Covid-19 re-opening measures in the full-service restaurant industry: the impact in the word-of-mouth intention

Las medidas Covid-19 para la reapertura de restaurantes de servicio completo: el impacto en la intención de recomendación de boca en boca

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Abstract

One of the most affected industries due to Covid-19 has been full-service restaurants since several governments worldwide decided to close them temporarily as a measure to stop spreading the virus. As the re-opening happens, the priority on the factors for these restaurants' customers to recommend others or Word-of-Mouth (WOM) seems to have changed, especially if analyzed according to demographics groups. This article shows empirical evidence of what factors in full-service restaurants influence a client's word-of-mouth intentions before and during Covid-19, aiming the relevance of trust (TST) to be superior to other factors, such as the quality of the food (QF) itself.

Keywords: *Covid-19, word of mouth, restaurants, hospitality, pandemic*.

Introduction

In late December 2019, authorities in China spotted a large number of pneumonia cases of unknown cause, linked to a seafood market in Wuhan, Hubei Province, China (Zhu *et al*., 2020). These cases were the consequence of a novel virus, later named Covid-19, which spread all around the world, and was finally declared as a pandemic by the World Health Organization on January 30, 2020. This changed the way the world works in several industries, including hospitality.

Several governments worldwide decided to temporarily close non-essential commercial activities as a preventive measure to decrease the contagious curves affecting the full-service restaurant industry. The National Restaurant Association (2020) reported that in total, between March and June, the sales levels of eating and drinking places were down more than 116 billion from expected levels only in the US. Worldwide, many restaurants have closed due to the virus crisis; however, the survivors in the industry are ready to start operating again, as government policies re-open the economy, juggling between the health and the economic crisis.

This re-opening is a new challenge that has no precedence. The World Health Organization has provided guidelines and healthy measures in different industries regarding the restaurant industry. Some of those procedures involve monitoring staff and clients' temperature, shortage of staff, and social distancing, among others, thereby changing the customers' experience.

This article contrasts the factors influencing word-of-mouth in the restaurant industry before and after Covid-19. For instance, there are two samples: before restriction or pre-Covid-19 and after restriction or Covid-19. These samples share commonalities, such as consumption in full-service restaurants; furthermore, deeper analysis of the Covid-19 sample is the subject of study, having the chance to dig deeper into different demographics like gender and age. This research aims to contribute with insight and empirical evidence to those who make decisions in this complicated situation that is making a whole industry struggle. Also, to bring antecedents to academics and researchers interested in how consumer behavior changes in critical situations, such as a global pandemic.

Literature review
Quality of the food
The concept of quality has been the subject of study by many researchers in different fields and contexts. Garvin (1984, 1987) proposed a framework that is based on eight dimensions of product quality: performance, features, reliability, conformance, durability, serviceability, aesthetics and perceived quality. In the study of consumer behavior, some of these dimensions have been conceptualized as independent constructs, regarding the performance or features of the product in the restaurant environment. Ha and Jang (2010) considered the quality of the food (QF) as a very important dimension in the

Reich López *et al.*

overall quality of a dining business. Other research papers (Mattila, 2001) have reported that QF is the most important attribute as a key predictor of loyalty and other attitudes closely related to word-of-mouth intention (WOM). Sulek and Hensley (2004) reported that food quality appeared to be the most significant predictor of customer satisfaction. Following this, Berkman and Gilson (1986) found that customer repeat purchase and word-of-mouth publicity are closely related to satisfaction, and Knutson (1988) affirmed that satisfied customers generate free word-of-mouth advertising to the companies. The importance of the construct is generally accepted. However, there is no defined consensus on the specific measures of the construct (Bujisic, Hutchinson y Parsa, 2014). For instance, in this research, the proposed items relate to visual attractiveness, good taste and adequate temperature (Namkung y Jang, 2007).

