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Strengthening Food Safety Regulation and Hotel Compliance in Rwanda: Evidence from Kigali Paramount Hotel

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Abstract: Food safety in hotels is an important public health concern, yet little evidence exists on how strengthened food safety regulation is reflected in daily hotel practice in Rwanda. This study assessed the level of food safety compliance at Kigali Paramount Hotel, a newly opened four-star training hotel in Kigali, across four dimensions: hygiene and sanitation, regulatory framework, staff training, and inspection and monitoring. It also examined how these dimensions relate to one another and how guests perceive the hotel's food safety practices. A convergent mixed-methods case study design was used. Structured questionnaires were completed by all 34 frontline kitchen and food and beverage employees and by 57 hotel guests, and semi-structured interviews were held with three key informants. Data were analysed using descriptive statistics, a composite compliance index, Pearson and Spearman correlation, the Mann–Whitney U test and thematic analysis. The overall compliance index was very high (M = 4.63, SD = 0.47). Hygiene and sanitation scored highest (M = 4.74), followed by the regulatory framework (M = 4.71), staff training (M = 4.54), and inspection and monitoring (M = 4.52). The four dimensions were strongly and positively correlated (r = 0.631 to 0.861, p < 0.001), with the strongest relationship between staff training and inspection and monitoring. Guests' ratings were also very high (means of 4.32 to 4.47), and 91.2% observed good staff hygiene during service. Guests who observed good staff hygiene were more likely to report that the hotel met their food safety expectations (ρ = 0.44, p < 0.001). Managers attributed compliance to standard operating procedures, training, supervision, internal audits and HACCP, but reported challenges with consistent enforcement and limited resources. The study recommends integrating staff training with internal monitoring, making good hygiene practices visible to guests, and combining regulatory inspections with educational follow-up.

Keywords: *Food Safety Regulation, Hotel Compliance, Hygiene and Sanitation, Staff Training, Food Safety Inspection, Public Health, Rwanda.*

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I. INTRODUCTION

Food safety is a major global public health concern. Unsafe food causes an estimated 600 million cases of foodborne illness and 420,000 deaths worldwide each year (World Health Organization [WHO], 2022). In the United States alone, about 48 million people become ill from foodborne diseases annually, leading to roughly 128,000 hospitalizations and 3,000 deaths (Centers for Disease Control and Prevention [CDC], 2011). These figures explain why many countries have shifted from reacting to outbreaks towards preventive, risk-based food safety regulation.

Hotels are an important point of exposure. They prepare large volumes of food for domestic and international guests, often under time pressure and with mixed levels of staff experience. A single food safety incident can harm guests, damage a hotel's reputation and weaken a destination's image. Strong hotel compliance with food safety rules is therefore both a public health and a tourism concern.

Rwanda is positioning itself as a premium tourism and conference destination. Its regulatory system has been strengthened through institutions such as the Rwanda Food and Drugs Authority (Rwanda FDA), the Rwanda Standards Board (RSB) and the Rwanda Development Board (RDB). These bodies have promoted Hazard Analysis and Critical Control Point (HACCP) systems and trained hospitality operators on food safety requirements (Rwanda Inspirer, 2023). However, earlier Rwandan research found that enforcement has often focused on penalties rather than education, and that unclear standards can weaken compliance (Rutayisire, 2018). Studies in Kigali hotels also report that food safety procedures exist but are not always applied consistently (Ngendahayo et al., 2023).

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Most empirical work on hotel food safety compliance comes from outside East Africa, and little is known about how strengthened regulation is reflected in day-to-day practice inside individual Rwandan hotels. Newly opened hotels are of particular interest because their food safety systems are still being established. Kigali Paramount Hotel, a four-star hotel that opened in April 2025 and also serves as a training hotel for hospitality students, offers such a setting.

This study therefore assessed food safety compliance at Kigali Paramount Hotel across four dimensions of strengthened regulation. It had five objectives:

- To assess the level of hygiene and sanitation practice in the hotel.
- To assess employees' perceptions of the food safety regulatory framework.
- To assess the provision of food safety training to staff.
- To assess inspection and monitoring practices, and to examine how the four dimensions relate to one another and to overall hotel compliance.

II. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

➢ *Theoretical Framework*

This study draws on Compliance Theory and the Theory of Planned Behaviour (TPB). Together they explain compliance at the organizational and the individual level.

