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Travel intentions in pandemic circumstances – the case of Balkan tourists

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ABSTRACT

Examination of tourist behaviour during and after the crisis is of great importance for understanding and coping with the harmful effects of the crisis. The study aims to discover the impact of perceived risks, health status, and travel experience on proximal travel intentions during the Covid-19 outbreak. Perceived risks that coronavirus brought reshaped the collective awareness and altered typical travel habits. The research involved 1109 respondents from four Balkan countries who participated in an online survey at the first peak of the pandemic (April 2020). According to the results, perceived risk negatively influenced travel intentions. The study presumed the positive influence of previous travel experience on travel intentions and indicated its negative impact on risk perception. Results showed that subjective health condition positively affected travel intention and had no significant effect on risk perception. The profound uncertainty that the tourism sector experienced is primarily reflected in an immense impact on the travel possibilities and changes in tourist preferences. This study offers an insight into peoples' travel intentions influenced by a global health crisis, reflecting specific risk negation when it comes to the timing of after-crisis travel plans.

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The Covid-19 crisis; travel intentions; risk perception; travel experience; health perception; the Balkans

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1. Introduction

The tourism sector was hit hard by the outbreak of COVID-19, which caused a decline in international arrivals in 2020 by 70–75% (UNWTO, 2020), having immense impacts on travel supply and demand (Lew et al., 2020). The Covid-19 crisis differs from most previous ones because it spread rapidly and globally. Law (2006) outlines that the tourism industry is susceptible to direct or indirect crises, threatening tourists and tourism businesses. As tourism's predominant purpose is satisfying hedonic needs, travel behaviour in times of crisis is likely to be changed and travel

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decisions postponed or redirected. Tourists' perception of safety and security has been affected by external factors often difficult to predict or prevent (Kozak et al., 2007). Personal perception of risk may vary from case to case, and subjective threat assessment may severely impact travel intentions and destination choices (Micić et al., 2019).

Different studies have strived to identify factors that impact future travel behaviour during the Covid-19 crisis (Aziz & Long, 2022; Rasoolimanesh et al., 2021). In pandemic circumstances, questions of various dimensions of risk perception are of outstanding importance (Wachyuni & Kusumaningrum, 2020) since risk perception is evaluated independently of a particular destination (Carvalho, 2022). Previous studies examined the impact of different socio-demographic, economic and intrapersonal factors (Perić et al., 2021; Widiyastuti & Wardhani, 2022) on travel intentions and risk perception and pointed to the relative importance of previous travel experience (Rasoolimanesh et al., 2021). In specific times of pandemics where comorbidities were associated with severe COVID-19 infection rates, personal health perception could be a significant predictor of perceived risk and future travel behaviour, which is still underinvestigated in tourism. This study examines the relationship between perceived risks, personal health perception, previous travel experience, and future travel intention in the context of Covid-19 pandemics.

Actions and understandings about risks are informed by socially and culturally structured conceptions and evaluations of the world, conditioned by values varying across nations (Kovačić et al., 2019; Seabra et al., 2013). This study focuses particularly on the Balkan region since the Balkan people are remarkably similar in core value systems and behavioural patterns while considered radically different from other Europeans. The history of the Balkans has been marked by a series of migrations, conquests, wars, political insecurities, and crise, which brings a possibility that Balkan people might consider travelling in pandemic circumstances less risky than other nations and cultures (Boholm, 1998). Previous studies on travel behaviour during the pandemic in this geographical setting focussed on a particular country (Ivanova et al., 2021; Perić et al., 2021; Politis et al., 2021), while this study covers several countries in the Balkans examing future travel behaviour in the context of pandemics.

Understanding travel intentions in post-pandemic circumstances is of key importance to researchers and practitioners. It is essential to provide the needed information and possible directions to address the negative effects of the crisis, initiate tourism, and develop proper recovery strategies. In addition, the rising numbers of Covid infections in the third year of the pandemic, i.e., 2022, support the ongoing relevance of this research topic.

2. Literature review

There are different crises depending on their type and scope. Health crises are unique because of their highly negative influence on tourist flows due to high levels of fear and care for personal safety. The Covid-19 crisis, representing a combination of a natural disaster, a socio-political, economic, and tourism demand crisis, is capturing the attention of researchers (Zenker & Kock, 2020). The tourism sector had found

