

# COVID-19: Travel Intention and Restoring Travelers' Confidence

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## ABSTRACT

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*The study examined the non-economic impact of COVID-19 on tourist behaviour, specifically from the perspective of travel intention and restoration of travellers' confidence in travelling again during and post-pandemic. Data were collected with an online questionnaire using the snowball sampling method. A total of 150 respondents completed the questionnaire. A descriptive statistical test was used to analyse the data collected. Research findings reveal a pessimistic outlook on travel intention. Individuals may feel sceptical and wait six months or longer before engaging in tourism activities again, even after the pandemic is brought under control. Most individuals may only be motivated to travel again when the COVID-19 vaccine becomes available. It was also discovered that when it comes to the restoration of travellers' confidence, measures that can be seen, calculated, or proved may work best, such as face mask-wearing, social distancing, hand sanitising as well as disinfection and sterilisation. There may also be a perception difference between what service providers perceive as critical and what travellers perceive as indispensable for the restoration of travellers' confidence. It is the latter's perception that will and should matter the most. Research findings are based on travellers' perception, hence the importance of expanding research scope to examine actual travel behaviour when COVID-19 is over and tourism bounces back to "normal."*

## 1. INTRODUCTION

In studies related to the occurrence of pandemics, tourism plays a dual role as both a vector and a victim (Gössling, Scott & Hall, 2020). On the one hand, tourism can substantially be affected by pandemics. Fear, uncertainty, and anxiety are the principal issues associated with pandemics (and other crises and disasters). They can significantly influence visitors' perception and travelling activities, irrespective of the visitor profile and travel motivation. Due to the unpredictable nature of crises and disasters such as the outbreaks of epidemic/pandemic, a tremendous amount of shock and stress can affect a travel destination as it creates a negative image for the destination, increases visitors' anxiety, negatively influences visitors' travel intention and causes reluctance among visitors to visit or even to avoid the destination that they perceive to be risky (Huang, Dai & Xu, 2020; Wolff, Larsen & Øgaard, 2019; Sebento & Hon 2018; Chien, Sharifpour, Ritchie & Watson., 2017; Osland, Mackoy & McCormick, 2017; Wang, 2017; Hajibaba, Gretzel, Leisch, & Dolnicar, 2015).

On the other hand, tourism can contribute to the transmission of diseases and its economic growth (Gössling et al., 2020). Some of the reasons identified as driving the growth rate of epidemic/pandemic outbreaks are directly and indirectly associated with tourism, such as greater mobility across global borders (international tourism involves movement and interaction across national, regional and global borders), urbanisation, and concentration of people (tourism brings about employment opportunities that are primarily available in cities and encourages the development of areas), rising consumption of higher-order foods including exotic meat (this may be particularly associated with special-interest tourism or culinary tourism where an increasing number of visitors seek to experience foods that are considered outside of the "normal food" bubble), and the development of international transport networks such as the airline industry. All of these can act as vectors in the transmission of pathogens (Gössling et al., 2020 Labonté, Mohindra & Schrecker, 2011; Pongsiri et al., 2009).

The global pandemic of COVID-19 has brought the world to a standstill, and the tourism industry has been one of the hardest-hit economic sectors (UNWTO, 2020a; WTTC, 2020). The pandemic is an unprecedented crisis for the tourism economy. There is quite an extensive number of studies that have examined the economic impacts of COVID-19 on the tourism industry. For example, the Organization for Economic Co-operation and Development estimated a 60 per cent decline in international tourism in the year 2020. The number could rise to 80 per cent if recovery is delayed until December 2020 (OECD, 2020). The United Nations World Tourism Organization reported that as many as 100 million tourism jobs are at risk, on top of the labour-intensive, tourism-associated sectors such as the accommodation and the foodservice industries that account for 144 million jobs worldwide (UNWTO, 2020b).

While the economic impacts of COVID-19 on tourism are substantial and maybe more objectively gauged, the non-economic effects of COVID-19 on tourism are also significant. They should be given as much research attention as the economic impacts. Due to the unprecedented and enormous scale of COVID-19, its impact on tourist behaviour is yet to be fully proven (Matiza, 2020). With health, hygiene, and safety identified as top priorities for travellers during and post-COVID-19 (PWC, 2020), the resumption of the tourism sector will need to effectively address these areas of concern to restore travellers' confidence and add value to their travel experience (PWC, 2020; WTTC, 2020; UNWTO, 2020a).

