Adoption and Sustenance of COVID–19: Preventive Measures among Hotel Staff in Lagos State, Nigeria

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Certification

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Dedication

This thesis is dedicated to Almighty God for the wisdom and strength He gave me to complete this programme. May He receive all the glory.

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Abstract

The emergence of COVID-19 pandemic has greatly influenced the growth of hotel industry in every nation. Hoteliers must adopt and sustain preventive measures to tackle the spread of this disease. This study examined the level of adoption and sustenance of COVID-19 preventive measures among hotel staff in Lagos State. A descriptive survey design was adopted for this study. The population was 425 and the sample size was 203 using the stratified method. Data were obtained using a structured questionnaire, interviews, personal observation method and focus group discussion was conducted through face to face and telephone interviews for some service staff and management of the selected hotels. The data obtained were analyzed using table, frequency, percentage, mean and standard deviation. The respondents affirmed that their hotels put in place measures to prevent transmission of COVID-19. The hypotheses were tested using the multiple regression analysis. The results showed that there was significant combined influence of the independent factors (Gender, Age, Level of Education, Marital Status, Year of Work Experience, and Current Job Position) on adaptability of hygiene measures ($R = 0.683$, $R^2=0.187$, $F=13.283$). The coefficient results also showed that Eko Hotel & Suites, p= -.101; The Sun Int'l Federal Place, p= -.109; Sheraton Hotel & Towers, p= -.105; Lagos Airport Hotels, p= -.098; Havannah Suites & Conference Centres, p= -.069. The output proved that the five hotels p-values were less than the 0.05 level of significance. Hence, it was concluded that there were preventive measures in place in all hotels to tackle COVID-19 transmission among hotel staff and guests; however, these preventive measures were adopted and sustained in the five selected hotels. Hence, it was recommended that hoteliers should provide adequate disinfection of the general environment, sterilization of receptions, rooms and corridors, air purifiers, and healthy meals and effectively train and educate their staff on the nature of pandemics and post-pandemic steps

Keywords: COVID-19 Pandemic, Hotel, Hospitality Industry, Tourism, Lagos
Word Count: 295

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Chapter One

Introduction

1.1 Background to the Study

Diseases are one of the most significant issues confronting the modern society. The majority of these illnesses are caused by viruses[1]. Because of the complicated nature of some of these viruses, health professionals are frequently unable to combat them. The COVID-19 pandemic is one of the worst infectious epidemics that have swept the globe in recent memory. The hotel industry's global development trajectory has lately been endangered by the abrupt breakout of COVID-19 in Wuhan, China, towards the end of December 2019. Governments all over the world have taken steps to stem the spread of the Coronavirus, which has wreaked havoc on the tourism and hospitality industries[2].

The contemporary corona virus pandemic (COVID-19) has caused serious socioeconomic and psychological hardship throughout the world. It has surely had an impact on the global economy. It has influenced people's lifestyles and livelihoods, as well as their health, social, and financial circumstances. People all across the world are experiencing fear, worry, and anxiety as the number of instances grows. People had to deal with psychological stress, panic attacks, and anxiety after learning that this sickness had no known treatment. Corona virus disease 2019 (COVID-19) is a contagious illness caused by the corona virus 2 that causes severe acute respiratory syndrome (SARS-CoV-2). In December 2019, the first known case was discovered in Wuhan, China[3]. Since then, the disease has spread worldwide, resulting in a pandemic. Before Wuhan, the virus may have been circulating in Guangdong areas. It appears to have started from a corona virus that infects wild bats and transmitted to people via an intermediary animal host, according to evidence. The notion that the Coronavirus was accidently discharged from a Chinese facility is also being considered more and more[4].

The virus that causes COVID-19, SARS-CoV-2, is spread mostly through respiratory secretions and person-to-person contact. Transmission can also happen when infected people come into contact with infectious things in their immediate surroundings[5]. The World Health Organization and Chinese officials verified human-to-human transmission by January 20, 2020, with the majority of cases being connected to the Huanan Seafood marketplace, which sold live animals as well[6]. The World Health Organization and Chinese officials verified human-to-human transmission by January 20, 2020, with the majority of cases being connected to the Huanan Seafood marketplace, which sold live animals as well.

Fever, dry cough, and exhaustion are the most typical COVID-19 symptoms. Aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of taste or smell, a rash on the body or skin, and darkening of fingers and toes are some of the less frequent symptoms that may afflict certain people with COVID-19. In the majority of instances, some persons become infected but only experience minor symptoms, while others who are infected with SARS-CoV-2 experience no symptoms of any kind[7].

COVID-19 is transmitted when individuals are in close quarters, especially indoors, and when they breathe air polluted with droplets and tiny airborne particles. Transmission can also occur when infected fluids are splashed or sprayed into the eyes, nose, or mouth, as well as via contaminated surfaces. People can be infectious for up to 20 days or more after contracting the virus, and they can spread it even if they do not show any symptoms.

Persons contact the disease mostly from inhaling droplets and tiny airborne particles that infected people exhale while they breathe, talk, cough, sneeze, or sing[8]. When infected persons are physically near to another person, they are more likely to transfer COVID-19. Infection can, however, spread across greater distances, especially indoors.

Preventing the spread of this infection, which affects not only health but also economy, education, politics, and social order, is society's most powerful and effective weapon. The government has taken actions to combat the spread of COVID-19, including raising public knowledge about the illness, providing up-to-date information on preventive measures, and implementing lock-downs. The current method for limiting the spread of COVID-19 infections is to take preventive actions[5]. To prevent the spread of Coronavirus, early screening, diagnosis, isolation, and treatment are required. Different forms of illness outbreaks are occurring over the world, and their coverage occasionally has a worldwide impact. One can tell from the records that there have been catastrophic epidemics that have altered the trajectory of human history[6]. With the exception of general precautionary action, hospitality and other accommodation establishment employees have specific precautionary measures provided by the World Health Organization which was accepted in various hotel departments. The general preventive measures include thorough and accurate hand hygiene; good respiratory hygiene; physical distancing; avoiding touching of nose, eyes, and mouth; and the wearing of medical or fabric masks for the general public[8].

In the hotel sector, proper ventilation of buildings and interior settings, as well as environmental cleaning and disinfection, particularly of regularly handled item surfaces, can assist to lower the risk of infection staying at home, getting vaccinated, avoiding crowded places wearing a mask in public, ventilating indoor spaces, keeping a safe distance from other people, washing hands with soap, managing potential exposure duration and water frequently and for at least twenty seconds, practicing good respiratory hygiene, and avoiding touching the eyes, nose, or mouth with unwashed hands are all other ways to reduce the risk of infection[9 & 10]. The hospitality business is one of the Nigerian economic sectors that has been severely impacted by the Corona virus pandemic

COVID–19. Since February 2019, the pandemic has impacted lodging establishments, meetings, and conventions.

The disastrous impact of the Corona virus on a country's economy and the rising death rate throughout the world prompted the government to enact a slew of new regulations. This includes the full or partial closure of educational institutions and workplaces throughout the country, limiting the number of visitors, closing worship centers, particularly mosques and churches, prohibiting and restricting mass gatherings, workshops, and sporting activities, canceling smaller meetings and conferences, mandatory quarantine of travelers upon arrival, country internal or external border closures, and nationwide stay-at-home restrictions. Due to worker contact with guests and services provided to groups of people, the hotel industry is one of the most susceptible businesses. Because of the vast number of people engaged, Coronavirus is more likely to spread. As a result, a determined effort must be undertaken to guarantee that hotel employees followed COVID-19 preventative steps to decrease the spread of this fatal virus in the hospitality business. Hand hygiene, physical distance, avoiding touching eyes, nose, and mouth, cough and sneezing etiquette (respiratory hygiene), use of medical or fabric masks, stay-at-home orders when indicated, and seeking medical attention when symptoms consistent with COVID-19 are present should be followed by all employees of the accommodation establishment[11].

1.2 Statement of the Problem

Many investigations have been conducted on the COVID-19 phenomena in general. Corona viruses are the subject of several of these studies: In the research of a COVID–19 Overview on Nigeria's Education Sector. COVID–19 has had an unparalleled influence on Nigeria's education sector, according to the findings. School closures across the

country, poor learning, uneven access to education opportunities, weak skills, and low school enrolment numbers are all consequences. According to the report, Nigerian education should become viral through the use of technology[12]. In addition, the study on the impact of COVID–19 on companies in Nigeria found that the epidemic had a detrimental impact on commercial activities in Nigeria.

The findings of the study revealed that the Corona virus generated worldwide economic crises in enterprises, which had direct repercussions on bank deposits, as well as a substantial influence on the stock market due to the low consumer goods index and industrial goods index/ Finally, the report advised that businesses make use of the Federal Government's loan and other assistance programs to help enterprises' financial positions and mitigate the impact of the COVID-19 epidemic on Nigerian businesses[13].Other studies looked at the impact of the corona virus on Nigerian economy, and it was acknowledged that the COVID-19 epidemic has slowed GDP growth to 2% as a result of low oil prices and demand, this pandemic resulted in lower consumption, lower investment, higher government spending, and lower net exports. The answer to the crisis, according to the findings, is for the federal government to enhance government expenditure and tax cuts for enterprises, while small firms are exempt from paying corporate income tax[14].

The conclusions of the study on the impact of COVID–19 on the tourist industry found that the COVID-19 virus epidemic has resulted in nations throughout the world imposing travel restrictions and closing their borders to movement into and out of their country. This has a negative impact on Nigeria's tourist business. Due to travel cancellations, tourism sectors such as airlines, hotels, entertainment, and hospitality are seeing a drop in patronage, resulting in billions of dollars in income and hundreds of thousands of job

losses in the country. This report advises that attention be shifted to alternative industries such as agriculture, and that company operators in tourism and other vital areas be compensated[15]. The employment situation has also been significantly impacted by staff layoffs, salary cuts, and job losses. Cash flow, travel limitations, guest cancellations, poor consumer spending, the industry's general economic unpredictability, and the COVID-19 pandemic uncertainty are the current issues affecting hotels. All of these studies completely ignored the issue of COVID-19 Preventive Measures Adoption and Sustenance among Hotel Staff in Lagos, Nigeria. They neglected to take steps to halt the virus from spreading and to lower the country's fatality rate. As a result, this study acts as an intervention to address the current academic gap and literature gap on the issue at hand.

COVID-19 transmission from one person to another can be slowed or stopped in hotel industry among the staff if hotel management can strictly adopt and sustain staff personal hygiene and implement world health organizations guidelines on measures to reduce COVID-19 pandemic transmission among hotel staff and other accommodation establishments. This guidelines is deigned to ensure that the accommodation sector can protect the heath of its staff and clients. The death toll from COVID-19 is rising daily and hotel managements cannot fold their arms and allow their staff dies without control. This thesis will persuade hotel employees to use COVID-19 transmission prevention strategies in order to lower mortality and infection rates in the hospitality business.

1.3 Aim and Objectives of the Study

The aim of this study is to assess the level of adoption and sustenance of COVID-19 preventive measures among Hotel Staff in Lagos State, Nigeria. The study specific objectives are to:

i. examine the combined influence of hotel staff's personal variables (gender, age, education level, marital status, years of work experience and job position) on the adaptability of hygiene measures.
ii. ascertain the influence of COVID–19 on hotel industry businesses during and post pandemic
iii. assess the preventive measures being adopted and sustained by hotel staff in different hotels
iv. evaluate the level of compliance among hotel staff and the observed outcomes in the selected hotels.
v. suggest solutions to identified challenges encountering by the hotel management in adopting and sustaining of COVID-19 preventive measures.

1.4. Research Questions

This thesis will answer the following research questions:

i. What is the combined influence of hotel staff's personal variables (gender, age, education level, marital status, years of work experience and job position) on the adaptability of hygiene measures?
ii. What are the influences of COVID–19 on hotel industry businesses during and post pandemic?
iii. What are the preventive measures being adopted and sustained by hotel staff in different hotels?
iv. What is the level of compliance among hotel staff and the observed outcomes in the selected hotels?
v. What are the solutions to identified challenges encountering by the hotel management in adopting and sustaining of COVID-19 preventive measures?

1.5 Hypotheses

$H_0$1 - Combined indicators of hotel staff's personal factors will not significantly influence the adaptability of hygiene measures on the transmission of COVID-19 among Hotel Staff in Lagos

Ho2- There is no significant influence of adoption and sustenance of preventive measures on the transmission of COVID-19 among Hotel Staff in Lagos

Ho3 - There is no significance difference in the measures adopted and sustained by different hotels to preventive COVID-19 transmission in Lagos

1.6 Justification of the Study

Many studies have been conducted on the COVID-19 phenomena in general, its impacts on the economy, health and education sectors in Nigeria but this study is justified due to the fact that fewer research work have been conducted on the topic. The work is important because it proposes remedies to the concerns of COVID–19 transmissions among hotel employees. In addition, despite the rising rates of viral infection in Lagos State, there has been dart of information on the adoption and sustenance of COVID-19 preventive measures among hotel workers no research has looked at the adoption and sustenance of COVID–19 preventive measures among hotel workers.

The potential utility of this study is to reduce COVID-19 transmission among hotel staff. The study will enable hotel staffs in Lagos State to catch up with international best practices on preventive measures against COVID-19.

The study will provide ways for minimizing Coronavirus transmission in our hotels. This thesis will add to the corpus of knowledge about the hotel industry's response to the COVID-19 crisis.

The findings will assist policymakers in making precise decisions (where, how, and why additional resources should be allocated) regarding the prevention and spread of the corona virus in the hotel business.

1.7 Significance of the Study

This study believes that adoption and sustenance of COVID-19 preventive measures among Hotel Staff in Lagos. State, Nigeria will reduce the rate of COVID-19 transmissions among hotel staffs in Lagos State. The researcher also believed that the findings and recommendations of this study will be useful to hotel staffs and management, government and policy makers on the prevention of COVID-19 in Nigeria. It will equally reduce mortality rates in the State.

The stakeholders who will benefit from the completion of this thesis are all hotel staff, who will learn how to prevent virus transmission from staff to staff and from guests to staff, as well as hotel management, who will learn how to prevent virus transmission and how to handle COVID-19 virus confirmed cases in the hotel.

The thesis will aid hotel owners and stockholders by providing information on numerous strategies to prevent the spread of the Corona virus, as well as a thorough understanding of all preventative kits required by employees and management to deal with the virus's spread.

1.8 Scope of the Study

Medical professionals use a variety of prophylactic strategies to avoid COVID-19 transmission. The conceptual scope covered COVID–19 influence on hotel industry sustainability, preventive measures being adopted and sustained by hotel staff in different hotels and level of compliance among hotel staff. Also, to review how hotel management

and staff personal hygiene practices and to discuss the influence of COVID-19 on hotel industry sustainability.

Initially, the researcher intended to cover a large number of hotels in Lagos State, but due to some difficulties that come with large-scale work and the limitation of people's movement in most hotels, the study focused on five hotels namely Eko Hotel and Suites, Victoria Island; The Sun International's Federal Palace, Victoria Island; Sheraton Hotels and Towers, Ikeja; Lagos Airport Hotel, Ikeja; and Havannah Suites and Conference Center, Gowon Estate, Egbeda. In each of these hotels, the study captured at least 20 hotel staff.

1.9 Limitation of the Study

The main limitations to this research work is the difficulty encountered in getting hotel management approval to conduct the study and several interrogations before one can be allowed to enter the hotel reception. The thesis is severely limited by social separation and restrictions on guest movement. Respondents refusing to answer questionnaires over the internet was one of the problems I had while creating this research paper. They favored hard copy and direct questionnaire completion. This is a difficult task. Payment for questionnaire help workers is expensive, and there is regular phone follow-up and direct visits to the firm to collect questions. A serious screening procedure by hotel security before admission into the hotel is a big issue that I have faced. In Lagos, there was relatively little information regarding the hotel industry. The number of laid-off employees and the amount of COVID-19-infected hotel employees were not disclosed. This, among many others, is a significant hurdle for this research.

1.10 Operational Definition of Terms

COVID-19: The SARS-CoV-2 virus causes Corona Virus Disease (COVID-19), which is an infectious disease. The majority of those infected with the virus will have mild to moderate respiratory symptoms and will recover without the need for medical attention. However, some people will become extremely unwell and need medical help.

Hotel Staff: People who are hired to work at a hotel. They are those that are directly engaged by the hotel employer to offer hotel service.

Pandemic: An epidemic of a disease that has spread throughout a country or the world.

Personal hygiene: Hygiene is a set of conditions or activities that promote good health and illness prevention, particularly via cleanliness. Keeping all portions of the external body clean and healthy is part of good personal hygiene. It is critical for the physical and emotional well-being of the body.

Tourism: Tourism is the philosophy and practice of visiting, as well as the business of recruiting, accommodating, and entertaining travelers, whether for pleasure or for business.

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Chapter Two

Literature Review

The chapter presents some of the related materials to the study. It focuses on the origin and causes of COVID–19, symptoms and transmission of COVID-19, The COVID–19 variants. prevention and treatment of COVID–19. The COVID-19 pandemic in Nigeria, government responses, hotel organization structure and theoretical framework.

2.1 Conceptual Review

The entire world was thrown into a pandemonium following the outbreak of the corona virus and the speed at which the virus was spreading globally. Today, the corona virus pandemic has claimed the lives of hundreds of thousands of people worldwide. It has become the most talked about viral disease spread in the 21st century. In December 2019, Wuhan City, Hubei Province, China, saw the development of coronavirus illness 2019 COVID-19, which was thought to be caused by a new severe acute respiratory syndrome coronavirus 2 SARS-CoV-2. Although the exact origin of the outbreak of the virus is still not clear, strong evidence shows that the Huanan Seafood Wholesale Market in Wuhan could be the starting point of the pandemic[1]. Since December 8, 2019, multiple instances have been documented, and many patients who worked and resided near the local Huanan Seafood wholesale market had no prior contact to the virus[2].

On January 7, a new coronavirus, designated 2019-nCoV by the World Health Organization, was discovered in a patient's throat swab sample[3]. The Coronavirus Study Group dubbed this pathogen severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) and the disease coronavirus disease 2019 (COVID-19) by the WHO[4].

As at January 30, 2020, 7736 confirmed cases and 12,167 suspected cases had been reported in China and 82 confirmed cases had been detected in 18 other countries [5]. On

the same day, WHO declared the SARS-CoV-2 outbreak as a Public Health Emergency of International Concern[6].

2.2 Origin and Causes of COVID–19

A novel coronavirus, now known as SARSCoV-2, was discovered as the major cause of an outbreak of acute respiratory disease in the Chinese city of Wuhan in late 2019. The Chinese health authorities launched an immediate probe to examine the virus and bring it under control. Infected individuals were quarantined and closely monitored. Epidemiological data and clinical information were gathered, as well as the creation of the diagnosis and treatment technique[7].

On January 7th, Coronavirus was finally identified and temporarily called "2019-nCoV"[8]. On January 9th, Chinese authorities reported the first death from diseases caused by 2019-nCoV. It was a 61-year- old man, who went shopping at the above mentioned wet market[9]. As of January 20th, the first case from outside of China was reported[10]. The virus spread quickly, and another cluster of health-care workers caring for persons infected with 2019-nCoV emerged in China. This demonstrated the Corona virus's fast propagation among humans[11]. A little later, on February 23rd, COVID-19 arrived in Italy and caused the first major outbreak of the virus in Europe. Many clusters of cases were reported from near Milan. As a consequence, schools shut down and public events were canceled[12]. On March 11th the WHO declared the outbreak of the Coronavirus as a pandemic. Italy became one of the epicenter of the pandemic in Europe, as on March 20th domestic authorities reported the second largest numbers of people infected with COVID-19 after China.

Chinese officials shut off Wuhan, where the Coronavirus began, on January 23rd. In Wuhan, a comprehensive lockdown was imposed owing to an increase in Coronavirus infections. On February 11th, the World Health Organization replaced 2019-nCoV with COVID-19[13]. However, out of the first five occurrences of COVID-19 infection in Europe, none were fatal. On January 24th, patient 1 was found to be positive for COVID-19[14]. It was a 31-year-old Wuhan resident who visited France as a tourist. On January 16th, the guy visited a hospital in Wuhan, and on January 19th, he initially developed symptoms of a cold. The patient was admitted to the hospital's critical care unit due to serious symptoms. The man was finally declared healthy on February 12th Patient 2 traveled back from China to France on January 22nd. The 48- year- old Chinese man, who was living in France, came back from a business trip to Shanghai, where he went for three days to Wuhan as well. On January 24th, the patient was diagnosed, and because to his high temperature, he was sent to the hospital's critical care unit.

The disease was called COVID-19, which stands for corona virus disease 2019, by the World Health Organization by February 2020. 2019-nCoV infection can cause asymptomatic pneumonia to extremely severe pneumonia with acute respiratory distress syndrome, septic shock, and multi-organ failure, all of which can lead to death[15]. The WHO designated the COVID-19 outbreak a public health emergency of worldwide concern on January 30, 2020, and began classifying it as a pandemic in March 2020 to stress the severity of the situation and urge all governments to take action in diagnosing illness and stopping transmission.

COVID-19 is believed to transmit mostly from person to person, primarily by respiratory droplets created when an infected person coughs or sneezes. These droplets may fall into surrounding people's mouths or noses, or they may be inhaled into the lungs. Contact with infected fomites and inhalation of aerosols created during aerosol producing processes

have also been included in the transmission of corona viruses. It has also been reported that SARS-CoV-2 can be transmitted from asymptomatic persons (or those who are still in the incubation stage). The amount to which this occurs, however, is uncertain[16]. Unfortunately, for this worldwide pandemic, there is no drug that has been licensed by the government, has undergone controlled research, and has showed an effect on the virus.

