Danish tourists in Italy: prospects for tourism recovery following the COVID-19 pandemic and the relationship between risk perception and travel intention

MA TOURISM MASTER'S THESIS

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Abstract

The world of tourism as it was known until the early 2020s was largely and severely undermined by the advent and spread of the COVID-19 pandemic that had its epicentre in China. This is the fifth pandemic of the second millennium, but in terms of its effects to date, the most devastating.

Previously, several research have investigated the short- and long-term effects on tourism following a pandemic, and given the unknown consequences of the ongoing one, this paper aimed to contribute to the study of possible scenarios that would favour the recovery of tourism after a disruprive event. Specifically, this was done in collaboration with a company, *Luxury Around*, which owns accommodation of various kinds in several Asian and European countries, including Italy. The aim was to explore any possible changes affecting the Danish market, particularly those who regularly travel to Italy for leisure and business, or who have already travelled there at least once and plan to return. This was done by investigating the effects of the pandemic on their tourist behaviour, i.e. their intention to travel to Italy and their choices regarding certain aspects of the holiday that are directly affected by the health emergency.

The aim of investigating tourist behaviour following COVID-19 was to understand Danish tourists' perceptions of health risk and thus enable a company like *Luxury Around* to adapt to new market demands. This was achieved through a closed-question questionnaire that was disseminated on targeted Facebook groups and through the *Italian Institute of Culture*, channels that made it possible to reach Danish citizens interested in travel and Danish students studying Italian, who therefore have some interest in Italy.

Two theories, the Protection Motivation Theory and the Risk Perception Attitude Framework, underpinned not only the creation of the questionnaire but a targeted analysis of it, which revealed a general optimism regarding future travel to Italy on the part of Danish tourists, supported mainly by confidence in current vaccination plans and also by the variety of tourist experiences that Italy offers. Indeed, high exposure to media information about the pandemic suggested an influence on the choice of destination in the future but also on the willingness to travel itself; however, this survey showed that only the specific destination in Italy and the period the next trip will take place is of concern to Danish tourists in the aftermath of the COVID-19 pandemic. In addition, personality,

history and prior behaviours of individuals had been shown to be common traits in the formation of individual risk perception, and indeed it emerges that a strong familiarity with the destination given by repeated travel contributes to lowering risk perception and increasing confidence in one's ability to adapt to danger.

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Introduction

The genuine inspiration for this thesis came from a collaboration with a brand called *Luxury Around* specialized in renting authentic properties as villas, country houses, resorts, lodges, apartments and penthouses in France, Spain, Thailand, Indonesia, Italy, Greece and more unique destinations all over the world (*About Us*, 2017). When it came to bring together my field of studies as a tourism student and the business goals of the brand, the connection with my home country, Italy, and the wide availability of accommodations the brand owns there, along with the market of the country where I currently live, Denmark, ultimately took us to outline the following thesis topic and problem formulation:

In the midst of the COVID-19 pandemic, the potential for a form of tourism closely linked to the desire for safety, privacy and contact with nature is very high.

To what extent do Danish tourists planning a new trip to Italy perceive the health risk?

Does travel experience and familiarity with the destination help lower the risk perception and form an intention to travel in the aftermath of COVID-19 emergency?

What other aspects, including vaccines and information seeking, influence the choice to travel to one of the most affected countries from the pandemic in Europe?

What kind of experiences emerge as a new trend in view of a recovery of outbound tourism?

An analysis of the Danish market with regard to the destination Italy, with the help of common behavioural patterns that have emerged from studies following other pandemics prior to COVID-19.

Luxury Around recognises that ways of travelling and choosing holiday destinations have changed, and that there is a growing trend to consider an experience in nature that satisfies comfort, safety and authenticity, as luxury. With this in mind, investigating *how* the outbreak of the pandemic has changed and is changing the scenario in terms of choice of destinations and experiences is crucial for a business. Moreover, repeat tourists may be a group to aim for, because of their potential loyalty and familiarity with the destination.

Nordic tourists, Danes included, have always been willing to travel to Southern Europe to exploit nature and beach tourism, as well as culture and food. Statistics from 2019 show that Italy was the second destination chosen from Danish people for four over nights stays or more, together with Germany (*Holiday and Business Trips*, 2019), but COVID-19 and the perception of contagion risks while travelling may push many people to avoid usually-crowded places and certain types of tourism from now on. The identification of any possible change in travel habits and demand from 2020 after the outbreak of the pandemic can be extremely useful for a brand like *Luxury Around* that bases its business on selling accommodation and experiences to the Nordic market too.

It is not the first time that the tourism industry is heavily affected by a global crisis and disruptive events, such as September 11/2001, the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 and the global economic crisis of 2008/2009 (Gössling et al., 2020). However, according to many, COVID-19 pandemic seems to unfold unprecedented impacts and recovery, although tourism has previously proved its resilience to this kind of external shocks (ibid.).

What at the moment certainly shows resilience is travel demand, as statistics show that it is still noticeable globally, and, if we like, even higher in 2021 after one year or more of stay-at-home recommendations. According to some research, most of the respondents are planning to travel within their country in the next 12 months, but international travels are still an option for many, as 1 out of 4 is planning a holiday abroad (*How Are Consumer Attitudes Shaping Travel Trends in 2021?*, 2021). In fact, an increasing general hope for the vaccines to be rolled out is shaping a growing travel sentiment, and 48% among the respondents who have not flown since March 2020 are willing to return to air travel with the vaccine being a top motivator (ibid.).

Given that *Luxury Around* does not own any accommodation in Denmark, that is, domestic tourism within Denmark is not part of its business strategies, it was considered even more relevant for this work to explore all possible reasons and motivations for Danish tourists to travel to Italy again in the near future, which can provide the brand a solid basis to build the right strategies and attract these tourists in adverse times for tourism and, above all, outbound tourism.

Tourism has undeniably an enormous global economic value as it is commonly claimed the world's largest industry, and being part of modern life it deserves academic studies (Sharpley, 2006). Europe accounts for 48% of the total outbound tourism, meaning 1 in 2 trips worldwide, and it is therefore

a major market (UNWTO, 2019, in Neuburger & Egger, 2020). Regarding Danish tourists, statistics show that the number of leisure trips abroad longer than four days from 2008 increased up to 6.5 millions recorded in 2019 (Statista, 2020); accordingly, the annual expenditure of the same outbound tourists is increasing too and reached almost 62 billion Danish crowns in 2017, leading to an estimate of a continuous rise up to 70 billion Danish crowns in 2028 (ibid.).

On the other hand, Italy was ranked the third country in Europe with the largest number of tourist arrivals in 2018 (62 millions) after France (89) and Spain (83) (ibid.), with a spending of international tourists of almost 43 billion euros in the same year, increasing to almost 45 in 2019. Tourism is indeed one of the most important industries for Italy, in fact its contribution to the Italian GDP in the decade 2009-2019 gradually increased from 169 to 233 billion euros. The country of origin of most international tourists recorded in 2019 belongs to Central and Northern Europe, with Germany and France at the first places (ibid.). Moreover, as previously mentioned, Italy is one of the top destinations for leisure travels among Danish tourists too, allowing the Nordic market to prove its relevance for any service provider owning a business in Italy.

In this scenario, being the tourism phenomenon animated by tourists, it is fundamental to investigate and understand the reasons why individuals want and choose to turn themselves into tourists (Gössling et al., 2020). Especially in pandemic times where desires and behaviours might change, the changes in the demand-side are essential to understand (Nair & Sinha, 2020) and the identification of loyal groups such as repeat tourists makes it crucial to turn on the spotlight on them.

Theoretical framework

Literature offers a variety of theories concerning human behaviour, tourists' motivation to travel and risk avoidance. However, most of those were considered too vague and not specifically related to the purposes of this research. For example, Theory of Planned Behaviour (Ajzen, 1985) is widely adopted to predict tourists' behaviour and understand their thoughts, especially in the dimension of the selection of destination, but as claimed by Wachyuni and Kusumaningrum (2020) this theory does not pay attention to the influence of past behaviour. In fact, this thesis does not analyse destination choice factors in general, but it takes a closer look to the influence of risk perception, personal factors and past travel experience to Italy and generally, in relation to the intention to travel in and after a global health pandemic, and therefore Theory of Planned Behaviour is not totally suitable.

Another example concerns the Extended Parallel Process Model (EPPM) and its consideration of the threat, while risk perception only as a possible effect. Threat is defined as a property of the message coming from information sources, while literature defines perceived risk in relation to the individual factors of people (Rimal & Real, 2003). EPMM is not suitable because this research, in fact, mainly takes in consideration tourists' risk perception in regards to their destination choice, namely Italy, which is eventually influenced by information sources as well as other factors, especially socio-demographic ones.

Ultimately, two theories were identified as able to support the findings emerging from this research: the Protection Motivation Theory (Rogers, 1975) and the Risk Perception Attitude framework (2003, Rimal & Real). Rather (2021) suggests that the Protection Motivation Theory, indeed, indicate that future travel behaviour will be influenced by perceptions of safety and risk that tourists have of destinations, perhaps after developing them from past travel experience; going by this, future travel behaviour serves as risk prevention. The Risk Perception Attitude framework, instead, suggests the importance of another factor in the enactment of future travel behaviour in addition to the individual's perception of risk, namely efficacy beliefs. Both theories, especially the Protection Motivation Theory, also consider information sources as a relevant, although not the main, or somehow related factor in the shaping of individuals' behaviour, and indeed the Literature chapter will bring out the same.

1. Protection Motivation Theory

Protection Motivation Theory (PMT) was introduced by Rogers in 1975 and it represents a cognitive and affective framework of behaviour (Rather, 2021). Its purpose is to predict the behaviour in relation to health (Bhati et al., 2020, ibid.) and it was further applied to the tourism context when facing health emergencies. PMT assumes that health-protective actions are influenced by risk perceptions (De Zwart et al., 2007) and that three cognitive processes are at play for individuals in a decision process where risk is involved: (1) appraising threat intensity, (2) considering probability of occurrence and (3) believing in efficacy of coping response (Sonmez & Graefe, 1998). The combination of these three processes translates into specific behaviours that tourists will be likely to undertake, going from travel avoidance to travel to risky destinations too. In this research, which takes into consideration tourists planning or who already planned a trip to Italy, the greatest healthprotective actions might include e.g. the avoidance of popular destinations, the choice of naturebased tourism, or again the choice of travelling in low season to have the lowest number of encounters possible.

The likelihood to engage in protective behaviours, e.g. risk avoidance, has to do with the degree that available information suggests: (1) the danger is relatively high; (2) the probability of occurrence is high; (3) response actions to contain the consequences exist–for example, the choice of safer destinations or cancelling travel plans–; (4) the capability to contain the consequences by the decision maker exists–for example, money availability to choose safer destinations or to cancel travel plans (ibid.). Going by this, Huynh (2020, in Rather, 2021) suggests that Protection Motivation Theory provides an explanation of the fact that social media and online communications are likely to affect tourists' behaviour. Their exposure to a variety of negative messages from the media, indeed, has proved to influence not only the destination choice but the likelihood to engage in a travel too. The Protection Motivation Theory in the existing literature has indeed highlighted fear or perceived risk or direct effects on tourists' attitude and the customer brand management through social media (Rather, 2021).

2. Risk Perception Attitude Framework

The Risk Perception Attitude (RPA) framework was developed in 2003 by two communication researchers, Rajiv N. Rimal and Kevin Real. It posits that the individual's behaviour is a result of the evaluation of risk perception and efficacy beliefs. More accurately, this theory investigates how risk perceptions influence the behaviour and how efficacy beliefs are able to facilitate changes in the behaviour (Turner et al., 2006). Risk perception, as the Literature chapter will explore, is directly related to the perceived susceptibility and severity of a threat, while efficacy beliefs have to do with the individual's belief of changing an outcome and that the action taken will be effective (Thompson, 2014).

The same theory was considered to be relevant to this research because according to different levels of risk perceptions and efficacy levels, varying across individuals, the consequent response to an adverse event such as a global health emergency may result in different tourist behaviours. According to RPA framework, risk perception derives from the personality, history and prior behaviours of individuals (Rimal & Real, 2003), and the literature already allowed a variety of individuals' personal factors to emerge as crucial in the accomplishment of specific tourist behaviours; hence, past experience to Italy would support a lower risk perception compared to no experience. One interpretation of RPA framework also includes the information seeking as dependant from the prevalence of risk perceptions or efficacy beliefs: this aspect will support the identification of tourist behaviours and their choice of specific destinations in Italy in relation to their exposure to information too.

