

## 38. To Travel or Not To Travel? Understanding the Relationship between COVID Stress and Travel Avoidance

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### EXTENDED ABSTRACT

As of July 27, 2022, the COVID-19 pandemic has caused 6,381,643 cumulative deaths and 568.7 million confirmed cases in over 210 countries (World Health Organization, 2022). Given this situation, tourism is considered a high-risk activity, creating COVID stress and fear (Zheng et al., 2021). It is also believed that public fear may lead to attitudes that result in negative outcomes in the tourism (Bali et al., 2016). Using the stimulus-organism-response (S-O-R) model, this study aims to understand the relationship between Malaysians' perceived threat, stress, and travel avoidance. In this study, COVID stress is categorized as (1) danger and contamination fears, (2) compulsive checking and reassurance checking, and (3) traumatic stress symptoms.

The results indicated that danger and contamination fears mediate the relationship between perceived threat and travel avoidance. From a theoretical perspective, this study also contributes to knowledge by extending the application of the S-O-R model in tourism research. From a practical perspective, this study provides meaningful insights for tourism practitioners to understand the fear factors and enhance their tourism recovery strategy.

### LITERATURE REVIEW

#### Stimulus-Organism-Response Model

According to the S-O-R model, specific environmental characteristics may stimulate an individual's inner state and lead the person to engage in specific behavior (Mehrabian & Russell, 1974). In this study, the perceived threat is known as the stimulus. COVID stress acts as the organism, whereas travel avoidance is the response of tourists.

#### Travel Avoidance

After the outbreak of COVID-19, many countries have created visiting restrictions. Similarly, many people are more likely to avoid traveling due to the pandemic (Karl et al., 2021; Zenker et al., 2021).

#### Perceived Threat

Perceived threat refers to the individual's judgment of a particular risk (Floyd et al., 2000). Rogers (1975) has identified two dimensions of perceived threat: (1) perceived susceptibility and (2) perceived severity.

### ***Perceived Susceptibility***

Perceived susceptibility refers to the individual's belief in contracting a disease (Brewer & Fazekas, 2007). It is believed that individuals are more likely to make preventive and avoidant actions if they perceive themselves at risk of developing an illness.

Thus, we proposed the following hypotheses:

**H1a** *Perceived susceptibility is positively associated with COVID danger and contamination fears.*

**H1b** *Perceived susceptibility is positively associated with COVID compulsive and reassurance checking.*

**H1c** *Perceived susceptibility is positively associated with COVID traumatic stress symptoms.*

### ***Perceived Severity***

Perceived severity refers to the concern of individuals with the severity of a condition (Brewer & Fazekas, 2007). When individuals perceive an illness at a severe level, the individuals will take preventive measures and avoid the condition in most cases (Cahyanto et al., 2016).

Thus, we proposed the following hypotheses:

**H2a** *Perceived severity is positively associated with COVID danger and contamination fears.*

**H2b** *Perceived severity is positively associated with COVID compulsive and reassurance checking.*

**H2c** *Perceived severity is positively associated with COVID traumatic stress symptoms.*

### **COVID Stress**

According to Taylor et al. (2020), COVID stress is categorized into three different dimensions: (1) COVID danger and contamination fears, (2) COVID compulsive checking and reassurance checking, and (3) COVID traumatic stress symptoms.

### ***COVID Danger and Contamination Fears***

One of the basic emotions is fear which helps individuals to avoid a specific threat (Cisler et al., 2009). Several studies found that fear is associated positively with individuals' avoidant behaviors during and after the outbreaks of disease (Cahyanto et al., 2016; Zheng et al., 2021).

Thus, we proposed the following hypotheses.

**H3a** *COVID danger and contamination fears are positively related to travel avoidance.*

**H4a** *COVID danger and contamination fears mediate the relationship between perceived susceptibility and travel avoidance.*

**H5a** *COVID danger and contamination fears mediate the relationship between perceived severity and travel avoidance.*

### *COVID Compulsive Checking and Reassurance Checking*

Individuals tend to develop a habit of compulsive and reassurance checking on COVID-19-related news, such as checking social media and seeking reassurance from medical professionals (Taylor et al., 2020).