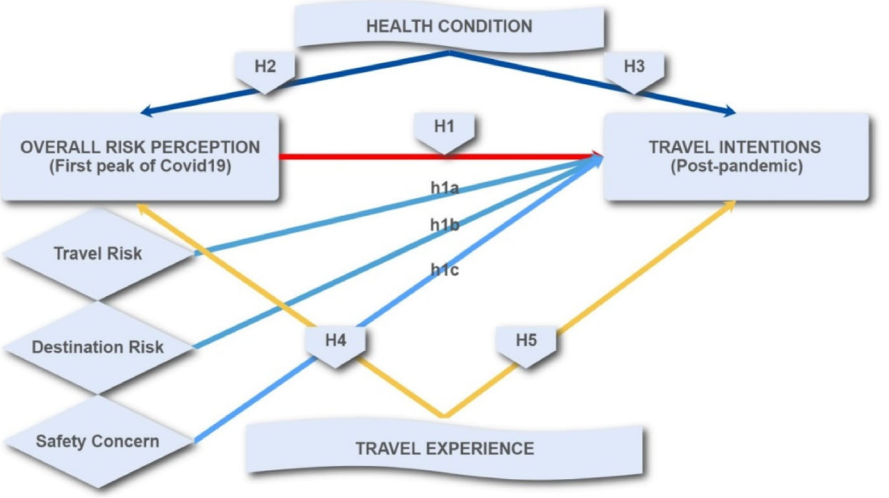

Figure 1. Model construct. Source: Prepared by the authors.

itself in a tremendous crisis. International travel was shut down totally, borders closed, while social distancing and isolation, along with constant anxiety and fear, became the way of everyday living, and reflected itself in the tourism sector.

The study is conceptually based on the Protection Motivation Theory (Rogers & Prentice-Dunn, 1997), which represents a general behavioural theory of coping with a threat, in the context of health-related behaviour. Using this theory, the model explores the relationship between a threat (risk) perception and willingness to change behaviour (travel intention) to ensure protection against an existing threat. Travel intention is a subjective probability or desire to take certain travel-related actions (Hennessey et al., 2010) determined by various information sources, where issues of risk perception are singled out as particularly significant (Luo & Lam, 2020).

Aggressive media coverage and daily information on Covid-19 infection rates were associated with high anxiety levels and a distorted understanding of potential travel risks and personal safety (Xie et al.,2020). This affects tourist demand and causes severe changes in destination preferences and future travel intentions. Travel intentions are placed in the context of examining the influences of risk perception on the propensity to travel, eliminating the effect of particular destination reputation and trust (similar to Carvalho, 2022) due to the severity and ubiquity of risks perceived at the first pandemic peak (Figures 1 and 2).

The complexity of the model (Figure 1) is given by the inclusion of additional variables:

i. previous travel experience (Coudounaris & Sthapit, 2017), which impacts feelings of trustworthiness and significantly predicts future destination visits (Abubakar et al., 2017);
ii. personal health condition as one's most powerful constraint, which could highly impact risk perception and future travel behaviour (Widiyastuti & Wardhani, 2022).

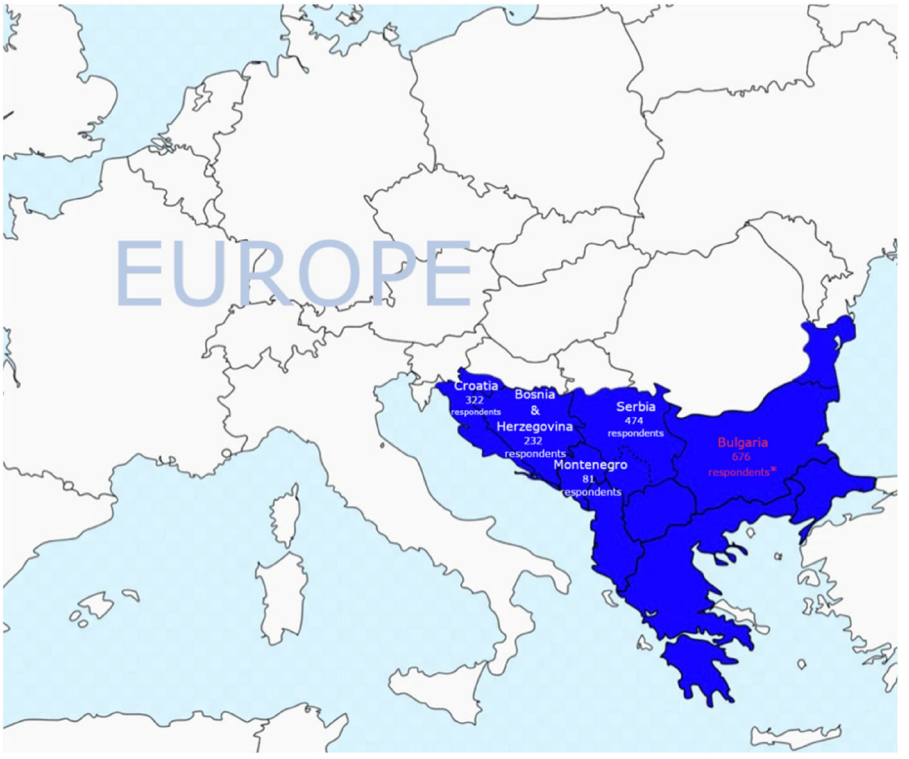

Figure 2. Map of the study area – the Balkan region in Europe.
Source: Authors' adaptations of map taken from https://commons.wikimedia.org/wiki/File:Balkan_Peninsula.svg.
Note: Analysed countries: Serbia, Croatia, Bosnia and Herzegovina and Montenegro, with addition of Bulgaria based on research of Terziyska and Dogramadjieva (2021) and Ivanova et al. (2021)*.

