

**IMPLEMENTATION STATUS OF COVID-19 PROTOCOLS IN BILAR
TOURIST STABLISHMENTS**

**College of Technology and Allied Sciences
BOHOL ISLAND STATE UNIVERSITY
Zamora, Bilar, Bohol**

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February 2022

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ESTABLISHMENTS**

**A Thesis
Presented to the Faculty of the
College of Technology and Allied Sciences
BOHOL ISLAND STATE UNIVERSITY
Zamora, Bilar, Bohol**

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February 2022

APPROVAL SHEET

This thesis entitled **“IMPLEMENTATION STATUS OF COVID-19 PROTOCOLS ON TOURIST ESTABLISHMENT IN BILAR”** prepared by **Arnold B. Biter, Fedelyn Q. Dapar, Catherine R. Gapas, and Cherish Dan B. Jamora** in partial fulfillment of the degree of Bachelor of Science in Hospitality Management has been examined and recommended for acceptance and approval for oral defense.

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ACKNOWLEDGEMENT

This research becomes reality with the kind support and help of many individuals. The researchers would like to extend our sincere thanks to all of them.

Foremost, they want to offer this endeavor to our **GOD Almighty** for the wisdom He bestowed upon them, the strength, peace of mind and good health in order to finish this study.

They would like to express their gratitude towards their **family** for the encouragement which helped them in the completion of this paper.

The researchers would like to express their grateful thanks and appreciation to a number of people who had extended their immeasurable help and wholehearted cooperation.

Ms. Jerviliza A. Item, Thesis Adviser, for the untiring efforts in giving suggestions, pieces of advice, patience, understanding, guidance and for the encouragement;

Dr. Mae P, Bas, Thesis Editor, for her untiring support and patience in editing this manuscript

Mr. Kevin B. Gasatan, for his assistance in interpreting, analyzing the numerical result of collected data and sharing his knowledge for the improvement of the study;

Mr. Manolito C. Macalolot, Ph.D., for his patience and time in checking the words into a proper arrangement and sharing his knowledge for the improvement of the study;

Dr. Nelia Q. Catayas, Chairperson of DHMIT, for her supervision, concern, pieces of advice, and for giving support and encouragement to the researchers;

Dr. Arlen B. Gudmalin, Dean, College of Technology and Allied Sciences, for the extending support on this study;

Dr. Marietta C. Macalolot, Campus Director of Bohol Island State University Bilar, Bohol, for her approval to work on this study;

To the respondents who shared their time and efforts in answering the questionnaires for the accomplishment of this study;

To all the people whose names may not appear here but who in one way or another gave their valuable time and assistance to pursue the study. May the good Lord continue to fulfill you with his immense love and abundant blessings and may your remarkable humility and service to others return to you a hundredfold.

A million thanks!

-The Researchers

ABSTRACT

Some have referred to tourism as the world's largest and fastest-growing sector. Due to a shortage of clients and low profitability as a result of the pandemic, numerous tourist sites have been forced to close. The region's tourist attractions have adopted a variety of steps to alleviate the pandemic's economic and social effects on tourism, as well as to prepare the sector for recovery. In order to deliver an effective and full recommendation, the researchers used a survey questionnaire for the valued tourists in Bilar Bohol, notably Pangas Falls RDJ Mountain View Resort Duangon Spring Logarita Spring Bohol Boutique, and Bohol Enchanted. It sought to determine the demographic profile of the respondents in terms of age, sex, civil status and educational attainment, the implementation status of COVID-19 protocols in tourism establishment in the Municipality of Bilar in terms of customer safety and management. The study employed descriptive research method using checklist self-made survey questionnaire and distributed to the ten participants in each tourism establishment in total of sixty participants using convenience sampling. The results revealed that most of the respondents are age 21-30 yrs. old, majority of them are males, mostly are singles and out of 60 respondents most of them are college students. The study revealed that the status of implementation of COVID-19 protocols in public and private establishment in terms of customer's safety is rarely implemented. In terms of management, the implementation status of COVID-19 protocols in public establishment is rarely implemented while the implementation status of COVID-19 protocols in private establishment is fully implemented. Therefore, there is no significant difference between public and private establishments in terms of customer's safety implementation status of COVID-19 protocols and there is significant difference between public and private establishments in terms of management implementation status of COVID 19 protocols in Bilar Bohol. Both public and private management must strictly implement the COVID-19 protocols in terms of customer's safety in wearing face shield and filling out the health declaration form. And also, both public and private management should attend virtual seminars about safety protocols to enhance the implementation status.

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Chapter 1

THE PROBLEM AND ITS SCOPE

Rationale

Tourism is one of the sectors most affected by the COVID-19 pandemic, impacting economies, livelihood, public services and opportunities on all continents. All parts of its vast value-chain have been affected. The closing of borders, airports, and hotels as well as restrictions on mass gatherings, land travel and related services across the world put around 100 to 120 million jobs at risk, as estimated by the World Tourism Organization.

Since the emergence of the COVID-19 pandemic, the numbers of cases have already reached 82 million worldwide at the end of 2020. In the Philippines, the number of cases exceeded 473,000. As countries around the world face the continuing threat of the COVID-19 pandemic, national governments and health ministry formulate, implement and revise health policies and standards based on recommendations by world health organization (WHO), experiences of other countries, and on-the-ground experiences. Early health measures were primarily aimed at preventing and reducing transmission in populations at risk. These measures differ in scale and speed among countries, as some countries have more resources and are more prepared in terms of healthcare capacity and availability of stringent policies.

As national governments implemented large-scale 'blanket' policies to control the pandemic, local government units (LGUs) have to consider granular

policies as well as real-time interventions to address differences in the local COVID-19 transmission dynamics due to heterogeneity and diversity in communities. Some policies in place, such as voluntary physical distancing, wearing of face masks and face shields, mass testing, and school closures, could be effective in one locality but not in another.

The Department of Tourism mandated to promulgate rules and regulations governing the operation and activities of all tourism enterprises of mitigating the transmission of COVID-19. The Department of Tourism (DOT) is for the safe reopening of tourist attractions as this allows us to restart the economy and help tourism workers regain their jobs.

As the pandemic spreads, economic operations are halted, and the pandemic has a significant impact on numerous industries, including the hospitality industry. The impact of community lockdown and travel restrictions has a significant influence on the hospitality industry. Some businesses are still open for business, but they are losing money. Establishments develop safety rules and preventive measures to ensure safety and prevent infection inside the establishment in order to continue working despite the virus's threat.

At the same time, there are still clients who chose to attend hospitality facilities, despite the virus's dangers, for a variety of reasons. The establishment's main job in this situation is to ensure that there will be no spread of disease inside the premises by educating guests with safety regulations and putting in place safety measures. In this regard, the researchers' goal in

conducting the study was to determine and collect trustworthy data on the state of COVID-19 protocol implementation at various tourist attractions in Bilar, Bohol. It will also help the LGU as well as the management and personnel of any tourism establishments.

Literature Background

COVID-19 has a significant impact on various industries, particularly the hospitality industry. Since the virus continues to attack and harm the world, customers must be informed of and knowledgeable about the infections impacts in order to secure their safety, as they play a critical part in the business.

