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Restrictions Are Lifted: The Effect of Risk Perception of COVID-19 on Future Travel Intentions of Dutch Travellers

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Abstract

This study aims to understand better the psychological impact of COVID-19, the risk perception, travel and destination risks of Dutch travellers and their intention to travel when travel restrictions due to COVID-19 are lifted. This study takes a step toward closing the gap in the literature as it provides new insights into the risk perceptions regarding COVID-19 and the travel intentions of Dutch travellers now that travel restrictions are lifted. This study employed a quantitative approach to market research. Questionnaire research was applied. The questionnaire is created with the web-based survey tool Qualtrics. 343 respondents filled in the questionnaire. The results indicate that the psychological impact of COVID-19 was high on Dutch people. The majority feels that COVID-19 changed their everyday life, and it changed hygiene standards. Overall, this study's psychological impact is greater on women than on men. Based on the findings of this study, it can be concluded that Dutch travellers perceive the risk of contracting COVID-19 while travelling to be high.

Keywords: travel intention, COVID-19, risk perceptions, psychological impact, open borders

Introduction

COVID-19, commonly known as coronavirus, first appeared in China in December 2019. The WHO World Health Organization announced a global health emergency on January 30, 2020, as more people become infected not only in China but globally (Velavan & Meyer, 2020). By March 2020, the entire world had been affected, and it was seen as a worldwide disaster. Airports and borders were blocked, and the epidemic had an impact on many industries, including tourism (Neuburger & Egger, 2021). As travel restrictions were implemented in several countries on an international, regional, and municipal level, the tourism industry was instantly impacted. International and domestic tourism fell precipitously in two weeks (Gössling et al., 2020). The rate of recovery from a crisis is determined by the interaction of the tourism-generating system. The relationship between the tourism-generating system and the destination system determines the rate of recovery from a crisis (Jin et al., 2019). As a result, there is a need to better understand tourists' perspectives and travel behaviours toward 'COVID-19-shaken' destinations.

Numerous tourist studies have been conducted since the pandemic outbreak to explore individuals' perceptions (Gössling et al., 2020; Hu et al., 2021) and decision-making (Bae & Chang, 2020; Hu et al., 2021; Neuburger & Egger, 2021) influenced by COVID-19. The psychological reasons connected with those COVID-19-altered behaviours must be investigated (Jin et al., 2021; Matiza, 2020). Previous research discovered considerable changes in travellers' service expectations and

assessments during the COVID-19 pandemic seasons (Hu et al., 2021). Similarly, there is a possibility that travellers' perceptions and behaviours alter over the COVID-19 phases. Furthermore, experts proposed that as the epidemic progresses and becomes a new normal age (Simanjuntak & Fitriana, 2020), more research should be undertaken to better understand how people perceive the tourism business. The findings could help to advance a new, innovative normal in the industry post-pandemic, allowing it to not only recoup attractiveness and revenue but also reform in important ways (Benjamin et al., 2020). Despite a large number of tourism studies, understanding individual risk perception and travel intention in less severe or normalized pandemic scenarios are still important.

Chebli & Said (2020) discovered that COVID-19 had an effect on travel intentions. The COVID-19 issue may have a big impact on travellers' vacation plans (Promsivapallop & Kannaovakun, 2017; Senbeto & Hon, 2020). Understanding post-crisis travel intentions are therefore crucial for the tourist industry to respond effectively to disasters. This work is, to the best of the authors' knowledge, the first empirical study to analyze visitors' perspectives and post-crisis international travel intentions in the new normal era from the Dutch market perspective. The findings depict the interrelationships between tourists' COVID-19-related risk perceptions and travel intentional behaviours in the new normal era, adding value to our understanding of how people build their travel attitudes during COVID-19. So far, Isaac & Keijzer (2021) studied Dutch travellers' travel intentions during the COVID-19 crisis. This study shows that 50% of the respondents stated that the crisis significantly impacted their work and life. The study concludes that the respondents will travel again once the restrictions have been lifted. Until then, domestic travel will be more popular. Therefore, this research takes a step further in closing the gap in the literature by examining the behaviour of the Dutch market after restrictions are lifted,

Literature Review

Impacts of COVID-19

COVID-19 is an infectious disease that is caused by the coronavirus. It was first discovered in Wuhan, China, on December 31, 2019. A swab sample clarified that it was a new coronavirus and the World Health Organization first named it 2019nCoV. Later, the WHO stated the outbreak as a public health emergency of international concern as it got worse. Eventually, the WHO renamed the virus to coronavirus disease 2019, COVID-19 (Ge et al., 2020).

The consequence of COVID-19 is that transport operator, mainly airlines, are in critical positions financially and might not be able to operate their businesses as before the crisis (Baum & Hai, 2020). Airlines reduced their international and domestic services to the bare minimum and sometimes even ceased completely. Several travel restrictions have been applied, such as closing national borders to most tourists in Europe and North America.

Risk Perception

Risk perceptions are people's interpretations of certain dangers they could be exposed to. These are mostly negative results associated with a specific cause. The fear and risk perception of COVID-19 can create consciousness and preparedness for the future (Cori et al., 2020). Risk perception in tourism is defined as 'the probability that an action may expose them to the danger that can influence travel decisions if the perceived danger is deemed to be beyond an acceptable level' (Chew & Jahari, 2014, p. 383-384).

