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COVID-19 AND FUTURE TRAVEL DECISIONS: HOW DO THE DESTINATION-CHOICE-BASED MOTIVATORS REDEFINE TOURIST'S CHOICES?

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ABSTRACT

COVID-19 has heavily influenced people all around the world and forced us to acclimatise to a New Normal. Post-COVID-19 scenarios are predicted that impose specific criteria on travel choices that could change the present tourism equilibrium. Addressing these impulses is crucial for travel destinations for their resilience and recovery. This paper presents preliminary insights into present travel decisions and speculates about potential future, post-COVID-19 choices. An online survey of 449 participants used to investigate the underlying dimensions of destination selection motivations, and to explore the significant differences between the characteristics of travellers in destination-choice-based motivators (DCBMs) for destination selections post-COVID-19. Three motivators for the choice of destinations were derived: accessibility and discounting, health and hygiene, and the history of low incidences of COVID-19. Results also identified interrelationships between travel history and destination selection motivators: participants who had undergone a prolonged quarantine period were highly motivated by 'accessibility and discounting' and 'health and hygiene' factors. In contrast, people with no international travel experience were more concerned with low COVID-19 incidences in the destination(s).

1. INTRODUCTION

COVID-19 is bringing global tourism to a grinding halt; thousands of people in quarantine have been focused on for social and travel experiences outside their homes (De Hass et al. 2020). The social impacts of the pandemic itself, as well as the steps aimed to minimise its blow-out, are extreme. The circumstances contribute to a peculiar situation in which people have had to alter their everyday lives dramatically, often for days, weeks, and longer. The patterns of people's activities, how they function, and how they move are three aspects of everyday life which have changed drastically. Both from an investigation and a strategy perspective, it is vital to evaluate how people react to these externally mediated changes, and how immediate impacts may lead to long-term changes in travel behaviour. As per Goodell (2020), all sectors have been suffered during this time of the pandemic, but for some sectors like travel and tourism, the impact is even more severe (Glossing et al. 2020).

Travel behaviours, and specifically changes in decision-making post-disaster, are not new concepts in the tourism industry and have been especially important over the past two decades, as the industry has witnessed a range of catastrophes from natural disasters to terrorist attacks in many regions of the world. However, the COVID-19 pandemic is a global crisis, affecting almost every region and sector (Brouder, 2020). Further complicating matters, there is no uniformity in the spread of the disease or prevention efforts, as one country appears to be recovering, somewhere else the pandemic is reaching a peak. In this context, the tourism industry must understand the interactions between travel history, destination choices and travel behaviour.

With regards to the 'New Normal', the entire travel system has always been a process of adaption to new circumstances (Glossing et al. 2020). Consequently, De Vos (2020) opined that the new changes take in various restrictions and introducing

new-fangled travel characteristics and behaviours that would influence the landscape of future travel. Encounters with these new types of behaviour and forms of tourism are shaped by individual choices, governmental decisions, and psychological factors. There has been extensive work on understanding the relationship between individuals' attitudes and travel behaviours; further, it has been shown that this way of thinking can and does play a significant role in patterns of consumer behaviour (Paulssen et al. 2014). Following the decision-making of tourists and destination selection after a crisis would enable destination management organisations to frame more effective post-COVID-19 marketing strategies. As stated by Glossing et al. (2020); COVID-19 pandemic is unique in many ways. The besieging ambiguities revolve around the scope, trigger, on-going medical experimentations, and multi-layered consequences become the leading research domains in tourism studies. To this end, considering the future of tourism, it is essential to understand the changes in the demand-side. This is crucial at the current juncture of the pandemic, whilst several tourist sites have managed to ease travel bans, critical concerns which need to be deal with are how and why the outburst has influenced travellers as well as what about their up-to-the-minute travel plans seem to be (Kourgiantakis et al. 2020). In this regard, this study examines the future travel intensions of people and their choices to expand the current understanding and improve predictions of trends post-COVID-19 tourism.