Preventing the spread of this infection, which is hurting not just health but also economy, politics, and social order, is society's most powerful and effective weapon. The WHO's interim guidance, "Responding to community spread of COVID-19," was published on March 7, 2020, and states that the best way to prevent COVID-19 from spreading is to develop coordination mechanisms in areas such as transportation, travel, commerce, finance, security, and other sectors that affect the entire society[17]. COVID-19 is easily distributed by the virus that causes it. According to research, the COVID-19 virus travels mostly from person to person among people in close proximity (within about 6 feet, or 2 meters). When a person with the virus coughs, sneezes, breathes, sings, or talks, respiratory droplets are discharged. These droplets can be inhaled or land in someone's mouth, nose, or eyes. When a person is exposed to very small droplets or aerosols that persist in the air for several minutes or hours, the COVID-19 virus can spread. This is known as airborne transmission. If you contact a surface that has the Coronavirus on it and then touch your mouth, nose, or eyes, the virus can spread.

The COVID-19 virus can be disseminated by someone who is infected but does not show any symptoms. Asymptomatic transmission is the term for this type of transmission. The COVID-19 virus can also be disseminated by someone who has been infected but has not yet displayed symptoms. Symptomatic transmission is the term for this.

2.3 Symptoms and Transmission of COVID-19

Fever, cough, headache, exhaustion, breathing problems, and loss of smell and taste are all common symptoms of COVID–19. Symptoms might appear anywhere from one to fourteen days after being exposed to the virus. At least a third of those infected do not show any signs or symptoms[18].

Transmission can also occur if infected fluids are splashed or sprayed in the eyes, nose, or mouth, as well as via contaminated surfaces. People can be infectious for up to 20 days after contracting the virus, and they can spread it even if they don't show any symptoms[19]. Several COVID-19 vaccines have been authorized and supplied in a number of countries, with widespread immunization efforts underway. Physical or social separation, quarantining, ventilation of interior areas, covering coughs and sneezes, hand washing, and keeping unwashed hands away from the face are some other preventative strategies. In public places, the use of face masks or covers has been advocated to reduce the risk of transmission. While medications to suppress the virus are being developed, the primary therapy is symptomatic. Treatment of symptoms, supportive care, seclusion, and experimental approaches are all part of the management process[20].

2.4 COVID–19 Variants

SARS-CoV-2, the virus that causes COVID-19, changes over time, and some of these changes may have an impact on the virus's properties, such as how easily it spreads, the severity of the disease it causes, or the effectiveness of vaccines, therapeutic medicines, diagnostic tools, or other public health and social measures. The World Health

Organization (WHO) and its worldwide expert networks are keeping an eye on alterations in the virus to see if any important amino acid substitutions emerge. WHO notifies nations and the general public of any modifications that may be required to respond to the variety and prevent it from spreading internationally.

WHO's current policies and safeguards are still effective against viral strains discovered since the outbreak began. Public health and social measures (PHSM), such as infection prevention and control (IPC) strategies, have been shown to be successful in lowering COVID-19 cases, hospitalizations, and fatalities[21].

Table 2.1 COVID–19 Variants and Country of Origin

WHO Label	Country of Origin and Date
Alpha B. 1.1. 7	United Kingdom Sep – 2020.
Beta B. 1. 351	South Africa May – 2020.
Gamma P .1	Brazil Nov – 2020.
Delta B. 1. 617.2	India Oct – 2020.
Omicron B. 1. 1. 529	Multiple countries Nov – 2021.

Source: Google (2021)

2.5 Prevention and Treatment of COVID–19

Getting vaccinated, remaining at home, wearing a mask in public, avoiding crowded locations, keeping a safe distance from others, ventilation interior spaces, and minimizing possible exposure durations are all preventive methods[22]. Handwashing with soap and water for at least 20 seconds, excellent respiratory hygiene, and avoiding touching the eyes, nose, or mouth with unclean hands are all recommended[23].

The CDC advises those who have been diagnosed with COVID–19or suspect they may be infected to stay at home except for medical care, call ahead before visiting a healthcare provider, wear a face mask before entering the healthcare provider's office and when in any room or vehicle with another person, cover coughs and sneezes with a tissue, wash hands frequently with soap and water, and avoid sharing personal household items[24].

A COVID-19 vaccine is a vaccine designed to confer acquired immunity against the virus that causes coronavirus illness, the severe acute respiratory syndrome coronavirus 2 (SARS CoV 2). Prior to the COVID-19 pandemic, there was a well-established body of information regarding the structure and function of coronaviruses that cause illnesses like SARS and Middle East respiratory syndrome (MERS). This knowledge accelerated the development of various vaccine platforms during early 2020. SARS-CoV-2 vaccinations were developed with the goal of avoiding symptomatic, frequently severe sickness[25].

Vaccines can help individuals avoid contracting the COVID-19 virus or prevent them from becoming extremely ill if they do. Furthermore, getting vaccinated against COVID-19 may provide better protection than getting sick with COVID-19. Wearing a mask inside in public and outside in busy settings, or when you are in close contact with unvaccinated individuals, according to a new study, is more than twice as likely as fully vaccinated persons to become re-infected with COVID-19. You may need to remain wearing a mask even if you are completely vaccinated and have a disease or are taking drugs that impair your immune system.

The most crucial technique for the public to follow is to wash their hands often, use portable hand sanitizer, and avoid touching their face or mouth after coming into contact with a potentially contaminated area. Individuals should be urged to wash their hands often, maintain respiratory hygiene (i.e., cover their cough), and avoid crowds and close

contact with unwell people as much as possible to limit the risk of transmission in the community. Many groups have created posters and pamphlets on all aspects of COVID-19 protection, and these are extensively distributed across the world. The World Health Organization (WHO) and other comparable health agencies have created visual aids such as movies and posters to educate proper hand hygiene across society.

2.6 WHO and CDC Precautionary Measures

If hotel employees have not received the COVID-19 vaccination, they can take a number of precautions to lower their risk of becoming infected with the virus and transmitting it to others. The World Health Organization and the Centers for Disease Control and Prevention advise that you take these measures:

i. Avoid being in close proximity to somebody who is sick or has symptoms (within 6 feet, or 2 meters).
ii. Maintain a safe distance from others (within about 6 feet, or 2 meters). If you have a higher risk of serious disease, this is very crucial. Keep in mind that even if they don't have symptoms or are unaware that they have COVID-19, some people can transfer it to others.
iii. Stay away from crowded areas and places with poor air circulation (ventilation).
iv. Wash your hands often with soap and water for at least 20 seconds, or use a hand sanitizer containing at least 60% alcohol.
v. Use a face mask in crowded public settings and outdoors where there is a high danger of COVID-19 transmission, such as at a big gathering or event. If you are completely vaccinated or unvaccinated, you will need to follow different mask instructions. If surgical masks are available, they can be utilized. N95 respirators should only be used by medical personnel.

vi. When you cough or sneeze, cover your mouth and nose with your elbow or a tissue. Discard the used tissue. Hands should be washed as soon as possible.

vii. Keep your hands away from your eyes, nose, and mouth.

viii. If you're sick, don't share dishes, glasses, towels, blankets, or other household thing.

ix. Wipe off high-touch areas like doorknobs, light switches, electronics, and countertops on a regular basis.

x. If you're unwell, stay away from work, school, and public places, and isolate yourself at home unless you're going to see a doctor. If you're unwell, stay away from public transit, taxis, and ride-hailing services.

xi. If you have a persistent medical condition that puts you at risk for serious disease, talk to your doctor about extra precautions you may take.

Hotel management is advising those over 65, pregnant women, and children under the age of 10 to take the required measures, such as keeping physical distance and wearing masks correctly.

Simple public health strategies to lower the risk of COVID-19 are included in the general measures. All members of the hotel business (staff and visitors) must adhere to these guidelines at all times. These include[27]:

a. A physical separation of at least 6 feet should be maintained as much as possible.

b. Face covers/masks must be worn at all times. They must be worn correctly to cover the mouth and nose. Avoid touching the front section of the mask/face coverings.

c. Wash your hands often with soap (at least 40-60 seconds) even if they are not obviously unclean. Wherever possible, alcohol-based hand sanitizers should be used (for at least 20 seconds).
d. Strict adherence to respiratory etiquette. This entails using a tissue, handkerchief, or flexed elbow to cover one's mouth and nose when coughing or sneezing, and appropriately disposing of spent tissues.
e. Everyone self-monitoring their health and reporting any illness to the state and district helplines as soon as possible.
f. Spitting is expressly forbidden.

All Hotels shall ensure the following arrangements[27]:

a. Mandatory hand hygiene (sanitizer dispenser) and thermal screening measures at the entrance.
b. Only asymptomatic employees and guests are permitted.
c. Only face covers/masks will be permitted admission for all personnel and guests. Inside the hotel, the face cover/masks must be worn at all times.
d. Hotel management must employ sufficient staff to ensure physical separation standards are met.
e. Taking extra steps for all employees who are at higher risk, such as elderly employees, pregnant employees, and employees with underlying medical concerns. They should not be exposed to any front-line activity that requires direct interaction with the general population.
f. Control/outsourced agencies should provide proper crowd management in the hotel as well as outside premises such as parking lots, adhering to physical distance rules.

g. If valet parking is offered, it will be available with operating employees wearing face covers/masks and gloves as needed. The steering wheel, door handles, keys, and other vehicle components should all be thoroughly disinfected.

h. Separate access and departure points for visitors, personnel, and goods/supplies are preferred. When queuing for admittance and as much as possible within the hotel, maintain a physical distance of at least 6 feet. Specific markers with suitable distance can be established to control the wait and maintain physical separation in the premises.

i. The number of individuals allowed in elevators will be limited, in accordance with physical distance standards. It may be beneficial to encourage the use of escalators with one person on alternating steps.

j. At the reception, the guest must present personal information (travel history, medical conditions, etc.) as well as identification and a self-declaration form.

k. c. Posters and media regarding COVID-19 prevention should be prominently exhibited.

l. Hand sanitizers must be available for customers to use at the reception desk. Hands should be sanitized before and after filling out papers, such as the arrival and departure register.

m. For both check-in and check-out, hotels must use contactless methods such as online forms and digital payments such as e-wallet.

n. Before transporting baggage to rooms, it should be disinfected.

o. Guests who are at a higher risk, such as the elderly, pregnant, or those with underlying medical concerns, should take extra care.

p. Visitors should be cautioned not to go to any locations that are inside the containment zone.

q. When handling supplies, inventory, and items in the hotel, necessary care must be taken. It is necessary to establish proper queue management and disinfection.

r. Appropriate personal protection, such as face covers/masks, gloves, and hand sanitizers, should be provided by the hotel to both employees and customers.

s. Restaurants must follow the detailed rules that have been given.

t. In the restaurant, seating arrangements should be set in such a way that enough physical distance is maintained.

u. It is recommended that disposable menus be utilized.

v. Instead of using cloth napkins, encourage the use of high-quality disposable paper napkins.

w. The use of contactless ordering and digital payment (through e-wallets) should be encouraged.

x. Physical distance between visitors should also be observed throughout buffet serving.

y. Instead of dining in, room service or takeout should be promoted. Instead of handing the packet immediately to the recipient, food delivery employees should leave it at the visitor or customer's door. Prior to enabling home deliveries, the hotel authorities must conduct a thermal screening of the workers.

z. For room service, guests and in-house employees should communicate by intercom/mobile phone, and room service (if available) should be delivered while keeping an appropriate physical distance.

2.7 The COVID-19 Pandemic in Nigeria

The COVID-19 pandemic in Nigeria is part of the global corona virus disease pandemic of 2019 (COVID-19), which causes severe acute respiratory syndrome (SARS-CoV-2).

On February 27, 2020, the first confirmed case in Nigeria was disclosed when an Italian citizen in Lagos tested positive for the virus. A second incidence of the virus was reported on March 9, 2020, in Ewekoro, Ogun State, involving a Nigerian person who had contact with the Italian citizen[28]. On January 28, 2020, Nigerian Government told Nigerian residents that it was ready to beef up monitoring at the country's five international airports in order to prevent the spread of the corona virus. The government named the airports as Enugu, Lagos, Rivers, Kano, and the Federal Capital Territory. On the same day, the Nigeria Centre for Disease Control reported that they had already established a corona virus group and were ready to begin operations if any cases were discovered in Nigeria[29].

Following the outbreak of the COVID-19 pandemic in mainland China and other nations across the world, Nigeria's federal government established a Corona virus Preparedness Group on January 31 to limit the virus's effect if it spreads to the country. On the same day, the World Health Organization named Nigeria as one of 13 African nations at high risk of viral transmission. On the 26th of February, a Chinese person reported to the Lagos State administration, claiming to be sick with the corona virus. After testing negative, he was hospitalized to Reddington Hospital and released the next day[30].

2.8 Government Responses to COVID-19

Government responses are steps taken by the government in the form of policies to restrict the spread of the corona virus. Many measures, such as social distance, were implemented by the government, notably in public spaces, events, and gatherings. Other methods include the closing of educational institutions and workplaces entirely or partially, limiting the number of visitors, and limiting people's contact. Mandatory quarantine of passengers in hotels and private houses, as well as cancellation, ban, and limitation of large gatherings and smaller groups[31].

Following the discovery of the first case in Lagos, as well as an increasing death rate and rising cases of COVID-19 infections in Nigeria, the government acted by advocating for a complete or partial lockdown of the country, as well as the implementation of other preventive measures such as the closure of major international airports, physical separation, and the prohibition of public gatherings at churches, mosques, and schools, in order to limit the virus's spread. In addition, the Nigerian government developed a readiness group under the Nigeria Centre for Disease Control, where visitors were screened at the point of entrance. The National Reference Laboratory was enhanced by the NCDC with diagnostic capabilities for epidemic-prone diseases. The NCDC assisted 22 of the 32 states in establishing emergency operations centers (EOCs) and trained rapid response teams in all 36 states through this procedure. NCDC also provided public health advice to networks of national and subnational public health personnel, such as case definition, contact tracing, case management, and strengthening five laboratories for diagnostic and prevention information[32]. Within two months of the start of the pandemic in Nigeria, the NCDC developed guidelines for self-isolation, recommended PPE, health-care delivery recommendations, SARS-CoV-2 case definition, a business guide for COVID-19, infection prevention, national COVID-19 guide case management, dead body management, the use of face mask, and a COVID-19 testing strategy. Furthermore, the National Reference Laboratory in Abuja, according to the NCDC, has the necessary people resources and technological capabilities to diagnose COVID-19[33].

2.9 Hotel Organization Structure

A hotel is a place where you may pay to stay for a brief period of time. Inside a hotel room, amenities can range from a low-cost mattress in a tiny room to enormous suites with larger, higher-quality mattresses, a dresser, a refrigerator and other kitchen

appliances, cushioned chairs, a flat-screen television, and en-suite bathrooms. Smaller, lower-cost hotels may only provide the most minimal services and amenities to its guests. Additional guest amenities may include a swimming pool, business center (with computers, printers, and other office equipment), daycare, conference and event facilities, tennis or basketball courts, gym, restaurants, day spa, and social function services in larger, higher-priced hotels. To help guests identify their room, hotel rooms are frequently numbered (or named in certain smaller hotels and B&Bs). Custom-decorated rooms are available at some boutique, high-end hotels. Some hotels include meals in their room and board packages.

Hospitality is defined as “The pleasant and generous welcoming and entertaining of guests, visitors, or strangers”[34]. The hospitality sector may also be defined as "companies like hotels, pubs, and restaurants that provide guests with food, drink, or a place to sleep."[35].. The majority of people associate the hospitality business with restaurants and hotels. However, the hospitality business may be related to a far broader spectrum of industries.

All types of enterprises that provide refuge or food to strangers are considered hospitality. This concept can be broadened to encompass any type of service provided to foreigners[36]. Casinos, exclusive clubs, attractions, events, and resorts all fall under this umbrella. Because companies are open 24 hours a day, 365 days a year, the hotel sector is considered unusual. Evenings and weekends are also part of the working week[37].

The hospitality industry fundamental purpose is to attain maximum client happiness, which leads to loyal consumers and, hence, profit. The majority of the services provided are intangible, which means they cannot be evaluated before to purchase. Additionally, in the hospitality industry, personnel require consumer involvement in order to set up a

certain service or product[38]. The inseparability of the finished product and the consumer is referred to as this phenomenon. Customers have varying expectations when it comes to their demands. Furthermore, perishability is a distinct feature of this market, implying that a hotel with 200 rooms available may only sell 150 of them. As a result, revenue from 50 rooms is lost.

Tourists who spend money at restaurants and motels help the local economy directly. In addition, the hotel business has an indirect impact on the economy since guests buy regional souvenirs and retail products[38]. Realizing the importance of improving both the places people live and visit is a key component of successful tourism. Preventing leakage is one of the essential components in doing this. ensuring that tourist spending genuinely benefits the host community. The free time and disposable income of customers are the foundations of the hotel sector[39]. One in every eleven employments in the world is related to the tourist sector. Hiring local tour guides and drivers is one of the simplest ways to directly encourage local employment in the tourism industry. Tourism does not only boost the local economy but also enhance travelling experiences. The hotel sector is one of the oldest occupations in the world[40]. Employees in the hotel business are attracted to it because they have the possibility to advance via numerous roles within the company[41].

The size, role, complexity, and expense of hotel operations varies. To identify hotel kinds, most hotels and significant hospitality corporations have established industry standards. Luxury facilities, full-service rooms, an on-site restaurant, and the greatest degree of personalized attention, such as a concierge, room service, and clothing pressing staff, are all available at an elite full-service hotel. Luxurious full-service facilities with several full-service rooms, an on-site full-service restaurant, and a range of on-site amenities are common in full-service hotels. Boutique hotels are smaller, independently owned, non-

branded hotels with upmarket amenities. On-site facilities are restricted in small to medium-sized hotel companies. Small to medium-sized hotels that provide minimal lodgings with little or no services are known as economy hotels. Compared to a regular hotel, extended stay hotels are small to medium-sized hotels that provide longer-term full-service lodgings[42].

The success of a hotel depends on the quality of service provided to customers. The success of a hotel is determined on the quality of its service. The better the level of service perceived by customers, the more likely they are to return to the hotel[43]. The major aim in the hotel industry is to provide the greatest hospitality possible.

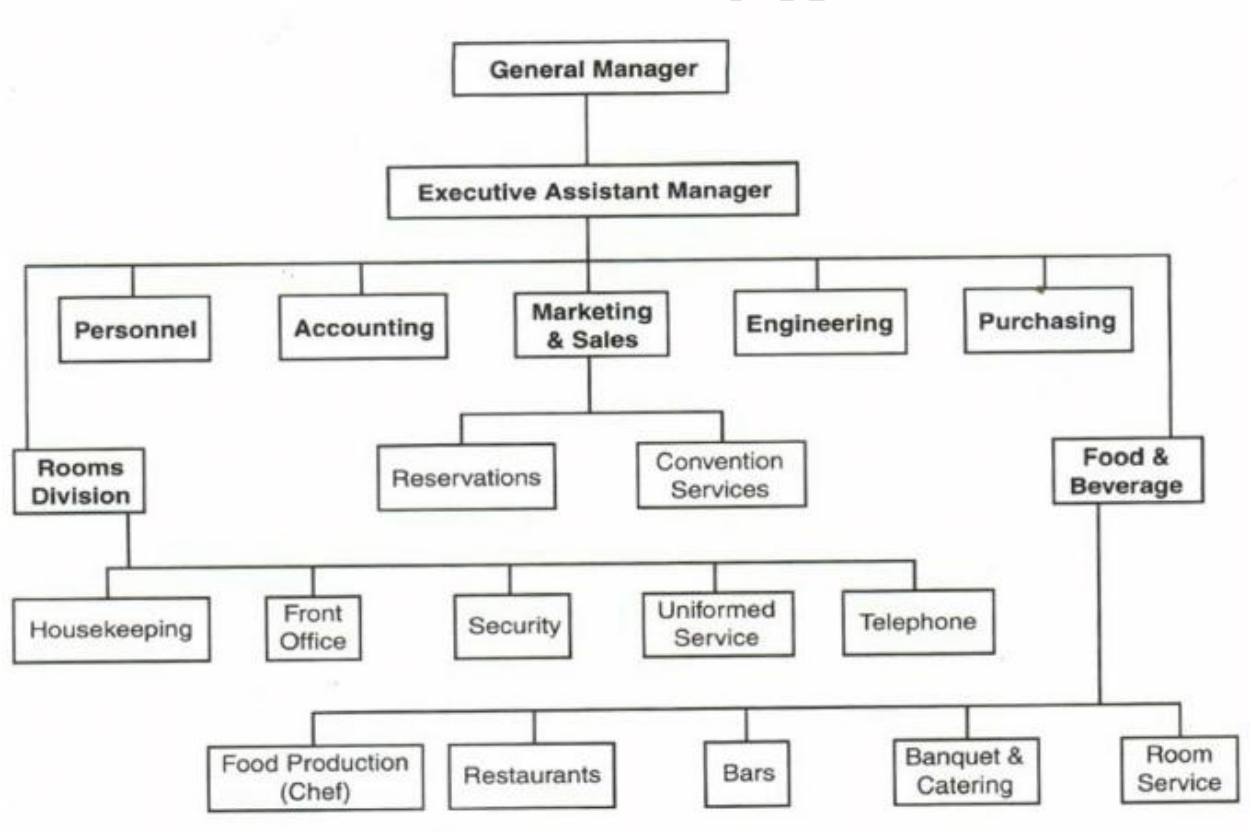

Figure 2.1. Hotel Organization Structure
Source: Adapted from https://bit.ly/3A1mtp6

Front Office Department

This department is in charge of customer check-in and check-out. The receptionists are the ones that welcome the customers as soon as they walk into the lobby. Employees in the front office are responsible for tasks like [44]:

(1) offering consumers what they want, quickly and courteously; (2) a way to meet short-term goals, like as sales targets; and (3) the development of mutually beneficial relationships with customers through problem-solving. Furthermore, in the event of a service failure or complaint handling, the role of front office staff as spokespeople for the organization in being persuasive is critical[45]. Employee involvement is critical when dealing with customers to help staff perform their tasks, especially when dealing with difficult clients.

Food & Beverage Department

Despite offering the highest food quality and appearance, employees in the Food and Beverage (F&B) industry were expected to serve with decent manners. According to research, food and beverage service is becoming increasingly important to customers[46]. Furthermore, wholesome and appealing food, assurance and personnel expertise; empathy; responsiveness of service delivery; tangibles; and reliability are six factors that are highly significant to clients in the F&B industry[47]. Customer expectations for assurance and personnel expertise, on the other hand, were at an all-time high. The findings suggest that in order for F&B employees to have assurance and employee knowledge, they must be engaged, because assurance and employee knowledge can only be obtained through dedication and passion. The key of involvement is dedication and enthusiasm[48].