The COVID-19 pandemic started to rear its head in the latter part of 2019, right before the close of the previous decade. Curiously and just in time, early in 2019, Republic Act No. 11332, otherwise known as the "Mandatory Reporting of Notifiable Disease and Health Events of Public Health Concern act" was enacted to replace the 90-year old "Law on Reporting of Communicable Disease" (Act No. 3573). Republic Act No. 11332 has the general objective of "protecting the people from public health threats through the efficient and effective disease surveillance of notifiable disease including emerging and re-emerging infectious disease, disease for elimination and eradication, epidemics, and health events..." This is also one of the RAs that backed our study to find out how far along the

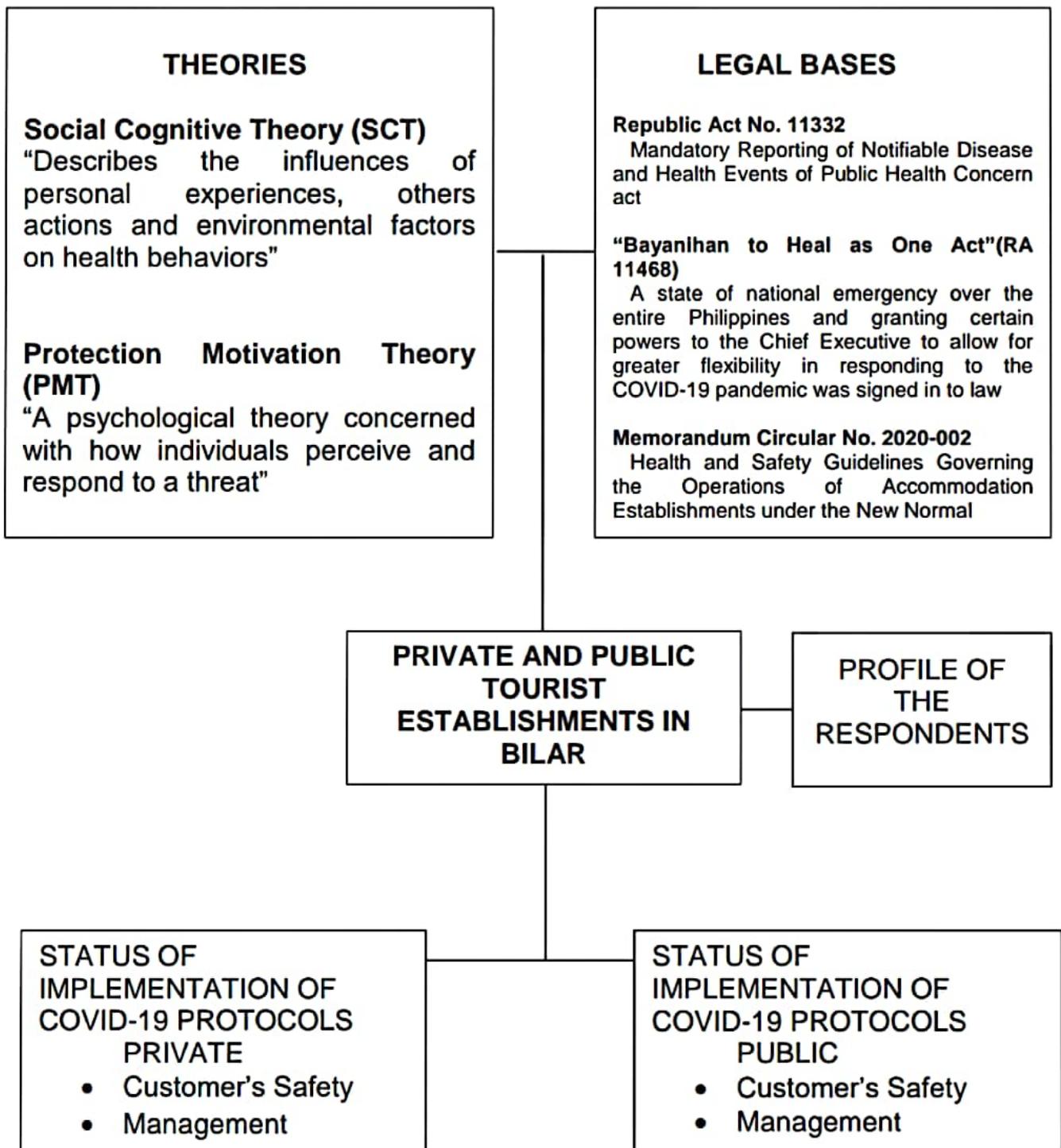


Figure 1. Theoretical and Conceptual Framework of the study

COVID-19 protocols implemented. It is extremely beneficial to report a customer's or employee's health condition and to protect people from public health concerns.

On 25, March 2020, the "Bayanihan to Heal as One Act" (RA 11468) declaring a state of national emergency over the entire Philippines and granting certain powers to the Chief Executive to allow for greater flexibility in responding to the COVID-19 pandemic was signed in to law. In order to enforce these temporary special powers, RA 11469 also came with a penalty clause defining the possible violations by an individual or a corporation whether from the public or private sector. This Republic Act is beneficial to our research since it mandates the immediate and mandatory isolation and treatment of patients, which is necessary to fulfill the COVID-19 protocols.

The Bayanihan Law shall be in effect for a period of three (3) months from publication, but may be extended by Congress, the president can undertake emergency measures needed to contain the transmission of COVID-19, aid the families or individuals affected by the pandemic, and implement programs for recovery and rehabilitation.

Section 6(a) penalizes local government unit officials who disobey national government policies or directives in regard to quarantine impositions; Section 6(g) penalizes businesses engaged in transportation, whether land, sea or air for failure to comply with reasonable limitations on its operations.

On May 22, 2020, the Department of Tourism (DOT) released Memorandum Circular No. 2020-002, titled Health and Safety Guidelines Governing the Operations of Accommodation Establishments under the New Normal. Every two weeks, lodging businesses must submit the following information to the DOT Regional Office: the number of guests who experienced disease symptoms, if any; and the number of visitors who were moved to the proper facility, if any. Guests must be given reminder cards, which may include the following information, according to Section 5 of the memorandum: 1) No food or personal or non-personal goods should be shared; 2) Proper disposal of spent PPE; 3) No mingling with other room occupants; 4) Proper hand washing etiquette/hand hygiene, respiratory etiquette, and proper use of face mask; and 5) Strict Physical Distancing.

Precautionary measures on physical distancing, hand cleaning, and respiratory etiquette must be strictly observed; front desk personnel must wear masks when attending to guests; and use of disposable gloves when handling cash, documents, and/or materials that are passed from person to person are among the other highlights of the Guidelines.

Social Cognitive Theory (SCT) describes the influences of personal experiences, others actions and environmental factors on health behaviours. Self-efficacy and outcome expectancies are key constructs of SCT. Self-efficacy is the belief that an individual is capable of carrying out a recommended behaviour and achieving a desired outcome (ie. not catching COVID-19) and outcome expectancies refer to the belief that carrying out a behaviour will give

them the desired outcome (eg. receiving the COVID-19 vaccination will reduce my risk of being seriously ill from COVID-19) (Marina Maciver, et. al.,2021). The COVID-19 pandemic and lockdown led in frequent and generally unfavourable changes in lifestyle among the general population, this theory plays an essential role in supporting our research because we use one of the recommended behaviours, social distancing, as our questioner's base.

