Safety and Risk Perceptions in Tourism

Subjects: Geography

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Given the global character of the COVID-19 pandemic, tourism recovery should be addressed by enhancing the governmental safety measures, as well as studying the perceived travel risks and individual coping behavior. In public health crisis contexts, people deal with their fear by employing different coping strategies, which foster individual adaptability and mitigate related contextual losses. Addressing the main constructs under analysis, perceived risks and tourism safety perceptions are discussed, as well as the resulting coping behavior in post-pandemic times, namely the acceptance of restrictions and adaptative behavioral intentions.

Keywords: risk severity ; risk susceptibility ; tourism safety perceptions ; coping behavior ; acceptance of restrictions

1. Introduction

A number of major events with global impact have had significant negative effects on tourism flows during the past decades, such as terrorist attacks, war and military conflicts, natural disasters, such as the destructive tsunami in the Indian Ocean in 2004, and health hazards, such as severe acute respiratory syndrome (SARS) in 2003 [1][2]. Since tourism operates in a network system, combining numerous services, goods, and destinations [3][4], and plays a vital economic role in many economies around the world [5][6][7], this unprecedented health crisis has produced colossal economic impacts [8][9]. Among travel risk factors, health and well-being are a crucial concern for tourists [10][11][12]. The fall in the number of outbound trips, job loss, and the economic crisis were huge in east Asia after the outbreak of SARS in 2003 and in West Africa after the outbreak of the Ebola epidemic in 2014 [13], Since 2020, people have stopped travelling due to the restrictions and lockdowns imposed worldwide [14], as well as the perceived risk for exposure to SARS-CoV-2 [15]. Currently, it is a fact that COVID-19 is “larger in size and scope than previous epidemics” [13] (p. 2), with unprecedented impacts on the tourism and hospitality industry [16], which is very sensitive to the health crisis and subsequent slow recoveries [17][18].

There are multiple theories that have been advanced for safety and risk in the context of tourism [19]. The risk perception attitude (RPA) is a theoretical framework that provides a broad understanding of the risk perception attitudes of individuals in the tourism context [20]. Within the RPA framework [12], perceived risk includes two main dimensions: (i) perceived severity: fear and stress provoked by the fear of being infected by the disease in the individual and public sphere; (ii) perceived susceptibility: risk perceptions of travel and participation in leisure activities. The efficacy beliefs also comprise two dimensions: (i) self-efficacy: acceptance of control and civilian restriction measures; (ii) response efficacy: intentions to adopt protective behaviors. Accordingly, the health belief model (HBM), a theoretical framework frequently used in the analysis of health-related behaviors, considers that perceived risk comprises two dimensions: risk susceptibility (people’s perception of vulnerability towards a particular health risk) and risk severity (which pertains to individuals’ subjective perception of the seriousness of the health risk) [21][22]. Taking the theory of planned behavior [23] as a framework, negative emotions and susceptibility have been studied, among others, as antecedents of attitudes towards travel, travel avoidance behavior, and protection motivation [13][15].

In public health crisis contexts, people deal with their fear by employing different coping strategies, which foster individual adaptability and mitigate related contextual losses [13]. Addressing the main constructs under analysis, in the following sections, perceived risks and tourism safety perceptions are discussed, as well as the resulting coping behavior in post-pandemic times, namely the acceptance of restrictions and adaptative behavioral intentions.

2. Perceived Risks

Bauer [24], in his seminal work in the domain of behavioral studies, introduced the idea that consumption involves risk. Since then, the perceived risk theory has been widely used in subsequent research addressing consumer choice [25][26]. Perceived risk refers to the consumer’s perception of uncertainty of unfavorable outcomes and negative consequences [27].

Potential risks in different tourism contexts have been studied, which include financial, political, physical, health, equipment, and socio-psychological dimensions [28]. In the past decades, several factors affected the tourism industry worldwide. Disruptive events, such as terrorist attacks, crime and violence, wars and political instability, natural catastrophes, and diseases caused drastic tourism crises [11]. Health risks constitute one of the most impactful risk types, leading tourists to enhance self-protective measures and behaviors [28]. With the improvement of people's safety awareness, as well as the global impact and flow of information regarding the COVID-19 pandemic, health risks have become a major concern for tourists [28] and, combined with governmental restrictions, have deterred travelling [18]. Referring to one's evaluation of the likelihood of personal health harms and the assessment of their magnitude and effects, perceived health risks can be examined in terms of perceived susceptibility and perceived severity [29].