Housekeeping Department

Housekeeping is a back-of-house function that deals with errands and has the highest rate of hypertension in the hotel industry[49]. However, according to studies, housekeepers felt they provided the highest quality service when compared to other departments[50]. This suggests a high degree of participation among housekeepers. An engaged employee is capable of providing excellent service[51].

Human Resource

The principal department in charge of employee care, training, and development is Human Resource. Because this department is in charge of managing and training personnel to follow the organization's goals, it is likely that this department is well-versed in the organization's vision and purpose. It's understandable if the human resources department shows some enthusiasm. Having highly engaged employees may considerably assist people in demonstrating greater performance and work behavior, as well as achieving corporate goals more effectively[52].

2.10 Contributions of Hotel Management in Prevention of COVID -19

In the hotel business, hotel management had a key role in preventing COVID–19 among hotel employees. The hotel administration has implemented a variety of procedures, which vary from department to department, to limit staff-to-staff and guest-to-staff transmission of the corona virus. It's worth noting that most hotels split their staff into two groups to work on different days. The concept is that if one of a group's members becomes sick or tests positive for a virus, the other group will keep working and operations will not be halted. Implementation of rules and operational procedures in various hotel departments to decrease transmission are among the other work strategies. They include the following:

Hotel Entrance and Screening

Screening employees and tourists for signs and symptoms of COVID-19 when they enter the hotel is an important step in reducing disease exposure in the hotel environment. Consider restricting and designating entry points for specific groups or vendors. Visiting limitations should be considered as well; if visitors are permitted, they should be recorded in a daily visitor log that includes temperature and symptom monitoring.

From a physical safety and infection control aspect, a screening station at the hotel's entrance or just inside the lobby serves to monitor access and leave from the hotel. To reduce the risk of COVID-19 transmission, clients in isolation or quarantine usually stay in their rooms for the duration of their stay. As a result, hotel employees are anticipated to account for the majority of daily travel into and out of hotels.

At each entrance, symptom checks and temperature monitoring are performed. The following are examples of standard screening questions:

i. Have you lately been diagnosed with COVID-19?
ii. Have you been instructed to self-quarantine due to contact with someone who has tested positive for COVID-19, or have you been in close proximity to someone who has tested positive for COVID-19 without wearing PPE?
iii. Have you developed a new fever, cough, shortness of breath, or other disease symptoms?
iv. Have you lately visited a country that is subject to a travel quarantine?

If the person responds "Yes" to any of the screening questions, they may be denied access to the hotel. If the person is a hotel employee, a supervisor or manager should be alerted so that established procedures may be followed (e.g., relief from duty; self-isolation). A temperature check may be performed if the subject responds "No" to the questions. If the temperature rises over the set point, guests should not be allowed to enter the hotel.

Everyone entering the hotel should put on a face mask and be advised to keep their distance. The basic concepts of infection prevention and control (IPC), the personal protective equipment (PPE) protocol, the screening process, and how to verify temperatures without exposing themselves to needless hazards must all be taught to staff who undertake entrance screening. Staff might, for example, stand behind a physical barrier during screening, such as a glass or plastic divider.

Lobby

In each hotel, the lobby is frequently used for social gatherings. The lobby, on the other hand, should only be utilized by hotel workers for specialized functions. Seating may be eliminated or sectioned off to induce physical distance across the lobby or lounge space. If seating is to be kept, make sure it is spread out at least 6 feet apart and consider implementing a cleaning and sanitizing program for any utilized chairs. Unless used by hotel workers for specialized purposes, the bar and eating spaces within the hotel lobby may also be sectioned off. Seating should be at least 6 feet apart if it is used. Restrooms should only be used by employees.

If alcohol-based hand sanitizer is utilized, it should be positioned around the lobby or lounge areas to promote hand cleanliness. Payment consoles, ATM machines, touch displays, and writing utensils should all have as few high-touch surfaces as feasible. If these surfaces are used, they should be cleaned and disinfected on a regular basis with an EPA-approved disinfectant.

In multiple languages as needed, culturally relevant signs should be posted around the lobby to convey critical messages regarding COVID-19, physical separation, hand cleanliness, and mask use. Non-essential common spaces, such as stores, business centers, activity rooms, gyms, pools, and guest lounges, should be designated as closed.

Elevators

Within hotels, the small, confined space of an elevator poses a higher risk of SARS-CoV-2 transmission. While hotel elevator traffic should be kept to a minimum, guests are expected to spend as much time as possible in their rooms, and there is still a significant amount of travel from employees. The number of people in an elevator at any given moment should be kept to a minimum to guarantee physical separation, with a minimum of 6 feet between passengers. Elevator levels can be labeled to show where each individual should stand. The maximum number of passengers permitted should be indicated on signs at every elevator entry and within the elevators, as well as the necessity to wear face masks. The elevator's panel of buttons and handrails are high-touch surfaces that need to be cleaned and disinfected on a regular basis, and passengers should be reminded to wash their hands after each ride; alcohol-based hand sanitizer should be accessible at all elevator doors.

***Reception and Concierge Information and Communicatio*n**

Staff at the front desk should be well-informed on COVID-19 so that they may safely carry out their responsibilities and avoid the spread of COVID-19 throughout the establishment. They should be able to provide information to guests who inquire about the establishment's policy in terms of preventative measures or other services that guests may require (for example, medical and pharmacy services available in the area or at the establishment itself). They should also be able to advise guests with respiratory symptoms to stay in their rooms until they are examined by a doctor, which management should arrange as soon as possible, as well as offer basic hygienic advice when asked. If at all feasible, receptionists should not be above the age of 50 or have any underlying medical concerns.

Staff at the front desk must take all required safeguards, including physical separation. Official, up-to-date information about travel to and from countries or places where COVID-19 is spreading should be accessible. In the event of a suspected instance of COVID-19, front desk employees should be conversant with the room occupancy regulation for accompanying individuals. The telephone numbers of the health authorities, medical centers, public and private hospitals, and support centers should be readily available at the front desk in case a visitor becomes unwell[53].

Supervision

Hotel staff control is very important to ensure total implementation of COVID - 19 protocols. Direct monitoring by management and special monitoring group will sustain the process. Most hotels adopt the use of CCTV and departmental intercommunication to control staff. The effectiveness of the action plan's implementation and the measures taken should be evaluated on a regular basis to ensure compliance, identify and close gaps, and adapt the plan to real-world experience. A crisis team comprised of personnel from each relevant department can assist Management in carrying out the action plan in a timely manner.

Identification of Required Adjustments

Any unexpected increase in worker absence, particularly those related to acute respiratory illnesses, which might be induced by COVID-19, must be monitored.

Logbook of Actions

It is advisable to keep a logbook of the important actions and measures carried out and to record them in enough detail (e.g. including date and time a disinfectant was

Used, by whom, where, etc.). This logbook can be used to improve the actions implemented. Documentation of suspect's details is very important for reference.

Communication

Communication should be maintained between Management and staff, on the need to adhere strictly to COVID - 19 protocols, through the managers in charge of the different departments. The promotion of hand-washing (at least 20 seconds, all areas of the hand), respiratory hygiene, and coughing etiquette may all be amplified with short papers or educational posters among guests and employees. Official pamphlets in many languages on basic hygiene practices and COVID-19 might be excellent information tools. An up-to-date list of the staff's contact information, including emergency phone numbers, may be beneficial.

Training and Information

Management should inform all employees about the measures that will be implemented as well as the measures that will be taken to protect their health and the health of others, including the recommendation that they stay at home and seek medical attention if they experience respiratory symptoms such as coughing or shortness of breath. Management should hold information briefings that address all of the fundamental COVID-19 preventative measures as well as the disease's indications and symptoms. Specific operational methods may necessitate training.

Staff Controls Measures

The management must have control over the process implementation. The outlet managers and supervisors play an important role in ensuring that the COVID - 19 preventative practices are followed by the workforce. The hotel supervisor will visit each department to ensure that the measures are being followed by the employees. The following sanctions are enforced on personnel who violate the COVID–19 protocols in hotel departments as a signal of control.

i. Unpaid for being dismissed

ii. Employees are suspended from work for at least one month without pay, and if their services are required, they are summoned back to work.

iii. Half-salary payment

iv. A question and a warning might be sent to the impacted employees. v.

v. If captured on video in the control room, employees might be warned or corrected over the phone.

2.11 Theoretical Framework

The study used the Social Distancing Theory, which contends that maintaining effective distance between hotel workers and visitors is critical in preventing the development of the COVID-19 epidemic in Nigeria. According to the notion, the greater the social distance between hotel personnel, the lower the danger of catching and spreading COVID–19 infections.

To inhibit the transmission of the corona virus, people must stay apart from one another. Officials from the Department of Public Health have advised us to maintain social distance, stay at home, avoid crowds, and avoid touching one another. Nobody imagined that a virus, 100 times smaller than a bacterium, would make human connection a major issue when Edward Hall, a cultural anthropologist, invented the word proxemics to

designate research regarding social distance in ordinary life in 1963. Closer distances between two individuals, according to Hall, can enhance visual, tactile, aural, or olfactory stimuli to the point that some people feel invaded and respond adversely. Today, we are concerned about becoming infected by a virus.

Four zones of space that exist between individuals[54]:

i. Intimate distance (less than half a metre), such as when hugging someone.
ii. Personal space (about 1 meter), which is normally allocated for family or close friends.
iii. When greeting strangers, maintain a social distance of 2 to 3 meters.
iv. Public distance (more than 5 meters), for example, at public presentations

Social distancing, also known as physical distancing, is a collection of non-pharmaceutical treatments or procedures used in public health to limit the transmission of infectious diseases by keeping a physical barrier between individuals and minimizing the amount of times they come into close contact[55]. It typically entails maintaining a particular distance from others (the distance recommended varies by nation and might alter over time) and avoiding congregating in big groups[56].

Disease transmission can be controlled by reducing the likelihood of an uninfected individual coming into physical contact with an infected person, resulting in fewer fatalities. These procedures can be combined with others including face masks, excellent respiratory hygiene, and hand washing[57]. Several social-distancing strategies are employed to reduce the transmission of infectious illnesses and minimize overburdening healthcare systems, particularly during a pandemic, such as closing schools and workplaces, restricting people's movement, quarantine, isolation, and canceling big

meetings. Loneliness, lower productivity, and the loss of other benefits associated with human connection are some of the drawbacks of social isolation [58].

When an infectious disease spreads through one or more of the following methods: droplet contact (coughing or sneezing), direct physical contact (including sexual contact), indirect physical contact (such as touching a contaminated surface), and airborne transmission, social distancing measures are most effective (if the microorganism can survive in the air for long periods). When an infection is spread predominantly by contaminated water or food, or by vectors such as mosquitoes or other insects, the precautions are less effective[59]. During the COVID-19 epidemic, authorities advocated or regulated social separation since it is a key strategy of avoiding COVID-19 transmission. COVID-19 has a far higher chance of spreading over short distances than it does over long ones. In confined, poorly ventilated spaces and with sustained exposure, it may spread over distances of more than 2 m (6 ft)[60].

People can keep socially linked by meeting outside at a safe distance (where there is no stay-at-home order) or by connecting via technology, according to the World Health Organization (WHO)[61].

Social distancing is defined by the American Centers for Disease Control and Prevention (CDC) as a collection of "methods for limiting the frequency and closeness of contact between persons in order to reduce the risk of disease transmission[62]. The WHO defined social distancing during the 2009 swine flu pandemic as "maintaining at least an arm's length distance from people, [and] reducing gatherings." The CDC characterized social distancing during the COVID-19 pandemic as remaining out of congregate situations, avoiding mass meetings, and keeping distance (about six feet or two meters) from people wherever feasible[63].

Social distancing is defined by the American Centers for Disease Control and Prevention (CDC) as a collection of "methods for limiting the frequency and closeness of contact between persons in order to reduce the risk of disease transmission. [63,64]" The WHO defined social distancing during the 2009 swine flu pandemic as "maintaining at least an arm's length distance from people, [and] reducing gatherings." The CDC characterized social distancing during the COVID-19 pandemic as remaining out of congregate situations, avoiding mass meetings, and keeping distance (about six feet or two meters) from people wherever feasible[63]. Social distancing, combined with the use of face masks, good respiratory hygiene and hand washing, is considered the most feasible way to reduce or delay a pandemic.

Refraining from embracing, kissing, or shaking hands with guests or coworkers is an example of social detachment. It entails keeping a distance of at least 1 m (3 ft) from anyone who is coughing or sneezing and avoiding anyone who is coughing or sneezing[65]. The term "social distance" refers to how much or how little sympathy a group's members have for another group. Considering how social distance might help prevent illnesses from spreading. Changes in behavior that prevent disease transmission by reducing contact rates between susceptible individuals and infected individuals who may transmit the disease are known as social distancing practices[63, 65].

Social distance is a measure of the functional distance between members of two groups: social distance researches the focus of attention, which is on people's emotional reactions to one another. This idea can be used to help Nigeria stop the spread of the COVID-19 epidemic. However, one of the theory's key flaws is that the advantages of social distance are contingent on how often it is employed by individuals. Because people are sometimes

hesitant to pay the expenses associated with social distance, their usefulness as a control technique is limited.

Several social distancing measures are used to slow the spread of infectious disease and avoid overburdening health care, including the closure of schools and systems, mostly during a pandemic, workplaces, quarantine, people's movement restriction, isolation, and the calculation of mass gatherings.

Plate 2.1. Social Distance

Source: Adapted from www.istockphoto.com

The significance of social isolation caused by moderately transmissible illnesses cannot be overstated. This is due to its strategic value in postponing disease transmission until a vaccine becomes widely available. However, in highly transmissible diseases with no vaccine available, social distance is mostly irrelevant. Given the mechanism of transmission of COVID-19 (handshakes, bodily contact, cough, and so on), social

distance might be an efficient way to decrease its spread, therefore the theory's utilitarian usefulness in our research[66].

The steps to practicing physical distancing are as follows: Maintain a distance of at least 6 feet (roughly 2 arm's length) from other people. It is possible to catch the illness from asymptotic people. It is mild at first, but it has the potential to develop into a serious illness that kills[93]. The fatality rate also linked to COVID-19 indicates that the virus is deadlier than influenza. Stay out of crowded locations and avoid mass gatherings; unfortunately, hotel employees are apathetic to the implementation of the principle of social distance owing to staff negative attitude. Hotel security staff's laissez-faire attitude toward efficiently implementing government lockdown orders, illiteracy and ignorance, a strong connection to culture and tradition, and religious fanaticism[67].

2.12 Impact of COVID–19 on Hospitality Industry

Hotels are comfort places where guests stay in close quarters for a short period of time and where there is a lot of contact between guests and employees.

It is important to note that the hotel business in Nigeria grew at an extraordinary rate prior to the COVID-19 period. For example, hotels, which are a crucial component of the Nigerian hospitality sector, have received considerable investment totaling more than $3 billion in the previous three years[68]. In terms of contribution to the GDP, hotel industry contributed N1.7billion ($US 5.5 million) put at 4.8% to the Nigeria's Gross Domestic Product (GDP) in 2016 [69]. The industry generated 651,000 jobs directly in 2015 put at 1.6% of total employment in the country and another 1.6% in 2016 worth N661,000[70].

Hotel industry globally and pandemics are bi-directionally linked in a cause-and-effect manner[71]. The pharmaceutical sector is both a major cause of illness transmission and a

victim of its repercussions. The development, re-emergence, and spread of epidemics and pandemics like the Spanish Flu of 1918–1919, Asian Flu (H2N2) of 1957, Hong Kong flu of 1968, SARS in 2002–2003, Bird flu in 2009, and MERS in 2012 are all worth noting, and Ebola of 2013-2014 severely impacted on the hospitality economies globally. The negative impacts of emergence and resurgence of COVID-19 is not an exception[72].

The global COVID-19 epidemic has wreaked havoc on the hotel business, resulting in an unprecedented catastrophe. COVID-19's issues have an influence on hotel income generating, staffing strategies, room occupancy levels, beverage provisions and other food.

Strain on the Operations and Revenue Generation of the Hotel Industry

The restrictions created and implemented by the Nigerian government to combat the spread of the COVID-19 virus, particularly the closing of the nation's airspace, land borders, and sea borders, put a burden on inbound visitors and business travelers from outside the country; consequently, border closures and bans on public gatherings deprived hotels of its key clientele, impacting income growth. For instance, hotel revenue before emergence of COVID-19 in Nigeria expanded at 22.6% compound annual rate of $US1.1 billion in 2018[41]. Nigeria's hotel revenue was expected to grow by 507 million dollars by 2020. Statistics from four of the Nigerian Stock Exchange's biggest listed hotels reveal a revenue drop of approximately 90% as a result of the COVID-19-induced lockdowns[42]. The index in the above information shows that COVID-19 has a negative impact on revenue generation capacity of the Nigeria's hotel industry.

Steep Decline in Hotel Occupancy

It is pertinent to report that occupancy rate of all hotels in Nigeria are decreasing as well as wearing a deserted look due to corona virus outbreak. The Pre-COVID-19 statistics on hotel occupancy in Nigeria shows that Nigeria's hotel industry accounted for 49.8%, 44.7%, 43.6%, 42.4%, and 42.6% occupancy in 2014, 2015, 2016, 2017, and 2018 respectively[43]. This however implies that demand for hotel accommodation for instance is on the average. According to recent data, the gradual pick-up in overseas trips, restrictions on big gatherings, the migration to virtual meetings, and fear of the virus has further lowered demand for hotels in Nigeria, thereby further reducing demand for hotels and steeping occupancy levels to its lowest – which is less than 5%. The implications of this are that Nigeria hotel industry is seriously losing demands of her major products hence, the physical capacity of hotel facilities in Nigeria are underutilized[44].

Job Losses

Nigerian hospitality industry is highly labour intensive despite recent trend of technology integration. Recent realities in the Nigeria's hotel industry show low patronage of restaurant businesses, major crashes in aviation catering services, closed hotels, and clubs including, event centers due to emergence and resurgence of COVID-19 pandemic. These have resulted in huge losses and large-scale unemployment[45].

In March and April of 2020, these four big hotels maintained a 100 percent wage payment to over 900 employees at the start of the epidemic. As at the end of November, 2020, their workforce headcount had reduced by more than 60%.

Mass Sales of Hospitality Business Facilities

One noted worry caused by COVID-19 emergence and resurgence in Nigerian hospitality sector is the uncontrolled pace of building up hotel business premises and sales facilities in recent times owing to bankruptcy.

The detrimental impact of the coronavirus on the tourist sector is wreaking havoc on Nigerian hotels. COVID-19 also allows international tourists to change their trip plans. Due to the epidemic, thousands of small hotels, resorts, motels, travel agencies, and other travel-related businesses have had to close their doors[76]. As a result, Nigerian hotel and restaurant owners and entrepreneurs are finding it increasingly difficult to run and sustain their businesses, putting intense pressure on them to advertise their properties for sale on the country's social media and television stations in the hopes of finding interested buyers. Poor government support and a lackluster business recovery program for hotel industry owners have exacerbated the problem.

COVID-19 and Hygiene

While working in hotels and other lodging facilities, hotel workers must protect themselves from COVID-19. Hotel personnel and management are expected to maintain a high degree of hygiene in order to lower the rate of COVID-19 transmission in the hospitality sector. A series of procedures are known as hygiene and are done to maintain health[70].

Conditions and behaviors that promote health maintenance and disease prevention are referred to as hygiene. Personal hygiene is the practice of keeping one's body clean. The following categories of hygiene activities can be found: personal hygiene, medical hygiene, sleep hygiene, and food hygiene. Hand washing, respiratory hygiene, food hygiene at home, bathroom hygiene, laundry hygiene, and medical hygiene at home are all aspects of household and daily hygiene[71].

Many individuals mistakenly believe that cleanliness and hygiene are the same thing. It involves decisions on personal habits including how often to shower or bathe, how short to cut fingernails, and how often to wash clothes. It also entails paying attention to maintaining the cleanliness of surfaces in the house and at work, especially restrooms[73]. The society may view some hygiene routines as desirable habits, while disregarding one's cleanliness may be seen as repugnant, rude, or threatening.

The practice of hygiene has connections to one's way of life, cleanliness, health, and medicine. Hygiene procedures are used as preventive measures in both medical and daily life to lessen the occurrence and spread of microorganisms that cause disease. Different cultures have different hygiene traditions[74]. Effective environmental hygiene is crucial to preventing the spread of infectious diseases. Good hygiene is a crucial part of quality assurance in the production of food, pharmaceutical, cosmetic, and other products[75]. Environmental hygiene includes using the right materials to effectively clean surfaces, decontaminating medical equipment and devices used during patient care procedures, and handling sharps, blood and body fluid spills, garbage, and linen in a safe and suitable manner.

The terms cleanliness and hygiene are often used interchangeably, which can cause confusion. In general, hygiene refers to practices that prevent spread of disease-causing organisms. Cleaning processes e.g., hand washing remove infectious microbes as well as dirt and soil, and are thus often the means to achieve hygiene[76]. Other uses of the term are as follows: body hygiene, personal hygiene, sleep hygiene, mental hygiene, dental hygiene, and occupational hygiene, used in connection with public health. Hygiene in a variety of settings plays an important role in preventing the spread of infectious diseases[77]. It includes procedures used in a variety of domestic situations such as hand hygiene,

respiratory hygiene, food and water hygiene, general home hygiene, hygiene of environmental sites and surfaces, the care of those who are at greater risk of infection[78].

Personal hygiene involves those practices performed by an individual to care for one's bodily health and wellbeing through cleanliness. Motivations for personal hygiene practice include reduction of personal illness, healing from personal illness, optimal health and sense of wellbeing, social acceptance and prevention of spread of illness to others[78]. Using good personal hygiene techniques will help stop bacteria from getting onto meals. Prioritize thoroughly cleaning your hands, especially before handling and preparing food. In order to reduce the spread of dirt and bacteria and to prevent hair and fibers from contaminating food, it is also advisable to wear personal protective clothes. What is considered proper personal hygiene can be cultural-specific and may change over time. Personal hygiene is a practice everyone should have. It is important to always wash your hands with soap and water before handling food to prepare.