Compliance Theory distinguishes two motives for obeying rules (Tyler, 2006). Instrumental compliance is driven by the fear of inspection, sanctions and penalties. Normative compliance arises when an organization views the rules as legitimate and worth following, for example to protect its reputation and guests' trust. In a hotel, both motives can operate together: inspections create external pressure, while management values sustain internal commitment.

The Theory of Planned Behaviour explains why individual employees follow safe food handling practices (Ajzen, 1991). Intention to comply depends on three factors. Attitudes reflect how important employees believe hygiene and food safety are. Subjective norms reflect the expectations of managers, supervisors and colleagues. Perceived behavioural control reflects whether employees feel able to comply, which depends on training, manuals, facilities and working conditions. Because organizational compliance is ultimately carried out by individual food handlers, TPB complements Compliance Theory.

➢ *Hygiene and Sanitation*

Hygiene and sanitation are the foundation of food safety. Studies of food handlers show that personal hygiene practices such as handwashing, clean protective clothing and health checks reduce cross-contamination and food safety violations (Baş et al., 2006). Hotels with structured cleaning schedules, waste disposal and pest control also tend to record fewer violations during inspections (Odeyemi et al., 2018). In Kigali, hotel staff reported that workplace food safety procedures, including hygiene practices, were present, although their consistent application remained a challenge (Ngendahayo et al., 2023).

➢ *Regulatory Framework*

A clear and well-enforced regulatory framework helps operators understand their obligations. Revised legislation that combined clearer guidance with stronger sanctions improved food safety performance among food businesses in Spain (Perez-Serrano et al., 2020). Conversely, unclear or inconsistent standards can create confusion and lead to penalties rather than improvement, as observed in restaurant sanitary inspections in Kigali (Rutayisire, 2018). In Rwanda, regulators have increasingly promoted HACCP as a recognised standard for the hospitality sector (Rwanda Inspirer, 2023).

➢ *Staff Training*

Training gives food handlers the knowledge and skills needed to comply. Food handlers who receive training on hygiene, cross-contamination and critical control points tend to show safer handling behaviour than untrained staff (Sharif et al., 2013). Continuous training and refresher courses also help build a food safety culture that sustains compliance over time (Al-Shami et al., 2018). In Rwanda, a lack of knowledge of food safety requirements has been identified as a barrier to HACCP implementation in hotels (Rwanda Inspirer, 2023).

➢ *Inspection and Monitoring*

External inspections and internal monitoring both support compliance. Restaurants subject to frequent and unannounced inspections show higher compliance, partly because of the perceived likelihood of being inspected (Yunus et al., 2014). Internal audits and periodic reviews allow businesses to identify and correct problems before external inspections (Wallace et al., 2014). In Rwanda, inspections have been criticised for focusing on punishment rather than capacity building (Rutayisire, 2018).

➢ *Research Gap*

The literature suggests that hygiene, regulation, training and inspection each support compliance, but most studies examine them separately and outside East Africa. Little evidence exists on how these four dimensions are reflected together in the practices of a single Rwandan hotel. Even less is known about newly opened hotels, whose systems are still forming. Guests' views are also rarely compared with those of staff. This study addresses these gaps by combining employee and guest survey data with management interviews in one Kigali hotel.

III. RESEARCH METHODOLOGY

➢ *Research Design and Setting*

The study used a convergent mixed-methods case study design (Creswell & Creswell, 2018). Quantitative and qualitative data were collected in the same period, analysed separately and then integrated in the discussion. The case was Kigali Paramount Hotel, a four-star hotel in the Gatenga area of Kicukiro District, Kigali. The hotel opened in April 2025, has about 42 guest rooms, and operates both as a commercial

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hotel and as a training hotel in partnership with Mount Kigali University.

➢ *Participants*

The study targeted all 37 employees directly involved in food handling and food safety supervision. A census approach was used because of the small population. All 34 frontline employees in the kitchen and food and beverage departments completed the questionnaire. They included chefs, waiters, waitresses, stewards and storekeepers. The three managers responsible for food safety, namely the General Manager, the Executive Chef and the Food and Beverage Manager, were purposively selected as key informants for interviews.