2.1. Overall risk perceptions

Risk perception generally represents a subjective assessment of the threatening situation, which has decisive consequences on a tourist's purchase decision (Sohn et al., 2016; Carvalho, 2022). Travel constraints and perceived risks inhibit continued travelling, resulting in the inability to maintain or increase the usual frequency of travel and leading to negative impacts on travel intentions and tourist experiences (Hwang & Lee, 2019). The occurrence of various types of risks and crises (Seabra et al., 2013), such as political instability and terrorism (Sönmez & Graefe, 1998), health epidemics (McKercher & Chon, 2004; Rittichainuwat & Chakraborty, 2009), natural disasters (Schmude et al., 2018), may lead tourists to change their travel plans, postpone or cancel trips, or acquire more information (Hajibaba et al., 2015). There are consistent findings that risk perceptions exert a significant effect on travel intentions (Floyd et al., 2004; Lee et al., 2012; Neuburger & Egger, 2021), particularly after the occurrence of incidents perceived as dangerous (McKercher & Chon, 2004; Rittichainuwat & Chakraborty, 2009).

The need for safety, security, and stress-free travel represent the key factors determining the travel intentions of tourists (Reisinger & Mavondo, 2005). Ritchie et al. (2017) outline that health and safety risk concerns have increased considerably

during the past few years, mainly related to various health crises and epidemics (Widmar et al., 2017), reaching their peak in 2020s global Covid-19 crisis. The perception of potential infection exposure can intensify the sensitivity to health concerns before and during travel and at destinations.

Risk perception is a multidimensional construct that reflects various factors (Krewski et al., 1995), including destination risk, travel risk, and safety concerns (Floyd et al., 2004), each with different effects on travel intentions and behaviours that were further examined. Fuchs and Reichel (2011) found significant differences in the overall risk perception of a given tourist destination and various risk-perception dimensions among tourists of various nationalities. This study strives to answer to which extent health-related perceived risks influence post-pandemic travel intentions at the pandemic peak. Thus, the main hypothesis is as follows:

H1. There is a significant negative relationship between Travel Intentions and Overall Risk Perception.

Many governments marked all destinations and non-essential travel as potentially dangerous due to the ease of deadly virus transmittance and high mortality rates. Unlike most previous destination-oriented studies, the Covid-19 pandemic blurred the relative importance of destination characteristics and pre-pandemic image. Xie et al. (2020) argue that pre-travel risk perception formed at the tourism planning stage is significantly higher than at the destination and during the consummation of services, as it is highly based on secondary information.

From the moment of receiving information on the COVID-19 pandemic, the travel planning process was marked by an extremely high level of travel-related anxiety, which emerged almost immediately, followed by an evaluation of potential risks that might appear at certain types of destinations and activities, producing specific safety concerns and measures taken to reduce those concerns in the process of choosing a destination (building destination trust). Daily infection and death rate reports, followed by strict prohibitions and prevention instructions, demanded avoidance of certain activities and places and provided a list of safety measures to be followed at destinations.

Previous studies indicated that travel anxiety has a negative impact on travel intention (Angguni & Lenggogeni, 2021; Floyd et al., 2004; Luo & Lam, 2020; Reisinger & Mavondo, 2005). In this line, *travel risk* reflects feelings of discomfort or anxiety about the actual realisation of travel. Travel risks at a specific time of the Covid-19 pandemic raise concerns on risks of susceptibility to contracting or transferring disease while travelling, along with the high possibility of travel cancellations and various travel restrictions, which inevitably causes tourists' negative emotions, anxiety, and disappointment (Angguni & Lenggogeni, 2021). Thus, if travelling per se is perceived as risky, tourists tend to minimise it by redirecting or avoiding it. Therefore, we suggest the following sub-hypothesis:

H1a. There is a significant negative relationship between Travel Risk and Travel Intentions.

Destination risks are associated with the personal perception of existing health risks and defining behavioural strategies to avoid the possibility of contracting a disease in the process of choosing, travelling to, and activities realised at a destination. In times

of crisis, tourists tend to shift travel patterns and destination categories and change their preferences and loyalty (Osti & Nava, 2020) based on their cognitive and affective personal evaluations (Artigas et al., 2017). In this line, destinations perceived as unsafe generally fail to lure travellers (Liu & Pratt, 2017; Rittichainuwat & Chakraborty, 2009), while in the context of the COVID-19 pandemic, tourists avoid visiting high-risk destinations and activities (Li et al., 2020). Aebli et al. (2022) indicate that the destination attributes most valued by tourists during the COVID-19 pandemic are wide open spaces and facilities, avoiding crowds, and health and safety measures. Those aspects have a high potential to reduce travel intentions among tourists, so we propose the following sub-hypothesis:

H1b. There is a significant negative relationship between Destination Risk and Travel Intentions.

