



The Relevance of the CHSE Protocol in Current Hotel Operations: A Case Study of CHSE Protocol Implementation at the Restaurant of Savero Style Hotel Bogor

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ABSTRACTS

The COVID-19 pandemic significantly disrupted Indonesia's hospitality industry, prompting the Ministry of Tourism and Creative Economy to introduce the CHSE (Cleanliness, Health, Safety, and Environmental Sustainability) protocol as a recovery instrument. As pandemic conditions have eased, however, questions have emerged regarding the continued relevance of this protocol in daily hotel operations. This study aims to identify the level of CHSE implementation and analyze its relevance to the restaurant's current operations at Savero Style Hotel Bogor. The research employed a qualitative case study approach, with data collected through structured observation of eleven CHSE restaurant guidelines and semi-structured interviews with the General Manager and Restaurant Supervisor in 2025; the analysis was guided by Relevance Theory and the SERVQUAL framework. The results indicate that only five of eleven CHSE items are consistently implemented (primarily basic hygiene measures) while six items are not, with five of these no longer considered relevant due to operational burden, added cost, and shifted guest expectations. Both employees and guests no longer regard CHSE certification as a positive image differentiator, suggesting the need to rationalize the protocol's structure rather than preserve its original form.

ARTICLE INFO

Article History:

Received 00 Jan 2xxx

Revised 00 Jan 2xxx

Accepted 00 Jan 2xxx

Available online 00 Jan 2xxx

Keyword:

CHSE protocol,
Hotel restaurant,
Post-pandemic relevance,
Relevance Theory,
SERVQUAL

1. INTRODUCTION

The COVID-19 pandemic, declared a global pandemic by the World Health Organization (WHO) at the beginning of 2020, had wide-ranging impacts across various industrial sectors (Sigala, 2020). The tourism sector was among the most severely affected by travel restrictions and lockdown policies, leading many businesses to experience significant revenue declines and even to cease operations (Gössling et al., 2020; Gursoy & Chi, 2020). A similar situation occurred in Indonesia, where the tourism sector underwent a sharp contraction, resulting in job losses and a reduced contribution to the national economy (Anggarini, 2021).

To restore tourist confidence, the Ministry of Tourism and Creative Economy (Kemenparekraf) developed the Cleanliness, Health, Safety, & Environmental Sustainability (CHSE) protocol guidelines, which were first implemented in 2020 with reference to guidance from the WHO and the Ministry of Health (Kemenparekraf, 2020; Wahyuni et al., 2021). The implementation of CHSE was expected to provide tourists with a sense of safety, enabling them to resume tourism activities amid the pandemic (Batubara & Suci, 2022). Similar strategies were also pursued by various countries through the development of crisis management frameworks and the adaptation of hygiene protocols within the hospitality industry (Hao et al., 2020).

As COVID-19 cases declined and health policies were relaxed, questions emerged regarding the current relevance of CHSE protocol implementation (Ramachandran et al., 2024). Several studies indicate that guest expectations regarding health protocols have shifted following the end of the pandemic, particularly regarding the use of personal protective equipment and service restrictions (Díaz-Pompa et al., 2023; Bagnera et al., 2022). This study aims to identify the level of CHSE protocol implementation and to analyze its relevance to guest satisfaction and restaurant operations at Savero Style Hotel Bogor, with the following research questions: (1) How is the CHSE protocol currently implemented in the restaurant section of Savero Style Hotel? and (2) Is the CHSE protocol still relevant to the post-pandemic operations of the restaurant at Savero Style Hotel?

2. LITERATURE REVIEW

CHSE began to be implemented in Indonesia's tourism and creative economy sector in September 2020 as part of efforts to recover the tourism industry following the pandemic (Anggarini, 2021; Wahyuni et al., 2021). According to Kemenparekraf, CHSE is a certification protocol covering aspects of cleanliness, health, safety, and environmental sustainability, with the primary objective of strengthening efforts to prevent and control COVID-19 in tourism-sector workplaces (Kemenparekraf, 2020). The CHSE Guidebook was developed as a technical reference for hotels, restaurants, travel agencies, and event organizers, based on health protocols issued by the Ministry of Health, the WHO, and BNPB (Batubara & Suci, 2022). This step aligns with responses across countries to the pandemic aimed at rebuilding tourist confidence (Hao et al., 2020).