3. Tourism Safety Perceptions

In the tourism and recreation contexts, safety is a projected condition since tourists or recreationists want to avoid situations that can menace their integrity [30] during the buying and consumption processes of travelling services, especially factors such as diseases, accidents, violence and crime, terrorism, wars, and armed conflicts [31][32]. Considered as the perception of the absence of risk, perceived safety can be considered an affective element of perceived risk and is a central aspect of tourists' decision-making, especially in threatening times and contexts [20].

In the present context, health risks are associated not only with travelling but also with tourism experiences. The tours and activities sector has been one of the fastest-growing categories for venture-capital investment [33]. Currently, tourism activities involving close contact with other participants and requiring people frequently touching surfaces and objects imply a major risk for people, resulting in "immunity pods" that stay away from conventional hotels, restaurants, activities, and crowds [34]. Limited travel activities are proven to be a risk-reducing mechanism during a health crisis [35]. Thus, it is pertinent to consider tourism safety perceptions regarding the whole tourism experience, detaching travelling from perceptions related to tourism activities.

4. Acceptance of Restrictions

The current pandemic has imposed lockdowns and quarantines, physical distancing, closure of public services and education institutions, and suspension of events [14][36]. Travel restrictions, by means of closed borders, travel bans, and cancelled flights, have affected over 90% of the world's population, both at the international and domestic level, negatively impacting economies and the tourism systems [18]. Additionally, although governmental and individual measures, such as distancing, self-isolation, and travel restrictions, have had a strong impact on citizens' daily lives with regards to mobility, travel plans, mental health, and economic conditions, they have prevented millions of additional infections and have reduced the number of deaths during the pandemic [37]. Even if young people are less affected by severe SARS-CoV-2, they constitute active routes of transmission and may be more likely to ignore appropriate measures [38]. Therefore, it is pertinent to analyze their acceptance of the restrictions and security measures imposed by their national governments [18]. Within the risk perception attitude framework, acceptance of control and civilian restriction measures can be understood in the domain of self-efficacy beliefs.

5. Intentions to Change Behaviour

Health risk perceptions associated with the COVID-19 pandemic are expected to affect tourists' behaviors and decisions [39]. In fact, the risk to health and wellbeing has been studied as an antecedent of coping or adaptative behavior [13][39]. As postulated by the risk perception attitude framework, response efficacy refers to the intentions to adopt protective behaviors. Negative emotions affect one's risk perception attitude, as well as subsequent decisions on enacting preventive measures [12]. Furthermore, based on the protection motivation theory, perceived risk comprising the perceived vulnerability and severity toward health risk is understood as an antecedent of protective behavior, given that the perception of threats would encourage people to act in order to reduce their risk [28]. Moreover, the theory of planned behavior is widely used to predict various behaviors [40] and a salient model to measure travelers' health risk perceptions and protective behaviors [31].

Age is a relevant influencing factor of the adoption of protective behavior [38], which should be further explored in this pandemic context, since young people's higher perception of invulnerability may reduce risk-protective behavior [39]. Furthermore, the habituation model [41] provides an explanation for a desensitization phenomenon: throughout the evolution of the activation of fear, there is a minimization of anxiety and protective behaviors by means of habituation [42]. This makes it relevant to analyze the COVID-19 impacts on individual perceptions and intentions, while contrasting different pandemic periods.

