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Do Tourists Feel Fear of Travelling during the Post Covid-19? Analysis of Cautious Travel, SOP and Coping Problem Mechanisms in Malaysia

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Abstract

Understanding people's travel fear of the pandemic is essential to helping the tourism business recover after the outbreak. Although a pandemic may cause psychological distress in visitors, little research has been conducted on cautious travel responses, travel fear, and compliance with standard operating procedures (SOP) in the aftermath of a pandemic. Since the first instances of Covid-19 transmission, international travel restrictions have been implemented to reduce the risk of infection. Since the outbreak spread through person-to-person contact, it has resulted in travel and mobility restrictions, community lockdowns, and people staying at home, devastatingly affecting tourism and hospitality. This study investigated the possibility of cautious travel and travel fear concerning an individual's travel-related pressure when taking precautions such as following standard operating procedures (SOP) and avoiding crowds. The study utilised an online Google form questionnaire to conduct a public survey. The URL link was distributed across multiple social media platforms, including WhatsApp and Telegram groups, Facebook, Twitter, and Instagram, to reach a more geographically diverse audience. Respondents were chosen from those who answered "yes," i.e., those who travel interstate after October 2021, when restrictions on interstate travel were permitted. The results indicated that cautious travel positively correlates with destination crowd avoidance and SOP adherence. However, most participants did not fear travelling during the post-Covid-19. As demonstrated by the results, visitors' propensity to travel cautiously while adhering to SOPs is substantial. Traveling with caution has shown that following SOPs can reduce the risk of infection. Future studies should investigate the government's knowledge of proper planning in the tourism business. In addition, the variable for quality of psychological support must be considered so that tourists can comprehend what they are experiencing and learn how to manage their travel fear. Additionally, there should be health services available for vacationers so that they are more aware of the activities they are participating in while on vacation.

Keyword: Post-Covid 19, Tourism, Travel Fear, Standard Operating Procedure, Cautious Travel

Introduction

Several infectious diseases have endangered the twenty-first century's global economy and human life. The 2019 novel coronavirus (Covid-19) debuted in December 2019 in Wuhan and rapidly spread throughout China. As of 25th February 2020, 2,666 individuals out of 77,779 positively verified cases had perished due to the epidemic (Zheng et al., 2021). The first Covid-19 case was identified in Malaysia on 25th January 2020 and was traced to three Chinese nationals who had been in close contact with an infected individual in Singapore (Elengoe, 2020). The number of reported Covid-19 cases increased exponentially after a religious gathering in Sri Petaling, Kuala Lumpur, in April 2020 (Elengoe, 2020).

Since 15th June 2021, the Malaysian government, led by former Prime Minister Tan Sri Muhyiddin Yassin, has presented the National Recovery Plan, allowing the Movement Control Order to be gradually loosened for Malaysia to go from phase I to phase IV to recover from the Covid-19 pandemic (*The Straits Times*, 2021). As Malaysia intends to be attentive in its fight against the Covid-19 disease, the government has established standard operating procedures for every sector, including the tourism industry. After Covid-19, tourists made travel decisions with greater caution and apprehension.

The National Recovery Plan announced by Tan Sri Muhyiddin Yassin consists of four phases: immunisation rate, daily new cases, and Intensive Care Unit utilization serving as its three primary measures (ICU). The number of new Covid-19 patients with severe symptoms in August 2021 was used to determine whether the state was prepared to advance to Phases 2 and 3. (Bernama, 2021a). Those in phases 2 and 3 can move between districts and places covered in the tourism bubble. However, their participation in mass social gatherings is restricted. In addition, only fully immunized individuals were permitted to dine in and travel domestically (National Recovery Plan Summary, 2021).

Interstate travel was permitted once 90% of Malaysian adults had been fully vaccinated and herd immunity had reached its target (Bernama, 2021b). According to Bernama (2021), since interstate travel was permitted beginning in October 2021, the general public is constantly reminded to follow SOPs such as maintaining social distancing, wearing face masks at all times, frequently sanitising their hands, and avoiding crowded places. The general public is also reminded to stay at home and postpone their travel plans if they are experiencing Covid-19 symptoms until they completely recover. Except for Sarawak and Kelantan, all Malaysian states were in the final phase of the National Recovery Plan as of 31st December 2021 (Bernama, 2021c).

The Covid-19 pandemic has devastated tourism, with travel now seen as a high-risk activity (Rahman et al., 2021). Understanding people's travel fear due to the pandemic is vital for aiding the tourism industry's recovery following the outbreak. Anxiety is more quantifiable and unpredictable than danger as an early emotional response to a threat (Fennell, 2017). Fear of the pandemic and traveller perceptions have led to significant drops in trip demand due to uncertainty and false information regarding diseases on social media. Although we may be able to learn from past pandemics, Covid-19 is significantly more influential in terms of both scale and depth. During the pandemic, China and many other nations have made unprecedented efforts to restrict human travel to manage the pandemic disease effectively. Over 80 countries and territories had imposed travel restrictions by February 2020, including

border closures, entry and exit bans, visa restrictions, and aircraft cancellations (Gwee et al., 2021). In hospitals, segregated areas were used to treat patients, among others. Due to social isolation, patients endure loneliness, anger, anxiety, sadness, sleeplessness, and post-traumatic stress during hospitalisation (Bo et al., 2021).

Tourism and Pandemic

In 2014, the outbreak of the Ebola pandemic in West Africa rekindled travellers' anxieties. The pandemic significantly harmed tourism, and its recovery was challenging (Prayag et al., 2020). Although Sierra Leone, Guinea, and Liberia accounted for 99.9% of Ebola cases, many travellers saw all African countries as high-risk destinations, resulting in a 7.7% decline in arrivals to Ebola-free states. Due to the Covid-19 epidemic, travel is seen as a high-risk activity, negatively impacting tourism. Due to the ambiguity and erroneous information about the disease on social media, the fear of the pandemic and bad traveller attitudes have significantly declined travel demand. According to Alonso et al (2020), most tourism industry owners and managers would seek to modify and alter their business practices in light of Covid-19. Nonetheless, as a result of lower occupancy and closed lodging (Park et al., 2020), the tourism and hospitality industries have experienced a significant decline in operations globally (Kreiner & Ram, 2021), resulting in a substantial decrease in employment (Kaushal & Srivastava, 2021). Depression and anxiety are likely the most prevalent emotions people experience (Park et al., 2020).

