POST PANDEMIC TRAVEL INTENTIONS: THE POWER OF FEARS AND CHANGES IN TRAVELLER BEHAVIOUR

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Abstract
The post-pandemic period has seen large financial losses in the economy of the entire world, but particularly in the tourism industry. Covid-19 significantly influenced changes in the behaviour of tourists, including the increasing level of health risk perception. The aim of this research is to examine the impact of health risk perception on the intentions and travel decisions of Serbian tourists after the Covid-19 pandemic. The importance of the research lies in the intention to determine whether there is a difference in the perception of health risks based on demographic and economic variables. The results of the empirical research conducted on the territory of the Republic of Serbia indicate that age and the level of income are two significant predictors of fears and intentions to travel after the Covid-19 pandemic. Based on the results, it will be possible to predict future tourist movements in Serbia and abroad, taking into account the changes in the behaviour of tourists in the post-pandemic period.

Key words: pandemic, tourism, health risk, fears, travel intentions, Serbia.
In the last two years, the whole world has experienced a transformation in all areas of business, communication, and the macro and micro environment as a result of the Covid-19 virus pandemic. Tourism is marked as a complex activity, which includes a certain level of risk and a high degree of vulnerability to non-systematic risks (Huang, et al., 2020). In the last decade alone, the tourism industry has been hit by various security incidents, such as terrorist attacks, health crises (MERS, SAES, Ebola) and natural disasters (tsunamis, earthquakes, volcanic eruptions, etc.) (Chebli, 2020), which caused serious consequences and economic losses.

According to the report of the World Health Organization (WHO), as of the 28th of June, 2020, over 9 million cases of infection and 495,000 deaths have been reported worldwide (WHO, 2020). As a result of the rapid spread of the pandemic and the paralysis of the entire world, Covid-19 has been labelled as the worst pandemic to hit the world since the Second World War, the devastating effects of which exceeded some previous epidemics (SARS, MERS) (Matiza, 2020; Zhu & Deng, 2020). According to the WTO, considering other crises periods, this will be the most challenging period with greater negative consequences, especially compared with the economic crisis of 2008 (international tourist arrivals declined by 4%), or the 2003 health crisis (SARS, 2003), which caused a 0.4% decline in tourist arrivals (Gligorijević, Kostadinović, 2022). In order to prevent and suppress the spread of the Covid-19 virus, many countries have introduced measures and restrictions such as quarantine, social distancing, bans on domestic and international travel, and border closures. (Gössling et al., 2020), which have had a negative impact on tourism and led to enormous borrowing by a large number of countries (Chan et al., 2021; Milovanović et al., 2021).

Thousands of hotels and tourism businesses have gone bankrupt, unemployment has increased, and there has been a significant drop in tourism demand (cancellation of arrangements, hotel reservations, flights) due to travel restrictions and concerns about the corona virus, which has led to huge financial losses in the tourism sector, as well as the airlines industry (Hao et al., 2020; Jian et al., 2020; Matiza, 2020; Stanojević et al., 2022). As for Serbia, the Covid-19 pandemic had a greater negative impact on service companies than on manufacturing companies (Paunović & Aničić, 2021) i.e. the biggest losses and consequences of the pandemic were felt by hotels, travel agencies, and restaurants (Gicić et al., 2021).
Depending on the nature and the severity of the crisis or disaster, the response and recovery may differ. Novella and colleagues stated that terrorist attacks are an example of an event with a quick end and a short recovery period, while in other crisis situations, such as pandemics, recovery can be very slow (Novelli et al., 2018), as long as the occupancy and income within the tourism sector return to the levels recorded before the pandemic (Quan et al., 2022).

The subject of this paper is the impact of health risk perception on the travel decisions of Serbian tourists after the Covid-19 pandemic. The aim of the paper is to examine and empirically test the impact of the Covid-19 pandemic on the trajectory and intentions of future tourist movements. Additionally, the paper aims to determine whether there is a difference in the perception of health risk based on demographic and economic variables.