The scope of CHSE guidelines for the hospitality industry covers several areas of direct guest service, namely the hotel entrance, the lobby (front desk and concierge), guest rooms, the restaurant/coffee shop, banquet, and other public areas (Kemenparekraf, 2020). This grouping aligns with global approaches that emphasize identifying high-risk contact points (touchpoints) in hospitality operations to prevent virus transmission (Bagnera et al., 2022).

The implementation of CHSE in the restaurant area encompasses eleven principal items: (1) serving food *à la carte* or family style mode without a buffet system, or, where the buffet service is retained, with a partitioned attendant; (2) maintaining a minimum distance of 1

(one) meter between guests or installing partitions; (3) providing online or single-use menus; (4) providing handwashing facilities with soap (CTPS)/hand sanitizer; (5) regular cleaning of public areas and items with disinfectant; (6) restaurants free of disease-carrying animal vectors; (7) hygienic toilets cleaned routinely; (8) closed waste bins; (9) safe and environmentally friendly packaging for delivery/take away services; (10) installation of evacuation route maps and assembly points; and (11) placement of fire extinguishers in easily accessible locations (Kemenparekraf, 2020). The elimination of the buffet system was the most significant adaptation, as this service poses a high risk of cross-contamination from food handlers and from guests serving themselves (Zandonadi et al., 2021).

To assess the relevance of CHSE in post-pandemic conditions, the analysis was conducted across three main dimensions: the public health context, guest expectations, and hospitality industry practices (Gursoy & Chi, 2020). The shift in tourist behavior shows that hygiene remains an important attribute in accommodation choice, even though concerns about virus transmission have declined significantly (Díaz-Pompa et al., 2023). Service innovation and adaptation to the new normal have become key to the medium- to long-term sustainability of the hospitality industry, requiring industry actors to be more selective in retaining beneficial practices and abandoning those that are no longer appropriate (Hall et al., 2020; Ramachandran et al., 2024).

Information or guidelines are considered relevant if they can elicit strong contextual effects with minimal cognitive effort (Sperber & Wilson, 1986). Accordingly, the CHSE guidelines are evaluated on the extent to which they retain practical value for addressing post-pandemic conditions and the current dynamics of hotel operations (Forceville, 2020). The aspects analyzed under this theory include the current context, contextual effects, cognitive load, user feedback, and the revision and adjustment of the guidelines.

In addition, the SERVQUAL (Service Quality Model) was used, which assesses service quality across five dimensions: tangibles (physical evidence), reliability, responsiveness, assurance, and empathy (Parasuraman et al., 1988). These five dimensions remain relevant for evaluating hospitality service quality in the post-pandemic era, particularly tangibles and assurance, which are directly related to guests' perceptions of safety and serve as strong predictors of hotel customer loyalty during and after the pandemic (Aladwan et al., 2022; Kanyama et al., 2022). The connection between service quality and CHSE standards generally lies in the aspects of tangibles, assurance, and reliability.

3. METHODS

This study employed a qualitative case study approach to explore in depth the level of implementation and the relevance of the CHSE Protocol in the restaurant's current operations at Savero Style Hotel Bogor. This approach was chosen because the research seeks to understand, descriptively, hotel managers' perceptions, experiences, and actual practices regarding CHSE implementation within the natural context of operations. The research was conducted in the restaurant area of Savero Style Hotel Bogor in 2025.

The research subjects were determined through purposive sampling, given that the participants were key informants who directly understood the policies and practices of CHSE Protocol implementation in the field. The participants consisted of the General Manager of Savero Style Hotel Bogor, the policy decision-maker, and the Restaurant Supervisor, the operational executor in the restaurant section.

Data were collected through two main techniques: direct observation and semi-structured interviews. The observation used a worksheet developed from the eleven (11) CHSE guideline

items for the restaurant area, with assessment categories of “Compliant” or “Non-Compliant” and notes on actual field conditions. The interviews were structured according to the Relevance Theory framework, covering five aspects: (1) general understanding of CHSE; (2) contextual effects, or the benefits of implementation under current conditions; (3) cognitive effort and the practicality of execution; (4) guest perceptions and feedback; and (5) evaluation and revision of the guidelines.