In Malaysia, the first COVID-19 case was confirmed on January 25, 2020, involving three Chinese nationals who had entered the country via neighbouring Singapore (Foo, Chin, Tan & Phuah, 2020). From January 3 to December 14, 2020, Malaysia has recorded 83,475

confirmed COVID-19 cases with 415 deaths (WHO, 2020). Although the number of COVID-19 infection and mortality rates in Malaysia is relatively low compared to such countries as the USA, the UK, Italy, Brazil, and India, the impacts of COVID-19 on the Malaysian tourism industry are substantial, given the fact that tourism is one of the principal economic activities of the nation.

In the first half of 2020, the losses suffered by the tourism industry in Malaysia amounted close to MYR45 billion, and the pandemic has jeopardised the tourism campaign Visit Malaysia 2020 (Bernama, 2020; Foo et al., 2020). Due to the dramatic loss of revenue and profit, all the three major Malaysia-based airlines (i.e., Air Asia, Malaysia Airlines, and Malindo Air) were confronted with a high risk of bankruptcy (Foo et al., 2020). Moreover, between January and March 2020, many tours and thousands of hotel room bookings were cancelled (Foo et al., 2020).

In light of this, the current paper aims to examine the non-economic impact of COVID-19 on tourist behaviour, specifically from the perspectives of travel intention and restoration of travellers' confidence in travelling again, during, and post COVID-19. A look into travel intention during and post COVID-19 is critical to make an informed assessment of travellers' perception and behaviour associated with risk, uncertainty, and anxiety. Examining ways to restore travellers' confidence is crucial. Tourism businesses and operators that can convince and re-assure travellers of their health, hygiene, and safety during and post COVID-19 are believed to be the ones that will stand out and create a strong image and brand trust in the travellers' minds.

To the best of the researchers' knowledge, research into the impact of COVID-19 on tourist behaviour in Malaysia represents a significant gap. Several studies that have looked into COVID-19 within the context of Malaysia are Foo et al. (2020,) who studied the impact of COVID-19 specifically on airlines and hotel businesses as well as the stimulus packages offered by the Malaysian government; Karim, Haque, Anis, and Ulfy (2020) who explored the impact of Movement Control Order (MCO) on the tourism and hospitality sector in Malaysia; Awan, Shamim and Ahn (2020) who examined the new normal for service customers and the new service design for the hotel industry in Malaysia, and Tilaki, Abooli, Marzbali and Samat (2021) who looked into the attitudes and perceptions of vendors toward international tourists within the context of the night market in Malaysia. Given the scarce representation of studies related to the impact of COVID-19 on tourist behaviour within Malaysia's context, the current research can be among the first to investigate the immediate impact of COVID-19 on tourist behaviour.

## **2. LITERATURE REVIEW**

### ***2.1 Crises, Natural Disasters and Tourism***

The tourism industry is susceptible to crises and disasters, including political instability, natural disasters, epidemic outbreaks, terrorism, and economic and financial crisis (Lado-Sestayo, Vivel-Búa, & Otero-González, 2016). A decline in visitor arrivals, visitor plans for travelling, unemployment, and business venture are some of the principal areas that will be profoundly influenced by both crises and disasters (Senbento & Hon, 2018). Since crises and disasters are significantly associated with uncertainty, disruption, and risk, the implications they have on the tourist behaviour and expenditure patterns are weighty in terms of changing behaviour, influencing tourists' decision to travel, and changing normal tourism trends

(Senbento & Hon, 2018; Xu, Zhou & Xu, 2011; Floyd, Gibson, Pennington-Gray & Thapa, 2004).

Floyd et al. (2004) stated that perception plays a critical role in tourist behaviour and decision-making when a crisis or a disaster occurs. Their finding was later supported by Kozak, Crofts and Law (2007), who posited that travelling during a crisis or a disaster is largely contingent upon tourists' perceptions of risks and uncertainty, and Xu et al. (2011), who mentioned that the risk and uncertainty linked with a crisis or a disaster are the key issues influencing or shaping individual tourists' crisis perceptions.

Senbento and Hon (2018) asserted that due to the unpredictable nature of crises and disasters, they cause shock and stress to the destination. The shock and stress are transferred to visitors, whose perception is influenced by fear, uncertainty, and anxiety attributable to the natural disaster or pandemic. In the case of pandemics specifically, they can bring about great anxiety among visitors and influence their travelling patterns regardless of profile and purpose (Senbento & Hon, 2018). Moreover, due to the intangible and perishable nature of services such as the hospitality and tourism industry, the impact of perceived risk seems to be profoundly more noticeable in the decisions to consume a service compared to the decision to consume a physical product (Matiza, 2020).