Through cognitive, affective, motivational and selective processes, efficacy beliefs regulate individuals' well-being and affect the capability to adapt to different situations, including adverse events (Turner et al., 2006) such as health emergencies and the willingness to travel to risky destinations. According to the levels of self-efficacy beliefs, when facing negative events the individuals with high levels of efficacy believe that they are able to control or even reject negative thoughts about themselves and their ability to adapt and to produce desired goals (ibid.). On the contrary, low levels of efficacy lead little incentive to individuals to persist when adverse events occur (ibid.). Therefore, individual self-efficacy not only influences the reaction to different situations including adverse ones, but also the dimensions of aspiration, analytical thinking and perseverance in the face of failure (Bandura, 2001; Maibach & Murphy, 1995, ibid.). Efficacy beliefs,

indeed, have been found to be one of the most reliable predictors of behaviour across a variety of domains (Hays & Ellickson, 1990, in Turner et al., 2006).

The Risk Perception Attitude framework considers that when risk perceptions are low, individuals rely on efficacy beliefs. In fact, high levels of efficacy beliefs motivate people to engage in challenging tasks, to set realistic goals and persist (Turner et al., 2006). Individuals with higher response efficacy are capable of turning knowledge into behaviour (Rimal, 2000, ibid.) and those persist even in the face of barriers; at the same time, failure for these people is the consequence of their lack of effort (Turner et al., 2006). When, instead, low risk perceptions are combined with weak efficacy beliefs, the individual is unwilling to take action, in fact they believe they are not able to carry out a change (ibid.). Ultimately, high risk perceptions combined with high levels of efficacy beliefs lead the individual to carry out a self-protective behaviour because they are highly motivated to do so (ibid.).

Thanks to this theory, Turner et al. (2006) further developed a division of individuals into groups since both risk perceptions and efficacy beliefs vary from person to person. This division is extremely helpful towards the identification of related tourist groups and their motivation to travel to Italy in the face of an adverse event such as a disease.

- Group one includes individuals with high risk perceptions and high efficacy beliefs: they feel at risk but believe they are able to reduce the threat. Their high motivation will bring them to a responsive attitude and to carry out a self-protective and risk-reducing attitude. Generally, they actively seek health information and practice healthy behaviors (Turner et al., 2006). Group one might include tourists who heavily rely on information sources and, due to the high risk perceived, engage in self-protective behaviours such as wearing face-masks, following the rules for accurate hand hygiene etc., and most likely avoid to travel, or avoid to travel to destinations defined as risky from the media. Tourists returning to Italy might belong to this group in case the high risk they perceive does not include or partly include Italy and the specific destination they chose, but also if they perceive the vaccine as effective and they expect to get it before their trip.
- Group two includes individuals with high risk perceptions but low efficacy beliefs: they feel at risk and believe they are not able to reduce the threat by engaging in a particular behaviour. Their low motivation to take action makes them have an avoidance attitude, which also includes avoiding information that makes their risk status more salient (ibid.).

Group two might include tourists affected by high levels of anxiety and, therefore, avoid travel and any type of not-necessary social behaviour. Tourists returning to Italy might not belong to this group, or on the contrary might do so in two cases: if a serious urgency of visiting a family member occurs or, most likely, if they plan to return to Italy in 2022 or later, that is when the severity of the virus might be softened.

- Group three includes individuals with low risk perceptions and high efficacy beliefs: they feel little risk, especially little immediate threat, however their motivation leads them to the will of remaining safe. In fact, they actively seek information that helps them remain disease free (ibid.) and that is why their attitude is defined as proactive. Group three might include tourists who care to know and are aware of the facts, e.g. monitoring the number of infections and the cause-effect relationship, so that they may feel confident and protected to take consequent action and decide to travel even to destinations defined at risk. This group might include a large part of tourists going back to Italy because they are well-aware of the situation at the specific chosen destination and the self-protective behaviours to undertake to remain safe, including getting vaccinated too.
- Group four includes individuals with low risk perceptions and low efficacy beliefs, which translates into indifference: they feel little risk and threat but they believe they would not be able to take action in a high risky situation, or that taking action will not be effective, so they have low motivation to do so. They are the least motivated to seek information (ibid.). Group four might include tourists that do not perceive the risk as threatening them directly, but at the same time would not know how to face the risk if this concerned them: as a result they simply do not engage in travels and do not even care to keep themselves informed on the evolution of the situation. Similarly to group two, tourists belonging to group four might travel back to Italy only under certain and serious conditions, such as an urgency regarding a family member.

Before the Risk Perception Attitude framework was developed, various research addressed the combination of risk perception and efficacy beliefs. Witte (1994, ibid.) stated that when risk perceptions are high, efficacy beliefs are particularly relevant in order to generate motivations and anxiety, and are directly related to the engagement in self-protective behaviours. The same researcher studied that the anxiety for the individuals' well-being due to a risk of a particular disease, allows their efficacy beliefs to be crucial to avoid the same disease and to decide how

to behave (Witte, 1992, in Turner et al., 2006). Hence, group one would be highly motivated to e.g. get vaccinated, choose a specific type of tourism or destination away from crowds, and so forth. Some other health-related studies found that risk-induced anxiety on the one hand can motivate to undertake self-protective behaviours, e.g. information seeking, but on the other hand it can hinder systematic information processing (Turner et al., 2006). It follows that the avoidance group looks for information in order to enhance their coping efficacy (ibid.).

Both the Protection Motivation Theory and the Risk Perception Attitude framework support this thesis because of their pivotal points concerning the investigation of the combination of the three processes identified by PMT, i.e. (1) appraising threat intensity, (2) considering probability of occurrence and (3) believing in efficacy of coping response, which will then generate a motivation for certain types of behaviour that tourists will be led to undertake. Particularly with regard to the RPAF, these behaviours will be traced back to the different levels of risk perception and efficacy beliefs, and will therefore find a theoretical foundation capable of explaining all facets.

Literature review

1. Tourism and pandemics

Tourism is one of the most vulnerable industries in times of crisis and even more so in times of pandemic (Gössling et al., 2020, in Rather, 2021), considering that it involves human movement between an origin and a destination and, therefore, plays a crucial role in the spread of diseases between places (Sánchez-Cañizares et al., 2020, ibid.). Although the impact of COVID-19 has been severe for all sectors (Goodell, 2020, in Nair & Sinha, 2020), tourism is paying perhaps the highest price. In order for tourism to develop, indeed, safety and health conditions are necessary, including open borders and political, social and economic stability (Perić et al., 2021). International travels are the category most at risk, in fact planes are ideal spaces for virus transmission (Baker, 2015, ibid.) and this factor increases tourists' perception of risk of infection if their plans include one or more flights.

The United Nations World Tourism Organization (UNWTO) estimated at the beginning of March 2020 a loss up to \$50 billion in spending and a decline of international tourists arrivals up to 3% worldwide, and then retracted more than once up to estimating a loss of 60-80% in spending and - 57% of arrivals solely for the month of March (UNWTO, 2020, in Neuburger & Egger, 2020). Additionally, as noted by Gössling et al. (2020), "tourism revenue is permanently lost because unsold capacity cannot be marketed in subsequent years" (p. 2). Unprecedented effects have been involving the employment sector too, with a considerable number of lay-offs. In the midst of COVID-19 pandemic, the recovery of the tourism industry is still unforeseeable (Prideaux et al., 2020, in Neuburger & Egger, 2020).

As a matter of fact, tourism is not only and exclusively heavily hit by disruptive events such as epidemics and pandemics, but it is indeed a primary contributor to the spread and to the devastating economic consequences (Gössling et al., 2020) due to its cross-border phenomena (Rittichainuwat & Chakraborty, 2009) as mentioned before. The medical community recognizes tourism to be a vector for disease dissemination (Rodriguez-Garcia, 2001, in McKercher & Chon, 2004). But tourism is not even indirectly exempted: many tourism businesses find their food suppliers in global markets where the cost of goods is the lowest possible, thus supporting industrialized food production (Hall

& Gossling, 2013, in Rather, 2021) and it is a fact that tourism is a major greenhouse gases emitter by involving mobilities and sustaining large and small businesses (Rather, 2021). All these factors support the outbreak of pandemics (ibid.).

Since the 20th century, the outbreak of diseases is becoming more and more frequent due to globalization. From 2000 to 2020, then, the world has already experienced five pandemics: SARS in 2002-03, "Bird flu" in 2009, MERS in 2012, Ebola in 2013-14 (Gössling et al., 2020) and COVID-19 in 2020. As a result, considerable research on tourism and pandemics has been done over the recent years in view of the fact that there is the impelling need to preserve the efforts towards the achievement of the 2030 Sustainable Development Goals–undermined by pandemics with higher impacts on lower income countries (ibid.)–, to rethink the volume growth model for tourism, and ultimately to contain the massive impacts on global society and economics. In fact, the increasing spread of diseases alters the perception of tourists and their behaviour to the point of convincing them that travelling is unsafe, and this makes it crucial to the tourism industry to examine and understand their perception and risk consideration on international travels (Park & Reisinger, 2010). Moreover, it is relevant for the decision-making dimension not only to investigate why tourists avoid travelling to certain destinations, but also why they choose to travel to others (Sonmez & Graefe, 1998).

2. Actual risk, perceived risk and health risk dimension

In order to be able to understand the tourist behaviour in terms of intention to travel and destination choice during and after a pandemic, two sides of the same coin will be defined: actual risk and perceived risk in relation to tourism. Glaesser (2003, in Rittichainuwat & Chakraborty, 2009) and Laws and Prideaux (2005, ibid.) define actual risk as the probability of an undesirable incident leading to possible negative consequences of consumers' behaviours. Fischhoff et al. (1984, in Park & Reisinger, 2010) define travel risk as "the possibility of experiencing a danger while engaging in travel" (p. 2-3), while Wogalter et al. (1999, ibid.) as "the consciousness of security and knowledge of the likelihood of damage during travel" (p. 3). Similarly, Law (2006, in Cahyanto et al., 2016) denotes risk as "the shock, threat, and crises that can negatively impact the tourism industry" (p. 197). On the other hand, perceived risk is generally defined as consumers' perception of the overall negativity of an action that if beyond an acceptable level might affect travel behaviour (Mansfeld,

2006; Reichel, Fuchs, & Uriely, 2007, ibid.), that is, a subjective evaluation of a threatening situation based on its features and severity (Moreira, 2008; Sjöberg et al., 2004, in Neuburger & Egger, 2020).

The occurrence of incidents such as natural disasters, epidemics, wars and terrorism leads tourists to perceive travel risk (Mansfeld, 2006, in Cahyanto et al., 2016), while tourists' ignorance of the probability of the same events engages them in real risk (Wilks & Page, 2006, ibid.). Real risk may coincide with a potential loss of something valuable (Priest, 1990, in Perić et al., 2021) or a serious threat to travellers' health or life (Boholm, 1998).

Hence, risk has the potential to alter the tourists' decision process (Sonmez & Graefe, 1998) and perceived risk is indeed the main focus of researchers because it affects behaviour (Bauer, 2000, in Perić et al., 2021). Conventional models of decision-making processes would not explain decision outcomes in risky situations and it is crucial to study non-conventional ones (Boholm, 1998). When tourists have a high perception of travel risk, they change their behaviour and plans as the perception becomes an overriding factor able to alter the conventional decision-making process (Boholm, 1998): tourists do not make a booking, cancel their booking, or even evacuate from the destination (Mansfeld, 2006; Maser & Weiermair, 1998; Sasso, 2005, ibid.). According to research, the perception of travel risk leads to fear of unknown consequences (Dowling & Staelin, 1994, in Park & Reisinger, 2010) and anxiety (Reisinger & Mavondo, 2005, ibid.); depending on the type of travel risk, tourists' perception of travel risk differs too (ibid.). As mentioned by Boholm (1998), it differs also because of general orientations and separate world views, as it is a cultural construct. These factors emerging from Boholm's comparative studies of risk perception are considered internal or personal, such as cultural background and past experiences, but external factors too, meaning influence groups and information sources, such as media, proved their effectiveness in shaping tourists' behaviour (Lepp & Gibson, 2003; Sönmez, 1998, in Neuburger & Egger, 2020).