Understanding people's 'travel fear as a result of the pandemic is essential to assisting the tourism business in recovering after the outbreak. Although a pandemic might induce psychological distress in visitors, little study has been undertaken on cautious travel responses and standard operating procedures (SOP) compliance in the aftermath of a pandemic. People may develop protection motivations and coping techniques in response to the fear caused by infectious diseases during public health crises. In addition, research has demonstrated that coping with anxiety can increase an individual's resilience, which can assist reduce perceived losses and enhance catastrophic adaptability (Makwana, 2019). Fear is more unpredictable and incalculable than danger as an essential emotional response to a threat (Fennell, 2017). Rather than evaluating perceived hazards in tourism, research indicates that fear significantly impacts tourist visits and activity participation. Understanding and forecasting travel behaviour during pandemic scenarios is essential for transportation planning, decision-making, and regulation based on tourist travel demands. For instance, government officials use this information to rearrange public transportation, while taxi and ride-sharing companies might use it to plan their services more efficiently (Gaji et al., 2021).

School closures, online instruction, working from home, and restaurant closures were among the tactics employed to combat the spread of Covid-19. Other measures included limits on public gatherings, social events, and meetings, locking down countries or cities, establishing curfews, halting public transportation and taxi operations to prevent movement, imposing social distancing standards, and shutting down international borders and airports. Since the initial occurrences of Covid-19 transmission, travel restrictions beyond the country of origin have been introduced to reduce the risk of infection (Bajardi et al., 2011; Gwee et al., 2021). Since then, highly industrialized nations have produced vaccinations, including Johnson & Johnson, Moderna, Sinovac, and Pfizer. Even when immunizations were administered, the outbreak did not end (El-Elimat et al., 2021). Although immunization decreases the symptoms

of Covid-19, it is not confident that people who have completed their doses will not become infected (Shimabukuro et al., 2021). As a result, travellers are more aware of their surroundings when they travel (Kim et al., 2021). Since tourists decide to go outside their own country, they will almost certainly avoid situations with a danger of infection (Luo et al., 2020).

Tourists' travel risk and management are connected to tourism locations, which are multidimensional and provide ambiguous effects because of Covid-19 (Chinazzi et al., 2020; Rahman et al., 2021). However, because visitors' views of travel danger and management were significant during the Covid-19 pandemic, this study intended to investigate tourists' perceptions of travel fear and visits, complying with the SOP. While many governments have begun to consider the most effective quarantine methods for preventing the spread of the virus, these procedures may differ between countries (Chung et al., 2021). Since the outbreak spread through person-to-person transmission (Rothan & Byrareddy, 2020), it has caused travel and mobility bans, community lockdowns, and people to stay at home, devastatingly impacting tourism and hospitality (Gössling et al., 2021; Kock et al., 2020). According to Moore & Lucas (2021), many people in the travel and entertainment industries and those in casual jobs cannot work from home. Unemployment and financial difficulties are a reality for these people, as are health problems for the public (Moore & Lucas, 2021). According to Alonso et al (2020), most tourism industry owners and managers would try to figure out how to change and modify their business practices in light of Covid-19 (Duarte Alonso et al., 2020). Nonetheless, due to lower occupancy and reduce in the confirmed booking (Park et al., 2020), the tourist and hospitality industries have seen a significant drop in operations around the world (Kreiner & Ram, 2021), resulting in a substantial reduction in employment (Kaushal & Srivastava, 2021). Noticeably, depression and anxiety are likely to be the most common emotions felt by people (Park et al., 2020).

Despite the travel dilemma, Menon et al. (2020) report that most travellers are confident in their ability to travel, though 51% said they would still take additional precautions. The remaining respondents expressed a lack of confidence, stating they would not feel comfortable travelling until the area was deemed entirely safe (Menon et al., 2020). The Coronavirus pandemic has made it difficult for people to travel, and restrictions have been put in place to prevent the spread of the new virus and protect citizens' health. The new Coronavirus has infected more individuals than SARS, which spread to over 20 countries in 2003. Every nation on earth has taken drastic measures to protect its citizens and prevent the spread of the Covid-19 pandemic. Borders, schools, businesses, manufacturing, and trade were closed. This decision affected all economic sectors, particularly tourism. During the pandemic, travel became more complex and less frequent. Without tourists' mobility, the tourism industry would be unable to survive. The 22% decline in international tourist arrivals in the first quarter of 2020 compared to the same period in 2019 demonstrates the devastation that the Covid-19 pandemic can wreak on the global tourism industry (UNWTO, 2021).

Tourism stakeholders must be aware of any changes to health protocols. During the pandemic, when visitors are exposed to high risks and lack access to preventative measures and medical care, their fear of infection and death may result in helplessness and long-term travel anxiety. According to Zheng et al (2021), fear of contagion can last for an extended period, leading to fear-induced consumption and communication during and after a pandemic

outbreak. In contrast, the existing literature on tourists' responses to disasters has primarily focused on their risk assessment and post-crisis travel intentions, ignoring the emotional implications of health-related crises (Sigala, 2020).

Threat and Travel

No one has escaped the chaotic and far-reaching effects of the current global Covid-19 pandemic. A high fear has characterised this public health catastrophe among the general population. Periods of lockdown have taken a toll on mental health around the world. Evidence of increased anxiety, depression, post-traumatic stress disorder, insomnia, and alcoholism persists, all of which can be attributed to the effects of societal lockdowns (Gualano et al., 2020). Threat susceptibility is the subjective belief that an individual will become ill or die due to a particular behaviour. According to Sukeri et al (2020), threat susceptibility relates to an individual's perception of a disease's severity and risk. It is composed of a perceived severity concept. Perceived severity is the belief in the degree of harm caused by an acquired illness or negative state resulting from specific behaviour. The perception of risk influences whether or not individuals engage in health-protective behaviours, such as getting regular check-ups. Changes in protective health behaviours will only occur if the disease is perceived as a threat and the individual believes that engaging in the defensive behaviour will reduce the likelihood of becoming ill. After a pandemic outbreak, the threat's severity and susceptibility may induce "travel fear," leading to protection drive and protective travel behaviours. Travel phobia can elicit a variety of coping strategies, thereby bolstering an individual's psychological resilience and encouraging cautious travel practices (Sukeri et al., 2020).

In contrast to the assumption that tourists are risk assessors, the severity of the threat and vulnerability to the danger of travel after the pandemic significantly activates "travel fear," validating and demonstrating that the Covid-19 pandemic increases people's fear of travelling even after the pandemic has spread (Sukeri et al., 2020). Aharon et al (2021) believe the pandemic destruction and that people have been persuaded for at least a year that staying at home is the safest place to be. One of the first restrictions imposed during the pandemic was a restriction on the spread of Covid-19 outside of the city, state, and country. Individuals must undergo a mental readjustment when travel restrictions are eased and anticipate returning to their regular lifestyles. Fear of infection and perceived danger have a substantial impact on travel patterns, particularly when utilizing public transportation, and the effect varies depending on the affected area and the demographic features of the residents.