Previous researchers (Wolff et al., 2019; Osland et al., 2017; Wang, 2017; Chien et al., 2017; Hajibaba et al., 2015; Fuchs and Reichel, 2011; Reisinger & Mavondo, 2005) have all submitted that crises and disasters, natural or human-made, can bring about a negative image for the destination, and the perceived risk associated with crises and disasters heightens anxiety, negatively influences a visitor's travel intention, and makes visitors reluctant to visit or want to avoid destinations that they perceive to be risky (termed as avoidance behaviour). For example, in their research on perceptions of personal risk in tourists' destination choices of nature tours in Mexico, Osland et al. (2017) established that when facing risk, tourists are likely to re-schedule their travel plans, re-evaluate their destination choice and look to alleviate the perceived risk or cancel their trips altogether. In another example, Huang et al., 2020, in their study of tourists' health risk preventative behaviour and travelling satisfaction in Tibet, concluded that tourists adopt the avoidance behaviour as a means of diminishing health risks linked with tourism to Tibet.

In the case of pandemics specifically, research on pandemics has resulted in one of the critical realisations that at the core of epidemiology and disease surveillance is travel and tourism (Hon, 2013; Khan et al., 2009). While travel and tourism can be significantly impacted by pandemics which can bring about great anxiety among tourists and influence travelling regardless of visitor profile and purpose (Gössling et al., 2020; Senbeto & Hon, 2018), travel and tourism can also contribute to the transmission of disease and its economic consequences (Gössling et al., 2020). The specific role of tourism as both a vector and a victim in the study and occurrence of pandemics makes pandemics and tourism a fascinating and multidisciplinary research field. What is more, tourism is especially vulnerable to measures to offset pandemics that entail restricted movement and social distancing (Gössling et al., 2020).

The rate at which major epidemics and pandemics occur goes hand-in-hand with the rate at which global change occurs (Gössling et al., 2020). To demonstrate this, a look at the comparison between the 20th-century pandemics and the 21st-century pandemics can be valuable and enlightening. In the 20<sup>th</sup> century, three major pandemics were recognised - the "Spanish" flu or influenza of 1918-19, the "Asian" flu (H2N2) of 1957, and the "Hong Kong" flu of 1968. In the 21<sup>st</sup> century, four pandemics have already been experienced - SARS in 2002, "Bird flu" in 2009, MERS in 2012, and Ebola in 2013-14. Several researchers (Gössling

et al., 2020; Labonté et al., 2011; Pongsiri et al., 2009) have identified several reasons for the swelling pandemic threat in the 21<sup>st</sup> century. These reasons include a fast-growing and mobile world population, urbanisation and concentration of people, industrialisation of food production in international value chains, rising consumption of higher-order foods including meat, and the development of international transport links acting as mediums in the spread of pathogens.

Just as the other crises and disasters, pandemics can negatively impact the tourism industry. In one example, Siu and Wong (2004) reported that travel, tourism, and retail in Hong Kong were significantly affected due to the short-term decrease in visitation attributable to SARS. In another example, Cahyanto, Wiblishauser, Gray and Schroeder (2016), in their study of the Ebola outbreak in the USA, suggested that the outbreak exacerbated domestic tourists' perception of health risk and severity, which resulted in the engagement of avoidance behaviour (i.e., avoiding travelling) and reduction in domestic tourism activities. Rassy and Smith (2013), in their research on the effects of the swine flu on tourism in Mexico, reported that the nation lost close to a million international visitors in the span of just five months, which meant losses of approximately USD2.8 billion. MERS, the viral respiratory disease identified in Egypt in 2012 and spread across the Middle East, substantially reduced the number of people participating in the yearly annual hajj pilgrimage to Saudi Arabia (Al-Tawfiq, Zumla & Memish, 2014). All of these examples demonstrate just how substantial and negative the impacts of pandemics are on tourism.

## **2.2 COVID-19, Tourism and Tourist Behavior**

The 21st century has witnessed some of the world's most impactful events, and COVID-19 is one of them (Zenker & Kock, 2020). Although the world has experienced several major epidemics/pandemics in the last few decades, none had similar implications for the global economy as the COVID-19 pandemic (Gössling et al., 2020). None of the previous epidemics/pandemics resulted in a longer-term decrease in international tourism development than COVID-19 (Gössling et al., 2020).

