

COVID-19 Severity and Restaurants' Safety Measures on Guests' Patronage Intentions

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ABSTRACT

Building on protection motivation theory that posited that individuals through affective and cognitive evaluation of health-risk events follow a course of action that protects or minimizes the negative effect of the risk, this thesis has developed a theoretical and empirical model that investigated the impact of customers' perceptions of COVID-19 violence of restaurants in Iran on patronage intentions. Further, the research model also examined the direct impact of COVID-19 severity on perceptions of adequate implementation of restaurants safety measures and restaurant crowdedness. Finally, the indirect effect of COVID-19 severity on patronage intentions through the mediating role of the perceived restaurant safety and crowdedness were also investigated.

The result emanating from empirical evaluation of the data gathered from 384 consumers of Iranian restaurants delicacies supported all proposed hypotheses. In other words, fear or perception of COVID-19 severity was found to negatively impact guests' patronage intentions while positively impacting their perceived restaurant safety and crowdedness. In the same vein, perceived restaurant crowdedness negatively influences patronage intentions, while perceived restaurant safety fosters patronage intentions. Significant results were also observed for indirect effects, including the mediated paths. Practical recommendations and policy suggestions were provided.

Keywords: COVID-19 Severity, Restaurant Crowdedness, Restaurant Safety Measures, Patronage Intentions, Iranian Restaurants, Iran.

ÖZ

Bu tez, bireylerin sađlık riski olaylarının duygusal ve bilişsel deęerlendirmesi yoluyla riskin olumsuz etkisini koruyan veya en aza indiren bir hareket tarzı izlediđini öne süren koruma motivasyonu teorisine dayanarak, İnan'daki restoranların müşterilerinin COVID-19 şiddeti algılarının müşteri olma niyetleri üzerindeki etkisini araştıran teorik ve ampirik bir model geliştirmiştir. Ayrıca araştırma modeli, COVID-19 şiddetinin restoran güvenlik önlemlerinin ve restoran kalabalıklığının yeterli şekilde uygulanmasına ilişkin algılar üzerindeki doğrudan etkisini de incelemiştir. Son olarak, algılanan restoran güvenliği ve kalabalıklığının aracı rolü aracılığıyla COVID-19 şiddetinin müşteri olma niyetleri üzerindeki dolaylı etkisi de araştırılmıştır.

İnan restoran lezzetlerinin 384 tüketicisinden toplanan verilerin ampirik deęerlendirmesinden çıkan sonuçlar, önerilen tüm hipotezleri desteklemiştir. Başka bir deyişle, COVID-19 şiddeti korkusu veya algısının, algılanan restoran güvenliği ve kalabalıklığı olumlu yönde etkilerken, konukların müşteri olma niyetlerini olumsuz etkilediđi ortaya konmuştur. Aynı şekilde, algılanan restoran kalabalıklığı, müşteri olma niyetlerini olumsuz olarak etkilerken, algılanan restoran güvenliği müşteri olma niyetlerini artırmaktadır. Aracı rolleri de içeren dolaylı etkilerde de anlamlı sonuçlar gözlemlenmiştir. Uygulamaya ilişkin tavsiyeler ve politika önerileri de sunulmuştur.

Anahtar Kelimeler: COVID-19 Şiddeti, Restoran Kalabalıklığı, Restoran Güvenlik Önlemleri, Patronaj Niyetleri, İnan Restoranları, İnan.

DEDICATION

*Dedicated to my mother for her love and endless
support.*

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Chapter 1

INTRODUCTION

This chapter goes into detail on the underlying ideas that underpin this study. The chapter included topics such as background information, the goal of the study and the logic for the investigation, the study's contribution and finally the agenda of the study.

1.1 Background

The advent of the coronavirus (COVID-19) epidemic, which first appeared in Wuhan, China in December 2019, soon evolved into a pandemic, which the World Health Organization formally proclaimed on March 11, 2020. (WHO, 2020). From China to Europe, then Europe to America, the concentration of the pandemic moved. About 100 million individuals throughout the world were infected with the virus as of 13 February 2021 and there were more than 2 million fatalities (Statista 2021).

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causes COVID-19 infection. It is a member of the coronavirus (CoV) family, which is spread from animals to humans (Kaushal & Srivastava 2021). COVID-19 symptoms are similar to those of a typical cold, with people infected frequently experiencing fever, coughing, and shortness of breath. Infection, on the other hand, can cause pneumonia, multi-organ failure, severe acute respiratory syndrome, and even death in extreme cases. The United States, India, Brazil, Russia and the UK now hold the largest number of cases of infection (Dedeoğlu, & Boğan, 2021). Consequently, as

the number of instances has increased, severe limits and safeguards have been implemented across the world.

Due to the nature of the virus such as the high transmission rate and the fatality rate, governments across the world have adopted measures like wearing masks, reduction of population in public space, lockdown and social distance as a major means of curbing the epidemic (Gudi & Tiwari 2020). Overall, the epidemic has triggered a huge worldwide catastrophe that has affected everybody, causing "service mega-disruptions" and wreaking havoc on economies worldwide (Kabadayi et al., 2020). The impact of the epidemic on different economies ranges along the spectrum of severity, with countries such as Iran, India, Nigeria and so on experiencing the tough hand of the stick.

Businesses must deal with the financial and operational challenges posed by the coronavirus while still addressing the employees' needs, customers, and vendors as fast as feasible. The epidemic is also changing how and what customers buy, as well as expediting significant structural changes in the consumer goods/service sector. The food and beverage industry is one of the most badly hit industries (Dixon, 2020). According to McKinsey research, sales at casual and fine dining restaurants have dropped approximately about 85% (Haas et al., 2020).

The COVID-19 epidemic, according to Lock (2020), has wreaked havoc on the worldwide restaurant sector. Due to business closure restrictions, food and beverage outlets such as restaurants, cafés, and bars have been momentarily prohibited from providing on-site services (Shaw, 2020). When the re-opening process began, customers showed a strong aversion to eating out in food service outlets. Many

reasons might contribute to this hesitation, including consumer perception of safety measures (health and food safety), government control policy, restaurant congestion, and so on. According to Hakim, Zanetta, and da Cunha (2021), consumers' intention to visit restaurants during COVID-19 is influenced by a combination of marketing-based stimulation (price, perceived safety, and brand), politically-based stimulation (social trust, politics, and culture), and customers' perceptions (risk severity) and attributes (age, employment status).

Intuitive judgements have been described as risk perceptions in light of severity (Slovic, 2016). A person's intuition, on the other hand, is far from flawless and is influenced by a variety of factors (Kahneman, 2011). While intuitions and risk severity perceptions are multifaceted, three variables highlighted in the literature are highly pertinent to customers' possible worries about catching COVID-19 from a restaurant: via knowledge (Knight and Warland, 2005), availability heuristics (Hassauer and Roosen, 2019), and trust (Kennedy et al., 2008). People's views of the severity of restaurant threats are strongly influenced by their knowledge (Knight and Warland, 2005). So many useful facts have been linked to more precise risk perceptions in terms of safety (Nardi et al., 2020).

When confronted with unclear or partial information, customers frequently depend on "availability heuristics" to determine risk severity odd (Renn, 2018). Establishing contextual judgements based on comparable instances, events, or knowledge that can be quickly recalled from the brain is referred to as "availability heuristics" (Tversky and Kahneman, 1974, 1983). These heuristics are widely used by customers in judgement calls; nevertheless, such cognitive shortcuts might lead to incorrect preconceptions (e.g., Broniarczyk and Alba, 1994; Gruber et al., 2014). Another

factor that influences the severity of a customer's risk perception is their level of trust. The safety of restaurants is influenced by: faith in the information provided by government regulatory agencies (de Jonge et al., 2004; Chen, 2013) and (2) trust in the safety measures set in place by restaurants during the epidemic. These characteristics are important because they impact customer's actions in the future, such as patronage intentions. Earlier research has found a substantial connection between internal and extrinsic variables and intention (Ahmad et al., 2020; Dowd and Burke, 2013; Kim et al., 2009). In light of the economic downturn's impact on restaurant patronage, this study examines elements that might influence patronage intentions.

1.2 Rationale and Purpose of Study

1.2.1 Rationale

By its very nature, the tourism and hospitality sector is very fragile and susceptible to crises and environmental turbulence, however, the industry has always managed to survive since its scientific emergence (Neef & Grayman, 2018). The terrorist attacks of September 11, 2001, in the United States and the health crisis caused by the SARS outbreak in 2003, especially in East Asia (China, Hong Kong, Singapore, Taiwan and South Korea) seriously damaged the industry, for example, the SARS outbreak, the crisis.

In 2009, the global economic crisis forced many households to exclude tourism as a luxury item from their household basket. In the same year 2009, the world faced the outbreak of the H1N1 flu virus (swine flu). The swine flu epidemic in the second quarter of 2009 had negatively impacted the UK tourism demand, and due to the

swine flu outbreak, China, Spain, South Korea and Russia suffered the most from this health crisis (Page et al., 2012).