Media coverage proved to be extremely crucial in determining the relationship between risk perception and travel intention indeed (ibid.), i.e. to increase the perception of risk and decrease the likelihood of undertaking a trip, and extensive literature agrees on this. Wachyuni and Kusumaningrum (2020) consider sources of information even more able to influence perceptions than personal factors. UNWTO itself (2020, in Neuburger & Egger, 2020) confirmed that the outbreak of COVID-19 evolved into a major media event, influencing the tourism industry. In fact, some research pinpoints an exaggeration of the risk coming from the media, which emphasize the most worrying aspects while ignoring more reassuring ones (Beirman, 2003, ibid.). On the same line,

Sönmez and Graefe (1998, ibid.) state that tourists are more likely to amend their travel plans, e.g. travel elsewhere, when the media link a destination to a negative event or risk of incidents, being persuaded to consider it unsafe. As noted by Wachyuni and Kusumaningrum (2020), the leisure economy, of which tourism activities are part, is dominated by Millennials and Generation Z: "This generation has unique characteristics in the style of travel. Unpredictable, not responding to traditional marketing, relying heavily on technologies such as smart phones, social media, digital influencers that help them plan their trips" (ibid., p. 68). Hence, the exposure to mass and social media can have major consequences. Teigen et al. (1988, in Boholm, 1998) associated the size of the country to the impact from the media: i.e., in the USA there is a greater number of reports and messages about risks along with more divergent opinions about danger, thus the estimation of risk might become exaggerated (ibid.).

During the 20th century, studies identified eight dimensions of risk: (1) psychological, (2) social, (3) financial, (4) time, (5) physical, (6) physical and equipment, (7) vacation, (8) destination (Perić et al., 2021). Health risk, along with additional dimensions such as political risk, risk of crime and risk of terrorism, was added only later on; nowadays, all these constitute the greatest challenge in tourism (ibid.). Roehl and Fesenmaier (1992) classified three risk perception groups among tourists: (1) risk neutral, (2) functional risk and (3) place risk. The first one gathers tourists who do not perceive travel as risky; the second one considers the possibility of mechanical, equipment and organizational risk; the last one perceives travel as risky (Cahyanto et al., 2016).

In the modern world, health risk is still affecting the nature of travel. The World Health Organization (2012, ibid.) declared health risk as related to international travels and varying depending on the purpose of travel, characteristics and behaviours of travellers, standards of accommodation, sanitation and hygiene and conditions at destination. This risk, just as the others, may shape the behaviour and destination choice of tourists (Jonas et al., 2010, ibid.), but research disagrees on this aspect. According to Jonas et al. (2010, ibid.), health risk is the dimension which, more than any other, triggers tourists' perception of danger at destination. Sonmez and Graefe (1998, in Cahyanto et al., 2016) state the same, but adding that a change of plans is likely to happen when tourists perceive that potential risks outweigh benefits. On the contrary, Cossens and Gin (1995, ibid.) found that most tourists do not intend to amend their plans and destination despite the perception of health risk. However, it is generally acknowledged that in the past health risk was associated to destinations in Africa and Asia where were estimated to be infectious diseases and poor water or food quality, while destinations in Europe and North America were considered safe; nevertheless,

since diseases and pandemics are increasing in recent decades, they are not only associated to Africa and Asia anymore (ibid.).

3. Related works on past health emergencies and common behavioural patterns

The 2003 Severe Acute Respiratory Syndrome (SARS) has been the first global disease of the new millennium, and literature describes its devastating effects especially on the Asian tourism. Tourists arrivals declined by 70% also in countries largely or totally disease-free (McKercher & Chon, 2004); Thailand, one of Asia and world's most popular tourist destinations, in 2003 faced a decrease in international tourists of 8,84% by air and sea (Rittichainuwat & Chakraborty, 2009). At a general level, however, researchers agree that the risk perception caused by the outbreak of SARS far surpassed the actual risk, but not everyone found the same level of perception. McKercher and Chon (2004) refer to it as an over reaction due to bad governmental protocols in the perception of the threat of the disease rather than on the basis of real data of the danger. According to the two researchers, SARS should have had no more effects on tourism than a seasonal influenza, in fact the panic spread faster than the disease (ibid.).

Another research conducted in 8 countries by De Zwart et al. (2007) found out that the perception of risk for SARS was quite low in some Asian countries, low in the Netherlands and quite high in the USA. These perceptions were compared with the ones after the Avian Influenza outbreak in 2003, and the risk associated with Avian Influenza was reported as greater, and higher in Europe than Asia. In total, 45% of respondents declared they were likely or very likely to become infected with Avian Influenza if an outbreak occurred in their country, but interestingly Denmark was the country with the lowest risk perception scores together with Singapore (ibid.). This finding emerging from De Zwart et al.'s study seems to agree with Karl et al. (2020) who define Sweden, USA and Denmark itself as "low uncertainty avoidance countries" (p. 9).

Parallel with most literature, Cahyanto et al.'s research carried out in 2016 about risk perception of Ebola and travel avoidance, found that the majority of respondents considered the danger and would take protective measures, however most of them declared low propensity to avoid travels (Cahyanto et al., 2016). In fact, no relationship between perceived severity and travel avoidance

was found (ibid.). Yet, a correlation between travel avoidance and being female emerged (ibid.), and all the literature reviewed totally agrees. Karl et al. (2020) came up with the same finding when studying the interplay of risk types, tourist attributes and destination characteristics, that is, females are more likely to change travel plans due to risk and they are generally older than females still travelling to risky destinations. Similarly, males and younger tourists are more crisis resistant and travelling despite high risk levels (ibid.). A study proposed a biological explanation for women perceiving the risk more than males, suggesting that women feel the main responsibility to raise children and this would lead them to be more concerned about safety and health; on the other hand, males–especially white males–perceive less risk and this enables them to control, manage and benefit from the world (Boholm, 1998).

Moreover, Karl et al.'s research (2020) showed that the number of participants taking part in their study were more concerned about terrorism risk than natural risks–only 16% would consider to travel in case of terrorism versus 50% that would still travel in case of natural risk (ibid.). Thus the risk type, as mentioned before, is able to originate different perceptions and behaviours.

Regarding Ebola, Cahyanto et al. (2016) make a remarkable consideration: over time, perceived susceptibility of being exposed to the disease might have been steady, but perceived severity might have decreased with increases in knowledge of the disease. This assertion might be one of the motivators for tourists to plan travels after more than one year of COVID-19 outbreak, along with the hope to get the vaccine soon. Also Ibuka et al. (2010, ibid.) recorded a decrease in the perception of Ebola over time, parallel to a decrease in the media coverage.

Leggat et al. (2010) investigated risk perceptions among Australians after the global financial crisis and Bird Flu pandemic outbreak in 2009. This combination of disruptive events took to a global travel decrease of 4% and 880 million international arrivals (ibid.); however, even though the research found that the pandemic constituted some concern to the majority of participants, it proved not to be enough to make Australians postpone or cancel their travel plans even in case of symptoms consistent with Bird Flu: only one third would have cancelled their airline travel indeed (ibid.). The same findings came from an investigation by Aro et al. (2009, in Perić et al., 2021) of Finnish tourists' behaviour during the Bird Flu, that is, willingness to take risks because of the hedonistic function of travel that allows people to relax (ibid.). In parallel, a research in Thailand after SARS and Bird Flu conducted by Rittichainuwat and Chakraborty (2009), revealed not only that despite risks the most of the tourists are still travelling, but that this happens especially with backpackers.

Regarding COVID-19, Neuburger and Egger (2020) explored the perception of the disease and travel behaviour among people in the DACH region–Germany, Austria and Switzerland–in two different periods: two weeks before and immediately after UNWTO declared COVID-19 a pandemic. Over the period of two weeks, the perception of risk significantly changed and increased, leading to travel anxiety and consequently to the willingness to change or cancel travel plans (ibid.). The reasons were threefold: (1) the number of confirmed cases exponentially increased from 95,289 at the beginning of March to 242,445 in the second half of the same month, thus it is possible to say that actual risk was high too; (2) travelling bans were introduced by 96% of countries worldwide (UNWTO, ibid.) and this not only made almost impossible to freely reach destination, but raised a general feeling of insecurity; (3) media coverage contributed, as already mentioned, to amplify the scope of the disease. Consistent with previous studies, Neuburger and Egger (2020) too identified higher risk perception for females than for males.

It emerges than COVID-19 might have had more devastating effects on international tourism than the past pandemics, in fact the worldwide travel bans forced people home and as highlighted by Perić et al. (2021), this condition of quarantine and isolation allowed a broader use of social networks and internet, causing a change in the perception of risk influenced by the media from "worry" to "panic": "panic on social media spread faster than COVID-19" (p. 12). It is not a case that, according to their research on the impact of COVID-19 on Serbian tourists, their future intentions seem to involve national travels only (ibid.); however health risk is not the only one at play: financial risk due to COVID-19 crisis is a major force, since 8% of employees lost their job in Serbia (ibid.). Travel is a result of motivation, free time and free money (ibid.), therefore at least two in three factors are undermined and deeply affect tourist behaviour. Ivanova et al. (2020, in Nair & Sinha, 2020) found the same future trend in domestic tourism related to tourists from Bulgaria.

Generally, literature allows for a variety of personal-or internal-factors able to influence tourists' perception of risk during and after pandemics.

In addition to the gender, for which as already explained females have been identified as those who perceive risk the most, common behavioural patterns involve age too. According to De Zwart et al. (2007), Avian Influenza-related-risk was perceived the most by older age groups in Europe, but not

in Asia. Similarly, in the DACH region the willingness to change or cancel travel during COVID-19 increased with age (Neuburger & Egger, 2020). In Australia the trend was the same as Europe, where among the third of participants willing to cancel travel if showing symptoms of Bird Flu, older groups were the most (Leggat et al., 2010). The only disagreement on this factor comes from Gibson and Yiannakis (2002, in Park & Reisinger, 2010), by defining older tourists as perceivers of lower travel risk compared to younger tourists.

Income and education, as part of tourists' cultural background and personal factors, are analysed too in the literature. In Australia, respondents not willing to cancel their travel during the Bird Flu pandemic were the most educated ones-with more than 14 years of education-and those with higher incomes-more than A\$100,000 per year (Leggat et al., 2010). Sonmez and Graefe (1998, in Park & Reisinger, 2010) agree on a general level on the education; in addition, Laver et al. (2001, in Park & Reisinger, 2010) suggest an explanation by identifying better-educated tourists as likely to inform themselves about natural disasters and travel risks, by doing so holding less misconceptions concerning real risk compared to less-educated tourists. Djeri et al. (2014, in Kusumaningrum & Wachyuni, 2020) refer back to the low propensity of changing and cancelling travel plans to highest incomes by bringing to light that money affect the desire to buy new things and, in the case of tourism, to find new experiences. Moreover, the higher the education, the higher the tourist motivation to travel (Kusumaningrum & Wachyuni, 2020).

The most relevant behavioural pattern common to tourists during and after a pandemic, in terms of amount of citations and importance as measured by the researchers themselves, turned out to be past travel experience. This factor is additionally considered of paramount importance for this research. As unanimously confirmed, past travel experience is able to shape risk perceptions and to affect tourists' destination choice (Karl et al., 2020), because experience provides tourists more confidence able to persuade them to travel back to the same destination (Sonmez & Graefe, 1998). Hence, experienced travellers perceive less risk (Lepp & Gibson, 2008). Repeat travellers, in fact, return to destination despite risks (Rittichainuwat & Chakraborty, 2009): as travellers' contact and experience with a place increases, their risk perception level decreases and their attitude towards international tourism improves (Sonmez & Graefe, 1998, ibid.). Similarly, personal relationships with a place help motivate repeat visits (Rittichainuwat, 2006, ibid.).

Indeed, Pinhey and Iverson's (1994, ibid.) found that tourists well-informed about local culture at destination feel safer about the same destination. In relation to risk too, it has been found that past

experience visiting a destination increases the intention to travel there again while decreasing the intention to avoid it (Sonmez & Graefe, 1998; Lepp & Gibson, 2003, in Sonmez & Graefe, 1998). Therefore, if on one hand the perception of risk is a stronger predictor of travel avoidance than of travel plan (ibid.), on the other hand past experience most likely reveals to be a motivator and "a powerful influence" (ibid., p. 175) to travel to a destination already visited, even in risky situations.

Again, as already explored for the perception of risk, tourists' own perceptions emerge as more relevant than the real safe or risky situation at destination, and past travel experience precisely provides tourists some perceptions to compare to reality (ibid.). This may easily result in the choice of a destination that tourists consider safe because of their past experience, in case they have to change their travel plans which involve a risky destination they have never visited (ibid.). Consistent to previous research, Karl et al. (2020) recognize experience as a factor influencing decision-making in relation to risk, along with personality traits, sociodemographic factors and knowledge. According to them, the reason is that increased travel experience leads tourists to be more confronted with difficult situations and are therefore required to develop coping strategies: a better coping strategy increases their confidence levels and cognitive skills, and this reduces levels of perceived risks (ibid.).

Both after SARS (2003) and Bird Flu (2009), repeat tourists planning to travel to Thailand perceived lower risk compared to first-time travellers (Rittichainuwat & Chakraborty, 2009), in fact repeat tourists were more concerned about cultural barriers than health risks as first-time travellers and this is due to the lack of knowledge and familiarity with the place (ibid.). Repeat tourists, or "destination-aware travellers" (ibid., p. 415), proved to have a more realistic perception about the disease.