As countries worldwide struggled to curb the spread of COVID-19 and lower the infection and mortality rates, unprecedented global travel restrictions and stay-at-home orders were put in place. Such lockdown and slowdown efforts have resulted in unsparing disruptions to the global economy since World War II (Gössling et al., 2020). The travel and tourism sector has tremendously suffered the consequences of COVID-19. In what seemed like overnight, hundreds of countries suspended flights or halted international travel. With global travel bans (including travel bans from selective countries, arrival quarantines, or health certificate requirements) affecting more than 90 per cent of the world population and extensive restrictions on public gatherings and community mobility, tourism largely came to an abrupt halt in March 2020. (Gössling et al., 2020; WTTC, 2020; UNWTO, 2020a). UNWTO (2020a), in their early projections of the impacts of COVID-19 on tourism, suggested that there could be a 20 per cent to 30 per cent of reduction in international arrivals compared to the previous year 2019. Due to the unprecedented and enormous scale of COVID-19, its impact on tourist behaviour is yet to be fully proven (Matiza, 2020).

Several prior research on COVID-19 and tourism has predicted a consequential situation characterised by intensified perceived risk and the potential cognitive dissonance that may negatively affect tourists' decision-making process (Gössling et al., 2020; Nepal, 2020; Matiza, 2020). One of the most exciting studies concerning the non-economic impact of COVID-19 on tourism is Kock, Norfelt, Josiassen, Assaf and Tsionas (2020), which used the Evolutionary Tourism Paradigm to understand the impact of COVID-19 on the tourist psyche.

Their research yielded two significant findings, firstly, perceived COVID-19 infectability relates positively to tourists' crowding perceptions, xenophobia, and ethnocentrism, and that perceived infectability correlates negatively with tourists' anticipated comfort with being in a crowded situation, and secondly, perceived COVID-19 infectability relates positively to group travel, intention to book travel insurance and destination loyalty. Hong, Cai, Mo, Gao, Xu, Jiang and Jiang (2020), who explored the impact of COVID-19 on tourist satisfaction with B&B in China, revealed that COVID-19 would shift guests' priority areas after the pandemic where in post-COVID-19, guests would be more concerned with natural and safe experience associated with B&Bs, would prefer scattered room layouts and non-centralised air-conditioning, and would prefer small-scale B&Bs with few and exquisite rooms.

Bae and Chang (2020), in their research related to the effect of COVID-19 risk perception on behavioural intention, highlighted that affective risk perception is a significant antecedent of attitude and applied the concept of "untact tourism" to explain a new behavioural pattern among tourists during the pandemic (i.e., a favourable attitude toward untact tourism based on individuals' safety concerns for themselves and their families, rather than based on a disease's threatening numbers). Wachyuni and Kusumaningrum (2020), in their research on the travel intentions of Indonesians after the COVID-19 pandemic, discovered positive travel intentions where the majority of their respondents indicated an intention to travel again in the near future, to go on a short-period tour (1 to 4 days) and that travel intention outweighed travel anxiety. Zheng, Luo and Ritchie (2021), whose research aimed to explore the antecedents and behavioural consequences of individuals' "travel fear" after the COVID-19 pandemic outbreak, found that threat severity and susceptibility can cause travel fear (which leads to protection motivation and protective travel behaviours after the COVID-19 pandemic outbreak) and that travel fear can arouse different coping mechanisms (which increases people's psychological resilience and adoption of cautious travel behaviours).

### **3. METHOD**

The current research was conducted in collaboration with Borneo Eco Tours, one of the most established tour operators in Sabah, Malaysian Borneo. It was part of a more significant research project aimed at investigating the hospitality and tourism industry's resilience in the midst and post COVID-19, particularly in Sukau, Kinabatangan, where a substantial number of lodging operators and tourism activities exist.

The nature of the current research was descriptive and quantitative. It collected numerical data to describe the non-economic impact of COVID-19 on travel behaviour. Specifically, it examined and described the impact of COVID-19 on travel intention and restoration of travellers' confidence in travelling again, during, and after COVID-19. Data collection was done via an online questionnaire that was created using Google Forms. The sample of the study was residents in Sabah, Malaysian Borneo. The link to the online questionnaire was disseminated via a popular social media platform, Facebook. Due to time limitations (the researchers had only one month from early July 2020 until early August 2020 to collect data), the non-random snowball sampling method was adopted. Initial respondents were kindly requested to share the online questionnaire with their family and friends to reach a wider population. A total of 150 completed questionnaires were collected and used for data analysis.

The online questionnaire consisted of three sections: Section A, which comprised categorical questions/items concerning the respondents' demographic profile (gender, age, and origins) and their pre-COVID-19 travel activities (travel frequency, travel motivation, and travel destinations); Section B which contained categorical questions/items regarding the

respondents' travel intention measured by three factors, i.e., travel concerns, travel motivations and travel eagerness during and post-COVID-19; and Section C which also consisted of categorical questions/items to identify measures that could potentially aid in restoring travellers' confidence. The questions/items of the online questionnaire were adapted from prior studies and news articles that reported extensively on topics related to the current research, such as the various news articles reported by TravelMole (major tourism and hospitality online news agency), OECD (2020), PWC (2020), Travel Weekly Asia (2020) and WTTC (2020). The data collected were analysed using Statistical Package for the Social Sciences (SPSS), version 26. Because all the data were categorical, descriptive analysis was used to collect percentages of the data.