Hotel guests were included to provide an external view of visible food safety practices. The minimum guest sample was calculated using Slovin's formula (N = 60, e = 0.05), giving 52 respondents. To allow for non-response, 57 questionnaires were distributed to guests on site during their stay. All 57 were returned complete and included in the analysis.

➢ *Instruments*

The employee questionnaire contained 12 statements measuring four dimensions: hygiene and sanitation (4 items), regulatory framework (3 items), staff training (2 items), and inspection and monitoring (3 items). Each statement was rated on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The interview guide covered awareness of food safety regulations, implementation measures, internal audits, HACCP use, challenges and the perceived effects of stronger regulation.

The guest questionnaire contained five items on visible food safety practices. They covered overall hygiene and sanitation (very poor to excellent), availability of handwashing facilities (strongly disagree to strongly agree), cleanliness of dining and service areas (very dissatisfied to very satisfied), whether staff demonstrated good hygiene during service (yes, no or not sure), and whether the hotel met the guest's expectations regarding hygiene and food safety (strongly disagree to strongly agree). It also recorded gender, age, nationality and frequency of visits.

➢ *Validity and Reliability*

Content validity was established through review by the academic supervisor and two hospitality practitioners, and the items were aligned with the literature and the theoretical framework. The instruments were pilot-tested and refined before data collection. Internal consistency was assessed using Cronbach's alpha, with 0.70 taken as the minimum acceptable value (Kothari & Garg, 2014). Alpha was 0.82 in the pilot test and 0.93 for the full 12-item employee scale in the main study. Values for the four dimensions ranged from 0.71 to 0.84 (Table 1).

Table 1 Reliability of the Employee Questionnaire (n = 34)

Dimension	Items	Cronbach's alpha
Hygiene and sanitation	4	0.83
Regulatory framework	3	0.71
Staff training	2	0.71
Inspection and monitoring	3	0.84
Full scale	12	0.93

For the four five-point guest items, Cronbach's alpha was 0.68. This is slightly below 0.70 because the items use different response scales, so guest items were analysed individually rather than as a combined index.

➢ *Data Collection*

Employee questionnaires were completed between 27 March and 5 April 2026, and guest questionnaires between 3 and 8 April 2026, at times that did not disrupt hotel operations. Interviews with the three key informants took place on 8 April 2026, lasted about 15 to 20 minutes each, and were recorded through detailed notes.

➢ *Data Analysis*

Quantitative data were coded and analysed in Python using the Pandas and NumPy libraries. Frequencies, percentages, means and standard deviations were computed for each item. A score for each dimension was calculated as the mean of its items. Hotel compliance was measured as a composite index, calculated as the mean of the four dimension scores. Mean scores were interpreted on the following scale: 1.00–1.80 very low, 1.81–2.60 low, 2.61–3.40 moderate, 3.41–4.20 high, and 4.21–5.00 very high. Pearson correlation was used to examine relationships between the four dimensions. Because responses were concentrated at the top of the scale, Spearman's rank correlation was also computed as a robustness check. Guest responses on the four scaled items were coded from 1 (lowest) to 5 (highest) and summarised using frequencies, percentages, means and standard deviations. Spearman's rank correlation was used to examine how guests' perceptions related to whether the hotel met their food safety expectations. The Mann–Whitney U test compared staff and guest ratings of handwashing facilities, the one item asked of both groups. Interview data were analysed thematically following the six phases described by Braun and Clarke (2006).

➢ *Ethical Considerations*

An introduction and authorisation letter was obtained from Mount Kigali University, and permission was granted by the hotel management. Participation was voluntary and based on informed consent, and participants could withdraw at any time. No names were recorded on employee questionnaires, key informants are identified only by codes (KI-1 to KI-3), and data were stored securely.

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IV. RESULTS

➢ *Respondent Profile*

Of the 34 employee questionnaire respondents, 25 (73.5%) were male and 9 (26.5%) were female (Table 2). Most had one to two years of experience, which reflects the hotel's recent opening. The three key informants had 7, 11 and 24 years of hospitality experience.