The data obtained were analyzed in three stages: data reduction, data presentation, and conclusion drawing. The validity of the data was maintained through source triangulation (by comparing the interview results of the two participants) and method triangulation, by combining the findings from observation and interviews. The Relevance Theory framework was used to assess the extent to which the CHSE protocol remains meaningful in the post-pandemic context. In contrast, the SERVQUAL dimensions (particularly tangibles, assurance, and reliability) were used to examine the relationship between CHSE implementation and restaurant service quality.

4. RESULTS AND DISCUSSION

4.1. Results

The following are the research results obtained by the authors regarding the implementation of the CHSE protocol at the restaurant of Savero Style Hotel, Bogor.

Table 1. Observation results on the implementation of the CHSE protocol at the restaurant of Savero Style Hotel, Bogor.

No	Assessment Aspect	Observation Result	Notes
1	Food and beverages are served <i>à la carte</i> or family style. No buffet/ <i>prasmanan</i> system is applied. If a buffet is applied, service attendants must be placed at the provided stalls wearing gloves; food is served by the attendant to the guest while maintaining a minimum distance of 1 (one) meter, or technical engineering and the installation of partitions between guest and attendant must be applied to prevent splashing onto food.	Non-Compliant	Breakfast service is provided in buffet style, while lunch and dinner are served <i>à la carte</i> . During breakfast, guests take food directly without the assistance of an attendant. The provision of gloves has been discontinued since the end of the COVID-19 pandemic. There are no partitions between guests and attendants.
2	Seating and the distance between guests are arranged at a minimum of 1 (one) meter, or technical adjustments such as the installation of partitions on tables are made.	Non-Compliant	The distance between tables is approximately 1 meter; however, the distance between chairs at the same table is less than 1 meter.
3	Food and beverage menus are prepared online. Printed menus may be made of easily cleaned material or used only once.	Non-Compliant	The food menu is not prepared online.
4	Provide handwashing facilities with soap (CTPS)/hand sanitizer inside the restaurant/coffee shop.	Compliant	Available in the public-area toilets located near the restaurant.
5	Public areas and items are regularly cleaned with disinfectant or other safe and appropriate cleaning agents.	Non-Compliant	Uses non-disinfectant cleaning agents.
6	The restaurant is free from disease-carrying animal vectors.	Non-Compliant	Ants are present.

7	Toilets are hygienic, clean, dry, odorless, and functioning properly, and are cleaned as often as possible after use.	Compliant	Cleaned routinely by attendants.
8	Waste bins are kept closed.	Compliant	Available near the restaurant.
9	Hotels operating online food/beverage ordering systems, online food/beverage delivery, drive-thru, and take-away services must always package food for delivery securely, tightly sealed, and using environmentally friendly materials.	Non-Compliant	No online ordering service is available.
10	Map of evacuation routes/assembly points.	Compliant	Available.
11	Fire extinguishers are placed in easily accessible locations.	Compliant	Available.

Source: Authors' observation, 2025

Of the eleven (11) observation items used to assess CHSE protocol implementation, six (6) items were found to be non-compliant with the guidelines. Five of these six non-compliances are considered no longer relevant to post-pandemic conditions and are even regarded as hindering guest service in the restaurant area (Yousaf & Kim, 2023). One finding (the presence of disease-carrying animal vectors, such as ants) requires serious attention from restaurant management, as this condition must be avoided in both pandemic and post-pandemic situations (Yu et al., 2021). The restaurant management stated that pest control is carried out monthly, but that ants have not yet been fully eliminated in the restaurant area. The following are the research results obtained through interviews with the research participants.

Table 2. Interview results with the GM of Savero Style Hotel, Bogor.