References

1. Ahlfeldt, G.M.; Franke, B.; Maennig, W. Terrorism and international tourism: The case of Germany. Jahrbücher Für Natl. Und Stat. 2015, 235, 3–21.
2. Bonham, C.; Edmonds, C.; Mak, J. The impact of 9/11 and other terrible global events on tourism in the United States and Hawaii. J. Travel Res. 2006, 45, 99–110.
3. Bunghez, C.L. The importance of tourism to a destination's economy. J. East. Eur. Res. Bus. Econ. 2016, 2016, 1–9.
4. Morrison, A.; Lynch, P.; Johns, N. International tourism networks. Int. J. Contemp. Hosp. Manag. 2004, 16, 197–202.
5. Du, D.; Lew, A.A.; Ng, P.T. Tourism and economic growth. J. Travel Res. 2016, 55, 454–464.
6. Kim, H.; Marcouiller, D.W. Considering disaster vulnerability and resiliency: The case of hurricane effects on tourism-based economies. Ann. Reg. Sci. 2015, 54, 945–971.
7. Saleh, A.S.; Assaf, A.G.; Ihalanayake, R.; Lung, S. A panel cointegration analysis of the impact of tourism on economic growth: Evidence from the Middle East region. Int. J. Tour. Res. 2015, 17, 209–220.
8. Karabag, S.F. An unprecedented global crisis! The global, regional, national, political, economic and commercial impact of the coronavirus pandemic. J. Appl. Econ. Bus. Res. 2020, 10, 1–6.
9. Ranasinghe, R. After corona (COVID-19) impacts on global poverty and recovery of tourism based service economies: An appraisal. Int. J. Tour. Hosp. 2021, 1, 52–64.
10. Neuburger, L.; Egger, R. Travel risk perception and travel behaviour during the COVID-19 pandemic 2020: A case study of the DACH region. Curr. Issues Tour. 2021, 24, 1003–1016.
11. Seabra, C.; Reis, P.; Abrantes, J.L. The influence of terrorism in tourism arrivals: A longitudinal approach in a Mediterranean country. Ann. Tour. Res. 2020, 80, 102811.
12. Wang, J.; Liu-Lastres, B.; Ritchie, B.W.; Mills, D.J. Travellers' self-protections against health risks: An application of the full Protection Motivation Theory. Ann. Tour. Res. 2019, 78, 102743.
13. Zheng, D.; Luo, Q.; Ritchie, B.W. Afraid to travel after COVID-19? Self-protection, coping and resilience against pandemic 'travel fear'. Tour. Manag. 2021, 83, 104261.
14. Gössling, S.; Scott, D.; Hall, C.M. Pandemics, tourism and global change: A rapid assessment of COVID-19. J. Sustain. Tour. 2020, 29, 1–20.
15. Chua, B.-L.; Al-Ansi, A.; Lee, M.J.; Han, H. Impact of health risk perception on avoidance of international travel in the wake of a pandemic. Curr. Issues Tour. 2020, 24, 985–1002.
16. Kaushal, V.; Srivastava, S. Hospitality and tourism industry amid COVID-19 pandemic: Perspectives on challenges and learnings from India. Int. J. Hosp. Manag. 2021, 92, 102707.
17. Novelli, M.; Gussing Burgess, L.; Jones, A.; Ritchie, B.W. 'No Ebola… still doomed'—The Ebola-induced tourism crisis. Ann. Tour. Res. 2018, 70, 76–87.
18. Seabra, C.; AlAshry, M.; Çınar, K.; Raja, I.; Reis, M.; Sadiq, N. Acceptance of restrictions and risk perception by young generations in a COVID-19 context. Int. J. Tour. Cities 2021, 7, 463–491.
19. Xie, C.; Zhang, J.; Morrison, A.M. Developing a Scale to Measure Tourist Perceived Safety. J. Travel Res. 2020, 60, 1232–1251.
20. Liu-Lastres, B.; Mirehie, M.; Cecil, A. Are female business travelers willing to travel during COVID-19? An exploratory study. J. Vacat. Mark. 2021, 27, 252–266.
21. Becker, M.H. The Health Belief Model and personal health behavior. Health Educ. Monogr. 1974, 2, 324–508.
22. Janz, N.K.; Becker, M.H. The health belief model: A decade later. Health Educ. Behav. 1984, 11, 1–47.
23. Ajzen, I. The theory of planned behaviour. Organ. Behav. Hum. Decis. Processes 1991, 50, 179–211.
24. Bauer, R.A. Consumer behavior as risk taking. In Dynamic Marketing for a Changing World; Hancock, R.S., Ed.; American Marketing Association: Chicago, IL, USA, 1960; pp. 389–398.
25. Dowling, G.R.; Staelin, R. A model of perceived risk and intended risk-handling activity. J. Consum. Res. 1994, 21, 119–134.
26. Pavlou, P.A. Consumer acceptance of electronic commerce: Integrating trust and risk with the technology acceptance model. Int. J. Electron. Commer. 2003, 7, 101–134.