Previous research has also discovered that individuals' sociocultural origins and prior travel experiences result in varying levels of perceived risk construction (Becken et al., 2017; Fuchs & Reichel, 2011). Pappas (2021) has observed that demographic parameters such as age and economic level have a substantial impact on travel plans during a health crisis. These studies, however, were mostly descriptive, and little light was provided on how an unusual catastrophe like COVID-19 affects individual travel decisions. According to Bali, Stewart, & Pate (2016), perceived risk has a long-term effect that may result in a sense of helplessness and long-term worry when travelling during and after the epidemic. While some academics observed a brief 'blowout' of travel demand following the pandemic outbreak (Wen et al., 2005). Hu et al. (2021) discovered shifts in passengers' expectations and assessments during the COVID-19 pandemic, resulting in differences in travellers' expectations and preferences at the acute COVID-19 stage. Furthermore, this study suggested that COVID-19's influence remains during the recovery phase, perhaps contributing to a long-term alteration in consumer preferences. Even though prior research suggests that visitors' risk perceptions fluctuate throughout the stages of a pandemic, very little is known about the extent to which consumers' perceived hazards may prevail throughout the epidemic's normalization phase and how they impact tourist behaviour after the pandemic.

Research by Bae & Chang (2020) showed that risk perception influences behavioural intention. People are inhibited from travelling because of their worries and fear of the pandemic. This displays the importance of the role of attitudes between risk perception and behavioural intention. This research is in line with that reported by Sánchez-Cañizares et al. (2021), which states that the perceived risk of Spanish territory residents negatively influences the intention to travel. Dryhurst et al. (2020) researched the risk perceptions of COVID-19 worldwide. People with personal and direct experience with the virus perceive a higher risk than those without. Females have a higher risk perception in almost all countries, even though males are at a higher risk of contracting COVID-19.

Rather (2021) shows in his study that fear of COVID-19 significantly negatively impacts travel attitudes. Furthermore, perceived risk also negatively influences the attitude to travel during the pandemic. This is in line with a study by Das & Tiwari (2021), which shows that the risk of contracting the disease while travelling negatively affects travel intention. This is consistent with a study by Chua et al. (2020) on health risk perception and its influence on travel intention. This study states that health risk perception influences a person's mental well-being.

A study performed in the DACH region in Europe by Neuburger and Egger (2021) shows that the severity of COVID-19 and the perceived risk of the disease were relatively low in the first study period, beginning in March 2020. The perceived travel risk during this period was slightly higher but still not significantly high. During the second study period, end of March 2020, the perception of COVID-19 and travel behaviour changed significantly.

Travel Intention

Jittrapirom and Tanaksaranond (2020) surveyed European and non-European respondents about their travel intentions during COVID-19. The non-Europeans were all from Asia, Australia, and the Middle East. Most of the respondents were from Europe (71%). Furthermore, most respondents were female (61%), and the average age was 37.9. Of the respondents, 63% stated they cancelled or postponed their domestic trips because of COVID-19. 18% were still pending their decision, and 21% said they were not affected by the pandemic. For overseas trips, 68% cancelled or postponed their trip, while 10% were still pending and 25% were unaffected. The biggest concerns about

COVID-19 for the respondents are impacts on their family/relatives, their health and financial loss. People who altered their domestic trips are less afraid of the impact of COVID-19 and being infected than those who did not alter their domestic trips. For overseas trips, people who alter these trips see COVID-19 as more dangerous and feel like they have a higher chance of getting infected.

A study executed with residents of Athens, Greece, shows the impacts of COVID-19 on their travel intentions. The survey outcomes show that the majority are afraid to travel because of the pandemic and are reluctant to travel by any means of transport, plane, boat, train, bus etc., because of COVID-19. The Athenian residents are more likely to travel within Greece than go abroad and state that the pandemic will highly influence their destination picking. Furthermore, most respondents stated that COVID-19 affects their decision on whether to go on holiday in 2020 (Pappas, 2021; Yang et al., 2021). Too, a study by Ivanova et al. (2021) shows the travel intention of Bulgarian residents. Most respondents plan to travel within the first month after travel is allowed, followed by respondents who intend to travel within one to two months after it is allowed. A small percentage of the respondents do not intend to travel at all or will wait more than 12 months before they start travelling again.

Methods

Within the tourism literature, a quantitative research approach has been commonly used since it allows for the study of the general behaviour and characteristics of tourists (Provenzano & Baggio, 2020).

Survey Instrument

A questionnaire approach is chosen for this study to reach a wide range and variance of people. The study uses forced-choice questions, where the respondent can rate the question with a five-point Likert scale. The questionnaire is distributed in Dutch to make it as accessible as possible for Dutch citizens to fill in. The program used to create the questionnaire is Qualtrics. The questionnaire was first pilot tested among five different age groups and adjusted based on feedback.

Different sampling techniques are used for this study. Convenience sampling is the first technique used, as the researcher asked friends and family to fill in the survey via social media. Furthermore, the researcher asked these people to share the survey with others, so Snowball sampling is another method used. These techniques are part of the non-probability method chosen because the researcher could not contact all Dutch citizens. Therefore, not all citizens had an equal chance of being included. Besides these sampling techniques, the researcher placed the questionnaire on SurveySwap and SurveyCircle. These websites are platforms for researchers to share their surveys so others can fill them in to earn points for their surveys. Therefore, the researcher filled in several other surveys to earn points and get others to fill in this survey. Eventually, 343 valid responses were recorded for this questionnaire. These responses were collected between March 26 and May 10, 2021

The survey consists of five parts. The survey questions are based on previous studies treated in the literature review. These articles are from Pappas (2021), Floyd et al. (2004), and Chua et al. (2020). The first part focuses on the psychological impact COVID-19 has on Dutch travellers. This consists of five statements regarding the psychological impact employing a five-point Likert scale ranging from 1 strongly disagree to 5 strongly agree. All five statements are implemented from the study of Pappas (2021). The second part of the survey consists of nine statements regarding travel risks. The first four statements regarding travel risks come from the study by Pappas (2021). Also adjusted

statement came from the study of Floyd et al. (2004) and Chua et al. (2020). Dutch travellers perceive. The third part of the survey consists of ten statements regarding the destination risks Dutch travellers perceive, adopted from the studies by Pappas (2021), Floyd et al. (2004) and Chua et al. (2020). Part four of the survey consists of nine statements regarding the travel intentions of the respondents. All these statements were adjusted and implemented by Pappas (2021). The fifth and last part of the survey consists of eight multiple-choice questions about the profile of the respondent (Fontanella, 2021).