No	Question	Answer
1	Are you familiar with CHSE?	Yes.
2	Since when has your hotel implemented the CHSE guidelines?	Savero Style Hotel was built in 2020 during the COVID-19 pandemic, so the CHSE guidelines have been used since the hotel opened. The certificate was issued in 2021 and is valid for 3 years.
3	Which CHSE aspects are most frequently implemented in daily operations?	SOPs in the cleanliness aspect.
4	Is there specific training provided to staff regarding CHSE implementation?	The most recent was in 2022. In 2023/2024, a collaboration was conducted with a hospital through partner physicians regarding the GERMAS healthy lifestyle (Gerakan Masyarakat Hidup Sehat / Healthy Living Community Movement) for HODs and leaders.
5	In your opinion, do the CHSE guidelines still provide tangible benefits to current hotel management? Why?	For the cleanliness aspect.
6	Which part of the CHSE guidelines do you feel is still highly relevant to apply at present?	Cleanliness.
7	Are there any CHSE procedures or standards that no longer contribute to guest satisfaction or operational efficiency? Please give an example.	The use of PPE, masks, and gloves.
8	Does CHSE implementation help improve the hotel's image or guest trust at present?	Yes; during the pandemic and the new normal it greatly helped the hotel's image, especially given the hotel's location in Ring 1, near the Presidential Palace.
9	How easy is it for staff to understand and execute the CHSE guidelines?	Training is needed.

10	Are there any parts of the CHSE guidelines that are difficult to implement or that require excessive effort in terms of labor, time, or cost?	Renewal of CHSE certification involves costs that have not been approved by the hotel owner.
11	What are the main constraints faced by staff or management in implementing CHSE at present?	CHSE implementation requires additional facilities that incur costs and limits services and interactions with guests.
12	Do hotel guests still pay attention to the presence of the CHSE protocol when staying?	No.
13	What kinds of feedback do guests give regarding the cleanliness, health, or safety protocols during their stay?	After the COVID-19 pandemic ended, guests no longer ask about CHSE-related protocols.
14	Do you feel it is necessary to adjust the CHSE guidelines to better match current guest expectations?	Yes.
15	Has your hotel ever conducted an evaluation or adjustment of the CHSE guidelines after the pandemic eased? If yes, what was the process?	No.
16	Which parts of the CHSE guidelines do you think should be updated or removed?	For the implementation of the guidelines, the operational side has a better understanding.
17	Do you feel the need for a new version or revision of the national CHSE guidelines to align with industry developments?	Yes.
18	Overall, in your opinion, are the current CHSE guidelines still relevant to hotel operational needs and guest behavior?	For the cleanliness standards aspect, some elements can still be used at present.
19	What are your suggestions for making the CHSE guidelines more effective and contextual in the future?	Adjustment.

Source: Interview results, 2025

The following are the research results obtained through interviews with the Restaurant Supervisor of Savero Style Hotel, Bogor.

Table 3. Interview results with the restaurant supervisor of Savero Style Hotel.

No	Question	Answer
1	Are you familiar with CHSE?	Yes.
2	Since when has your hotel implemented the CHSE guidelines?	Unknown.
3	Which CHSE aspects are most frequently implemented in daily operations?	The cleanliness aspect.
4	Is there specific training provided to staff regarding CHSE implementation?	Not for everyone. The last external training was in 2022, only for HODs with the hospital partner. However, internal training is provided for all staff.
5	In your opinion, do the CHSE guidelines still provide tangible benefits to current hotel management? Why?	The cleanliness aspect.
6	Which part of the CHSE guidelines do you feel is still highly relevant to apply at present?	Cleanliness.
7	Are there any CHSE procedures or standards that no longer contribute to guest satisfaction or operational efficiency? Please give an example.	Yes—for example, eliminating the buffet or adding attendants to serve the buffet.
8	Does CHSE implementation help improve the hotel's image or guest trust at present?	Currently, no.

