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A shift in attitudes and priorities of Turkish domestic tourists as a result of the COVID-19 pandemic

Abstract. The COVID-19 pandemic has affected not only the health of communities but also their daily practices and behaviors. The aim of the study was to investigate the attitudes and priorities of Turkish domestic tourists regarding post-COVID-19 travel. The priorities of female respondents with respect to service quality/prices were found to be significantly more affected by the pandemic than those of males while male respondents had significantly higher expectations regarding the response of tourism businesses than females. With increasing age and decreasing income levels, respondents were significantly more likely to be concerned about the risk associated with travelling and their priorities concerning service quality/prices were more likely to be affected by the pandemic situation. Respondents with low levels of education were significantly more likely to declare a shift in priorities and had higher expectations regarding the response of tourism businesses compared with the rest of the sample. The author also considers the implications of the study for tourism business managers and researchers.

Keywords: COVID-19, pandemic, domestic tourists, travel behavior

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1. Introduction

In the event of a crisis or disease, tourism demand is extremely vulnerable, especially when one considers risks to health and personal safety faced by potential tourists (Cró & Martins, 2017). Several studies have consistently found that pandemics increase travelers' concerns about their safety while traveling (Kuo et al., 2008; Lee et al., 2012). The COVID-19 pandemic has had a negative impact on a wide range of industries, particularly tourism (Uğur & Akbıyık, 2020).

According to data from the World Health Organization (WHO, 2022), worldwide there had been 519,105,112 COVID-19 cases and 6,266,324 deaths as of the 16th of May 2022. In Turkey, 15,054,322 cases and 98,900 deaths have been recorded, according to the same source.

When it comes to the tourism industry, the impact of the pandemic has been particularly devastating. According to WTO data, international tourist mobility decreased by 85 percent between January and May 2021 compared with the same period in 2019 (UNWTO, 2021). The number of visitors in Turkey, which was 21,151,530 in the first six months of 2019, was down to 5,723,039 in 2020 and 7,558,027 in the first half of 2021, according to the Ministry of Turkish Culture and Tourism (KTB, 2021). However, while 2021 saw a slight improvement compared with 2020, the figures were 65 percent smaller than before the pandemic in 2019.

Many countries introduced partial or full travel restrictions, considering their own dynamics and the course of the pandemic. For example, Turkey applied partial restrictions mostly on weekends and public holidays. After the situation in Turkey started to normalize in June 2020, internal travel restrictions were initially lifted but international travel restrictions were imposed on travelers from certain countries (Tellioglu, 2021). Additionally, Turkey enforced a nationality restriction, denying entrance to nationals of 69 countries regardless of their prior stay (Piccoli, Dzankic & Ruedin, 2021).

Given the number of infections and deaths, COVID-19 has posed a serious threat to hundreds of millions of people in countries all over the world. This is reflected in tourism statistics. It will take a long time for the tourism industry to recover to its pre-pandemic levels of activity. Even if destinations and tourism businesses take the necessary measures for COVID-19, it may not be sufficient to convince all risk-averse tourists. This is why such measures are imperative to regain the confidence of consumers (Mulder, 2020). In the face of current and future pandemics, it will be critical for tourism businesses to establish a sense of shared purpose with their customers (MacInnis & de Mello, 2005). At this point, it is also critical for the sector to be prepared for similar crises in the future. According to Zemke et al. (2015), the tourism industry should be prepared for possible disease

outbreaks that occur every two to three years in the light of previous outbreaks such as SARS in 2003 and H1N1 (swine flu) in 2009. Effective forecasts and preparations for possible pandemics can be useful tools for tourism managers in order to reduce tourists' perceptions of risk and increase their positive attitudes toward travel (Karl et al., 2021).

Research on consumer behavior is predicated on the assumption that consumers develop positive or negative attitudes toward goods or services based on their preferences, which influence their actual behavior (González-Rodríguez, Díaz-Fernández, & Font, 2020). It is emphasized that managers must prepare for the development of tourism businesses following the COVID-19 crisis and should also consider its possible outcomes (Wen et al., 2021). Given the unprecedented impact of the COVID-19 crisis on the global tourism industry, researchers must strengthen industry theory and knowledge in order to assist tourism businesses in becoming more resilient and achieving an effective post-pandemic recovery (Jiang & Wen, 2020). Since the outbreak of the pandemic, numerous studies have been published in a variety of fields.