2. LITERATURE REVIEW

2.1) COVID-19-INDUCED TRAVEL BEHAVIOUR

The tourism sector has been going through various types of crisis from time to time since it is highly susceptible and influenced by external factors. Irrespective of nature (whether it is human-made or natural) or scope (regional or global) crisis always create downtime for tourism. However, 2019 novel coronavirus (COVID-19) leads to an unprecedented situation which made the entire world a standstill. The effects on this pandemic are still revolving around uncertainty and estimated to have a long-term impact (Glossings et al. 2020).

Tourism business, regardless of the crisis, is also noted for its recovery and resilience (Ritchie et al. 2014). However, every upheaval leaves a trend, which may be destination-oriented, visitor-oriented, or behavioural oriented. These drifts may be temporary or permanent. For instance, the September 2011 attack made a short-term recession and weakened the international transitory visitation to the USA. On the other hand, the political unrest in the Egyptian region has been created a long-term, continuous travel drops (Ritchie &Jiang, 2019).

Though, the situation of the current COVID-19 pandemic is not as same as of any past incidents. For Sigala (2020), health marketing communications and measures (physical distancing, passage and movement restrictions, community shutdowns, household campaigns, self- or compulsory containment, cluttering constraints) stopped international travel, tourism, and leisure. As an extremely vulnerable business to numerous environmental, political, socio-economic threats, tourism has been used to and has been adaptive to rebound. However, due to the wide-spread, far-stretching impact of COVID-19, how do people intend to make trips and their behavioural intentions are crucial for the industry to make resilient. Also, as opined by Polyzos et al. (2020) currently the connection between the demand crisis and tourism has received considerable attention, rendering the public more informed of global terrorism risks or the financial recession. In the case of such emergencies, which may inevitably have a noticeable impact on the importance and amount of inbound tourism between both the origin and destination regions.

As per Wen et al. (2020) the impact of pandemics upon on tourism sector, whether regional or global, is always inevitable. The literature has presented the connection with both pandemics and tourism in recent years in terms of the risk. Many of the studies about pandemic and tourism are framed around specific destinations. For instance, tourism in the Gambia after Ebola (Novelli et al. 2018); Swine flu and the UK tourism (Page et al., 2011); and SARS affected countries (Kuo et al. 2008).

The COVID-19 is projected to have far-reaching impacts on the marketing behaviour of travellers. Such effects differ from the cultural background of individuals. Hoque et al., (2020) investigated context explores the impact of COVID-19 on the choices of their lifestyle and the attitudes and desires of China in post-disaster

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periods. These findings are significant since Chinese tourists are one of the predominant markets for many countries.

Whereas Ivanova et al. (2020) examined future tourists of Bulgaria and found that most respondents are ready to travel within two months of travel in the region. Individuals will make domestic trips with family. Sanitation, infection control and a reliable healthcare system will be a significant determinant in the choices of passengers. Children and elderly respondents have higher expectations for public protection than males and younger respondents.

Özdemir & Yildiz (2020) investigated Turkey and noticed that COVID-19 negatively affects tourists economically and psychologically. Results indicated that the outbreak of COVID-19 changed tourists' travel opinions unfavourably premised on emotions of insecurity, fear, consequences, danger, lack of confidence and unpleasantness, and slightly altered visitor confidence in tourism enterprises. Travellers mainly personally believe having to travel six months later well aftereffects of a pandemic managed to end. As a perception-driven industry, post-pandemic tourism will be determined by one crucial factor — the reputation and image of the destination (host and guest) as suggested by Hoque et al. (2020). They further explain these observations by emphasising China as an example. As the country where COVID-19 had originated and as an important market for many other destinations such as Japan, South Korea, and Australia.

Notably, all these studies are focused on the visitation trends and travel intentions to the specific destinations, COVID-19 pandemic enforced a more comprehensive framework. The ways of life of people are fundamentally distinctive, derived from the culture, traditions, infrastructure, and other characteristics of their environment. Thus, it is hard to find a general framework of travel intentions post-COVID-19. However, it may be more adaptable to analyses it through travel history and psychological factors more generally.

3. METHODOLOGY

Due to the highly infectious nature of COVID-19 (Shereen et al. 2020), the requisite data were collected in May 2020 through an online survey (Appendix 1).