The world is currently facing a Covid-19 health crisis, and the global Covid-19 virus outbreak is comparable if not deadlier than the SARS and swine flu crisis. With Covid-19 as a classic example of an event in the tourism and hospitality industry. The outbreak of Covid-19 in many countries, including China, Iran, Italy, Spain and France, etc., has led to the quarantine and complete closure of hotels and other tourism sectors. The virus has spread around the world in such a way that the World Tourism Organization has issued a slogan in support of the World Health Organization, "Stay home and travel tomorrow."

Iran was also a country that was seriously affected by the outbreak of the Covid-19 virus and suffered a great deal of economic damage to restaurant eco-lodges, traditional resorts and hotels. Nhamo et al (2020) explored the influence of COVID-19 on the global hospitality's restaurant sector in the early stages. The study revealed that most restaurants had to shut down the sit-in services since governments implemented new regulations for social distancing and lockdowns, taking its toll on fine dining and family restaurants, pubs and taverns. The fast-food outlets were not exceptions. They equally influenced by these new regulations. Some of the businesses were operating at less than 20% capacity.

Dube, Nhamo & Chikodzi (2021) examined the impact of COVID-19 on the restaurant industry. The study indicated that sit-in guests dropped to zero in lots of countries as the result of new regulations and laws publicized by governments across the world regarding social distance, movement restrictions and lockdowns. COVID-

19 also caused an atypical loss of employment, low restaurant patronage and revenue, thus, millions of occupations and billions of dollars that could be produced have been lost.

Subsequently, this research intends to investigate the concept of perceived COVID-19 severity, in the light of the factors that can be used to mitigate the negative effect on patronage intention. To the end that economic factors such as the increase in revenue and so on will be bolstered.

1.2.2 Purpose of the Study

The purpose of this study is to understand the relationship between COVID-19 severity, restaurant crowdedness, restaurant safety measures and patronage intention. The study also intends to investigate the mediating role of restaurant crowdedness, restaurant safety measures in the relationship between COVID-19 severity and patronage intention. Finally, the study also investigates the direct relation between COVID-19 severity and patronage intention.

1.3 Significance and Contributions of Study

In Iran, there has been no scientific study on the effect of COVID-19 virus on restaurants and residential organizations, and abroad, as the research background shows, few studies have been conducted in this regard, so the participation of the present study in identifying appropriate solutions. It is for the prosperity of the restaurant industry and accommodation organizations in Iran during the COVID-19 and post-COVID-19 periods because identifying these solutions can be a first step towards compensating the damages to this industry and helping to manage this rare event and attract tourists again. This research also contributes greatly to extant

literature by extending practical and theoretical knowledge in the light of COVID-19 severity, restaurant crowdedness, restaurant safety measures and patronage intention.

1.4 Agenda of the Study

Overall, this thesis is divided into five chapters, including introduction, literature review, methodology, results and findings, and discussion and conclusion. This research obviously followed the conventional pattern of thesis writing, as the first chapter provides precise yet insightful information about the conceptualization of constructs by the author, the research justification and the study's anticipated contribution. This is immediately followed by the second chapter, which covers the existing literature on the field of research with an acute emphasis on the restaurant sector and Coronavirus severity, restaurant crowdedness, restaurant safety measures, patronage intention and hypotheses development.

In the third chapter, first the research plan and then the statistical population and research sample are introduced. Then, data collection tools and methods for determining the reliability and validity of scales have been proposed. In addition, the appropriate statistical approaches which are going to be employed for data analysis are explained. The fourth chapter includes descriptive and inferential statistical methods were used to analyze the data. The descriptive statistics section contains the mean and standard deviation. In the inferential statistics section, structural equation modeling using AMOS method was deployed to estimate the path coefficients and also to test the research hypotheses. In this chapter, first the demographic characteristics, then the validity and reliability of measuring instruments and finally the descriptive indicators and structural equation model are presented. First of all, in the last chapter, chapter 5 in particular, research is summarized, then, a conclusion is

made about the analysis of the data of the fourth chapter and using the sources and background of the research, the present research is criticized and its results are compared with other research results. At the end of the limitations, along with practical suggestions that have been obtained from the results of this research, as well as suggestions for the future research is presented.

Chapter 2

LITERATURE REVIEW

Studies on the Iranian Tourism industry with specific focus on the restaurant sector have been made available by a number of other researchers. In this section we present a summary of existing work on the restaurant sector in Iran, the delight of Iranian restaurant guests and the effects of COVID-19 on restaurateurs and their staff. Also, since the emergence of the COVID-19 pandemic introduces fear and threat to both individual and collective safety, it becomes necessary to discuss the significance of Protection Motivation Theory to the behaviour of restaurant guests from a Tourism perspective.

2.1 COVID-19 Severity

COVID-19 pandemic had a very severe global impact on tourism companies, including restaurateurs and their guests as its health hazards and accompanying governmental restrictions introduced untold hardship to global restaurant activities (Byrd et al., 2021; Tuzovic et al., 2021). As it escalated, restaurant spaces became forbidden for guests, and several million of restaurant staff lost their jobs as their companies downsized or gradually, if not outrightly closed-down, with online business practices taking over (Brewer & Sebby, 2021).

Even though at the start of the pandemic, perception varied from over pessimism through skepticism to outright denial amongst the citizenry (Bardon, 2019), extreme fear was felt by some due to the media coverage of the murderous effects of the

virus. In the United States, it became a matter of urgency for the government to encourage social distancing, avoidance of mass gathering or any gathering that requires that people who are not members of immediate families be in close quarters in order to reduce the virus' spread (Gössling et al., 2020). Due to the announcements of scientific findings and the necessity for social distances and other protective approaches, 90% of the citizens consented to staying at home (Dan Balz, 2020; Wida, 2020).

Subsequent to the early days of the outbreak, the severity of the virus as perceived by organizations and patrons became reflected in the structural adaptations of their companies and patrons' reactions to the situation. Unlike before, social distancing indicators, enforcements (like barriers), hand-sanitizer dispensers, face masks and shields have become essential elements of restaurants' operations. In even more intense perspectives, industry findings show that some customers are outrightly uncomfortable with dining at a restaurant due to the associated risks (Tuzovic et al., 2021). As seen from findings in Australia, a country with a comparatively low infection rate, 60% of the population would not consider, nor accept any proposal to dine in a restaurant as many consumers do not have a feeling of safety (Daniel, 2020; Rao, 2020).

Also in Iran, the perception of COVID 19 varies as is in other countries experiencing this pandemic (Rayani et al., 2021; Yazdanpanah et al., 2020). In a study conducted by Rayani et al., (2021) in Iran, it was recognized that a good number of Iranians had the right knowledge about COVID 19, its symptoms and common health effects, yet about half of the people were ignorant of its unpopular health effects like gastrointestinal complications (Honarvar et al., 2020). This identified level of

knowledge has greatly influenced the perception of the disease among the populace. It was also identified that university students showed a minimized level of risk perception since they got most of their information through social media and the internet. Females were identified to adhere more to health related COVID policies than males.

2.2 Restaurant Crowdedness

Restaurant crowdedness defines the physical number of guests within the premises of a restaurant (Noone & Mattila, 2009). Restaurant crowdedness has been employed by customers as a tool important to obtain needed but unavailable details about the restaurant. It has been considered as an indicator of restaurant's excellent food quality, good customer standing and economical prices (Tse et al., 2002). It has been shown in the literature that consumers have the propensity of impacting their decisions by their perception of crowdedness. This equally has an effect on their choice of restaurant and retail decisions (Gupta & Coskun, 2021; Maeng et al., 2013; Pan & Siemens, 2011).

Blut & Iyer, (2020) identified that several perspectives to crowding exist. It was identified in their study that crowdedness is bi-dimensional, and they are spatial density as well as social crowding. Spatial density refers to the number of inanimate components in the restaurant environment such as the tables and chairs. The associations of these inanimate components can create a perception of crowding, even without a consideration of human crowdedness (Van Rompay et al., 2008). Social crowding can be considered as a different perspective of perceived retail crowding, it is described in terms of the population of people and how well they interact in a specified environment (Machleit et al., 1994). Huang et al., (2018)

observed that irrespective of how customers perceive social crowding and how it encourages avoidance of physical interaction, yet it still encourages it them to be more loyal to a brand (i.e., it promotes consumer–brand relationship) to maintain their basic need for belongingness. Also, it has been proved that social crowding promotes the decisions of customers to patronize restaurants and public dining. Also, an observed increase in the crowdedness of the waiting region of a restaurant arouses customers to make purchases and associate with the demands than a scantily crowded waiting area. Consequently, guests patronize the restaurant more (Hwang et al., 2012). Contrary to high crowding, guests have a more encouraging perception of moderate-density seating than high-density seating; a perception which also influences the choices of customers, and their decision to patronize a particular restaurant.

Crowd perception might influence customers' affective evaluation. During or after the affective evaluation process, the perceived crowd has a tendency of disturbing the patrons. This effect originates from physical, social, and personal factors which make customers exposed to existing or anticipated problems that arise from the use of enclosed spaces. For example, perceived crowd, which is sensed as a consequence of messy or confined dining halls and distracting noises at restaurant settings, is driven by customers' related gratitude and affection about other patrons, equipment, and their surrounding interactions. Customers' reactions to a restaurant setting where they sense crowd perception can be seen as a crucial factor, which impacts their behavioral intentions other than their affectivity.