Risk perception motivates individuals to engage in protective health behaviours, such as obtaining regular health examinations (Ferrer & Klein, 2015). Changes in defensive health behaviour will only occur if the disease is perceived as a threat and the belief that engaging in the protective behaviour will reduce the likelihood of becoming ill (Jones et al., 2015). Fear is a strong emotion that motivates individuals to avoid danger. Fear shapes people's perceptions, and when confronted with the source of their dread, they attempt to defend themselves. The severity and vulnerability of the threat posed by travel after the pandemic generate travel anxiety (Sukeri et al., 2020). Aharon et al (2021) confirmed that the fear of infection and the perception of risk significantly impact travel patterns, mainly when using public transportation. The effect differs depending on the affected region and the demographic characteristics of the inhabitants. The hospitality industry was severely

impacted by the pandemic, according to (Yaffe-Bellany and Severson, 2020). As a result of the crisis, a growing number of people say they cannot travel soon (Gursory et al., 2020). During the pandemic, people's knowledge, perceptions, and attitudes may impact their travel choices and modes of transportation (Abdullah et al., 2020).

Covid-19 forces many countries to impose travel restrictions and halt most tourism operations (UNWTO, 2021). According to Park et al (2021), travel-related health risks and the potential impact of Covid-19 on individual well-being and desire for vacation will decline while the pandemic is still present. As a result, visitors will avoid congested and overcrowded destinations during and after the Covid-19 pandemic (Park et al., 2021). Puzakova & Kwak (2017) discovered that consumer preference for products declined when they felt socially crowded. When a health crisis triggers visitor apprehension, they may select trip avoidance as a protective action to lessen the potential risks (Cahyanto et al., 2016). Travel risk research indicated that tourist protection motivation was a powerful predictor of travel avoidance (Lu & Wei, 2019; Fisher et al., 2018). As a result, after the pandemic, protective motivation may significantly impact tourist travel intentions. Therefore, preparation and protection against a threat can substantially boost their adaptive behaviours (Hua et al., 2018).

The consequence of the novel Coronavirus significantly impacts all transportation, which is seen as an essential sector (Subramanya & Kermanshachi, 2021). Before and during the pandemic, the reason, mode of travel, distance travelled, and frequency of trips were all notably different. Governments of various nations have implemented numerous control and preventive measures to stop the spread of the virus and flatten the curve. Human transportation and mobility patterns such as air and ground travel have been severely impacted due to travel restrictions, that include the United States, Australia, Canada, Spain, Italy, and Norway (Coffey et al., 2021). Citizen use of public transportation has declined in the Netherlands, where the number of journeys has decreased by more than 90%. Huang et al (2020) believe this pandemic directly impacts public transportation behaviours. Musselwhite et al (2020) recommended physical distancing in public transportation as a non-pharmaceutical prevention measure. Fear of infection and perceptions of risk significantly impact travel patterns, especially when using public transit (Abdullah et al., 2020). This new pandemic has caused many individuals to re-evaluate their routines and priorities, resulting in significant alterations to how they conducted themselves daily. In recent months, a considerable number of people have altered their daily routines in response to preventative measures such as social separation mandated by regulatory agencies (Shamshiripour et al., 2020).

It is also worth noting that hand hygiene is an essential component of infection control, with previous research confirming that handwashing lowers the prevalence of respiratory illness (Chen et al., 2020). Handwashing is vital for long-distance travellers who use public transportation or have touched items commonly used by others (Yang et al., 2021). Wearing a mask can also improve vigilance, prevent direct hand-to-mouth or hand-to-nose contact, and limit pathogen contamination of the air by infected people (Ma et al., 2020). Because most travellers are concerned about their health, mask-wearing is a successful strategy in China and South Korea to prevent virus infection (Chen et al., 2020; Grayson et al., 2009; Jefferson et al., 2009; Shin & Kang, 2020). Although there are numerous health risk factors,

the threat of infection affects tourist flow to popular destinations (Chen & Hang, 2021). Since early 2020, the Covid-19 pandemic has completely demolished global tourism demand.

The pandemic has had a profound effect on many facets of life. It also caused them to experience internal stress. During the coronavirus pandemic, people were anxious because they did not know what to expect, how long the pandemic would last, or whether or not other waves would occur. People are more concerned with the infection's lack of control and the unknown nature. Compliance has been attributed to the accessibility and availability of protective measures such as face masks, running water, soap, and hand sanitizer (Azlan et al., 2020; Bates et al., 2020). No studies have yet uncovered a spectrum of compliance with public health and social efforts to prevent the spread of Covid-19 (Azlan et al., 2020; Bates et al., 2020). After Covid-19, tourists became more cautious and anxious about their travel decisions. The aftermath of the pandemic had a significant impact on numerous aspects of life. A society's willingness to accept behavioural modification methods mandated by health authorities is influenced by its knowledge, attitudes, and behaviours concerning the disease (Azlan et al., 2020). Numerous nations have imposed strict lockdowns, movement restrictions, and shelter-in-place orders to prevent the spread of Covid-19. However, precautionary measures, lockdowns, and restrictions imposed during the pandemic also affected travel decisions (Abdullah et al., 2020).

Coping with Threat

Problem-solving and time management are examples of problem-focused strategies that attempt to eliminate or reduce the source of stress. It removes the stressor and addresses the root cause of the issue, resulting in a lasting solution. In situations where the individual cannot eliminate the source of stress, a problem-focused approach is ineffective. When people can control the source of stress, such as exams, and work-related stressors, they are at their most productive. It is not an effective strategy for everyone, such as those incapable of seizing control of a given situation. Some individuals with optimistic outlooks on the future are more likely to employ problem-focused strategies.

In the case of coping with Covid-19, problem-focused coping focuses on the sources of stress in practical ways, addressing the problem or stressful situation that is causing stress and thereby directly reducing stress. Solving or eliminating the start of the pressure, seeking assistance in coping with the case, and removing oneself from the stressful situation are all examples of problem-focused coping mechanisms (Carroll, n.d.). Problem-focused coping involves attempting to manage or alter the source of the stress, such as the stressor. Problem-focused coping techniques are similar to problem-solving techniques in that they include identifying the problem, considering various solutions, weighing the costs and benefits of each option, and selecting an alternative (*Simply Psychology*, 2015). Emotion-focused coping is more effective in the face of uncontrollable pressures. For example, the stress can be unbearable when a loved one dies due to Covid. There is nothing that can be done to bring the person back, so the individual is unable to alter the situation. The most effective coping response is emotional-focused coping, which aims to alleviate the pain of the grieving period (Elizabeth, 2011). According to Elizabeth (2011), there are two types of stress management strategies, i.e., problem-focused coping and emotion-focused coping. Problem-focused (or solution-focused) coping strategies aim to eliminate the stressors.