Nair & Sinha (2020) recently investigated the motivators for the selection of destinations after COVID-19 and the findings are not different to previous research after past pandemics: travel experience before COVID-19 significantly emerged for its strong effects on future plans (ibid.). Also, the participants involved in this case-study that had no international travel experience were most concerned about the frequency of COVID-19 incidents at their destination, while participants with experience were more concerned about COVID-19 cases (ibid.).

According to Mazursky (1989, in Boholm, 1998), however, future destination choice is influenced by the extent as much as the nature of past travel experience, therefore positive experience is even

stronger than a negative one; furthermore, experience in general is able to influence tourists more than external factors such as media (ibid.; Rittichainuwat & Chakraborty, 2009). In fact, some research brings to light that those who experienced more risk in previous travels, develop a more risk averse tendency and the consideration of safe destinations for present and future travels (Karl et al., 2020). In contrast to this point of view, Lepp and Gibson (2008) identified the perception of risk as a motivational factor to travel for risk neutral groups because of its excitement. These groups own high levels of sensation seeking (ibid.) and are more likely to travel to risky destinations. Sensation seeking is "a trait defined by the need for varied, novel and complex sensations and experiences and the willingness to take physical and social risks for the sake of such experience" (Zuckerman, 1979, p. 10, ibid.), and in times of risk it identifies risk seekers and risk averse. Consistently with the opinion of the literature on gender, males have a higher mean propensity to sensation seeking compared to females (ibid.), who proved their caution. Literature suggested also that older groups are generally cautious, in fact Arnett (ibid.) found that adolescents own higher sensation seeking traits than adults. In Thailand Rittichainuwat and Chakraborty (2009) found that especially backpackers were not likely to avoid travelling after SARS and Bird Flu, and Lepp and Gibson (2008) link sensation seeking traits precisely to this category and Cohen's categories of explorers and drifters (ibid.); however, sensation seeking is not only related to travel style and activity choice, but to destination choice too (ibid.).

4. Dominant types of tourism in the aftermath of COVID-19

Considering that the tourism experience is generally felt necessary to overcome all the negative effects of pandemics (Kusumaningrum & Wachyuni, 2020), especially during and after COVID-19 which we have seen having wider economic and social impacts than in the past, it is important to observe tourism trends in the aftermath of a health emergency.

Kusumaningrum and Wachyuni (2020) studied the shifting trends in travelling after COVID-19 indeed, and from their findings only 2% of participants did not plan to travel after the pandemic. The majority who plan to travel would choose predominantly nature tourism (67%) (ibid.); in fact, also Zoğal et al. (2020) recognize that low-density areas are considered as safe living spaces. The reasons are multiple. First of all, nature tourism offers limited or null physical contact (ibid.) and a recent research suggests that 80% of travellers are willing to pay more for safer accommodations

(TheJakartaGlobe, 2020, ibid.). As a result of quarantine and isolation due to COVID-19 and strict travel bans, boredom and the need of relaxation and rest, both physically and mentally, increased (Kusumaningrum and Wachyuni, 2020); natural tourism destinations can accommodate tourists' need for relaxation (ibid.), away from city noises and overcrowded places. Moreover, the researchers noted an increase in free and independent travel, luxury and health travel and, generally, health tourism, as opposed to mass and group tourism (ibid.), and nature is the obvious choice for the accomplishment of these types of tourism. According to Filipe et al. (2018), the concept of luxury is widely associated with quality, prestige, exclusivity but also individual and social meaning. In fact, as noted by Balmford et al. (2009, ibid.), nature-based tourism offers several activities, including camping and glamping. Glamping is the merging of the words "glamour" and "camping" (Filipe et al., 2018) and it offers alternative accommodations such as yurts, tipis, wigwams, tree houses, safari tents, caravans (Robbins, 2011, ibid.), both in contact with nature and with tangible assets available (Filipe et al., 2018). Motivational factors for tourists going glamping are related with comfort, privacy and proximity to nature; moreover, luxury and comfort enable a privileged experience of nature according to research (ibid.). However, the cost of this type of tourism may still constitute an obstacle along with the limited offer, the lack of knowledge, and the perception of non-authenticity (ibid.). The same research interestingly noted that glamping sites in exclusive and different locations work better than sites closer to urban areas (ibid.), perhaps for the genuine interaction with locals that is rare to find in urban environments (ibid.). All these aspects certainly make glamping even more worthy of attention from the perspective of nature-based tourism trends, by increasing its viability to a broader segment of leisure travellers (Craig & Karabas, 2021). It is not a surprise that in the aftermath of COVID-19 active leisure travellers are planning glamping trips (45,9%) than hotel/resort trips (24,7%), while the latter ones were 35,5% in 2019 (ibid.).

Craig and Karabas (ibid.) observed in glamping the ability to lower the perception of risk in tourists compared to traditional accommodations such as hotels, because it is able to combine outdoor recreation with accommodation, thus it is the target of travellers who desire to avoid crowds. Furthermore, glamping is a valuable choice among travellers interested in eco-tourism (Bagheri et al., 2020, ibid.) and one of the characteristics associated with nature-based tourism is the concern with nature preservation and environmental responsibility (Filipe et al., 2018). This cue is important in order to keep in mind the 2030 Sustainable Development Goals to which tourism points.

Camping too emerges as a refined type of tourism, which in the past was associated with travellers who could not afford traditional accommodations, but today it represents a relevant option of nature-based tourism (ibid.). Camping is widely familiar to leisure travellers, while glamping is quite recent (ibid.).

Regarding the length of vacation and destination choice, Wen et al. (2020, ibid.) noted that after COVID-19 outbreak tourists are willing to undertake fewer trips but spend longer time at destination, while short travel time to reach natural attractions is the trend identified by Wachyuni and Kusumaningrum (2020). From the literature, nature-based tourism emerges to be an opportunity to enjoy not only nature and landscape, but also culture and architecture (ibid.). A research on second homes after COVID-19 brought to light a growing demand for country houses in Italy (+20% between February and April 2020) (Speak, 2020, in Zoğal et al., 2020). The desire for freedom, independence, safety spaces and escape to nature seems to go in favour also of this type of tourism in rural areas, where a variety of recreational activities too are available (Zoğal et al., 2020).

However, it is interesting to notice that Wachyuni and Kusumaningrum (2020) found that the larger the number of infected people by COVID-19, the more significant the impact on the decline in tourists also after the pandemic. Italy was the first country in Europe to spread the disease and one of the heaviest affected too: nevertheless, country houses in Italy recorded an increase in reservations, even though the research does not specify whether from national or international tourists.

Methodology

1. Data collection and sampling

The method considered as the most suitable to collect data to answer the research questions was a self-administered questionnaire. This method is indeed one of the main instruments for gathering data (Bryman, 2016) and it is less time-consuming than the conduction of interviews. As well as being quicker to administer, it is cheaper than conducting interviews, especially when the sample is geographically dispersed (ibid.) as in the case of this research involving the whole of Denmark. Furthermore, it is not only convenient for respondents, who are free to decide when and at the speed they want to answer, but it allows to avoid interviewer effects too, that is, all the characteristics of the interviewer and respondents that may affect the answers because of bias (ibid.).

Due to the highly infectious nature of COVID-19 (Shereen et al. 2020, in Santos et al., 2020), an online version of the questionnaire was created for computers and smartphones, and later shared for 18 days from the 19th of April to the 6th of May 2021.

The best ways to reach the target audience and get their responses to avoid the physical contact were considered two: (1) share the self-administered questionnaire on targeted Facebook groups and (2) share the self-administered questionnaire through the *Italian Institute of Culture*, which is the official institution that promotes and disseminates the Italian language and culture in Denmark, to Danish students learning Italian. The latter, in fact, were considered in the target group because of their presumed interest in Italy.

In total, 30 Facebook closed and opened groups were identified as gathering the target audience, in fact almost all of them concern travels to various regions and cities in Italy from Denmark, e.g. *Rejser til Italien* ("Travels to Italy") or *Rejser til Toscana* ("Travels to Tuscany"). 4 out of 30 groups were instead chosen because they gather large neighborhoods in Copenhagen and Denmark somehow related to Italy, e.g. *Italien på Vesterbro* ("Italy in Vesterbro"). Facebook was chosen because it is a very dynamic, virtual platform that allows people to be reached with only a few clicks. Social networks such as Facebook, indeed, are the most significant source of travel information and e-wom for purchase decision (Luo & Zhong, 2015, in Santos et al., 2020) and 30 groups were selected

because their members showed some kind of interest towards tourism in Italy and a large part presumably already travelled there.

The questionnaire included 27 closed questions, 15 of those allowing multiple choice and 12 showing the option "Other" and a textbox to allow open answers. Three sections were proposed: the first section was about socio-demographic characteristics and travel habits; the second section was about the respondents' experience in Italy, in particular the last and the next trip they are likely to undertake; the third section was instead about COVID-19 in Italy and its effect on the next trip, and also generally about COVID-19, vaccines, and travel intentions in relation to them.

The first section about socio-demographic characteristics included 4 questions showing a minimum of 3 to a maximum of 7 options. The second section about the respondents' past and future trips to Italy included 9 questions showing a minimum of 2 to a maximum of 6 options; 7 questions out of 9 allowed multiple choice and 5 out of 9 included the option "Other" and a textbox through which respondents were free to express their answer. The third and last section about future tourist behaviour in relation to COVID-19 and vaccines included 14 questions showing a minimum of 3 to a maximum of 10 options; 7 questions out of 14 allowed multiple choice and the option "Other" for open answers; 2 questions included the option "I'd rather not answer" because of their confidential nature; 3 questions were in the form of 5-point likert scales, with the options Strongly disagree/Disagree/Neither agree nor disagree/Agree/Strongly agree. The latter type of question was used where a straightforward answer such as "Yes" or "No" was not considered appropriate due to the uncertainty of the question itself, which not only concerned a future behaviour, but also related to an extremely fragile and changing situation such as the ongoing pandemic.

An *a priori* purposive sampling method was chosen, as it establishes criteria for the selection of questionnaire participants at the start of the study, in order to give sense to the research and get responses useful to the cause (Bryman, 2016). In fact, the hyperlink to the questionnaire that was shared both on Facebook and with the administration of the *Italian Institute of Culture*, explained in first instance the content of this research and GDPR matters, and then three conditions to take part as a respondent: (1) to be a Danish citizen, (2) to have travelled to Italy at least once in a lifetime, and ultimately (3) to be planning – or have already planned, but this was highly unlikely because of the COVID-19 travel restrictions still applying when the questionnaire was available online – one more travel to Italy in the future. The latter condition was considered as important as the other ones, because according to Rogers et al. (2016, in Craig & Karabas, 2021), travellers who make plans

for a future behaviour are more likely to engage in the behaviour, hence more reliability is provided to the research considering that the respondents are likely to engage for real in the behaviours they state by answering the questions.

Furthermore, 50 respondents were given the possibility to be extracted and get a 10% discount on a holiday booked in Italy with *Luxury Around*, the company with which this project was outlined, by providing their email address at the end of the questionnaire. This choice, made with the kind permission of *Luxury Around*, was made to motivate and encourage people to answer the questionnaire and thus provide a significant amount of data for the research.

2. GDPR matters

The purpose of the legislation regarding the *General Data Protection Regulation* is to protect the data subjects about whom data are held: everyone's fundamental right to decide what happens to their own data as well as their right to data protection must be protected and respected (*GDPR for Students*, n.d.). In the GDPR and the Danish Data Protection Act, the handling of personal data is referred to as the "processing" of personal data; the term "processing" covers the collection, registration, storage, disclosure and analysis of personal data (ibid.).

In the context of this research, the introductory screens of the questionnaire disseminated online specified the totally anonymous management of the respondents and the data collected. In addition, participants were given the opportunity to provide their personal email at the end of the questionnaire in order to participate in the final draw of 50 discount codes for a future holiday in Italy: in this case, it was specified to participants that their personal email would be used for the sole purpose of communicating with the winners and sending them instructions to receive the discount.

3. Research strategy

This research can be classified as a quantitative research. In fact, the collection of data using a selfadministered questionnaire with closed questions is usually related to a quantitative research, and it was considered the most appropriate in this context in order to guide the respondents upon specific topics and phenomena of interests. Hence, a qualitative data collection would have not allowed the same, but a much more dispersed collection, not focused, and more open to interpretation. Indeed, 12 questions allowed one open answer from the respondents, in order not to limit the collection of data; however, it was not a question of collecting real open answers, but one option among the others available, therefore, although freely expressed, they were answers guided by the availability of the other closed options. These open options were also minimally expressed up to a maximum of 41 responses. In fact, a coding operation was not necessary, but a count of most of the similar answers was the method used to analyse them.