Table 2 Profile of Employee Questionnaire Respondents (n = 34)

Characteristic	Category	Frequency	Percentage (%)
Gender	Male	25	73.5
	Female	9	26.5
Department	Food and beverage service	18	52.9
	Kitchen	16	47.1
Position	Chef	12	35.3
	Waiter	12	35.3
	Waitress	6	17.6
	Steward	2	5.9
	Storekeeper	2	5.9
Experience	Less than 1 year	2	5.9
	1–2 years	18	52.9
	3–4 years	9	26.5
	5 years or more	5	14.7

➢ *Item-Level Results*

Agreement was very high across all 12 items, with means between 4.47 and 4.85 (Table 3). No respondent selected "strongly disagree". Neutral and disagree responses were concentrated in the staff training and inspection items. Regular staff training had the most neutral responses (14.7%), and the regularity of health inspections had the lowest mean (4.47).

Table 3 Item-Level Responses of Employees (n = 34)

Dimension and item	SA (%)	A (%)	N (%)	D (%)	Mean	SD
Hygiene and sanitation						
Cleaning and disinfection activities are conducted regularly	76.5	23.5	0.0	0.0	4.76	0.43
Handwashing facilities are available in all food preparation areas	70.6	26.5	2.9	0.0	4.68	0.53
Staff consistently follow personal hygiene practices	76.5	20.6	2.9	0.0	4.74	0.51
The hotel has an effective waste management system	79.4	17.6	2.9	0.0	4.76	0.50
Regulatory framework						
Government agencies regularly enforce food safety regulations	85.3	14.7	0.0	0.0	4.85	0.36
Food safety policies and guidelines are clear and easy to understand	70.6	23.5	5.9	0.0	4.65	0.60
Food safety laws are strict enough to ensure compliance	64.7	32.4	2.9	0.0	4.62	0.55
Staff training						
The hotel provides regular food safety training for staff	64.7	20.6	14.7	0.0	4.50	0.75
Food safety manuals are available and accessible to all employees	67.6	23.5	8.8	0.0	4.59	0.66
Inspection and monitoring						
Health inspections are conducted regularly by authorised agencies	61.8	26.5	8.8	2.9	4.47	0.79
Inspectors are qualified and knowledgeable	70.6	20.6	5.9	2.9	4.59	0.74
Follow-up actions are taken after non-compliance is identified	55.9	41.2	0.0	2.9	4.50	0.66

Note: SA = Strongly Agree; A = Agree; N = Neutral; D = Disagree. No Respondent Selected Strongly Disagree.

➢ *Overall Hotel Compliance Index*

The overall compliance index was 4.63 (SD = 0.47), which falls in the very high range (Table 4). All four dimensions were also rated very high. Staff training and inspection and monitoring had the lowest means and the largest standard deviations, showing more variation in employees' views of these two areas.

Table 4 Dimension Scores and Overall Compliance Index (n = 34)

Dimension	Mean	SD	Level
Hygiene and sanitation	4.74	0.40	Very high
Regulatory framework	4.71	0.41	Very high
Staff training	4.54	0.62	Very high
Inspection and monitoring	4.52	0.64	Very high
Overall compliance index	**4.63**	**0.47**	**Very high**

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➢ *Relationships Between the Dimensions*

All four dimensions were strongly and positively correlated (r = 0.631 to 0.861, p < 0.001; Table 5). The strongest relationship was between staff training and inspection and monitoring (r = 0.861), followed by staff training and hygiene and sanitation (r = 0.821). The weakest, though still strong, was between the regulatory framework and staff training (r = 0.631). Spearman's rank correlations were also positive and significant (ρ = 0.471 to 0.823, p < 0.01), confirming that the pattern did not depend on the skewed distribution.

Table 5 Pearson Correlations Between the Four Dimensions (n = 34)

Dimension	1	2	3	4
1. Hygiene and sanitation	1			
2. Regulatory framework	0.786**	1		
3. Staff training	0.821**	0.631**	1	
4. Inspection and monitoring	0.729**	0.683**	0.861**	1

Note: ** p < 0.001 (2-Tailed).

➢ *Guests' Perceptions*

Of the 57 guests, 36 (63.2%) were male and 21 (36.8%) were female. Ages ranged from 21 to 51 years (M = 33.6, SD = 7.6; n = 54). All guests were Rwandan. Most visited the hotel occasionally (42.1%) or frequently (40.4%); others visited very frequently (8.8%), rarely (7.0%) or for the first time (1.8%).