Perceived value
Perceived Value (PV) refers to the exchange of quality between what the client is expecting and the willingness to pay for such an experience (Ryu, Han y Kim, 2007). Thus, the importance of assessing this construct is tied to the overall experience since the new health measures on restaurants may have changed what the client used to have. Lovelock (2000) defines the concept as a trade-off between perceived benefits and perceived costs. For instance, some research articles relate price in a direct way with the perception of value: the higher the price, the higher the expectation on the quality of products or services. Furthermore, Kramer and Kramer (2020) suggest that the economic and social shock consequence of Covid-19 pandemic may reshape the perceptions of individuals and organizations, opening a gap of research on this construct that could test the value proposition of hospitality companies in pandemic times. In this assessment, previous experiences with similar providers may influence the expectations (Chen, 2012), making the industry even more competitive. Researchers have identified behavioral intentions in the form of word-of-mouth, loyalty and willingness to pay higher prices when the clients perceive good value compared with received service (Longart, 2010).

Personal interaction quality
Personal interaction quality (PIQ) has been studied by Surprenant and Solomon (1987). They set antecedents of this variable with their definition of a

**Covid-19 re-opening measures in the full-service restaurant industry:
the impact in the word-of-mouth intention**

service encounter, which involves the personal interaction between customers and employees of a service firm. Harker and Egan (2006) state that the main part in the marketing of relations is the interaction between sellers and buyers; therefore, it is relevant to maintain long-term relationships since it is more profitable to retain actual clients than acquire new ones (Yu y Dean, 2001). Since the health protocols have been implemented, the interaction between the customers and the staff of a full-service restaurant have also changed. Thus, it is relevant to assess how these changes have impacted the experience and behaviors related to the perception of quality. In that fashion, Scanlan and McPhail (2000) suggested that in the hospitality industry, some travelers enjoy conversation and interaction with service providers; therefore, the effort of generating a quality interaction is necessary to enhance the probability of word-of-mouth and loyalty (Vesel y Zabkar, 2010).

Trust

Trust (TST) is defined as an expectation about an individual's behavior within the society in which they live or by how they are ruled. Trust can be bestowed upon a person, an object (product), an organization (a business), an institution (the government) or a role (a professional of some kind) (Ling, Chai & Piew, 2010). Trust has been an important construct in communication research at both the interpersonal and public policy levels; however, there is still controversy about how it should be measured (Freimuth, Musa, Hilyard, Quinn & Kim, 2014). Longstaff and Yang (2008) have studied trust in the context of pandemics, finding that organizations that have high levels of trust have reduced levels of preparedness for a crisis, which has also been related to an attitude that antecedents WOM (Han & Ryu, 2012). Researchers have studied trust in pandemics situations in a perspective of perceptions of citizenship assessing governments; however, there are not enough studies from the hospitality industry's perspective, creating an interesting gap for this paper. Since this variable was not included in the instrument before pre-Covid-19, the only data that could be analyzed is in the Covid-19 sample.

Word-of-Mouth

Word-of-Mouth (WOM) is defined by Litvin, Goldsmith, and Pan (2008) as the communication among consumers of products, services or companies that are considered independent of commercial influence, independently if this behavior

Reich López *et al.*

is performed in physical or digital channels. People naturally and consistently talk about products and services as part of their conversations with one another (Silverman, 2001). In their research, Kim, Han and Lee (2001) found that there is a positive effect between customer satisfaction and brand loyalty, which is an attitude that is closely related to repeat purchase and word-of-mouth behaviors. Researchers generally accept the importance of WOM in the hospitality industry since it is a trustable source that is not perceived as attached to any company. Thus, WOM seems to be an interesting behavior to study and understand in a pandemic context since it produces extremely rich and reliable conversations that matter to others that help them make decisions about what is really worth buying, making the authenticity of the source a powerful marketing media for companies (Han & Ryu, 2012).

Method

Data collection and sample

The data collection for this research has been conducted in two periods of time. The pre-Covid-19 data was collected in February 2020, asking the respondents to answer the questionnaire according to their last experience in a full-service restaurant. The sample size of valid answers were 458 cases. The sample demographic profile is shown in Table 1.

The Covid-19 data was collected in July 2020. The criteria selection were consumers that have visited a full-service restaurant facility in the last 45 days, receiving 385 valid cases. In both samples, the method of distribution was online, using Kindorse Surveys software, distributing the survey through a snowball sampling method.