Thus, we proposed the following hypotheses:

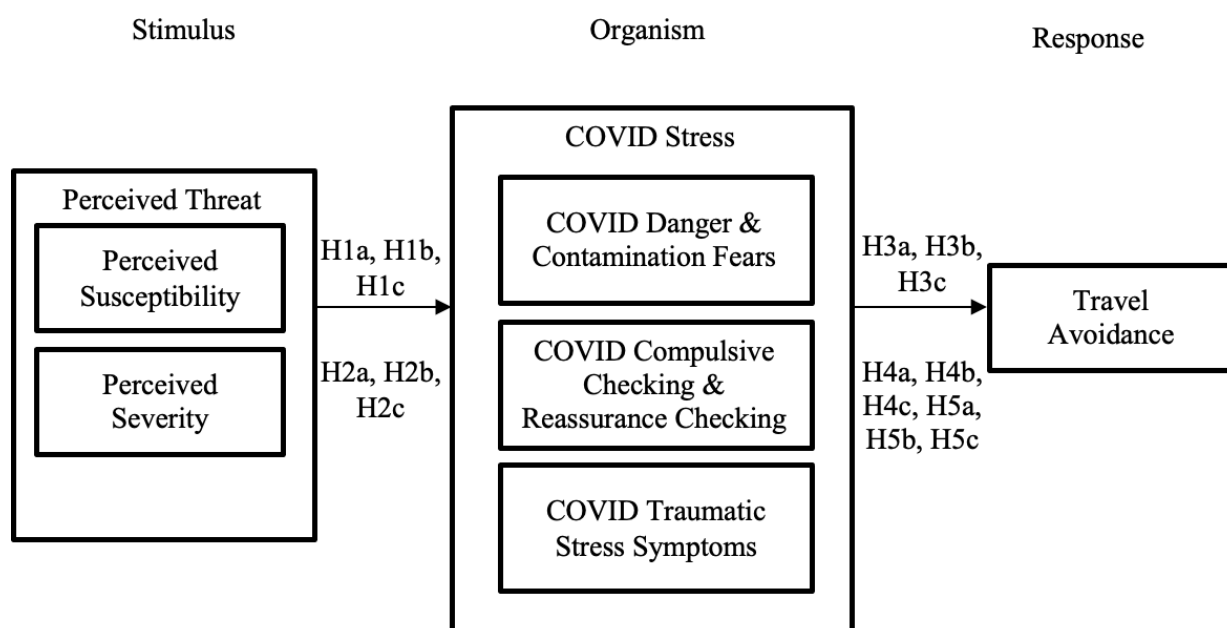
- H3b** *COVID compulsive checking and reassurance checking are positively related to travel avoidance.*
- H4b** *COVID compulsive checking and reassurance checking mediate the relationship between perceived susceptibility and travel avoidance.*
- H5b** *COVID compulsive checking and reassurance checking mediate the relationship between perceived severity and travel avoidance.*

### *COVID Traumatic Stress Symptoms*

Research suggests many individuals developed anxiety-related distress responses during the pandemic (Taylor, 2019). According to Taylor et al. (2020), traumatic stress symptoms included intrusive thoughts and nightmares.

Thus, we proposed the following hypotheses:

- H3c** *COVID traumatic stress symptoms are positively related to travel avoidance.*
- H4c** *COVID traumatic stress symptoms mediate the relationship between perceived susceptibility and travel avoidance.*
- H5c** *COVID traumatic stress symptoms mediate the relationship between perceived severity and travel avoidance.*



**Figure 1: Research Framework**

## RESEARCH METHOD

A total of 211 valid responses were collected. The items were measured using a 5-point Likert scale. The scales adopted are perceived threats (Witte, 1992; Witte & Morrison, 2000), COVID Stress (Taylor et al., 2020), and travel avoidance (Karl et al., 2021).

## RESULTS

### Measurement Model Assessment

As shown in Table 1, the composite reliability values are more than 0.70, the outer loadings are more than 0.50, and AVE values are higher than 0.5 (Hair et al., 2017). The result shows that the data has achieved discriminant validity.