Regularly taking showers or baths, washing hands frequently, especially before handling food, washing scalp hair, shaving or shaving short or removing hair, dressing in clean clothes, brushing teeth, trimming fingernails and toenails, among other practices, are practices that are generally considered to be good hygiene[77, 78 & 79]. Personal hygiene also includes maintaining a presentable public and private appearance, which need not always be hygienic. It might entail, among other things, applying deodorants or perfume, shaving, or combing.

Hand hygiene, commonly referred to as hand washing, is the practice of washing one's hands with soap or hand wash and water to get rid of bacteria, viruses, and other harmful and unpleasant elements that have stuck to the hands. As wet and moist hands are more easily decontaminated, drying the cleaned hands is a necessary step in the process. Unless

hands are visibly abnormally unclean or greasy, hand sanitizer that is at least 60% (v/v) alcohol in water can be used in place of soap and water[80]. In order to stop the spread of infectious diseases at home and in other settings, it is essential to practice good hand hygiene.

To stop the spread of the corona virus among hotel personnel, food hygiene is crucial in the hospitality industry. Food hygiene refers to the techniques used in food preparation and management to prevent food contamination, food poisoning, and to reduce the spread of disease to other foods, people, or animals[75]. Food handling, storing, preparing, serving, and eating procedures are all governed by food hygiene practices. A scientific technique is used to describe how to handle, prepare, and store food in a way that prevents food-borne illness. A food-borne disease outbreak is the emergence of two or more cases of a comparable illness brought on by consuming a common meal. To prevent potential health risks, a variety of practices should be followed. Food safety and food defense frequently work together in this way to protect customers from damage. Safety between industry and market, then between market and consumer, are the tracks in this school of thought[80]. The origins of food, including practices relating to food labeling, food hygiene, food additives, and pesticide residues, as well as policies on biotechnology and food, and guidelines for the management of governmental import and export inspection and certification systems for foods, are all taken into account when considering industry to market practices. When thinking about market-to-consumer processes, the typical assumption is that food should be safe in the market, with the focus being on secure food transportation and preparation for the customer[81].

Food handlers should follow these instructions on how to wash hands properly[81]:

i. After washing your hands with plenty of soap and clean, running water, turn on the faucet.

ii. Rub the soap on your hands to create a lather. Don't forget to soap up the backs of your hands, the spaces between your fingers, and the area under your nails.
iii. Give your hands a good 20 second scrub.
iv. Thoroughly rinse your hands with clean, running water.
v. Completely dry your hands with a fresh towel.
vi. After using the restroom, wash your hands thoroughly before returning to the kitchen or other location where food is prepared.
vii. To stop the spread of germs, gloves should be cleaned and changed as needed, and hands should be washed before donning gloves.
viii. Before handling ready-to-eat foods and touching surfaces that may come into contact with ready-to-eat foods, hands must be well cleaned.
ix. After sneezing, coughing, or blowing your nose, wash your hands.
x. After cleaning non-food-contact surfaces with chemicals or wiping counters, washing or handling dirty dishes, dusting, mopping, handling trash cans and rubbish, or cleaning restrooms, hands need to be washed.
xi. Before, during, and after preparing any food—or whenever hands get contaminated—hands must be washed.
xii. After handling animals, pet food, or pet treats, or after attending to cuts, burns, or wounds, hands need to be cleansed.

The following guidelines should be followed by all employees in the food service industry to protect clients against coronavirus[80]:

i. Install more hand sanitizer dispensers in the restaurants' waiting areas and at entrances.
ii. After every use, sanitize and disinfect trays, dining room tables, and chairs.

iii. Increase the frequency with which doors, kiosks, touch screens, bathrooms, and other high-touch surfaces are cleaned and sanitized.

iv. Take phone or in-person orders from customers.

v. Control the crowd and advise shoppers to keep their distance from one another during busy times.

vi. It is preferable to post signs.

vii. All beverages must be filled by employees. No client refills or beverages sold for self-service.

viii. Instruct consumers to refrain from sharing food, beverages, or utensils—especially in the circumstances at hand.

ix. Instead of placing single-use products like condiments and napkins in a self-service area, give them straight to the consumer.

x. Give customers packaged things

xi. Refrain from handling money and banknotes to prevent the transmission of the new coronavirus. Please promote contactless payments if at all possible. Always wash your hands after handling money and before handling food if you work in the food service industry.

xii. When accepting deliveries and delivering them to clients, adhere to HSE rules about social distance.

xiii. Before and after each delivery transaction, hands should be cleansed.

Hotel management should examine and amend the sick leave policies as necessary to help their personnel and guarantee they can take time off if they become unwell or need to care for a sick family member[74]. They ought to have sufficient time to recuperate completely from COVID-19. It could take up to 14 days. Those working in the food industry or handling food who may be ill and have COVID-19-like symptoms ought to stay at home[75].

Employees who have family members or caretakers who have COVID-19 symptoms should also stay at home until they are fully recovered.

It is not advisable for employees or managers to come back to work until they are symptom-free if they have a cough, shortness of breath, fever, or other illness-related symptoms. Staff and management should assist any food handler who has a temperature, a cough, or displays other unusual symptoms in contacting medical services[82]. After the initial few days of infection, the danger of being contagious diminishes considerably, therefore going back to work after five days significantly reduces the risk of spreading the virus. Employers must permit any workers who had to be quarantined or isolated to resume their previous responsibilities[88]. Those who object to having their temperature taken should complain to management so that it can cease or dismiss them from employment in order to protect other employees. To reduce the danger of contaminating food, customers, and other food handlers and staff members, any team members who arrive at work sick or become unwell while working should be sent home right once. Food establishments should notify the health department and heed their recommendations if any employees have tested positive for COVID-19[80]. For the food department to completely remove or drastically reduce the risk of food workers contaminating food surfaces and food packaging materials, it is essential to reinforce personal hygiene practices and offer refresher training on food hygiene principles. Only when used correctly can personal protective equipment, such as masks and gloves, effectively stop the spread of viruses and disease inside the food sector.

Hotel service are strongly advised to follow these basic precautions[83]:

i. Wash your hands frequently (at least 40 seconds with soap and water or at least 20 seconds if using an alcohol-based hand rub), including after giving guests items like cash or credit cards.

ii. Use a tissue or a bent elbow to cover a cough or sneeze before disposing of it in a closed container.

iii. Maintain a minimum of one meter between yourself and other staff members and visitors. Avoid giving or receiving hugs, kisses, or handshakes. Put on a cloth mask if you can't guarantee the distance. Verify regional and federal regulations regarding the use of masks.

Transmission of droplets can be prevented by avoiding the welcome and concierge desks' pliable glass panels. For some jobs, teleworking could be an option, which can lessen interpersonal contact. Staff who are 60 years of age or older, or who have any underlying medical conditions, such as heart disease, diabetes, or lung cancer, should wear a medical mask in regions where the virus that causes COVID-19 is circulating due to their higher risk of becoming extremely ill from COVID-19[78 & 79]. staff who are under the age of 60 and in generally excellent health may use fabric masks when they are unable to ensure at least a 1-meter separation from others. This is crucial for employees who have frequent or possible close interaction with others. Everyone must adhere to local laws and regulations.

Staff at the lodging facility should get in touch with the local health authorities and follow their recommendations if a visitor exhibits COVID-19 symptoms such a fever, dry cough, or exhaustion. Local health officials have advised that the ill individual should be isolated in a room, either by themselves or at least one meter away from other people.[82]. No visitors should be permitted to enter the room occupied by the affected guest. Staff should also move people traveling with the sick person to a different room, if possible.

The management of the hotel and lodging facility often does not have the ability to order sick customers to temporarily stay in their rooms or to forbid them from receiving visits

from other visitors. The right of the visitors to reject or not accept the suggested measures shall be governed by national legislation. When entering a sick person's room, staff should keep at least one meter away from them and demand that they don a medical mask[83]. Staff members should wash their hands before donning the proper personal protective equipment, such as a medical mask, eye protection, gloves, and an isolation gown, if they need to assist a sick client within a 1-meter radius. They should also wash their hands after helping the guest. The best way to prevent self-contamination should be taught in school[81].

Staff members who have COVID-19 symptoms at work, such as a fever, dry cough, or fatigue, should cease working right once, put on a mask, and isolate in a suitable room while medical services are informed. While awaiting medical evaluation or transfer to an assessment center, disposable tissues and a suitable trash pail with a lid should be accessible in the designated isolation area[76]. Following advice from a health professional that may entail a period of time for self-isolation away from others, including family members, if workers have symptoms while at home, they should stay at home and seek medical assistance. This is in accordance with local recommendations. The employee needs to let management know as a result.

Economic Impact of COVID-19 on Hotel Industry

The economic impact of the COVID 19 pandemic is one of its main effects. The COVID-19 outbreak caused the global economy to collapse almost immediately[84]. The epidemic has presented a hitherto unheard-of threat to the hospitality sector. The demand for companies that were permitted to continue operating was significantly reduced as a result of strategies to flatten the COVID-19 curve, such as community lock downs, social withdrawal, stay-at-home orders, travel restrictions, and mobility restrictions, which led

to the temporary closure of many hotel businesses. Nearly all eateries were instructed to restrict their business to take-out orders only. According to a report released on by the World Travel and Tourist Council, the COVID-19 pandemic's spread throughout Nigeria caused a loss of 770,000 employments in the tourism sector. This information was made public by the Nigerian Economic Summit Group, which also stated that the effect of the deadly virus cost the sector almost $4.5 trillion[62]. The government's travel restrictions and stay-at-home directives caused a dramatic decrease in hotel occupancy and revenues[85]. As COVID 19's effects persist, hotel businesses are anticipated to significantly alter their operations in the COVID-19 business environment in order to maintain the health and safety of their staff and customers and increase their customers' willingness to use their services[87].

Many people are reluctant to eat at a restaurant right away as a result of the effects of the coronavirus. The same is valid for hotel stays. The majority of clients aren't likely to book a trip and a hotel reservation anytime soon. Only about a third of the customers are prepared to travel and stay at a hotel in the upcoming few months, and only about a quarter of the consumers have already eaten at a restaurant. When the COVID-19 vaccination becomes available, many groups of customers who will only feel safe to eat at a sit-down restaurant, travel, and stay at a hotel[85 & 86]. This is because of the concern of coronavirus transmission from one person to another. Hotel guests gain more confidence when there are effective and visible sanitizing tools around the hotel such as hand sanitizers at the entry, staff wearing masks and gloves, implementing social distancing, limiting the number of customers served, more rigorous and frequent cleaning of high-touch surfaces in common areas, and employee training of health and safety protocols are the most important safety precautions customers expect from a restaurant and a hotel these operational strategies have positive effect on customers' attitudes and behaviors[87].

This is due to the worry that the coronavirus may spread from one individual to another. The most crucial safety measures that patrons expect from a restaurant and a hotel are more frequent and rigorous cleaning of high-touch surfaces in common areas, employee training in health and safety protocols,

COVID-19 economic impact on hotel and tourism has resulted in more unemployment, reduced consumer purchasing power, and low-income generation. Likewise, economic impact, the social impact was staggering the owners on the survival of their business[88]. Owners are stressed about future business activities as the tourism and hospitality industry is on the brink of collapse. Though, the government took several initiatives to mitigate the economic and social impact of the tourism and hospitality industry by offering monetary and nonmonetary support to the business owners to sustain and survive their business. The Ministry of Tourism assured to provide a relief package for business owners, encouraged banks to invest in the hospitality sector, restructured loans schemes for hotel investors, grants, incentives, facilities, introducing new financing policies.

Undoubtedly, this is only an assurance; despite the significant losses, there is still little reason for optimism among the owners of businesses in this industry. Numerous scholars have looked into the economic effects on the tourist and hospitality sectors, but they haven't looked into the social effects from the owner's perspective. A research aims to investigate the economic and social impacts of COVID-19 on the tourism and hospitality sector of Oman. This study will make a novel contribution through quantitative research by offering rich insights into the economic and social impact of the COVID-19 on the tourism and hospitality industry in Oman. The finding of this research will support the government to boost the on tourism and hospitality industry[89].

The effect of COVID 19 have negative effect on South Africa hospitality industry, the country is on the verge of falling into debt trap as the pandemic has increased the cost of public finance in the country. The increased number of deaths due to the pandemic has a negative impact on the per capital income of the country, thus the pandemic has forced many counties toward negative economic growth[90]. The macroeconomic indicators like Gross Domestic Product, Foreign Direct Investments, Employment, Health care system of the world were also put on gloomy situation due to uncertainties resulting from forced lock downs in order to safeguard from getting affected from COVID-19. The pandemic had put the complete world economy on hold, all the major sectors were adversely affected due to lockdown, apprehensions, uncertainties, and doubts. Out of all the economic sectors, the tourism and hospitality industry is facing maximum brunt due to the COVID-19 crisis across the globe[91].

The COVID-19 pandemic financial stress and solvency concerns in hotel industry make it difficult for owners to pay debts due to COVID-19[92]. As a result of the COVID-19 crisis, many companies have decided to terminate their employees or were asked to go on unpaid leave[93]. The psychological effect on the owner is deepened, as they have to make indefinite layoff of the employee due to lack of clarity on their businesses returning to normal[94]. As a result of the negative effects of COVID 19 owners of hotel and other businesses were challenged to stabilize their business. Therefore, companies requested the government to provide bailout packages to survive for the short-term until the impact of COVID-19 decline[95 & 96]. However, there is an ambiguity on the survival of companies on short-term bailout packages. A time span of more than 5 years will be required for tourism and hospitality to recover[97].

Owners perceive that they have to shut down their business within 3 months and will not be able to return at pre-pandemic levels[98]. COVID-19 has resulted in severe consequences and affected the socio-economic prosperity of many nations. The abrupt halt of the economic activities made the future sustainability of the tourism and hospitality industry into a big question mark[99]. The cancelation of events has drastically affected the tourism and hospitality companies worldwide, as they were not able to attract tourist for making travel plans to the country. In most countries, any tourism and hospitality companies had seen a huge financial loss of business from March to December 2020. Due to huge financial loss, they perceived that their business might be permanently shut down within 6–12 months[96]. To avoid the permanent closure period, many companies decided to lay off staff temporarily, reduced the wages for themselves and staff, scale back on services and products.

The hotel companies found it difficult to manage with limited funds this has also affected their expansion plans. Apart from financial losses and reduction in demand, companies have faced several challenges. Companies have faced many other difficulties in delivering products and services to maintain their customers[97]. It was a big challenge for the companies to acquire the necessary materials and services for managing the inventory and developing new products. Additionally, due to government restrictions over the limited percentage of staff to attend at the workplace; companies had huge difficulty in fulfilling the requirements and providing services to the customers.

One of the major impact is the negative impact on revenue, job loss, change in the customer preferences, and decline in market demand. Owners have to pay fixed costs, which include rent, electricity, wages, and loan interests, but the continuous decline in the revenues was making it challenging for owners to sustain during COVID-19 scenario[100].

The present COVID-19 outbreak has not only affected the present booking but has made a huge impact on future bookings. The customers demand for hotel products has also declined, as hotels have not received many reservations from domestic or international visitors. The reason can be stated that the announcement of the closure of the border several times by the government[76, 77, & 78]. A major economic challenge is that many hotels will not be able to bring back their company's employees to pre-pandemic levels.

The COVID-19 outbreak had made a significant social impact on business owners of the tourism and hospitality industry[102]. The social impact will include; depression, loss of freedom, suicidal tendency, feeling of anger, uncertainty about the spread of the disease, feeling of vulnerability, difficulty in concentrating, nervousness, monotony, anxiety, prickliness, agitation, sense of lonesomeness, apprehension, and fears[103]. The economic impact dimensions such as financial loss, decline in market demand, unemployment, impact on suppliers, supply chain, channels of distribution, change in the customer preferences, and shutting down of business in the Tourism and Hospitality Industry[104]. Other economic and social impact dimensions like government policy, logistic channels, future tourism practices, relationship with stakeholders, merger plans, and counseling services will be the future road map and development of sustainable tourism and hospitality industry.

Global Effect of COVID-19 Pandemic on Tourism Industry

The COVID-19 virus transmits from individuals' interaction and physical contact, giving rise to mobility bans, travel restriction challenges, and community lockdowns as vaccine availability still remains a global challenge[105 & 106]. As a result, psychological fear and anxiety emerged that compelled people to avoid social gatherings. Staying at home caused devastating psychological effects on the hospitality, leisure and tourism industries[86]. The pandemic has posed challenges on how tourists can cope with the

COVID-19's consequences for travel, hospitality and tourism activities worldwide[107]. Travel challenges have gained much attention from academics and researchers of tourism. Scholars argued that business managers and organizations' owners of the tourism industry are keenly interested in finding alternatives to discover innovative ways to revive tourism activities amid the COVID-19 challenging situation[108]. The literature has shown a steep decline in tourism activities due to the emergence of the pandemic COVID-19. Scholars have paid attention to discover new safe ways to minimize tourists' psychological stress from the perspective of tourism firms; as less occupancy and limited rooms' availability, operations in travel and tourism have significantly declined worldwide[109, 110 & 111].

The steep decline in tourism activities has resulted in massive unemployment as service firms laid off employees due to bans and closure of business operations[112 &113]. Tourism restrictions and travel bans have resulted in mental stress and psychological problems among employees. They have felt the threat of layoff and increasing unemployment ratio that has affected hospitality and tourism firms' employees' performance. Thus, under the circumstances of the COVID-19 pandemic, hospitality and tourism firms' have experienced substantial economic losses, and employees have seen sadness, uncertainty and anxiety. Thus, employees psychological state, emotions, and behavioral reactions are crucial to face the challenges of the COVID-19 pandemic. As a result, hospitality and tourism firms' employees have shown fear of providing physical services for tourists due to the chance that the COVID-19 transmission might be asymptomatic[114]. The past literature has shown fear, anxiety and adverse psychological state of employees working in the tourism industry[115]. Thus, the pandemic COVID-19 emergence has negatively influenced employees' performance working in travel, hospitality and tourism firms.

The COVID-19 pandemic resulted in a massive crisis for the travel and tourism industries. The advent of the coronavirus outbreak has significantly affected global social, political,

economic, and socio-cultural systems worldwide. Health communications and prevention measures, such as staying at home, mandatory-quarantine campaigns, social distancing, mobility and travel bans, border closure, and community lockdowns, have halted the travel and tourism industry[116]. It is a highly vulnerable sector to numerous risk factors. Still, tourism has become resilient in reviving to the next normal from various epidemics and pandemics, such as earthquakes, MERS, SARS, Ebola, and Zika[117]. Thus, the unprecedented settings, nature, and the COVID-19 pandemic impacts demonstrate indication that the crisis is distinct and will have profound long-term transformational and structural changes to the travel, leisure, and tourism industry[118]. The pandemic posed huge adverse effects because of the global travel restrictions and a sharp slump in tourism demand among tourists and travelers[119]. The coronavirus outbreak has massively affected the tourism industry as many countries and territories imposed travel restrictions and social gatherings in attempts to contain the COVID-19 disease spread[117]. The travel and tourism industry is one of the most affected industries as this sector has met the hardest hit of the COVID-19 pandemic. The global internal travel and tourism activities showed a 51% drop in revenue, amounting to 2.86 trillion U.S. dollars[121]. Besides, the experts have forecasted the tourism market to recovery rapidly, and it will reach the next normal levels of 2019 by 2023[119]. High-end luxury tourism is vital, and the leisure industry paid particular attention to satisfy the lavish tourists' travel expectations, as they are high-net-worth travelers. This tourism segment also saw a steeper decline in 2020.

The global internal luxurious tourism saw a 54% decline, which resulted in a slump in revenue and business growth worldwide. According to an estimation, the United Nations World Tourism Organization reported that global tourists and travelers' plans might decline by 60–80% in 2020[119]. The worldwide epidemic Coronavirus has not only paralyzed the whole socioeconomic system but has also had an impact on globalization

and investment activity on a worldwide scale. The issue brought about by COVID-19 has dominated public conversation. It would lead to a potential economic loss of 0.9 to 1.20 trillion dollars in the international tourism business. Many tourist places and cities reported an 80–90% decline in planned travel[117]. Pandemics and newly emerging infectious illnesses have a significant negative impact on public health and global economics. Global health pandemics and the hospitality sector are inextricably intertwined, and the business is extremely vulnerable to pandemics. Conflicting and unilateral tourism restrictions on travelers occurred regionally, and many global tourist attractions, such as amusement parks, sports venues, and museums, were under visitor restrictions[103 & 121]. The hospitality business worldwide, and specifically the hotel sector, is experiencing an unprecedented crisis as a result of the COVID-19 pandemic (coronavirus). Due to the unprecedented precautions countries have taken to contain the virus, including travel bans and physical separation, the hotel industry has come to a complete stop. The COVID-19 pandemic has massively struck travel and tourism and caused adverse effects. Fueling this industry and relative stability for the middle-class people's growth purpose in Asia and other regions of the world helps expand the tourism industry[120 & 122].

The emergence of the COVID-19 outbreak has resulted in a steep decline in travel and tourism as tourists have had a negative association with the destinations due to their unpleasant experiences about the pandemic horror, suffering, shock, and death stories. The leisure industry's performance can boost when corporate social responsibility practices are implemented in the industry during and after the global crisis times. Researchers, the academic world, and practitioners can assume the responsibility to conduct longitudinal studies to examine the leisure industry's performance and explore whether travel and tourism have improved through better innovative marketing strategies.