More importantly, due to the mode of transmission and the risks associated with COVID-19, humans who are situated in an extremely crowded environment run a

higher risk of contracting the COVID-19 virus such that the fear of contracting the virus should activate and highlight safety concerns associated with crowdedness in closed environments (Li et al., 2021).

2.3 Restaurant Safety Measures

Food safety is a global issue, and because of this, governments seek to decrease foodborne diseases and illnesses. Restaurants have been implicated as one of the most frequent settings for foodborne illness outbreaks. Unlike food prepared at home whose safety concern may be consequential to the immediate household, errors in food safety and handling by a public food service worker could have tremendous effect on a larger number of people and public health. While a large portion of food safety hazards at restaurants do not exceed local, regional or national in consequences, a number of them have been reported to have caused larger ripple effects. In 1993, a food processing company through poor safety measures, introduced the e coli bacteria infection to many homes in the United States, causing a lot of deaths, hospitalizations and permanent incapacitations. Victims of this outbreak were under 10 years (Detwiler, 2014; Golan et al., 2004).

Also, an outbreak of Hepatitis A occurred at a Pennsylvania restaurant in 2003, in which over 600 guests were directly infected with 3 fatalities (Dentinger et al., 2001). Subsequently, 324 other guests at an Asian restaurant in the UK, through poor meal safety and handling practices were infected with Salmonella enteritidis while 2005 in Australia, at least 400 restaurant patrons were infected while a number were hospitalized through food poisoning. Two Turkish restaurants were identified to be the source of the infections, for which at least seven patrons were hospitalized

(Herald, 2005). In separate instances, more than 500 guests at two restaurants in Michigan contracted a food borne disease at restaurants in 2006.

Generally, guests make food safety a priority while deciding to dine-in or take away from a restaurant (Knight et al., 2007; P. Liu & Lee, 2018). (Henson et al., 2006) identified the important attributes used to determine a restaurant's safety were observed cleanliness, appearance of staff, inspection results, and the general impression of the restaurant. Even though instances exist in which food safety-related issues take time to be isolated, yet, customers are sensitive to undercooked and off-tasting food. Foreign objects in food also create a stir, as well as food temperature (Namkung & Jang, 2007). Findings prove that customers who dine in UK restaurants pay close attention to cues of hygiene in the restaurants before selecting or placing orders. This was identified in the study from more than 50% of the customers (Lock, 2017), a finding that was corroborated by Liu & Jang, (2009), who concluded that food safety is the most basic standard concerning food quality evaluation (Macaskill et al., 2000). Also, revisit intentions were also hinged on the observation of customers about the hygienic standards of the restaurants.

The start of COVID-19 pandemic has introduced several unanticipated activities to the tourism industry, and specifically, the restaurant sector of it. Due to the fact that the virus is airborne for a short period and can also be contracted by contact with infected surfaces, restaurants have come under the microscope as hotspots for infection. Infected patrons stand a high chance of infecting other restaurant guests when some elevated safety measures are not put in place. Some of the new safety measures introduced to the restaurant sector are the use of masks, use of gloves, use of face shields, social distancing, elimination of hard-copy menu books and

migration to smart menus which are resident in on computer servers and accessed with mobile devices. Customers therefore perceive restaurant safety in a new light because previous baselines are absolutely ineffective when current global health and safety threats are considered.

2.4 Patronage Intentions during COVID-19

Patronage intention, a measure of the loyalty of a restaurant customer which reflects to the restaurateur about their desire to remain with the restaurant or move on has become more of a crucial effectiveness metric for every restaurateur since the start of COVID-19. Although perceived service quality and the type of restaurant have both been identified in (So-Hyun Bae & 김동진, 2017; Yap & Kew, 2007; Yu et al., 2018) as significant variables that influence patronage intention of diners to restaurants, perceived COVID-19 threat has introduced fear of safety and wellness.

As nations around the world are recovering from the restrictions enforced by the COVID containing regulations, and its accompanying economic consequences, restaurateurs also have devised strategies to resume business, but not all customers agree. A significant percentage of customers are still uncomfortable with restaurant dining, this is because they perceive that being in a public space such as a restaurant greatly increases their risk of COVID exposure, and consequently, reduces their safety (Rao, 2020).

It was observed by (Brewer & Sebby, 2021) that the COVID perception of guests was greatly influenced by governmental regulations and the indirect meaning it implied. The fact that the government forced infected patients into medical quarantine, contact patients into isolation, and the remaining population into

lockdown was indicative of a devastating disease which would greatly harm them. This in turn evoked a response to stay away from restaurants in diners.

Also since the start of the pandemic, governmental guidelines on safety have been vehement on the social significance of individual decisions, rather than the personal effects. As such, restaurant guests owe it as a duty to protect not only themselves, but other customers around them. Tuzovic et al., (2021) in their study identified that other than decisions to protect oneself, some restaurant guests adhere to their social responsibility of considering the wellbeing of fellow guests by not presenting themselves in enclosed spaces such as restaurants, since the vaccinated, infected, and asymptomatic could still be a potential carrier and transmitter of the virus.

A patronage intention shift has therefore been introduced by COVID-19 as the presence, number, behaviour and hygiene of other diners are crucial factors in determining customer behavioral response. A restaurant considered unsafe due to a high COVID-19 risk tends to lose customers even if the service quality and other expected standard metrics for measuring patronage are available. Adherence to safety measures and crowdedness controls have been perceived as mitigators of the new COVID-19 reduced patronage effects (Kostromitina et al., 2021; Wang et al., 2021).

2.5 Protection Motivation Theory

Protection Motivation Theory (PMT) describes human's response to fear, and covers persuasive communications generally (Rogers W. Ronald, 1975). The theory identifies 2 factors that play important roles in the decision of humans to self-protect, namely; threat evaluation or threat processing and coping evaluation (Tunner et al., 1989).

Though two factors, they both work together to produce an assurance of safety in a rather unsafe situation for the person. While threat evaluation estimates the severity of the current situation in order to determine its seriousness, coping evaluation or coping appraisal determines the human response associated with the situation -how the person responds to the immediate or impending threat. Also in threat evaluation, the severity of the threat and the probability of it occurring or the probability of a person being the victim of its occurrence is evaluated (Plotnikoff & Trinh, 2010).

Accordingly, PMT suggests that when people perceive that there is a high possibility that they will fall casualty of an impending threat, they in response tend to mitigate the risks by preventing them (Rippetoe & Rogers, 1987). This has been confirmed by studies in other disciplines (Adunlin et al., 2021; Oakley et al., 2020). The outbreak of COVID and its effect on the restaurant sector and customer behaviour therefore can also be investigated within the confines of protection motivation theory. Since the start of the pandemic, global reduction in restaurant patronage has been recorded, this is in response to a perceived threat by the customers. Instances of this have been experienced globally as some restaurant customers decide against dining in shared restaurant spaces, while some would not consume restaurant produced food, even when home-delivered, as seen in (Byrd et al., 2021; Daniel, 2020). This behaviour is in response to the severity perceived by the customers in the threat posed by the novel COVID-19, its accelerated spread in closed spaces and the risk of contamination through indirect inter-human interactions (Kowalski & Black, 2021). Restaurant guests are informed of the needed response expected of them in order to avoid the risks, but since there is a high dependence on the crowdedness of the restaurant, the actions, behaviour and threat-perception of other diners and restaurant

staff, the ability of each diner to self-manage the risks and probability of infection declines tremendously (Dedeoğlu & Boğan, 2021; Wang et al., 2021).

2.6 Hypotheses Development

2.6.1 COVID-19 Severity and Restaurant Crowdedness

The spread of information about COVID-19 took some time due to lack of detailed research in the early stages. Due to this lack of credible information, several rumors, information and mis-information were disseminated, promoting confusion and anxiety (Torales et al., 2020). Subsequent to this, governmental bodies and health institutions enacted regulations concerning quarantine, using of facial masks and social distancing in order to curb the spread of the virus, further stoking anxiety among the populations (Hakim et al., 2021).

Due to the fears and anxiety associated with COVID spread, it follows that there would be a spread of perceived threat (Taha et al., 2014), and this in turn elevated a threat reducing/eliminating response. Individuals thus are compelled to make decisions based on their COVID-19 threat perception, with those with negative perception downplaying it by resisting preventive measures, while people with a positive perception tend to protect themselves from infections and physical contact outrightly (Mendoza, 2021; Slovic, 2016). Considering a restaurant environment, since COVID-19 is spread through physical contact, for which the probability strikingly increases with an increase in the number of dine-in guests, crowdedness thus could be essential in the customers' dine-in decision making process.

Similarly, restaurant owners and operators have a mandate from the government since reopening after the dawn of COVID-19 to ensure that proper provision is made

to promote hygienic conditions and stifle the spread of the virus within their premises (Gursoy & Chi, 2020). This improvement in safety measures in the restaurants aims to promote a feeling of lowered COVID threat to customers within the premises.