Understanding consumer (tourist) behaviour in response to traumatic events is one of the biggest issues the tourism sector faces after severe disasters (Chebli, 2020; Mair et al., 2016). In order for business entities in the tourism industry to survive after the crisis and be ready to adapt to new circumstances and the needs of target groups, it is crucial to monitor changes in the behaviour of tourists (Jian et al., 2020). In this regard, the impact of the current public health crisis caused by the Covid-19 virus on tourists’ perception of the risk of travel, as well as how the perception of risk can affect the behaviour of tourists after the pandemic, is particularly significant both for hotels and for other tourism companies (travel agencies, tour operators, airline companies, etc.) in order to gain new knowledge about the decisions and travel intentions of tourists after an event that left great consequences for the tourism industry and the entire world.

LITERATURE REVIEW

The concept of perceived risk within behavioural studies was first introduced by Bauer in 1960, and has since been used as one of the important parameters for explaining consumer behaviour (Cui et al., 2016; Zhu & Deng, 2020). Bauer states that “consumer behaviour involves risk in the sense that every consumer action will produce consequences that he cannot foresee, some of which are likely to be unpleasant” (Lin & Chen, 2009, p. 36). Some authors state that risk is the probability of an undesirable event that may expose consumers to danger (Mansfeld, 2006), and has negative consequences on consumer behaviour (Laws & Prideaux, 2006).

Hasan and colleagues (Hasan et al., 2017) indicate that perceived tourism risk is a multidimensional concept, which includes uncertainty and possible negative consequences (Quintal et al., 2010) such as worry, anxiety and fear (Karl & Schmude, 2017; Yang & Nair, 2014). In the tourism literature, various authors identify four to nine dimensions of perceived risk, such as financial, health, and physical risk, political instabil-
ity, psychological risk, satisfaction risk, social risk, terrorism, and the weather risk. (Reisinger & Mavondo, 2005; Sönmez & Graefe, 1998).

In the last decade, the tourism industry has been hit by various crises and security incidents such as terrorist attacks, health crises (Mers, Sars, ebola) and natural disasters (tsunamis, earthquakes, volcanic eruptions, etc.) (Chebli, 2020) which caused changes in tourists’ risk perception (Mansfeld & Pizam, 2006). The concept of perceived risk and its influence on the choice of destination has been widely analysed in literature (Karl & Schmude, 2017; Lepp & Gibson, 2003; Sönmez & Graefe, 1998), as has the image of the destination (Chew & Jahari, 2014; Qi et al. 2009), and the travel decision-making process and behavioural intentions (An et al., 2010; Floyd et al., 2004; Yüksel & Yüksel, 2007). According to research, risk perception among tourists can differ depending on a number of variables, such as gender, age, education, country of origin, cultural differences and previous experience (Godovykh et al. 2021; Lepp & Gibson, 2003; Rittichainuwat & Chakraborty, 2009). The focus of this research is on health risk, as a dimension of perceived risk, in the tourism industry.

As the situation with the Corona virus is a completely new risk factor, a new reality with unpredictable behaviour and appearance in the future, it is certainly important to analyse the behaviour and tendencies of travellers in such new circumstances. Given that a certain period has passed since the end, or at least relaxation of the movement ban, it is the right time to analyse the use of tourist services within this new reality. The main goal of this paper is an attempt to model the future behaviour of travellers, and adapt tourist services accordingly.