Findings

Socio-demographics

The sample comprised 110 (32.1%) male and 232 (67.6%) female respondents. Only one respondent (0.3%) identifies themselves as non-binary (N=343). The frequency and percentages can also be seen in Table 1.

Table 1. Frequencies for Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	110	32.1	32.1	32.1
	Female	232	67.6	67.6	99.7
	Non-binary/Third gender	1	.3	.3	100.0
	Total	343	100.0	100.0	

The sample consisted of 1.5% <18 years old respondents. Most respondents (60.3%) stated to be in the 18-25 age group. Both the age groups, 26-35 years old and 36-45 years old were selected by 9.0% of the respondents. Furthermore, the sample comprised 9.9% 46-55 years old respondents and 7.3% 56-65 respondents. Only 2.3% of the respondents stated to be in the 66-75 age group, and 0.6% are in the >75 years old age group.

75 (21.9%) of respondents are married, 70 (20.4%) respondents are living together, 2 (0.6%) respondents who are a widow/widower and 196 (57.1%) single respondents. The sample consisted mostly of respondents with the education level of HBO Bachelor (27.4%) and WO Bachelor (19.8%). Only 1.2% of the respondents attended only primary school, 0.6% of the respondents followed a PhD, and 2.3% did an HBO Masters. Of the respondents, 24% finished secondary school, with 5.2% finishing Lower General Secondary Education (VMBO), 10.8% finishing Senior General Secondary Education (HAVO) and 8.5% finishing Pre-University Education (VWO). Of the respondents, 13.1 have an education level of MBO, and 11.1% of the respondents have done a WO Master.

The sample consisted of 119 (34.7%) respondents living with their parents, 60 (17.5%) respondents living in a student dorm, and 35 (10.2%) respondents living alone. Furthermore, 66 (19.2%) respondents live with their partners, while 60 (17.5%) live with their partners and children. Only 3 (0.9%) respondents live only with their children. The sample consisted of 71 (20.7%) respondents with an income of less than €500 per month. 89 respondents (25.9%) have an income between €500 and €1000 per month. 31 respondents (9.0%) have an income between €1000 and €1500 per month. 27 respondents (7.9%) have an income between €1500 and €2000 per month, and another 27 respondents (7.9%) have an income between €2000 and €2500 per month. 18 respondents (5.2%) have an income between €2500 and €3000 per month, and 8 respondents (2.3%) have an income between €3000 and €3500 per month. 18 respondents are spread evenly over the income between €3500 and €4000 per month, and more than €4000 per month groups have 9 respondents (2.6%).

Lastly, 54 respondents (15.7%) prefer not to say their monthly income. The respondents were asked whether they have children and in what age group or groups they are. The majority of the respondents (71.4%) do not have kids. 17 respondents answered to have kids in the 0-5 years old age group (5.0%). 23 respondents have kids in the 6-10 age group (6.7%). 11 respondents have kids in the 11-15 age group (3.2%). 18 respondents stated having kids in the 16-20 age group (5.2%). Lastly, 53 respondents stated to have kids in the older than 20 age group (15.5%).

Psychological Impact of COVID-19

To get an insight into the psychological impact of COVID-19, the respondents were presented with five statements using a 5-point Likert scale where 1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, and 5=strongly agree. For the first statement about the psychological impact of COVID-19, the mean is 4.24. Hence, it means that the majority of the respondents strongly agreed with the statement that COVID-19 has impacted their everyday life. 44.3% agreed with the statement and 43.4% strongly agreed with the statement. Only 12.3% answered that they strongly disagreed, disagreed or neither agreed nor disagreed with the statement that COVID-19 impacted their everyday life. The mean of the second statement is 3.67, which means most of the respondents agreed with the statement that COVID-19 changed their hygiene standards. 53.9% agreed with the statement. 16% strongly agreed with the statement, and another 16% neither agreed nor disagreed. Only 14% strongly disagreed or disagreed with the statement whether COVID-19 changed their hygiene standard. The majority of the respondents neither agreed nor disagreed with the statement whether COVID-19 made them fearful, as the mean is 2.73. Only 3.2% strongly agreed with the statement. 27.4% agreed with the statement, while 28.6% disagreed. 16.0% answered that they strongly disagreed whether COVID-19 made them fearful. The last 24.8% neither agreed nor disagreed with the statement. The fourth statement has a mean of 2.56. Hence this means the majority of the respondents disagreed with the statement about whether COVID-19 increased their anxiety levels. 51% of the respondents strongly disagreed or disagreed with the statement. 24.2% neither agreed nor disagreed and 24.8% agreed or strongly agreed with the statement. The last statement about the psychological impact of COVID-19 has a mean of 3.03, meaning the majority of the respondents neither agreed nor disagreed with the statement about whether COVID-19 made them reconsider their way of life. The majority of the respondents, 36.2% agreed with the statement, and 6.1% strongly agreed with the statement. 33.2% of the respondents strongly disagreed or disagreed with the statement. 24.5% of the respondents neither agreed nor disagreed with the statement. The statistics of the first Likert scale can be found in Table 1, and the agreement percentages in Table 2.