2.13 Empirical Review

The COVID-19 pandemic's early economic effects on South Africa's hotel industry were studied[90]. The information for this paper, which focuses on the hotel industry in particular, was taken from a wider dataset that assessed the COVID-19 pandemic's economic effects on all South African lodging facilities. Managers of lodging facilities completed online questionnaires. A total of 3 000 lodging facilities were addressed; 482 of them responded, including 67 hotels. According to the study, the COVID-19 epidemic has had a significant negative economic impact on the South African hotel industry. The study used a quantitative research strategy to collect its empirical data. The managers of lodging facilities in South Africa were surveyed online using Google Forms to get their opinions and perceptions about the COVID-19 pandemic's economic impact. South African Tourism and the South African Tourism Grading Council provided a complete list of lodging options along with their contact information. A saturation sample approach was adopted, and 3 000 enterprises were selected as the target population. A participant information paper outlining the research's goal was given to respondents via email, along with a link to an online survey asking for their agreement to participate in the study. Over the course of four weeks in June and July 2020, the online polls were conducted. The study was completed by 482 entities in total, 67 of which were hotels. The online survey was the most appropriate given the travel limitations and social distancing techniques in use at the time, since it not only guaranteed participant safety but also made it possible to collect data from a broad geographic region. All responders received guarantees of secrecy and anonymity.

Three components made up the survey. The first section of the survey focused on the characteristics of hotels and looked at elements including star rating, provincial location,

ownership type, size (number of bedrooms), personnel count, and type of amenities offered by the business. The second section of the questionnaire focused on the economic elements of lodging places, including the economic situation of hotels during the study's closure, the effect on staff, and the hotels' present and foreseeable financial challenges. The majority of the survey's questions were closed-ended, and it made significant use of 5-point Likert scales. The Statistical Package for Social Sciences (SPSS) Version 26 was used to analyze the data. To characterize and summarize the data, descriptive statistics including frequencies, percentages, and mean values were employed. Verbatim quotes from the respondents' constructive qualitative feedback have been incorporated into the study's findings. Due to the strong limitations put in place to stop the virus's spread, the pandemic has undeniably stopped economic activity in many nations, "given a worldwide economic shock of immense size," and produced the "deepest global recession in 8 decades." Many countries are already in a recession as a result of the epidemic, and many emerging economies were already growing more slowly. Hotels must come up with innovative solutions to safeguard their sector as they anticipate a protracted recovery in order to stay relevant in an industry that may be affected forever. In order to survive, hotels must work on redefining their services to be more appealing in the COVID-19 age[90].

A study carried out in some European countries to assess the public measures that were used to save the hotel sector after COVID-19's effects. The study adopted a case study approach and data were sourced from different European countries (Italy, France, Portugal, Germany and Spain) at the same time using both primary and secondary method, which makes it possible to contrast all the data collected and, consequently, establish convergence between them. It was necessary to decide which businesses and, in some cases, related social phenomena—would be examined and why, as well as who would be

regarded as decision-makers, participants, or otherwise involved in the sector, as well as the time period under consideration. Both the selection of the cases and the creation of the methods for data collection were significantly influenced by these factors. In this respect, we carried out our work in accordance with the guidelines provided by case methodology specialists, with the intention of concentrating the research on instances within a certain activity sector (the hospitality industry)[123].

To collect contextual and comparative data, secondary data were gathered from a variety of sources, including information from the European Parliament's official publications and the Ministries of Health and Tourism of the various member states. The chosen instances are significant not only because they allow us to study various measures enacted in the European Union, but also because they allow comparisons across its member states and support the creation of suggestions that are specific and actionable for next pandemics. In each of the countries covered, the study found that:

The VAT rate in Greece has been lowered from 24% to 13% and to 40% on commercial rentals in crisis-affected industries. Nearly 120,000 workers in the tourist and hospitality industry have received assistance from the government to help with the costs of their pay and social security.

Portugal has offered online consulting services, economic advising services (the ADAPTAR program for SMEs), new lines of credit for SMEs worth up to €6.2 billion, and support for Turismo do Portugal to aid with reimbursements for cancelled vacations. The Portuguese government has also created the Clean & Safe certification for tourism and hospitality businesses, which is intended to ensure compliance with COVID-19 hygiene and cleaning requirements. These bonuses relate to the hospitality business quotas for social security and tax deductions as well as temporary work schemes.

Through the non-profit NEST Tourism Innovation Center, many COVID-19 crisis-related apps and solutions have been created. In addition to providing an online trading platform, pre-sale ticketing and queue management systems, and electronic payment solutions, it aims to promote pre-sale loyalty systems, provide information to small hospitality businesses, offer shared employment systems, generate health-hygiene contingency plans, and generate shared employment systems. This center will also broadcast live events, organize interactive virtual and augmented reality visits and 360-degree video technology experiences, provide information to citizens and ensure epidemiological monitoring of them, and set up a management panel to track beach occupancy rates[123].

Italian families with annual salaries under €35,000 can get subsidies of up to €500. This vacation voucher will be worth €300 for couples going without kids and €150 for individuals. The state devised a financial help package of up to €350 billion, deferred the payment of social security obligations, and provided benefits for the unemployed and the self-employed as well as credits to pay for business rent, excursions, and vacation packages[123].

In Spain, the various autonomous regions have employed various actions and measures to address economic and financial issues faced by businesses and the self-employed, combat unemployment, prepare guides and manuals outlining new best practices, revive tourist activity, and organize promotional activities tailored to the new circumstances and sanitary requirements. More than 90% of the visitors that visited Spain in 2019 were welcomed by the autonomous areas that are depicted below[123].

A specific rescue plan worth up to €300 billion has been developed by France, of which €1.3 billion will go toward direct assistance and the remaining amount will be used to help pay for social security obligations, municipal rate exemptions, commercial rent

exemptions, assistance for the unemployed, and aid for small and medium-sized enterprises. Additionally, it has begun offering vouchers for future journeys in place of refunds for canceled package vacations and transportation services[123].

Germany has opened border crossing points with France, Luxembourg, and Switzerland, as well as a credit line and guarantees worth up to €500 billion, an aid package for businesses, a reduction in the VAT for bars and restaurants from 19% to 7%, and paying two-thirds of wages during shortened workdays. Up to September 30th, it is unlawful to terminate rental agreements due to non-payment of rent, and tour operators may now more easily provide travel vouchers in lieu of refunds for already-paid sums[123].

The study came to the conclusion that the creation and distribution of vaccinations, which can control the many viral outbreaks, are a factor in the uncertainty caused by the pandemic. The extent of government action (such as stay-at-home orders, restaurant closures, travel restrictions, shutdown of borders, etc.) depends on the incidence rate in each nation, therefore the fast evolving legal procedures constrain the scope of this article[123].

A study focused on the COVID-19 epidemic, the hotel sector, and employee layoffs in Port Harcourt Metropolitan Area in Nigeria's Rivers State[124]. This study was motivated by widespread worries about how COVID-19, which the World Health Organization has classified as a pandemic, may affect economies, lives, and businesses. Finding out how COVID-19 has affected the state of the hospitality sector in Port Harcourt, Rivers State, Nigeria, is the study's main goal. According to the study, the loss of so many jobs in the hospitality sector was primarily caused by COVID-19, which had a severe impact on the sector. A popular remark is that COVID-19, which originally targeted the wealthy social class internationally, caused the closure of the hospitality sector. The study made

extensive use of relevant theoretical and empirical literature from journals, online search engines like Google, and formal interviews with industry stakeholders. The study is a quantitative investigation that primarily used metrics to evaluate the status of the various hospitality businesses, including revenue decrease, downsizing, demand reduction, and company reorganization. 120 online questionnaires were sent to managers, supervisors, and business owners using purposeful sampling techniques; of these, 106 were filled out and used for the study. The study design used was cross-sectional. The collected data was coded, SPSS was used to run the results, and the findings were used for discussion and analysis. As revenue reduction, downsizing, demand reduction, and business restructuring all positively correlated to indicate the state of the hospitality industry in Port Harcourt metropolis during the pandemic, the study's findings demonstrate that the hospitality industry is seriously struggling to survive in this time of pandemic. Based on the findings, the research proposed, among other things: that the hospitality sectors adjust their operational models to match the evolving demands of their clients in order to reduce operating expenses[124].

The COVID-19 epidemic has harmed the hotel industry more than it has helped. It devastated all hospitality-related operations across many nations, particularly when governments across several nations limited social gatherings and travel in an effort to stop the epidemic from spreading. The hardest time for the hospitality industry in Nigeria started as soon as the directive went into effect. The only alternative available to hotel owners and managers was to fire, suspend, decrease pay, cut back on working days, or outright refuse to pay their employees' salaries during the period due to the absence of any appropriate assistance from the Nigerian government to the hospitality sector. With all these difficulties, many Nigerian hotel and restaurant employees either stay at home without salary or do unpaid employment[125].

The hardest aspect was that, even though they were at home and without a job or adequate assistance from their employer, they still had to take care of their children and other family members. All of these adverse events might increase the physical pain and emotional stress that Nigerian hospitality workers are already experiencing, which could lead to depression symptoms. The purpose of the study is to look at how COVID-19 affects the depressed symptoms and risk perception of Nigerian hotel and restaurant workers. The study examines how the COVID-19 pandemic lockdown affected Nigerian hotel and restaurant employees in terms of stress and depressed symptoms. The report also discusses potential ways to lessen the mental stress and sense of risk experienced by the Nigerian hospitality professionals. The study is related to the transactional theory of stress and coping and the CID-induced stress hypothesis. The study intends to examine the real effects of the COVID-19 epidemic on Nigerian hotel and restaurant employees. Finally, suggestions are made on how to assist and motivate Nigerian hospitality employees in the event of a pandemic or other emergency[125].

A study broke down the tourism business into the transportation industry, lodging industry, travel agencies, resorts/tourist sites, and regulatory agencies to analyze the financial implications of the COVID-19 epidemic on Nigerian tourism[126]. This study specifically only looked at 240 important figures in Lagos State's Nigerian tourism industry, and it used Pearson correlation analysis to analyze the gathered data. The outcome showed that the COVID-19 pandemic has a statistically significant detrimental impact on the travel and lodging sectors. The financial impact of this finding is that the COVID-19 epidemic raised transportation costs and significantly decreased revenue input to the transportation and lodging sectors. Once more, the development of the COVID-19 pandemic had a good, major impact on travel agencies and tourism destinations. The COVID-19 epidemic did, however, have a negligible beneficial impact on the regulatory

agency. The study came to the conclusion that the COVID-19 pandemic raised transportation expenses, severely decreased income intake to the lodging sector, and increased costs for travel agencies and resorts/tourist destinations. Based on this, the report suggests that the federal government guarantee that transportation costs be subsidized, since doing so will assist to mitigate the detrimental effects of COVID-19 on the Nigerian transportation sector[126].

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Chapter Three

Methodology

The chapter presents the methodology which was employed during the study. In this chapter explanation on the study area, the selected hotels, research design and approach, the population, sample and sampling techniques, description of research instrument, the validity and reliability of research instrument, method of data collection and data analysis are presented.

3.1 Research Design

Research design is the conceptual structure within which research is conducted and includes the collection and analysis of data which are relevant to the research[1]. It is the plan showing the approach and strategy of investigation chosen to obtaining valid and reliable data that achieved the research objectives and answered research questions. The researcher employed a descriptive survey design for this thesis. This involve the use of questionnaires. A descriptive survey sought to establish the opinion of a large group of people about a particular issue and goes out to ask his subjects questions relating to the issue of interest. This design was preferred for this study because of its appropriateness in educational fact finding as it yields accurate information. The time and financial constraint factors were also considered in selecting this research design. The design was also selected due to its nature of having in-depth, contextual analysis of similar situations in other organizations as the one being researched[2].

3.2 Research Approach

This research follows a mixed method of quantitative and qualitative approach. This approach allows for the concurrent analysis of both quantitative and qualitative data. Qualitative approach is a function of a researcher's perception and impressions

whereby he gives his subjective assessment of attitude, opinions and behaviors while quantitative approach involves the generation of data in quantitative form which can be subjected to rigorous quantitative analysis in a formal and rigid fashion[3]. Quantitative research approach was largely employed during the study. Qualitative data collection was provided for through provision of comment sections in an otherwise close-ended questionnaire where the respondents gave additional information to add depth to responses given quantitatively.

The respondents in this study gave their impression of lived experience based on a Likert-type scale provided in the questionnaire to enable quantitative interpretation. The quantitative data was then analyzed in relation to the additional qualitative data collected thus addressing the issue of lack of depth that sometimes arises when only quantitative approaches are employed with no explanations on the quantitative data[4]. This indicates that the quantitative approach reaches more respondents and the contact is much quicker than the qualitative approach whereby the contact with the respondent tends to last a little longer.

3.3 Study Area

Lagos State is a state located in southwestern geopolitical zone of Nigeria. Lagos State is located on GPS coordinate of 6.5227° N and 3.6218° E on Latitude 6° 27' 55.5192" N and 3° 24' 23.2128" E[5]. The smallest in area among the states in Nigeria's 36 states, with a population of over 15.4 million as of 2022[5]. Lagos the nation's largest urban area is a major financial centre in the country[3]. Lagos is a port which originated on islands separated by creeks, such as Lagos Island, fringing the southwest mouth of Lagos Lagoon while protected from the Atlantic Ocean by barrier islands and long sand spits such as Bar Beach, which stretch up to 100 kilometers (62 miles) east and west of

the mouth[6]. The metropolitan area of Lagos includes Ikeja which is the capital of Lagos State and Agege and Mushin.

It has the highest population density of Nigeria's states. The actual population total is disputed between the official Nigerian Census of 2006 and a much higher figure claimed by the Lagos State Government. Lagos State annual GDP is 1 trillion naira[7]. Lagos State is bounded on the north and east by Ogun State in the west; it shares boundaries with the Republic of Benin. Its southern borders are with the Atlantic Ocean. 22% of its 3,577 km^2 are lagoons and creeks[5]. Ikeja is the state capital of Lagos State. Ikeja is a planned, clean and quiet residential and commercial town with shopping malls, pharmacies and government reserved areas. The Murtala Mohammed International Airport is in Ikeja.

Federal Capital Territory, the seat of the Federal Government was also formally relocated to Abuja on 12 December 1991[5]. Nevertheless, Lagos remains the financial centre of the country, and even grew to become the most populous city in the state and the country.

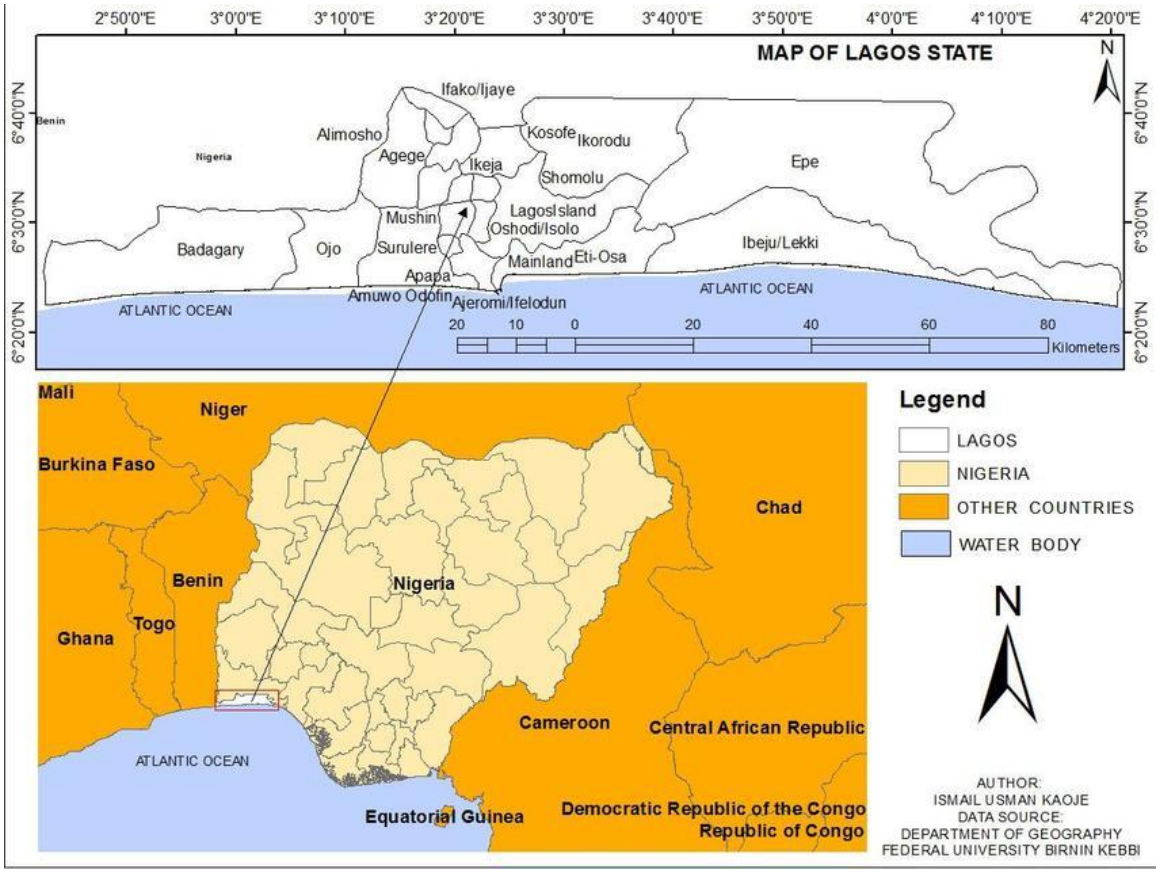

Figure 3.1: Nigerian Map showing the location of Lagos State in latitudes and longitudes

Source: Adapted from https://bit.ly/3yhbxlT

Figure 3.2. Lagos Map showing the Sixteen Local Government Areas

Source: Adapted from www. research gate.net

Figure 3.3. Map of Lagos State showing the location of Eko Hotel

Source: www. hotels.com

The Selected Hotels

The researcher specific intentions of picking the four (4) hotels as case study hinges on this premise. The hotels are located in local government areas of Lagos State with relatively high numbers of COVID–19 Cases. These hotels are among the preferred choice for international and domestic tourists and guests. The hotel enjoyed high daily occupancy percentages and Thousands of people meet here regularly for events, meetings on weekends due to their image and size of their event facilities. The hotels were also chosen based on the author´s interest and his personal connections in the selected hotels. The author intended to involve other categories of hotels, therefore Havannah suites and Conference Centre Gowon Estate Egbeda was selected in smaller hotels category.

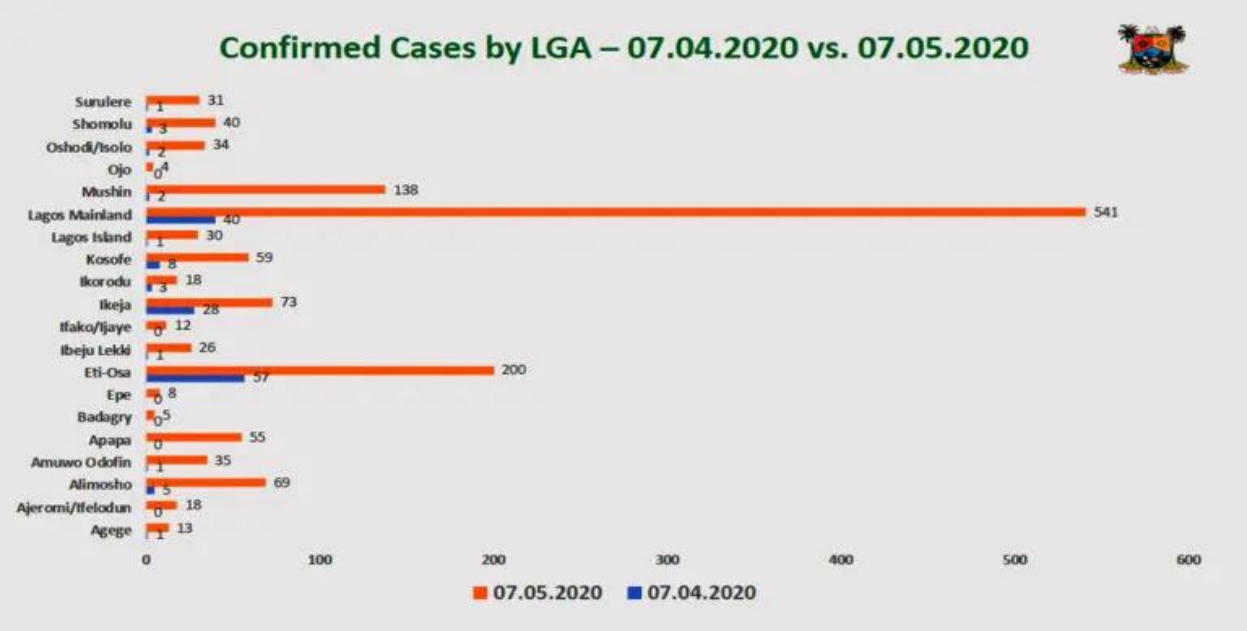

Figure 3.4. COVID-19 Statistics in Local Government Areas

Source: Adopted from COVID-19.ncdc.gov.ng

The selected hotels were Eko Hotels and Suites, Victoria Island; The Sun International's Federal Palace, Victoria Island; Sheraton Hotel and Towers, Ikeja. Lagos; Lagos Airport Hotel, Ikeja; and Havannah Suites and Conference Centre, Gowon Estate, Egbeda, Lagos State.