Table 1. *Pre-Covid-19 and Covid-19 sample demographic profile*.

Demographic	Pre-Covid-10 percentage	Covid-19 Percentage
Gender		
Male	48.00%	58.96%
Female	62.00%	41.04%
Age		
Under 35	59.39%	61.04%
36 and above	40.61%	38.96%
Education		
No degree earned	0.00%	0.42%
High school	6.99%	3.12%
Undergraduate	58.08%	60.08%
Master's degree	27.95%	32.85%
Doctorate degree	6.99%	3.53%
Sample size	458	385

Covid-19 re-opening measures in the full-service restaurant industry: the impact in the word-of-mouth intention

Research instrument

The difference between the pre-Covid-19 instrument and Covid-19 lies in the integration of the Trust variable in the second data set in order to research how it contrasts in a pandemic condition. The Table 2 shows the research instrument with pre-Covid-19 and Covid-19 reliability tests and factor loading.

Table 2. *Research instrument with pre-Covid-19 and Covid-19 reliability tests and factor loading*.

Construct	Pre-Covid-19	Covid-19
QUALITY OF THE FOOD (Pre-COVID-19: α = 0.794, AVE=0.709, CR =0.88 / COVID-19: α = 0.883, AVE=0.810, CR=0.927)*	FACTOR LOADING	FACTOR LOADING
QF1 Was the presentation of the food visually attractive?	0.785	0.890
QF2 Does the restaurant offer tasty food?	0.885	0.919
QF3 Does the restaurant serve the food at an adequate temperature?	0.854	0.891
PERCEIVED VALUE (Pre-COVID-19: α = 0.857, AVE=0.778, CR= 0.913 / COVID-19: α =0.913, AVE=0.852, CR=0.945)*		
PV1 Does the restaurant offer good value in relation to what I got and paid?	0.883	0.925
PV2 Could you say that the prices you paid in this restaurant are worth it?	0.891	0.942
PV3 Could you say that the experience in this restaurant is extremely good value for the price paid?	0.872	0.903
PERSONAL INTERACTION QUALITY (Pre-Covid-19: α = 0.921, AVE=0.809, CR= 0.944 / COVID-19: α = 0.915, AVE=0.798, CR=0.94)*		
PIQ1 Could you say that the staff served you in an excellent way?	0.931	0.915
PIQ2 Could you say that the staff was friendly?	0.905	0.886
PIQ3 Could you say that the staff attended to your needs quickly?	0.892	0.862
PIQ4 Could you say that the interaction with the staff was appropriate?	0.869	0.909
TRUST (Pre-covid-19: α =N/A, AVE=N/A, CR=N/A / COVID-19: α= 0.901, AVE=0.772, CR=0.931)*		
TST1 Is the restaurant implementing the recommended COVID-19 healthy measures?	N/A	0.870
TST2 Is the restaurant thinking about their clients' interest?	N/A	0.868
TST3 Can I trust this restaurant?	N/A	0.921
TST4 Do you consider that the restaurant will keep implementing healthy measures to keep the health of their clients?	N/A	0.853
WORD-OF-MOUTH INTENTION (Pre-Covid-19: α=0.879, AVE=0.805, CR=0.925 / COVID-19: α= 0.912, AVE=0.85, CR=0.945)*		
WOM1 Would you recommend this restaurant to your friends or family?	0.900	0.918
WOM2 Do I say positive things about this restaurant with other people?	0.876	0.894
WOM3 Would I recommend this restaurant to others?	0.916	0.954

*Note: α=Cronbach's Alpha, AVE=Average Variance Extraction, CR= Compose Reliability.

The different items on the variables have been taken from validated scales. Namkung and Jang (2007) reported the ones regarding the Quality of the Food; Perceived Value was proposed by Chen (2012); Personal interaction quality

was studied by Vesel and Zabkar (2010). Trust was proposed by Kim, Ferrin, and Rao (2008), modified on the Covid-19 context in the redaction, and Word of Mouth intention was designed by Price and Arnould (1999).