Table 2. Statistics of Likert Scale: Psychologic Impact

	1	2	3	4	5
N	343	343	343	343	343
Valid Missing	0	0	0	0	0
Mean	4.24	3.67	2.73	2.56	3.03
Median	4.00	4.00	3.00	2.00	3.00
Mode	4	4	2	2	4
Std. Deviation	.872	1.005	1.123	1.122	1.144

Note:

- 1=COVID-19 has impacted my everyday life
- 2=COVID-19 has changed my hygiene standards
- 3=COVID-19 has made me fearful
- 4=COVID-19 has increased my anxiety level
- 5=COVID-19 has made me reconsider my way of life

Table 3. The Agreement Percentage of All Likert Scales

Scales	Items	1	2	3	4	5
Psychologic impact	COVID-19 has impacted my everyday life	1.5%	4.7%	6.1%	44.3%	43.4%
	COVID-19 has changed my hygiene standards	4.7%	9.3%	16.0%	53.9%	16.0%
	COVID-19 has made me fearful	16.0%	28.6%	24.8%	27.4%	3.2%
	COVID-19 has increased my anxiety level	20.4%	30.6%	24.2%	22.2%	2.6%
	COVID-19 has made me reconsider my way of life	12.2%	21.0%	24.5%	36.2%	6.1%
Travel Risks	I am afraid to travel due to COVID-19	42.0%	31.8%	9.3%	14.9%	2.0%
	I believe that mass transport is not safe due to COVID-19	26.8%	24.5%	17.2%	24.5%	7.0%
	I am reluctant to travel by plane due to COVID-19	40.2%	29.2%	9.9%	15.5%	5.2%
	I am reluctant to travel by land-based means of mass transport (bus, train) due to COVID-19	40.8%	28.9%	12.2%	13.4%	4.7%
	Travelling was risky during the pandemic	9.6%	9.9%	13.1%	46.1%	21.3%
	I am at risk of contracting COVID-19 while travelling	6.4%	9.6%	17.5%	49.9%	16.6%
	My chances of contracting COVID-19 while travelling are high	7.6%	15.5%	23.3%	42.3%	11.4%
	I feel nervous about international travel at the moment	44.0%	28.0%	13.1%	11.7%	3.2%
I feel uncomfortable travelling anywhere at the moment	49.0%	28.3%	11.4%	9.3%	2.0%	
Destination Risks	COVID-19 has markedly affected my destination selection for holidays in 2020/2021	10.8%	9.0%	7.0%	35.0%	38.2%
	COVID-19 will markedly affect my destination selection for holidays in future years	28.9%	30.6%	14.9%	22.2%	3.5%
	If bars/restaurants/sights are closed at a destination, I will not travel there	4.4%	5.5%	4.4%	44.6%	41.1%
	If hygiene standards at a destination are not high, I will not travel there	16.0%	25.9%	23.6%	27.1%	7.3%
	Travel to natural areas such as nature parks is not risky	1.7%	2.9%	14.6%	47.2%	33.5%
	Safety is a serious consideration when choosing a travel destination	2.6%	6.4%	16.0%	49.3%	25.7%
	International travel is just as safe as domestic travel	6.7%	25.7%	18.7%	32.9%	16.0%
	Travelling to destinations seriously affected by the COVID-19 outbreak is risky at the moment	8.2%	13.1%	22.2%	38.5%	18.1%
	Domestic travel is equally risky as international travel	9.0%	26.5%	22.2%	30.3%	12.0%
	Tourists should avoid visiting destinations seriously affected by the COVID-19 outbreak	13.4%	22.4%	21.6%	28.3%	14.3%
Travel Intentions	COVID-19 has affected my decision on whether to go on holiday in 2020/2021	13.7%	9.9%	9.9%	36.4%	30.0%
	COVID-19 will affect my decision on whether to go on holiday in future years	36.2%	25.9%	16.0%	18.4%	3.5%
	Due to COVID-19, I would prefer to go on holiday in the Netherlands rather than abroad	45.8%	25.9%	12.8%	12.2%	3.2%
	Now that those travel restrictions are lifted, I am still reluctant to travel because of COVID-19	47.2%	26.2%	9.3%	14.3%	2.9%
	Now that those travel restrictions are lifted, I will still travel within the Netherlands more often instead of going abroad	43.1%	28.3%	13.7%	12.0%	2.9%
	I will avoid visiting international destinations seriously affected by the COVID-19 outbreak for my next vacation trip, although the pandemic is under control	33.8%	28.9%	13.1%	18.1%	6.1%
	I will avoid visiting international destinations seriously affected by the COVID-19 outbreak in the distant future	43.1%	26.5%	14.9%	11.4%	4.1%
	For my next holiday, I will most likely choose a destination closer to home (France, Belgium, Germany, Spain, Italy, Greece)	25.7%	16.0%	16.6%	32.7%	9.0%
	For my next holiday, I will most likely choose a destination outside of Europe	19.5%	26.8%	23.3%	18.4%	12.0%

Note: 1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5=strongly agree

Risk Perceptions

Several risk perceptions were studied and can be divided into different categories. The first category is travel risks. 73.8% of the respondents strongly disagreed or disagreed with the statement; I am afraid to travel due to COVID-19. The majority of the respondents also disagreed with the statements; I believe that mass transport is not safe due to COVID-19, I am reluctant to travel by plane due to COVID-19, and I am reluctant to travel by land-based means of mass transport (bus, train,) due to COVID-19. These statements have means of 2.60, 2.16 and 2.12, which concludes that most respondents disagreed with these statements. However, when looking at the statements relating to travel during the pandemic, when there were still travel restrictions, respondents perceived more travel risk of COVID-19. Most respondents (46.1%) agreed that travelling was risky during the pandemic. 21.3% strongly agreed, and only 19.5% strongly disagreed or disagreed with this statement. Most of the respondents (49.9%) also agreed to be at risk of contracting COVID-19 while travelling. Only 16% strongly disagreed with this statement, while 16.6% strongly agreed to be at risk while travelling. 53.7% of the respondents even agreed or strongly agreed that the chances of contracting COVID-19 while travelling are high.