27. Conchar, M.P.; Zinkhan, G.M.; Peters, C.; Olavarrieta, S. An integrated framework for the conceptualization of consumers' perceived-risk processing. J. Acad. Mark. Sci. 2004, 32, 418–436.
28. Huang, X.; Dai, S.; Xu, H. Predicting tourists' health risk preventative behaviour and travelling satisfaction in Tibet: Combining the theory of planned behaviour and health belief model. Tour. Manag. Perspect. 2020, 33, 100589.
29. Liu-Lastres, B.; Schroeder, A.; Pennington-Gray, L. Cruise line customers' responses to risk and crisis communication messages: An application of the risk perception attitude framework. J. Travel Res. 2019, 58, 849–865.
30. Seabra, C.; Dolnicar, S.; Abrantes, J.L.; Kastenholz, E. Heterogeneity in risk and safety perceptions of international tourists. Tour. Manag. 2013, 36, 502–510.
31. Quintal, V.A.; Lee, J.A.; Soutar, G.N. Risk, uncertainty and the theory of planned behavior: A tourism example. Tour. Manag. 2010, 31, 797–805.
32. Sönmez, S.F.; Graefe, A.R. Influence of terrorism risk on foreign tourism decisions. Ann. Tour. Res. 1998, 25, 112–144.
33. Borko, S.; Geerts, W.; Wang, H. The Travel Industry Turned Upside down: Insights, Analysis and Actions for Travel Executives. 2020. Available online: https://www.mckinsey.com/industries/travel-logistics-and-infrastructure/our-insights/the-travel-industry-turned-upside-down-insights-analysis-and-actions-for-travel-executives (accessed on 28 December 2021).
34. Marcus, J. 'Immunity Pods' of Family and Friends Start to Venture out on Private 'Vaxications'. Boston Sunday Globe, 4 April 2021; p. 13. Available online: https://assets.simpleviewinc.com/simpleview/image/upload/v1/clients/rhodeisland/Boston_Globe_4_4_21_b237746e-c8bc-4d2e-b503-7af21a9046ae.pdf(accessed on 15 December 2021).
35. Quintal, V.; Sung, B.; Lee, S. Is the coast clear? Trust, risk-reducing behaviours and anxiety toward cruise travel in the wake of COVID-19. Curr. Issues Tour. 2022, 25, 206–218.
36. Fong, L.H.N.; Law, R.; Ye, B.H. Outlook of tourism recovery amid an epidemic: Importance of outbreak control by the government. Ann. Tour. Res. 2020, 86, 102951.
37. Sharieh, A.; Khurmah, R.A.; Masadeh, R.; Alzaqebah, A.; Alsharman, N.; Sharieh, F. Effect of Threat Control Management Strategies on Number Infected by COVID-19. In The Effect of Coronavirus Disease (COVID-19) on Business Intelligence; Alshurideh, M.T., Hassanien, A.E., Masa'deh, R., Eds.; Springer: Cham, Switzerland, 2021; pp. 15–41.
38. Pasion, R.; Paiva, T.O.; Fernandes, C.; Barbosa, F. The AGE effect on protective behaviors during the COVID-19 outbreak: Sociodemographic, perceptions and psychological accounts. Front. Psychol. 2020, 11, 2785.
39. Chien, P.M.; Sharifpour, M.; Ritchie, B.W.; Watson, B. Travelers' health risk perceptions and protective behavior: A psychological approach. J. Travel Res. 2017, 56, 744–759.
40. Albarracin, D.; Johnson, B.T.; Fishbein, M.; Muellerleile, P.A. Theories of reasoned action and planned behavior as models of condom use: A meta-analysis. Psychol. Bull. 2001, 127, 142.
41. Watts, F.N. Habituation model of systematic desensitization. Psychol. Bull. 1979, 86, 627–637.
42. Barros, M.N.; Aguiar, M.M.; Carvalho, F.; Macedo, A.; Pereira, A.T. COVID-19 Fear Scale-Validation and adaptation for the perinatal period. J. Hum. Growth Dev. 2021, 31, 9–17.

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