The process followed for the whole research can be identified as an abductive approach, as both inductive and deductive methods were applied to outline this project. The deductive approach is a top-down approach in which hypotheses and ideas are chosen before data are collected and then either dismissed or verified (Bryman, 2016); the inductive approach is a bottom-up approach in which data are collected and then theories are extracted (Bryman, 2016). (ibid.). Indeed, the literature provided for the emergence of various hypotheses and tendencies, all of which supported the confirmation/rejection of such tendencies based on the questionnaire responses. However, simultaneously, the study of the questionnaire's results assisted in gathering specific details and tendencies from which further ideas could be derived. This is why the process followed was neither entirely deductive nor inductive, but abductive.

4. Epistemological and ontological considerations

Epistemology is the study of what constitutes rational information. In social sciences, it refers to the possibilities for studying society using natural science principles and guidelines (Bryman, 2016). Ontology is the study of the existence of social entities, including whether they are objective or social constructions formed by beliefs and behaviour (ibid.). Research methodology, epistemology, and ontology do not always perfectly adhere to one another (ibid.) and are more often "free-floating" concepts (ibid., p. 625). This research paradigm is post-positivism, as the research is supported by a quantitative method such as a closed-questions questionnaire which, however, did not allow a totally objective analysis of the data.

Post-positivism is a reaction to positivism that observes that objective measurement is not totally possible. In fact, it challenges positivism and the notion that there exists an objective reality of

human existence and behaviour, and that they are universally acceptable. Hence, reality can be apprehended in an imperfect and probabilistic way. Similarly, accuracy is not totally possible.

According to the post-positivist point of view, the set of theories and values working as the foundation of the research can influence the process of observation, thus the measurement of the reality is not unique and may be subject to several variables. It assumes the existence of subjective bias which cannot be exempted in research, therefore both quantitative and qualitative methods are valid. Any data beyond arithmetic (but some would even include arithmetical data) is a creation of the human mind, whether quantitative or qualitative. Although arithmetical facts can be taken at face value, any interpretation of them, that is, any attempt to make sense of them, necessitates recognition that meaning is a human creation (Press, 1996).

5. Limitations of the research

A first limitation of the research was the choice of one of the channels through which to disseminate the questionnaire. Indeed, while a social network such as Facebook makes it possible to reach a large number of users in a short time, at the same time it limits the participants to people registered on Facebook. On the other hand, an in-person distribution of the questionnaire was not possible due to the social distancing and hygienic rules to be observed during the pandemic when this research was carried out, and that is one of the reasons why it has been tried to enlarge the sample through the *Italian Institute of Culture*, which kindly distributed the questionnaire by email to Danish students studying Italian at their premises.

Another limitation concerns the method used, that is the questionnaire. On the one hand, its closedquestions nature supported the identification of certain topics without allowing too much dispersion due to open answers, but on the other hand it limited the answers and the tapping of issues to the interpretations of the world of the researcher. Furthermore, the limited time available to carry out the thesis did not allow it to employ other methods, such as conduct follow-up interviews or focus groups, which would have possibly enriched the analysis following the data collection.

Analysis

1. Socio-demographic traits

According to the results emerging from the questionnaire, the most Danish tourists who have already been to Italy and are planning to travel back there are females (69%). Moreover, the sample represents the most the age range going from 45 years-old on (72%), with the highest peak falling in the 55-64 age group (25%).

A cross-tabulation of these first two groups of data let gender and age-range be identified more specifically, considering that the reviewed literature shows a higher perception of risk among females and in particular older females. From the resulting graph below, it is possible to see that the majority of females are concentrated in the age range 45-54 and 55-64 but the number of females respondents is relevant in the youngest ranges too; similarly, the higher number of males respondents are aged over 64 and 55-64, while there are no relevant numbers among the youngest ranges. Other genders appear in the number of 2 in the over 64 category.



Figure 1: What is your age range? Source: questionnaire.

The third question of the first section regarding socio-demographic characteristics concerned the highest degree or level of school completed. The results show the majority having accomplished a

Bachelor's degree (111 respondents, 51%) and one fourth of the participants having a Master's degree (53 respondents, 24%). All in all, the majority has a higher education level, while 47 respondents (21%) belong to standard education levels, such as Gymnasium, vocational school or lower.

The participants were then asked about their travel habits outside Denmark, understood as usual and not involving the COVID-19 pandemic situation. The results, cross tabulated with gender to better specify the trend, are shown below.



Figure 2: Without considering COVID-19 pandemic, how many times on average do you travel outside Denmark in a year? Source: questionnaire.

It is possible to notice that the majority travels outside the National borders 3 or 4 times a year, with almost the same number of females having international travel habits from 1 to 4 times a year; the most males, although they are represented in smaller numbers comparing to females, travels outside Denmark 3 or 4 times a year. A portion of respondents (36, of which 22 females, 13 males and 1 other gender) travels elsewhere than in Denmark 5 times or more in a year on average, while only 5 people including 3 females, 2 males and 1 other gender travel less than once a year outside of Denmark on average.

The answer to this question regarding international travel habits was meant to reveal the common habits of the participants as emerged from the literature review in regards to risk perception and international travels; from these results, it is clear that there is a widespread habit of non-domestic travel. These results will be further cross tabulated with other relevant questions of the questionnaire.

2. Past and future travel experience in regards to Italy

After the first section regarding socio-demographics characteristics and general travel habits, the questionnaire moved further to 9 questions regarding past and future travel experiences in Italy: this section was meant to reveal the familiarity with Italy as a tourist destination and bring out any changes between the past and the future in order to test the effects of risk perception on tourists' behaviour due to the ongoing COVID-19 pandemic.

The first question the participants were asked was about the amount of times they ever travelled to Italy: not having ever travelled to Italy was not covered by the *a priori* purposive sampling and the conditions outlined before spreading the questionnaire. The vast majority (77%) travelled to Italy 5 times or more, while less than 30 people chose respectively the options "1 or 2" (10%) and "3 or 4" times (13%). This undoubtedly reveals a general strong familiarity with the destination.

With two different questions, participants were then asked when and where their last travel to Italy took place, whether before or during the COVID-19 pandemic and in which region: the majority (156 out of 213, that is, 73%) travelled before the pandemic and chose northern Italy for their trip (115), but almost the same number chose central Italy as well (107). The less-chosen area revealed to be southern Italy (34), Islands excluded.



Figure 3: Now, let's talk of your last experience in Italy: when was it? Source: questionnaire.



questionnaire.

At this point, two cross tabulations were made between (1) the amount of travels to Italy ever undertaken and the period the last travel took place; secondly, (2) the period the last travel took place and the area visited, in order to analyse the answers from the perspective of risk perception. In fact, the first cross tabulation between the amount of travels and the period was made in order to investigate whether familiarity with the destination plays a crucial role in shaping travel intentions, even in pandemic times as emerged from the literature. The second one about the period of the last travel and area was considered important because Northern Italy, Lombardy in particular, was the area in the first instance and most heavily hit in Italy by the spread of the COVID-19 virus over time and this might have affected tourists' behaviour and intention to travel there.



Figure 5: How many times have you ever travelled to Italy? Source: questionnaire.

From the three pairs of data shown in this graph, it is possible to notice that the more the travels ever made to Italy, the more they took place before the COVID-19 pandemic outbreak. However, the first pair of data regarding the highest number of travels to Italy also shows a relevant number of respondents travelling there during the pandemic (49). By calculating a proportion for all three pairs of data, it emerges that 30% of those who travelled to Italy 5 or more times also did so during the pandemic, while the percentage drops below 20% for those who travelled to Italy 3 or 4 times (14%) or only 1 or 2 times (19%). These numbers would agree with the literature reviewed, according to which travellers with more experience in a certain destination are more likely to return there even in risky situations because of their knowledge and familiarity with the place. It must be said that according to this logic, travellers with fewer trips to Italy under their belt should be in the lowest percentage, and not the second lowest, but several factors could explain this slight spike of 5%. For example, this could include travellers who had to travel to Italy for valid reasons including business travels or emergencies, and not simply for leisure. Another reason why there is a substantial difference between the 30% of the first pair and the 14-19% of the others could be found in the choice of the name of the available options, i.e. "1 or 2", "3 or 4" and "5 or more" with regard to the number of trips ever made to Italy: in fact, if between "1 or 2" and "3 or 4" there could be little difference, there could be a lot between respondents who have travelled to Italy 5 times and respondents who have travelled 10/15 times or even more. So the option "5 or more" might have included a higher range of participants.

The second cross tabulation was made between the period the last travel to Italy took place and the area visited. It brought to light the following graph:



Figure 6: About your last experience in Italy: which part did you visit? Please indicate one or more. Source: questionnaire.
The same number of respondents (27), which is generally the highest for travels to Italy regardless of the period, travelled during the pandemic to both Northern and Central Italy. Considering the cases of COVID-19 mainly concentrated in Northern Italy, these results are quite unexpected. However, the Risk Perception Attitude Framework by Riman and Real explains a correlation between low risk perception and high levels of efficacy beliefs that motivate people to engage in challenging tasks and persist even in the face of barriers. In fact, when facing negative events the individuals with high levels of efficacy believe that they are able to control or even reject negative thoughts about themselves and their ability to adapt and to produce desired goals. Going by this, a widespread preference for Northern Italy might also reveal a low perception of risk and high levels of efficacy beliefs among the respondents themselves. In any case, the need to further investigate travellers' intentions to understand their levels of risk perception arose.

The literature had shown that greater experience of international travel lowers the perception of risk even when the risk is widespread and concerns health, therefore the frequency of travels outside Denmark and the period of the last trip undertaken in Italy were compared.



Figure 7: Without considering COVID-19 pandemic, how many times on average do you travel outside Denmark in a year? Source: questionnaire.

Although, as already seen, the number of trips during the pandemic is considerably lower than the number of trips made before the pandemic, this graph shows that the majority of those who have travelled to Italy despite the spread of the virus have experience of at least 3 or 4 trips outside Denmark, with those who have travelled 5 or more times coming second. It is also possible to notice that the number of those with more international experience (5 travels or more) who have travelled to Italy before and during the pandemic almost equals each other, while there is a noticeable gap

between those with less international experience in terms of travelling to Italy before and during the pandemic, 72 vs. 11 respectively. This last consideration seems to relate to a lower perception of risk belonging to the most experienced ones, hence to a higher intention to travel, as indeed seen in the reviewed literature.



Figure 8: About your last experience in Italy: what type was it? Please indicate one or more. Source: questionnaire.

The fact that who participated in the questionnaire were mainly experienced travellers, possibly with a lower perception of risk, or again according to the Risk Perception Attitude Framework with a higher perception of risk but high efficacy belief levels too, could also support the reason why, as evident from the graph above, most of those who travelled during the pandemic took advantage of cultural tourism (23 preferences), i.e. tourism also involving cities and museums, that is, potentially crowded and more popular places. Beach tourism received almost the same number (22) as cultural tourism, while business trips received the fewest (17, of which only 4 during the pandemic, most likely due to remote working taking over).

The next section of the questionnaire regarding past and future experience in Italy concerned questions about both past and future areas involved in the trip, type of experience/tourism exploited and type of accommodation chosen. Thus it took place a comparison between each past and future experience regarding these different aspects in the following part of the analysis, in order

to identify any differences due to the outbreak of COVID-19 which might change travel habits in the future.

Regarding the area, as already mentioned, past travels involved mainly Northern and Central Italy; for future plans, participants were asked "Regarding your next trip to Italy: where are you likely to travel?" and the results seem to reflect the same trend as the past, with the only relevant data concerning Southern Italy seeing a doubling of preferences compared to the past (from 34 to 67). This may relate to respondents with higher levels of risk perception, who wish to avoid major outbreaks by going to areas less affected by the virus. According to the Risk Perception Attitude Framework, this group has the characteristics of group two, with high risk perceptions and high efficacy beliefs: they feel at risk but believe they are able to reduce the threat. Their high motivation will bring them to a responsive attitude and to carry out a self-protective and risk-reducing attitude, in this case by avoiding Northern Italy and travelling away from there instead.

Regarding the type of tourism/experience, it was seen that in the past it was cultural tourism and beach tourism above all, while business travel was in last place.



Figure 9: About your last experience in Italy: what type was it? Please indicate one or more. Source: questionnaire.

For the future, as shown in the graph below, cultural tourism and beach tourism are increasing preferences in the order of 5/6% comparing to the past, but a particularly noteworthy fact is the increase of nature-based tourism which becomes second in preference for the future (from 55 to 87), relegating beach tourism to third place.