Plate 3.1: The Sun International's Federal Palace

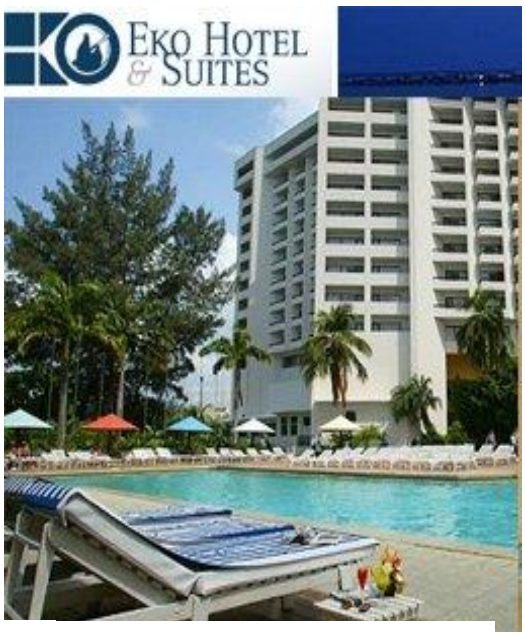

Plate 3.2: Eko Hotels & Suites

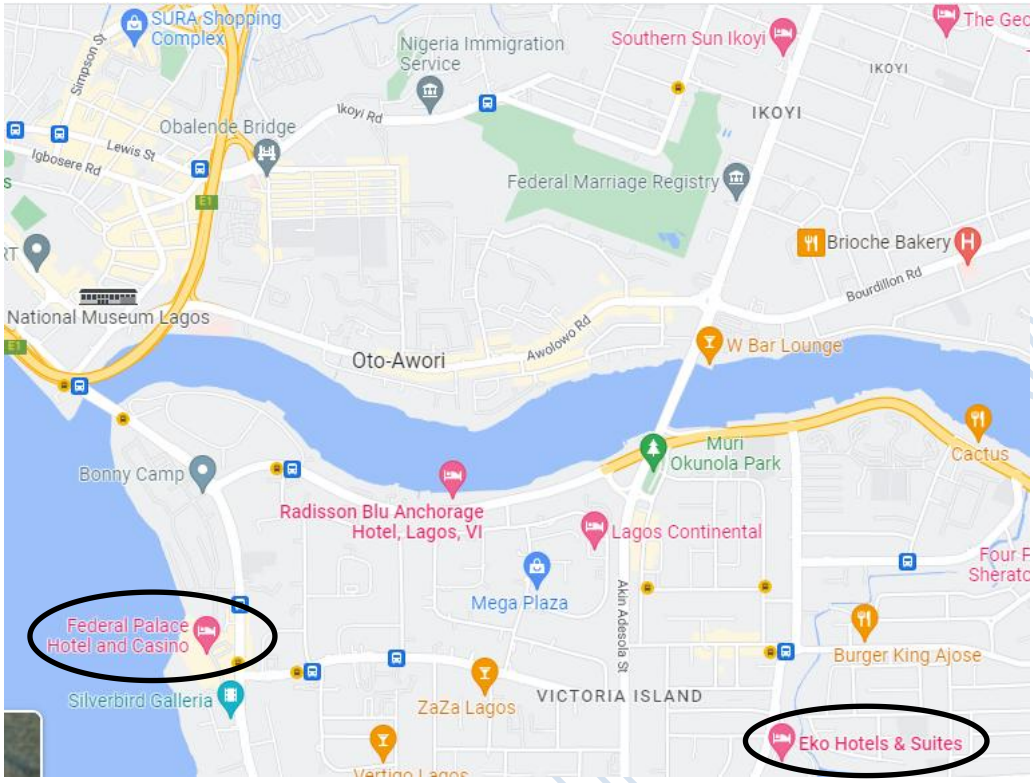

Figure 3.5. The Sun International's Federal Palace and Eko Hotels & Suites

Source: https://bit.ly/3Lnm9mq

Plate 3.3: Sheraton Hotels, Ikeja

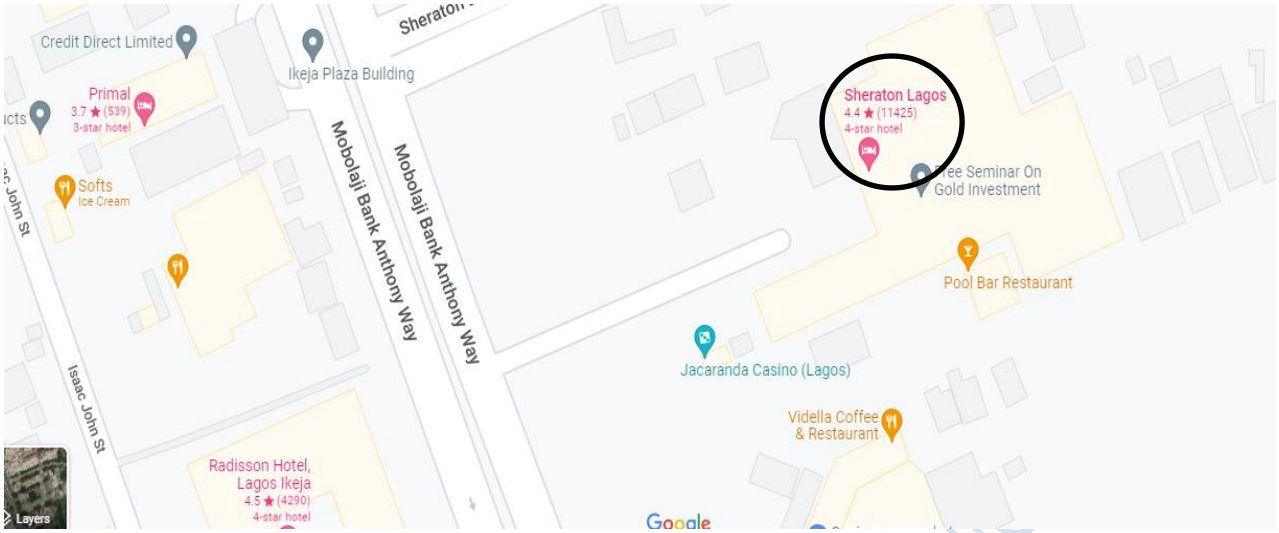

Figure 3.6. Sheraton Hotels, Ikeja

Source: https://bit.ly/3MoP5fo

Plate 3.4: Lagos Airport Hotel, Ikeja

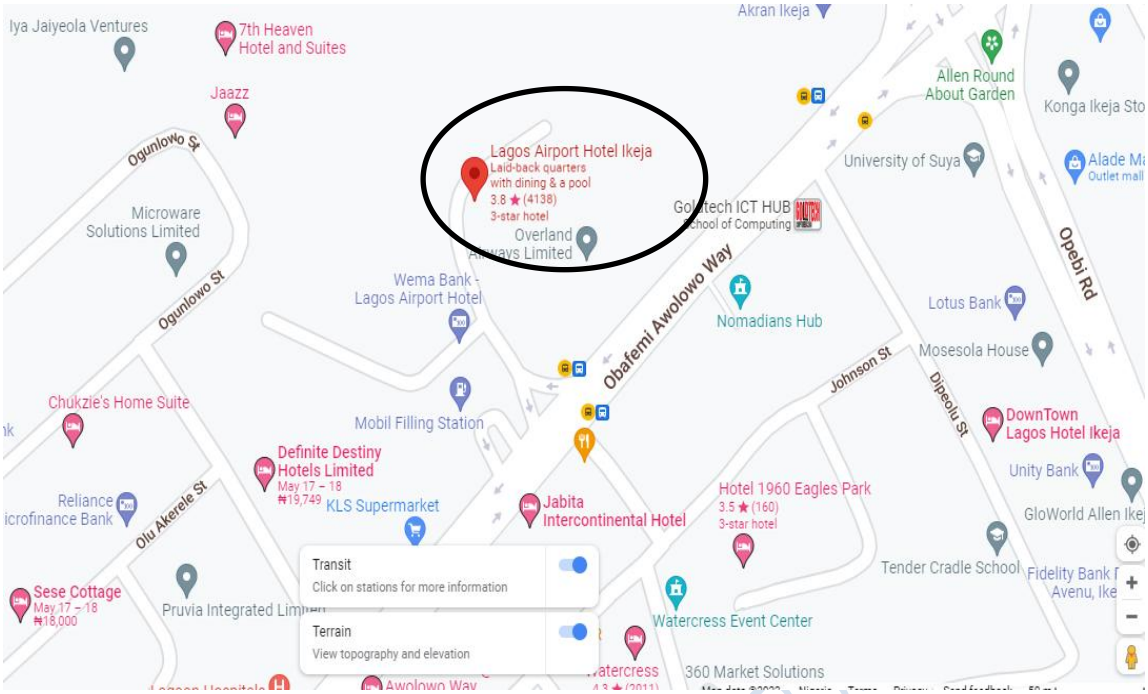

Figure 3.7: Lagos Airport Hotel, Ikeja

Source: https://bit.ly/3FSB9Yw

Plate 3.5: Havannah Suites and Conference Centres, Gowon Estate, Egbeda

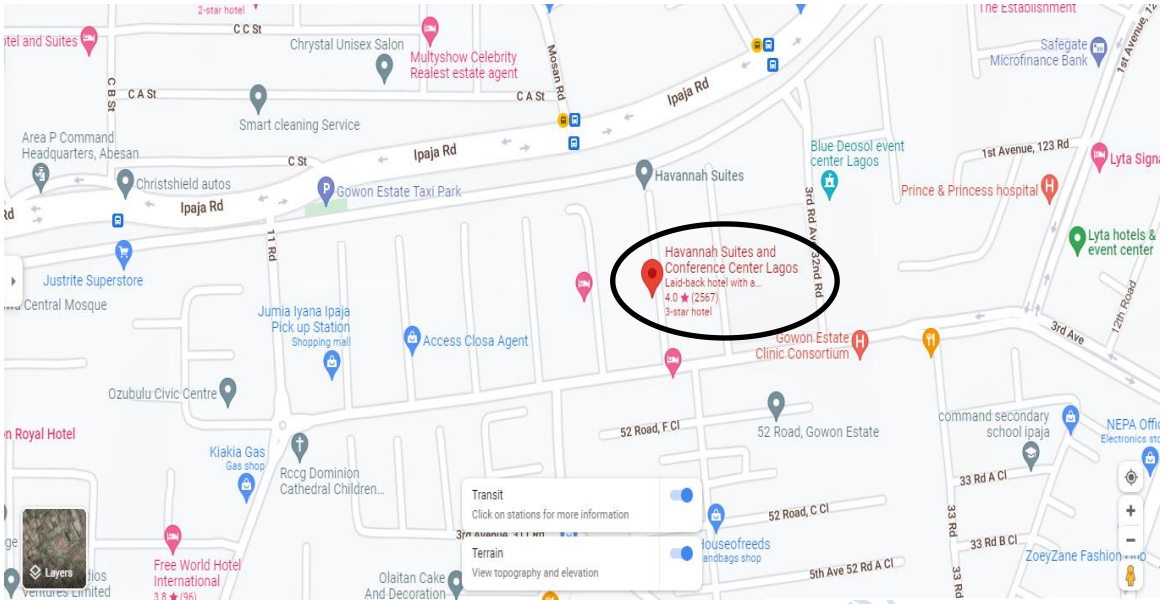

Figure 3.8: Havannah Suites and Conference Centres, Gowon Estate, Egbeda

Source: https://bit.ly/3LkV2Zp

3.4 Population of the Study

All the items under consideration in any field of research inquiry constitute universe or population. A complete enumeration of all the items in the population is known as a census inquiry. A population can refer to a collection of people, items, events, medical visits, or measures as a whole. As a result, a population may be defined as an observation of persons clustered together by a common feature[9].

In a thesis inquiry, when all the entire population was covered there was no element of chances left and highest accuracy is obtained. But in practice this may not be easy due to huge money, energy and time required to consider the entire population. Hence, quite often we select only a few items from the universe for this study purposes. This items so selected constitute what is technically known as sample.

The population size of this study was four hundred and twenty-five (425). It comprised of all hotel staff in the selected hotels (Table 3.1)

Table 3.1: Staff Population in each Hotel

Hotel	Population	Percentage
Eko Hotel and Suites, Victoria Island	106	106/425 x 100 = 25%
The Sun International's Federal Palace, Ikoyi	97	97/425 x 100 = 24%
Sheraton Hotel and Towers, Ikeja	101	101/425 x 100 = 23%
Lagos Airport Hotels, Ikeja	75	75/425 x 100 = 17%
Havannah Suites and Conference Centres, Gowon Estate, Egbeda	46	46/425 x 100 = 11%
Total	**425**	**100**

Questionnaire was randomly distributed to the respondents. The simple random sampling was adopted being a probability sampling where all the variables have the same chance of being part of the sample population. The departments selected were Security department staff, Front office department staff, Food and Beverage department staff, Kitchen department staff and Housekeeping department staff. This enabled the researcher to know the various measures adopted by each department to control the transmission of COVID–19 in the hotel. This sample size was given a more realistic value for the purpose of generalization and a low level of bias or error in judgment[10].

3.5 Sample and Sampling Technique

Sample size measures the number of individual samples measured or observations used in a survey or experiment. The sample is a representative of the whole population. The sample is the specific group of individuals that a researcher collects data from. Since it is the general rule that a sufficient number is to be provided because of having credible result, the researchers decided to use Survey Monkey online calculator to determine the study sample size. A sampling technique is the name or other identification of the specific process by which the entities of the sample have been selected.

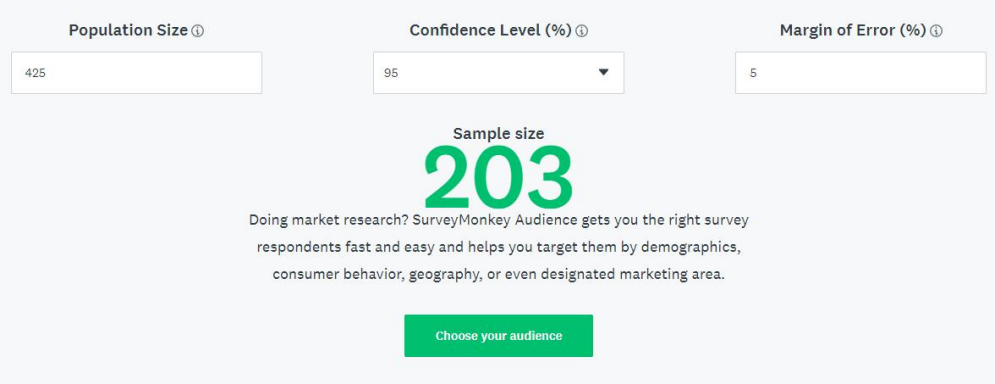

Figure 3.9: Sample Size Calculator

Source: Survey Monkey, https://www.surveymonkey.com/mp/sample-size-calculator/

The above Figure 3.1 shows that the population size was 425; and the confidence level was 95% with 5% margin of error, the sample size was 203.

Stratified sampling was also used to determine the number of copies of questionnaire to administer to each level. The stratified sampling calculation is shown in Table 3.2.

Table 3.2: Stratified Sampling Determination for Each Level

Hotel	Percentage (N=425)	Stratified Sample
Eko Hotel and Suites	25	25/100 x 203 = 51
The Sun International's Federal Palace	24	24/100 x 203 = 48
Sheraton Hotel and Towers, Ikeja	23	23/100 x 203 = 46
Lagos Airport Hotels, Ikeja	17	17/100 x 203 = 36
Havannah Suites and Conference Centres	11	11/100 x 203 = 22
Total	**100**	**203**

Source: Field survey (2021)

The population size was 425; 51 staff of 106 staff of Eko Hotel and Suites representing 25% were captured in this study. 48 staff of 101 of The Sun International Federal Palace representing 24% were also captured; 46 staff of 97 of Sheraton Hotel and Towers

representing 23% were included. 36 staff of 75 staff of Lagos Airport Hotels were captured and 22 staff out of 46 staff of Havannah Suites and Conference Centres were also captured in this study. The total sample size for this study was 203. The categories of hotel staff targeted for this study were those who frequently interacted with the guests and large numbers of individuals such as waiters/waitress, reception/front office, security, housekeepers, barmen, supervisors, cooks, managers, lift attendants, and operation managers.

3.6. Description of Research Instrument

In conducting the study, the researcher used both primary and secondary data collection techniques. These techniques were employed by the researcher to get in-depth information on the adoption and sustenance of COVID–19 preventive measures among hotel staff in Lagos State Nigeria.

Instrument were devices that researcher uses for collecting data for research study. The research instruments for this study were a well-constructed questionnaire, interview/focus group discussion and observation. A questionnaire is one of the major instruments for collecting information for research purposes. It consists of a printed list of questions based on the aims and objectives of a study to which a set of people called respondents are required to answer, by writing in their responses. Questionnaires are otherwise called mass-interview or interview-in-writing. It is commonly used when factual information is required. The purpose of the questionnaire was to compare the reviewers' comments and the authors' perception of the problems. The questionnaire focused on meeting the research objectives and answering the research questions.

In order to achieve greater operation, a cover letter was attached to each questionnaire soliciting the respondent cooperation and assuring them of the confidentiality of their responses strictly academic purposes. The questionnaires were divided into sections where respondents are required to comment on issues in study. The instrument was also labeled using the five hotels as the yardsticks. This enabled the researcher to identify and compare the responses of hotel staff from different hotels.

The questionnaire was divided into two sections - Section A and B.

Section A: This section comprised of Socio-demographic variables such as age, gender, educational qualification, Socio-economic status, marital status, religion, years of experience and job position.

Section B: The researcher created questions, cutting across all hotel departments using a 4 point Likert's mode of response will be adopted in this study, using the key Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD).

The administration of the questionnaire was done with the help of research assistant, and administration of the questionnaire took 3 weeks from December 1st to 23rd December, 2021

Interview

Personal interview was conducted with few selected managers, unit supervisors and three hotel security officers about their COVID - 19 experience and the level of adoption and sustenance of COVID - 19 preventive measures in their hotels, The hotel heads

confirmed that they have measures in place in their hotels to reduce COVID - !9 transmission and also have rules in place to monitor staff compliance. An interview calls for face to – face situation between the interviewer and the respondents. The answer to the questions posed by the interviewers always verbal and immediate."[12].

Interview is a method of collecting information through oral or verbal communication between the researcher and the respondents. Conducting interviews to collect data is one of the most popular ways to gather information in qualitative research. The process where the inquirer asks the interviewee can be described as the "systematic way of talking and listening to people. The interview questions provide data to properly answer the research questions[13]

Focus group discussion

This is another research instrument. It is a technique where the collective opinions of experts or specialists in certain aspects of an event or industry are sought. . A total of two focus group discussions were conducted. Arrangements were made to conduct the one hour long discussions at the two of the selected hotels. The FGD"s was conducted from the 5th to the 6th of January, 2022. On average, there were four participants per FGD. The focus groups are supervisors in food and beverage service areas. Before conducting the focus group discussion, the researcher explained the purpose of the study to the respondents and assured them of their confidentiality. The FGD questions were read out to the respondents, brief field notes were taken. Audio tapes were also used to record FGD discussions.

Observation

Observation is used for collecting a direct and first-hand information about events, situations and people or their attributes by selecting and watching the events, situation or people while they manifest the behaviors in a particular setting. Direct observation is when a researcher is at the scene of the information and collecting the information directly as it unfolds by watching or observing the events and without the use of mechanical, electrical or electronic devices.

Observation method was adopted to monitor staff and guests' actions and the level of adoption of all preventive measures. Observation will be useful:

i. To observe if the hotel staff are observing physical distancing; avoiding touching eyes, nose, and mouth; good respiratory hygiene and the wearing of medical masks in the hotel.
ii. To monitor if hotel staff are practicing the regular and thorough hand hygiene
iii. To monitor and evaluate the level of cleaning and disinfection of frequently touched objects and surfaces in hotels and to see the Personal Protective Equipment tools provided.

3.7. Validity and Reliability of Research Instrument

The most important aspect of any research project is determining whether or not the study is credible and legitimate. In quantitative research, the terms reliability and validity are often used. The pilot study and content validity approach were adopted to attest to the validity of the research instrument. A pilot study question was sent to 14 respondents, and their responses conformed to the actual expectations of the study, thereby considering the instrument as valid for the study.

For the content validity, the researchers ensured that the core variables of the study are represented in the research instrument. The questions presented in the research instrument conformed to the research objectives and hypotheses, and all relevant components of the study have been rationally captured.

Face validity was adopted in order to ensure clarity of language used, suitability and relevance of the items. The questionnaire was validated by the supervisor, who made necessary corrections and suggestions before the final administration of the questionnaire.

The research was subjected to reliability test using test – retest reliability. In this method, the same measuring instrument was used to take two separate measurements on the same population at different times which produced the same result.

Inter – rather reliability test was conducted to evaluate the levels of agreement among multiple observers of the same behavior only when different observers agree can the data be trusted.

3.8. Administration of Research Instrument and Method of Data Collection

Before addressing the workers to ask for their agreement to participate in this study, the researcher got permission from the managers of each of the selected hotels. The researcher introduced himself to the participants.

Data collection is by gathering data from potential participants who freely expressed interest in participating in the study, during the briefing process, participants was assured that any information provided by them will be used for research purposes only, and that no personal identification, such as name or other details, would not be necessary to participate in the study in order to maintain anonymity.

3.9. Method of Data Analysis

The research used both qualitative and quantitative methods to analyze this study. The descriptive statistics will be adopted to analyze the data. Arithmetic Mean and percentages, pictorial representation will be adopted. Data analysis is an important step towards finding a solution to a problem under study. In this study, the required information gathered will be analyzed using qualitative and quantitative data analysis techniques.

Hypothesis 1 (Ho1) testing for combined influence, the study used simple regression analysis to obtain the empirical findings of the effect of hotel staff's personal variables (gender, age, education level, marital status, years of work experience and job position) on the adaptability of hygiene measures. For Hypothesis II (Ho2) testing Regression Analysis of the Adoption and Sustenance of Preventive Measures on the transmission of COVID–19 among Hotel Staff. For Hypothesis III (Ho3) testing Regression Analysis on the Measures Adopted and Sustained by different Hotels to Preventive COVID-19 Transmission. All hypotheses were tested at 0.05 level of significance. Regression analysis is a set of statistical methods used for the estimation of relationships between a dependent variable and one or more independent variables.

Decision for Test of Hypotheses

The research hypotheses outcomes were interpreted as follows:

Null Hypothesis (Ho) = $\beta_1 = \beta_2 = \beta_3 =$ **0.** *(must be equal to 0)*

Alternative Hypothesis (H_1) = $\beta_1 = \beta_2 = \beta_3 \neq 0$ but **<** p-value **0.05.** *(must not be equal to 0 but less than or equal to p-value = 0.05).*

If p-value (*F*) > 0.05, we accept the null hypothesis that the parameter estimates are not statistically significant at the 5% level of significance.

If p-value (*F*) < 0.05 we reject the null hypothesis that the parameter estimates are statistically significant at the 5% level of significance.

Endnotes

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Chapter Four

Results and Discussion of Findings

This chapter deals with the presentation of data, corresponding analysis and the summary of findings of the data obtained from the survey. The analysis of respondents, demographic data and responses to the research questions was clearly stated below.