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Nowadays, social networks are the most significant source of travel information and e-word-of-mouth for purchase decisions (Luo & Zhong, 2015). Participants (N = 449) were members of various travel-related social networking sites (Facebook and WhatsApp groups). The questionnaire consisted of three main sections: questions to construct a pre-COVID-19 travel profile of the participant; information on post-COVID-19 travel intentions for comparison; and rating scales (a seven-point Likert scale: 1 = 'strongly disagree' to 5 = 'strongly agree') for a list of 14 destination choice behavioural motivators (DCBMs) for hypothetical post-COVID-19 travel (Altintzoglou et al. 2016; Kaplanidou & Vogt, 2007). Our analysis focused on variations in participants' DCBMs.

NUMBER	HYPOTHESIS	TYPE
H1	There is a positive association between self-quarantine period (in days) and DCBM(s) for destination selection post COVID-19	Predictive
H2	There is a positive association between pre-COVID-19 travel record and DCBM(s) for destination selection post COVID-19	Predictive
H3	There is a positive association between pre-COVID-19 international travel history and DCBM(s) for destination selection post COVID-19	Predictive
H4	There is a positive association between pre-COVID-19 domestic travel history and DCBM(s) for destination selection post COVID-19	Predictive
H5	There is a positive association between post-COVID-19 travel intention (in days) and DCBM(s) for destination selection post COVID-19	Predictive
H6	There is a positive association between post-COVID-19 travel purpose and DCBM(s) for destination selection post COVID-19	Predictive

Table 1: List of Constructed Hypothesis for the Study
Source: Authors

The data were analysed using two types of tests, both using SPSS version 26. Firstly, an exploratory factor analysis (Chen, 1998; Huan et al. 2004) was carried out to reduce the 14 DCBMs to three uncorrelated factor groups (Table 2) both to merely the data to a few dimensions and to reveal hidden factors (Kozak, 2002). Secondly, to examine statistical Variance ($p < 0.05$) between the factor groups across different travel behaviour variables (Field, 2013), a Kruskal–Wallis test (the non-parametric equivalent of an analysis of Variance) was applied to analyse categorical variables, as data violated assumptions of normality (Batra, 2009)

4. RESULTS

Factor loading items (5) related to destination selections based on proximity to bus/train/flight services and online/offline travel intermediaries' discounting offers were closely related to the first factor, 'accessibility and discounting' (see Table 2). Motivators (5) related to the destination(s) hygiene and destination(s) endorsement by various tourism stakeholders on the lines of destination hygiene and health safety measures were associated with the second factor, 'health-hygiene-referencing'. In contrast, the third factor (4) may be interpreted as destination selection based on the 'history of low COVID-19-related incidences' (HLCI).

Factors (Reliability Alpha)	Eigen value	Per cent of Variance	Grand Mean*	Sig
Factor 1:Accessibility and Discounting (.84)	5.14	37.76	3.37	0.00
I will select destinations near to Airports **(.75)**				
I will select destinations near to Railway Stations **(.77)**				
I will select destinations near to Major Bus Terminus/ Bus Stands **(0.77)**				
I will select destinations with discounted Online/offline tour package price **(.75)**				
I will select destinations promoted by airlines cheap / discounted flight deals **(.72)**				
Factor 2: Health-Hygiene-Referencing (.81)	1.86	13.3	5.22	0.00
I will select destinations with my previous experience of hygiene and health safety **(0.8)**				
I will select destinations recognised and promoted by Government(s) or tourism boards in terms of improved Covid-19 screening and detecting facilities. **(0.79)**				
I will select destinations prompted or referred by my travel agent(s)/ tour operator(s) **(0.70)**				
I will select destinations referred by friends/ relatives/ well-wishers **(.66)**				
I will select destinations with the availability of medical infrastructure (Hospitals, Ambulance services, etc.) **(.58)**				
Factor 3: History of low COVID-19 incidences (.79)	1.79	12.8	4.7	0.00
I will select destinations with no nCovid-19 deaths or even had/ have infections records. **(.89)**				
I will select destinations with no nCOVID-19 deaths **(.87)**				
I will select destinations with no news of curfew/ police lynching/ civilian beaten by police during the lockdown **(.75)**				
I will select destinations where I heard (know) locals were friendly with the COVID -19 Patients **(.41)**				
Note: KMO 0.75, Bartlett 3358.884, p<0.001, Overall reliability alpha 0.89., Total Variance explained 63.56 per cent.				