9	How easy is it for staff to understand and execute the CHSE guidelines?	Training is needed for new employees.
10	Are there any parts of the CHSE guidelines that are difficult to implement or that require excessive effort in terms of labor, time, or cost?	Glove and mask supplies for employees, as well as the addition of attendants for the buffet. These require additional costs.
11	What are the main constraints faced by staff or management in implementing CHSE at present?	There are no significant constraints.
12	Do hotel guests still pay attention to the presence of the CHSE protocol when staying?	No.
13	What kinds of feedback do guests give regarding the cleanliness, health, or safety protocols during their stay?	Occasionally there are guest complaints about the cleanliness of utensils in the restaurant when it is busy.
14	Do you feel it is necessary to adjust the CHSE guidelines to better match current guest expectations?	Yes.
15	Has your hotel ever conducted an evaluation or adjustment of the CHSE guidelines after the pandemic eased? If yes, what was the process?	Not specifically and not on a scheduled basis.
16	Which parts of the CHSE guidelines do you think should be updated or removed?	Service restrictions and the supply of masks and gloves.
17	Do you feel the need for a new version or revision of the national CHSE guidelines to align with industry developments?	Yes.
18	Overall, in your opinion, are the current CHSE guidelines still relevant to hotel operational needs and guest behavior?	For cleanliness it remains relevant, but the restrictions are no longer appropriate.
19	What are your suggestions for making the CHSE guidelines more effective and contextual in the future?	Adjustments should be made.

Source: Interview results, 2025

4.2. Discussion

The authors reduced the interview data into five aspects based on the Relevance Theory framework, with the following results.

1. General understanding of CHSE

Both informants demonstrated a good understanding of the CHSE protocol; this is reasonable given that both joined Savero Style Hotel Bogor during the COVID-19 pandemic and were therefore directly involved in the early adoption of the guidelines. Adequate knowledge of health protocols is an important prerequisite for the successful implementation of operational standards in hospitality and restaurant areas (Sembiring et al., 2021). This finding is consistent with the case study at the Courtyard by Marriott Bali Nusa Dua, which showed that consistent managerial understanding accelerates the internalization of CHSE practices among operational staff (Sanjaya & Sari, 2021). Even understanding across managerial and operational levels is also an important factor for the long-term consistency of hygiene protocol implementation (Resta, 2022). However, understanding alone is not sufficient to ensure continued implementation, particularly when epidemiological conditions change significantly, and the hospitality industry must adapt to new dynamics (Ramachandran et al., 2024). Periodic retraining is needed to ensure staff knowledge remains relevant to current conditions, especially since post-pandemic new staff lack direct experience of the operational pressure encountered during the pandemic peak (Kaushal & Srivastava, 2021).

2. Contextual effects (benefits in current conditions)

The informants stated that the CHSE protocol still provides benefits, but only in certain respects. Not all items in the guidelines can be implemented in full because they are no longer relevant to post-pandemic conditions, particularly those related to PPE, masks, gloves, and dining restrictions in the restaurant. This shift is consistent with global findings that hygiene attributes remain a basic standard, while the use of full PPE is increasingly considered excessive by both guests and hotel staff (Yousaf & Kim, 2023). A study of post-pandemic CHSE implementation in Indonesia also found an emerging tension between the costs of maintaining the protocol and the operational benefits hotels received (Maulana et al., 2022). Similar findings are supported by a systematic review, which found that technological interventions and basic hygiene practices are retained. At the same time, elements that hinder direct interaction with guests are typically eliminated (Roussakou & Carayanni, 2025). In addition, the cost of procuring additional supplies is not insignificant compared to the room rates at Savero Style Hotel Bogor, which falls within the two-star-plus category (Madeira et al., 2021).

Conversely, basic cleanliness standards remain highly aligned with current operational needs, including the provision of handwashing facilities with soap (CTPS), routine cleaning of bathrooms/toilets, the provision of evacuation routes, and the separation of clean linen from soiled linen. This aspect is consistent with the finding that cleanliness has become the most stable service attribute that hospitality consumers continue to expect after the end of the pandemic (Yang et al., 2024). A study of post-COVID-19 hotels also found that hygiene attributes are determining factors in guest retention, even though the risk of viral transmission has declined (Yu et al., 2021). Consistent perceptions of cleanliness over time also become indicators of guest trust and attachment to the hotel brand (Bagnera et al., 2022). Therefore, maintaining cleanliness standards constitutes a strategic investment with long-term value for the hotel's image, particularly for hotels that already hold CHSE certification (Hakim et al., 2023).