Behavioral intention can be described as the possibility of engaging in a specific type of behaviour (Tan et al., 2018). It is therefore coherent to define patronage intention as the possibility of customers of a restaurant to engage in a behaviour that tends to effect patronage by dining (Kim & Njite, 2012) continually (Namkung & Jang, 2013).

Given that PMT consumers take preventive actions against threat events, we hereby argue that consumers of Iranian restaurants will perceive that a restaurant is more crowded than usual if they fall into the category of customers who have a high perception of COVID-19 severity, which in turn assists them subsequently in taking necessary actions needed for threat evaluation, processing and coping. Also, their perception of COVID severity will influence how they perceive that the restaurant is safe for them, regarding the mitigators to COVID spread within the restaurant such as distancing etc. With a perception of COVID severity, the tendency therefore is high that with respect to PMT, such customers will have a reduced intention to patronize the perceived 'unsafe' restaurant.

Consequently, we propose that:

- H1a: Guest's perception of severity of COVID-19 has positive effect with their perception of restaurant crowdedness.
- H1b: Guest's perception of severity of COVID-19 has positive effect with their perception of restaurant safety measures.

- H1c: Guest's perception of severity of COVID-19 has negative effect with their patronage intentions.

2.6.2 Restaurant Crowdedness and Patronage Intentions

Restaurant guests are particularly interested in having an enjoyable meal in the restaurant of their choice without fear of harm or threats. Since crowdedness as perceived by each guest is subjective, it thus becomes less straightforward to measure it by the restaurateur. Although, scarcely would there be a diner who would love to dine in an empty restaurant where they are the only guests as this passes a message of incompetency on the part of the restaurant to them, yet this probably has become less unsuitable since such sensitivity to restaurant crowdedness has taken a steep turn through the start of COVID-19. Customers therefore, due to the risk involved in presenting themselves in places perceived to be 'risky' due to the ease of COVID transmission, may have to reconsider their intention to visit restaurants based on how they perceive its crowdedness.

Considering the implications of PMT, it has been noted that customers' decision to consider COVID's preventive measures for self-protection is not automatic, but a factor of their motivation to prevent infection and protect themselves (Taheri-Kharameh et al., 2020). Based on this, it is expected that diners who are motivated to protect themselves based on their perceived severity of the virus will also tend to be uncomfortable in crowded environments.

Since health takes paramount importance, it is not unexpected that the association of crowdedness and health risk would influence guests' patronage decisions. Patronage intention, the measure of a restaurant customer's loyalty to the restaurant, and willingness to maintain their relationship with the restaurant (So-Hyun Bae &

김동진, 2017), would thus be significantly hinged on the perceived crowdedness of the restaurant. Although other factors may influence the decision on the patronage intention of restaurant customers, it is informative to know that crowdedness plays a role as studies in US from 593 restaurant customers (Wang et al., 2021) show that crowdedness has a tremendous effect of patronage choice.

In light of the above argument, the research proposes that:

H2: Guest's perceptions of restaurant crowdedness have negative effect with their patronage intentions.

2.6.3 Restaurant Safety Measures and Patronage Intentions

Even though the government and other regulatory bodies have provided WHO recommended regulations in order to promote safety and avoidance of the COVID spread, the onus lies on the restaurants to adhere strictly to these measures. Since humans react to the risk of danger and threats, the availability and enforcement of recommended safety measures therefore may promote a feeling of safety among restaurant guests. Patronage intentions may be reviewed by customers depending on their perceived threat level.

PMT, a framework for the comprehension of the use of protective actions suggests that as the responsibility for the provision and enforcement-of-use of safety (Taheri-Kharamah et al., 2020), protective infrastructure and policies within the restaurant lies in the hands of the staff and entire administration of the restaurant, they simultaneously may influence the desire to repeat a purchase or revisit by the guests. Although other factors may influence the decision on the patronage intention of restaurant customers, it is informative to know that safety measure plays a role as

studies in Australia from 591 restaurant customers (Wang et al., 2021) show that safety measures has a tremendous effect of patronage choice.

With the advent of COVID, provision of this elevated restaurant safety requirement can be considered as part of the purchased service. Yu et al., (2018) puts it forward that the ambiance and service received at a restaurant play irreplaceable roles with an implied impression which confirms or refutes the expectations of customers about the restaurant's quality, and guides in informing their revisit intention.

We therefore propose that;

H3: Guest's perceptions of restaurant safety measures have positive influence on guest's patronage intentions.

2.6.4 Mediating Role of Restaurant Crowdedness

Restaurant crowdedness has a significant impact on customer behaviour as identified by (Swann et al., 1981). In this study, they identified that customers tend to form attribution when circumstances around them are out of their control. Restaurant crowdedness is certainly a situation in which customers have a feeling of lack of control and as such, they are motivated for form attributions (Tse et al., 2002).

Different individuals perceive COVID-19 severity differently. While some people have been observed to be extremely terrified by it, a good number of people outrightly deny it exists (Bardon, 2019). It thus becomes certain that the differing perceptions of the pandemic by different individuals would in essence, influence their related patronage behaviours.

Looking therefore at restaurant crowdedness from the perspective of PMT, a robust and adaptable social theory, we can establish that from the coping perspective for a customer who perceives that COVID-19 is severe, crowdedness measure as discussed in other sections of this study causes an elevated perception of the likelihood of being infected or not while in the dining space (Westcott et al., 2017). Subsequent to this initial PMT requirement for the execution of a protective action, it becomes natural for the ‘at-risk’ individual to proceed to consider and execute mitigation measures in order to reduce the risks of exposure and maintain safety. It can be therefore considered that based on PMT and the observed crowdedness level, a customer arrives at a decision on their patronage intentions.

Therefore, the next hypothesis posits that:

H4a: Guest’s perception of restaurant crowdedness mediates the effect between their perception of COVID-19 severity and patronage intentions

2.6.5 Mediating Role of Restaurant Safety Measures

Several safety measures have been mandated to be implemented in restaurants by governmental and health organizations due to the increasing threat of COVID-19 (Gursoy & Chi, 2020). Measures like social distancing, masking, glove-wearing, hand sanitizing, frequent disinfection of surfaces, proper ventilation and air purification, the use of face shields, and body temperature checks are prevalent in the post COVID restaurant landscape (Wood, 2021).

Other safety measures recommended by the Center for Disease Control and Prevention (CDC) have been categorized based on their risks, and they provide customers with some sort of knowledge and flexibility on their risk exposure and more essentially, a proper PMT influenced decision on their patronage intentions

(CDC, 2021). The CDC categorized possible restaurant operations into the following four groups;

- a. Lowest Risk: here, physical contact is reduced to the barest minimum, and subsequently, exposure and infections are reduced. Servicing approaches here include delivery, take out, and drive-through purchases among others.
- b. More Risk: other than the safety measures in the first category, on-site dining is included here, but only in open space with social distancing among table which exceed 6 feet.
- c. Higher Risk: indoor dining is included in the higher risk category, although tables are spaced as in the 'More Risk' category. Also, this category includes settings where outdoor dining is considered but with less than 6 feet separation.
- d. Highest Risk: this category presents the most dangerous situation. It permits a reversion to a pre-COVID restaurant setting.

Considering the categorization presented by the CDC in light of PMT, it is needful to know that a customer has a duty to self-preserve and protect, and as such needs to take required actions in response to safety risks. Safety risks in turn to the customer is not only a factor of their COVID-19 severity perception, but the impression of the restaurant's COVID severity perception which is reflected in their safety implementation through the provision of protective materials and adherence to a safe practice. Succinctly, a customer with a high COVID-19 severity perception may never patronize a category d restaurant (Highest Risk) based on CDC metrics, but potentially has a high chance of frequently patronizing a category a restaurant (Lowest Risk) if armed with the knowledge that there is no scientific backing that COVID can be spread directly through meals (WHO, 2020).

Accordingly, hypothesis 4b posits that:

H4b: Guest's perception of restaurant safety measure mediates the effect between their perception of COVID-19 severity and patronage intentions.

2.7 Restaurants Sector in Iran

The restaurant sector of tourism provides essential services to tourists and guests in Iran. Asides of international tourism which received a major boost after the Iraq war for which tourists hail from Asian countries majorly, domestic tourism in Iran has always been phenomenal and among the largest globally (*Invest in Iran*, 2013; Iran's entry, 2008; Khoshkhoo et al., 2017). In a more recent study, (Habibi et al., 2018) investigated the economic development of the Iranian provinces and identified the role played by tourism as a whole to be quite significant. From their studies, they identified that Khorasan Rasavi province had the highest impact on the economy of the nation, followed by Gilan and Ardabil.

According to Nejati and Moghaddam, (2012), young guests are very important to the survival of the several local restaurants in Iran due to the fact that they form a huge segment of the total customers. The demography of Iran clearly supports this observation as these young ones form a majority of the entire population, with their perspectives open to restaurant patronage.