**HEALTH RISK AS A DIMENSION OF PERCEIVED RISK IN TOURISM**

Numerous health crises have attracted the attention of academics from various fields, such as psychology, sociology, culture, management, economics, and public health (Chiu et al., 2019; Zhan et al., 2022). After a number of crises, travellers became more careful and aware of avoiding health risks when travelling (Perčić, Spasić, 2022), especially in this post-pandemic period. The focus of research was on the impact and effects of health crises on domestic and international tourism (Cahyanto et al., 2016; Glaesser, 2004; Gössling et al., 2020; Mair et al., 2016; McKercher & Chon, 2004; Novelli et al., 2018; Ritchie & Jiang, 2019). For example, research on the impact of the SARS virus on Guan Dong was carried out by Pine and McKercher (Pine & McKercher, 2004), and the impact of the virus was researched in Taiwan (Mao et al., 2010) and in Thailand (Rittichainuwat & Chakraborty, 2009); the impact of Ebola was researched in Gambia (Novelli et al., 2018); and the impact of the Swine flu virus was researched in Brunei (Haque & Haque, 2018). According to Kozak, the biggest concern that most tourists have when visiting a tourist destination
is the danger to their health, which affects their travel plans (Kozak et al., 2007). Health risks adversely affect travel (Chiu et al. 2019), because tourists are unlikely to visit a destination when they feel that there is some danger to their health (Shin & Kang, 2020; Williams & Baláž, 2015), and in some cases they will apply protective measures and avoid travel (Brewer et al., 2007). Quintal and Huang emphasise the importance of health risk management in order to reduce travellers’ concerns and improve their travel experience (Huang et al., 2020; Quintal et al., 2010). In this paper, after an extensive review of the available literature, fear, worry and safety were selected as determinants of health risk perception (Jonas et al, 2011; Karl & Schmude, 2017; Mura, 2010; J. Wen et al, 2020; Yang & Nair, 2014).

When a health crisis is the reason for fear among tourists, it can result in avoiding travel as a direct response aimed at reducing risk (Ca-hyanto, et al., 2016). Elemo suggests that fear is an adaptive response that alerts people to the existence of a threat or danger (Elemo et al. 2020). Jian and colleagues define the fear of the Covid-19 pandemic as “a negative emotional state that includes anxiety and depression due to the awareness of the possible consequences of the Covid 19 pandemic such as being infected with the virus” (Jian et al., 2020, p. 3). According to Strong, the epidemic causes a high level of fear and panic among the population, because it is a highly contagious disease that is easily transmitted and can spread quickly among people (Strong, 1990, p. 251). People all over the world are feeling fear, as a result of the Covid-19 pandemic and its consequences (Ahorsu et al. 2020). In a recent study on the impact of Covid-19 on the behaviour of Chinese tourists conducted by Wen and Kozak, it was found that tourists’ travel habits have changed under the influence of Covid-19, and that the fear associated with Covid-19 among Chinese tourists makes them avoid destinations which are crowded, giving preference to locations with natural landscapes (J. Wen et al. 2020). Mura states that fear can reveal important details about a person’s motivations, preferences, and behaviour patterns (Mura, 2010), especially in the process of choosing a tourist destination (Kang et al. 2012).

The safety and security of tourists can be compromised due to health risks, which are an integral part of travel (Jonas et al., 2011). As the perception of risk increases, security concerns increase (Sönmez & Graefe, 1998), and as a result, most tourists will look for locations where they feel safe and secure, while avoiding those where they are exposed to some danger during their stay (Chebli, 2020; Mansfeld & Pizam, 2006). In their study, authors Fuchs and Pizam marked safety and security as key factors when choosing a destination (Fuchs & Pizam, 2011), while Ivanova and colleagues researched the behaviour of tourists after the corona virus pandemic and found that women have higher expectations in terms of safety than men (Ivanova, et al. 2021).
Given that health problems are related to tourists’ concerns and have an impact on their travel decisions (Huan, et al., 2020), most tourists will be reluctant to travel after the pandemic due to health concerns (Shin & Kang, 2020). Tourists’ evaluations and choices are significantly influenced by concern for their personal and physical safety (Novelli, et al., 2018), because, as Pearce states, concern for one’s own safety is a key issue when tourists decide whether to travel or not (Pearce, 2011). In their psychological study on health risk perception and protective behaviour, authors Chien et al. state that worry is an important antecedent of health risk perception (Chien et al., 2017). Epidemics can have a direct impact on people’s travel behaviour as tourists become more concerned about threats to safety and health (Mao et al., 2010).