The responses for the constructs were all performed by a 5 Smiley Face Likert scale. According to Emde and Fuchs (2012), smileys help people to answer the instrument, achieving a better experience. Toepoel, Vermeeren, and Metin (2019) also affirm that these scales will be more frequently used in the industry.
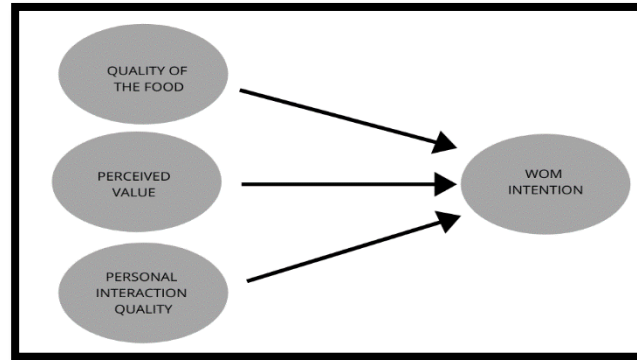
Conceptual model
The proposed methodology for this research uses partial least square structural equation modelling or PLS-SEM to find statistical significance in the exogenous variables and the coefficient paths values. In case these coefficient paths are statistically significant, the next step will be to perform a two-mean t-test to compare and validate the stated hypotheses on both pre-Covid-19 and Covid-19 samples. Furthermore, a deeper analysis on the demographics of the Covid-19 sample will be performed to find significant differences between groups of age and gender. For instance, this research looks to test a hypothesis in 4 different stages: (1) pre-Covid-19 sample, (2) Covid-19 sample, (3) contrast hypotheses between significant pre-Covid-19 and Covid 19 paths and (4) Covid-19 demographics groups by age and gender.

The pre-Covid-19 hypotheses are: H1: Quality of the Food positively influences Word-of-Mouth intentions in a pre-Covid-19 context; H2: Perceived Value positively influences Word-of-Mouth intentions in a pre-Covid-19 context; H3: Personal interaction quality positively influences Word-of-Mouth intentions in a pre-Covid-19 context.
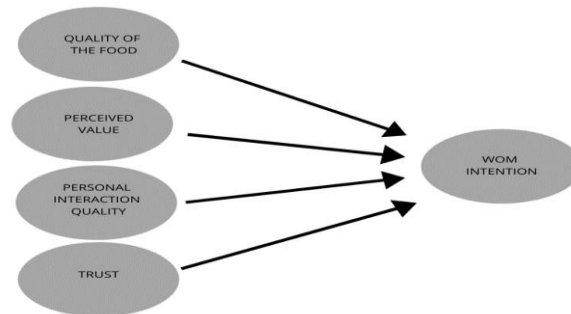
**Covid-19 re-opening measures in the full-service restaurant industry:
the impact in the word-of-mouth intention**

Figure 1. The conceptual framework of the study pre-Covid-19 context.

The Covid-19 hypotheses are: H4: Quality of the Food positively influences Word-of-Mouth intentions in a Covid-19 context; H5: Perceived Value positively influences Word-of-Mouth Intentions in a Covid-19 context; H6: Personal Interaction Quality positively influences Word-of-Mouth Intentions in a Covid-19 context; H7: Trust positively influences Word-of-Mouth Intentions in a Covid-19 context.

Figure 2. The conceptual framework of the study Covid-19 context.

The pre-Covid-19 and Covid-19 contrast hypotheses: H8: Quality of the Food path coefficient is statistically significantly greater in the Covid-19 context than a pre-Covid-19 context; H9: Perceived Value quality path coefficient is statistically significantly greater in a Covid-19 context than a pre-Covid-19

context; H10: The personal interaction quality path coefficient is statistically significantly greater in a Covid-19 context than a pre-Covid-19 context.