In contrast, emotion-focused coping strategies help individuals become less emotionally reactive to their challenges. Emotion-focused coping strategies address negative emotional responses to stress, including anxiety, fear, sadness, and anger. It is impossible to eliminate a person's stress because they must maintain their relationships and lifestyles to live everyday life. For Elizabeth (2011), emotion-focused coping entails attempting to modify or lessen the negative emotions that accompany stress. These efforts include avoiding, minimising, or distancing oneself from the situation, comparing positively with others, and searching for anything positive in a terrible event. Emotion-centred coping can be viewed as treating the symptoms rather than the underlying cause of the issue. Emotionally-based coping can be helpful when someone needs to manage their emotions but does not want the situation to change. Morin (2020) clarifies that it is the individual's responsibility to determine which coping skill is most appropriate for their situation. Individuals can benefit from emotion-focused coping when they are lonely, anxious, depressed, or angry. Whether they are lonely, anxious, sad, or angry, emotion-focused coping strategies can help them healthily manage their emotions. (Morin, 2020). It is possible to view emotion-focused coping as treating the symptoms rather than the underlying problem. Emotion-based coping can be helpful when a person must manage their emotions but does not desire any change in their situation. For instance, a person who has lost a loved one must regulate their emotions healthily. It is up to the individual to determine which coping ability is most appropriate for their situation. When a person is lonely, afraid, depressed, or angry, emotion-focused coping strategies can be beneficial.

The category of coping encompasses various techniques, such as seeking assistance, advice, solace, and support from family, friends, professionals, and other individuals. Although some coping taxonomies argue that seeking help is a higher-order factor in and of itself, other theorists view it as a lower-order factor capable of performing various higher-order functions. A person could, for instance, seek assistance as a problem-solving or emotion-resolving strategy. Self-compassion has nothing to do with seeking instrumental support, a previously discussed problem-solving approach, or emotional support from others (Allen & Leary, 2010). People with a high level of self-compassion may benefit from the indirect, implied assistance provided by the realization that others share their difficulties, regardless of whether they seek it more than those with a low level of self-compassion. As stated previously, one of the most critical aspects of self-compassion is recognizing one's shared humanity. People who identify with and can relate to the harrowing experiences of others should realize that their problems are not unique, and they should develop a stronger sense of connection and empathy toward others. Self-compassion may enable individuals to obtain indirect social support by realizing they are in the same boat as others (Allen & Leary, 2010).

The emotion of self-support is a coping dimension that addresses challenges such as expanding stress and coping models to include both positive and negative situations. The reactions of individuals determine the types of coping. A positive response is marked by peace and tranquility, whereas an adverse reaction is characterized by fear, rage, and guilt. Positive and negative emotional coping correspond to high and low harmful activation levels. Additionally, self-supported emotional coping is related to combining two circumplex models of affect properties: valence and arousal (Stanisawski, 2019).

Social support emotional coping is a series of support measures accessible to individuals through their social relationships with other individuals, groups, and the larger community. It can be divided into three components: subjective support, objective support, and the use of support (Yu et al., 2020). Subjective support consists of a rational evaluation of life satisfaction and an emotional evaluation. Past research demonstrates that happy people are more likely to have more comprehensive social benefits, better work outcomes, excellent coping abilities, healthier, more social, and live longer than unhappy people (Lyubomirsky et al., 2005; Siedlecki et al., 2013). The positive effects of social support on psychological health have been extensively studied and well-documented in the general population and patients with various diseases (Li et al., 2021). Social support emotional coping involves others providing emotional support to others. Empathy is a term used to describe a broad spectrum of emotions. Empathy is the capacity to share and comprehend another's mental or emotional state (Ioannidou & Konstantikaki, 2008). Frequently, researchers distinguish two types of empathy: Affective empathy refers to the sensations and emotions a person experiences in response to the emotions of others. This may involve mirroring their emotions or simply experiencing stress when observing someone else's fear or anxiety. Cognitive empathy, also known as perspective-taking, is the capacity to recognize and comprehend the emotions of others (Ratka, 2018).

Others like disengagement coping strategies include behavioural and mental disengagement and denial (i.e., avoidance). These strategies attempt to avoid directly confronting the problem or indirectly reducing emotional stress (Dijkstra & Homan, 2016). Disengagement coping strategies are typically emotion-focused, in which an individual attempts to avoid or reduce negative emotions. Behavioural disengagement, for instance, is the reduction of a person's effort to cope with the stressor or even the abandonment of attempts to achieve goals that the stressor is interfering with (Stanisawski, 2019). If behavioural changes are not possible, mental disengagement may be an option (Stanisawski, 2019). Mental disengagement includes various activities that divert the person's attention away from the behavioural dimension or goal with which the stressor is interfering.

Moreover, refusal to believe that the stressor exists or attempts to act as if the stressor does not exist is further disengagement coping mechanism (Stanisawski, 2019). Their disengagement coping strategy reflects how they respond to stressors by focusing resources on their unpleasant feelings rather than the stressor itself. In other words, disengagement coping is the desire to direct one's attention and effort toward reducing negative emotions.

Study Framework

Turnek et al (2020) argue that previous researchers have already mentioned perceived health threats and pandemics in their study but that there has not been enough in-depth measurement of the relationship between the expected danger and the diseases. Rogers (1975) was among the first to propose a protection motivation theory that suggests a fear appeal is (a) the magnitude of noxiousness of a depicted event, (b) the likelihood of that event occurring, and (c) the effectiveness of a protective response. Zheng et al (2021) developed the threat susceptibility scale, which measures the tourists' intent to comply with standard operating procedures (SOPs) in the face of endemic travel anxiety.

The original model provided by Zheng et al (2021) indicates that tourists' travel avoidance and cautious travel behaviour are influenced by five factors: pandemic travel fear, protection incentive, coping mechanism, resilience, and post-pandemic travel behaviours. Zheng et al (2021) developed a conceptual framework to show the factors: travel dread, protection motivation, and resilience, which may lead tourists to avoid and travel cautiously. It aimed to examine the behavioural implications of a person's travel anxiety following the pandemic outbreak. As opposed to assuming that fear of infections will result in self-protection, a recent study indicates that humans can build their psyches to recover from pandemic travel anxiety (Zheng et al., 2021).