Guests rated the hotel's food safety practices very highly, though slightly below employees (Table 6). Over 90% gave positive ratings for overall hygiene, handwashing facilities and dining area cleanliness, and 91.2% observed good staff hygiene during service. The lowest mean was for whether the hotel met guests' food safety expectations (M = 4.32), where 14.0% were neutral.

Table 6 Guests' Perceptions of Food Safety Practices (n = 57)

Item	Responses (%)	Mean	SD
Overall hygiene and sanitation of the hotel	Excellent 45.6; Good 50.9; Fair 3.5	4.42	0.57
Handwashing facilities are readily available and accessible	Strongly agree 52.6; Agree 43.9; Neutral 1.8; Disagree 1.8	4.47	0.63
Satisfaction with cleanliness of dining area and service points	Very satisfied 54.4; Satisfied 40.4; Neutral 3.5; Dissatisfied 1.8	4.47	0.66
The hotel meets my expectations regarding hygiene and food safety	Strongly agree 45.6; Agree 40.4; Neutral 14.0	4.32	0.71
Staff demonstrated good hygiene practices during service	Yes 91.2; No 5.3; Not sure 3.5	–	–

Note: Scaled Items were Coded from 1 (Lowest) to 5 (Highest). The yes/no Item has No Mean.

Guests who observed good staff hygiene during service were more likely to report that the hotel met their food safety expectations (ρ = 0.44, p < 0.001). The availability of handwashing facilities was also positively associated with met expectations (ρ = 0.28, p = 0.036). Ratings of overall hygiene (ρ = 0.20, p = 0.137) and dining area cleanliness (ρ = 0.17, p = 0.200) were not significantly associated with met expectations.

Handwashing facilities were the only item asked of both groups. Employees rated them slightly higher (M = 4.68) than guests (M = 4.47), but the difference was not statistically significant (Mann–Whitney U = 1,140, p = 0.104).

➢ *Qualitative Findings*

Four themes emerged from the key informant interviews.

- Theme 1: Managerial ownership and awareness of regulations. All three managers described active roles in food safety, from "overseeing compliance, policy implementation and staff accountability" (KI-1) to "supervising kitchen and service operation, ensuring compliance and staff training" (KI-3). Two reported being familiar with Rwanda's food safety regulations, one of them "very familiar" (KI-1).
- Theme 2: Compliance built on training, procedures and supervision. Managers explained that staff awareness is maintained "through structured training programs and supervision" (KI-1) and "through regular training, briefing and SOP reminders" (KI-3). Reported compliance measures included standard operating procedures, hygiene protocols, proper storage and strict hygiene rules.
- Theme 3: Internal monitoring and HACCP. Internal monitoring was described as a "weekly internal audit" (KI-1) and as "observation, checklist, and performance feedback" (KI-3). Views on HACCP differed: one manager rated it "highly effective in risk prevention" (KI-1), while another described it as "moderately effective in controlling risks" (KI-3).
- Theme 4: Enforcement consistency and resource constraints. Managers saw national regulations as effective but stressed that they depend on consistent enforcement. One noted that regulations are "generally effective but require consistent enforcement" (KI-1), and another that "practical enforcement can be challenging"

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(KI-3). The Executive Chef identified "limited resources and staff compliance" as a challenge (KI-2).

V. DISCUSSION

The study found a very high level of food safety compliance at Kigali Paramount Hotel (index = 4.63 out of 5), with all four dimensions rated very high and strongly interrelated. Guests' ratings corroborated these results, and the interviews explained how this level is achieved and where it remains fragile.

Hygiene and sanitation was the strongest dimension (M = 4.74). Employees agreed that cleaning and disinfection are regular, handwashing facilities are available, personal hygiene is followed and waste is well managed. This is consistent with studies showing that structured hygiene routines and personal hygiene practices are the foundation of compliance (Baş et al., 2006; Odeyemi et al., 2018). In TPB terms, available facilities and clear routines strengthen employees' perceived behavioural control (Ajzen, 1991). The managers' references to strict hygiene rules and SOPs suggest that hygiene is also reinforced as a subjective norm through supervision.