Safety concern is a significant factor in travel decisions and destination choices (Lepp & Gibson, 2003; Novelli et al., 2018), as tourists seem to be particularly concerned about those issues in the wake of a pandemic crisis (Nazneen et al., 2020). Teeroovengadum et al. (2021) emphasise the importance of national sanitary measures at destinations and found that tourists would look for information about health-related measures and services provided at the destination. If a destination is considered distrustful, risky, and unsafe to visit, its image is severely diminished (Chew & Jahari, 2014; Sönmez & Graefe, 1998), and travel intentions are reduced. Destination trust strongly influences the tourist's decisions (Petrick, 2011), facilitating the process of choosing a destination because it positively reduces risk and individual insecurity (Artigas et al., 2017). According to Abubakar and Ilkan (2016), destination trust refers to a visitor's willingness to rely on the ability of a destination to reduce risk perception and minimise safety concerns by performing its advertised functions. In post-Covid19 travel, such processes are closely linked to destination reputation and credibility (Abubakar & Ilkan, 2016), representing the competitive advantage for destinations.

High levels of uncertainty and life-threatening risks that were omnipresent and experienced at the first pandemic peak caused the destination-specific characteristics, upon which destination trust is built to have less relevance than other situational aspects. The pressure on the medical system worldwide collapsed, failing to provide even basic medical services to tourists. Continuous media reports significantly increased tourist safety concerns, projected on their travel preferences. In this line, special sanitary measures and warranties provided at a specific destination, foreseen in the travel planning process, will significantly influence travel intentions.

H1c. There is a significant negative relationship between Safety Concerns and Travel Intentions.

Subjective evaluation of *personal health condition*, apart from money, time, and ability, is a crucial precondition for one's involvement in tourism flows (Jang & Wu, 2006; Kang et al., 2019). Experiences in fighting the virus at the beginning of the pandemic have shown that COVID-19 usually causes mild illness among young adults and children. At the same time, older people and people with pre-existing medical conditions may develop severe illnesses with possible fatal outcomes

(World Health Organization (WHO), 2020). Nevertheless, people continue to travel despite the warnings of the responsible bodies, indicating that perceived health risks may vary among tourists (Isaac & Velden, 2018). This indicates that the health condition at the time of pandemics may have a decisive impact on decision-making, perception of risk, and influence on post-Covid19 travel intentions, posing two sub-hypotheses:

H2. There is a significant negative relationship between personal Health condition and Risk Perception.

H3. There is a significant positive relationship between personal Health Condition and Travel Intention.

Studies by Crouch et al. (2016) and Wong et al. (2016) indicate that *travel experience* determines travel behaviours. Various studies (Fuchs & Reichel, 2011; Karl, 2018; Lepp & Gibson, 2008; Liu et al., 2016; Sharifpour et al., 2014; Sönmez & Graefe, 1998) outlined that tourists possessing greater international travel experience have lower risk perception. Hajibaba et al. (2015) indicate that experienced international tourists are crisis-resistant, accepting higher risk levels (Karl, 2018). Sönmez and Graefe (1998a) found that individual travel experience influences the intention to travel, as previous experience enhances awareness and knowledge of potential risks (Sharifpour et al., 2014). Larsen et al. (2009) found that first-time tourists showed greater concerns about the risks in the destination than those who previously visited the destination. A recent study by Sun et al. (2022) indicated that tourists with more past visits to a particular destination show lower travel constraints, higher trust in the government, and higher post-Covid19 revisit intention. Individuals with greater travel experience engage in tourism more frequently and easily. They have pronounced tourist habits and needs and, thus, may be considered probable initiators of tourist flows immediately after the crisis. Accordingly, it is posited that:

H4. There is a significant negative relationship between previous Travel Experience and Risk Perception.

H5. There is a significant positive relationship between previous Travel Experience and Travel Intention.

3. Methodology

3.1. Study design and data collection

The study used a questionnaire, which consisted of two parts. The first part consisted of standard socio-demographic variables and a question regarding first after-crisis travel, labelled as the timing of after-crisis travel intention. A five-point unipolar Likert scale was used for measuring subjectively perceived health conditions, while travel experience was defined by the number of international travels in the previous 12 months (before the pandemic) (Ivanova et al., 2021; Lee et al., 2012; Wong et al., 2016).

The second part of the questionnaire consisted of variables on risk perception and travel intention, where respondents identified their levels of agreement with

given statements. All items were rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Overall risk perception consisted of 13 items based on Floyd et al. (2004). Three risk dimensions were extracted using factor analysis to examine risk perception: Travel Risk, Destination Risk, and Safety Concerns. Travel intention was made of 3 items (Lu et al., 2016) and adapted for this study. As the dependent variable, travel intention was measured by asking respondents questions related to their plans of reservation, realisation and determination to travel as usual in the proximal post-Covid19 future (foreseen in the next 12 months from the time of the survey).