Figure 10: About your next trip to Italy: what type is it likely to be? Please indicate one or more. Source: questionnaire.

These data show an interesting mix of tourism in crowded places and, conversely, isolated experiences in nature: this could reveal a mix of group one, i.e. tourists with low risk perception and adaptability according to the Risk Perception Attitude Framework, and group two as just seen for the choice of the area. In the next chapter of the analysis, these results will be crossed with other relevant questions in order to let some regularities emerge. The number of business trips, always in last place also for the future, along with trips to visit family and friends and the option "Other", remained fairly stable between past and future. From the option "Other", which allowed open answers from the respondents, emerged several other types of experiences not mentioned in the other options, the most popular of which concerns food and holiday reasons in second homes in Italy for the future. This last aspect is particularly interesting, because it brings to light a part of respondents who are willing to travel to Italy, but they will spend their time in their second home, most likely to avoid the risk of contagion. Group three of Risk Perception Attitude Framework includes individuals with low risk perceptions and high efficacy beliefs: they feel little risk, especially little immediate threat, however their motivation leads them to the willingness of remaining safe. This segment choosing their own house in Italy identifies very well with the latter.

Regarding the comparison between chosen accommodations (see graphs below), hotels/resorts were in first place in the past (105 preferences, 51%), while for the future they are joined and surpassed by the option "room/apartment (e.g. AirBnB)", which sees a doubling from 66 to 111

preferences (from 32 to 54%). In fact, the number of preferences for hotels/resorts remained almost the same, but preferences for rooms and apartments increased, probably conveying an idea of greater isolation sought in times of pandemic. Another significant increase between the past and the future concerns the choice, or possible choice, of country houses: while in the past they had represented accommodation for 30 respondents (14%), in the future they are a preference for more than twice as many (64, that is 31%). The reason could be the same as that mentioned for the increase in rooms/apartments. In addition, this trend is absolutely due to the parallel increase in the preference for nature-based tourism, as seen before, of which country houses are undoubtedly an integral part. In contrast, the choice of camping/glamping sites, which mainly involve experiences in nature rather than urban, does not seem to have attracted respondents much, who remain stable between 28 (14%) and 35 (17%) for past and future respectively, although revealing a slight increase in preference. Finally, along the same lines as the previous question concerning the type of experience/tourism, the option "Other" gave respondents the opportunity to express their response independently, and from this option it emerges that almost all of them prefer their second home in Italy as accommodation for the future.



Figure 11: About your last experience in Italy: what type(s) of accommodation did you choose? Please indicate one or more. Source: questionnaire.



Figure 12: About your next trip to Italy: what type(s) of accommodation are you likely to choose? Please indicate one or more. Source: questionnaire.

It should be emphasised that for these three questions concerning area, type of experience/tourism and accommodation, more than one answer was allowed and they regard a preference for the future, so the results are to be observed from the point of view of a possible choice, and not necessarily of the reality of the facts as in the past.

As a final question in this section of the questionnaire concerning experiences in Italy, respondents were asked the reason(s) why they would be willing to travel to Italy again in the future. This question allowed for the choice of several options again and included the option "Other" to allow open answers, and aimed to identify a correlation between familiarity with the destination and the various trends explored by the questions.

Beauty of the destination was the most widely chosen option (167 preferences, 83%), followed by familiarity with the destination (95, 47%). The same number of respondents (25% respectively) referred back to a feeling of safety at destination (50) and the purpose of visiting family and/or friends (51), while 37 respondents (19%) chose the option "Other" to express their opinion, most of which regarded once again experiencing food, culture and someone also mentioned football matches. Business purposes were the least chosen option, with 11 preferences, equal to 5%.

Undoubtedly, the familiarity with the destination is high, although apparently the first reason for travelling to Italy is the beauty of the place, which however does not exclude a level of familiarity with the place.

Having explored the reasons why Danish tourists already been to Italy are willing to travel back there in the future, these data were cross-tabulated with the choice of the area for the next trip.



Figure 13: About your next trip: why are you likely to go back to Italy? Source: questionnaire.

This was to specify once again the reasons for the decision to undertake a trip in relation to the chosen area, despite the higher or lower risk perception among the respondents. As mentioned above, Northern Italy and especially Lombardy have been the largest outbreak in Italy over the past year, but despite this, only 32 respondents stated that they have a feeling of safety in travelling there, being the third reason to return to Northern Italy. Most of those who will return to Northern Italy say they will do so because of the beauty of the destination (98), while in second place for preferences is the familiarity with the destination (53), which however we have already seen also plays an important role in lowering the perception of risk. The popularity of Northern Italy destinations such as alpine ski resorts in Veneto and other regions, supported by the availability of direct flights from the main Danish airports, could support these results. In fact, Central Italy was just as successful in terms of beauty (98 preferences as Northern Italy) and ranked first in terms of familiarity with the place (59). Tuscany, a region in Central Italy, is another destination with direct flights from Denmark.

Probably such a general question requiring the choice of whole areas and regions of Italy is not very relevant in terms of risk perception for Danish tourists, which is why in the next section of the

questionnaire that was analysed, certain aspects of the destination were explored more specifically, e.g. the likely time for the next trip, that is high or low season, and the impact of a high number of infections at the destination on each of them, in order to let the respondents specify their feelings and resulting behaviours.

3. Risk perception in relation to COVID-19 pandemic and resulting behaviours

The first question the participants were asked in this last section of the questionnaire concerned their level of agreement or disagreement with the fact that infection rates in Italy would affect their decision to travel there, as shown in the graph below.



Figure 14: Would the infection rates in Italy impact your decision to travel there? Source: questionnaire.

The majority (83 respondents, 41%) agrees on the direct impact of infections on the decision to choose Italy as a destination for their next trip, while only 10 respondents (5%) strongly disagrees. After surveying the territory with this question combining infection and destination, the questionnaire went into more detail.

Participants were presented with the condition that infection rates were high in Italy. They were then asked how this condition would influence their choice of accommodation, type of holiday, time of travel, length of trip, preferred region/area. Finally, mobility was also included in this group of questions, i.e. how this condition would influence the choice of the means of transportation to travel to/from Italy, and the choice of the means of transportation to travel within Italy. For all these questions, 7 in total, participants were given the possibility to give one or more preferences, as well as to freely express their opinion with the option "Other", in order not to limit the survey.

This set of questions was made in order to test participants' perception of risk regarding the health emergency, as well as to explore their specific behaviour in a potentially risky situation, since everyone would like to return to Italy and the majority would prefer to return to Northern Italy, which we have seen to be one of the areas in Italy most affected by the pandemic.



Figure 15: If infection rates were high in Italy, how would COVID-19 impact your choice of accommodation(s) in your next trip? Please indicate one or more. Source: questionnaire.

For this and the next graphs, the same colour was used for categories with a similar number of preferences, in order to make the answers clearer.

Out of a total of 200 respondents to this question, the majority marked in dark blue (55 preferences, 28%) stated that a high number of infections would not affect their choice of accommodation(s). Indicated in dark green are the second most chosen categories, with a very similar number of preferences (44 and 42, corresponding to 22 and 21% of the total): these correspond respectively

to "I would choose hotels/resorts, but only if they state to observe proper hygiene and sanitation" and "I would choose country houses". The third most consistent group of preferences (36, representing 18%) goes to "rooms/apartments (e.g. AirBnB)" but with the same condition as before to state proper hygiene and sanitation. This third option is marked in light blue together with the option "I would choose my family/friends' place" which received 32 preferences equal to 16%. In yellow are the few preferences for those who would not choose hotels/resorts or rooms/apartments (e.g. AirBnB), 17 (9%) and 12 (6%) respectively.

The trend in this graph shows that the number of participants who, as seen in the previous chapter, would continue to choose hotels/resorts in the future and the doubled number who would choose rooms/apartments (e.g. AirBnB), i.e. the most popular categories for future accommodation(s), would in fact do so provided that proper hygiene was declared. Hygiene and sanitation are a cornerstone of the measures to combat the pandemic as unanimously conveyed by governments across Europe and beyond. A substantial number, as seen, would choose country houses in any case, which again reveals the future importance of nature-based tourism. The option "Other", chosen 22 times (11%), resulted in most choosing not to travel to Italy if the condition was a high number of infections; however, it can be noted that a low percentage stated that they would not travel, although the previous question asked participants whether the number of infections would influence their decision to travel to Italy and the majority agreed. Evidently, infections would not affect a cancellation of the trip to Italy, but certain aspects of the planned holiday. The next questions explored some aspects.

Given the condition of high infection rates in Italy, the next graph shows the results of the impact of COVID-19 on the choice of type of holiday/experience.



Figure 16: If infection rates were high in Italy, how would COVID-19 impact your choice of holiday type in your next trip? Please indicate one or more. Source: questionnaire.

Out of a total of 198 respondents to this question, the majority of preferences (50, corresponding to 25%) went to nature-based tourism, marked in dark blue, demonstrating consistency with the increase in the choice of country houses and beyond. In second place, marked in green, again a substantial number of preferences do not consider a direct impact of the number of infections on the choice of holiday type (41, i.e. 21%) and are almost joined by many undecided (38, i.e. 19%). Among the various categories available to respondents, between which there is still much indecision, the least popular was "I would not choose beach tourism (sea, lake)" with 20 preferences or 10% of the total. In fact, this type of experience did not seem to worry respondents even in the last chapter, where it ranked third in terms of future preferences. Italy being a popular tourist destination also for beach areas, this would also reconcile with the motivation to return to Italy for the beauty of the places that emerged previously. Again, the 28 preferences for "Other" (14%) mostly reflect a change of plan that does not involve a trip to Italy.

As can be seen from the next graph, a high number of infections would greatly influence the choice of holiday period in Italy in the future.



Figure 17: If infection rates were high in Italy, how would COVID-19 impact your choice of period of your next trip (e.g. summer, fall, high/low season, etc.)? Please indicate one or more. Source: questionnaire.

Out of 194 total respondents to this question, the majority (60, or 31%), marked in dark blue, would choose the low season for their trip to Italy. However, almost the same number of respondents (56, i.e. 29%) say they are not interested in the period but rather in a destination that is not overcrowded. The lowest number of preferences was freely expressed through the "Other" option (25, i.e. 13%), and once again the willingness not to travel to Italy if the condition was a high number of infected was unanimously expressed. One answer was: "I would choose to stay in Denmark", which shows that the change of plans would involve a substitution of foreign travel by domestic travel, probably.

Like the choice of accommodation seen above, the length of the trip would apparently not be affected much by the high number of infections in Italy.



Figure 18: If infection rates were high in Italy, how would COVID-19 impact your choice of trip length (e.g. one week, one weekend, etc.)? Please indicate one or more. Source: questionnaire.

This aspect was investigated in the questionnaire in particular because a trend had emerged in the literature review according to which after the COVID-19 pandemic tourists are willing to undertake fewer trips but spend longer time at destination, while short travel time to reach natural attractions (Wachyuni and Kusumaningrum, 2020). According to the results, this trend is not confirmed among Danish tourists who want to return to Italy. On the other hand, it should be noted that, just like the previous question concerning the choice of period, a high number of preferences went to the option "No matter the trip length, but the uncrowded destination" (57, or 30%).

Considering this constant interest in an uncrowded destination, the next question should help to understand exactly how the choice of destination would be influenced in a situation with a high number of infections.



Figure 19: If infection rates were high in Italy, how would COVID-19 impact your choice of region/destination in your next trip? Please indicate one or more. Source: questionnaire.

In fact, the majority agreed to choose a destination in Italy based on the low number of infected (67 preferences, 35%). This relates back to Risk Perception Attitude Framework's group two, with high risk perceptions and high efficacy beliefs: they feel at risk but believe they are able to reduce the threat, in this case by avoiding areas heavily affected by the pandemic. It is not clear, however, how this fits in with the majority of respondents who would also head to Northern Italy as seen previously, which we have said has had a high number of infected over time, but one of the reasons might be the variety of places that Northern Italy offers (from the Alps to the cities and even the sea) that would allow tourists to avoid more populous areas. Evidently, the Danes are well aware of these differences. Also, again considering that the questions concern future behaviour, there is probably a lot of confidence in the spread of vaccines and the decline in infections had not started globally at the time this research was carried out. However, it should be noted also that the majority of the respondents agreed on the number of infections in Italy impacting their decision to travel there, and the same majority is reflected in these answers and in the willingness to select a destination with a low number of infected people.

The last two questions which posed the condition of a high number of infections, concerned mobility from and to Denmark to the destination and also within the destination itself.



Figure 20: If infection rates were high in Italy, how would COVID-19 impact your choice of means of transportation to/from destination? Please indicate one or more. Source: questionnaire.