In the literature on Turkish tourism, general assessments of the pandemic's impact on the tourism industry are frequently included in review studies (Kabadayı & Kardeş, 2020). In addition, there are studies on the impact of the pandemic on the tourism industry in Turkey (Demir, Günaydın & Demir, 2020), tourists' intentions to purchase, recommend, and pay more during the pandemic (Akbaba, 2020), local people's attitudes toward tourists during the pandemic (Can et al., 2020), analyses of the safe tourism certification program (Eşitti & Özdemir, 2020), the impact of the pandemic on travel agencies (İbiş, 2020), and on individual dietary habits (Dilber & Dilber, 2020). A study by Kabadayı and Kardeş (2020) focused on the effects of COVID-19 on Turkish domestic tourist behavior and travel trends, hygiene sensitivity, general effects, and travel tendency factors. However, little is known about the long-term impact of the pandemic. The purpose of this study was to examine the attitudes and priorities of Turkish domestic tourists regarding travel in a world with COVID-19.

2. Conceptual framework

2.1. Perceived risk

There are three generally accepted types of risk: absolute, real (actual), and perceived (Haddock, 1993). Absolute risk is determined by commercial providers who implement security procedures to minimize actual risk, whereas perceived risk represents subjective risk assessments of individuals in a particular context. Per-

ceived risk refers to the uncertainty and adverse consequences associated with an individual's purchase of a good or service, performance of a particular activity, or choice of a particular lifestyle (Reisinger & Mavondo, 2005, p. 212). According to Slovic & Peters (2006), people's perceptions of risk depend on their feelings about a particular situation or activity, which means that a negative attitude toward an activity can lead to a perception of increased risk (Wan, Chan & Luo, 2021).

The primary source of concern in this context is the possibility of encountering any danger. As a result, people try to minimize the likelihood of such situations by limiting their activities. In the context of tourism, the risk is associated with the perceptions and experiences of tourists that affect their travel preferences, purchasing decisions, and consumption of travel services (Tsaur, Tzeng & Wang, 1997, p. 796). Risk perception is cited as a significant factor in travel decision-making (Yavas, 1987), especially as regards accommodation, which is not surprising given the number of time tourists spend in hotels or other establishments. Tourists are naturally concerned about their health and safety. In fact, one of the top reasons for changing travel plans is a perceived health threat in a destination (Kozak, Crotts & Law, 2007). When tourists become more risk averse as a result of a pandemic threat, their negative emotional response increases (Zhang, Hou & Li, 2020).

Numerous studies confirm the existence of a negative relationship between motivations or decisions to travel and perceived health risks (Reisinger & Mavondo, 2005; Silva, Reis & Correia, 2010; Khan, Chelliah & Ahmed, 2019; Caber et al., 2020; Qiao, Ruan & Pabel, 2022). If perceived health risk in a particular business or destination is sufficiently high, tourists may stop traveling. In the case of a pandemic, health concerns on the part of tourists can cause significant shifts in demand for several destinations and tourism businesses (Fotiadis, Polyzos & Huan, 2021).

Many national governments chose to impose severe restrictions on inbound and outgoing travel in order to contain the transmission of infections during the pandemic (Matiza, 2022). Quarantine measures, as well as travel and commerce restrictions, have a significant political component during a global pandemic (Abraham, 2009). Different measures introduced by particular countries to contain the spread of COVID-19 have had a serious effect on people's travel behaviors. The uncertainty associated with different travel procedures also contributed to the risk perceptions and attitudes of tourists (Chen, Feng & Gu, 2022).

Because people's behavior has a significant impact on the course of a pandemic, it is critical to have a better understanding of the relationship between behaviors and risk perceptions in order to control its effects (Ibuka et al., 2010). This relationship must also be understood by managers of destination and tourism businesses in order to facilitate post-pandemic travel and design appropriate health protocols (Rahmafitria et al., 2021). Teeroovengadum et al. (2021) identify four areas of perceived risks associated with the COVID-19 pandemic: transportation services, lodging services, national sanitation, and health services.

As a result of the COVID-19 pandemic, travelers' perception of risk is higher than ever. Perić, Dramićanin and Conić (2021) discovered that risk perception (health, psychological, financial, and destination risks) among Serbian tourists had a negative effect on their travel intentions during the pandemic. However, with tourists' attitudes and preferences affected by the pandemic certain forms of tourism will have to be reconsidered. As a result of current risk perceptions, some tourism sectors, such as health and third age tourism, will need to be restructured (Aktaş, 2020).