The research used an online survey focussing on the Balkan region addressed at the first peak of the pandemic (April 2020). At the time, the Balkan region had experienced extremely rigorous governmental measures for combating the pandemic (e.g., declaration of a state of emergency, curfew, restriction of movement, closure of borders) introduced in the region in the middle of March 2020. Due to the specific restrictions at that time, the only feasible way of data collection was via an online survey. The survey was designed based on non-probability sampling (a combination of purposive quota and voluntary response sampling). The inclusion criteria were being older than 18 and actively speaking the Serbo-Croatian language. The questionnaire was distributed via the Facebook social network within several thematic groups related to travel and tourism. Social networks were, at the time, the main channel of communication and tourist information sharing. The survey was available for ten days (from 4/4/2020 to 4/14/2020). Because of the language barrier, the survey involved only respondents from four countries: Serbia, Croatia, Bosnia and Herzegovina, and Montenegro (Figure 2). Respondents originated from four countries with different population sizes, but each country's share is proportionally represented (15,004,359, according to Eurostat, 2020): ~Serbia 46%, Croatia 28%, Bosnia and Herzegovina 22%, and Montenegro 4%. The collected sample size of 1109 respondents fulfils the necessary condition of a recommended sample size of 664 calculated by the Raosoft sample size calculator (99% confidence level and ± 5% margin of error). A nonresponse analysis using wave analysis and paired-sample t-test revealed no significant differences between the two groups implying that the sample did not suffer from nonresponse bias. This was important for checking the possibility of country overrepresentation or underrepresentation, previous international travel experience, health status, and travel intentions.

3.2. Respondents' profile

The socio-demographic characteristics of the sample, timing, and destination choices related to first post-pandemic travel are also explored (Table 1). During the 12 months before the pandemic, respondents travelled abroad on average 2.98 times ($SD = 3.152$). The health condition of the sample was marked as particularly well, with an arithmetic mean of 4.57 ($SD = .619$), which might be related to the general characteristics of the sample, as most respondents were relatively young (on average 33 years old).

Table 1. Socio-demographic characteristics of the sample.

Variable	Category	Frequency	Percent
Gender	Male	312	28.1
	Female	797	71.9
Country of residence	Serbia	474	42.7
	Croatia	322	29.0
	Bosnia and Herzegovina	232	20.9
	Montenegro	81	7.3
Employment status	Student	210	18.9
	Employed	763	68.8
	Unemployed	136	12.3
Income	No income	191	17.2
	Below average	116	10.5
	Average	452	40.8
	Above average	350	31.6
Primary motive of travel	Relaxation, vacation and fun	881	79.4
	Job	65	5.9
	Visits to friends and family	163	14.7
Timing of after-crisis travel intention	Immediately after-crisis	212	19.1
	1 to 6 months after-crisis	523	47.2
	7 to 12 months after-crisis	120	10.8
	Not planning to travel	54	4.9
	Do not know	200	18.0

Source: Authors' calculations.

3.3. Data analysis

The collected data were analysed by using the SPSS 24.0 software. Statistical methods used in the paper are descriptive statistics, frequencies, Pearson's correlation, Cronbach's Alpha, Component and Discriminant validity for scale reliability, Explanatory factor analysis, and Regression analysis (Tables 1 and 2).

Common method variance must be examined when data are collected via self-reported questionnaires (Podsakoff et al., 2003). Accordingly, Harman's single factor test was applied, entering all principal constructs into a principal axis factor analysis. The calculated value was 40.58%, indicating no common method bias in this case study.

For hypothesis testing (H1-H5), standardised multiple regression was used. The preliminary analysis confirmed that normal distribution, linearity, multicollinearity, and homogeneity of variance were not disturbed.

4. Findings and discussion

The frequency analysis confirmed that the highest share of respondents planned to travel in 2020 (66.3%), expecting to travel between 1 and 6 months after the crisis (47.2%), followed by respondents that planned to travel almost immediately after the crisis, as soon as travelling becomes possible (19.1%). These results indicate a strong willingness to make travel decisions in the proximate future, soon after the pandemic is stabilised, enabling fast recovery of the tourism industry. Similar results were evidenced among Bulgarian tourists (Ivanova et al., 2021; Terziyska & Dogramadjieva, 2021), with about 70% of Bulgarians planning to travel 1–2 months after the travel restrictions suspension. Such travel intentions among Balkan tourists are in contrast to similar research conducted in Europe, the Middle East, China, and the USA

Table 2. Explanatory factor analysis.