The Iranian cuisine plays an irreplaceable role in Iranian restaurants due to its historic interaction with other middle-eastern nations' cuisine, among which the Turkish cuisine is predominant (Holland, 2014). Typical meal served in an Iranian restaurant is a liberal mix of rice with other complements such as meat, vegetables

and nuts. Fruits such as grapes, plums, pomegranates which can be made into drinks or consumed directly are also available in the Iranian restaurant.

Rice, historically significant at the Safavid's empire became an integral and essential part of the Iranian menu around the 16th century (Fragner, 1987), and is now a major food item in Northern Iran (Gharibzahedi, 2018). Gerde, domsia champa lenja and tarom are different flavours of rice available to restaurant guests in Iran, and have different procedures for preparation. Bread also forms a major staple food item in Iranian restaurants as their applications range from complementing other food, to being consumed as the main course. Several varieties of bread can be found in almost all Iranian restaurants, among which are lavash, komaj, taftun and baguette; a long loaf containing sausages. Kebabs, which are meat meals made from lamb or chicken, grilled after being spiced are also an integral part of the menu. Depending on their mode of preparation and source of meat, they are in several forms such as; koobideh, juje, barg, torsh and the kabab tabei which unlike others is usually prepared in a pan (Asadi, 2021; Emadzadeh & Ghorani, 2020).

Since food has an intersection with tourism in Iran, Iran is home to different types of restaurants (Sayadabdi & Hassibi, 2018). Iranamaze, (2020) describes 6 different types of restaurant, which fall under the 3 restaurant segments of fast food restaurants, casual dining and fine dining restaurants as described in (Heidarzadeh Hanzaee & Esmaeilpour, 2017) are available in Iran, they are;

- a. Ice Cream and Juice Places: These are important stops during the hot summer of Iran. Other than the international flavours of ice-cream, local ones such as saffron ice cream are also available.

- b. Cafes and Tea houses: In Iran, these places provide opportunities for the younger folks to have a cup of coffee or tea.
- c. International Restaurants: These appeal to both foreigners and the locals who crave a taste of some foreign meal. In Iran (especially Tehran), Chinese, Italian and Japanese restaurants meet the demands of their guests.
- d. Fast Foods: Guests with interests in Hamburgers, sandwich and other fast food due to their crunchy texture or other appeals can be given a memorable treat in one of these restaurants.
- e. Traditional Restaurants: Many of the previously described dishes such as kababs are available here.
- f. Vegetarian: As the country evolves, Iranian restaurants also seek to meet the demands of a varying group of customers with diverse demands and tastes. Vegetarians can find their delights such as Kashke Bademjan or veggie pizza in several cities in Iran.

Even though a lot of restaurant guests also prepare homemade food, (Kashif et al., 2015) identified that coupled with rationality, their preference of restaurant food is heavily hinged on emotions. The central bank of Iran revealed that as at 2014, restaurant guests spent almost 400 million dollars at restaurants to purchase fast food alone (Ghoochani et al., 2018). Restaurant guests in Iran heavily depend on the variety of meal, and cooking expertise available in the restaurant for a consistent change of taste, while in return, restaurateurs also benefit from one of the most significant methods of marketing; word of mouth (Jalilvand et al., 2017).

Tourism contributes to the growth of the Iranian economy with 6.6% input to its Gross Domestic Product (GDP) in 2019 (Knoema, 2021). Findings of Tayebeh &

Torkashvand, (2020) place Iran as a member of the best 10 countries with tourists' attractions and artifacts, and the prospect of ecotourism. Also from the revenue obtained globally, Iran makes 0.05%. From the studies of Habibi et al., (2018), it is observed that the growth of GDP in tourism per capita in constant 2004 prices is higher than the entire Iranian economic growth with a 51% increase in 2012.

Another significant economic effect of tourism is its capacity to promote foreign currency circulation within the country, increasing Iran's financial buoyancy. Also, tourism plays an important role in the diversification of the economies of suburban and rural regions in Iran. Since rural areas are known to generate their income primarily from agricultural trades which includes livestock, the introduction of tourism brings alternatives and financial buoyancy. It further assists in preventing a population decline in these rural areas as it provides a source of job and income for rural dwellers, thus reducing the enticements of job-seeking rural to urban migration (Nooripoor et al., 2021).

2.8 Effect of COVID-19 on Restaurants in Iran

The unpredictable advent of COVID-19 introduced untold challenges and threat globally both economically and medically (Hoseini & Valizadeh, 2021). In Iran, the situation even seems worse than those of other nations due to the fact that it was an epicenter of the initial outbreak and subsequent spread (Mohseni-Cheraghrou, 2020). Considering that the official infection figure is 5,378,408 during the third quarter of 2021, a staggering 2.36% of the entire global infection rate, it is among the countries at the receiving end of the highest impact (Worldometer, 2021).

After the first detection was made on the 19th of February 2020, as a way to mitigate the spread of the virus, the government began to enact measures aimed at reducing crowds and gatherings. On the 21st of March, the government extended the restrictions to the closure of shopping centers and businesses that were considered less essential (including restaurants). While the restrictions began to ease from the 5th of April, restaurants were still considered as less essential and were disallowed from operating.

Due to the restrictions imposed by the government in the wake of the COVID spread, restaurants and other tourists' attractions which were considered as less essential businesses greatly suffered and there was an immediate economic contraction. In other areas where the measures were difficult to enforce by the government, daily wage-earners and other low-income restaurant workers having little or no savings become victims of the situation as they cannot afford to live on an inexistent saving and are thus forced to risk being infected as they keep working.

As a consequence of the inflation triggered by the COVID related restrictions, restaurants' supply suffered greatly due to the subsequent increase in cost of commodities and transportation. Food items increased in price immediate with carrots peaking at a 250% price increment, cooking oil's price increased by 110%, tomatoes by 119% and daily beverages by 104% (*Statistical Center of Iran, 2021*). Restaurants' patronage immediately dropped in various locations in Iran, and worse at Esfand and Farvardin with a tremendous drop of -84 percent in the number of transactions conducted (*Hoseini & Valizadeh, 2021*).

While the infectious capability of the COVID on food remains a scientific mystery, the (WHO) clearly declared the means of transmission to be hands, sneezing and coughing (Mohammadi-Nasrabadi, Salmani, Broumandnia, et al., 2021). Due to this, the roles of restaurants and restaurant staff in the spread of COVID thus comes under the microscope, and widespread restaurants' customer distrust grew within the population.

Several changes were introduced to the restaurant system due to the viral outbreak. Foods capable of being heated to temperatures required to disable the virus were heated and surfaces including tables were disinfected regularly ("COVID-19 and Food Safety: Guidance for Food Businesses," 2020; Jain, 2020). Customers from different households also were made to social distance during meals in order to promote safety and confidence. Restaurants in Iran therefore were prompted to curb the virus and sustain business activity by wearing protective equipment such as masks, eyes shields, gowns and gloves (Mohammadi-Nasrabadi, Salmani, Broumandnia, et al., 2021). Also, special trainings were introduced to restaurant staff in order to promote food hygiene and public health (Mohammadi-Nasrabadi, Salmani, & Esfarjani, 2021).