2.2. A shift in priorities regarding services and prices

According to Hyken (2020), 96% of customers abandon service businesses due to substandard service, while 62% are willing to pay a premium for superior service in a report conducted by an online survey of over one thousand consumers between the ages of 18 and 65 in the United States. If service quality is perceived as low, tourists cannot fully benefit from their activities (Fuchs & Reichel, 2011). Mitchell, Moutinho and Lewis (2003) demonstrate that consumers' purchase risk is further increased by services that are expensive, time-consuming, and of unpredictable quality. In high-risk contexts, as was the case during the pandemic, tourists are likely to compare services and prices with the pre-crisis period. Since travelers are hesitant to visit destinations due to safety concerns, they should be convinced that higher prices charged by tourism businesses or set by destination managers do not exceed the true costs of risk associated with the crisis (Reisinger & Crotts, 2009). It is critical for practitioners and consumers to quantify and comprehend the costs of risk (Engle, Ferstenberg & Russell, 2012). Businesses that wish to expand their tourism services beyond their current level should proceed cautiously and economically (Zeithaml, Berry & Parasuraman, 1996).

Tourists have a strong negative reaction to rising tourism prices (Zhang, Hou & Li, 2020). Respondents surveyed by Awad-Núñez et al. (2021), expected that safety measures in travel would be implemented but pre-COVID-19 prices would be maintained. While consumers may expect that service quality will not deteriorate and prices will remain stable during the crisis, tourism businesses must raise their prices to offset their additional costs. However, some customers may be willing to pay a premium for additional security and hygiene measures taken by hospitality businesses. In a study by Gursoy and Chi (2020), approximately 40% of hotel guests were willing to pay a premium for enhanced security measures.

In their study of the perception of destination risk among foreign tourists, Fuchs and Reichel (2006) identified risks associated with human-induced, finan-

cial, and socio-psychological factors, with natural disasters, food safety, and service quality. In the context of the COVID-19 pandemic, sensitivity to safety concerns is a critical component of service quality (Yang et al., 2021). One common way in which this sensitivity can be demonstrated is by obtaining safe tourism certifications (Eşitti & Özdemir, 2020). In practice, this involves, among other things, limiting touch and face-to-face contact (Liu et al., 2021).

2.3. Expected response

Consumers expect businesses to respond to crises. If there is a discrepancy between expected and actual reactions, consumers become dissatisfied. To avoid such situations, enterprises need to develop and implement preventive and intervention measures, which will limit the need for reactive measures (Arbel & Bargur, 1980).

Businesses must take several steps to prepare for crises. To begin, all potential crisis events associated with specific criteria should be exhaustively defined and characterized in order to enable the necessary interventions (Arbel & Bargur, 1980). It is then necessary to decide on appropriate combinations of interventions for the identified crises. This preparation is critical because it will benefit not only tourism businesses but also the customers who will patronize them. As previously stated, it is critical to meet expectations. There will be a disappointment if the tourist, who is already in danger, does not receive the response he/she anticipates.

While the range of measures undertaken by tourism businesses during the pandemic has varied, two aspects are crucial: to begin with, the tourism industry must adhere to its obligation to provide reasonable care when housing travelers. Second, large tourism establishments should go beyond the basic expectation of a clean facility and provide a more comprehensive level of cleanliness (Zemke et al., 2015).

Nearly a quarter of respondents in a study by Deloitte (2021) discontinued or reduced consumer relationships with businesses in response to the COVID-19 crisis. In the aftermath of the global health crisis caused by the pandemic, travelers are now more concerned with hotel health safety measures and the availability of such medical facilities. As a result, tourism managers try to adjust the content and tactics of their marketing communications in order to reassure guests following the pandemic (Jiang & Wen, 2020).

The following study aims to examine how Turkish domestic tourists perceive risks associated with travel in a world with COVID-19, how the pandemic has affected their attitudes and priorities regarding travel in terms of service quality and prices, and what kind of response they expect from tourism businesses. The purpose of the analysis was to determine how these perceptions are correlated

with the sex, age, education, and income level of the respondents. The following research questions were formulated:

RQ1: How do Turkish domestic tourists perceive the risk associated with travelling in a world with COVID-19?

RQ2: How have their attitudes and priorities regarding travel in terms of service quality and prices changed as a result of the pandemic?

RQ3: What are the expectations of Turkish domestic tourists regarding the response of tourism businesses in a world with COVID-19?