Public health organizations have been tasked with developing behavioural interventions that are efficacious in promoting social distancing behaviours among the general population. Given that social distancing is a relatively novel behaviour in many countries, identification of the determinants of social distancing behaviour has become critical. Moreover, identifying determinants that are potentially modifiable through intervention, that is, can be targeted in messages or campaigns of behavioural interventions aimed at promoting social distance, is a recognized priority. There have, therefore, been calls for research informed by behavioural science that identifies key determinants of preventive behaviours in the context of the current pandemic, particularly social distancing. However, there is relatively little research on the determinants of social distancing, particularly in the context of communicable disease prevention (e.g., influenza) in a global pandemic. Previous research, for example, has tended to focus on the social cognition determinants of other preventive behaviours, such as facemask wearing, or focused on hypothetical scenarios in the context of influenza prevention. To date, there are few studies informed by behavioral

science on the individual determinants of social distancing in the context of the COVID-19 pandemic (Annals of Behavioural Medicine, 2020).

Protection Motivation Theory (PMT) is a psychological theory concerned with how individuals perceive and respond to a threat. Several studies of COVID-19 transmission-reducing behaviours have suggested, using Protection Motivation Theory, that adherence to TRBs is influenced by both threat appraisal and coping appraisal. Perceived severity of the illness and perceived vulnerability to the disease are the factors considered in the threat appraisal; the coping appraisal is concerned with response efficacy, i.e., the perceived ability to carry out the behaviour required to ward off the threat. Using this theory, individuals who believe: a) that they would become seriously ill if they caught COVID-19, b) that it is likely that they could catch SARS-CoV-2, c) physical distancing, hand washing and wearing a face covering will reduce the risk of getting COVID-19, and d) that they are able to adhere to these risk-reducing behaviours are more likely to adhere to these transmission-reducing behaviours than individuals who do not have these beliefs (Marina Maciver, et. al.,2021). In fact, Protection Motivation Theory (PMT) gives insights to us researchers about threat appraisal and coping appraisal. This means that coping appraisal can relate to our study by following the health protocols and recommendation from WHO to avoid transmission of the virus.

According to Ahmed (2020), the most crucial component of your business is your consumer, regardless of what industry and company you're in or what kinds of items and services you sell.

The tourism and hospitality industries rely heavily on visitor patterns, and decision makers go to great lengths to recruit visitors in order to boost the industry's multiple effect. However, due to the current scenario, national and international travel restrictions are in place. Travel bans, border closures, cancellations, quarantine procedures, and the fear of spreading disease have all posed significant obstacles to the tourism industry (Gosling et al., 2020). For example, air travel has been identified as an amplifying and accelerating factor for influenza (Browne et al., 2016), and these segments have seen large reductions as personal safety and survival have been paramount (Nicola et al., 2020).

It has also significantly lowered the demand for leisure travel and hedonistic retreats. Despite the massive blow, the tourism industry is recovering resources and finding methods to stay afloat for the time being, whether it's through stronger negotiations with suppliers for lodging bookings when visiting tourist destinations. Hotels are looking to balance hospitality efforts to meet hygiene and safety standards in the "new normal", as the coronavirus disease 2019 (COVID-19) pandemic continues.

Global hospitality company Hilton has rolled out Hilton Clean Stay, a new standard of hotel cleanliness and sanitation in collaboration with Lysol maker Reckitt Benckiser group. The Mayo Clinic also advised Hilton on training methods, cleaning protocols and quality assurance.

“As the hospitality industry evolves to address travelers’ changing expectations – especially in the wake of the coronavirus pandemic – Hilton Clean Stay is the latest evolution of our commitment to providing the peace of mind and confidence our guests need to travel freely, while protecting our Team Members,” Chris Nassetta, President and CEO of Hilton, said in statement.

In the pandemic, it is useful to be able to understand how people respond to the threat of illness and their reaction to recommendations or mandated restrictions in relation to behavioural changes. We aim to do this by exploring adherence to TRBs through the lens of 3 theoretical frameworks, namely the common- sense model of self- regulation, social cognitive theory and protection motivation theory. The common sense model of self-regulation (CS-SRM) is a theoretical framework that explains how an individual respond to and manage to health threats, in this instance COVID-19. CS-SRM identifies cognitive and emotional illness representation and their effect on behavioural response. Cognitive representations include identity (diagnosis label, symptoms), what caused the illness, timeline of the illness, personal consequences of the illness and curability or controllability of the illness by the individual or medical treatment. Emotional representations are the emotions (e.g. anxiety or stress) illness threat gives rise to. An individual's way of coping with a threat may be cognitive or emotional, adherence to TRBs may be to reduce anxiety or control disease exposure (Marina Maciver, et al., 2021)

Self- regulation can be defined as the ability to develop, implement, and flexibly maintain planned behavior to pursuit one's personal goals (de Ridder and

de Wit, 2006). Individuals who are more self-regulated will sustain planned behaviour over time despite failure, or adversity, to pursuit their goals (Oettingen et al., 2004). A plethora of evidence exists showing that self-regulation is an important mediator of numerous illness-related outcomes and health-related behaviours (Leventhal et al., 2016; Weidner et al., 2016; Elliston et al., 2017. Hagger et al., 2017). The adoption and maintenance of health-related behaviours in turn offer protection against physical and mental health issues (Locke et al., 2018; Briguglio et al., 2020). Overall, this previous work suggests that self-regulation is involved in health-related behaviours further supporting the notion that self-regulation may supports individuals in maintaining healthy lifestyle behaviours and reporting more quality of life during a global pandemic.

Social distancing, defined as maintaining a distance of at least 3–6 feet (1–2 m) from other people not from the same household is considered particularly effective in minimizing SARS-CoV-2 transmission. “Shelter-in-place” orders (also referred to as “stay-at-home” or “lockdown” orders) represent means to mandate social distancing by minimizing incidences of person-to-person contact outside individuals’ immediate household. Similarly, bans on public gatherings seek to limit the frequency and number of people with whom they come into close contact. However, there is relatively little research on the determinants of social distancing, particularly in the context of communicable disease prevention (e.g., influenza) in a global pandemic. Previous research, for example, has tended to focus on the social cognition determinants of other preventive behaviors, such as facemask wearing, or focused on hypothetical

scenarios in the context of influenza prevention. To date, there are few studies informed by behavioral science on the individual determinants of social distancing in the context of the COVID-19 pandemic (Annals of Behavioral Medicine, 2020).

Self-efficacy mediated the role of risk perception and information-seeking on behavioral intent. Self-efficacy was strongly associated with social distancing intention, consistent with previous research and underscoring the need to identify factors influencing self-efficacy in the context of a pandemic. Risk perception and information-seeking both directly and indirectly related to intention to social distance, with COVID-19 anxiety dampening the influence of perceived risk on self-efficacy. The roles of risk perception and information-seeking in relation to self-efficacy suggest the need to adequately describe risk, reduce pandemic-related anxiety, and provide accurate, transparent information.

COVID-19 is also thought to be spread by coming into contact with surfaces infected by respiratory droplets and subsequently touching the face. Touching the face is frequent and habitual. Since people cannot be prevented from touching their face, then hand-hygiene is considered important in reducing the transmission of the virus. The UK government has promoted good hand-hygiene as the washing of your hands frequently and thoroughly, with soap and water for a minimum of 20 seconds. Hand washing has been demonstrated to reduce the occurrence of infectious diseases. Another important TRB (T cell receptor beta chain) is the wearing of a face-covering in public places. The World Health Organization (WHO) recommends that a face-covering is worn by

members of the public at times where physical-distancing is difficult. It is anticipated that restrictions will be able to be relaxed as the nation gets vaccinated. However, it remains important at present, and during the roll-out of the vaccination program that individuals adhere to these TRBs.