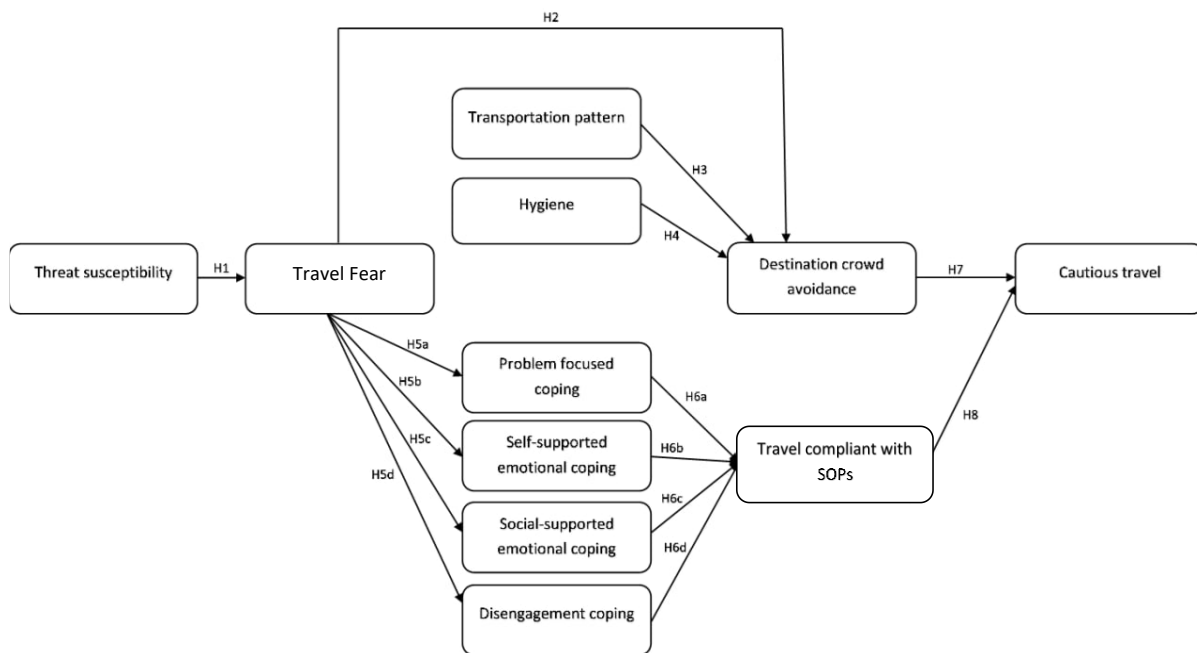


Figure 2: Modified from Zheng et al (2021)

This study explored the possibility of cautious travel and travel fear concerning a person's travel-related pressure when taking precautions such as following standard operating procedures and avoiding crowds (see figure 1.0). In addition, the framework of the study was designed to examine the tourist's behaviour concerning travelling cautiously by adhering to the SOPs of the Malaysian government. The fundamental point of the study is that the elements that influence people's adherence to SOP for safer travel are related to their travel anxiety. The research examined eight hypotheses to assess the following relationships:

- H1: Individual's perceived threat susceptibility significantly increases their travel fears
- H2: People's travel fear causes them to avoid the destination crowd
- H3: Individuals' usage of transportation patterns affects their decision to prevent crowd avoidance
- H4: There is a positive association between hygiene practice and destination crowd avoidance
- H5: Individual's travel fear has a significant relationship with their (a) problem-focused coping, (b) self-supported emotional coping, (c) social-supported emotional coping, and (d) disengagement coping

H6: Individuals' (a) problem-focused coping, (b) self-supported emotional coping, (c) social-supported emotional coping, and (d) disengagement coping significantly increases their travel compliance with SOPs

H7: Individuals' destination crowd avoidance has a significant effect on cautious travel

H8: Individuals' travel compliance with SOPs increases their alertness for cautious travel

Survey Instrument

Section A of the questionnaire covered demographic information, such as the respondent's gender, race, age, religion, level of education, monthly income, occupation, marital status, and state of origin. The characteristics of travel behaviour covered in Section B include travel companions, the reason for travel, the type of lodging, and the source of destination information. Eleven other categories are included in the survey, such as (1) travel fears, which include feeling frightened, nervous, and whether they are comfortable travelling during the endemic phase; (2) threat susceptibility, which includes the risk of getting infected and the possibility of contact with an infected tourist or non-tourist; (3) transportation pattern, which includes avoiding crowded public transits, using public transportations with proper SOPs, and the use of ride sharing; (4) destination crowd avoidance, including avoiding unnecessary interaction, utilising social distancing, and avoiding crowded places; (5) hygiene factors, including stricter hygiene practises, a preference for destinations that emphasise hygiene aspects, and frequent hand sanitisation after using public facilities; (6) problem-focused coping, which includes developing a plan to combat the disease, considering the necessary steps, exerting effort, and taking action to alleviate the condition; (7) self-supported emotional coping, which includes accepting the reality, learning to live with the virus, and adopting positive thinking; (8) social support emotional coping, which includes seeking advice and assistance from others; (9) disengagement emotional coping, which includes giving up, attempting to cope with the virus, and being in a state of denial; (10) travel with SOP, which includes following the guidelines, taking additional precautions, and health testing prior to travel; and (11) travel with caution, which includes seeking information prior to travel. Respondents were asked to respond using the 5-point Likert scale, with 1 indicating "strongly disagree" and 5 show "strongly agree".

The study utilized an online Google form questionnaire to conduct a public survey. The URL link was shared on multiple social media platforms, including WhatsApp and Telegram groups, Facebook, Twitter, and Instagram, to reach a larger geographically dispersed population. Respondents were selected from those who answered "yes," i.e., those who travel interstate after October 2021, when interstate travel restriction was allowed. In the end, only 135 respondents were included in the study; the remaining 180 said "no" and did not complete the survey. The duration of the online distribution of the survey form to respondents was one month. We requested that tourists respond to the questionnaire voluntarily. All respondents who answered with "no" were omitted from the sample.

Results & Discussions

The majority of respondents were women (82.22%), Malay (90.4%), and Muslim (92.6%). In terms of education, more than half of the respondents were highly educated, with the majority (86.6%) holding a diploma, bachelor's degree, or postgraduate degree. The majority of respondents had a monthly salary of less than RM1,500 (52.6%), while the majority were between 21 and 30 (65.2%). 54.1% of respondents travelled with their families, and 43.8% of

their trips were in urban areas. Many were on leisure trips (71.11%), while 49.6% opted for a hotel room. The majority of respondents, 46.67%, receive information about their destination via the internet.