Understanding the risks and how they are perceived by tourists is crucial in predicting travel intentions (Chiu et al., 2019) and changes in attitudes (Godovykh et al., 2021). According to Kozak, the biggest concern that most tourists have when visiting a tourist destination is the danger to their health, which affects their travel plans (Kozak et al., 2007). Chew and Jahari investigated the travel intentions of Japanese tourists after a crisis event, and found that older tourists may not intend to visit their destination if the degree of risk is high, while young tourists believe they are not at risk if there is an absence of negative health reports in the media (Chew & Jahari, 2014).

In their empirical research on the behaviour of tourists regarding travel planning during the Covid-19 pandemic, authors Perčić and Spasić came to the result that a significant percentage of the members of generations Y and Z travelled during the pandemic, until May 2021 (25% abroad, and 56% on the territory of Serbia) (Perčić & Spasić, 2023). In their study on risk perception in the Dash region, Neuburger and Egger indicate that the pandemic had a positive impact on tourists’ intention to postpone or abandon travel to areas where cases of infection were reported (Neuburger & Egger, 2021). Ivanova investigated the travel intentions of Bulgarian tourists after Covid-19, and the findings of the study indicate that the majority of Bulgarian tourists intended to travel two months after the pandemic, that they would travel in their own country for that first trip, and that they would go by their own car and with their family (Ivanova et al., 2021). Zhong states that Chinese tourists will prefer hotels closer to nature, such as rustic luxury hotels, after the Covid-19 pandemic (Zhong, et al., 2021), and Quan and colleagues point out the importance of protective measures implemented by Chinese hotels (Quan et al., 2022).
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METHODOLOGY

Survey research was conducted online with the validated online questionnaire that was designed using Google form specifically for the purpose of this research. The questionnaire was distributed online via Facebook, targeting tourism and travel groups (ages 18 through 65+) in the period between the 21st of October and the 21st of November, 2022, including all regions of Serbia. The aim was to examine the intentions of Serbian tourists in relation to travel plans after the pandemic. The questionnaire was based on previous research, and it consists of two sets of questions. The first set pertains to demographics and economic variables (gender, age, education, income), and the second set includes 17 statements in relation to the travel intentions (Ahorsu et al., 2020; Ivanova et al., 2021; Quan et al., 2022; Van Nguyen et al., 2020; Z. Wen et al., 2005; Zhan et al., 2022).

The results are presented as count (%), means ± standard deviation, or median (25th-75th Percentile), depending on data type and distribution. Factor analysis was used to assess the construct validity of the questionnaire, while reliability analysis was used to assess the internal consistency of the scores (subsets). Groups were compared using a non-parametric (Mann-Whitney U test) test. Spearman correlation was used to assess the correlation between variables. Linear regression was performed to evaluate the relationship between the dependent variables and the independent variables. All p values less than 0.05 were considered significant. All data was analysed using SPSS 29.0 (IBM Corp. Released 2023. IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY: IBM Corp.) and R 3.4.2. (R Core Team (2017); R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL https://www.R-project.org/).

Considering the serious consequences and harmful effects of the Covid-19 pandemic on the tourism industry and the travel plans of contemporary tourists, the following hypotheses were defined after reviewing the relevant literature on this topic (Perčić, Spasić, 2022; Zhong et al., 2021; Ivanova, et al. 2021; Neuburger & Egger, 2021; Huan, et al., 2020; Shin & Kang, 2020; Novelli, et al., 2018): (H1) socio-demographic characteristics have a significant impact on fear and intentions of Serbian tourists when making decisions about travel after the Covid-19 pandemic; and (H2) there is a statistically significant difference in the respondents’ answers in relation to income – as income increases, anxiety levels decrease and travel plans increase.
RESEARCH RESULTS