The regulatory framework was also rated very highly (M = 4.71). Employees strongly agreed that government agencies enforce food safety rules (M = 4.85), which suggests a clear awareness of external oversight. This supports Compliance Theory's view that perceived enforcement encourages instrumental compliance (Tyler, 2006). However, the managers added an important nuance: regulations were seen as effective, but only when enforced consistently. This echoes earlier Rwandan findings that inconsistent or punitive enforcement can weaken the effect of regulation (Rutayisire, 2018).

Staff training and inspection and monitoring had the lowest scores and the most variation. Regular training drew the most neutral responses (14.7%), and inspection items were the only ones to receive any disagreement. This pattern matters for a new hotel with a largely inexperienced workforce, since 58.8% of respondents had two years of experience or less. It suggests that training coverage may not yet reach all staff equally, a concern also raised in Kigali hotels by Ngendahayo et al. (2023) and in the wider literature on refresher training (Al-Shami et al., 2018).

The strongest correlation was between staff training and inspection and monitoring (r = 0.861). Employees who perceived regular training and accessible manuals also perceived regular and competent inspections. This suggests that, in practice, training and monitoring function as one system: inspections and audits reveal gaps, and training closes them. The managers' descriptions of weekly audits, checklists and performance feedback support this interpretation. It also aligns with evidence that internal audits help businesses correct problems proactively (Wallace et al., 2014).

Guests' perceptions broadly confirm the employees' views. Guests rated hygiene, handwashing facilities and dining cleanliness very highly, and staff and guest ratings of handwashing facilities did not differ significantly. This agreement between internal and external respondents strengthens confidence in the findings. Guests' ratings were, however, slightly lower than employees', and 14.0% were neutral about whether the hotel met their food safety expectations. The factor most closely linked to met expectations was whether guests saw staff practise good hygiene during service ($\rho = 0.44$). For guests, food safety appears to be judged mainly through visible staff behaviour, which reinforces the importance of the training and supervision identified in the employee data.

Taken together, the findings show that compliance at the hotel rests on both organisational systems and individual behaviour. External enforcement provides motivation, while training, facilities and supervision give employees the ability and the norms to comply. This combination reflects the complementary use of Compliance Theory and TPB in this study.

The results should be read with caution. The scores are based on perceptions rather than observed practice. Employees' responses may be affected by social desirability, especially as the hotel is linked to the researchers' university, although the guest data partly offset this concern. Responses were also concentrated at the top of the scale, which limits variation. Correlations show association, not cause and effect.

VI. CONCLUSION

Kigali Paramount Hotel showed a very high level of food safety compliance in its first year of operation. Hygiene and sanitation and the regulatory framework were the strongest dimensions, while staff training and inspection and monitoring, although still very high, showed the most room for improvement. The four dimensions were closely linked, which suggests that they work as mutually reinforcing parts of one food safety system rather than as separate measures. Guests' ratings confirmed this picture, and visible staff hygiene was the factor most closely linked to guests' confidence in the hotel's food safety.

VII. RECOMMENDATIONS

➢ *For Hotel Management:*

- Formalise a food safety training calendar with induction training for new staff, periodic refresher sessions and training records.
- Keep internal audits documented and link their findings directly to targeted training.
- Strengthen the implementation of HACCP so that all managers regard it as fully effective.
- Make good hygiene practices visible to guests during service, since this most strongly shapes guests' confidence in food safety.
- For regulatory authorities:

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- Maintain regular and predictable inspections, especially for newly opened hotels.
- Combine enforcement with educational follow-up so that inspections build capacity rather than only impose penalties.
- Continue to clarify and communicate food safety guidelines to hotel staff.

VIII. LIMITATIONS AND FUTURE RESEARCH

This study has five limitations. First, it focused on a single hotel, so the findings cannot be generalised to the wider Rwandan hotel sector. Second, compliance was measured through employees' perceptions rather than observed practices or official inspection records. Third, the sample was small (34 employees, 57 guests and three key informants), and responses were concentrated at the top of the scale. Fourth, the cross-sectional design captured only the hotel's first year of operation. Fifth, all guests surveyed were Rwandan, so the views of international guests are not represented, and the guest questionnaire was short.

Future research should compare several hotels across different categories and regions. It should also measure compliance independently of the predictors, for example through inspection scores or observation checklists, so that the effect of each dimension can be tested statistically. Longitudinal studies could examine whether compliance is sustained as new hotels mature, and larger guest surveys that include international visitors could examine customer trust in more depth.

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