**Table 1: Measurement Model**

Dimension	Construct	Indicator	Loading	Composite Reliability	AVE	
Perceived threat	Perceived susceptibility	PSC1	0.944	0.925	0.805	
		PSC2	0.940			
		PSC3	0.800			
	Perceived severity	PSV1	0.824	0.808		
		PSV2	0.820			
		PSV3	0.640			
COVID stress	COVID danger and contamination fear	DFCF1	0.857	0.967	0.727	
		DFCF2	0.798			
		DFCF3	0.904			
		DFCF4	0.874			
		DFCF5	0.846			
		DFCF6	0.864			
	COVID compulsive seeking and reassurance checking	CCRS1	0.766	0.912		
		CCRS2	0.755			
		CCRS3	0.716			
		CCRS4	0.829			
		CCRS5	0.878			
		CCRS6	0.824			
	COVID traumatic stress symptoms	TSS1	0.862	0.936		0.710
		TSS2	0.865			
TSS3		0.906				
TSS4		0.840				
TSS5		0.814				
TSS6		0.761				
Travel avoidance	Travel avoidance	TA1	0.938	0.951	0.828	
		TA2	0.926			
		TA3	0.875			
		TA4	0.899			

PSV4 was removed due to loading < 0.4

## Structural Model Assessment

The result indicates that perceived susceptibility and perceived severity have significant influences on COVID stress. However, compulsive checking and reassurance checking (H3b) and traumatic stress symptoms (H3c) have no significant influence on travel avoidance.

**Table 2: Structural Model (Direct Relationship)**

Hypothesis	Relationship	Confidence Interval (Two-tailed)		Std Beta	Std Error	t-value	P- value	Decision
		2.5%	97.5%					
H1a	PSC->DFCF	0.016	0.231	0.123	0.055	2.223	0.026	Supported
H1b	PSC->CCSR	0.085	0.352	0.220	0.068	3.232	0.001	Supported
H1c	PSC->TSS	0.108	0.383	0.250	0.070	3.905	0.000	Supported
H2a	PSV->DFCF	0.443	0.661	0.554	0.056	9.964	0.000	Supported
H2b	PSV>CCSR	0.012	0.350	0.188	0.086	2.170	0.030	Supported
H2c	PSV->TSS	0.116	0.354	0.235	0.060	3.905	0.000	Supported
H3a	DFCF->TA	-0.205	0.081	0.668	0.061	10.994	0.000	Supported
H3b	CCSR->TA	0.543	0.778	-0.064	0.073	0.874	0.382	Not supported
H3c	TSS->TA	-0.103	0.158	0.032	0.067	0.487	0.626	Not supported

## Mediation Testing

Based on the result, the relationship between perceived susceptibility, perceived severity and travel avoidance is mediated by danger and contamination fears (H4a and H5a).

**Table 3: Structural Model (Indirect Relationship)**

Hypothesis	Relationship	Confidence Interval (Two-tailed)		Std Beta	Std Error	t- value	p- value	Decision
		2.5%	97.5%					
H4a	PSC->DFCF->TA	0.261	0.489	0.123	0.037	6.433	0.000	Supported
H4b	PSC->CCSR->TA	-0.051	0.019	-0.014	0.017	0.818	0.413	Not supported
H4c	PSC->TSS->TA	-0.044	0.020	0.250	0.017	0.467	0.640	Not supported
H5a	PSV->DFCF->TA	0.261	0.489	0.370	0.058	6.433	0.000	Supported
H5b	PSV>CCSR->TA	-0.044	0.020	0.188	0.016	0.757	0.449	Not supported
H5c	PSV->TSS->TA	-0.025	0.042	0.235	0.017	0.467	0.640	Not supported

## DISCUSSIONS

The results show that the COVID danger and contamination fears are the main “travel fear” which lead them to avoid traveling.

## THEORETICAL IMPLICATIONS

This study adopted the S-O-R model as an underpinning theory to explore Malaysians' future travel intentions. Consistent with the findings, negative inner states of individuals, such as fears, lead to negative responses such as avoidant behaviors.

## MANAGERIAL IMPLICATIONS

The results suggest that travel avoidance is mainly triggered by fear. Therefore, practitioners need to provide safer travel destinations to build public confidence by using more cautious measures.

## FUTURE RESEARCH DIRECTIONS

A cross-sectional survey was used in this study to measure the constructs. Future studies should consider including qualitative data and analysis to obtain more fruitful findings.

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