	Component and factor loadings			
Dimensions and items	1	2	3	4
Destination risk				
I will avoid destinations with a high number of infections with Covid-19 virus.	.637			
I will avoid destinations with high concentration of visitors such as events, cities, large theme parks etc.	.764			
I will avoid visiting art galleries, museums, shopping malls and other closed spaces	.799			
I will avoid group tours.	.777			
I will avoid public transportation at the destination	.758			
Travel risk				
Travels after a Covid-19 crisis are risky.			.687	
I won't be comfortable travelling somewhere after a crisis caused by Covid-19 virus.			.699	
I feel anxious when thinking of travelling after the Covid-19 crisis.			.701	
Safety concern				
I will check the health-related safety issues on destination		.659		
I will prefer accommodation of high hygiene standards (e.g., best reviews of accommodation in terms of hygiene, well-known brands, upscale categories)		.760		
I will prefer to eat food in restaurants that have high hygienic standards.		.734		
I will take care of hygiene during the trip more than usual		.624		
I will buy health-related travel insurance.		.595		
Travel intentions				
I will book my planned travels				.876
I will realise all booked travels in the following period				.854
I will travel as usual				.608

Source: Authors' calculations.

(Elliott, 2020; Enger et al., 2020; Li et al., 2020). Concerning general risk perception, this goes beyond health-related issues among Balkan people, spilling over economic and regional political tensions (Nientied & Shutina, 2020). Controversial travel bans and sanctions affect targeted countries, and general perceptions of travel risk (Seyfi & Hall, 2020) strongly affect Balkan tourists' risk perceptions. Despite all this, Balkan tourists seem more crisis-tolerant than other Europeans in terms of tourism intentions. Regarding destination choices, most respondents stated that they plan to engage in international travel (44%), followed by domestic travel (37.6%), while 18.4% remained undecided. The type of preferred destinations remained consistent to standard trends present before the pandemic, which is in line with the research of Najdić and Sekulović (2012) that indicates that most Serbian people prefer to travel abroad, while most Montenegrins and Croats principally spend their holidays within national borders (European Commision, 2015).

4.1. Explanatory factor analysis

Explanatory factor analysis was conducted to examine if different aspects of risk perception are present in pandemic circumstances (Table 2). The KMO value of 0.899 indicates that the degree of information among the variables greatly overlaps, being plausible for factor analysis. Bartlett's test of Sphericity reflected statistical significance, which helped the factorability of the correlation matrix. Four values

Table 3. Descriptive, reliability and validity statistics.

						Correlations					
V	C.'s α	CR	AVE	M	SD	TR	DR	SC	RP-O	TE	HC
TI	.81	.83	.62	3.4	1.2	−.57**	−.47**	−.36**	−.55**	.18**	.10**
TR	.82	.74	.48	2.7	1.1	1	.59**	.42**	.76**	−.18**	−.10**
DR	.89	.86	.56	3.3	1.2		1	.54**	.91**	−.12**	−.05
SC	.77	.81	.46	4.0	.83			1	.78**	−.03	−.00
RP-O	.89	.93	.50	3.4	.86				1	−.13**	−.06
TE				2.98	3.2					1	.08**
HC				4.6	.62						1

**$p < .001$, Variables (V): Travel Intention (TI), Travel Risk (TR), Destination Risk (DR), Safety Concern (SC), Risk Perceptions Overall (RP-O), Travel Experience (TE), Health Condition (HC).
Source: Authors' calculations.

over one were discovered by analysing the main components. The four-factor solution explained a total of 66.62% of the variance, where the contribution of the first component (labeled as Destination Risk − 5 items) is 41.82% of the variance, the second (named Safety Concern −5 items) is 10.86%, the third (named Travel Intention −3 items) is 8.3% and the fourth component (labeled as Travel Risk −3 items) explained a 5,64% of the variance.

The internal consistency measured with Cronbach's Alpha for all construct dimensions exceeds the recommended value of 0.7 (Nunnally, 1978), while each scale used in the construct is provided in Table 3. Thus, the scales showed acceptable internal consistencies, as all factor loadings are significant and above 0.5. Composite reliability (CR) and average variance extraction (AVE) indicate reliability above recommended values of 0.70 and 0.50, respectively. Discriminant validity is established as the square root of the AVE of each construct was greater than the correlation with any other construct in the model, supporting the Fornell-Larcker criterion (Hair et al., 2017).

4.2. Relationships between variables

An insight into Pearson's correlation coefficients among selected variables indicates a statistically significant negative correlation between risk perception and travel intention. Travel experience correlates positively with travel intention and negatively with perceived risk. At the time of the research, respondents were experiencing severe travel restrictions, wondering if and when they would be able to travel again, being somewhat unable to properly consider issues related to safety concerns and actual destination risk. Health condition correlates positively and significantly with travel intention and negatively with perceived risk related to Travel Risk. This relationship might be explained by the fact that most respondents did not consider themselves particularly vulnerable to coronavirus, as observed in their after-crisis travel plans. Thus, the better the health, the lower the travel risk was (Table 3).