The last two statements about travel risks are again about travelling after travel restrictions were lifted and show that most respondents do not feel nervous or uncomfortable about travelling anywhere, both within the Netherlands and internationally. The means of these statements are 2.02 and 1.87. The majority of the respondents (44.0% and 49.0%) strongly disagreed with the statements about whether they feel nervous about international travel and uncomfortable travelling anywhere at the moment. This Likert scale of travel risks shows that during the COVID-19 pandemic, most of the respondents did feel like being at risk of contracting COVID-19 while travelling. Still, after travel restrictions were lifted, they were not afraid to travel and did not feel unsafe while travelling.

Table 4. Statistics of Likert Scale: Travel Risks

	1	2	3	4	5	6	7	8	9
N	343	343	343	343	343	343	343	343	343
Valid	0	0	0	0	0	0	0	0	0
Missing	0	0	0	0	0	0	0	0	0
Mean	2.03	2.60	2.16	2.12	3.59	3.61	3.34	2.02	1.87
Median	2.00	2.00	2.00	2.00	4.00	4.00	4.00	2.00	2.00
Mode	1	1	1	1	4	4	4	1	1
Std. Deviation	1.138	1.300	1.253	1.215	1.203	1.073	1.105	1.153	1.071

Note:

1=I am afraid to travel due to COVID-19

2=I believe that mass transport is not safe due to COVID-19
3=I am reluctant to travel by plane due to COVID-19

4=I am reluctant to travel by land-based means of mass transport (bus, train) due to COVID-19
5=Traveling was risky during the pandemic

6=I am at risk of contracting COVID-19 while travelling

7=My chances of contracting COVID-19 while travelling are high

8=I feel nervous about international travel at the moment

9=I feel uncomfortable travelling anywhere at the moment

The other category of risk perception is destination risk perception. 73.2% of the respondents agreed or strongly agreed with COVID-19 markedly affecting their holiday destinations in 2020/2021. However, most respondents disagreed (30.6%) or strongly disagreed (28.9%) with the statement that COVID-19 will affect destination selection in future years. If bars, restaurants, or sights are

closed at a destination, most respondents will not travel there, as 85.7% agreed or strongly agreed with this statement. The hygiene standards at a destination are not as important, as the mean of the statement whether they would still travel there is 2.84. Hence, most of the respondents neither agreed nor disagreed with this statement. Safety, however, is a serious consideration when choosing a travel destination, as 75.0% agreed or strongly agreed and only 9.0% disagreed or strongly disagreed with this statement. Most respondents (80.7%) feel that travelling to natural areas such as nature parks is not risky. The majority of the respondents agreed that travelling to destinations seriously affected by the COVID-19 outbreak is risky at the moment; the mean of this statement is 3.45. Though, with a mean of 3.08, the majority neither agreed nor disagreed with the statement that tourists should avoid visiting these destinations. Most respondents agreed that international travel is just as safe as domestic travel (32.9%), and domestic travel is equally risky as international travel (30.3%).

Table 5. Statistics of Likert scale: Destination Risks

	1	2	3	4	5	6	7	8	9	10
N	343	343	343	343	343	343	343	343	343	343
Valid	0	0	0	0	0	0	0	0	0	0
Missing	0	0	0	0	0	0	0	0	0	0
Mean	3.81	2.41	4.13	2.84	4.08	3.89	3.26	3.45	3.10	3.08
Median	4.00	2.00	4.00	3.00	4.00	4.00	3.00	4.00	3.00	3.00
Mode	5	2	4	4	4	4	4	4	4	4
Std. Deviation	1.324	1.215	1.028	1.200	.867	.949	1.197	1.168	1.184	1.270

Note:

1=COVID-19 has markedly affected my destination selection for holidays in 2020/2021 2=COVID-19 will markedly affect my destination selection for holidays in future years

3=If bars/restaurants/sights are closed at a destination; I will not travel there 4=If hygiene standards at a destination are not high, I will not travel there 5=Travel to natural areas such as nature parks is not risky

6=Safety is a serious consideration when choosing a travel destination 7=International travel is just as safe as domestic travel

8=Traveling to destinations seriously affected by the COVID-19 outbreak is risky at the moment 9=Domestic travel is equally risky as international travel

10=Tourists should avoid visiting destinations seriously affected by the COVID-19 outbreak

Travel Intentions

To get an insight into the travel intentions of Dutch travellers, the respondents were presented with 9 statements. For 66.4% of the respondents, COVID-19 affected their decision whether to go on holiday in 2020/2021, as they agreed or strongly agreed with this statement. 23.6% disagreed or strongly disagreed with this statement. However, most respondents do not agree with the statement that COVID-19 will affect their decision on whether to go on holiday in future years. 36.2% strongly disagreed with this statement, and 25.9% disagreed. The majority of the respondents strongly disagreed (45.8%) or (25.9%) with the statement that due to COVID-19, they would rather go on holiday in the Netherlands rather than abroad. Only 15.4% rather stays in the Netherlands. Most respondents (73.4%) are not reluctant to travel because of COVID-19 now that travel restrictions are lifted. They disagreed or strongly disagreed with this statement.

Most respondents disagreed that now that those travel restrictions are lifted, they will still travel within the Netherlands more often instead of going abroad, as the mean for this statement is 2.03. The majority of the respondents also disagreed with the statements that they will avoid visiting destinations seriously affected by the pandemic for their next vacation trip and in the distant future. 33.8% and 43.1% of the respondents strongly disagreed with these statements, followed by 28.9% and 26.5% of the respondents who disagreed. 41.7% of the respondents agreed or strongly agreed

to the statement that they will most likely choose a destination closer to home, within Europe, for their next holiday. Another 41.7% of the respondents disagreed or strongly disagreed with this statement, and 16.6% neither agreed nor disagreed. The majority of the respondents (26.8%) disagreed with the statement that they will most likely choose a destination outside of Europe for their next holiday, followed by 23.3% who neither agreed nor disagreed with this statement. 19.5% strongly disagreed while 18.4% agreed, and only 12.0% strongly agreed with this statement.