Section 1 displays the total number of questionnaires distributed and collected successfully. The descriptive analysis is also presented using tables with percentages and interpretations underneath the tables. Inferential statistics are presented in Section 2, and the chapter concludes with a discussion of the findings. The findings were based on the research questions and hypotheses that the study was designed to investigate.

4.1 Analysis of Questionnaires Administered and Collected

In each of the five hotels, the questionnaires were distributed using the stratified percentage outcomes to 51 staff of Eko Hotel and Suites representing 25%; 48 staff of The Sun International Federal Palace representing 24%; 46 staff of 97 of Sheraton Hotel and Towers representing 23%; 36 staff of 75 staff of Lagos Airport Hotels; and 22 staff of Havannah Suites and Conference Centres making a total of 203 questionnaires. Out of the 203 questionnaires 170 were returned out of which 6 were blank and unfilled. In the end, 164 questionnaires were successfully gathered, accounting for 82% percent of the total. As a result, the study's analysis will focus on the 164 surveys gathered. Hence, the analysis of this study was based on the data obtained from the 164 respondents.

4.2 Analysis of Respondents' Socio-Demographic Characteristics

Table 4.1. Demographic Profile of Respondents

Items	Eko Hotels & Suites	The Sun Int'l	Sheraton Hotels	Lagos Airport	Havannah Suites	Total (N=164)
Number of Respondents in each Hotel	41	37	35	32	19	**164**
Gender						
Male	29	24	21	14	11	**98**
Female	20	17	13	9	7	**66**
Age						
21-30 Years	23	21	16	8	7	**75**
31-40 Years	15	12	11	5	8	**50**
41-50 Years	10	6	6	3	2	**27**
51-60 Years	4	2	3	2	1	**12**
Education						
SSCE	25	19	18	13	8	**83**
B.Sc/HND	19	17	14	7	11	**67**
M.Sc.	2	1	2	1	2	**8**
Ph.D						**0**
Others	2	1	2		1	**6**
Marital Status						
Single	21	17	19	11	12	**80**
Married	25	22	11	13	11	**84**
Years of Work Experience						
0-5 years	13	15	9	6	4	**46**
6-10 Years	18	17	12	9	6	**62**
11-15 Years	7	11	7	4	3	**32**
16-20 Years	6	5	4	2	3	**20**
21 and above	2	1	1			**4**
Current Job Position						
Waiters/Waitress	14	13	13	10	7	**58**
Cooks	5	8	2	2	3	**20**
Reception/Front office	8	6	4	4	3	**25**
Security	6	5	3	2	4	**20**
Housekeepers	6	4	3	1	2	**16**

Barmen	2	2	1	1	1	**7**
Supervisors	1	1	1	1	1	**5**
Managers	2	1	2	1		**6**
Lift Attendants	1	2		1		**4**
Operation Managers	1	1	1			**3**

Source: Field Work, 2022

Table 4.1 above shows the distribution of respondents by their hotels. 41 respondents representing 25% were staff of Eko Hotel and Suites, Victoria Island; The Sun International's Federal Palace, Victoria Island, 37 staff representing 22.6% also responded. For Sheraton Hotel and Towers, Ikeja, 35 staff representing 21.4% of the total respondents were captured. 32 respondents representing 19.5% were staff of Lagos Airport Hotels, Ikeja while 19 respondents representing 11.5% were staff of Havannah Suites and Conference Centres, Gowon Estate, Egbeda, Lagos. This implies that all the five hotels were well represented in the study; however, there were more respondents from Eko Hotel and Suites and The Sun International's Federal Palace respectively.

The respondents' socio demographic characteristics showed that most respondents (98) were male representing 59.8% while their female counterpart were 66 representing 40.2%. In this study, most of the respondents captured (75; 45.7%) were between the age of 21 and 30 while the least were between the age of 51 and 60 (12; 7.3%). The respondents' level of education showed that most of them (83; 50.6%) were SSCE holders; followed by B.Sc./HND graduates (67; 40.9%) while the least (8) were M.Sc. holders. The study did not capture any Ph.D. holder but 6 respondents representing 3.7% did not disclose their level of education. Most respondents (84) representing 51.2% were married while 80 respondents representing 48.8% were singles. Most of the respondents (62) representing 37.9% have had between 6 and 10 years of work experience; followed by 46 respondents representing 28% who have had between less than a year and 5 years work experience;

the least respondents (4) representing 2.4% have had between 21 years and above of work experience. 58 respondents representing 35.4% are currently waiters/waitress and they were mostly captured in this study. It was followed by 25 respondents who were Receptionists/Front Desk staff representing 15.2%. The cooks and security personnel captured were 20 respectively representing 15.2%. The least staff captured in this study were Operational Managers who were 3 representing 1.8%. Most respondents captured were those that usually interact freely with guests.

4.3 Technical Data Analysis

Table 4.2. Frequency and percentage Scores on the Influences of COVID–19 on hotel industry

S/N	Statements	SA	A	DA	SDA	U	Mean	SD
1.	Hotel industry is both the main contributor to COVID–19 disease spread and a recipient of its consequences	110 67.1%	48 29.3%	6 3.7%	0	0	3.63	2.62
2.	The challenges created by COVID-19 impacts hotel business negatively	143 87.2%	16 9.8%	5 3%	0	0	3.84	3.10
3.	Government policies such as the closure of the country's land borders, air-space and sea borders affects hotel revenue generation	151 92.1%	10 6.1%	3 1.8%	0	0	3.90	3.24
4	COVID–19 causes strain on the operations and revenue generation of the hotel industry	142 86.6%	16 9.8%	6 3.6%	0	0	3.83	3.07
5	COVID–19 accounts for steep decline in hotel occupancy, job losses and mass sales of hotel facilities	145 88.4%	9 5.6%	5 3%	0	5 3%	3.79	2.99
		Average Mean and Standard Deviation					**3.80**	**3.00**

Note: *Strongly Agree (SA) = 4points; Agree (A) = 3points; Disagree (D) = 2 points; Strongly Disagree (SD) = 1 point.* **Source:** Field Work, 2022

Result on table 4.2 above revealed the mean and standard deviation scores on the influence of COVID -19 on hotel industry. Statement 1 outcome showed that 110 and 48 respondents representing 67.1% and 29.3% with (3.63 mean values) strongly agreed and agreed respectively that the hotel industry is both the main contributor to COVID -19 disease spread and a recipient of its consequences while 6 respondents representing 3.7% disagreed. Due to the high rate of guests from foreign countries, it is possible to witness such cases in hotels. In Statement 2, 143 and 16 respondents representing 87.2% and 9.8% with (3.84 mean values) respectively strongly agreed and agreed that the challenges created by COVID-19 impacts hotel business negatively while 5 respondents representing 3% disagreed. The coronavirus has negative effect on the core business of hotel industry since people are not allowed to travel even inside the country. In other view in statement 3, 151 and 10 respondents representing 92.1% and 6.1% with (3.90 mean values) respectively strongly agreed and agreed that government policies such as the closure of the country's land borders, air-space and sea borders affects hotel revenue generation while 3 respondents representing 1.8% disagreed. Statement 4 showed that 142 and 16 respondents representing 86.6% and 9.8% with (3.83 mean values) strongly agreed and agreed respectively that COVID -19 causes strain on the operations and revenue generation of the hotel industry while 6 respondents representing 3.6% disagreed. Also, 145 and 9 respondents representing 88.4% and 5.6% with (3.79 mean values) respectively strongly agreed and agreed that COVID-19 accounts for steep decline in hotel occupancy, job losses and mass sales of hotel facilities; on the contrary, 5 respondents representing 3% disagreed and undecided respectively. This implies that COVID-19 has unprecedented impacts on hotel industry.

Table 4. 3. Measures being adopted by hotel staff in different department

S/N	Statements	SA	A	DA	SDA	U	Mean	SD
1.	There are many measures put in place by hotel management to reduce staff to staff transmission and guests to staff transmission of corona virus.	137 83.5%	20 12.2%	4 2.4%	0	3 1.8%	3.77	2.94
2.	Most hotels divided their employees into two parts to work in alternate days	146 89.1%	14 8.5%	2 1.2%	0	2 1.2%	3.85	3.13
3.	The provision for screening staff and visitors for signs and symptoms of COVID-19 upon entering the hotel is a key step in preventing exposure to disease within the hotel environment	148 90.2%	10 6.1%	6 3.7%	0	0	3.87	3.15
4.	The level of compliance among hotel staff are high and the observed outcomes in the selected hotels are favorable	145 88.4%	10 6.1%	9 5.5%	0	0	3.83	3.07
5.	Proper crowd management in the hotel as well as in outside premises like parking lots and duly following physical distancing norms.	147 89.6%	12 7.3%	3 1.8%	2 1.2%	0	3.85	3.13
6.	Room service or takeaways to be encouraged, instead of dine-in.	122 74.4%	28 17.1%	14 8.5%	0	0	3.62	2.59
7.	All staff and guests to be allowed entry only if using face cover/masks. The face cover/masks have to be worn at all times inside the hotel.	154 93.9%	10 6.1%	0	0	0	3.94	3.32
		Average Mean and Standard Deviation					3.78	2.96

Note: *Strongly Agree (SA) = 4points; Agree (A) = 3points; Disagree (D) = 2 points; Strongly Disagree (SD) = 1 point.* **Source:** Field Work, 2022

Result on table 4.3 above revealed the mean and standard deviation scores on the measures being adopted by hotel staff in different departments. Statement 1 showed that 137 and 20 respondents representing 83.5% and 12.2% with (3.77 mean values) strongly agreed and agreed that there are many measures put in place by hotel management to reduce staff to staff transmission and guests to staff transmission of corona virus in hotel industry while 4 and 3 respondents representing 2.4% and 1.8% disagreed and undecided. Statement 2 showed that 146 and 14 respondents representing 89.1% with (3.85 mean values)strongly agreed and agreed that most hotels divided their employees into two parts to work in alternate days to monitor any group that may be contacted by the virus. This idea is for job continuity when a group is infected with virus. Meanwhile, 2 respondents each disagreed and undecided respectively. 148 and 10 respondents representing 90.2% and 6.1%with (3.87 mean values) strongly agreed and agreed that provision for screening staff and visitors for signs and symptoms of COVID-19 upon entering the hotel is a key step in preventing exposure to disease within the hotel environment while 6 respondents representing 3.7% disagreed.

Also, 145 and 10 respondents representing 88.4% and 6.1% with (3.83 mean values) respectively strongly agreed and agreed that the level of compliance with the adoption of COVID–19 preventive measures among hotel staff are high and the observed outcomes in the selected hotels are favorable while 9 respondents representing 5.5% disagreed. 147 and 12 representing 89.6% and 7.3% with (3.85 mean values) respectively strongly agreed and agreed that proper crowd management and outside hotel premises like parking lots and duly following physical distancing norms will reduce the transmission of COVID-19 in hotels. Meanwhile, 3 and 2 respondents representing 1.8% and 1.2% disagreed and strongly disagreed respectively. 122 and 28 respondents representing

74.4% and 17.1% with (3.62 mean values) respectively strongly agreed and agreed that room service or takeaways to be encouraged, instead of dine-in. Meanwhile, 14 respondents representing 8.5% disagreed. 154 and 10 with (3.94 mean values) respondents representing 93.9% and 6.1% respectively strongly agreed and agreed that all staff and guests to be allowed entry only if using face cover/masks. The face cover/masks have to be worn at all times inside the hotel. The average mean and standard deviation scores are 3.78 and 2.96 respectively.

Table 4. 4. How are the hotel COVID–19 preventive measures being sustained

S/N	Statements	SA	A	DA	SDA	U	Mean	SD
1.	Monitoring the overall compliance of the protocols	144 87.8%	20 12.2%	0	0	0	3.88	3.18
2.	Monitoring compliance with correct usage of PPE's	153 93.3%	11 6.7%	0	0	0	3.93	3.31
3.	Maintaining staff and guest's health records (daily temp checks)	137 83.5%	27 16.5%	0	0	0	3.84	3.08
4.	Monitoring of cleaning and sanitization records	103 62.8%	51 31.1%	0	0	10 6.1%	3.57	2.46
5.	Adequate floor marking affixed to guide on physical/social distance within the hotel	123 75%	30 18.3%	11 6.7%			3.68	2.73
6.	Briefing and orientation on safety procedures	146 89%	18 11%	0	0	0	3.89	3.21
7.	Hotel supervisor going round hotel department to monitor staff compliance of the measures. As a mark of control for staff flouting the COVID–19 protocols in hotel departments,	150 91.5%	14 8.5%	0	0	0	3.91	3.27
		Average Mean and Standard Deviation					**3.90**	**3.24**

Note: *Strongly Agree (SA) = 4points; Agree (A) = 3points; Disagree (D) = 2 points; Strongly Disagree (SD) = 1 point.* **Source:** Field Work, 2022

Result on table 4.4 above revealed the average mean and standard deviation scores to be above 2.50. This indicated that the hotel management relatively sustains the COVID-19 preventive measures. In support, 144 and 20 respondents representing 87.8% and 12.2% with (3.88 mean values) strongly agreed and agreed that management monitored the overall compliance of the protocols. 153 and 11 respondents representing 93.3% and 6.7% with (3.93 mean values) strongly agreed and agreed respectively that hotel management monitors compliance with the correct usage of PPE's. In addition, 137 and 27 representing 83.5% and 16.5% with (3.84 mean values) respectively strongly agreed and agreed that hotel management maintains staff and guests' health records. 103 and 51 representing 62.8% and 31.1% with (3.57 mean values) strongly agreed and agreed respectively that hotel management monitors the cleaning and sanitization records. 123 and 30 respondents representing 75% and 18.3% with (3.68 mean values) strongly agreed and agreed that adequate floor marking affixed to guide on physical/social distance within the hotel. However, 11 respondents representing 6.7% disagreed. 146 and 18 respondents representing 89% and 11% with (3.89 mean values) strongly agreed and agreed that hotel management briefs and orients them on the safety procedures. Also, 150 and 14 respondents representing 91.5% and 8.5% with (3.91 mean values) strongly agreed and agreed that their supervisors usually go round the hotel departments to monitor staff compliance of the measures.

4.4 Focus Group Discussion (FGD) Report

Interviewer: Question 1: In your opinion, to what extent was your hotel affected by the COVID-19 pandemic?

Interviewee: Our business was booming between January to March 2020 before the arrival of COVID-19 pandemic. Its arrival caused havoc to our hotel business The

introduction of government measures to reduce the spread of the virus does not go well with our operations. Our hotel doors were closed against our guests for the first time since the beginning of our operation in 2008.

In terms of other business of the hotel, everything was at stand still. We were prevented from opening our bars, restaurants, rooms, gym and fitness centers pool bar and swimming pool. Our club, were we make heavy sales every Fridays were short down. The virus destroys all source of income to our hotel.

The virus affected all our advanced bookings for rooms, halls and functions. Everything was cancelled and guests were refunded their initial deposits. COVID- 19 is a loss of revenue to hotel. On our staffing, our staffs were placed on salary without service charge for those months but the permanent ones were not laid off.

Interviewer: Question 2. What are the COVID-19 preventive measures adopted by staff of your hotel.

Interviewee: Our hotel complied strictly with all government measures on the prevention of COVID-19. Here we adopted the use of Face mask, we maintain social distance. Hand washing with soap and Face temperature reading before entering the premises. Our hotel reduced the numbers of guests in rooms and elevators Our receptionists were separated from guests with glass coverings, distancing is observed in our table settings in bar, restaurant and halls. Strict cleaning and disinfectant was observed in housekeeping sections.

Interviewer: Question 3 What are the measures being adopted by hotel staff in different departments

Interviewee: In our hotel. We adopted the personal hygiene measures which include general staff cleaning, food hygiene, environmental hygiene, regular bathing, washing of hands, coving of wounds, cuts and burnt, covering mouth while coughing and sneezing.

Also we adopted all COVID-19 preventive measures in our hotels. Our staff are all obeying the rules on social distancing, covering of mouth, washing of hands and temperature screening at the gate for all staff and visitors and we also practice the regular staff testing weekly.

Interviewer: Question 4. In your opinion Sir, how are the measures been sustained?

Interviewee: Our hotel strategy to sustain the COVID-19 preventive measure include regular meeting with staff about the virus. We had weekly training on COVID-19. CCTV Camera monitoring is deployed to monitor staff, our management imposed various punishment on staff base on offence committed. When a staff removes the face mask, he will be asked to go home for 2 weeks without pay. In a situation where two staff disobey the rule of social distancing, when they are found talking together some amount of money will be deducted from their monthly pay.

Interviewer: Question 5: Does the Socio–economic status of hotel staff influence their adaptability with the use of personal hygiene measures.

Interviewee: The adoption of COVID-19 preventive measures cut across all the hotel staff. All our management and every cadre of staff are obeying COVID-19 policies. The control or sustenance measures also cuts across board.

Interviewer: Question 6: There is no significance difference in the measures adopted by hotel staff across the selected case studies

Interviewee: Yes, From the discussions, virtually all the hotels are operating the same COVID-19 preventive measures and practicing the same personal hygiene methods. They are all obeying the washing of hands rules, maintaining social distancing, using temperature check at the entrance of the hotel. The hotels staffs are obeying rules on the

use of face masks and limiting the numbers of guests and visitors in the elevators and service areas.

4.5 Testing of Hypotheses

Hypothesis 1 – Combined indicators of hotel staff's personal factors will not significantly influence the adaptability of hygiene measures

Table 4.5: Regression Analysis of Combined Indicators of Respondents' Personal Factors on Adaptability of Hygiene Measures

Model Summary

Model	R	R square	Adjusted R square	Std. error of the estimate
1	.683[a]	0.187	0.249	0.183

Predicator: (constant): Gender, Age, Level of Education, Marital Status, Year of Work Experience, Current Job Position

ANOVA

Model		Sum of squares	df	Mean square	F	Sig.
1	Regression	9.744	6	1.638	13.283	0.000
	Residual	37.267	158	0.208		
	Total	47.011	164			

a. Dependent variable: Adaptability of Hygiene Measures Source: Field Work, 2022
b. Predicators: (constant), Gender, Age, Level of Education, Marital Status, Year of Work Experience, Current Job Position

The *F*-ratio in the **ANOVA** table tests shows that the independent variables statistically significantly predict the dependent variable, $F(6,158) = 13.283$, $p < .0005$.

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. error	Beta	T	Sig.
1	(Constant)	3.365	0.628		12.323	.000
	Gender	.018	.065	.323	0.067	.021
	Age	.138	.037	.189	0.265	.017
	Level of Education	.181	.078	.136	0.290	.000
	Marital Status	-.004	.001	.108	0.367	.069
	Years of Work Experience	-.003	.002	.063	0.826	.025
	Current Job Position	.025	.011	.132	0.161	.043

a. Dependent variable: Adaptability of Hygiene Measures Source: Field Work, 2022
b. Predicators: (constant), Gender, Age, Level of Education, Marital Status, Year of Work Experience, Current Job Position

As shown in the table, Gender, p=.323; Age, p=.117; Level of Education, p=.000; Marital, Status, p=.069; Year of Work Experience, p=.825; Current Job Position, p=.043. In this outcome, it was only the Level of Education p=0.000 is significant at 0.01 level of significance, others were not because they are all greater than p-value=0.05.

Hypothesis 2: The adoption and sustenance of preventive measures will not significantly affect the transmission of COVID–19 among Hotel Staff in Lagos, Nigeria

Table 4.6: Regression Analysis of the Adoption and Sustenance of Preventive Measures on the transmission of COVID–19 among Hotel Staff

Model Summary

Model	R	R square	Adjusted R square	Std. error of the estimate
1	.286[a]	.039	.033	.201

Predicator: (constant), Adoption and Sustenance of Preventive Measures

The model summary of this regression analysis revealed that the relationship was .286; R square was .039; Adjusted square was .033 and the Standard error of the estimate was .201.

ANOVA

Model		Sum of squares	df	Mean square	F	Sig.
1	Regression	.568	3	.621	8.461	0.000[b]
	Residual	8.679	161	.078		
	Total	9.247	164			

a. Dependent variable: Transmission of COVID-19 Source: Field Work, 2022
b. Predicators: (constant), Adoption and Sustenance of Preventive Measures

The *F*-ratio in the **ANOVA** table tests shows that the independent variables statistically significantly predict the dependent variable, $F(3,161) = 8.461$, $p < .05$.

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. error	Beta	T	Sig.
1	(Constant)	3.628	.041		12.898	.000
	Adoption and Sustenance of Preventive Measures	-.037	.023	-.187	-3.523	.000

a. Dependent variable: Transmission of COVID-19 Source: Field Work, 2022
b. Predicators: (constant), Adoption and Sustenance of Preventive Measures

Table 4.6 shows the level of significance of adoption and sustenance of preventive measures on transmission of COVID-19 is f(3,161) = 8.461, p=.000. This result shows that the p value in the table is .000 which is less than the level of significance of 0.05 (p<0.05). This implies that there is significant influence of adoption and sustenance of preventive measures on the transmission of COVID-19 among Hotel Staff in Lagos. Hence, the null hypothesis is rejected.

Hypothesis 3: There is no significance difference in the measures adopted and sustained by different hotels *(Eko Hotel and Suites; The Sun International's Federal Palace; Sheraton Hotel and Towers; Lagos Airport Hotels; and Havannah Suites and Conference Centres)* to preventive COVID-19 transmission.