4.3. Hypotheses testing

The multiple regression analyses are presented in Table 4.

In the case of the first hypothesis, overall perceived risk explained 30% of the variance of travel intention and had a statistically significant influence on travel

Table 4. Results of standardised multiple regressions.

Hypothesis	Independent variables	Dependent variables	R2	F	Standard. beta coefficients
H1 – accepted	RP-O	TI	.306	488.75***	−.553***
H1a – accepted	TR	TI	.362	208.96***	−.445***
H1b – accepted	DR	TI	.362	208.96***	−.156***
H1c – accepted	SC	TI	.362	208.96***	−.091**
H2 – not accepted	HC	RP-O	.003	3.69	
H3 – accepted	HC	TI	.009	10.42**	.097**
H4 – accepted	TE	RP-O	.016	18.54***	−.128***
H5 – accepted	TE	TI	.031	35.79***	.177***

**$p < .001$, ***$p < 0.001$, Variables (V): Travel Intention (TI), Travel Risk (TR), Destination Risk (DR), Safety Concern (SC), Risk Perceptions Overall (RP-O), Travel Experience (TE), Health Condition (HC).
Source: Authors' calculations.

intentions, which is in line with findings from previous studies (Floyd et al., 2004; McKercher & Chon, 2004; Rittichainuwat & Chakraborty, 2009; Sönmez & Graefe, 1998). Regarding the individual risk dimensions, all dimensions significantly negatively affected travel intention in the case of Balkan tourists, thus confirming H1 and respective sub hypotheses.

Among risk dimensions, Travel Risk had the strongest negative effect (H1a), which supports findings from Reisinger and Mavondo (2005), who found that anxiety caused by increased risk perception results in a decrease in safety perception and travel intention. Also, it outlined that crises indeed influence increased cancellation of travel reservations and reduce travels to risky areas. The complete lockdowns were in place at the moment of the study, which had an immense impact on the perceived travel risks and related travel intentions.

The study further confirmed that the higher level of perceived destination risk influences the lower level of travel intention (H1b). In this particular case, results indicate that issues related to infection levels at the destination will influence travel intentions and travel decisions. Destinations characterised by mass visitation, group travels, and indoor and similar activities are perceived as particularly risky and are likely to be avoided. Therefore, destinations and activities perceived as dangerous will have difficulties attracting tourists, in line with the findings of Chew and Jahari (2014). Although the results indicate a negative impact of destination risk on travel intention, respondents seem less concerned about destination risks than the possibility of realising the actual travel.

The results of the present study further support a significant negative impact of safety concerns on travel intentions (H1c), which is in line with the results of the previous research (Kozak et al., 2007; Micić et al., 2019). Our results provide evidence that the role of safety concerns may have a smaller effect, i.e., safety concerns are unlikely to be considered a substantial limitation in travelling decisions among Balkan tourists. The fear of infection ranked the third most important reason for cancelling trips among Bulgarian tourists, while travel bans, cancelled events, and flights had a leading role in travel decision-making (Terziyska & Dogramadjieva, 2021). Imposed restrictive measures and lasting unfavourable socio-economic conditions determine the travel intentions of Balkan tourists more fiercely than health concerns. The pandemic has not had a broader impact on the tourism choices of Balkan tourists, as, despite Covid-19, their travel intentions and preferences remained

unchanged (Terziyska & Dogramadjieva, 2021). This is in line with the study of Aro et al. (2009), which found that tourists are not ready to alter their plans, despite existing health risks.

Regarding H2, the results of our study did not provide empirical confirmation, as relations between personal health conditions and risk perception were not found statistically significant. It is inconsistent with the statement that tourists paying more attention to their health are prone to avoid risky travels and destinations (Widmar et al., 2017). When general health retains a critical role in fighting Covid-19, such a result might be a consequence of respondents' health risk perception. In the particular momentum of the study, extremely high health risk perceptions existed among all people despite their health conditions, which reflects in the results.

Regarding H3, perceived health conditions exhibited a significant effect on travel intention in the case of Balkan tourists. The better the health condition was evaluated, the higher the level of travel intention. Habitually, people with health problems avoid travelling (Widmar et al., 2017), which confirms that health conditions have a significant role in travel decisions, especially in the context of the Covid-19 pandemic. As the sample consisted of predominantly young people who, according to WHO (2020), were not marked as a high-risk group, Balkan tourists were considered somewhat risk-resistant regarding their travel intentions (Hajibaba et al., 2015; Terzić et al., 2022).

Travel experience among Balkan tourists significantly influenced the overall risk perception, confirming H4, as evidenced in previous studies (Karl, 2018; Liu et al., 2016; Wong et al., 2016). Neuburger and Egger (2021) considered the willingness to change or cancel travel plans the consequence of personal risk perception, decreasing with travel frequency. Tourists with more international experience have a lower overall risk perception, as the possession of travel experience provides feelings of safety and self-confidence in the travel planning process, organisation, and realisation of travel (Pinhey & Iverson, 1994).