Table 6: Statistics of Likert scale: Travel Intentions

	1	2	3	4	5	6	7	8	9
N	343	343	343	343	343	343	343	343	343
Valid	0	0	0	0	0	0	0	0	0
Missing									
Mean	3.59	2.27	2.01	1.99	2.03	2.34	2.07	2.83	2.76
Median	4.00	2.00	2.00	2.00	2.00	2.00	2.00	3.00	3.00
Mode	4	1	1	1	1	1.0	1	4	2
Std. Deviation	1.367	1.226	1.170	1.185	1.145	1.278	1.184	1.361	1.289

Note:

1=Covid-19 has affected my decision whether to go on holiday in 2020/2021 2=COVID-19 will affect my decision whether to go on holiday in future years

3=Due to COVID-19, I would prefer to go on holiday in the Netherlands rather than abroad 4=Now that travel restrictions are lifted, I am still reluctant to travel because of COVID-19

5=Now that travel restrictions are lifted, I will still travel within the Netherlands more often instead of going abroad

6=I will avoid visiting international destinations seriously affected by the COVID-19 outbreak for my next vacation trip, although the pandemic is under control

7=I will avoid visiting international destinations seriously affected by the COVID-19 outbreak in the distant future

8=For my next holiday, I will most likely choose a destination closer to home (France, Belgium, Germany, Spain, Italy, Greece

9=For my next holiday, I will most likely choose a destination outside of Europe

Impact of age on the Perception of Risk and Travel Intentions

To get an insight into the impact of age on risk perception, a one-way ANOVA test is performed between the age group variable and the travel risks perception variable. Levene's test showed that the variances for travel risks by age groups were equal, $F(7,335) = 1.598, p=.135$ and therefore, a one-way ANOVA can be applied. This ANOVA test showed that the age group significantly impacted the perception of travel risks, $F(7,335) = 6.86, p<.001$. Pairwise comparisons of the means using Tukey HSD revealed significant differences between the 18-25 age group and the age groups 46-55 years old, 56-65 years old and 66-75 years old ($p<0.05$). More specifically, in the 18-25 years old age group ($M=2.39, SD=0.76$), the travel risks perceptions were significantly lower than the perceptions in the 46-55 years old age group ($M=2.93, SD=0.86$), the 56-65 years old age group ($M=3.17, SD=0.87$) and the 66-75 years old age group ($M=3.43, SD=1.24$). No other significant differences were found between the age groups ($p>0.05$).

Table 7. One-Way ANOVA Test Between Age and Travel Risks

Sum of Squares	df	Mean Square	F	Sig.
Between Groups	31.382	7	4.483	6.861 <.001
Within Groups	218.901	335	.653	
Total	250.283	342		

Besides performing a one-way ANOVA between the age group variable and travel risks perception variable, another one-way ANOVA is performed. This time between the age group variable and destination risks perception variable. Levene's test showed that the variances for destination risks

by age were equal, $F(7,335) = .529, p=.813$ and therefore, a one-way ANOVA can be applied. This ANOVA test showed that the age group significantly impacted the perception of destination risks, $F(7,335) = 4.59, p<.001$. Pairwise comparisons of the means using Tukey HSD revealed significant differences between the 18-25 age group and the age groups 46-55 years old and 56-65 years old ($p<0.05$). More specifically, in the 18-25 years old age group ($M=3.30, SD=0.56$), the destination risks perceptions were significantly lower than the perceptions in the 46-55 years old age group ($M=3.65, SD=0.50$) and the 56-65 years old age group ($M=3.74, SD=0.44$). No other significant differences were found between the age groups ($p>0.05$).

Table 8. One-Way ANOVA Test Between Age and Destination Risks

Destination Risks Mean				
Sum of Squares	df	Mean Square	F	Sig.
Between Groups	8.461	7	1.2094.589	<.001
Within Groups	88.236	335	.263	
Total	96.697	342		

Spearman's rank-order correlations were run to examine the relationships between age, the perception of travel risks, and the perception of destination risks. There were positive and significant correlations between age and travel risks perception ($r_s=.31, n=343, p<.001$) and between age and destination risks perception ($r_s=.28, n=343, p<.001$). This indicates that the higher the age group, the higher the risk perception is.

Other Spearman's rank-order correlations were run to examine the relationships between age and the statement: COVID-19 has affected my decision to go on holiday in 2020/2021 and between age and the overall travel intention. There was a weak but positive significant correlation between age and the statement: COVID-19 has affected my decision whether to go on holiday in 2020/2021 ($r_s=.12, n=343, p=.026$). This shows that the higher the age group, the more likely COVID-19 affected their decision on whether to go on holiday in 2020/2021. There was also a significant positive correlation between age and overall travel intentions ($r_s=.29, n=343, p<.001$). This indicates that the travel intention of respondents in older age groups is different from those in younger age groups as they are more reluctant to travel and more likely to stay close to home.

Chi-square statistics were used to examine the association between gender and the statement: COVID-19 has made me fearful. There was a significant relationship between these categorical variables ($df=8$) 25.78, $p=.001$). Hence, it can be concluded that there is a significant relationship between gender and the psychological impact statement: COVID-19 had made me fearful. Looking at the expected count and actual count, it can be concluded that female respondents stated to be more fearful than male respondents. As 6 cells (40.0%) have an expected count of less than 5, there is looked at the Likelihood ratio instead of the Pearson Chi-Square. No significant relation was found between gender and the other psychological impact statements.