Table 1.0
Respondent's behaviour

	1	2	3	4	5	Mean	Std Dev.	
Travel fear ('Cronbach's $\alpha = 0.747$)								
1	Feel frightened during travel	16	23	37	47	12	2.9630	1.21807
2	Feel nervous whenever travelling.	14	29	49	35	8	2.9222	1.12545
3	Feel comfortable travelling	4	42	47	29	13	2.9481	1.08805
Threat susceptibility ('Cronbach's $\alpha = 0.756$)								
4	Risk of being infected even though vaccinated	0	1	3	46	85	4.5185	.65622
5	Possibilities of contact between infected tourists/non-tourists	0	0	4	52	80	4.4741	.71058
Transportation pattern ('Cronbach's $\alpha = 0.737$)								
6	Fear of crowd	0	0	7	47	81	4.4593	.73060
7	Using public transport with proper SOPs implemented	7	26	22	33	47	3.5333	1.38650
8	Bike or ride-sharing services as an alternative	1	19	48	36	31	3.4444	1.15038
Destination Crowd Avoidance ('Cronbach's $\alpha = 0.732$)								
9	Avoiding unnecessary interactions	0	0	10	49	72	4.3556	.74780
10	Social distancing	0	0	0	33	102	4.6815	.55519
11	Avoiding overpopulated destinations	1	4	3	43	84	4.4444	.80730
12	Travel to places with a low number of people	2	5	20	39	69	4.1704	.95839
Hygiene ('Cronbach's $\alpha = 0.737$)								
13	Rigorous hygiene practice	0	0	10	37	88	4.4963	.70047
14	Prefer destination locations that emphasise hygiene.	0	0	0	36	101	4.6741	.54403
15	Washing or frequently sanitising, especially after using the public facilities	0	0	3	40	92	4.5778	.61652
Travel with SOPs ('Cronbach's $\alpha = 0.731$)								
16	Following the Ministry of Health's (MOH) Standard Operating Procedures	0	0	4	29	102	4.6963	.50776
17	Taking extra precautions such as wearing a double mask and face shield whenever travelling	3	4	18	39	71	4.1926	.98114
18	Tested negative from COVID-19	3	8	2	37	85	4.3630	.98955
Cautious Travel ('Cronbach's $\alpha = 0.733$)								
19	Control the risk of infection during travel	0	0	2	40	93	4.6148	.57283

20 Seek COVID-19 information before 0 3 5 33 94 4.5481 .73015
travelling

The data in Table 1.0 revealed an intriguing finding, i.e., only 41.5% of respondents felt fear during travel, whereas the majority did not. According to Zheng et al (2021), there is no correlation between travel fear and the severity of the epidemic in the region. Although fear of Covid-19 directly impacts travel fear and risk attitude, both have a direct negative impact on travel intention, and fear of Covid-19 has no direct link to travel intention (Yin & Ni, 2021). However, nearly half of those who were frightened during travel indicated that the Covid-19 pandemic continues to generate fear and defensive travel behaviour even after the pandemic has spread, which is consistent with recent research on the psychological distress caused by the Covid-19 pandemic among the general public (Lin, 2020). Even though they were all vaccinated, 92.2% believed there was still a chance risk infection.

Almost 93% of the respondents were aware of the possibility of virus transmission between tourists. The majority of them fear crowds (mean = 4.4593). However, it was odd to discover that nearly half of respondents (43.6%) utilized public transportation without following proper SOPs, although the vast majority (97.1%) claimed to adhere to the Ministry of Health's SOP. In addition, they avoid unnecessary interactions (85.2%) by maintaining social distance (92%) and avoiding crowded areas (89.4%). Wen et al (2020) also emphasized that the lingering fear of the Covid-19 outbreak will cause tourists to avoid crowded locations. Moreover, nearly 96% of them favour destinations that emphasize cleanliness. In the analysis, most respondents exercised risk infection control while travelling, indicating they were cautious travellers (mean 4.6148). In response to this scenario, Rahman et al (2021) emphasize that risk management has been identified as a crucial factor in determining an individual's belief in mitigating pandemic threats. Due to the high political stability, some respondents felt their safety was not at risk. This scenario was determined based on 38,748 domestic tourist arrivals recorded during the Langkawi travel bubble pilot project, which began on 16th September 2021 (Sohli, 2021).

Table 2.0
Coping with Covid-19

		1	2	3	4	5	Mean	Std Dev.
Problem-focused coping (PFC)								
1	Come up with a strategy to fight Covid-19	2	14	48	43	28	3.6000	.92637
2	Thinking hard about what steps needed to prevent Covid-19	1	10	37	53	34	3.8074	.92637
3	Making an effort to do something about the Covid-19 situation	3	8	39	48	37	3.8000	.98345
4.	Try to subside the situation of Covid-19.	3	6	36	47	43	3.8963 3.7759	.97945 .84601
Self-support emotional coping								
1.	Accept the reality of the Covid-19	0	0	5	31	99	4.6963	.53635
2.	Learned to live with the Covid-19 situation	0	0	6	39	90	4.6222	.57129

3.	Trying to view Covid-19 differently to make it seem more positive.	3	5	13	44	70	4.2815	.94357
4.	Looking for something good after Covid-19	0	1	11	42	81	4.5037	.67883
							\bar{x}	4.5259 .53972
Social-emotional coping								
1.	Get advice and help from other people on what to do about Covid-19.	5	13	31	45	41	3.7704	1.0991
2.	Getting help and advice from other people in dealing with Covid-19.	11	15	45	31	33	3.4444	1.2073
3.	Getting emotional support from other people	13	15	39	37	31	3.4296	1.2310
4.	Comforted by someone regarding this Covid-19 outbreak.	5	5	45	40	40	3.7778	1.0342
							\bar{x}	3.6056 .99835
Disengagement coping								
1.	Giving up dealing with covid-19 prevention	50	52	16	12	5	2.0370	1.0886
2.	Coping with covid-19 prevention.	4	4	27	50	50	4.0222	.98091
3.	Saying to myself, "this is not real."	75	35	13	7	5	1.7556	1.0683
4.	Refuse to believe that covid-19 has happened.	91	25	5	9	5	1.6074	1.0796
							\bar{x}	2.3556 .77476

Covid-19 influences various elements of a person's life, including emotional, social, and intimate relationships, which will enhance resilience and stress resistance. Fear is a powerful emotion that compels people to avoid danger. When confronted with the source of their fear, people strive to protect themselves, which changes their perspective. The influence of social media and official government media on human fears is substantial. Table 2.0 reveals that respondents moderately sought social-support assistance and comprehended the Covid-19 condition by devising strategies to treat the disease so that the situation would improve (problem-focused coping), with a mean somewhat above 3.00. Most respondents dealt with the problematic situation for self-support emotional coping by studying infectious diseases and gradually adjusting to Covid-19's reality. They endeavour to make Covid-19 appear positive and seek something pleasant to follow it (mean = 4.5259). Since most respondents could cope with covid-19 prevention, they did not agree to discontinue it as a disengagement coping strategy. They contested the claim that "this is not real" (81.5%), as they thought that Covid-19 had occurred (86%).