The sample consists of 644 respondents. The respondents within the sample differed by gender (male - 40.5%, female - 59.5%), age (18 – 25 years - 9.6%; 25 - 35 – 34.6%; 35 - 45 – 25.9%; 45 - 55 – 14.8%; 55 - 65 – 9.9%; over 65 – 5.1%), education ( elementary school – 3.9%, secondary school – 23%, college – 16.6%, faculty – 42.1%, MBA/PhD – 14.4%), and monthly income (less than 35.000 RSD – 12.4%; 35.000 - 55.000 RSD – 17.2%, 55.000 - 75.000 RSD – 25.5%, 75.000 - 95.000 RSD – 18%, over 95.000 RSD - 26.9%).

After the statistical analysis of the data, the survey questionnaire was validated and it was shown that the measuring instrument used in this research is adequate for examining the impact of fears and concerns on the travel plans of modern Serbian tourists after the Covid-19 pandemic.

The average results of items were higher for the last seven questions, compared to the first set of questions. Factor analysis revealed similar factor loadings. The Kaiser-Meyer-Olkin Measure of sampling is adequate – 0.915 ($\chi^2 = 8723.4; p<0.001$). The two component solution has a 66.2% (first component 46.3%) explained variability. The first component is focused on fears and the degree of worry, while the second is focused on intentions and planning. Using reliability analysis, Cronbach’s alpha was revealed to have a high value, and if the item is deleted, the internal consistency is not improved (Table 1).

The derived scores from these components are the sum of each item. The correlations among gender, age, education and income, with scores (fears, planning), are presented in Table 2.

Median values are similar for both genders, but they are one unit lower in relation to fears, and one unit higher in relation to intentions for women. A positive significant correlation is observed between age group and fears, while a negative correlation is observed with intentions. Conversely, a negative correlation is observed between education and fears, while a positive correlation is observed with intentions. Similar to education, a negative correlation is observed between income and fears, while a positive correlation is observed with intentions. Obviously, fears increase with age, while they decrease with education and income. Conversely, intentions decrease with age, but increase with education and income.

Finally, multivariable regression modelling was performed in order to assess significant predictors of fears and intentions. Several transformation conventional techniques were performed to obtain normal distribution, but none were revealed to be adequate, and similar results were obtained with original and transformed data. For that reason, the original data results are presented (Table 3). As shown in Table 3, age and income are two significant predictors of fears and intentions. Age has a positive influence on fears, while income has the opposite effect. Conversely, age has a negative influence on intentions, while income has a positive influence.
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Table 1. Descriptive statistics, results of factor analysis

