Selected Profile Variables**		
Implementation of minimum health protocols	Gender	0.221	Not Significant
	No. of times eating in the restaurants	0.187	Not Significant
	No. of companions when eating in the restaurants	0.986	Not Significant
	Type of restaurants	0.649	Not Significant
Minimum health protocols implemented in dine-in restaurants	Job Position	0.555	Not Significant
	Number of Regular Employees	0.839	Not Significant
	Number of Part-time Employees	0.904	Not Significant
	Operating Hours	0.764	Not Significant
	Years of Business	0.898	Not Significant

Legend: If $p > 0.05$, the relationship is not significant; if $p < 0.05$, the relationship is significant

Table 6 shows socio-demographic profile has no significant relationship to the extent of implementation of minimum health protocols and minimum health protocols implemented in dine-in restaurants. This means that the profiles of the respondents did not affect the implementation of minimum health protocols in dine-in restaurants. Few studies provide evidence of differences in the effects of the pandemic by socioeconomic status. A study by Ashraf (2020) explores the relationship between socioeconomic factors, government policy, and COVID-19 health outcomes. Ashraf (2020) finds a strong negative association between COVID-19 cases and socioeconomic conditions, which can be alleviated by government policy. The study results align with this view that the socio-demographic profile of the respondents did not affect the implementation of minimum health protocols and minimum health protocols implemented in dine-in restaurants. Understanding the influence of human behavior on the spread of disease is crucial during a pandemic. It is essential to comprehend the motivations behind people's health-related actions or inactions (Papageorge et al., 2021). Similarly, Zimmermann et al. (2020) advocate for swiftly addressing the human factor at the onset of an outbreak as the most effective strategy for mitigating future pandemics.

3.6 Relationship Between Challenges Faced and the Organizational Profile of the Dine-in Restaurant

The result shows that the number of part-time employees and operating hours are positively correlated with minimum health protocols implemented in dine-in restaurants, this correlation is significant at 0.05 levels. For the specific independent variables of the number of part-time $p=.008$, challenges may differ in each establishment when they have a different number of part-time employees. Challenges may also be experienced to different degrees when the respondents were grouped according to operating hours per day, $p=.037$. Furthermore, the number of part-time employees and the business hours led to different challenges the establishments faced during the COVID-19 lockdown. As revealed in Table 5 government protocols are one of the biggest challenges dine-in restaurants face during the pandemic. Another critical challenge for the restaurant industry is social distancing, which is one of the protocols set by the government.

Table 7. Analysis for the relatioship between the challenges faced and the organizational profile of the dine-in restaurant

Variables Tested		p-value	Interpretation
Dependent	**Selected Profile Variables**		
Minimum health protocols implemented in dine-in restaurants	Type of restaurants	0.818	Not Significant
	Job Position	0.232	Not Significant
	Number of Regular Employees	0.074	Not Significant
	Number of Part-time Employees	0.008	Significant
	Operating Hours	0.037	Significant
	Years of Business	0.964	Not Significant

Legend: If $p > 0.05$, the relationship is not significant; if $p < 0.05$, the relationship is significant

This increased pressure on restaurants' operations due to the lower capacities (Peistikou, 2021) is one of the reasons why dine-in restaurants in Dumaguete City reduced their operating hours. Another challenge the dine-in restaurant faces is that training the restaurant staff on following new hygiene procedures is both costly and time-consuming. That is why some dine-in restaurants hire part-time employees with experience in hygiene and safety procedures to minimize their training costs. Nevertheless, restaurants attempt to address those challenges by taking various actions from their end, such as menu pricing, rewarding loyalty, and enhancing customer experience (Khan, 2020).

3.7 Relationship Between the Profiles of the Respondents to the Extent of Implementation

Table 8. Analysis for the relationship between the profiles of the respondents to the extent of implementation

Variables Tested		Pearson r value and Spearman rho value (r & ρ values)	p-values	Remarks
Dependent	**Independent**			
The extent of implementation of minimum health protocols	Age	-0.264	.109	Not Significant
	Gender	0.171	.305	Not Significant
	No. of times eating in the restaurants	-0.072	.669	Not Significant
	No. of companions when eating in the restaurants	0.135	.420	Not Significant

Legend: If $p > 0.05$, the relationship is not significant; if $p < 0.05$, the relationship is significant

Table 8 shows that the extent of implementation of minimum health protocols has no significant relationship to the socio-demographic profile of the customer. Not all identified independent variables are significant to the perceptions of the extent of implementation of minimum health protocols. The study by Ashraf (2020) finds a strong negative association between COVID-19 cases and socioeconomic conditions, which can be alleviated by government policy. Akmal et al. (2022) show no relationship between knowledge and the application of health protocols to prevent COVID-19. The study's findings confirm the other studies' views that respondents' socio-demographics are insignificant in the perceptions of the extent of implementation of minimum health protocols. This means that the customers eating in the dine-in restaurants in Dumaguete City are not concerned if the dine-in restaurants they visit are implementing the health protocols as required by the Government.

4.0 Conclusion

The study indicates that dine-in restaurants in Dumaguete City have effectively implemented minimum health protocols in response to the COVID-19 pandemic, adhering to government mandates. These protocols, which include the use of face masks, physical distancing measures, and the installation of plastic barriers, have been rigorously enforced to ensure the safety of both employees and customers. Customers have observed that these restaurants comply fully with the guidelines set by the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID), reinforcing the importance of these measures in maintaining public health.

Despite the successful implementation of health protocols, the pandemic has posed significant challenges for the restaurant industry, particularly in terms of financial and operational impacts. Restaurants have had to adapt to new safety measures, manage reduced customer demand, and navigate government regulations, with smaller establishments often bearing the brunt of these changes. The study also reveals that the socio-demographic profiles of customers do not significantly influence their perceptions of the health protocols' implementation,

suggesting a uniform expectation of safety measures across all demographics. Overall, the findings highlight the critical role of stringent health protocols in supporting the restaurant industry's resilience during the pandemic.

5.0 Contributions of Authors

Sheena T. Guevarra: Conceptualization, Writing the original draft, Writing review and editing, Writing the analysis, Writing the revision of the manuscript.
Ryan O. Tayco: Conceptualization, Writing the original draft, Writing the review and editing, Writing the analysis, Writing the revision of the manuscript.
Millard Vaughn Tubog: Conceptualization, Writing the original draft, Writing the review and editing.

6.0 Funding

This research received funding from Negros Oriental State University.

7.0 Conflict of Interests

The authors have no conflict of interest to declare.

8.0 Acknowledgment

The authors express their gratitude for the support provided by the Research, Innovation, Development, and Extension (RIDE) Office of Negros Oriental State University in completing this study.

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