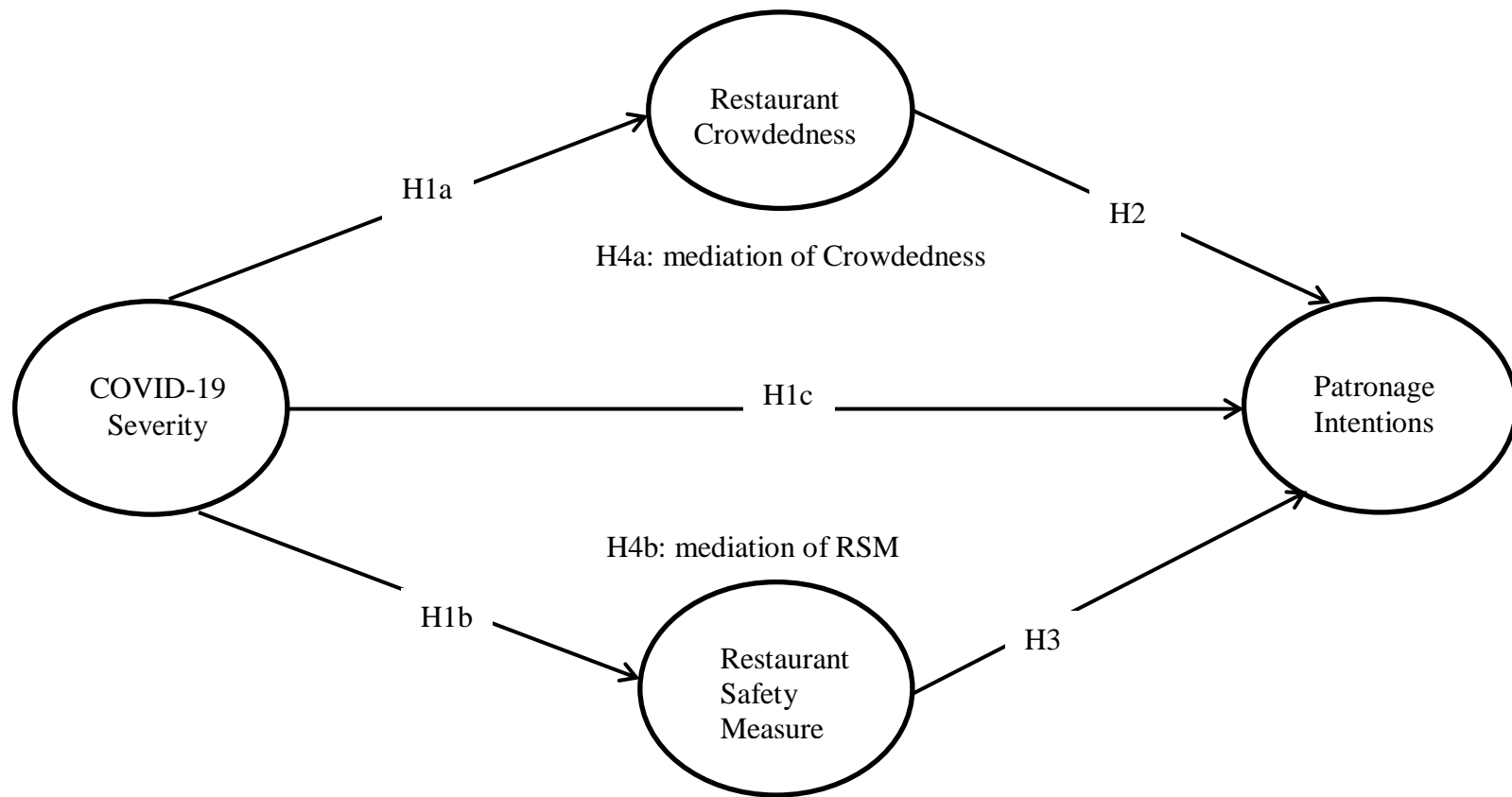


Figure 1: Conceptual model

Chapter 3

METHODOLOGY

This chapter summarizes the methodological approaches taken to attain the results and the findings of the current thesis. Specifically, this chapter outlines the step-by-step procedures undertaken by the researcher from data collection to analysis detailing the important findings throughout the processes.

3.1 Data Collection, Sample and Procedure

As data is central to the viability of the research findings and the adequacy of the derived policy recommendations, it is therefore paramount that the data collection, sampling and analysis be handled with utmost care and due diligence. Hence, this section outlines the data gathering and treatment for the study.

3.1.1 Data Collection

For the present thesis, guest of Iranian restaurants in the most populated and patronized provinces of Khorasan Rasavi were targeted and requested to participate in a one-off self-administered survey that sought to understand their perceptions of COVID-19 severity and the impact that such perceptions may have had on their perceptions of restaurants safety measures and ultimately their patronage intentions.

Although the study was conducted shortly after the first-wave of the pandemic, the researcher was still able to solicit data from the respondents via paper-and-pen approach. This approach was deemed the best approach because it helped to

purposefully select the respondents, and the Iranian government at the time of data collection had withdrawn the major restrictions of lockdowns and curfews.

To properly cover the whole province and to ensure timely collection of the data, the principal researcher enlisted the help of family members for the process of data collection. Potential participants were approached at city centers, and several points where major restaurants and located. Before participating, prospective respondents were asked several questions such as ‘when was the last time you ate or dine at a restaurant?’ these questions were used to determine the eligibility of the participants.

The self-administered survey was designed to contain two sections. The first section comprised of questions appertaining to the core focus of the thesis which are the perception COVID-19 severity, the perception of restaurants’ safety measures, the perception of restaurants’ crowdedness and the patronage intentions. The other part included questions relating to the profile of the participants such as demographic information.

Since English is not the official language in Iran, the survey was subjected to the back-translation approach. The survey was translated from English to Farsi and was translated back from Farsi to English. This translation process was done by professional translators independent of the research but the translated output was given to Iranian Professor who is an expert in the field of study to validate the appropriateness of the translation. The process culminated in pilot study which involved 20 tourism students from Iran. The result of the pilot study showed that the translated version of the questionnaires was understandable and adequate for the proposed study.

Given that the study sought to investigate guest of restaurants in Iranian' province of Khorasan Rasavi, purposive sampling technique which empowers the researcher to select participants that best suits the objectives of the study was used. To ascertain the representativeness of the sample, Cochran's formula for the calculation of adequate sample size was used. The formula is given as:

$$n = \frac{z^2 (1 - P)}{d^2}$$

Where n = sample size, z = the value of the normal variable of the standard unit, which is 1.96 at the 95% confidence level, P = is the value of the attribute ratio in the community. If it is not available, it can be considered 0.5. In this case, the value of variance reaches its maximum. q = percentage of people who do not have that trait in society (q = 1- P), and d = allowed error value.

When applied to the current study, Cochran's sample calculator revealed that a total of 324 respondents are required for the result of the study to be generalizable. Since the current study employed 384 participants which is more than the required sample, the result of this thesis can be generalized.

3.1.2 Measures

Like previous extant studies, this study adopted the use of multi-items measurement scale to test the validity of the proposed hypotheses. Furthermore, the actual items used for the investigation of the individual latent construct in this study were adopted from extant literature.

3.1.3 COVID-19 Severity

COVID-19 severity was measured using a solitary measure item developed by Wang, Yao, and Martin (2021). The question was: "How severe do you think

COVID-19 is in the place you are living?”. The response was anchored a a 7-point Likert response ranging from “1 – not at all severe” to “7 – very severe”.

3.1.4 Restaurant Crowdedness

A 2-item scale developed by Wang, Yao, and Martin (2021) was used to measure guests’ perception of restaurant crowdedness. A sample question was: “To what extent do you feel this restaurant is crowded?”. This scale was anchored on a 5-point Likert response ranging from “1 – crowded being there” to “5 - roomy”.

3.1.5 Restaurant Safety Measures

To measure guests’ perceptions of restaurants safety measures, we adopted the use of 3-item measure developed by (Wang et al., 2021). A sample question was: “How much effort do you think the restaurant has taken in preventative safety measures to protect diners against the spread of COVID-19?”. This scale was anchored on a 7-point Likert response ranging from “1 – no effort at all” to 7 – a lot of effort”.

3.1.6 Patronage Intentions during COVID-19

Patronage intentions during the pandemic were measured using 3-items adopted from (Brewer & Sebby, 2021). sample question was: “After my previous experience, the likelihood of me ordering/purchasing food from this restaurant is high”. This scale was anchored on a 5-point Likert response ranging from “1 - strongly disagrees” to “5 - strongly agree”.

3.2 Data Analysis

The solicited data for this present thesis was analyzed using a combination of Statistical Package for Social Scientist (SPSS) version 20 and Analysis of Moment Structures (AMOS) version 26 (Lasisi, Taiwo T Eluwole et al., 2019). Specifically, the demographic profile of the participants was analyzed using SPSS while the measurement and structural models of the study were analyzed using AMOS. In

summary, the thesis analyzed the collected data using the highly recommended 2-step approach of first establishing the measurement model through the validation of both convergent and discriminant validity and finalizing with the estimation of proposed hypotheses through structural models (Lasisi et al., 2020).

Chapter 4

RESULTS OF DATA ANALYSIS

The current chapter details the outcome of the statistical analyses of the data collected from 384 customers of Iranian restaurant during the COVID-19 pandemic. The chapter shows that the data supports the 2-step data analysis approach and results of four-factor model as well as those of the proposed hypotheses were given.

4.1 Demographic Details of Respondents

As shown in Table 1, the result of demographic details of the respondents of the current thesis showed that guest of Iranian restaurants are male dominated. This is evident by the 66.4% male representation recorded as against 33.6% recorded for female participation. This finding is expected given the paternistic orientation of Iranian culture that tend to give men more edge in the society than their female contemporaries.

With respect to education level of the respondents, the sample represents an educated population with 66.4% of the sample possessing either a bachelor, master degree or a doctorate. Of the remaining 33.6%, 14.1% had vocational degree, 11.7% had secondary school degree, while the rest had primary school degree.

An overwhelming majority (74.5%) of the respondent are aged between 18 years and 47 years; typifying a young and vibrant sample. Of the remaining 25.5%, 19.3% are aged between 48 years and 57 years, while the remaining 5.2% are 58 years or older.

The marital status of the respondents almost mirrors their age distributions as a whopping 72.1 % are married and the remaining 27.9% are either single or divorced. The professional working experiences of the respondents are much more evenly spread across inexperienced through to experienced. Full details are provided in Table 1.