<table>
<thead>
<tr>
<th></th>
<th>Decriptive</th>
<th>Factor analysis</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Extrac. Comp. 1</td>
</tr>
<tr>
<td>I am afraid of infection after the pandemic.</td>
<td>2.20</td>
<td>1.28</td>
<td>.725</td>
</tr>
<tr>
<td>I get nervous and scared when I watch or listen to the news about Corona...</td>
<td>2.16</td>
<td>1.28</td>
<td>.603</td>
</tr>
<tr>
<td>I am afraid that I can get infected with the Corona virus when I stay in the hotel ...</td>
<td>2.14</td>
<td>1.25</td>
<td>.786</td>
</tr>
<tr>
<td>It scares me when there is no limit to the number of people using fun ...</td>
<td>2.12</td>
<td>1.26</td>
<td>.797</td>
</tr>
<tr>
<td>I am afraid that I will get sick from the Corona virus during the trip.</td>
<td>2.19</td>
<td>1.25</td>
<td>.764</td>
</tr>
<tr>
<td>I worry that I won't get timely treatment if I get sick from...</td>
<td>2.41</td>
<td>1.29</td>
<td>.604</td>
</tr>
<tr>
<td>I am worried that in the accommodation facilities they do not carry out sanitary and ...</td>
<td>2.41</td>
<td>1.30</td>
<td>.707</td>
</tr>
<tr>
<td>I will be more concerned about the hygiene and safety of accommodation after the Covid-19 pandemic.</td>
<td>2.74</td>
<td>1.40</td>
<td>.643</td>
</tr>
<tr>
<td>I will worry more about hygiene and safety (of buses, planes, trains) ...</td>
<td>2.79</td>
<td>1.40</td>
<td>.607</td>
</tr>
<tr>
<td>Safety and security are more important to me after the Covid-19 pandemic...</td>
<td>2.39</td>
<td>1.41</td>
<td>.624</td>
</tr>
<tr>
<td>I think it is safe to travel around Serbia after the Covid-19 pandemic.</td>
<td>3.91</td>
<td>1.15</td>
<td>.682</td>
</tr>
<tr>
<td>I think it is safe to travel abroad after the Covid-19 pandemic.</td>
<td>3.71</td>
<td>1.24</td>
<td>.685</td>
</tr>
<tr>
<td>After the Covid-19 pandemic, I intend to travel around Serbia.</td>
<td>3.71</td>
<td>1.37</td>
<td>.581</td>
</tr>
<tr>
<td>After the Covid-19 pandemic, I intend to travel abroad.</td>
<td>3.89</td>
<td>1.27</td>
<td>.669</td>
</tr>
<tr>
<td>After the Covid-19 pandemic, I will travel with my family.</td>
<td>3.82</td>
<td>1.26</td>
<td>.547</td>
</tr>
<tr>
<td>After the Covid-19 pandemic, I will travel by bus, plane, or train.</td>
<td>3.84</td>
<td>1.24</td>
<td>.665</td>
</tr>
<tr>
<td>After the Covid-19 pandemic, I will travel in my car.</td>
<td>3.94</td>
<td>1.23</td>
<td>.563</td>
</tr>
</tbody>
</table>

According to the results of the t-test (Table 1), there is a statistically significant difference in the responses.
Table 2. Fears and Intention scores with gender, age, education and income

<table>
<thead>
<tr>
<th></th>
<th>Fears</th>
<th></th>
<th>Intentions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Med (IQR)</td>
<td>Test result</td>
<td>Med (IQR)</td>
<td>Test result</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>22 (21)</td>
<td><em>p</em>=0.003 (^a)</td>
<td>27 (12)</td>
<td><em>p</em>=0.022 (^a)</td>
</tr>
<tr>
<td>Female</td>
<td>21 (14)</td>
<td></td>
<td>28 (9)</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-25</td>
<td>21 (16)</td>
<td><em>Rho</em>=0.188 (^b)</td>
<td>26.5 (11)</td>
<td><em>Rho</em>=0.132 (^b)</td>
</tr>
<tr>
<td>26-35</td>
<td>20 (14)</td>
<td><em>p</em>&lt;0.001</td>
<td>28 (9)</td>
<td><em>p</em>&lt;0.001</td>
</tr>
<tr>
<td>36-45</td>
<td>21 (14)</td>
<td></td>
<td>28 (9)</td>
<td></td>
</tr>
<tr>
<td>46-55</td>
<td>23 (15)</td>
<td></td>
<td>27 (11)</td>
<td></td>
</tr>
<tr>
<td>56-65</td>
<td>25 (24.5)</td>
<td></td>
<td>26 (10)</td>
<td></td>
</tr>
<tr>
<td>&gt;65</td>
<td>34 (26)</td>
<td></td>
<td>22 (14)</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OS</td>
<td>25 (25)</td>
<td><em>Rho</em>=0.071 (^b)</td>
<td>22 (12)</td>
<td><em>Rho</em>=0.105 (^b)</td>
</tr>
<tr>
<td>SS</td>
<td>21 (17)</td>
<td><em>p</em>=0.072</td>
<td>27 (11)</td>
<td><em>p</em>=0.008</td>
</tr>
<tr>
<td>VS</td>
<td>22 (19)</td>
<td></td>
<td>27 (11)</td>
<td></td>
</tr>
<tr>
<td>VSS</td>
<td>22 (15)</td>
<td></td>
<td>28 (10)</td>
<td></td>
</tr>
<tr>
<td>Postdip</td>
<td>20 (13)</td>
<td></td>
<td>29 (8)</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;35</td>
<td>22 (20)</td>
<td><em>Rho</em>=0.092 (^b)</td>
<td>26 (11)</td>
<td><em>Rho</em>=0.114 (^b)</td>
</tr>
<tr>
<td>35-54</td>
<td>25 (18)</td>
<td><em>p</em>=0.020</td>
<td>27 (12)</td>
<td><em>p</em>=0.004</td>
</tr>
<tr>
<td>55-74</td>
<td>20 (14)</td>
<td></td>
<td>27.5 (10)</td>
<td></td>
</tr>
<tr>
<td>75-94</td>
<td>23 (20)</td>
<td></td>
<td>28 (10.5)</td>
<td></td>
</tr>
<tr>
<td>95+</td>
<td>20 (14.5)</td>
<td></td>
<td>29 (9)</td>
<td></td>
</tr>
</tbody>
</table>