The Covid-19 demographics hypotheses: as the pandemic situation is new, an interesting thing to do in this research paper is to focus deeper on the re-opening sample, looking to identify statistically significant difference in the four independent variables in two demographics groups: gender and age. In order to get a deeper insight, the following hypotheses are suggested:

H11: QF path coefficient is statistically significant in women.
H12: PV path coefficient is statistically significant in women.
H13: PIQ path coefficient is statistically significant in women.
H14: TST path coefficient is statistically significant in women.
H15: QF path coefficient is statistically significant in men.
H16: PV path coefficient is statistically significant in men.
H17: PIQ path coefficient is statistically significant in men.
H18: TST path coefficient is statistically significant in men.
H19: QF path coefficient is statistically significant in people younger than 36 years old.
H20: PV path coefficient is statistically significant in people younger than 36 years old.
H21: PIQ path coefficient is statistically significant in people younger than 36 years old.
H22: TST path coefficient is statistically significant in people younger than 36 years old.
H23: QF path coefficient is statistically significant in people that is 36 years old or older.
H24: PV path coefficient is statistically significant in people that is 36 years old or older.
H25: PIQ path coefficient is statistically significant in people that is 36 years old or older.
H26: TST path coefficient is statistically significant in people that is 36 years old or older.

**Covid-19 re-opening measures in the full-service restaurant industry:
the impact in the word-of-mouth intention**

Results

Validity and reliability

Both pre-Covid-19 (Table 3) and Covid-19 (Table 4) measurement models were assessed to later perform structural equation modelling to test the hypothesized relationships between the exogenous and the endogenous variables in the different pandemic contexts. Later on, a two-mean t-test was used to determine the statistical significant differences between the coefficient paths of the constructs before and during the re-opening healthy measures and also to determine the difference between demographics groups.

Table 3. *Pre-Covid-19 discriminant validity of the measurement model*.

	1	2	3	4
1.- QUALITY OF THE FOOD	0.842			
2.- PERCEIVED VALUE	0.694	0.882		
3.- PERSONAL INTERACTION QUALITY	0.559	0.59	0.9	
4. WORD OF MOUTH INTENTION	0.783	0.793	0.609	0.897

Table 4. *Covid-19 discriminant validity of the measurement model*.

	1	2	3	4	5
1.- QUALITY OF THE FOOD	0.9				
2.- WORD OF MOUTH INTENTION	0.667	0.922			
3.- PERCEIVED VALUE	0.682	0.674	0.923		
4.- PERSONAL INTERACTION QUALITY	0.554	0.665	0.553	0.893	
5.-TRUST	0.602	0.758	0.552	0.62	0.878

The fit indices on the pre-Covid-19 data (SRMR=0.048; χ2=562.85; NFI: 0.915) and the fit indices on the Covid-19 data (SRMR=0.042; χ2=712.66; NFI: 0.928) lay within the range of fair fit thresholds (Hu and Bentler, 1999), confirming that the observations fit the model.

In both data sets, all the items loaded in their corresponding principal component, and all the loadings were above the recommended value of 0.50 factor load (Hair, Black, Babin & Anderson, 2010). Average variance extraction was all above 0.70, the composite reliability of the constructs was all above 0.90, and all Cronbach's alpha values were above 0.70, as seen in Table 2, suggesting internal reliability in the model (Fornell and Larcker, 1981).

Hypothesis support

Stage1: Pre-Covid-19

The proposed research in the pre-Covid-19 samples were modeled using a structural equation, consisting of testing the relationship of constructs with the dependent variable. A complete bootstrapping of two-tail test was also performed to ensure the stability of results, the numbers of subsamples used were 5,000. The following hypotheses were tested:

Hypothesis 1 suggested a positive influence of Food Quality (FQ) on WOM, confirmed by the path estimate (β = 0.413; $p < 0.000$). Hypothesis 2 suggested a positive influence of Perceived Value (PV) on WOM, confirmed by the path estimate (β = 0.435; $p < 0.000$). Hypothesis 3 suggested a positive influence of Personal Interaction Quality (PIQ) on WOM, confirmed by the path estimate (β = 0.122; $p < 0.05$). The result of the R square on WOM was 0.743, as seen in Figure 3.

Figure 3. *Pre-Covid-19 structural model with parameter estimates*.
Note: P value = 0.000***, P value = 0.05*.

Table 5. *Pre-Covid-19 standardized parameters estimates*.