Table 1: Respondents' demography (n =384)

Variables	# of Respondents	Valid %
<i>Gender</i>		
Male	255	66.4
Female	129	33.6
<i>Education</i>		
Primary School	30	7.8
Secondary School	45	11.7
Vocational School	54	14.1
University First Degree	173	45.1
Masters/PhD	82	21.3
<i>Age</i>		
18-27	39	10.2
28-37	116	30.2
38-47	131	34.1
48-57	74	19.3
58 and older	24	6.2
<i>Work Experience</i>		
Under 1 year	31	8.1
1-5 years	220	57.3
6-10 years	121	31.5
11-15 years	6	1.6
16-20 years	6	1.6

4.2 Model Specification and Assessment Results

As recommended in extant literature, this thesis followed Anderson and Gerbings' (1988) two-step approach to data analysis. In the first approach, we followed the recommendations of Fornell and Larcker's (1981) step to data validation using factor

loadings, t-statistics, average variance extracted (AVE), composite reliability score and Cronbach's alpha to determine the convergent, discriminant validity and reliabilities of the data. Further, model fitness, which sought to check the compatibility of data with proposed study model, was also ascertained using model fit indices such as Chi-square (χ^2), Comparative Fit Index (CFI), Parsimony Normed Fit Index (PNFI), Root Mean Square Error of Approximation (RMSEA) and Standardized Root Mean Square Residual (SRMR) (Ukeje et al., 2021).

The results as reported in Table 2 showed that the data for this study indicated convergent validity and adequately fit the model ($\chi^2 = 472$, $df = 232$, $\chi^2 / df = 2.03$, $CFI = .98$, $TLI = .96$, $SRMR = .04$, $RMSEA = .07$). Specifically, the observed items converged under their underlying latent constructs with factor loadings well above the cut-off threshold of 0.5 (Ukeje et al., 2021). All loadings are also significant.

Table 2: Convergent validity, reliability and model fit

Items	Loadings	t-stat	AVE	CR
Patronage Intentions during COVID-19 (PIDC)			.825	.934
PIDC1	.921			
PIDC2	.907	20.33**		
PIDC3	.897	18.81**		
Restaurant Safety Measures (RSM)			.779	.914
RSM1	.853			
RSM2	.889	19.14**		
RSM3	.909	21.00**		
Restaurant Crowdedness (RC)			.754	.860
RC1	.871			
RC2	.866	16.29**		
COVID-19 Severity	.923		.852	.852

Note: $\chi^2 = 472$, $df = 232$, $\chi^2 / df = 2.03$, $CFI = .98$, $TLI = .96$, $SRMR = .04$, $RMSEA = .07$.

Discriminant validity was confirmed using the globally accepted Fornell and Larcker's criterion (Fornell & Larcker, 1981). That is, as reported in Table 3, we

compared the inter-construct correlation coefficients with the square of AVE of the constructs. As recommended, the result showed that the square of AVEs of the thesis' constructs is greater than the corresponding correlations. Thus, discriminant validity was ascertained.

4.3 Results of Proposed Hypotheses

Results of the estimation of maximum likelihood for the proposed research model are reported in Table 4. Specifically, the table details the interrelationships of perception of COVID-19 severity, restaurant crowdedness, restaurant safety measures and patronage intentions.

Hypothesis 1a of the thesis proposed a positive and significant relationship between guest's perception of COVID-19 severity and their perception of restaurant crowdedness. The result from empirical estimation of the structural model suggests that COVID-19 severity positively influences guest' perception of restaurant crowdedness ($r = 0.390$, $p = 0.00$) ($\beta = 0.312$, $t = 9.44$, $p = 0.000$) and COVID-19 severity explains 12% of the variance of restaurant crowdedness $R^2_{(\text{restaurant crowdedness})}$. Hence, hypothesis 1a gains empirical support.

Table 3: Discriminant validity and correlations

Variables	M	SD	1	2	3	4	5	6	7
1. Age	-	-	-						
2. Education	-	-	.08	-					
3. Gender	-	-	.06	-.05	-				
4. PIDC	2.78	.870	-.01	.04	.02	.908			
5. RSM	4.45	.676	.09	.07	.01	.40**	.883		
6. RC	3.83	.562	.06	.01	.04	-	.45**	.869	
						.62**			
7. COVID-19 severity	3.77	1.11	.12*	.06	.08	-	.33**	.39**	.923
						.67**			

Note: AVE square are reported in boldface along the diagonal. ** indicates significance at 0.01.

Hypothesis 1b which postulates the positive association of the perception of COVID-19 severity and restaurants' implementation of safety measures also gained empirical support. The empirical result ($r = 0.330$, $p = 0.00$) ($\beta = 0.401$, $t = 10.56$, $p = 0.000$) provided the evidence to support the claim. Furthermore, perception of COVID-19 severity explains 16% of the variance in restaurants safety measures R^2 (restaurant safety measure). Similarly, hypothesis 1c which argued the negative influence of perception of COVID-19 severity on guest's patronage intentions equally received empirical support. As shown in Tables 3 and 4, the results ($r = -0.671$, $p = 0.00$) ($\beta = -0.294$, $t = -7.18$, $p = 0.000$) validates the argument.

Furthermore, hypothesis 2 which put forward the argument that guest's perception of restaurant crowdedness will also negatively influence guest's patronage intentions to restaurants during COVID-19 equally received empirical validation. The results ($r = -0.621$, $p = 0.00$) ($\beta = -0.323$, $t = -9.28$, $p = 0.000$). The final direct hypothesis, that is, hypothesis 3 argued in favor of a positive association between guest's perception of restaurant safety measures and their patronage intentions during the pandemic.

Table 4: Estimation of maximum likelihood for the proposed model

Exogenous Variables	Endogenous Variables	Coefficient of estimates	Standard error	t-statistics	p
Covid-19 Severity	Restaurant crowdedness	.312	.007	9.44	***
Covid-19 Severity	Restaurant safety measures	.401	.065	10.56	***
Covid-19 Severity	Patronage intentions	-.294	.053	-7.18	***
Restaurant crowdedness	Patronage intentions	-.323	.066	-9.28	***
Restaurant safety measures	Patronage intentions	.300	.057	8.39	***

Notes: * **Significant at the $p < 0.05$ level (two-tailed); ***significant at the $p < 0.01$ level (two-tailed).

Results as reported in Table 4 confirms the argument ($r = 0.404$, $p = 0.00$) ($\beta = 0.300$, $t = 8.39$, $p = 0.000$) thereby lending empirical support to hypothesis 3.

The indirect effect of COVID-19 severity on patronage intentions via restaurant crowdedness and restaurant safety measures were hypothesized in hypotheses 4a and 4b respectively. The result of bias-corrected bootstrapped analysis of the indirect models also yielded empirical support for the hypotheses. Precisely, the indirect influence of COVID-19 severity on patronage intentions through the mediating role of restaurant crowdedness was empirically significant ($\beta = -0.100$, {LLCI = -0.218, ULCI = -0.034}). Also, the indirect effect of COVID-19 severity on patronage intentions via restaurant safety measures also received empirical support ($\beta = 0.099$, {LLCI = 0.081, ULCI = 0.348}).

In summary, all direct and indirect hypothesized relationships received empirical support from the result of the statistical analysis of data collected from customers of Iranian restaurants during the first wave of the pandemic.

Chapter 5

DISCUSSION AND CONCLUSION

This chapter summarizes the findings of this thesis providing precise but important key points that highlights the importance of the current study to both theory and practice. The chapter rounds off the thesis with concluding remarks and limitations of the study.

5.1 Conclusion

The empirical analysis of the collected data lends support for all the hypotheses of the current thesis. In other words, results demonstrated support for the positive effect of perception of COVID-19 severity on restaurant crowdedness, and restaurant safety measure while also demonstrating a negative impact on patronage intentions. Restaurant crowdedness exerts negative impact on patronage intentions while restaurant safety measures exert a positive impact on patronage intentions. The indirect impacts are also empirically supported. Given these findings, the succeeding paragraphs summarize the implications of these findings.

Broadly speaking, this thesis holds important contributions to academic literature and theory but more importantly, the practicality of the findings possesses policy recommendation avenues for government, restaurant owners and the consumers. The next section provides the full contributions of the thesis.

In conclusion, this thesis was motivated by the ravaging impact of COVID-19 on the hospitality industry and was designed to develop a theoretical and empirical model that does not only validates perception of COVID-19 severity among Iranian restaurants guest but also validates the influences of such perception on guest' patronage intentions.

Four hypotheses were postulated to argue the aforementioned associations. The said hypotheses were developed using the theoretical foundations of PMT. As expected, empirical findings validated all proposed hypothesized relationships. Application of findings to theory and practices were also discussed leading to a robust policy recommendation for the governance of restaurant activities in Iran during and after the pandemic.

5.2 Contribution to Theory

Given that the central tenets of protection motivation theory posits human behavior towards health-related risks through affective and cognitive evaluation of the risk and taking a course of action that tends to protect the individual (Rogers & Prentice-Dunn, 1997), this thesis extends the application of the theory into restaurant operations in a pandemic environment.

Specifically, from the findings of our first sets of hypotheses, it was established that perception of COVID-19 severity influences consumer's appraisal of the event of dinning out during the pandemic. This finding aligns with the tenet of PMT and explains the rationale of average consumers who considers the event of restaurant patronage as high-risk event that can compromise the protection of their health. This finding also mirrors those in extant literatures appertaining to consumers' attitude to

business patronage in the event of the outbreak. In other words, our finding buttressed the new business paradigm that suggest that fear of COVID-19 alters the social consumptions and interaction with service products or brands (Rather, 2021).