The COVID-19 Health Adherence Research in Scotland (CHARIS) project found that perceived severity and response efficacy, self-efficacy and intention and timeline and cause were predictive in univariate and multivariate analyses of physical distancing, hand washing and face covering. However, people's beliefs could change after they receive the vaccine. Vaccination may provide people with a sense of security and therefore change their perceived vulnerability to the disease (Marina Maciver, et al., 2021).

In addition, Proclamation No. 922, declares a state of public health emergency throughout the Philippines, state that "all citizens, residents, tourists, and establishment owners are urged to act within bounds of the law and to comply with the lawful directives and advisories to be issued by appropriate government agencies to prevent further transmission of the COVID-19 and ensure the safety and well-being of all" and that "the Secretary of Health may call upon the Philippine National Police and other law enforcement agencies to provide assistance in addressing the COVID-19 threat".

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In the Philippines, hotels are allowed to operate but at 50% operational capacity in areas under a modified general community quarantine (MGCQ), according to the Tourism department. Most part of the country is under MGCQ, but Metro Manila and some key cities are still in a general community quarantine.

As early as 2017, the Philippine House of Representative Committee on Health chaired by Dr. Angeline Tan approved the house bill that aimed "to ensure the establishment and maintenance of efficient and effective disease surveillance and response system by using evidence-based data or research in making reports in the formulation of health policies and health advocacies on notifiable disease" (Ma.Sophia Editha Cruz-Abrenica and Renson Louise C. Yu, 2020).

Blake and Sinclair (2003) state that the issues in crisis management include the severity of the decrease in tourism activity, the duration of the crisis

which steers policymakers into adaptation to the situation or minimization of costs, the assessment of the possible responses from stakeholders, and the implementation of proper tourism policies. Ritchie (2004) believes that a strategic proactive approach is needed in tourism crisis management, which includes proactive scanning and planning, implementing strategies when crises happen and evaluating the strategies regarding their effectiveness. Up-to-date statistics, effective communication between government departments, and transparency are crucial for proactive management when defending the tourism sector (de Sausmarez, 2007).

Thus, it is widely endorsed in tourism research that crisis management needs action before, during, and after a crisis (Sigala, 2020). Faulkner's (2001) tourism disaster management framework is comprised of six phases: pre-event when potential disaster can be prevented; prodromal when the disaster is imminent; emergency when the disaster is felt; intermediate when people's needs have been met and restoration take place; long-term (recovery) when the healing continues and additional longer-term activities are addressed; and resolution when the daily routine is restored. Sigala (2020) categorizes the crisis management phases into respond, recovery and restart stages in order to integrate a transformational stage in the post phase, whereby different strategies can be pursued in the respond and recovery phase.

Crisis management knowledge is perceived as enhancing defence mechanisms, limiting potential damages, and returning back faster to normality after a crisis. In this vein, procedural knowledge relates to particular crisis

management plans as explicit knowledge, and behavioural knowledge generated from formal crisis knowledge (Paraskevas et al., 2013).

THE PROBLEM

Statement of the Problem

The study's major goal was to determine the status of implementation of COVID-19 protocols in public and private tourism establishments during the COVID-19 in Bilar Bohol.

The study's specific goal was to answer the following

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1. What is the profile of the respondents in terms of:

1.1 age;

1.2 sex;

1.3 civil status; and

1.4 educational attainment?

2. What is the status of safety implementation in the public and private tourism establishments in Bilar,

Bohol during the COVID-19 in terms of;

2.1 Customer's Safety

2.2 Management

3. Is there a significant difference between the status of implementation of public and private establishments of COVID-19 protocols?

Significance of the Study

The findings of the study would be helpful to the following:

Employees. This study would help them improve their duties as a worker in this time of pandemic. Hence, they must be aware on the COVID-19 protocols and properly implement the health and safety protocols in their workplace.

Guests. This study would help to determine which accommodations provide the outmost safe and health protocols to protect themselves for the viruses. The implementation of safety protocols in accommodation and guest can choose a safe and secure accommodation.

Future Researchers. This would serve as a baseline for students who would conduct same study in the future. This study would serve as their references in doing research.

Community. The researchers would assist the community in implementing rules and regulations for health protocol to reduce disease transmission leading to peaceful health community.

Researcher. The researchers believe the study would be useful in providing necessary knowledge and information about safety protocols. The researchers hope that this research would give a good outcome and would be effective in accommodations.

RESEARCH METHODOLOGY

Design

The researchers used a descriptive survey method through a survey questionnaire distributed to the respondents. The method was to determine the COVID-19 protocols implemented in public and private establishments in Bilar Bohol during the pandemic.

Environment and Participants

Tourist Establishments	Address	Nature of Business	Number of Respondents
PUBLIC			
Duangon Spring	Zamora,Bilar,Bohol	Flowing water	10
Logarita Spring	Riverside, Bilar,Bohol	Swimming pool	10
Pangas Falls	Dagohoy,Bilar,Bohol	Cold falls	10
PRIVATE			
RDJ Mountain View Resort	Poblacion,Bilar,Bohol	Mountain view	10
Bohol Enchanted Zoological and Botanical Garden	Roxas, Bilar, Bohol	Animal zoo	10
Bohol Boutique Hotel	Yanaya,Bilar,Bohol	Hotel	10

The respondents were the guests of each establishment. The researchers selected six (6) tourist attractions in the Municipality of Bilar. With the use of self – made questionnaire, there were 10 respondents in each establishment with the total of 60 respondents which constitute convenience sampling.

Instrument

The researchers used a self-made questionnaire anchored to the IATF guidelines to gather information from respondents. The instrument was

composed of two (2) parts. First the profile of the respondents; and the second part is the level of implementation status of COVID-19 protocols in some tourist destination in Bilar. The level of implementation based on the scale of (4) Fully Implemented, (3) Rarely Implemented, (2) Partially Implemented and (1) Not Implemented.