#### 4. DATA ANALYSIS AND RESULTS

##### 4.1 Respondents' Demographic Profile and Pre COVID-19 Travel Activities

As shown in Table 1, the majority of the respondents were female (70%). More than half of them (62%) were within the Millennial age group of 18 – 24 years old, where almost a quarter (20%) were the Generation Xers or Baby Boomers aged 45 years old and above. Approximate three-quarters of the respondents (70%) were from Sabah, while the remaining were from the other states or federal territories of Malaysia.

As far as their travel activities/preferences before COVID-19 are concerned, the majority of them (91% travelled a few times in a year (defined as between 3 and 6 times in a year), travelled domestically (85%), and for pleasure/leisure (91%).

Table 1. Respondents' Demographic Profile and Pre COVID-19 Travel Activities

| Demographic |                         | Pre COVID-19 Travel Activities |                     |                    |       |
|-------------|-------------------------|--------------------------------|---------------------|--------------------|-------|
| Gender      | Female                  | 70%                            | Travel frequency    | Always             | 5.3%  |
|             | Male                    | 30%                            |                     | Sometimes          | 90.7% |
| Age         | Below 18                | 0.7%                           | Travel reasons      | Rarely             | 2.0%  |
|             | 18 – 24                 | 62%                            |                     | Never              | 2.0%  |
|             | 25 – 34                 | 14.7%                          |                     | Business           | 4.7%  |
|             | 35 - 44                 | 2.7%                           |                     | Leisure            | 91.3% |
|             | Above 44                | 20%                            |                     | Business & leisure | 2.7%  |
| Origins     | Sabah                   | 66.9%                          | Travel destinations | Academic           | 1.3%  |
|             | Other parts of Malaysia | 33.1%                          |                     | Domestic           | 84.3% |
|             |                         |                                |                     | International      | 15.7% |

##### 4.2 Respondents' Travel Intention During and Post COVID-19

The respondents' travel intention during and after COVID-19 was analysed using three variables, namely travel concerns, travel motivations, and travel eagerness. When it comes to their travel concerns, almost half of them (46%) were concerned about their overall health and safety wellbeing, as shown in Table 2. They represent individuals who may strictly adhere to the recommended health, safety, and hygiene Standard Operating Procedures (SOPs) and expect the tourism and hospitality operators to do the same if and when they will travel again during and post COVID-19. Therefore, they may avoid what the Malaysian Health Ministry termed as the 3C - crowded place, confined place and close contact, and may practice the 3W - wash hands frequently, wear face mask especially in public places and warn self and others of such practices as avoiding shaking hands or touching others, disinfecting touched surfaces frequently, staying at home and seeking treatment if symptomatic. When translated into travel intention, those respondents represent individuals who may be sceptical or wait a period of

time before they will engage in tourism activities, even after district/national/regional/international borders have reopened and tourism activities resumed to a certain degree. They may require a significant amount of reassurance or convincing that tourism and hospitality operators will strictly adhere to the recommended health, safety, and hygiene SOPs.

Almost a quarter of the respondents (23%) were concerned about crowds. Understandably, crowds are an essential travel concern because crowded places are fertile grounds for the spread of the novel coronavirus. When translated into travel intention, crowds-concerned individuals may avoid taking part in tourism activities that involve masses of people or large public gatherings such as big group tours, entertainment outlets and activities, excessively promoted and visited places of interest and so on (in light of this, COVID-19 is probably a "wake-up" call for more sustainable small-scale forms of tourism and less emphasis on the destructive profit-oriented mass tourism), may prefer less visited, remote, even less accessible places of interest and more meaningful travel activities (such that will render them a sense of giving back to the environment and/or community), may prefer to use private transportation (a finding that is in line with the finding of PWC (2020) that public transport such as train, bus and airline are perceived to be risky, and with the finding of Li, Nguyen & Coca-Stefaniak (2020) that COVID-19 has caused a decline in intentions to use public transport and an increase in willingness to travel by private car) and may choose small-scale lodging operators. Encountering the asymptomatic individual(s) was another critical travel concern (23%). Those respondents may share the travel intention characteristics of those respondents who were concerned about their overall health, safety, and hygiene wellbeing.