Figure 21: If infection rates were high in Italy, how would COVID-19 impact your choice of means of transportation at destination in your next trip? Please indicate one or more. Source: questionnaire.

Almost the same number of preferences (93 for travel to/from Italy and 89 for travel to destination, that is 49 and 48% respectively), i.e. the vast majority, would prefer to travel by car. There is still a considerable number of preferences for the option stating that the rate of infection would not influence the means of transportation used (50 for travel to/from Italy, 43 for travel within Italy), but it should be noted that the desire to avoid public transportation is considerable: for long-haul

travel from Denmark to Italy 42 preferences (22%) went to "I would prefer not to travel by flight", while for travels within the destination the second most chosen option after the willingness to use only the car was "I would prefer not to travel on public transportation (bus, train, metro, etc.)" (46 preferences, 25%). The option "Other" (11 and 10% respectively) still showed a willingness not to travel to Italy, but interestingly two different respondents answered "I fly with SAS where hygiene is ok" and "Only direct flights-wearing a mask has to be limited". The first answer reflects an aspect considered for accommodation, i.e. adequate hygiene and sanitation, but not for transportation: therefore also for transportation this aspect might be relevant for someone; the second one poses the condition of a direct flight to the destination to limit the use of the face mask, which could explain the choice of Northern and Central Italy destinations in the future, since direct air routes to these destinations are available from Denmark.

The next two questions concerned vaccines, because they could be a valid motivation to set out again, even in the areas most affected by the pandemic such as Italy; in fact, as noted earlier, the hope of the spread of vaccines may have marked many of the results of this questionnaire. Recent surveys revealed vaccines to be a top motivator for a growing travel sentiment (*YouGOV Travel & Tourism, 2021*).

Participants were first asked: "Would the vaccination coverage in Italy impact your decision to travel there?" with a likert scale of five points to specify their level of agreement.



Figure 22: Would the vaccination coverage in Italy impact your decision to travel there? Source: questionnaire.

Out of a total of 186 respondents to this question, as can be seen, the overwhelming majority agrees (78, i.e. 42%) or strongly agrees (46, i.e. 25%), with the latter having almost the same amount of preferences of respondents who neither agree nor disagree with the question (45, i.e. 24%). Only 17 respondents in total disagree or strongly disagree, representing the minority with 5 and 4%. Apparently these results confirm the importance of vaccination plans to shape the intention to travel and then the journey itself.

Immediately afterwards, participants were asked about their personal vaccination status in relation to undertaking a trip to Italy: "Having or not having received the vaccine yourself, will it impact your decision to travel to Italy?" again with a likert scale of five points to specify their level of agreement.



Figure 23: Having or not having received the vaccine yourself, will it impact your decision to travel to Italy? Source: questionnaire.

From this question too, the majority (67 agree and 54 strongly agree, equal to 36 and 29%) see the vaccine as a relevant factor leading to the decision to travel to Italy in the future. The results of both questions concerning the vaccine are very similar and reflect a general dependence on vaccination plans both for the situation in the country of destination of the trip and for one's own personal situation, on which a large part of future tourist behaviour will depend. Group one identified by the Risk Perception Attitude Framework identifies well with these findings: those with high risk perceptions and high levels of efficacy beliefs may perceive the vaccine as effective and as a threat-reducing factor.

One of the last questions was asked to explore the participants' level of information and news about the COVID-19 pandemic: the literature review showed that UNWTO (2020, in Neuburger & Egger, 2020) defined the outbreak of COVID-19 as major media event, influencing the tourism industry. Other related research has revealed a general willingness to change travel plans or cancel them if exposed to too much information from the media. The question the participants were asked was: "What is the category that best describes you in connection with information and news seeking about COVID-19 in Italy?"; for this question too, respondents could choose the extent of agreement from a likert scale in five points. The majority (100 respondents, 54%) declare themselves active seekers, in second place are the casual/indifferent seekers (77 respondents, 41%), while in last place and in small numbers are those who avoid the news (9 respondents, 5%).

Now, in order to confirm or reject past studies that revealed a general tendency to change travel plans or cancel them if exposed to an exaggerated amount of information about a pandemic, these results were cross-tabulated with the results of the previous question "Would the infection rates in Italy impact your decision to travel there?", as shown in the graph below.



Figure 24: Would the infection rates in Italy impact your decision to travel there? Source: questionnaire.

It can be seen that the participants who agree, strongly or not, are in fact mostly active news seekers (40 agree, 29 strongly agree). Even the majority of casual/indifferent seekers agree with a direct influence of infection rates on the decision to travel to Italy (34), while most news avoiders, although

represented in very low numbers, neither agree nor disagree (4 out of 9) and are generally divided equally into the different categories. The too low number of news avoiders does not allow reliable results regarding the willingness to travel related to the ignorance of information and news; on the other hand, the high number of active seekers allows to observe a correlation between exposure to information and the confirmation that infections will influence the next trip. According to the Protection Motivation Theory by Rogers, indeed, the likelihood to engage in protective behaviours, e.g. risk avoidance, has to do with the degree that available information suggests. Hence, tourists' exposure to a variety of messages from the media has shown an influence not only on destination choice but on the likelihood to engage in a travel too.

The next question was "Where do you get your information about COVID-19 in Italy from?", to identify the source from which participants draw the information they are exposed to. According to Wachyuni and Kusumaningrum (2020), indeed, the exposure to social media can have major consequences, especially among Millennials and Generation Z who rely heavily on technologies such as smartphones, social media, and digital influencers that help them plan their trips. The overwhelming majority of preferences (156 out of 177, 88%) went to other media than social media (e.g. TV, newspapers, online newspapers), while social media received 68 preferences (36%). Very similar to the third and last option related to family and/or friends with 63 preferences (36%). These results are perfectly in line with the age range of the questionnaire participants, which was found to be mainly 44 years and over. The least represented category was the age group between 18 and 24, while no participant was under 18. The majority of people who took part in the questionnaire are evidently exposed to news from the "traditional" media.

The last two questions of the questionnaire, in this position because of their confidential nature, concerned the salary of the participants. The first question was "Do you personally have an income?", the second and last one "What range is your monthly income?". Both questions, because they were confidential, could be answered "I'd rather not answer". They were asked because one of the common characteristics that emerged from research in times of past tourism pandemics was the income of tourists. Djeri et al. (2014, in Kusumaningrum & Wachyuni, 2020), for example, refer back to the low propensity of changing and cancelling travel plans to highest incomes by bringing to light that money affect the desire to buy new things and, in the case of tourism, to find new experiences.

The vast majority stated to have a job income (124 respondents out of 186, 67%) and the graph below shows the ranges of monthly incomes as emerged from the last question.



Figure 25: What range is your monthly income? Source: guestionnaire.

There is no doubt that the majority have an income of between DKK 10,000 and DKK 40,000 per month (81 respondents, 46%), which is a standard salary in Denmark. In second place, however, is a high monthly salary of between DKK 40,000 and DKK 110,000, with 49 respondents or 28%. This majority of medium-high salaries, certainly not low, could explain the retention not to consider a trip to Italy at all but rather a general ability to adapt according to certain behaviours concerning an upcoming trip despite the COVID-19 pandemic.

In general, both the theories and the reviewed literature have allowed certain patterns to be followed. Firstly, the Risk Perception Attitude framework allowed the identification in the sample of two out of the four groups developed as an extension of the theory. In fact, a responsive group emerged, i.e. the majority actively seeking information on health emergencies, and at the same time practising healthy behaviour by modifying certain aspects of their holiday, such as means of transport and type of holiday. In addition, a proactive group emerged, which remains indifferent to the search for information on the pandemic but nevertheless feels a strong sense of responsibility and security, which makes them take measures to protect themselves. On the other hand, the avoidance group, i.e. those who would not consider the option of travelling to Italy if there was a high risk of infection, emerged only minimally. The same was true for the indifferent group, those who perceived little risk but believed they could not deal with it effectively. In fact, a very low number of people emerged who would avoid seeking information and at the same time avoid travelling.

Secondly, according to some research, Protection Motivation Theory found a link between past travel experience and lower risk perception, and this analysis confirmed that. However, at the same time, although the results showed a high number of active information seekers, they were also inclined to travel, albeit with the necessary precautions. The theory used, instead, suggested a negative correlation between information exposure and travel intention, which was therefore not confirmed. One possible explanation might be due to the exposure of the most respondents to the traditional media, such as TV and newspapers, while some research explored in the Literature chapter associated the greatest influence with social media, especially on the younger generation, which was not represented in the sample of this thesis.

Finally, the common behavioural patterns that emerged from the tourism study of past pandemics were almost all confirmed by this analysis. Indeed, a high propensity to travel despite the risk was shown to be directly proportional to both extensive international travel experience and familiarity with the country of destination, in this case Italy, as well as high levels of education and salary.

The trait that had emerged unanimously from past research also concerned the gender of those who, as a result of widespread health risks, had shown a higher perception of risk and were more likely to take protective measures such as avoiding travel, namely women. The vast majority of respondents here were women, but as seen, the results point to a general optimism and willingness to travel. Thus, it is unclear whether this reversal of the trend is due to the fact that the COVID-19 pandemic is demonstrating unexpected and different effects from the past, as already predicted by several researchers.

Conclusion

The COVID-19 pandemic has put a strain on the world of tourism. Against a backdrop of more than a year of near-zero travel outside National borders and after the first vaccines began to be distributed, a growing travel sentiment is animating tourists, who are beginning to plan future trips. The aim of this thesis, in cooperation with the company *Luxury Around*, was to investigate any possible changes in destination choice and experiences in the Nordic market, particularly the Danish market, in preparation for a more prosperous period for tourism. Indeed, it is through a study of demand that a company can then adapt and succeed.

From the analysis that emerged, there is indeed a change in the future tourist behaviour of Danish tourists returning to Italy. There is an increase in requests for nature-based tourism and the choice of country houses as accommodation for trips. Furthermore, the majority would choose rented rooms or flats, e.g. through the AirBnB platform, but only if they specifically state that they follow the recommended guidelines against the spread of COVID-19 infections, including thorough cleaning and sanitation of the environment. Having explored different aspects of a holiday, including destination, choice of time and transport, it was found that in a situation of potentially high health risk to travellers, virtually only the length of the trip would be unaffected in the future. This specific aspect was investigated because recently a study by Wen et al. (2020) highlighted an increase in the number of days spent on holiday after the COVID-19 pandemic, in parallel with the desire to avoid a high number of trips and instead concentrate experiences in a smaller number of departures. This research concerning Danish tourists did not confirm this trend, which instead focuses the greatest changes on the choice of experience, the period of the next holiday and the means of transportation to be used. Indeed, along with a broad preference for nature tourism, it was found that people would choose the low-season and also much prefer to travel by car and avoid public transport, including aeroplanes.

It should be noted that only a very small proportion of the sample used in this thesis specified that they would not travel to Italy at all if the health risk were still high. Following past pandemics, such as SARS (2003) and Ebola (2008), research had found that only in the case of SARS had there been a drastic drop in world travel, despite the fact that, according to the researchers, panic spread faster than the disease itself. In fact, despite the perception of risk and the undertaking of protective measures after the outbreaks of recent pandemics, most of the people declared a low propensity to avoid travel.

The results of this thesis are in line with the growing travel sentiment and the nevertheless high percentage of people who would still travel abroad, and certainly this trend reflects a general need for relaxation and normality in the sense of a travel habit to disconnect from the daily routine after more than a year of strict travel bans. Moreover, this low propensity of Danish tourists not to consider a trip to Italy confirms Denmark as a "low uncertainty avoidance country" as interestingly described by Karl et al. (2020) together with Sweden and the USA. It should be added that the perception of severity in the case of Ebola, in the past, had also decreased with time and had been paralleled by a decrease in media coverage; indeed, as noted in the Analysis chapter, the optimistic results emerging from this research could be due not only to a need for normality and a lowering of the perception of severity of COVID-19, but also to a massive confidence in the spread and efficacy of vaccines. Furthermore, it is interesting to note a correlation between the fact that, on the one hand, respondents are active seekers of information on COVID-19 and at the same time are inclined to travel, and on the other hand that more than a year has already passed since the outbreak of the pandemic. The fact that, as in the case of Ebola, we are probably faced with a scenario in which susceptibility is perceived but severity has decreased, and in which media coverage has also decreased, may have played an important role in the results and also positively influenced those who are indeed active news seekers.