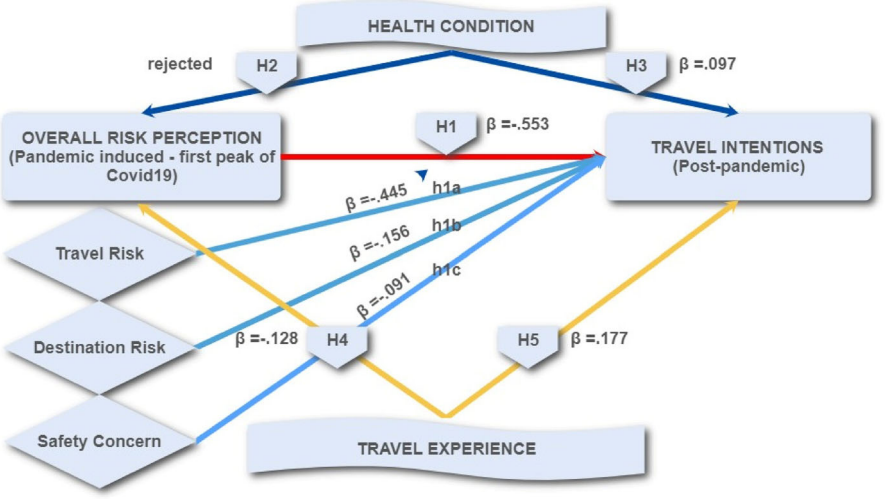

Figure 3. Hypothesis testing. Source: Prepared by authors.

Previous travel experiences sustain a significant positive impact on travel intention during the pandemic, thus also confirming H5. Greater travel experience ensures higher travel intentions among Balkan tourists, which is in line with studies by Lee et al. (2012) and Lepp and Gibson (2008). Ivanova et al. (2021) determined four groups based on travel habits in the previous 12 months, indicating that those with the most travel experience demonstrated firm intentions to travel almost immediately after the crisis. The hypothesis testing model is presented in Figure 3.

5. Conclusions

The objective of this study was to explore the travel intentions among Balkan tourists based on their risk perceptions at the first peak of the pandemic. Perceived risk negatively influenced travel intentions while outlining the beneficial influence of previous travel experience and indicating its negative impact on risk perception. Personal health conditions proved to be an important aspect in terms of travel intentions but not so significant in terms of risk perception in this particular case.

People from the Balkans seem to be generally risk-resistant when it comes to their travel intentions and habits, often undermining official prohibitions and recommendations. This is particularly dangerous in terms of popular destinations within the regional scope, as about 80% of international travel in the Balkans is intraregional (Stanojlović et al., 2010). By having justified expectations on behavioural aspects among tourists, governments and DMOs can provide better and timely responses in the risk management process. Destination policymakers are particularly interested in assuring destination safety, which could be achieved by communicating destination trust to reduce fear and uncertainty among tourists and shape future travel intentions.

5.1. Implications

The study's contribution is to be found in the specific timing of study realisation at the first peak of the global health crisis, while this crisis has still not come to its end. The research provided standpoints of the respondents from four Balkan countries considering issues of travelling plans after-crisis perceived at the moment of crisis. Travels were at a standstill, with no reliable predictions and high levels of uncertainty and anxiety. In this sense, the research contributes to the extant literature on people's intra-pandemic risk perceptions related to travel intentions. The study also examines various aspects of risk perception (travel risk, destination risk, and safety concern) influencing travel intentions. Finally, it provides insight into risk perception and travel behaviours within the Balkan region as a specific socio-cultural setting. Regarding implications for practitioners, this study provided the information needed for developing tourism recovery strategies in the Balkans.

Health measures and non-pharmaceutical interventions, defined by tourism policy regulators on the national level, are the key to controlling the pandemic expansion (Lee et al., 2012) and will have a substantial impact on the tourist decision-making process. The periodical rising of infection rates in the third year of the pandemic, i.e.,

2022, supports the ongoing relevance of this research topic, as Covid-19 repeatedly affects demand markets and destinations in a similar manner.

5.2. Limitations and future research

There were several limitations of the study. The non-probability sampling technique was applied, which influenced the sample. Moreover, the study's findings are limited to the Balkan region and Serbo-Croatian language speakers. Although the specific situation present at the time when the study was conducted cannot be replicated, future research could focus on other countries and/or socio-cultural regions to test and explore potential interesting peculiarities and differences.

Additional research in identifying future travel patterns over an extended period and the influence of the crisis is necessary. Adding demographic and economic variables and examining their role in risk perception during and after a crisis may enhance the model and improve practical implications. Mass vaccination started in January 2021, opening new concerns among people regarding the potential risks and benefits it might bring, even making vaccination a precondition for travelling which opened new research topics.

Disclosure statement

No potential conflict of interest was reported by the authors.

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