Hypothesized paths	Path Coefficient	Sample Mean	Standard Deviation	T Statistics	P Values	Result
QF-> WOM	0.413	0.416	0.046	8.987	0.000	Supported***
PV-> WOM	0.435	0.432	0.041	10.483	0.000	Supported***
PIQ -> WOM	0.122	0.121	0.046	2.649	0.008	Supported*

Note: P value = 0.000***, P value = 0.05*.

Covid-19 re-opening measures in the full-service restaurant industry: the impact in the word-of-mouth intention

Stage 2: Covid-19

In the Covid-19 context, the research also proposed structural equation modeling to test the relationship of QF, PV, PIQ and a new construct, TST, on WOM intention in the re-opening of the restaurants in the middle of the pandemic (Table 5). A complete bootstrapping of two-tail test using 5,000 subsamples was also performed to test the hypotheses.
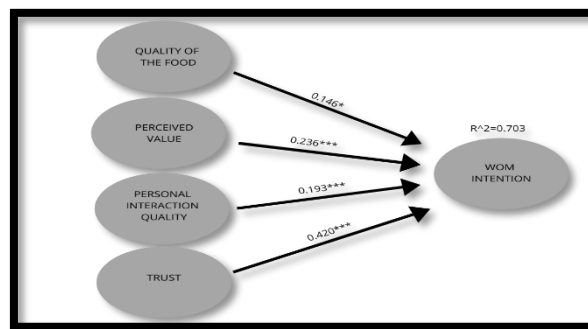
As shown in Table 6 and Figure 4, hypothesis 4 suggested a positive influence of QF on WOM in the re-opening of Covid-19, confirmed by the path estimate (β = 0.146; p <0.05). Hypothesis 5 suggested a positive influence of PV on WOM in the re-opening of Covid-19, confirmed by the path estimate (β = 0.236; p < 0.000). Hypothesis 6 suggested a positive influence of PIQ on WOM in the re-opening of Covid-19, confirmed by the path estimate (β = 0.193; p < 0.000). Hypothesis 7 suggested a positive influence of PIQ on WOM in the re-opening of Covid-19, also confirmed by the path estimate (β = 0.420; p < 0.000). The result of the R square on WOM was 0.703, as seen in Figure 4.

Table 6. *Covid-19 standardized parameters estimates*.

Hypothesized paths	Path Coefficient	Sample Mean	Standard Deviation	T Statistics	P Values	Result
QF -> WOM	0.146	0.149	0.055	2.647	0.008	Supported*
PV-> WOM	0.236	0.232	0.049	4.779	0.000	Supported***
PIQ -> WOM	0.193	0.194	0.051	3.767	0.000	Supported***
TST -> WOM	0.420	0.420	0.043	9.703	0.000	Supported***

Note: P value = 0.000***, P value = 0.001**, P value = 0.05*.

Figure 4. *Covid-19 structural model with parameter estimates*.

Note: P value = 0.000***, P value = 0.001**, P value = 0.05*.

Reich López *et al*.

Stage 3: *Contrast hypotheses between significant pre-Covid-19 and Covid 19 paths.*

While contrasting coefficient paths, a mean-difference t-test was performed, finding the following. Hypothesis 8 suggested that the QF path coefficient is statistically significantly greater in a Covid-19 context than a pre-Covid-19 context, not supported by the t-test (T=76.77, DF=841, P<0.000). Hypothesis 9 suggested that the PV path coefficient is statistically significantly greater in a Covid-19 context than a pre-Covid-19 context, not supported by the t-test (T=64.56, DF=841, P<0.000). Hypothesis 10 suggested that the PIQ path coefficient is statistically significantly greater in a Covid-19 context than a pre-Covid-19 context, supported by the t-test (T=-21.55, DF=841, P<0.000).