Studies after past pandemics had identified young people as being crisis-resistant; in the case of this thesis, the sample consisted mainly of people aged 44 and over and mostly in the 55-64 age range. However this category, according to the results, cannot be defined as "non-crisis resistant", because as we have seen only a small proportion would not travel to avoid the risk. They would certainly change their attitude, looking for safer experiences, and would make choices more appropriate to a search for privacy and a desire to meet as few people as possible. After all, the behaviour of the future Danish tourist, as far as travelling to Italy is concerned, can be identified in two different trends: they will choose to travel in low season, i.e. in those periods where a disproportionate number of people is avoided, opting for a type of tourism that includes culture, i.e. urban tourism, museums and populated areas. On the other hand, many people will not plan their trip according

to their choice of time of year, but will opt for usually wilder natural areas to take advantage of a type of tourism that includes seaside areas (sea and/or lakes) and based in nature, such as mountains. Exactly this latter trend had already been identified recently by several studies following the outbreak of the COVID-19 pandemic.

Thanks to these considerations that have emerged, Danish tourism demonstrates that it knows how to make the most of the variety of landscapes and experiences that a tourist destination like Italy offers, even in times of a global health emergency or soon after. Indeed, the strong familiarity with Italy and the considerable experience in terms of travelling outside the country's borders seem to push Danish tourists to a lowering of caution which is also directly proportional to the spread of vaccines, even if the trip is to Northern Italy, where the number of infections during the COVID-19 pandemic was very high.

All in all, a company like *Luxury Around* does not have to fear a drop in arrivals from Danish tourists, but it does have to adapt to the changes that the advent of the COVID-19 pandemic has brought and adjust its marketing strategies in order to recover as quickly as possible. As noted by Bae & Chang (2020, in Rather, 2021), the tourism industry has to be vigilant and prioritize health/safety-related issues. However, given the fragility and unknown results of the situation, it is important that any communication with travellers should not solely provide information that can cause an increase of perceived travel risk (such as the number of cases and deaths) but also be clear about cancellation or refund policies and cover health and safety measures to ensure that tourists can feel safe (Neuburger & Egger, 2020). Furthermore, travel communication should focus on inspiring tourists to travel and explore new places post COVID-19, as widely conveyed by the hashtag #traveltomorrow (ibid.). Not only that, but a company should also be able to predict whether a trend such as the increase in demand for nature-based tourism will be temporary and relegated to the pandemic, or whether it will be a trend that will consolidate over time and take hold. This will certainly help to position itself among the most virtuous companies that have survived the COVID-19 pandemic disaster and they will have laid the foundation for a promising future.

Further research

Further research in the future could investigate whether the predictions of this research have been fulfilled and whether the same trends have been confirmed. Moreover, it could investigate the tourism behaviour of young people, who were not represented by this survey and who according to some studies are unpredictable and not responding to traditional marketing, because of their reliance on technologies such as smartphones and social media. COVID-19 was defined as a major media event, so a high exposure to information from these less traditional media could and could have had different effects than those examined in this research.

Appendix

Questionnaire - created with SurveyXact by Ramboll

Hi! I am a student from the Master in Tourism at Aalborg University.

This survey is part of my thesis about Danish tourists, their risk perception and intention to travel to Italy after the outbreak of COVID-19.

In order to complete the survey, you must:

>>> be a Danish citizen

>>> have been to Italy at least once in a lifetime

>>> be planning (or have already planned) a future travel to Italy

The completion of the survey will take from 5 to 10 minutes.

Your opinion matters!

That's why I want to thank you by giving you the opportunity

to get a 10% discount on your holiday in Italy booked with a company called Luxury Around, with whom I am collaborating on my thesis.

There will be an extraction of 50 respondents who will get it:

if you wish to participate, at the end of the survey you can provide your email address.

<u>OBS</u>.: the survey will be kept anonymous, the responses will be used for my thesis only and the email addresses provided will be used to inform the winners only.

Tell me something about you...

What is your gender?

- (2) 🛛 Male
- (3) 🛛 Other

What is your age range?

- (1) Under 18
- (2) 🛛 18-24
- (3) 25-34
- (4) 35-44
- (5) 45-54
- (6) 🛛 55-64
- (7) **D** Over 64

What is the highest degree or level of school you have completed?

- (1) \Box Primary and lower secondary school
- (2) \Box Gymnasium or vocational education
- (3) 🛛 Bachelor's degree or Professional / Academic degree
- (5) 🛛 🗖 PhD

Without considering COVID-19 pandemic, how many times on average do you travel outside Denmark in a year?

- (1) Less than 1
- (2) 🛛 🖬 1 or 2
- (3) 3 or 4
- (4) **1** 5 or more

How many times have you ever travelled to Italy?

- (1) **1** or 2
- (2) 🛛 🖬 3 or 4
- (3) **3** 5 or more

Now, let's talk of your last experience in Italy...

When was it?

(1) Uithin the last 12 months (during COVID-19 pandemic)

(2) Early 2020 or before (before COVID-19 pandemic)

About your last experience in Italy...

Which part did you visit?

Please indicate one or more:

- (1) INorthern Italy (Lombardy, Piedmont, Veneto, Trentino, Friuli, Liguria, Emilia-Romagna, Aosta Valley)
- (2) Central Italy (Tuscany, Lazio, Umbria, Marche, Abruzzo)
- (3) Southern Italy (Campania, Calabria, Puglia, Basilicata, Molise)
- (4) Island/s (Sicily, Sardinia, smaller archipelagos)

About your last experience in Italy...

What type was it?

Please indicate one or more:

- (1) Beach tourism (sea, lake)
- (2) Cultural tourism (cities, museums, etc.)
- (3) **D** Nature-based tourism (nature, mountains, rural areas, etc.)
- (4) 🛛 Business trip
- (5) Usit family and / or friends
- (6) Other (please indicate):

About your last experience in Italy...

What type(s) of accommodation did you choose?

Please indicate one or more:

- (1) Hotel / Resort
- (2) Camping / Glamping site
- (4) Country house
- (5) 🛛 Room / Apartment (e.g. AirBnB)
- (6) Gramily / Friends' place
- (7) Other (please indicate):

Now, let's talk of your next trip to Italy...

Where are you likely to travel?

Please indicate one or more:

- (1) INorthern Italy (Lombardy, Piedmont, Veneto, Trentino, Friuli, Liguria, Emilia-Romagna, Aosta Valley)
- (2) Central Italy (Tuscany, Lazio, Umbria, Marche, Abruzzo)
- (3) 🛛 Southern Italy (Campania, Calabria, Puglia, Basilicata, Molise)
- (4) Island/s (Sicily, Sardinia, smaller archipelagos)

About your next trip to Italy...

What type is it likely to be?

Please indicate one or more:

- (1) Beach tourism (sea, lake)
- (2) Cultural tourism (cities, museums, etc.)
- (3) I Nature-based tourism (nature, mountains, rural areas, etc.)
- (4) 🛛 Business trip
- (5) Usit family and / or friends
- (6) Other (please indicate):

About your next trip to Italy...

What type(s) of accommodation are you likely to choose?

Please indicate one or more:

- (1) Hotel / Resort
- (2) Camping / Glamping site
- (4) Country house
- (5) Room / Apartment (e.g. AirBnB)
- (6) Gramily / Friends' place
- (7) Other (please indicate):

About your next trip to Italy...

Why are you likely to go back to Italy?

Please indicate one or more:

- (1) \Box Familiarity with the destination
- (2) Beauty of the destination
- (3) Eeeling of safety at destination
- (4) 🛛 Business
- (5) Usit family and / or friends
- (6) Other (please indicate):

Now, let's talk of COVID-19 in Italy...

Would the infection rates in Italy impact your decision to travel there?

- (5) **D** Strongly disagree
- (6) Disagree
- (7) Deither agree nor disagree
- (8) 🛛 Agree
- (9) Strongly agree

If infection rates were high in Italy, how would COVID-19 impact your choice of accommodation(s) in your next trip?

Please indicate one or more:

- (8) \Box Infection rates would not impact my choice of accommodation(s)
- (9) I do not know
- (10) I would not choose hotels / resorts
- (11) I would choose hotels / resorts, but only if they state to observe proper hygiene and sanitation
- (12) I would choose camping / glamping sites
- (13) I would not choose rooms / apartments (e.g. AirBnB)
- (14) I would choose rooms / apartments (e.g. AirBnB), but only if they state to observe proper hygiene and sanitation
- (15) \Box I would choose country houses
- (16) I would choose my family / friends' place
- (17) Other (please indicate):

If infection rates were high in Italy, how would COVID-19 impact your choice of holiday type in your next trip?

Please indicate one or more:

- (8) Infection rates would not impact my choice of holiday type
- (9) I do not know
- (1) I would not choose beach tourism (sea, lake)
- (11) I would choose beach tourism (sea, lake), but only in wild areas / in low season
- (12) I would not choose cultural tourism (cities, museums, etc.)
- (13) I would choose cultural tourism (cities, museums, etc.), but only in low season
- (14) I would choose nature-based tourism (nature, mountains, rural areas, etc.)
- (15) I would choose to visit my family and / or friends
- (6) Other (please indicate):

If infection rates were high in Italy, how would COVID-19 impact your choice of period of your next trip (e.g. summer, fall, high/low season, etc.)?

Please indicate one or more:

- (8) Infection rates would not impact my choice of period
- (9) I do not know
- (1) \Box I would choose low season
- (10) \Box No matter the period, but an uncrowded destination
- (6) Other (please indicate):

If infection rates were high in Italy, how would COVID-19 impact your choice of trip length (e.g. one week, one weekend, etc.)?

Please indicate one or more:

- (8) Infection rates would not impact my choice of trip length
- (9) I do not know
- (1) \Box I would only choose a short trip
- (10) \Box No matter the trip length, but the uncrowded destination
- (6) Other (please indicate):

If infection rates were high in Italy, how would COVID-19 impact your choice of region / destination in your next trip?

Please indicate one or more:

- (8) Infection rates would not impact my choice of region / destination
- (9) I do not know
- (1) I would choose a region / destination with the lowest infection rates
- (10) IN No matter the region / destination, as long as the place I'd go was uncrowded
- (6) Other (please indicate):

If infection rates were high in Italy, how would COVID-19 impact your choice of means of transportation to / from destination?

Please indicate one or more:

- (8) Infection rates would not impact my choice of means of transportation to / from destination
- (9) I do not know
- (1) I would prefer not to travel by flight
- (11) I would prefer not to travel by train / bus
- (15) \Box I would prefer to travel by car
- (6) Other (please indicate):

If infection rates were high in Italy, how would COVID-19 impact your choice of means of transportation at destination in your next trip?

Please indicate one or more:

- (8) Infection rates would not impact my choice of means of transportation at destination
- (9) I do not know
- (1) I would prefer not to travel on public transportation (bus, train, metro, etc.)
- (12) I would only travel by car (e.g. own, rental, taxi, etc.)
- (6) Other (please indicate):

Would the vaccination coverage in Italy impact your decision to travel there?

- (5) **D** Strongly disagree
- (6) Disagree
- (7) **D** Neither agree nor disagree
- (8) 🛛 Agree
- (9) Strongly agree

Having or not having received the vaccine yourself, will it impact your decision to travel to Italy?

- (5) **D** Strongly disagree
- (6) Disagree
- (7) Deither agree nor disagree
- (8) 🛛 Agree
- (9) Strongly agree

What is the category that best describes you in connection with information and news seeking about COVID-19 in Italy?

- (1) Active seeker
- (2) Casual / Indifferent seeker
- (3) **D** News avoider

Where do you get your information about COVID-19 in Italy from?

Please indicate one or more:

- (1) 🔲 Social Media (e.g. Facebook, Twitter, YouTube, etc.)
- (2) Other media (e.g. TV, newspapers, online newspapers)
- (3) **D** Family and / or friends

We're almost done!

Do you personally have an income?

- (1) I do not personally have an income
- (2) Statens Uddannelsesstøtte (SU)
- (3) Statens Uddannelsesstøtte (SU) + job income
- (4) Job income
- (5) Dension
- (6) I'd rather not answer

What range is your monthly income?

- (1) Under 10,000 DKK
- (2) I More than 10,000 and up to 40,000 DKK
- (3) Give than 40,000 and up to 110,000 DKK
- (4) • Over 110,000 DKK
- (5) I'd rather not answer

Survey completed! Thank you. <u>Remember to click "FINISH"</u>!

If you wish, below you can provide your email address to participate in the extraction of 50 respondents who will get a 10% discount on their next holiday in Italy booked with Luxury Around.

<u>OBS</u>.: the extraction will take place in the first week of June 2021 and the winners will receive an email with all the instructions.

Go visit Luxury Around website https://www.luxuryaround.com/ and SoMe accounts https://www.instagram.com/luxuryaroundyou/ (Instagram), https://www.facebook.com/Luxuryaround/ (Facebook).

(1) Yes, please! I would like to participate in the extraction. My email address is:

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