Table 9. Pearson Chi-Square of Gender and 'COVID-19 Has Made Me Fearful

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	26.465 ^a	8	<.001
Likelihood Ratio	25.780	8	.001
Linear-by-Linear Association	18.989	1	<.001
N of Valid Cases	343		

a. 6 cells (40.0%) have an expected count of less than 5. The minimum expected count is .03.

A Spearman’s rank-order correlation was run to examine the relationship between gender and the psychological impact of COVID-19. There was a positive and significant correlation between gender and psychological impact ($r_s=.19$, $n=343$, $p<.001$). This also indicates that female respondents perceive a higher psychological impact of COVID-19 than male respondents.

Impact of the Psychological Impact of COVID-19 on Risk Perceptions

The Pearson correlation between the Psychologic impact means and Travel Risks mean it was found to be moderately positive and statistically significant ($r=.462$, $p<.001$). Respondents who perceived a higher psychological impact reported perceiving higher travel risks. The Pearson correlation between the Psychologic impact means and Destination Risks mean was also found to be moderately positive and statistically significant ($r=.349$, $p<.001$). Respondents who perceived a higher psychological impact reported perceiving higher destination risks.

Table 10: Pearson Correlation of All Likert Scales

		Psychologic Impact Mean	Travel Risks Mean	Destination Risks Mean	Travel Intentions Mean
Psychologic Impact Mean	Pearson Correlation	1	.462**	.349**	.423**
	Sig. (2-tailed)		<.001	<.001	<.001
	N	343	343	343	343
Travel Risks Mean	Pearson Correlation	.462**	1	.472**	.713**
	Sig. (2-tailed)	<.001		<.001	<.001
	N	343	343	343	343
Destination Risks Mean	Pearson Correlation	.349**	.472**	1	.478**
	Sig. (2-tailed)	<.001	<.001		<.001
	N	343	343	343	343
Travel Intentions Mean	Pearson Correlation	.423**	.713**	.478**	1
	Sig. (2-tailed)	<.001	<.001	<.001	
	N	343	343	343	343

**. Correlation is significant at the 0.01 level (2-tailed).

A Spearman’s rank-order correlation was run to examine the relationship between the statements: ‘COVID-19 has made me fearful’ and ‘I am afraid to travel due to COVID-19’. There was a significant positive correlation between the two statements ($r_s=.46$, $n=343$, $p<.001$). This indicates that respondents who felt more fearful were also more afraid to travel due to COVID-19.

Impact of the Psychological Impact of COVID-19 on Travel Intentions

The Pearson correlation of the Psychologic impact mean compared with the Travel Intentions mean was found to be moderately positive and statistically significant ($r=.423$, $p<.001$). Respondents who perceived a higher psychological impact reported having other travel intentions than those who perceived a lower psychological impact. These respondents are more reluctant to travel even though travel restrictions are lifted. The Pearson correlation can be found in Table 9

Discussion and Implications

The results of this study show COVID-19 did not increase the anxiety level of most respondents, even though it made some respondents fearful. There was no evidence of a statistical effect of age on the psychological impact of COVID-19. However, overall, female respondents perceived a higher psychological impact of COVID-19 than male respondents. This is in line with earlier research by Gerhold (2020), who states that women are more concerned about COVID-19 than men. Therefore,

it can be concluded that this study indicates that distinct socio-demographic gender does affect the psychological impact of COVID-19.

Overall, this study shows that respondents of older age groups have different travel intentions than younger respondents. They are more reluctant to travel and will likely stay closer to home for their next holidays. This is in line with research by De Haas et al. (2020), which indicates that older people are more likely to reduce their use of air travel.

The risk perceptions of contracting COVID-19 while travelling are high. However, somewhat surprisingly, respondents are not nervous or uncomfortable about international travel. A possible explanation is that most travel restrictions are lifted (RIVM, n.d.-b). Another explanation could be that respondents feel safer because they are vaccinated, as the study by Gursoy et al. (2021) suggested. These findings indicate that the risk perception of Dutch travellers is high but does not play a significant role in their intentions to travel internationally.

Most respondents think that international travel is just as safe as domestic travel and perceive domestic travel to be equally risky as international travel. Most respondents would not travel to a destination that has been seriously affected by the COVID-19 outbreak as they think it is risky and feel like tourists, in general, should avoid visiting these destinations. This is not a study by Mair et al. (2014), which states that tourists are willing to travel to destinations affected by crises as long as the marketing strategy of the destination provides clear information and is done well. Travelling to natural areas, such as nature parks, is perceived not to be risky by the majority of the respondents, as 80% of the respondents agreed or strongly agreed with this statement.

Over 60% of the respondents disagree or strongly disagree with the statement that COVID-19 will affect their decision whether to go on holiday in future years. Over 70% of the respondents stated not being reluctant to travel anymore even though travel restrictions are lifted. This indicates that most respondents are likely to go on holiday now that travel restrictions are lifted. Furthermore, most respondents are more likely to go on an international trip for their next holiday than to stay in the Netherlands. This could be because Dutch travellers prefer to go on an international holiday, as indicated by the numbers of CBS (2021) regarding the number of domestic and international holidays.

The travel intentions of Dutch tourists seem not to change significantly. Respondents are mostly not reluctant to travel anymore and are willing to travel internationally. Some prefer to stay in the Netherlands, but the majority rather goes to a destination abroad. Therefore, it can be concluded that most Dutch travellers will go on a holiday again now that travel restrictions have been lifted. This is in line with research by Avraham (2020), which indicates that American destinations recovered quite quickly after several crises, such as the 9/11 attacks. An explanation could be that planning a holiday can contribute to a positive state of emotion (van Bendegom et al., 2020). Another possible explanation is the fact that traumatic events can increase travel intention as people can experience anxiety or lower life satisfaction. A holiday could reduce stress; therefore, people will most likely travel after a crisis (Boto-García & Leoni, 2021).