Mann-Whitney U test  \(^b\)Spearman rank correlation  
p values less than 0.05 were considered significant

Table 3. Multivariable regression model

<table>
<thead>
<tr>
<th></th>
<th>Fears</th>
<th></th>
<th>Intentions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Std. Beta</td>
<td>p value</td>
<td>Std. Beta</td>
<td>p value</td>
</tr>
<tr>
<td>Gender</td>
<td>-0.030</td>
<td>0.519</td>
<td>-0.002</td>
<td>0.968</td>
</tr>
<tr>
<td>Age</td>
<td>0.223</td>
<td>&lt;0.001</td>
<td>-0.180</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Education</td>
<td>-0.028</td>
<td>0.551</td>
<td>0.053</td>
<td>0.266</td>
</tr>
<tr>
<td>Income</td>
<td>-0.108</td>
<td>0.016</td>
<td>0.126</td>
<td>0.005</td>
</tr>
</tbody>
</table>

Source: Authors calculation (p values less than 0.05 were considered significant)

**DISCUSSION**

There is a statistically significant difference in socio-demographic variables, and they have a great impact on fear and intentions when respondents are making decisions about travel after the pandemic. The respondents’ responses vary in relation to their gender and income, which are the most important factors that determine travel intentions. With increasing age, the level of concern and fears of travelling increase, and the desire to travel decreases. This fact is supported by the results of the re-
search shown in Table 2, which show us that anxiety and fear increase as the median age increases (the median is 21 for respondents ages 18 through 25, while the median is 34 for people over 65). As a result, this has an impact on reducing the desire for travel among older respondents, where the median decreases with increasing age (the median is 26.5 between the ages of 18 and 25; the median is 27 between the ages of 46 and 55; the median is 26 between the ages of 56 and 65; and the median is 22 over the age of 65). In their research conducted in Italy, the authors Peluso and Pichierri found that older respondents with worse health conditions feel a lower level of control and security, which affects the avoidance of uncertain situations related to the Covid-19 pandemic, and therefore reduces their plans and travel intentions after the end of the pandemic (Peluso & Pichierri, 2021). Zambianchi (2020) indicates that older people experience a higher level of fear when it comes to travel decisions, and believe that the Covid-19 pandemic has affected the ways and patterns of travel (Zambianchi, 2020).

Based on the research, it is interesting to see that the influence of the level of education is not distinctive, and there are not many differences in terms of the level of fear, i.e. those with a higher and those with a lower level of education feel a similar level of fear. On the one hand, this is understandable, considering the fact that everyone has the same possibility of getting infected.

Precisely for these reasons, neither level of education nor service can significantly affect the reduction of the aspect of fear. Therefore, this aspect and the results of this research cannot significantly change the prediction model, that is, they can be considered a constant influence. Only a period of time without a pandemic can lower the impact of the fear factor on future travel habits. To some extent, this influence of fear can be reduced in the population with a high income, but it is still present as a factor that affects the reduction of the intention to travel. In their research, Garg (2015) and Zheng (2022) indicate that tourists with high incomes tend to avoid travelling when they believe there is a danger or threat (Garg, 2015; Zheng et al., 2022).