3. Cognitive effort and practicality (ease of understanding and implementation)

The implementation of certain parts of the CHSE protocol under current conditions is considered burdensome, particularly the use of PPE, masks, and gloves, which are deemed impractical and hinder employee performance. After the pandemic ended, guest numbers rebounded, requiring faster service, while the use of such equipment slowed employees' work rhythm. The cognitive load created by these additional procedures is consistent with findings that hospitality staff experience operational pressure when required to maintain strict protocols amid the recovery in guest volume (Japutra & Situmorang, 2021). This condition is also consistent with a study in Jordan that found that the burden of additional procedures can reduce the responsiveness dimension of SERVQUAL, especially as occupancy levels rise (Aladwan et al., 2022). A similar decline in practicality was also found in a study in India, which highlighted the challenges hospitality staff face in sustaining health protocols on a sustained basis (Kaushal & Srivastava, 2021). This operational pressure is compounded by the need for staff to remain responsive to individual guest demands in the post-pandemic era (Gursoy & Chi, 2020).

Likewise, restrictions on food-and-beverage service in the restaurant are perceived by employees as no longer necessary, particularly the elimination of buffet service. Guests prefer to choose their own food at breakfast through buffet service because they can take what they want based on their preferences and needs. This guest preference for self-service buffets has also been observed in post-pandemic hospitality consumer-behavior

studies, which show a recovery in guests' desire for a more flexible dining experience (Song et al., 2022). However, the return of buffet service requires particular attention to serving hygiene, given that self-service systems still carry a higher risk of cross-contamination than *à la carte* service (Zandonadi et al., 2021). Restaurants need to maintain a balance between guest convenience and hygiene control by implementing strict food-handling practices without restricting service options (de Freitas & Stedefeldt, 2020). Simplifying procedures without compromising food safety has been one of the main recovery strategies adopted by the global hospitality industry in the post-pandemic era (Sigala, 2020).

4. Guest perceptions and feedback

Under current conditions, guests no longer consider CHSE certification or protocol implementation a primary factor when staying at a hotel. This is consistent with the finding that hygiene-related service attributes have shifted in position, from a prominent satisfier to a baseline expectation that no longer provides differentiation (Yousaf & Kim, 2023). This shift is also explained by risk-adjustment theory, which posits that consumer expectations for health and safety attributes decline as perceived risk of transmission decreases (Atadil & Lu, 2021). A study in Cuba also reported that hotel cleanliness and staff remain the factors most appreciated by guests, while COVID-19 prevention technology and communications devices have begun to lose their urgency (Díaz-Pompa et al., 2023). Nevertheless, complaints from guests about the cleanliness of utensils when the restaurant is busy indicate that hygiene standards remain a critical factor in guest satisfaction (Kim & Han, 2022). This condition shows that cleanliness is the most stable dimension of service quality and must not be neglected by hospitality management under any circumstances (Al-Kumaim et al., 2025). On the other hand, service innovation that prioritizes comfort and personalization tends to become an attribute that builds guest loyalty in the post-pandemic era (Shin & Kang, 2020).

5. Evaluation and revision of the guidelines

A structured evaluation of the CHSE protocol is necessary. At present, hotel staff at the operational level have made technical adjustments in the field. However, a comprehensive evaluation and revision of the guidelines has not yet been jointly carried out by the management of Savero Style Hotel Bogor. Such an adaptive approach is found in many hotels in developing countries that do not yet have a formal mechanism for revising post-pandemic protocols (Japutra & Situmorang, 2021). The need to update the guidelines is also supported by studies that argue that service innovation must continue to enable the hospitality industry to adapt to the dynamics of post-pandemic guest behavior (Ramachandran et al., 2024). Furthermore, an examination of CHSE implementation across several hotels in Indonesia concludes that the government needs to review CHSE certification to make it more context-specific and avoid becoming an administrative burden for businesses (Maulana et al., 2022). Adjustments to the protocol should retain the core of cleanliness and safety standards, while excessive restrictions on interaction can be reduced as epidemiological risks decline (Hao et al., 2020). Adjustments must also consider the tangibles and assurance dimensions of SERVQUAL, particularly to maintain perceptions of safety without sacrificing guest comfort (Aladwan et al., 2022). Ultimately, a periodic updating mechanism will ensure that CHSE guidelines remain relevant and deliver high contextual effects in line with the principles of Relevance Theory (Sperber & Wilson, 1986). Experience from Bali, Yogyakarta, and Bogor shows that participatory (bottom-up) adjustments to the guidelines are more readily adopted by operational staff

than purely top-down revisions (Sanjaya & Sari, 2021). Small- to medium-scale hotels are advised to simplify documentation and the CHSE checklist to make them more concise and easier to implement without diminishing the essence of cleanliness standards (Madeira et al., 2021).