Hypothesis Testing

Table 3.0

Hypothesis

		TS	TP	HYG	PFC	SEC	SOM C	DC	DCA	CT
TF	Pearson	.069			.298	-.052	.301	.326	.12	
	Correlation	(H1)			(H5a)	(H5b)	(H5c)	(H5d)	0	(H2)

	Sig. (1-tailed)	.214 ^{ns}		.000	.553 ^{ns}	.000 ^{sig}	.000 ^{sig}	.083 ^{ns}	
DC	Pearson	.269*	.580*						.509*
A	Correlation	*	*						*
		(H3)	(H4)						(H7)
	Sig. (1-tailed)	.001 ^{sig}	.000 ^{ns}						.000 ^{sig}
SOP	Pearson			.473	.215	.335	.082		.555 ^{ns}
	Correlation			(H6a)	(H6b)	(H6c)	(H6d)		**
)))		(H8)
	Sig. (1-tailed)			.012 ^{sig}	.012 ^{sig}	.000 ^{sig}	.347 ^{ns}		.000 ^{sig}

Figures in the parenthesis are the P-values
ns: Non significant

** Significant at the 0.01 level (1-tailed)

Significant

* Significant at the 0.05 level (1-tailed)

ns: Non

sig:

Table 3.0 summarises all correlation coefficients as depicted in figure 1.0. According to the table, there was no significant correlation ($r = 0.069$, $P = 0.214$) between travel susceptibility and travel fear (H1). This indicates that there is no correlation between the two variables. The results showed that hypothesis 1 could not be supported. Perhaps this is because people's travel behaviour in the context of the Covid-19 pandemic does not affect their travel fear. Since the SOPs are explicit, additional precautions have been taken before, during, and after travel.

In addition, the second hypothesis (H2) was rejected with a P-value of 0.083, demonstrating that the relationship is insignificant. People are observed to control their travel fear because they are aware of the dangers of travelling in crowded areas. Rahman et al (2021) posit that tourists' travel apprehension would decrease if they avoided overcrowded destinations, as they already know it is a method for reducing infection. It is something they already know and comprehend, proving the negative association between travel fear and crowd avoidance at the destination.

Hypothesis 3 was accepted for its significant relationship (P-value 0.001). The study reveals that approximately 85.2% of respondents avoided unnecessary interactions, with nearly 90% avoiding overcrowded destinations due to a fear of crowds when using public transportation (see Table 1.0). Therefore, H3 provides sufficient evidence to establish a significant relationship between transportation patterns and the avoidance of destination crowds. Due to the pandemic threat, travellers avoid crowded areas to reduce the likelihood of disease transmission (Hu et al., 2021; Kock et al., 2020). Those with a greater perception of Covid-19's infectivity reacted negatively and uncomfortably to crowding. According to Park et al (2021), social distancing is a newly emerging pandemic tourist behaviour that avoids congestion. Diversification trends in destination selection, preference for open areas over tight spaces, and individual travel over group travel are all encouraged by the new approach. Similar to previous research, Jiricka-Purrer et al (2020) found that the Covid-19 epidemic has helped reduce the adverse effects of mass tourism and promote environmentally friendly practises.

Similarly, in the post-Covid era, crowding impacts decision-making when selecting an outdoor tourism activity, including public transport (Park et al., 2021).

For H4, the result demonstrated a significant relationship between hygiene and crowd avoidance at the destination. The hypothesis was thus accepted. Rahman et al (2021) observe that Covid-19 has significantly influenced people's inclination toward hygiene and safety via travel risk assessment in crowded areas. The tourists believe that the Covid-19 pandemic has limited their mobility at crowded tourist destinations. In the context of Covid-19, risk management has been identified as a significant factor influencing an individual's beliefs regarding hygiene management in every aspect of their daily lives. As contagious diseases transmit the Covid-19 pandemic, avoiding congested environments could be an alternative method of preventing infection (Rahman et al., 2021). This could be achieved by implementing travel limits on specific tourist destinations to minimize overcrowding. According to Wen et al (2020), the emergence of the Covid-19 outbreak has significantly heightened tourists' perceptions of cleanliness and safety. Wen et al (2020) assert that potential tourists are more concerned with a destination's population density, sanitation, cleanliness, and security.

Hypotheses 5a, 5b, and 5d all had P values less than 0.01, indicating that they were all accepted. Only self-support emotional coping (5c) was negatively associated with travel fear. Most respondents were already aware of the health protocols after more than a year of not being allowed to travel and being ordered to stay home by the government. They have since learned to perform a health check for travel declaration and temperature screening, have contact tracing protocols ready (with all details of those present), allow extra spacing (physical distancing), and adhere to all hygiene practices. As a result, people were aware of the risks of infection and could care for themselves without fear since most respondents (96.3%) accepted the reality of Covid-19 (see table 2.0).

The P-values for hypotheses 6a through 6c in Table 3 were all less than 0.05, confirming their acceptance. The results could probably be due to specific standard operating procedures for in-store purchases, business meetings, and long-distance commutes to avoid crowds and physical contact. Nonetheless, disengagement coping was found not to affect SOP compliance. The situation indicated that feelings of resignation, rejection, and denial of Covid-19 were unnecessary during the outbreak, as most respondents (70 to 80 percent) tend to reject such emotions. 74% of respondents who scored "agree" and "strongly agree" attempted the Covid-19 prevention protocol and followed the Ministry of Health's standard operating procedure. Hashim et al (2021) responded that coping factors and adherence to SOPs resulted from government efforts to increase the public's resilience and capacity to manage COVID-19 effectively. Likewise, authorities use an emotional approach to improve public acceptance of the reality of Covid-19 (Eden et al., 2020). Such an emotional approach promotes sadness among immediate family members who must be quarantined for an extended period. In addition, they could not see and visit their deceased relatives due to Covid-19.