Stage 4: *Covid-19 demographics groups by age and gender.*

Regarding demographics in the Covid-19 re-opening sample, hypothesis 11 suggested that the QF path coefficient is statistically significant in women, rejected by the path estimated (β = 0.074; p < 0.444), hypothesis 12 suggested that PV path coefficient is statistically significant in women, confirmed by the path estimated (β = 0.352; p < 0.000), hypothesis 13 suggested that PIQ path coefficient is statistically significant in women rejected by the path estimated (β = 0.168; p < 0.061), hypothesis 14 suggested that TST path coefficient is statistically significant in women confirmed by the path estimated (β = 0.385; p < 0.000), hypothesis 15 suggested that QF path coefficient is statistically significant in men, confirmed by the path estimated (β = 0.158; p < 0.013), hypothesis 16 suggested that PV path coefficient is statistically significant in men, confirmed by the path estimated (β = 0.158; p < 0.013), hypothesis 17 suggested that PIQ path coefficient is statistically significant in men, confirmed by the path estimated (β = 0.211; p < 0.001), hypothesis 18 suggested that TST path coefficient is statistically significant in men, confirmed by the path estimated (β = 0.438; p < 0.000), hypothesis 19 suggested that QF path coefficient is statistically significant in people younger than 36 years old, confirmed by the path estimated (β = 0.169; p < 0.026), hypothesis 20 suggested that PV path coefficient is statistically significant in people younger than 36 years old, confirmed by the path estimated (β = 0.193; p < 0.003), hypothesis 21 suggested that PIQ path coefficient is statistically significant in people younger than 36 years old, confirmed by the path estimated (β = 0.188; p < 0.005), hypothesis 22 suggested that TST path coefficient is statistically

Covid-19 re-opening measures in the full-service restaurant industry: the impact in the word-of-mouth intention

significant in people younger than 36 years old, confirmed by the path estimated (β = 0.406; p < 0.000), hypothesis 23 suggested that QF path coefficient is statistically significant in people that is 36 years old or older, not supported by the path estimated (β = 0.007; p < 0.929), hypothesis 24 suggested that PV path coefficient is statistically significant in people that is 36 years old or older, confirmed by the path estimated (β = 0.349; p < 0.000), hypothesis 25 suggested that PIQ path coefficient is statistically significant in people that is 36 years old or older, confirmed by the path estimated (β = 0.294; p < 0.000), and hypothesis 26 suggested that TST path coefficient is statistically significant in people that is 36 years old or older, confirmed by the path estimated (β = 0.403; p < 0.000). The complete Covid-19 sample standardized parameters estimates are shown in Table 7.

Table 7. *Covid-19 sample standardized parameters estimates by demographic groups.*

Group	R Square	N	Hypothesized paths	Path Coefficient	T Statistics	P Values	Result
Women	0.737	145	H11: FQ -> WOM	0.074	0.767	0.444	Not Supported
			H12: PV -> WOM	0.352	3.598	0	Supported***
			H13: PIQ -> WOM	0.168	1.877	0.061	Not Supported
			H14: TST -> WOM	0.385	4.877	0	Supported***
Men	0.688	240	H15: FQ -> WOM	0.158	2.492	0.013	Supported*
			H16: PV -> WOM	0.192	3.499	0.001	Supported***
			H17: PIQ -> WOM	0.211	3.389	0.001	Supported***
			H18: TST -> WOM	0.438	7.89	0	Supported***
36 < Years old	0.621	252	H19: FQ -> WOM	0.169	2.234	0.026	Supported*
			H20: PV -> WOM	0.193	2.941	0.003	Supported**
			H21: PIQ -> WOM	0.188	2.814	0.005	Supported**
			H22: TST -> WOM	0.406	6.864	0	Supported***
36 >= Years old	0.84	133	H23: FQ -> WOM	0.007	0.089	0.929	Not Supported
			H24: PV -> WOM	0.349	6.312	0	Supported***
			H25: PIQ -> WOM	0.294	3.876	0	Supported***
			H26: TST -> WOM	0.403	6.165	0	Supported***

Note: P value = 0.000***, P value = 0.001**, P value = 0.05*.

Discussion and conclusions
Theoretical contribution
The 2020 world pandemic of SARS-CoV-2 has changed the world in several ways. While restaurants all around the world perform the healthy practices

Reich López *et al.*

dictated by their governments for re-opening the economy, the experiences and behaviors of the consumers have been affected in a way that has no precedence.