The results of this study indicate that female respondents perceive a higher psychological impact than male respondents, such as a higher perception of fear, and they reconsider their way of life more than their male counterparts. This could change their travel intention as this psychological impact could affect the destination selection. This finding is in line with research by Sinha and Nair (2020), which presumes that females are influenced more strongly by post-COVID-19 situations than males.

The socio-demographic characteristic of age significantly affects the perception of travel and destination risks. 18-25-year-olds perceive less risk than 46-55, 56-65 and 66-75-year-olds.

Respondents who perceive higher travel risks are still reluctant to travel because of COVID-19, even though restrictions are lifted. These respondents are also more likely to stay in the Netherlands for their next holiday as, due to COVID-19, they prefer to go on holiday in the Netherlands rather than abroad. However, most of the respondents are more likely to go on an international trip for their next holiday now that travel restrictions are lifted.

Empirical Implications

The findings add to the literature's implications. First, the findings of this study can contribute to the continuing debate about visitors' psychological and behavioural responses to the pandemic (Gössling et al., 2020). Previous research has primarily focused on travel intention during the pandemic, whereas this paper investigated factors influencing post-pandemic tourism demand and tourists' concerns relevant to travel decision-making in the new normal era, providing a theoretical foundation for understanding the psychological and behavioural effects caused by a pandemic such as COVID-19. Second, this study provides empirical data on the interdependence between risk perceptions and travel intention. Previous research has frequently shown perceived hazards as deterrents to potential tourists going during the pandemic (Matiza, 2020; Pappas, 2021; Zenker et al., 2021; Zheng et al., 2021). Therefore, this research takes a step toward closing the existing gap in the literature. This research relates to the study by Isaac and Keijzer (2021), which also gives an insight into the risk perception and travel intention of the Dutch market. The study by these researchers is performed during the COVID-19 pandemic and therefore differs from this study in some respects. The study's respondents by Isaac and Keijzer stated to be likely or very likely to go on a domestic holiday once travel restrictions were lifted. However, this study shows that most respondents are likely to go on an international holiday now that travel restrictions are lifted. The study by Isaac and Keijzer assumes that respondents perceive domestic travel as safer than international travel. However, this study shows that most respondents consider domestic travel equally risky as international travel.

Managerial Implications

From a managerial point of view, the findings related to travel and destination risks and travel intentions can be useful. As most people are expected to go on an international holiday again now that travel restrictions are lifted, Destination Management Organizations (DMOs) and tourism boards need to provide these Dutch tourists with clear information on the current status of the COVID-19 risks. Destinations could advertise their natural areas, such as nature parks, as these are not perceived as risky. Now that hygiene standards have changed for most Dutch travellers, destinations should respond to this and ensure that this is up to the new standard. Once the hygiene standards are adjusted, this should be communicated to tourists through campaigns and informational websites. This way, tourists know that the hygiene standard is up to date and will feel more comfortable and safe travelling there. Destinations seriously affected by the COVID-19 outbreak should show Dutch travellers that these destinations no longer put the tourist at risk. This is important as most respondents of this study state that visiting these destinations is risky and think tourists, in general, should avoid visiting these destinations that are seriously affected by the COVID-19 outbreak. This should be communicated via marketing campaigns, informational websites, or travel agencies that recommend certain destinations. As this study shows, people aged 18-25 perceive less risk, and these tourists are likely to choose a destination already abroad. However, they

can still be attracted via good marketing campaigns to ensure they will travel internationally. People between 46 and 75 years old perceive significantly more risk of COVID-19. Therefore it is important to adjust the marketing campaigns to their needs and ensure they will be persuaded to travel to international destinations now that travel restrictions are lifted.

Based on the findings, DMOs might focus their efforts on the management and growth of cognitive and affective destination images. Cognitive destination image focuses on the physical aspects that a location can supply, whereas affective destination image focuses on the enjoyment and adventure that a destination can provide. For example, DMOs may improve the cleanliness of the surroundings, making it appear sanitized and safe to travel, so increasing an individual's pleasant levels, which may induce their travel intents. Aside from boosting the destination's image, DMOs should also use return tourists as their spokespeople. With a decreased risk perception and higher travel intention, DMOs can first target repeat visitors to their destination by introducing unique and inventive tourism goods that meet the needs of the tourists. Because they are more familiar with the place, "new attractions" must be introduced to pique their interest in travelling. Their experiences will be shared with other potential visitors through word-of-mouth, which may reduce their concerns and boost their readiness to travel. Simultaneously, DMOs should establish effective communication techniques for transmitting COVID-19-related messages, which may minimize the risk perceptions of first-time visitors. Government policy, infection rates, and treatment succession, for example, may assist first-time visitors.

Limitations

Several limitations can be found in this study. The first limitation is the representation of the Dutch population. The sample size consists mostly of young people and has more female than male or non-binary respondents. This is most likely because a probability sample could not be used. Another limitation is the lack of reliable and usable data. This study is missing data about risk perception and the effect on travel intentions as several outcomes of the analysis were not statistically significant. The p-value of the analysis in these cases was >0.05 therefore, these were not included.

This work has significant limitations, but it does point the way forward for future research. Previous studies revealed that people from different countries have different levels of perceived danger (Kozak et al., 2007). Other tourism markets and places may be used in future investigations. Further study might be conducted using sets of sociocultural variables such as individualism vs. collectivism, social norms, and risk aversion to capture cultural differences across different areas. The majority of respondents were obtained using snowball sampling based on the researcher's social network. Friends, co-workers, and relatives, for example, completed the surveys and shared them with their networks. Certain social groups may be under or overrepresented as a result of this strategy. According to the demographics of the respondents, there are a big number of young respondents in this study, and age biases may occur given the risk perceptions. Despite the skewed sample, the findings provide useful theoretical and practical insights.

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