Hypothesis H1 was confirmed – there is a statistically significant influence of socio-demographic characteristics on the fear and decision-making intentions of Serbian tourists after the Covid-19 pandemic. More specifically, there is a statistically significant difference in the responses of the respondents in relation to age and level of income in terms of travel intentions after Covid-19; there is a statistically significant correlation of the influence of age on the level of concern and the desire to travel, which indicates that the level of concern increases with increasing age, and the desire to travel decreases. Hypothesis H2 was confirmed – there is a statistically significant influence of the level of income on reducing the level of anxiety and increasing the desire to travel, i.e. the level of fear decreases, and plans for travel increase with an increase in the level of income.
Regarding future trips after the pandemic, Serbian tourists plan to travel abroad, followed by plans to travel within Serbia, with their families, and their cars. From these results, the conclusions in the confirmed hypotheses can be clearly seen where the influence of fear prevailed in the sense of choosing, first of all, the mode of transportation and the companion – there is an urge for travellers to be in a family environment and on the road.

Also, compared to previous years, there is an evident increase in trips around Serbia, as well as the preference to be at a relatively short distance from home, and the certainty that one can return to a safe environment by car. The situation is similar in other countries in the area, and that is how Ivanova came to know that Bulgarian tourists will be more inclined towards domestic tourism after the Covid-19 pandemic, i.e. traveling in their own country, with their own transport and with their family (Ivanova et al., 2021). Regarding the choice of the means of transport and the environment of the trip (family trips/group trips), the findings of our research indicate that a significant percentage of Serbian tourists intend to travel by car (70%), which some authors confirmed in their studies (Corbisiero & Monaco, 2021; Li et al., 2021), and that a larger percentage of Serbian respondents plan to travel with their family (66%), which is in line with the findings of previous studies that confirmed changes in the behaviour of tourists after the Covid-19 pandemic and the avoidance of group trips (Chebli, 2020; Corbisiero & Monaco, 2021).

CONCLUSION

The emergence of a global pandemic has caused serious economic losses to the world economy, and especially to the tourism industry. It is expected that the recovery following the pandemic will be slow and that the strategic recovery of the tourism industry will have to begin in 2023 in order to reach the growth it had before the pandemic. The tourism industry must adapt to the new business environment, as well as to the changes in the behaviour of tourists, which occurred as a result of Covid-19. Some predictions indicate that the tourism and hotel industry will need about five years to return to the level of business it enjoyed before Covid-19.

When analysing the data, it was concluded that the level of education has no effect on fear. As a factor of analysis, it is a constant and can only be affected by the passage of time without a pandemic. Among other data, the conclusions are interesting, and only confirm the hypotheses that the intention to travel, primarily outside the country and by using expensive transportation, decreases with age and decreasing returns. On the contrary, in the age groups below the age of 65, there is a clear intention to increase the desire to travel abroad, which is also understandable, as it represents a kind of relief after the pandemic period.
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Based on the results of the analyses and the conclusions drawn from those results, as well as future models of services in the post-Covid era, the flexibility of the tourism sector must come to the fore, and the improvement of services should be continuous, with constant supervision of the changes in the behaviour of different categories and ages of tourists.

The adaptation of the service sector and improvement models represent a good basis for possible new aspects and challenges that may appear in the future. The perception of the new reality should be objective, because only on the basis of such an approach can future models of service offerings be developed in accordance with the changed behaviour of modern users, that is, travellers.

The limitation of this paper lies in the fact that the paper considers only the demographic and economic factors that affect travel intentions and planning after the pandemic. Therefore, future research on this topic could consider more factors, like psychographic and behavioural factors, but they should be compared with the results of research conducted in other countries as well.

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