Table 2: Findings of Factor Analysis

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Source: Survey Data
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4.1) HYPOTHESIS (H1): DURATION OF SELF-QUARANTINE

Only the 'accessibility and discounting' motivator was significantly influenced by participants' self-quarantine periods; the 'health and hygiene' and HLCI motivators had no statistically significant relationship with the duration of the quarantine. A prolonged quarantine period profoundly influenced the 'accessibility and discounting' destination-selection motivator, followed by a shorter quarantine period. Hence the model shows a significant partial relation between self-quarantine period (in days) and DCBM(s) for destination selection post-COVID-19 as per Table 3.

4.2) HYPOTHESIS (H2): TRAVEL RECORD

Participants' pre-COVID-19 overnight travel experiences had a significant effect on the 'accessibility and discounting' and 'health and hygiene' motivators but did not significantly influence the HLCI motivator. Participants with no pre-COVID-19 travel record represented 7.2% of the sample; this response had the highest mean rank across all DCMBs, which demonstrates that participants with no pre-COVID-19 travel record had a greater impact on both significant DCMBs than other groups. Participants with previous experience (two months before COVID-19 lockdown/quarantine) had the next highest effect on 'accessibility and discounting' (267.61) and 'health-hygiene-referencing' (267.37) motivators. Therefore hypothesis (H2) is partially accepted.

4.3) HYPOTHESIS (H3): PRE-COVID-19 INTERNATIONAL TRIP RECORD

Prior experience of international travel had a significant effect on all three groups of destination-choice motivators. Participants with experience of at least one trip abroad a year before COVID-19, self-quarantine/lockdown had an 'accessibility and discounting' factor (269.77) significantly higher than participants for whom international travel was relatively frequent. Participants with 2-3 annual international

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travel experiences rated the 'health and hygiene' factor (262.13), significantly for those with less international travel experience. The 'negative COVID-19 incidences' (277.57) group was rated highest by participants with no international travel experience (see Table 3). Thus this (H3) relation has been hypothesised and accepted entirely.

4.4) HYPOTHESIS (H4): PRE-COVID-19 INTERNATIONAL TRIP RECORD

Significant strong effects of overnight domestic travel experience before COVID-19 were observed for all three destination-choice motivators. Participants who tended to average a single overnight domestic trip per year rated the 'accessibility and discounting' (283.26) and HLCI (266.87) motivators significantly higher than did those who had undertaken more than one and those with no trip experience before the COVID-19 pandemic. The 'health and hygiene' motivator (287.87) had significantly higher ratings from participants who had an experience of 2-3 overnight domestic trips per year than from the other domestic trip experience groups.

4.5) HYPOTHESIS (H5): POST-COVID-19 TRAVEL INTENTIONS

Post-COVID-19 travel intentions exhibited significant effects for all three destination-choice motivators. Travellers who are intending to wait for a couple of years after the COVID-19 pandemic before planning a vacation rated all three groups of DCBMs – 'accessibility and discounting' (305.18), 'health and hygiene' (279.21) and HLCI (300.21) – higher than those who foresaw planning future vacations within a year and those who considered waiting for a couple of years after the pandemic.

4.6) HYPOTHESIS (H6): PURPOSE OF POST-COVID-19 TRAVEL

Significant effects of post-COVID-19 travel purpose were observed for the 'health and hygiene' and HLCI motivators; no significant effects were found for the 'accessibility and discounting' factor. Participants interested in pilgrimage/religious trips after the COVID-19 pandemic rated 'health and hygiene' and HLCI factors as the

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significantly more important for selecting destinations, compared to participants interested in travel for other purposes.