Regarding the respondents' motivations to travel again during and post COVID-19, more than half of them (55%) indicated that they would only be motivated to travel again if and when the COVID-19 vaccine would become available. Even extremely tempting deals such as super low fares and generous offers such as flexible change and cancellation policies might not be reasons enough to drive most of the respondents to travel again during and after COVID-19. Therefore, when it comes to travel intention, most individuals may be anxious to travel again, so that they will wait. They may only travel again when COVID-19 becomes available, despite tourism and hospitality operators religiously following all the recommended health, safety, and hygiene SOPs. This finding may indicate that only such tangible and objective reassurance as the vaccine will make individuals want to travel again without fear, uncertainty, and anxiety (the three principal issues associated with epidemic/pandemic outbreaks and other crises and disasters).

As far as the respondents' travel eagerness is concerned, most of the respondents (85%) indicated a pessimistic prospect of travelling again after borders reopened and tourism activities resumed, where 29 per cent of them would wait at least three months, 29 per cent would wait at least six months, and 27 per cent would be hesitant or afraid to travel again for the foreseeable future. This finding confirms the findings of some prior studies, such as Li et al. (2020), who discovered that around half of their respondents intended on taking their next holiday six months or longer even after the pandemic was brought under control and with generally shorter holidays planned.

These findings are in line with what many previous researchers (Floyd et al., 2020; Sembada & Kalantari, 2020; Wolff et al., 2019; Sebento & Hon 2018; Osland et al., 2017; Wang, 2017; Chien et al., 2017; Hajibaba et al., 2015; Xu, Zhou & Xu, 2011) have suggested as far as the impacts of crises and disasters on travel behaviour are concerned. When a crisis such as the outbreak of epidemic/pandemic occurs, the risk, anxiety, and fear associated with the crisis



can negatively influence tourists' perception, which plays a critical role in tourist behaviour and decision making (including travel intention). In most cases, because of fear, anxiety, and fear associated with a crisis like a pandemic, people will most likely engage in what is termed as avoidance behaviour (i.e., reluctant to travel or avoid destinations that are perceived to be risky).

Table 2. Respondents' Travel Intention During and Post COVID-19

|                    |   |       |  |                            |       |
|--------------------|---|-------|--|----------------------------|-------|
| Travel concerns    | My overall wellbeing                    | 46%   | Travel eagerness                                   | Have travelled again       | 0.7%  |
|                    | Using public facilities                 | 4%    |  | As soon as I can           | 12%   |
|                    | Crowds                                  | 23.3% |  | Wait at least three months | 28.7% |
| Travel motivations | Contact with asymptomatic individual    | 22.7% | Wait at least six months                           | 28.7%                      |       |
|                    | Low fares                               | 23.3% | Will be afraid/hesitant for the foreseeable future | 27.3%                      |       |
|                    | Flexible change & cancellation policies | 16%   | Maybe/not sure/don't know/depend/travel only       | 2.7%                       |       |
|                    | COVID-19 vaccine                        | 55.3% | need to  |                            |       |

### 4.3 Restoring Travelers' Confidence

The respondents were also asked to indicate measures to restore their confidence in travelling again (before the COVID-19 vaccine becomes available). As Table 3 exhibits, the top five health, safety, and hygiene measures that might help restore travellers' confidence were mask-wearing (91%), social distancing (88%), hand sanitising (88%), non-crowded places (7%) and disinfection and sterilisation (6%). This finding is in line with the conclusion of a study conducted by Travel Weekly Asia (2020) that reported the importance of enforcing social distancing rules, mandatory use of face masks, and ready access to sanitising gels or wipes for all parts of a travel journey. In the researchers' viewpoint, the respondents might have indicated the absolute importance of these measures in restoring their travel confidence because these measures are the measures that the health authorities such as the Ministry of Health have regularly promoted and emphasised. Furthermore, it may be that the respondents indicated these measures to be critical in re-building their travel confidence because these measures are much more "tangible", "objective", "measurable", "provable", compared to the other measures such as contact tracing, for example. It may be something similar to seeing is believing. Seeing a face mask covering an individual's nose and mouth, being able to measure the one or two-meter social distancing mark, seeing the availability of hand sanitisers placed in different corners, being able to count heads to gauge the level of crowdedness, and seeing operators constantly disinfect or sterilise property surfaces and items may restore confidence because they can be seen, calculated, or proved.