Table 4.7: Regression Analysis on the Measures Adopted and Sustained by different Hotels to Preventive COVID-19 Transmission

Model Summary

Model	R	R square	Adjusted R square	Std. error of the estimate

1	.550[a]	.338	.319	2.041

Predicator: (constant), Different hotels (*(Eko Hotel and Suites; The Sun International's Federal Palace; Sheraton Hotel and Towers; Lagos Airport Hotels; and Havannah Suites and Conference Centres)*

ANOVA

Model		Sum of squares	df	Mean square	f	Sig.
1	Regression	16.438	5	7.367	8.379	.000[b]
	Residual	14.778	159	.313		
	Total	31.216	164			

a. Dependent variable: COVID-19 Preventive Measures
b. Predicator: (constant), Different hotels (*(Eko Hotel and Suites; The Sun International's Federal Palace; Sheraton Hotel and Towers; Lagos Airport Hotels; and Havannah Suites and Conference Centres)*

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. error	Beta	T	Sig.
1	(Constant)	13.879	1.243		3.769	.000
	Eko Hotel & Suites	.165	.089	.176	0.067	-.101
	The Sun Int'l Federal Place	.172	.096	.193	0.265	-.109
	Sheraton Hotel & Towers	.168	.091	.178	0.290	-.105
	Lagos Airport Hotels	127	.061	.139	0.367	-.098
	Havannah Suites & Conference Centres	.102	.079	.115	0.061	-.069

c. Dependent variable: COVID-19 Preventive Measures
d. Predicator: (constant), Different hotels (*(Eko Hotel and Suites; The Sun International's Federal Palace; Sheraton Hotel and Towers; Lagos Airport Hotels; and Havannah Suites and Conference Centres)*

As shown in the table, Eko Hotel & Suites, p= -.101; The Sun Int'l Federal Place, p= -.109; Sheraton Hotel & Towers, p= -.105; Lagos Airport Hotels, p= -.098; Havannah Suites & Conference Centres, p= -.069. In this outcome, all the hotels p-values were less than the 0.05 level of significance. Hence, the null hypotheses are rejected while the alternative hypotheses were accepted that all hotels captured in this study have COVID-19 preventive measures in case of any casualty.

4.6 Discussion of Findings

The first hypothesis looked at the impact of a combined indicator of hotel staff's personal factors on the adaptability of hygiene measures. The result revealed that only Level of Education p=0.000, out of all the indications of personal factors from the respondents' personal factors, would have a major impact on the adaptability of hygiene measures. Others, such as gender, marital status, years of experience, and current job position are greater than p=0.000 level of significance.

As a result, hotel staff's level of education was found to be a major predictor of adaptability of hygiene measure. An increase in a person's educational level might also encourage them to embrace hygienic practice, but a poor quality of life produces many demotivators for hygiene[1]. It also suggests that the greater the level of education of the hotel staff, the greater is their adaptability to hygiene measures put in place by the hotel management. Maintaining good personal hygiene is crucial; not only does proper personal hygiene encourage social acceptance and connection, but it also helps to avoid the transmission of recognized diseases (COVID-19)[2]. Personal hygiene is the personal grooming and care of a person's body. Regular and thorough hand hygiene; physical separation; avoiding touching eyes, nose, and mouth; excellent respiratory hygiene; and

the use of masks for at-risk patients or fabric masks for the general public if community transmission is present and physical separation is not possible[2,3].

The second hypothesis looked into how the adoption and sustenance of preventive measures influence the transmission of COVID-19 among hotel staff. This result, f(3,161) = 8.461, p=.000, shows that the p-value in the table is .000 which is less than the level of significance of 0.05 ($p<0.05$). The findings indicated that hotel management adopted and sustained preventive measures to tackle COVID-19 transmission among hotel staff and guests. In affirmation to this finding, during the COVID-19 pandemic, hotels were instructed not to serve more than three guests at a time on a single table, and tables should be at least two adult steps away if they are utilized concurrently in Ethiopia[4]. There was a complete state of emergency during this period but hotels were not entirely closed since there were preventive measures in place to secure the spread of COVID-19 as many individuals communicate with one another and with personnel. As a result, all hotel staff closely adhered to the basic safety precautions. Also, many lives were certainly saved due to the prophylactic measures such as physical distancing, social isolation, as well as strong limitations on all transports[5].

The findings are consistent with the study titled, "Tourism and COVID-19: Social and Lateral marketing to the rescue" which was carried out in Universitat de Girona, Spain. It was concluded that to prevent physical contact, the tourism sector liaised with their clients via the social media and constantly calling and texting them to seek after their well-beings. From the other hand, some hotels offered cleaning services to their business clientele at a low cost. Hotels are increasingly using artificial intelligence and robots to improve social distancing and safeguard customers and frontline personnel in the modern day[7]. Some hotels have previously begun using these tactics; for instance, the Henn na Hotel in Tokyo where robotics are viable with and virtual employees[8]. Relatively, most

hotels in the world put in place preventive measures to tackle the spread of COVID-19. However, the preventive measures in each of the hotels are differ depending on the financial capacity of each of them.

The third hypothesis looked into the preventive measures adopted and sustained by different hotels to tackle COVID-19 transmission. The results show that Eko Hotel & Suites, p= -.101; The Sun Int'l Federal Place, p= -.109; Sheraton Hotel & Towers, p= -.105; Lagos Airport Hotels, p= -.098; Havannah Suites & Conference Centres, p= -.069. In this outcome, all the hotels p-value is greater than the 0.05 level of significance. In each of these hotels there were preventive measures in place; however, the preventive measures were adopted differently due to the size and location of each of the hotels. This is in line with the finding of this study titled, "Does hotel management matter to overcoming the COVID-19 crisis: The Spanish Case." The study found that the size and location of the hotels could influence the kind of preventive measures to put in place to tackle COVID-19 transmission. For instance, those 4 or 5-star hotel in Madrid own region's market share[9]. However, their sizes and participations in a hotel chain do not appear to be divergent drivers of recovery chances. During the outbreak, the same outcome was observed in terms of contingency and sanitary plans, most likely because most hotels were closed and such precautions were not able to be implemented or because they all had to follow the same regulations[9]. In addition, a study carried out in India titled, "Impact of lockdown on tourism & hospitality industry", it was found that the biggest hotels in the industry would be greatly affected by the emergence of COVID-19 pandemic[10]. Thus, they spent more to prevent the spread of the disease compared to what the smaller hotels must have spent on the preventive measures. According to the study, the tourist sector would be hurt worst by branded hotels, followed by tour operators.

In addition, some studies carried out in Nigeria also affirmed the impact of COVID-19 on hotel industry and measures put in place by the management of those hotels. Many hotels have closed as a result of the lockdown policy, and their operations, sales, and profitability have all suffered as a result[11]. The COVID-19 pandemic has had an impact on the hotel industry. The study titled, "The socio-economic impact of COVID-19 on the economic activities of selected states in Nigeria", it was revealed that COVID-19 pandemic with its consequential attribute of government policy decisions on lockdown, social distancing, restriction of movements, ban on interstate travel, hotels, and other human traffic places within the period under severely affected the level of general economic activities in the study areas[12]. For the preventive measures and need to reduce the impact of COVID-19, a study examined the effect of COVID-19 pandemic on Nigerian economy and the structural causes and prevention[13]. The study found that some Nigerians had misconceptions about COVID-19 as they believed it was a Chinese biological weapon; hence, they did not put in place in preventive measures to tackle COVID-19 transmission. The study recommended that evidence-based campaign need to be intensified to remove misconceptions and promote precautionary measures.

Finally, in the study titled, "Consequences of COVID-19 Pandemic on Hospitality Industry: The Nigeria Experience." It was revealed that there was a great loss in the sales of hospitality business and low patronage to its facilities and resources. It was found that many hospitality facilities may be unsustainable due to the preventive measures put in place by the hotel management (social distancing and other restrictions on movement instituted by the government) which eventually led to a drop to zero sit-in guests for hotels and restaurants[14]. Hotel industry in Nigeria suffers greatly during the COVID-19 pandemic and the preventive measures put in place immensely tackled the spread of

COVID-19. However, it led to a loss in sales and patronage as people and travellers needed to keep social distancing.

Endnotes

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Chapter Five

Conclusion

This chapter presents the summary, conclusion, recommendations and contribution to knowledge as well as suggestions for further studies

5.1 Summary of Findings

The study examined the combined influence of hotel staff's personal variables (gender, age, education level, marital status, years of work experience and job position) on the adaptability of hygiene measures in five hotels (Eko Hotel and Suites, Victoria Island; The Sun International's Federal Palace, Victoria Island; Sheraton Hotels and Towers, Ikeja; Lagos Airport Hotel, Ikeja; and Havannah Suites and Conference Center, Gowon Estate, Egbeda) in Lagos State. This section discussed the findings based on the objectives of the study. The introductory part is the chapter one which covered the study background, statement of the problem, objectives of the study, research questions and hypotheses, scope, significance and limitations of the study as well as the operational definition of terms.

Chapter two of this study comprised of several related and relevant materials to the study which were extensively reviewed and discussed under the headings of conceptual review, theoretical review and empirical review of previous works in the area of studies. Chapter three focused on research methodology under the headings of research design, population of the study, sample and sampling techniques, description of research instrument, validity of research instrument, reliability of the research instrument, method of data collection and method of data analysis.

From the research findings, it was observed that there was significant combined influence of the independent factors (Gender, Age, Level of Education, Marital Status, Year of Work Experience, and Current Job Position) on adaptability of hygiene measures ($R = 0.683$, $R^2=0.187$, $F=13.283$, p-value >0.05). The relative influence of the independent factors (Gender, Age, Level of Education, Marital Status, Year of Work Experience, and Current Job Position) on adaptability of hygiene measures $\beta_1 = 0.323$, $p=0.021$; $\beta_2 = 0.189$, $p=0.017$; $\beta_3=0.136$, $p=0.000$; $\beta_4=0.108$, $p=0.069$; $\beta_5=0.063$, $p=0.025$; $\beta_6=0.161$, $p=0.043$ respectively.

The result revealed that only Level of Education $p=0.000$, out of all the indications of personal factors from the respondents' personal factors, would have a major impact on the adaptability of hygiene measures. Others, such as gender, marital status, years of experience, and current job position are greater than $p=0.000$ level of significance. The findings indicated that hotel management adopted and sustained preventive measures to tackle COVID-19 transmission among hotel staff and guests. The study also found that each of the five hotels captured adopted preventive measures to tackle COVID-19 transmission among their staffs and guests; meanwhile, each adopted different approaches due to their sizes and business locations.

5.2 Recommendations

Based on the findings and conclusion of this study, the following recommendations were made:

i. To aid in the restoration and sustainability of the hotel business, hotel management should ensure they sustain effective COVID-19 preventive measures
ii. Hoteliers should ensure there is a strict attention to health and safety rules for hotel staff, guests and visitors.
iii. Hoteliers should provide regular COVID-19 education updates on the hotel website, together with scientific advice, which would help visitors/guests make more informed decisions.
iv. Stakeholders in the hotel business should constantly provide healthy meals, scalability, air purifiers and improved check-in, and sanitary in-house guest management.
v. Hoteliers should be prepared to rethink their strategies and embrace approaches that will help them stay afloat.
vi. Hotel industry participants should enroll in insurance plans that will protect their enterprises in the event of a disaster.
vii. The use of adequate disinfection and cleaning methods must be adopted regularly to attract guests who are now being cautious in order to avoid getting the virus.
viii. If industry players wish to promote and remain relevant in a pandemic environment, they must invest in digitization, such as social media tools and strong content production.
ix. Special attention to cleaning, disinfection and sterilization of reception, corridors, and guest rooms.

x. Hotel staff should be educated on the differences between cleaning, disinfection, and sterilization in order to conduct duties correctly and with the highest level of cleanliness in mind.

xi. All hotels should provide education and training to help personnel understand the nature of pandemics and the post-pandemic steps that may be implemented to stay relevant.

xii. Hotels should develop strong associations where members may share expertise and show solidarity to one other or weaker members in order to transform the bad aspects of COVID-19 into positive benefits in the medium to long run

xiii. Hotel management should either have a clinic on site or have well-trained medical people visit and inspect both employees and visitors.

5.3 Contribution to Knowledge

The study on COVID-19 pandemic provides a significant contribution to knowledge in academia, health, and hotel industry. This study demonstrates the importance of adoption and sustenance of preventive measures to tackle the spread of COVID-19. Given the uncertainty created by epidemics, hotels' plans are critical and will have a distinct impact on the recovery of establishments. The study's results will help health authorities to plan preventive strategies for future diseases. The findings also help scholars and researchers to understand the link between COVID-19 knowledge and mortality, as well as household consumption habits and prescription flu medicine demand. Regardless of the enormous national steps taken to tackle COVID-19 pandemic, the study's findings show how the success or failure of these initiatives is mostly determined by general public perception and behavior. It threw more lights on how the spread of COVID-19 could be effectively handled through public commitment to government-instituted preventative measures.

5.4 Conclusion

The COVID-19 has certainly had a negative influence on individuals, families, society, businesses (largely on hotel industry), and the entire world. Meanwhile, the hotel industry in Nigeria has played a significant part in economic regeneration and stability. In order to foster hotel business growth and economic development, the spread of COVID-19 in all hotels which are the settlement areas of the expatiates and visitors should be sanitized; the current situation can regenerate itself, if it is not well-handled.

COVID-19 outbreaks and hyper spreading occurrences continue to be commonplace in hotel industry. Despite the fact that numerous national and international health organizations provide guidelines for occupational health and safety, there is a documented lack of evidence on specific COVID-19 procedures for making hotels safe. The combination of measures may vary depending on the size and location of the hotels; however, thorough contact tracing and case isolation, syndromic surveillance and testing, and staff zoning and/or cohorts must be considered as important considerations. These steps should be taken in conjunction with better building ventilation and indoor air quality. Hence, hotel management must develop rules on how to effectively safeguard hotel staff against COVID-19 and future outbreaks of infectious diseases. This study concludes that Nigerian government should implement practical business safety nets, such as a relief fund for hospitality industry owners.

5.5 Areas for Further Research

In further studies, it is recommended that researchers and scholars should carry out studies on the following areas:

1. Post pandemic era and consumers' behaviour in hotel industry
2. Public policies, post pandemic era and hospitality industry

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Appendix I

QUESTIONNAIRE

LEAD CITY UNIVERSITY, IBADAN

DEPARTMENT OF TOURISM

Dear Respondent,

This questionnaire was prepared by a postgraduate student of the above institution to gather information and data for a project work. The research work is strictly for academic purpose and every data/information collected will be kept confidential.

Thanks for your cooperation.

Section A

Biodata

1. Sex: (a) Male ☐ (b) Female ☐
2. Age: (a) 21 – 30 ☐ (b) 31- 40 ☐ (c) 41- 50 ☐ (d) 51 – 60 ☐ (e) 61 and above ☐
3. Level of Education: (a) SSCE ☐ (b) B.SC/HND ☐ (c) M.SC ☐ (d)PhD ☐ (e) others ☐

4. Marital Status: (a) Single (b)Married

5. Years of Experience (a) 0 – 5 (b) 6 - 10 (c) 11- 15 (d) 16 – 20 (e) 21 and above

6. Current Job Position: _____

Hotels

Eko Hotel and Suites, Victoria Island

Sun International's Federal Palace

Sheraton Hotel and Towers, Ikeja

Lagos Airport Hotels, Ikeja

Havannah Suites and Conference Centres, Gowon Estate, Egbeda

Section B

Keys: SA - Strongly Agreed; A - Agreed; DA – Disagreed; SDA – Strongly Disagreed; U – Undecided

Assessing the Influence of COVID–19 on Hotel Industry

S/N	Statements	SA	A	DA	SDA	U
1.	Hotel industry is both the main contributor to COVID–19 disease spread and a recipient of its consequences					
2.	The challenges created by COVID-19 impacts hotel business negatively					
3.	Government policies such as the closure of the country's land borders, air-space and sea borders affects hotel revenue generation					
4	COVID–19 causes strain on the operations and revenue generation of the hotel industry					
5	COVID–19 accounts for steep decline in hotel occupancy, job losses and mass sales of hotel facilities					

Section C

Keys: SA - Strongly Agreed; A - Agreed; DA – Disagreed; SDA – Strongly Disagreed; U – Undecided

Measures Being Adopted by Hotel Staff in Different Hotels

S/N	Statements	SA	A	DA	SDA	U
1.	There are many measures put in place by hotel management to reduce staff to staff transmission and guests to staff transmission of corona virus.					
2.	Most hotels divided their employees into two parts to work in alternate days					
3.	The provision for screening staff and visitors for signs and symptoms of COVID-19 upon entering the hotel is a key step in preventing exposure to disease within the hotel environment					
4.	The level of compliance among hotel staff are high and the observed outcomes in the selected hotels are favorable					
5.	Proper crowd management in the hotel as well as in outside premises like parking lots and duly following physical distancing norms.					
6.	Room service or takeaways to be encouraged, instead of dine-in.					
7.	All staff and guests to be allowed entry only if using face cover/masks. The face cover/masks have to be worn at all times inside the hotel.					

Section D

Keys: SA - Strongly Agreed; A - Agreed; DA – Disagreed; SDA – Strongly Disagreed; U – Undecided

How are the Hotel COVID–19 Preventive Measures Being Sustained

S/N	Statements	SA	A	DA	SDA	U
1.	Monitoring the overall compliance of the protocols					
2.	Monitoring compliance with correct usage of PPE's					
3.	Maintaining staff and guest's health records (daily temp checks)					
4.	Monitoring of cleaning and sanitization records					
5.	Adequate floor marking affixed to guide on physical / social distance within the hotel					
6.	Briefing and orientation on safety procedures					
7.	Hotel supervisor going round hotel department to monitor staff compliance of the measures. As a mark of control for staff flouting the COVID–19 protocols in hotel departments					

Appendix II: COVID-19 Preventive Measures in Hotel Industry

Plate 5.1: Picture showing hand washing with liquid soap

Source: https://bit.ly/3ylu4gV

Plate 5.2: Picture showing hand washing with clean water

Source: https://bit.ly/39StwpD

Plate 5.3: Drying hands on a paper towel

Source: https://bit.ly/3QV7O4U

Plate 5.4: Hygiene standards being observed with good product and service

Source: https://bit.ly/3Ns7Luq

Plate 5.5: Temperature Check for COVID-19 Prevention.

Source: https://bit.ly/3u7SCHQ

Plate 5.6: COVID-19 Social distancing position

Source: https://bit.ly/3A9KgDl

Plate 5.7: Hotel observing COVID-19 Lockdown

Source: https://wapo.st/3QSTolz

Plate 5.8: COVID-19 Guests door opening procedure

Source: https://bit.ly/3yn8Xei

Plate 5.9: Reception glass demcation between receptionists and guests

Source: https://bit.ly/3QSr1nS

Plate 5.10: Hotel outlet closure due to COVID-19

Source: https://bit.ly/39UW2GT

Plate 5.11: Kitchen Section COVID-19 preventive measures

Source: https://bit.ly/3u7TgFg

Plate 5.12: Hotel Staff Greeting Procedures

Source: https://bit.ly/3njIRT1

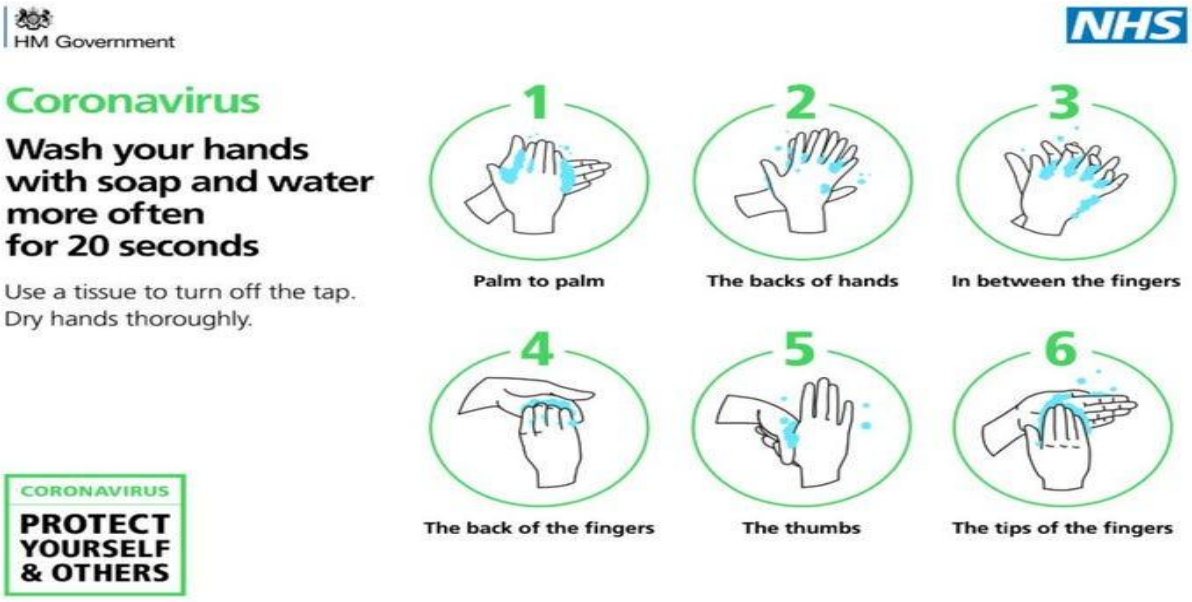

Figure 5.1: Steps in washing of hands

Source: https://bit.ly/3u7uPaW

Bio-data

Name:	John Olufemi AYODELE
Nationality:	Nigerian
Date of Birth:	November 11, 1967
State of Origin:	Ekiti State
Place of Work:	Lagos State Polytechnic, Ikorodu. Lagos State
Ogun State:	Lecturer Leisure and Tourism Management
Position:	
Telephone:	08035613524
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Key Skills:

- Hotel and Hospitality Management
- Customer Relationship Management
- Hotel Consultancy Management
- Park and Events Management

Degrees & Diplomas Obtained/Institutions Attended

- M.Sc. Recreation and Tourism. Ekiti State University. Ado Ekiti. (2010)
- PGD Education Management Lagos State University. LASU. (2012)
- HND. Catering and Hotel Management. Ondo State Polytechnic, Owo.(1999)
- OND. Catering and Hotel Management. Ondo State Polytechnic, Owo.(1988)
- WAEC. Okeluse Anglican Grammar School. Okeluse - Owo Ondo State (1984)

Present Employer:	Lagos State Polytechnic
Date of Employment:	July 10, 2010
Position Held:	Lecturer II
Work Schedule:	Regular

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_____

Signature **Date**

University Compliance Certificate

This is to certify that this thesis by **John Olufemi AYODELE** with Matric Number LCU/PG/001701 in the Department of Tourism and Hospitality Management, Faculty of Environmental Design and Management, Lead City University, Ibadan, Oyo State is in FULL compliance with the approved University Format and Style.

_____ _____

Signature **Date**