From the perspective of the named "new reality," there are knowledge gaps that open while the businesses also open, playing in a new, unknown field. Bearing this new context in mind, the present paper makes the following theoretical contributions. First, the factors that look to explain consumer behavior, such as WOM, seem to change in hierarchy in a significant statistical way as the context changes, in this case, the context of a global pandemic. Giving more importance to the variable trust (TST), this finding is important since several authors have found the quality of the food (QF) to be the most important factor influencing behavior like customer satisfaction and word-of-mouth. Second, this paper proposed a modification in the TST variable, aiming to measure the Covid-19 healthy practices that showed to be consistent and reliable. Third, there seems to be a different appreciation on the factors influencing WOM in the different demographics on the Covid-19 sample. For example, the fact that the research hypothesis suggesting that the QF path coefficient is statistically significant in women has been rejected opens the possibility of investigating and understanding the story behind the number. Another interesting finding in the same demographic of women is that the hypothesis regarding PIQ as an important variable explaining WOM was not supported either. Third, the difference between r squares in demographic groups seems to be interesting, especially the contrast of the age samples in which people younger than 36 years old reported 0.621r square and people aged 36 years old and older present a 0.84 r square. As the statistics regarding Covid-19 show all around the world, age is an important factor in how the illness impacts a person's health, and the older the patient, the worse the consequences.

Managerial implications
As stated by the National Restaurant Association (2020), the restaurant industry has been seriously affected due to health restrictions, not only in the USA but worldwide. Both consumers and restauranteurs are facing changes in the dynamics of the experience in a full-service restaurant facility. For sure, the management in charge of the restaurants makes daily decisions on how to perform a successful re-opening while giving their customers an acceptable

Covid-19 re-opening measures in the full-service restaurant industry: the impact in the word-of-mouth intention

experience in the middle of a global pandemic. In this exercise, this research offers evidence for the management, suggesting that the name of the game may be trust. It is imperative to make the managers in the hospitality industry realize that the perception of their clients on their business' value proposition has changed because of the global pandemic. Therefore, the configuration of their full-service restaurant as it used to be before Covid-19 may not bring the same results as usual, so management shouldn't expect the same amount of success by doing the same things they did pre-pandemic. Practitioners of the industry may be also aware that different demographics groups may be more or less sensitive to the variables presented in this paper. Older people may be more willing to recommend their business if they succeed in creating, communicating and delivering perception of trust. Finally, all different demographics are willing to provide word-of-mouth communications to others due to the variable trust above all the other variables. The challenge is called trust.

Limitations and future research
The evidence showing that trust (TST) might be a factor with higher hierarchy than the food quality (FQ) in times of pandemic for full-service restauranteurs opens interesting subjects to research. Like what does this construct really mean for the client, and how does the context of the pandemic change it from the theory that has already been written? How does it relate to the health measures that the World Health Organization and the governments ask to be implemented? How can it be created, delivered, communicated and assessed to be successful in that important endeavor? Finding the story behind the numbers might be really important to have the whole picture for managers and decision-makers. This paper shows evidence that there might be a difference in the clients' perceptions according to demographics in the Covid-19 sample. To confirm and understand the reasons for the differences between groups will be of great value for customer behavior researchers, hospitality industry managers, and the clients to be attended in the best manner by service suppliers. Many authors relate WOM intention with other independent variables, such as loyalty, customer satisfaction and re-purchase intention, so interesting future research suggestions may imply the use of trust as an independent variable intended to find a relationship with other attitudes and behaviors in this new re-opening context.

Reich López *et al*.

Regarding limitation in this document, the sampling in this research was a limitation since the questionnaire was delivered online in both data sets, using a snowball sampling approach that may limit the representativeness of the population. Furthermore, only Mexican customers participated, so interesting research may also be to conduct this study with participants from different nationalities or backgrounds. This study has been done in the context of full-service restaurants, so there is no evidence that the findings may apply to other kinds of restaurants, such as fast food or fine dining.

**Covid-19 re-opening measures in the full-service restaurant industry:
the impact in the word-of-mouth intention**

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**Covid-19 re-opening measures in the full-service restaurant industry:
the impact in the word-of-mouth intention**

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Reich López *et al*.