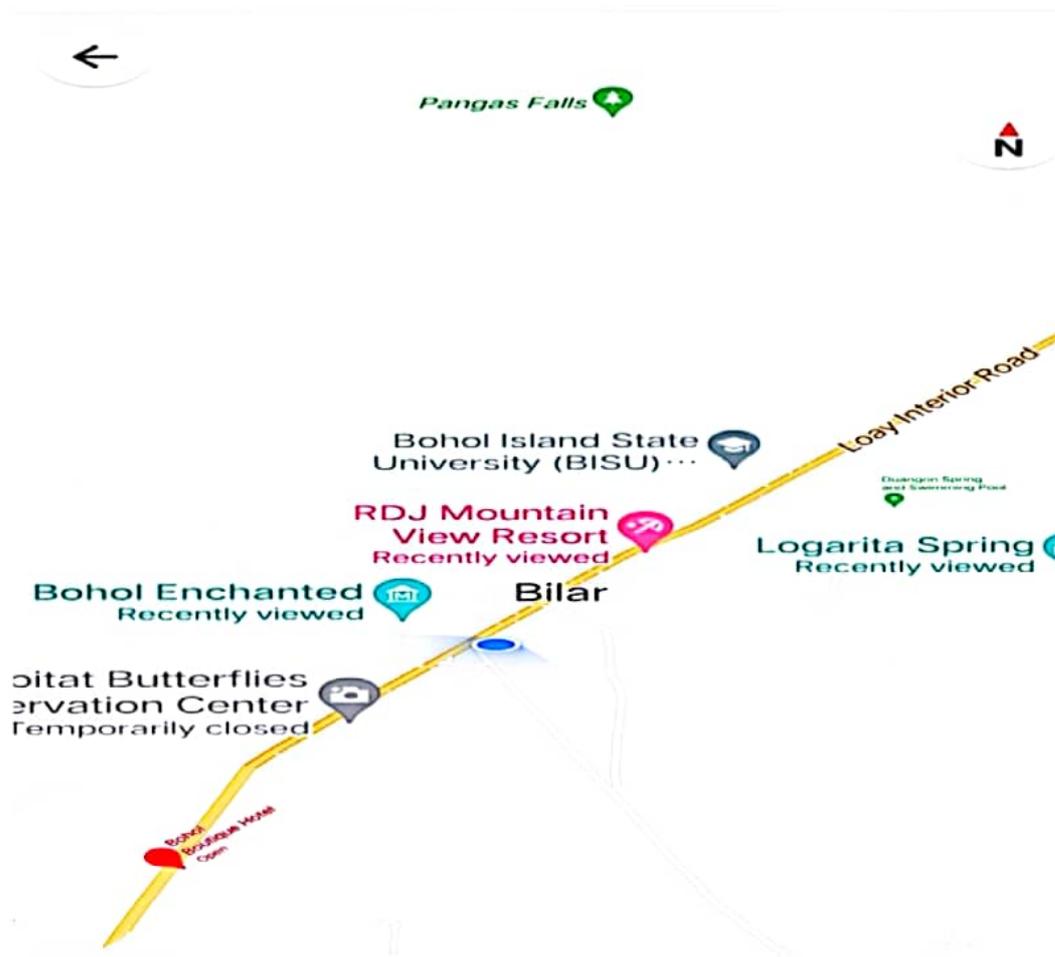


Figure 2. Map of Bilar

Procedure

The researchers asked permission to conduct the study from the Campus Director and to the Chairperson of the Department of Hospitality Management

and Industrial Technology (DHMIT). The researchers wrote a letter addressing to the Municipal Mayor of Bilar. A separate letter was given to all identified establishment for the conduct of the study.

After receiving approval, the researchers waited the arrival of the tourist and distribute the questionnaire to them, and brief explanation about the criteria given. When the survey was done, the researchers collected and tabulated the data manually. The data was recorded for analysis and interpretation.

Statistical Treatment

In interpreting the data, the researchers emphasized the following statistical formula: Frequency and percentage was used to organize and summarize the profile of the respondents using the formula:

$$P = \frac{f}{n} \times 100\%$$

Where:

P= is the percent

f= is the response frequency

n= is the no. of respondents

Weighted Mean was used to determine the implementation status of COVID-19 protocols on different tourist attraction in Bilar, Bohol.

$$WM = \frac{4(f4)+3(f3)+2(f2)+1(f1)}{n}$$

Where: WM – Weighted Mean

f_4 = frequency of response for FI

f_3 = frequency of response for RI

f_2 = frequency of response for PI

f_1 = frequency of response for NI

n = no. of respondents

Null hypothesis

There is no significant difference between public and private establishment in implementing COVID-19 protocols in terms of Customers Safety and Management.

After getting the average weighted mean, the researchers interpreted the result using the following scale:

Qualification Description:

Weighted mean	Interpretation	Scale
3.26- 4.00	Fully Implemented	4
2.51-3.25	Rarely Implemented	3
1.76-2.50	Partially Implemented	2
1.00-1.75	Not Implemented at all	1

OPERATIONAL DEFINITION OF TERMS

To fully understand and ensure thorough understanding of terms else in the study, the following terms are defined conceptually and operationally.

Accommodation. Refers to a room, building or lodging which provides shelter for a person to stay, sleep and relax.

COVID-19. Is a strain of coronavirus that emerged and continues to spread around the globe. A mild to severe respiratory illness that is caused by a coronavirus.

Disinfection. The process of using disinfectant to destroy, inactive, or significantly reduce the concentration of pathogenic agents.

Implementation. An act or instances of implementing something, the process of making something active or effective.

Level. A position on a real or imaginary scale of amount, quantity, extent, or quality.

Face Mask. A protective covering the face or the part of face.

Pandemic. An outbreak of a disease that occurs over a wide geographic area.

Protocols. A preliminary memorandum often formulated and signed by diplomatic negotiators as a basic for a final convention or treaty.

Status. The relative social, professional, or other standing of someone or something.

Chapter 2

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

This chapter showed the presentation, analysis and interpretation of the data collected on the Implementation Status of COVID-19 Protocols on Tourist Establishment in Bilar Bohol between public and private through the distribution of survey questionnaires with 10 respondents in each six-tourist establishment in Bilar, a total of 60 respondents.

A popular tourist destination, the Municipality of Bilar is abundant water & trees. It's well known pools are found in Riverside Bilar, Poblacion Bilar, Zamora Bilar, Yanaya Bilar and Dagohoy Bilar. During pandemic, all the tourist establishment are temporarily closed until year 2021 it opens.

Table 1 shows the demographic profile of the respondents in terms of age, sex, civil status and educational attainment. Majority of respondents belongs to 21-30(55%) age bracket followed by below 20(20%), is 31-40(13%) of age bracket, 41-50(10%) age bracket and the lowest percentage is 51-60(1%) of age bracket. Out of 60, respondents 31(51%) are males and 29(48%) are females. With regards to civil status, single got the highest percentage which is 46(76%) followed by married with a percentage of 13(21%) and the lowest percentage is 1(1%) which is widowed. In terms of educational attainment, college got the highest percentage which is 30(50%) and 19(3%) in high school, while graduate and post graduate 9(15%) and elementary 2(3%) got the lowest percentage.

Table 1
Profile of the Respondents
n=60

Profile of the Respondents		Frequency Percentage	
		f	%
Age	below 20 yrs. Old	12	20
	21-30 yrs. Old	33	55
	31-40 yrs. Old	8	13
	41-50 yrs. Old	6	10
	51-60 yrs. Old	1	1
Sex	Male	31	51
	Female	29	48
Civil Status	Single	46	76
	Married	13	21
	Widowed	1	1
Educational Attainment	Elementary	2	3
	High School	19	3
	College	30	50
	Graduate & post graduate	9	15

Table 2.1 presents the COVID 19 protocols implemented by tourism establishments in Bilar Bohol during the COVID-19 in terms of Customer Safety between Public and Private establishment.

In Public establishments the result shows that *Wearing of facemask* with a weighted mean of 3.23 interpreted as "Rarely Implemented", *Wearing of face shields* with a weighted mean of 2.43 interpreted as "Partially Implemented",

Maintaining social distancing at least 1 meter apart with a weighted mean of 3 interpreted as "Rarely Implemented", *Temperature check* with a weighted mean of 2.86 interpreted as "Rarely Implemented", *Contact tracing* with a weighted mean score of 2.76 interpreted as "Rarely Implemented", *Fill up of Health Declaration Form* with a weighted mean of 2.93 interpreted as "Rarely Implemented", *Sanitizing mats in the entrance* with a weighted mean of 3.03 interpreted as "Rarely Implemented". With a total weighted mean score of 2.89 interpreted as "Rarely Implemented".