Travel Behaviour concerning COVID-19 pandemic			Destination choice-based motivation factors					
			DM1		DM2		DM3	
Variables	**Description**	**Percent (n=449)**	**Mean Rank**	**χ2**	**Mean Rank**	**χ2**	**Mean Rank**	**χ2**
(Self-Quarantine Duration): I am stuck in lockdown due to Covid-19 outbreak for-	Less than a month (<30 days)	14.30	137.61	45.53 ***	209.46	6.17	250.11	4.38
	More than a month (>30 days)	60.50	243.77		239.82		232.69	
	More than two months (>60 days)	25.20	**290.16**		264.69		263.97	
(Pre Covid-19 Travel History): Pre-COVID-19 lockdown, when did you last travel overnight?	Less than a month (<30 days)	50.90	219.51	19.32 ***	237.13	17.52 **	228.43	7.87
	More than a month (>30 days)	9.40	249.00		194.44		263.29	
	More than two months (>60 days)	32.50	267.61		267.37		249.02	
	I don't travel	7.20	**385.00**		**340.00**		339.50	
(Pre COVID-19 International Travel Frequency): Annually, how many times do you travel internationally?	2-3 times a year	17.50	231.21	12.53 **	**262.13**	9.17 *	185.71	44.89 ***
	4-7 times a year	7.20	176.20		200.70		156.60	
	Never	53.60	243.14		250.99		**277.57**	
	Once a year at least	21.70	**269.77**		217.50		227.77	
(Pre COVID-19 Domestic Travel Frequency): Annually how many times do you usually take overnight domestic trips	2-3 times a year	27.60	242.00	21.04 ***	**287.87**	39.23 ***	264.11	19.11 **
	4-7 times a year	18.80	206.46		202.15		196.77	
	More than eight times	17.40	214.00		183.67		223.04	
	Never	8.70	244.33		272.92		229.17	
	Once a year at least	27.50	**283.26**		250.47		**266.87**	
(Post COVID-19 Travel Intention): After Covid-19 pandemic is over: when will you prefer to go for a vacation?	Never	2.90	191.25	64.75 ***	390.75	107.53 ***	175.50	60.27 ***
	Immediately (<= 7 days)	7.20	271.40		102.70		223.80	
	Within a month	14.50	206.30		188.80		170.25	
	Wait for 3-6 months	26.10	189.11		277.00		230.33	
	Wait for 6-9 months	15.90	263.00		251.55		259.82	
	Wait for a year	27.70	**305.18**		279.21		**300.21**	
	Wait for a couple of years	2.90	261.25		170.25		271.75	
	Others#	2.80	138.75		58.25		137.00	
(Post COVID-19 Travel Purpose): Post COVID-19-lockdown I will preferably travel for:	Business trip	10.10	242.50	9.99	209.50	22.32 **	180.00	79.08 ***
	Education/Training	21.70	224.03		247.6		299.17	
	Holidaying/ Vacation/Leisure	20.30	242.25		225.00		168.50	
	Medical Treatment	7.20	237.10		167.80		283.30	
	Pilgrimage/Religious trip	7.40	277.00		**269.30**		**346.30**	
	Visiting Friends /relatives	30.40	195.80		265.83		232.67	
	Others	2.90	263.33		**299.75**		278.75	

Table 3: Travel behaviour variable analysis result- Kruskal Wallis test
Notes: (1) DM1-DM3 refer DCBMs DM1 (Accessibility-Discounting) DM2 (Health-Hygiene-referencing) DM3 (HLCI)
(2) *$p < 0.05$, **$p<0.01$, ***$p<0.001$ (3) Others[#] include respondents opting for others and prefer not to disclose
Table 3: Travel behaviour variable analysis result- Kruskal Wallis test
Source: Survey Data

4. CONCLUSION

The primary focus of this research was to examine the influence of different aspects of travel behaviour (e.g., travel experience, the purpose for travel) on grouped DCBMs (destination-choice-based motivators) against the backdrop of the current COVID-19 pandemic. The analysis established that participants with experience of a prolonged quarantine period, those with no pre-COVID-19 travel history, and those with international travel history were highly motivated by 'accessibility and discounting' and 'health and hygiene' concerns. In contrast, people with no international travel history were most concerned about the frequency of COVID-19 incidents at their possible destinations. This study offers an initial sign of the strong association between previous domestic travel experience and DCBMs, which suggests that people with at least one experience of overnight domestic travel per year were more alarmed by COVID-19 cases. In particular, this paper strongly suggests that management boards/trusts for pilgrimage sites, in particular, take safety and hygiene problems very seriously and focus on the installation of advanced COVID-19 testing facilities at pilgrimage sites.