Further, PMT also suggest that individuals tend to device coping mechanism to deal with situations of high-risk events that are rather beyond the limit of the control. Like COVID-19, consumers of Iranian restaurants are unable to control the cases or spread of the viral disease but can rely on the coping mechanism of social distancing and other measures to deal with the threat of the virus (Ruan et al., 2020). Our finding which indicated a positive association of the perception of COVID-19 with restaurant crowdedness validated this assumption of PMT. Equally, the finding echoes those of Wang et. al (2021) that through experimental settings found that high crowdedness results in low patronage as people perceived that high-crowdedness is an antecedents to COVID-19 cases.

5.3 Contribution to Practice

Without doubt, tourism and hospitality industry is among the major economic sector of nation wherein the detrimental effect of COVID-19 is highly felt. During the pandemic, government of nations raced against time to develop strategies to minimize and mitigate against the health hazard of the pandemic. However, most of the implemented measure holds with them economic punishments.

For instance, with lockdown, restaurant operations in some cases dropped drastically while in other cases resulted in complete business closure. Other measures such as social distancing implies that capacity of businesses have to be optimized to accommodate the new architectural design requirements or significantly reduce the

number of consumer service per time. In all, the abrupt changes brought about by the advent of the pandemic necessitated a change in approach from business owners in order to attract and retain their guest.

Following the findings of this thesis, it is crystal clear that guest of Iranian restaurants like any other consumers globally are akin to the protection of their health and are not willing to compromise their safety for restaurant delicacies. As such, business owner should project physical infrastructures that signal the message of compliance to safety regulations and physical hygiene. More than ever, the hygienic conditions of the production and services of restaurant foods are more under scrutiny and the organizations that excelled the most have the potential to amass guest at the expense of their counterparts that failed.

At industry level, association of restaurant owners and other key stakeholders of the tourism and hospitality industry in Iran can benefit from the findings of this study by creating a collective learning environment wherein members of their organizations can undergo specialized trainings that is focused on operating restaurants in the new normal of COVID-19. Further, information centers that are accessible to the public and target markets should be developed and populated with key information about restaurants safety measures and the implementation of the same.

At governmental level, policy directions are often a key to the industry outlook. As such, it is imperative that a synergy exist between the policy directions of the government and the industry focus. The finding of the current thesis echoed the reality in COVID-related literature, thus, recommending that adequate support

system be created to enable practitioners to implement the proposed individual and industrial level recommendations that guarantees repeat consumer patronage.

5.4 Research's Shortcomings and Future Research Opportunities

Although this thesis has been conducted following a global academic procedure of study conceptualization, assessment of literature, problem generation and quantitative research approach, it is worth noting that the findings reported in this thesis should be interpreted and applied with the knowledge of its associated shortcomings.

Firstly, while the study extends PMT through contextual and industrial contributions, the peculiarity of Iranian culture and government policies during the pandemic may have altered the interpretation of the findings. Future study may attempt to investigate the same model in a more liberal society such as UK or USA and further establish the findings that perception of COVID-severity strongly associated with patronage intentions.

Secondly, although the sampling followed a non-parametric purposive approach, using cross-sectional survey to draw casual inferences have been frowned against in academic scholarship. However, since the data collection was done during the pandemic, other research design approach such as time-lag and longitudinal are not practically viable. Future study may follow these suggested approaches and re-validate the findings of this initial study.

Lastly, this thesis focused on the restaurant sector of the hospitality industry in Iran. While this holds significant contribution for Iranian tourism and hospitality industry, extending the model to other sectors such as hotel, and travels may provide

comparative insight and helps to generate a holistic policy plan for the nation's hospitality industry. Furthermore, a cross-country study also can offer clearer lens to understanding the current findings from multi-country perspectives.

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APPENDIX

Survey Questionnaire

A FIELD STUDY IN THE RESTAURANTS INDUSTRY IN IRAN

Dear Respondent:

This research is aimed to better understand your experiences as guest of hospitality organization since the beginning of the Covid-19 Pandemic. Therefore, we kindly request that you self-administer this questionnaire.

There are no right or wrong answers in this questionnaire. Any sort of information collected during our research will be kept confidential. We appreciate your time and participation in our research very much.

If you have any questions about our research, please do not hesitate to contact Ms Delaram Sadat Hosseini through her e-mail address: delaram2hosseini@gmail.com

Thank you for your kind cooperation.

Address:

Faculty of Tourism
Eastern Mediterranean University
Gazimagusa, TRNC
Via Mersin 10, Turkey

SECTION I.

Dear Respondent,

Recall your last experience at the restaurant and answer the following questions as best as you can.

Thank you.

1. Please indicate your decision as to whether you want to have lunch in restaurant.

- Eat in this restaurant,
- Order takeaway from this restaurant,
- Leave and look for something else

2. Do you feel safe to eat in the restaurant?

- Not at all safe
- Somewhat not safe
- Not safe
- Undecided
- Somewhat safe
- Safe
- Very safe

3. Do you feel safe to order takeaway from this restaurant?

- Not at all safe
- Somewhat not safe
- Not safe
- Undecided
- Somewhat safe
- Safe
- Very safe

4. What do you think about the setting of this restaurant?

- Not at all comfortable
- Somewhat not comfortable
- Not comfortable
- Undecided
- Somewhat comfortable
- Comfortable
- Very comfortable

5. How popular do you think this restaurant is?

- Not at all popular

- Somewhat not popular
- Not popular
- Undecided
- Somewhat popular
- popular
- Very popular

6. How expensive do you think the price of food in this restaurant is?

- Very cheap
- Somewhat cheap
- Cheap
- Undecided
- Somewhat expensive
- Expensive
- Very Expensive

7. What do you think about the reputation of this restaurant?

- Not at all famous
- Somewhat not famous
- Not famous
- Undecided
- Somewhat famous
- famous
- Very famous

8. What do you think about the food quality of this restaurant?

- Very poor quality
- Somewhat poor quality
- poor quality
- Undecided
- Somewhat good quality
- good quality
- Very good quality

9. How much effort do you think the restaurant has taken in preventative safety measures to protect diners against the spread of COVID-19?

- No effort at all
- Very little effort
- Little effort
- Undecided

- Somewhat enough effort
- Enough effort
- A lot of effort

10. How effective do you think the restaurant's safety measures are in preventing the spread of COVID-19?

- Not at all practical
- Not practical
- Undecided
- Practical
- Very practical

11. How socially responsible do you think the restaurant is with regards to the COVID-19 pandemic?

- not taking social responsibility at all
- not taking social responsibility seriously
- Undecided
- taking social responsibility seriously
- taking social responsibility very seriously

12. To what extent do you feel this restaurant is crowded?

- Crowded being there
- Barely enough room for me
- Neutral
- Just about okay
- Roomy

13. How do you feel about the distance between the dining tables in this restaurant?

- Cramped
- Slightly densed
- Neutral
- Slightly accomodating
- Spacious

14. How severe do you think COVID-19 is in the place you are living?

- Not at all severe
- Somewhat not severe
- Not severe
- Undecided

- Somewhat severe
- Severe
- Very severe

15. Considering your overall experience, mark us based on following the health protocols (under corona virus situation). (0) Worst to (10) Best.

- 0
- 1-2
- 3-4
- 5-7
- 8-9
- 10

SECTION II.

Please indicate your disagreement or agreement with each statement by crossing the number using the following five-point scale:

- (1) I strongly disagree
- (2) I disagree
- (3) Undecided
- (4) I agree
- (5) I strongly agree

II.1 After my previous experience, I intend to order /purchase food from this restaurant.	1	2	3	4	5
II.2 After my previous experience, the likelihood of me ordering/purchasing food from this restaurant is high.	1	2	3	4	5
II.3 I rate my chance of ordering/purchasing food from this restaurant as high.	1	2	3	4	5

SECTION III.

How satisfied are you with the service quality on the basis of the below parameters?

- (1) Very Unsatisfied
- (2) Unsatisfied
- (3) Neutral
- (4) Satisfied
- (5) Very satisfied

III.1 Quality of Service	1	2	3	4	5
III.2 Process of getting problem resolved	1	2	3	4	5
III.3 Quality of customer service representative	1	2	3	4	5
III.4 Time taken by customer service representative to solve my issue	1	2	3	4	5
III.5 Knowledge of customer service representative	1	2	3	4	5

SECTION IV.

Please indicate your answer by placing a (√) in the appropriate alternative.

1. How old are you?

- 18-27 ()
- 28-37 ()
- 38-47 ()
- 48-57 ()
- 58 and over ()

2. What is your gender?

- Male ()
- Female ()

3. What is the highest level of working in education you completed?

- Primary School ()
- Secondary School ()
- Vocational School (2-year) ()

4. How long have you been this Hotel?

- Under 1 year ()
- 1-5 years ()
- 6-10 ()

- | | | | |
|-------------------------|-----|--------------------|-----|
| University first degree | () | 11-15 years | () |
| Master or Ph.D. Degree | () | 16-20 years | () |
| | | More than 20 years | () |
- 5. What is your marital Status?**
- Single or Divorced ()
- Married ()

Thank you for your kind cooperation.