In Private establishments the result shows that *Wearing of facemask* with a weighted mean of 3.7 interpreted as "Rarely Implemented", *Wearing of face shields* with a weighted mean of 1.83 interpreted as "Partially Implemented", *Maintaining social distancing at least 1 meter apart* with a weighted mean of 3.33 interpreted as "Fully Implemented", *Temperature check* with a weighted mean of 3.26 interpreted as "Fully Implemented", *Contact tracing* with a weighted mean score of 3.17 interpreted as "Rarely Implemented", *Fill up of Health Declaration Form* with a weighted mean of 2.33 interpreted as "Parti. 35 / 58 tec", *Sanitizing mats in the entrance* with a weighted mean of 3.13 interpreted as "Rarely Implemented". With a total weighted mean score of 2.96. interpreted as "Rarely Implemented".

Table 2.2 presents the COVID-19 protocols implemented by tourism establishments in Bilar Bohol during the COVID-19 in terms of management between Public and Private establishment.

In Public establishments the result shows that *the surrounding/site is clean and sanitized* with a weighted mean of 3.33 interpreted as "Fully Implemented", *disinfection of cottages (if any), amenities and other surfaces* with a weighted mean of 3.1 interpreted as "Rarely Implemented".

Table 2.1

Safety Measures Implemented by Tourism Establishment's Bilar's Tourist Establishment during the COVID-19 in terms of Customer's Safety between Public and Private.

n= 60

Customer Safety	Public	Description	Private	Description
1. Wearing of face mask.	3.23	Rarely implemented	3.7	Rarely implemented
2. Wearing of face shields.	2.43	Partially implemented	1.83	Partially implemented
3. Maintaining social distancing at least 1 meter apart.	3	Rarely implemented	3.33	Fully implemented
4. Temperature check.	2.86	Rarely implemented	3.26	Fully implemented
5. Contact tracing.	2.76	Rarely implemented	3.17	Rarely implemented
6. Fill up of Health Declaration Form.	2.93	Rarely implemented	2.33	Partially implemented
7. Sanitizing mats in the entrance.	3.03	Rarely implemented	3.13	Rarely implemented
MEAN	2.89	Rarely implemented	2.96	Rarely implemented

Legend:

Rating	Range	Interpretation
4	3.26-4.00	Fully Implemented
3	2.51-3.25	Rarely Implemented
2	1.76-2.50	Partially Implemented
1	1.00-1.75	Not Implemented at all

Disinfection of snack bars (if there is a snack bar) with a weighted mean of 2.8 interpreted as "Rarely Implemented, table and seating arrangements are set at least 1 meter distance in between with a weighted mean of 3.1 interpreted as "Rarely Implemented". Hand washing areas are provided by soap and hand sanitizer with a weighted mean of 3.16 interpreted as "Rarely Implemented" , Continuous water supply for hand washing and other sanitizer purposes with a weighted mean of 3.46 interpreted as "Fully Implemented", Comfort rooms are clean and sanitized with a weighted mean of 3.4 interpreted as "Fully Implemented", Spitting everywhere are strictly prohibited with a weighted mean of 3.13 interpreted as "Rarely Implemented", Proper waste disposal with a weighted mean of 3.46 interpreted as "Fully Implemented" Warning sign are placed in risky areas with a weighted mean of 3.1 interpreted as "Rarely Implemented", Employees are oriented to observed and maintaining social distancing among customers with a weighted mean of 3.2 interpreted as "Rarely Implemented", PPE (proper protective equipment are used by the employees with a weighted mean of 2.56 interpreted as "Rarely Implemented". With a total weighted mean score of 3.15 interpreted as "Rarely Implemented".

In Private establishments the result shows that *the surrounding/site is clean and sanitized with a weighted mean of 3.6 interpreted as "Fully Implemented", disinfection of cottages (if any), amenities and other surfaces with a weighted mean of 3.43 interpreted as "Fully Implemented", Disinfection of snack bars (if there is a snack bar) with a weighted mean of 3.36 interpreted as "Fully Implemented, table and seating arrangements are set at least 1 meter*

distance in between with a weighted mean of 3.56 interpreted as "Fully Implemented", *Hand washing areas are provided by soap and hand sanitizer* with a weighted mean of 3.56 interpreted as "Fully Implemented" , *Continuous water supply for hand washing and other sanitizer purposes* with a weighted mean of 3.66 interpreted as "Fully Implemented", *Comfort rooms are clean and sanitized* with a weighted mean of 3.7 interpreted as "Fully Implemented", *Spitting everywhere are strictly prohibited* with a weighted mean of 3.63 interpreted as "Fully Implemented", *Proper waste disposal* with a weighted mean of 3.7 interpreted as "Fully Implemented" *Warning sign are placed in risky areas* with a weighted mean of 3.6 interpreted as "Fully Implemented", *Employees are oriented to observed and maintaining social distancing among customers* with a weighted mean of 3.4 interpreted as "Fully Implemented", *PPE (proper protective equipment are used by the employees* with a weighted mean of 2.33 interpreted as "Partially Implemented". With a total weighted mean score of 3.46 interpreted as "Fully Implemented".

Table 2.2

Safety Measures Implemented by Tourism Establishment's Bilar's Tourist Establishment during the COVID-19 in terms of Management between Public and Private.

n= 60

Management	Public	Description	Private	Description
1. The surrounding/site is clean and sanitized.	3.33	Fully implemented	3.6	Fully implemented
2. Disinfection of cottages (if any), amenities and other surfaces.	3.1	Rarely implemented	3.43	Fully implemented
3. Disinfection of snack bars (if there is a snack bar)	2.8	Rarely implemented	3.36	Fully implemented
4. Table and seating arrangements are set at least 1 meter distance in between.	3.1	Rarely implemented	3.56	Fully implemented
5. Hand washing areas are provided by soap and hand sanitizer.	3.16	Rarely implemented	3.56	Fully implemented
6. Continuous water supply for hand washing and other sanitizer purposes.	3.46	Fully implemented	3.66	Fully implemented
7. Comfort rooms are clean and sanitized.	3.4	Fully implemented	3.7	Rarely implemented
8. Spitting everywhere are strictly prohibited.	3.13	Rarely implemented	3.63	Fully implemented
9. Proper waste disposal.	3.46	Fully implemented	3.7	Fully implemented
10. Warning sign are placed in risky areas	3.1	Rarely implemented	3.6	Fully implemented
11. Employees are oriented to observed and maintaining social distancing among customers.	3.2	Rarely implemented	3.4	Fully implemented
12. PPE (proper protective equipment are used by the employees.	2.56	Rarely implemented	2.33	Partially implemented
GRAND TOTAL	3.15	Rarely implemented	3.46	Fully implemented

Qualification Description:

Scale	Range	Descriptive Interpretation
4	3.26 – 4.00	Fully Implemented
3	2.51 – 3.25	Rarely Implemented
2	1.76 – 2.50	Partially Implemented
1	1.00 – 1.75	Not Implemented at all

Significant Difference

Table 3.1 shows the significant difference between the public and private establishments in terms of customer's safety who got overall weighted mean of 2.93 and was interpreted as rarely implemented.