Cautious travel registered a positive association for destination crowd avoidance (H7) and SOP compliance (H8), signifying that both hypotheses were accepted. It is relevant to note that the majority of respondents did not experience fear and anxiety during travel (mean =

2.922) because they avoid unnecessary interactions (mean = 4.3556), and most of them (100%) engage in social distancing (see Table 1.0). Almost 94% of respondents scored agreeableness to seek Covid-19 information before travelling. This heightened their awareness of infection and prompted them to take additional precautions, such as wearing a double mask and face shield while travelling. Past research has shown that individuals are more likely to cancel or postpone international trips or flights during pandemics to avoid contracting the disease (Abdullah et al., 2020). These self-protective behaviours are highly influenced by individual characteristics, particularly age, race, and anticipated infection risk (Abdullah et al., 2020; Sharangpani et al., 2011). Other studies have demonstrated that elderly travellers are more likely to delay their trips than younger ones, as evidenced by the H1N1 influenza pandemic (Abdullah et al., 2020; Leggat et al., 2010; Sharangpani et al., 2011). Online research conducted by Cahyanto et al (2016) to investigate the factors influencing the avoidance of domestic travel in response to Ebola disease cases determined that expected exposure, expected risk, specific understanding, and self-efficacy have a substantial impact on domestic travel avoidance.

Implications of the Study

Based on the findings, most participants did not fear travelling during the endemic period of Covid-19. Since they could comply with the Ministry of Health's SOPs, it was challenging to establish that travel fear had significantly impacted visitors' travel habits. For more conclusive results, it is advisable that future research may incorporate qualitative analysis as the paradigm proposed in this study is complex and requires further comprehension (Khoo-Lattimore et al., 2017). During the endemic period, it is also vital to implement measures to reduce tourist travel anxiety. Understanding tourists' travel fear can aid tourism policymakers and industry stakeholders in reviving the tourism business after a pandemic. As part of this survey, most respondents prefer to comply with the standard operating procedures (SOPs) in public transportation and all public areas. Because this study did not analyze the extent to which public transportation complies with SOPs, such as maintaining social distance and limiting the number of passengers, future research may examine visitors' actual travel behaviour on public transport (Gkiotsalitis & Cats, 2020). In the aftermath of a pandemic, it is claimed that persons with a high psychological resilience may travel with caution rather than avoidance. The most visible change can be seen in how individuals interact socially, how they select products and services, and possibly the rules and regulations they must adhere to when travelling. Governments have recommended or adopted various strategies to limit the spread of Covid-19 and other coronaviruses. Fear of illness and perceived danger have impacted travel behaviour and mode choice.

Prior research has demonstrated a negative association between tourists' risk perceptions and behavioural intentions (Hasan et al., 2017). According to the study, higher levels of perceived risk were associated with lower satisfaction levels, loyalty, attitude toward a destination, and travel inclinations. Nevertheless, according to Godovykh et al (2020), health risk perceptions have not gotten much attention in past tourist studies. Huang et al (2020) identify that applying the health belief model to tourism is a relatively new phenomenon. Examining tourist health attitudes in the context of a pandemic can provide a unique perspective on how travellers perceive Covid-19 risk and the basic precautions they take to reduce the risk (Chua et al., 2020). The public's perception of the health dangers associated

with the Covid-19 pandemic could explain why everyone must take care to prevent the disease from spreading internationally (Shahin & Hussien, 2020).

According to Sigala (2020), one of the most pressing issues facing the tourism industry is determining how businesses should react to and recover from the Covid-19 outbreak. It should be noted that different countries impose varying amounts of travel restrictions, and these regulations may have an impact on the general public's travel habits. In addition, during a pandemic, people's knowledge, perceptions, and attitudes may impact their travel decisions and modes of transportation. Park et al (2021) highlight that travel-related health risk and the potential impact of Covid-19 on individual well-being and desire for crowded options will decline while the pandemic is still present. As a result, visitors will avoid congested and overcrowded destinations during and after the Covid-19 pandemic (Park et al., 2021). However, for Fatmi et al (2021), individuals are more inclined to travel with others than to go alone. Even though this encourages people to assemble, certain circumstances are expected to cause people to avoid others (Shiota et al., 2021). When individuals view others as a risk factor, they may feel compelled to maintain a social distance (Lee et al., 2021). Puzakova & Kwak (2017) discovered that consumer preference for products declined when they felt socially crowded (Puzakova & Kwak, 2017).

Conclusion

As demonstrated by the results, visitors' propensity to travel cautiously while adhering to SOPs is substantial. Traveling with caution has shown that following SOPs can reduce the risk of infection. For the tourism industry to recover, travellers' travel fear must be alleviated by adhering to rigorous regulations or gaining a thorough awareness of the situation. Understanding tourists' travel apprehensions can also provide tourism officials and industry stakeholders with plans for reviving the tourism industry during a pandemic. This is significant because tourism is a major contributor to the GDP of the majority of nations. Therefore, it can help restore the post-pandemic recovery plan. To properly implement the recovery plan, the government must utilize its expertise in formulating proper planning, particularly in the tourism industry. In addition, the quality of medical aid should be improved so that visitors understand what they are experiencing and how to manage their travel anxiety. In addition, health services for travellers should be included so that tourists are more cognizant of their vacation activities.

According to Chen & Hang (2021), health risks are tangentially related to travellers' attitudes toward the destination and decision-making, such as destination, activity, or travel programme options, because these risks directly impact their safety, well-being, and overall trip satisfaction. Though there are various health risk-triggering factors, the threat of infection strongly influences tourist flow. The Covid-19 pandemic, on the other hand, has entirely demolished tourism demand worldwide since early 2020, owing to solid social distancing limits between countries or regions and tourists' risk assessments. A pandemic can significantly impact tourist behaviour due to the fear that remains after the outbreak. Shang et al. (2021) stress that severe pandemic implications on society have shown that the recovery of the entire economy following a pandemic can be prolonged. In addition, they note that "passenger fear" may trigger various coping mechanisms, which boosts psychological resilience and encourages cautious travel. Most visitors cancelled their travels owing to different restrictions before travelling and the fear of infection while on the trip. People are

hesitant to travel unless they are confident that all required precautions are being taken to ensure their safety. Some were likely to wait for formal announcements from credible sources, e.g., World Health Organization or government bodies, before resuming travel. As a result, after the pandemic, protective motivation may significantly impact tourist travel intentions. Therefore, preparation and protection against a threat can substantially boost their adaptive behaviours (Hua et al., 2018).

Conflict of Interest

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