This research was conducted in the first and second quarter of 2020 and limited to selected regions. Therefore, the future studies need to consider including a far-reaching scope and present-day context of travel decisions due to the extended period of lockdowns or fear of second/third wave of COVID-19 pandemic.

Furthermore, based on our findings, the study point outs to a number of practical recommendations for managers of tourism destinations and companies. Firstly, businesses engaged with B2C (business to customer) retail sales of tourism products need to consider their regular client's past travel history before formulating various packaged tours; or promoting any particular destination inherent in the mentioned post-COVID-19 destination selection factors. Secondly, countries such as international island destinations are advised to be pitched towards clients with

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international travel experience. Finally, it is suggested to reformulate the post-crisis marketing by including cut rates and safe travel assurances by collaborating with the health and medical certification, to enhance the potential tourist's safety perception. This is vital for the travel intermediaries and destination management companies to create a perception of 'safe destination'.

Acknowledgements

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APPENDIX 1

	COVID-19 OUTBREAK AND LOCKDOWN EFFECT ON FUTURE TRAVEL INTENTIONS AND DESTINATION CHOICE
	PART I – TRAVEL RELATED INFORMATION
1	I am stuck in lockdown due to COVID-19 outbreak for (in days): Less than 10 - Between 10/19 - Between 20/29 - Between 30/39 - Between 40/49 - Between 50/59 - More than 60 - Prefer not to say
2	When did you last travelled before lockdown started? (*travelled for more than '24' Hours and less than '1' Year*) Less than a week - Between 8/15 days - Between 16/30 days - Between 31/45 days - Between 46/60 days - More than 60 days - Never visited a tourist place - Prefer not to say
3	How many times in a year do you travel internationally (travelled outside the country of residence)? Never - Once or less than one - 2/3 times a year - 4/7 times a year - More than 8 times
4	How many times in a year do you usually take overnight trips domestically (travelled inside your country of residence)? Never - Once - 2/3 times a year - 4/7 times a year - More than 8 times - Prefer not to say
	PART II – TRAVEL RELATED INFORMATION POST COVID-19

5	After COVID-19 Pandemic is over: when will you prefer to go for a vacation? (☹Mark any one option) Never - Immediately (within a week) - Within a month - Wait for 3/6 months - Wait for 6/9 months - Wait for a year - Wait for a couple of years - Prefer not to say ☐
6	Post COVID-19-Lockdown I will preferably travel for: Pilgrimage/Religious - Education/Training - Business - Visiting Family and Friends - Holiday/Vacation/Leisure - Medical Treatment - Others - Prefer not to say ☐

PART III –POST-COVID-19 KEY FACTORS FOR DESTINATION SELECTION

7	Please rate the below-mentioned factor(s)/criteria(s)/statement(s) that you consider after Covid-19 pandemic will be Important for you to select a tourist destination for you or your family on the scale of 1 to 5. Where: 1=Not Important at all 2 = Somewhat important 3 = Don't Know 4 = Important and 5=Extremely Important 1.-Destinations near to Airports. 2.-Destinations near to Railway Stations. 3.-Destinations near to Major Bus Terminus/ Bus Stands. 4.-Destinations promoted by airlines cheap/discounted flight deals. 5.-Destinations with discounted Online/offline tour package price. 6.-Destinations where I heard (know) locals were friendly with the COVID -19 patients. 7.-Destinations with no Covid-19 deaths. 8.-Destinations with no Covid-19 deaths or even had/ have infections record. 9.-Destinations with no news of curfew/ police lynching/ civilian beaten by police during the lockdown. 10.-Destinations with the availability of medical infrastructure (Hospitals, Ambulance services, etc.). 11.-Destinations referred by Fiends/ relatives/ well-wishers. 12.-Destinations prompted or referred by my travel agent(s)/ tour operator(s). 13.-Destinations recognised and promoted by Government(s) or tourism boards in terms

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| of improved Covid-19 screening and detecting facilities. |
| 14.-Select Destinations with your previous experience of hygiene and health safety. |

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