Moreover, the table shows the P value of 0.39 which means of greater than 0.5 level of significance. Therefore, the null hypothesis is accepted and confirmed that the difference between public and private establishments in terms of customer's safety was not significant. As a public and private establishment your first concern is the survival and economic success of your business. Establishing a safety and health program in your workplace is one of the most effective ways of protecting your most valuable asset.

Table 3.1

Difference between the public and private establishments in terms of customer's safety

n= 60

Factors	df	tCritical Value	t-stat	p-value	significant	result
Public and private establishment	12	1.78	-0.28	0.39	Not significant	Accepted Ho

Significant $p > 0.05$

Table 3.2 shows the significant difference between the public and private establishments in terms of management who got overall weighted mean of 3.31 and was interpreted as fully implemented.

Moreover, the table shows the P value of 0.01 which means of less than 0.5 level of significance. Therefore, the null hypothesis is rejected and confirmed that the difference between public and private establishments in terms of customer's safety was significant. Both public and private establishment concern is the overall well-being of the society and to balance the needs of businesses, interest groups and individuals. Proper waste disposal received the greatest mean score and was classified as Fully Implemented while PPE (Proper Protection Equipment) worn by staff received the lowest mean score and was classified as Partially Implemented. This meant that keeping things clean and sanitary was essential in a tourist destination. The findings of this study were similar to those of a review of WHO and UNTWO guideline materials that looked into the execution of safety protocols in the management field. In the context of COVID-19 in managerial settings, their research revealed the necessity of surface cleaning and disinfection.

Table 3.2

Difference between the public and private establishments in terms of customer's safety

n= 60

Factors	df	tCritical Value	t-stat	p-value	significant	result
Public and private establishments	22	1.72	-2.35	0.013	significant	Rejected Ho

Significant $t_p < 0.05$

Chapter 3

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

This chapter provides the summary of the findings, conclusions and recommendations offered based on the results of this study.

Summary of Study

The study's major goal was to determine the level of implementation of COVID-19 protocols taken by Bilar Bohol in public and private tourism establishment during the pandemic in terms of customer's safety and management.

Summary of Findings

1. Respondents Profile in terms of age, sex, civil status and educational attainment

The result revealed that most of the respondents were ages 21-30 yrs. old, majority of them are males, mostly are singles and a great number of them are college students.

2. The COVID-19 Protocols Implemented by Tourism Establishment's Bilar's Tourist Establishment during the COVID-19 in terms of Customer Safety in Public and Private.

In this study, a thorough analysis was done which resulted to the following findings in terms of customer safety. In Public establishments,

the result shows that the lowest average weighted mean in terms of customer safety is *Wearing Face Shield* interpreted as Partially implemented and the highest average weighted mean is *Wearing of face mask* interpreted as Rarely Implemented. Overall, the result shows that in public establishments in terms of customer safety implementation is Rarely Implemented.

In private establishment, the result shows that the lowest average weighted mean in terms of customer safety is *Wearing of face shield* interpreted as Partially Implemented and the highest average weighted mean score is *Wearing of face mask*. Overall, the result shows that in private establishments in terms of customer safety implementation is Rarely Implemented.

3. The COVID-19 Protocols Implemented by Tourism Establishment's Bilar's Tourist Establishment during the COVID-19 in terms of Management in Public and Private establishments.

In public establishments, the result shows that *PPE (Proper Protective Equipment) are used by the employees* has the lowest percentage in terms of management interpreted as Rarely Implemented while *Continuous water supply for hand washing and sanitizer purposes, Proper waste disposal* has the highest percentage which is interpreted as Fully implemented. Overall, the result shows that in public establishments implementation of COVID 19 protocols are Rarely Implemented.

In private establishments, the result shows that *PPE (Proper Protective Equipment) are used by the employees* has the lowest percentage in terms of management interpreted as Partially Implemented while *Comfort rooms are clean and sanitized, Proper waste disposal* has the highest percentage which is interpreted as Fully implemented. Overall, the result shows that in public establishments implementation of COVID 19 protocols are Fully Implemented.

Significant difference

There is no significant difference between public and private establishments in implementation of COVID-19 protocols in terms of customer's safety. Moreover, the P value of customer's safety 0.39 which means of greater than 0.5 level of significance. Therefore, the null hypothesis is accepted and confirmed that the difference between public and private establishments in terms of customer's safety was not significant.

There is significant difference between public and private establishments in implementation of COVID-19 protocols in terms of management. Moreover, the P value of management is 0.013 which means of less than 0.05 level of significance. Therefore, the null hypothesis is rejected and confirmed that the difference between public and private establishment was significant.

Conclusions

Based on the results of the study, the researchers have drawn the following conclusions:

The results revealed that most of the respondents are age 21-30 yrs. old, majority of them are males, mostly are singles and most of them are college students. The level of implementation status in tourism establishments in Bilar during the COVID-19 in terms of customer safety, result shows that in public and private establishments are Rarely Implemented. And the level of implementation status in terms of management in public establishment is Rarely Implemented while in private establishment result shows that it is Fully Implemented. And there is no significant difference between public and private establishments in terms of customer's safety implementation status of COVID-19 protocols and there is significant difference between public and private establishments in terms of management implementation status of COVID 19 protocols in Bilar Bohol.

Recommendations

After a careful analysis and evaluation of the findings, the following recommendations were presented:

1. Both public and private management must strictly implement the COVID 19 protocols in terms of customer's safety in wearing face shields and filling out the health declaration form.

2. Both public and private management the public establishments should strictly implement the Disinfection of snacks bar and using of PPE (proper protective equipment by the employees) while in private establishments should also strictly implement in using PPE (proper protective equipment by the employees)
3. Since there is no significant difference between public and private establishment type both should attend virtual seminars about safety protocols to enhanced the implementation status.
4. To achieve fully implemented, the employer should provide avenue for customer to give feedback like social media platform. This will give unsatisfied customer a chance to raise the complaints about implementing protocols; thus, make informs the management of the areas to implement more and things need to improve.

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Appendix A

Survey Questionnaire

IMPLEMENTATION STATUS OF COVID 19 PROTOCOLS ON TOURISM IN MUNICIPALITY OF BILAR DURING NEW NORMAL

To our dear Respondents:

Please read the following and identify the appropriate responses for each question or any suggestions/recommendations. There's no such correct or wrong answer, feel free to respond. All your response will be in private. Your response to these questionnaires will be used for academic purposes. We will not ask for solicitation or any kind.

- **Researchers**

Part I. PARTICIPANTS PROFILE

NAME: (optional) _____

AGE:

- | | |
|--|--|
| <input type="checkbox"/> below 20 yrs. old | <input type="checkbox"/> 61-70 yrs. old |
| <input type="checkbox"/> 21-30 yrs. old | <input type="checkbox"/> 71-80 yrs. old |
| <input type="checkbox"/> 31-40 yrs. old | <input type="checkbox"/> 81-90 yrs. old |
| <input type="checkbox"/> 41-50 yrs. old | <input type="checkbox"/> 91-100 yrs. old |
| <input type="checkbox"/> 51-60 yrs. old | |

CIVIL STATUS

- Single
 Married
 Widowed
 Divorce
 Separated

EDUCATIONAL ATTAINMENT

- Elementary
 High School
 College
 Graduate and post graduate

GENDER

- Male
 Female

Part II. WHAT ARE THE SAFETY MEASURES IMPLEMENTED BY TOURISM ESTABLISHMENTS BILAR'S TOURIST ATTRACTIONS DURING THE COVID-19 in terms of;

Instructions: Please put a check (/) on your chosen answer.