COVID-19 travel insurance was also considered important (51%). While the benefits of a travel insurance plan are not immediately visible or tangible, or provable, comprehensive travel insurance may assure individuals that they have something to fall back on in the event of an unfortunate situation such as being quarantined, cancellation of a flight, and so on. In other words, COVID-19 travel insurance may help reduce risk and anxiety, the elements that negatively influence tourists' perception of safety and health during the pandemic. This finding advocates the suggestion made by Sarman, Curtale and Hajibaba (2019) that the provision of more comprehensive travel insurance may be one of the strategies that give travellers further justifications to downplay the risk. TravelMole (2020a) reported recent survey findings that most holidaymakers would not buy travel insurance unless it includes cover for COVID-19 related cancellations and disruption. Given the importance of COVID-19 related travel insurance in building consumer confidence, Jet2 Holidays introduced its

COVID-19 insurance policy that includes medical cover should a customer contract Covid-19 overseas and cancellation cover should a customer test positive for Covid-19 up to 14 days before travel, rising to 28 days if someone is hospitalised. Additionally, policyholders will be protected if they are prevented from boarding a flight due to a positive Covid-19 test or raised temperature (TravelMole, 2020b). Air Canada has also recently launched its free COVID-19 insurance policy that covers C\$200,000 for COVID-19 related medical expenses and up to C\$150 per person per day for quarantine costs (TravelMole, 2020c).

Table 3 also demonstrates that although respondents indicated such measures as COVID-19 test before departure, provision of personal protective equipment (PPE), contact tracing, and self-quarantine to be necessary, they did not consider them to be as critical as the measures previously mentioned (test before departure – 47%; PPE provision – 47%; contact tracing – 43%; and self-quarantine – 42%). Compared to the previously mentioned measures, test before departure, PPE, contact tracing, and self-quarantine may be less visible, measurable, or provable. They may still leave some room for anxiety, fear, question. For example, test before departure may raise such questions as "what about the test after arrival?", "what if the infection happens during the time between after departure and before arrival?". Also, test effectiveness is a question that may cause more doubt than assurance, especially the COVID-19 test that yields a result within a few hours. When it comes to the provision of PPE by tourism and hospitality operators, on the one hand, individuals will usually have their own face masks, hand sanitisers, face shield, and gloves, given the fact that such PPE has become the everyday weapons since the start of COVID-19. They have become deeply embedded in virtually everyone's daily, normal routines and practices. Thus, there may not be a critical need for the tourism and hospitality operators to provide consumers with PPE to restore consumer confidence in using their services again. On the other hand, while the act of supplying PPE may render individual travellers with a sense of "caring, generous, responsible", it may raise the doubtful question of "why would I want to use the PPE provided by someone else, the health, safety, and hygiene standards of which I can't guarantee 100 per cent, especially when I have my own PPE?"

The last four measures – flexible meal plans, flexible change and cancellation policies, single occupancy at a discounted rate, and outdoor fitness programs – have often been pointed out by tourism and hospitality operators and organisations as ways to restore travellers' confidence. For instance, G Adventures introduced its "Travel with Confidence" policy that entails such practices/protocols as social distancing, small group tours, single occupancy, and flexibility to delay (TravelMole, 2020d). Both Norwegian Cruise Line (TravelMole, 2020e) and Easy Jets (TravelMole, 2020f) have extended their cancellation/refund policy to restore consumer confidence. Hilton Hotels offers Travel Plan Flexibility that allows guests fully flexible booking options with free changes and cancellations (Hilton Hotels, 2020). While such measures may encourage individuals to plan a trip, book a flight or book a hotel room, they may not effectively restore travellers' confidence, as demonstrated in Table 3. In other words, these measures are what the tourism and hospitality operators think will be crucial in restoring travellers' confidence and not what the travellers themselves believe will be critical in restoring their confidence. Thus, there may be a perception difference between what service providers perceive as essential and what travellers perceive as indispensable for the restoration of travellers' confidence. It is the perception of the latter that will and should matter the most.

Table 3. Measures to Restore Travelers' Confidence to Travel During and Post COVID-19

|                             |       |   |       |
|-----------------------------|-------|---|-------|
| Mask wearing                | 90.7% | Provision of PPE                        | 47.3% |
| Social distancing           | 88%   | Contact tracing                         | 43.3% |
| Hand sanitising             | 88%   | Self-quarantine                         | 42%   |
| Non-crowded places          | 75.3% | Flexible meal plans                     | 36.7% |
| Daily disinfecting practice | 59.3% | Flexible change & cancellation policies | 34%   |
| COVID-19 travel insurance   | 51.3% | Single occupancy at a discounted rate   | 30%   |
| Test before departure       | 47.3% | Outdoor fitness program                 | 20%   |

## 5. DISCUSSION AND CONCLUSION

The paper examined the non-economic impact of COVID-19 on tourist behaviour, specifically from the perspective of travel intention and restoration of travellers' confidence in travelling again, during and post COVID-19. A look into travel intention during and post COVID-19 was critical in making an informed assessment of travellers' perception and behaviour associated with risk, uncertainty, and anxiety. Devising ways to restore travellers' confidence was crucial because tourism businesses and operators that could convince and reassure travellers of their health, hygiene, and safety during and post COVID-19 could be the ones that stand out and create a strong image and brand trust in the travellers' minds.