5. CONCLUSION

This study concludes that the relevance of the CHSE protocol to the operations of the restaurant at Savero Style Hotel Bogor has shifted significantly since the end of the COVID-19 pandemic: of the eleven items in the CHSE guidelines for the restaurant area, only five are still consistently implemented (namely the provision of handwashing facilities with soap, routine cleaning of toilets, the maintenance of areas free of disease-carrying animal vectors, the provision of evacuation routes, and the placement of fire extinguishers), while the other six are not implemented, with five of them (particularly the elimination of buffet service, the installation of partitions between guests, the use of PPE/gloves, and the provision of online menus) judged to have lost their relevance because they burden operational costs, slow service speed, and no longer match guest expectations of a more flexible dining experience. From the perspective of Relevance Theory, most of the discontinued CHSE items failed to deliver contextual effects commensurate with the cognitive effort required to execute them. In contrast, from the SERVQUAL perspective, the tangibles and assurance dimensions previously reinforced by health-safety attributes have now shifted into a baseline expectation that no longer provides differentiation, so that neither employees nor guests continue to view CHSE implementation or certification status as a builder of a positive hotel image. Nevertheless, one finding (the presence of vectors (ants) in the restaurant area) reaffirms that basic cleanliness standards remain a critical point that must not be neglected under any circumstances. The CHSE protocol has therefore not entirely lost its meaning. However, it requires structural rationalization to retain and strengthen the basic hygiene elements (which remain the foundation of service quality). In contrast, the no-longer-contextual interaction-restriction elements need to be reviewed by both businesses and regulators so that the guidelines can again serve as an efficient instrument of service-quality assurance rather than an administrative burden on hotel operations.

6. RECOMMENDATIONS

Drawing on the findings, the recommendations are organized into three groups: hotel operational practice, certification positioning, and policy implications for the national regulator.

1. CHSE protocol implementation at Savero Style Hotel, Bogor

The hotel should maintain CHSE items related to basic hygiene (such as handwashing facilities, routine toilet cleaning, public-area cleanliness, evacuation routes, and fire extinguishers), while strengthening pest control to address the persistent ant problem in the restaurant area and scheduling periodic internal cleanliness training, especially for new staff. Items no longer relevant (routine PPE/gloves outside direct food handling, elimination of buffet service) should be formally documented as operational adjustments; stricter food-handling practices, including periodic utensil replacement, temperature control, staff supervision at the buffet, and hand sanitizer at the restaurant entrance, must accompany the reinstatement of buffet breakfast.

2. Relevance of the CHSE protocol at Savero Style Hotel, Bogor

The hotel's CHSE-certified status should still be communicated to guests (for example, by displaying the certificate at the Front Office) so that hygiene attributes continue to add value even as they become a baseline expectation rather than a differentiator. Management should weigh the costs and benefits of CHSE certification renewal; if renewal is not pursued, a written commitment to maintaining cleanliness standards should be established. An internal evaluation mechanism involving the General Manager, Restaurant Supervisor, and operational staff should be scheduled periodically, drawing on the Relevance Theory framework (contextual effects, cognitive load, guest feedback, and revision), with guest complaints documented as part of the service-quality improvement cycle.

3. Policy implications for the regulator

The Ministry of Tourism and Creative Economy and related certification bodies are advised to update the national CHSE guidelines to be more contextual to post-pandemic conditions: the core cleanliness, safety, and environmental-sustainability standards should be retained, while restrictive items (such as inter-guest partitions, the buffet ban, mandatory online menus, and full PPE) should be revised so as not to impose operational burdens disproportionate to current public-health benefits. The certification scheme should also consider the cost burden on lower- to mid-tier hotels through measures such as simplified documentation, self-assessment modules, or fiscal incentives, so that certification continues to serve as a quality-assurance instrument rather than a burdensome administrative procedure.

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