Legends:

Rating Scale

(4) Fully Implemented (FI) – The components are permanently, strictly

(3) Rarely Implemented (RI) – The components are implemented in a poor manner

(2) Partially Implemented (PI) – The components are temporarily implemented or not

(1) Not Implemented (NI) – There is no sign of implementing protocols

I. Customer Safety	FI (4)	RI (3)	PI (2)	NI (1)
1. Wearing of face mask.				
2. Wearing of face shields.				
3. Maintaining social distancing at least 1 meter apart.				
4. Temperature check.				
5. Contact tracing.				
6. Fill up of Health Declaration Form.				
7. Sanitizing mats in the entrance.				
II. Management				
1. The surrounding/site is clean and sanitized.				
2. Disinfection of cottages (if any), amenities and other surfaces.				
3. Disinfection of snack bars (if there is a snack bar)				
4. Table and seating arrangements are set at least 1 meter distance in between.				
5. Hand washing areas are provided by soap and hand sanitizer.				
6. Continuous water supply for hand washing and other sanitizer purposes.				
7. Comfort rooms are clean and sanitized.				
8. Spitting everywhere are strictly prohibited.				
9. Proper waste disposal.				
10. Warning sign are placed in risky areas				
11. Employees are oriented to observed and maintaining social distancing among customers.				
12. PPE (proper protective equipment are used by the employees.				

Others please specifies: _____

Source: <http://www.tourism.gov.ph/healthandsafetyguidelinesnewnormal.aspx>



Appendix B

Letter of Intent



VISION: A premiere Science and Technology university for the formation of world class and virtuous human resource for sustainable development in Bohol and the Country.

MISSION: BISU is committed to provide quality higher education in the arts and sciences, as well as in the professional and technological fields; undertake research and development and extension services for the sustainable development of Bohol and the country.

November 09, 2021

HON. MANUEL G. JAYECTIN
Municipality Mayor
Bilar, Bohol

Dear Mayor JAYECTIN:

Greetings!

We, the fourth year student of Bachelor of Science in Hospitality Management under the College of Technology and Allied Sciences (CTAS) of Bohol Island State University – Bilar Campus, Zamora, Bilar, Bohol is required to conduct a research study and program development as a requirement of our THESIS entitled "**Implementation Status of COVID-19 Protocols on Tourist Attraction in Bilar .**", a subject and requisite for graduation. For this reason, we would like to conduct a survey in your business. It would cover the safety measures implemented to your establishment during this new normal.

To be able to come up with the development plan, we would like to ask permission to conduct a survey that we would needing in the gathering of information.

Thank you and more power!

Very respectfully yours,
(Sgd) FEDELYN Q. DAPAR
Student Researcher

(Sgd) CATHERINE R. GAPAS
Student Researcher

(Sgd) CHERISH DAN B. JAMORA
Student Researcher

(Sgd) ARNOLD B. BITER
Student Researcher

NOTED BY:
(Sgd) JERVILIZA A. ITEM
Thesis Adviser

APPROVED BY:
(Sgd) HON. MANUEL G. JAYECTIN
Municipal Mayor

Appendix C

Raw Data

Customers	4	3	2	1	Total	WMS
Safety	(FI)	(PI)	(RI)	(NI)		
Q1	36	18	4	2	60	3.47
Q2	10	14	10	26	60	2.13
Q3	28	18	10	4	60	3.17
Q4	26	18	10	6	60	3.07
Q5	20	24	10	6	60	2.97
Q6	17	17	13	13	60	2.63
Q7	28	13	15	4	60	3.08

2.93

	4	3	2	1	Total	WMS
Management	(FI)	(PI)	(RI)	(NI)		
Q1	35	19	5	1	60	3.47
Q2	27	23	9	1	60	3.27
Q3	39	24	14	1	60	3.08
Q4	29	22	9	0	60	3.33
Q5	31	21	7	1	60	3.37
Q6	38	18	4	0	60	3.57
Q7	35	23	2	0	60	3.55
Q8	30	23	7	0	60	3.38
Q9	35	25	0	0	60	3.58
Q10	28	25	7	0	60	3.35
Q11	28	22	10	0	60	3.30
Q12	9	16	28	7	60	2.45

3.31

Appendix D

Photo Documentation





Pangas Falls 



Loay Interior Road

Bohol Island State University (BISU) 

RDJ Mountain View Resort
Recently viewed 

Duagon Spring and Swimming Pool 

Logarita Spring
Recently viewed 

Bohol Enchanted
Recently viewed 

Bilar 

Opitit Butterflies
Observation Center
Temporarily closed 

Bohol
Boulevard Hotel
Open 

RESEARCHER'S BIODATA

PERSONAL BACKGROUND

Name : Arnold B. Biter
Citizenship : Filipino
Civil Status : Single
Age : 24
Address : Rizal, Bilar, Bohol
Date of Birth : August 7, 1997
Father's Name : Arnulfo L. Biter
Mother's Name : Aurea B. Biter

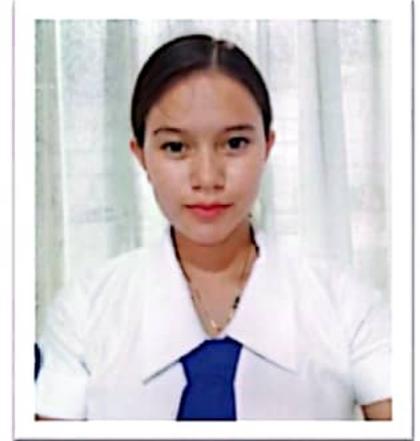


EDUCATIONAL BACKGROUND

Elementary : Owac Elementary School
: Owac, Dimiao, Bohol
: S.Y. 2009-2010
Secondary : Canhayupon National High School
: Canhayupon, Dimiao, Bohol
: S.Y. 2013-2014
College : Bohol Island State University
: Zamora, Bilar, Bohol
Achievement : NC II Cookery
: NC II Housekeeping
: NC II Bread and Pastry

PERSONAL BACKGROUND

Name : Cherish Dan B. Jamora
 Citizenship : Filipino
 Civil Status : Single
 Age : 22
 Address : Zamora, Bilar, Bohol
 Date of Birth : December 23, 1999
 Father's Name : Christopher Daniel P. Jamora
 Mother's Name : Sherel B. Jamora

**EDUCATIONAL BACKGROUND**

Elementary : Camarin Main Elementary School
 : Camarin, Caloocan, City
 : S.Y. 2011-2012
 Secondary Junior : Eguia National High School
 : Eguia, Dasol, Pangasinan
 : S.Y. 2015-2016
 Secondary Senior : Bilar National High School
 : Yanaya, Bilar, Bohol
 : S.Y. 2017-2018
 College : Bohol Island State University
 : Zamora, Bilar, Bohol
 Achievement : NC II Cookery
 : NC II Food & Beverage
 : NC II Housekeeping
 : NC II Bread and Pastry