Travel intention was analysed using three variables, namely travel concerns, travel motivations, and travel eagerness. The biggest travel concerns were overall health and safety wellbeing, crowds, and potential contact with the asymptomatic individual(s). Such concerns may result in scepticism in individuals to travel during and post COVID-19; thus, they may wait a period of time before they will engage in tourism activities even after the pandemic is brought under control. Moreover, they may avoid engaging in tourism activities involving masses of people or large public gatherings, prefer remote, less visited, and less accessible places of interest and more meaningful travel activities, prefer to use private transportation, and choose small-scale lodging operators. In terms of travel motivations, it was discovered that most individuals might only travel again when the COVID-19 vaccine becomes available, despite tourism and hospitality operators religiously following all the recommended health, safety, and hygiene SOPs. This finding may indicate that only such tangible and objective reassurance as the vaccine will make individuals want to travel again without fear, uncertainty, and anxiety. As far as travel eagerness is concerned, there is a gloomy prospect of individuals travelling again even after borders have reopened and tourism activities resumed to a certain extent; thus, they will wait six months or longer to take their next holiday.

When it comes to restoring travellers' confidence, it was discovered that it might take measures that can be seen, calculated, or proved to restore travellers' confidence, such as seeing a face mask covering an individual's nose and mouth, being able to measure the one or two-meter social distancing mark, seeing the availability of hand sanitisers placed in different corners, being able to count heads to gauge the level of crowdedness, and seeing operators constantly disinfect or sterilise property surfaces and items. It may be something similar to seeing is believing. The research also discovered that COVID-19 travel insurance is an important measure to restore travellers' confidence because it may help reduce risk and anxiety, the elements that negatively influence tourists' perception of safety and health during the pandemic. Furthermore, the research revealed that although such measures as flexible meal plans, flexible change and cancellation policies, single occupancy at a discounted rate, and outdoor fitness programs have been deemed essential and implemented by some tourism and hospitality operators as ways to restore travellers' confidence, they may not necessarily be considered vital in restoring confidence from the perspective of the travellers themselves. In other words, there may be a perception difference between what service providers perceive as

critical and what travellers perceive as indispensable when it comes to the restoration of travellers' confidence. It is the perception of the latter that will and should matter the most.

Theoretically, the research contributes to the literature of tourism crises and disaster, specifically in the area of epidemic/pandemic outbreaks, by advocating the findings of prior research that when a crisis such as the outbreak of a pandemic occurs, the risk, anxiety, and fear associated with the crisis can negatively influence tourists' perception which plays a critical role in tourist behaviour and decision making (including travel intention). In most cases, because of fear, anxiety, and fear associated with a crisis like a pandemic, people will most likely engage in what is termed as avoidance behaviour (i.e., reluctant to travel or avoid destinations that are perceived to be risky). From a managerial standpoint, the research findings may be used by tourism and hospitality operators to understand travellers' perception of risk, which, in turn, shapes their travel behaviour and decision-making. Such understanding is vital in allowing tourism and hospitality operators to mitigate the perceived risk by providing measures that may help restore travellers' confidence from travellers' perspectives and not from tourism and hospitality operators' perspectives.

The research is not without its share of limitations. The sample size of 150 might be too small for the research findings to represent the wider population. The use of snowball sampling may contribute to the possibility of oversampling a particular network of peers, leading to bias. Because snowball sampling does not determine the actual pattern of population distribution, there is no guarantee about the representativeness of the sample. Moreover, it is impossible to decide on the sampling error and make statistical inferences from the sample to the population due to the absence of random sample selection. Considering these limitations, the researchers would suggest expanding the sample size and using a random sampling method so the sample would be more representative of the wider population and statistical inferences can be made from the sample to the population.

Lastly, the research was conducted when COVID-19 was still out of control, when state/national/regional/international borders were still closed and tourism activities were halted entirely. Thus, the research findings are the only perception of traveller behaviour and decision making (what travellers perceive as essential). In view of this, it may be important to conduct another research to examine travellers' actual travel behaviour, and decision making after COVID-19 is brought under control, borders have reopened, and both domestic and international tourism has resumed.

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