3. Data and methods

3.1. Research method

To accomplish the above-mentioned objective, a combination of descriptive and causal-comparative research design was used in accordance with the quantitative research tradition. The purpose of this study was to first describe the attitudes and priorities of Turkish domestic tourists regarding travel behaviors in a world with COVID-19 and then to determine whether these attitudes and priorities varied significantly by sex, age, education, and income levels. Respondents' attitudes and priorities regarding travel behaviors during the COVID-19 pandemic were measured using 18 statements on a 5-point Likert scale (1 = strongly disagree and 5 = strongly agree). Two of those statements were adapted from a study by Cahyanto et al. (2016): "Traveling in the U.S. is risky right now" and "I would feel very comfortable traveling in the U.S. right now."

3.2. The study group

The target population included potential domestic tourists in Turkey. The country's population over the age of 19 was 57,611,058 in 2019, according to the address-based population registration system (TÜİK, 2020). The sample size was calculated for a 99% confidence interval and a margin of error equal to 7%. The sample size was found to be 339. The survey was carried out between 23 June and 15 December 2020. Given the difficulty in reaching people during the COVID-19 pandemic, it was conducted online using Google forms. The link to the survey form was sent to WhatsApp groups and e-mails of various professional groups. After removing erroneous and incomplete questionnaires, the realized sample included 308 respondents. Table 1 contains demographic information about the respondents.

Table 1. Demographic characteristics of the respondents

Demographic characteristics		*n*	*%*	Demographic characteristics		*n*	*%*
Sex	Female	170	55.2	Educational background	High school and below	25	8.1
	Male	138	44.8		Vocational school/ Undergraduate	189	61.4
Age	19-25	90	29.2		Master's degree or above	94	30.5
	26-34	91	29.6	Occupation	Unemployed	28	9.1
	35-65	127	41.2		Student	87	28.2
Monthly income	2500 Turkish Liras (TL) and below	87	28.2		Entrepreneur/ Businessman	6	1.9
	2501~5000 TL	72	23.4		Civil servants	116	37.7
	5001~7500 TL	61	19.8		Staff in the private sector	54	17.6
	7501 TL and more	88	28.6		Retiree	4	1.3
					Self-employed people	13	4.2

Source: own elaboration.

3.3. Factor analysis

Before conducting factor analysis of the survey data, the Kaiser-Meyer-Olkin (KMO) test was used to determine the suitability of data for factor analysis. After determining that the data were suitable (KMO = 0.70), a principal component analysis was conducted to determine to construct validity. 8 items were eliminated from the original set of 18 because of poor factor loadings or overlap. Three factors were identified in the remaining 10 items. The first factor (perceived risk) was found to explain 24.43% of the total variance, the second factor (a shift in priorities regarding services and prices) was found to explain 17.09% of the variance, and the third factor (expected response) explains 15.09%. The three-factor structure explained 56.61% of the total variance. Cronbach's alpha reliability coefficient of the scale was found to be 0.58 for the first factor (2 items), 0.68 for the second factor (6 items), and 0.79 for the third factor (2 items). The total reliability coefficient of the scale was equal to 0.65. Factor loadings of the items are given in Table 2.

The One-Way Analysis of Variance (ANOVA) test was used to determine whether there were significant differences in respondents' responses in terms of independent variables. The t-test was used to determine whether responses corresponding to the three factors differed depending on respondents' sex; t-test; ANOVA was conducted to determine whether the three dependent variables (the three factors) varied by age, education level, and income status. The Bonferroni

Table 2. Results of factor analysis

Measurement items	Standardized factor loading*		
	Factor 1	Factor 2	Factor 3
I am not concerned about contracting the coronavirus during domestic travel post-COVID-19.**	0.83		
I am not concerned about contracting coronavirus during international travel post-COVID-19.**	0.79		
I would be willing to pay more for a hotel room post-COVID-19 than before.		0.48	
For me, the measures taken regarding COVID-19 in a hotel are more important than the price.		0.62	
It is very important for me that hotels offer free health insurance related to COVID-19.		0.73	
It is very important for me that hotels have received a safe tourism certificate (COVID-19 certificate).		0.75	
I prefer hotels to provide a personalized service to minimize the risk of COVID-19 transmission.		0.57	
Because of COVID-19, my sensitivity to food and beverage safety issues has increased.		0.56	
I expect that big hotel chains will implement stricter health safety measures.			0.88
I expect that big hotel chains will respond more quickly and accurately when there is a crisis related to COVID-19.			0.89

* ± Values below 30 are not included in the table; ** Reverse coded items.

Source: own elaboration.

correction was used for distributions with homogeneous variance and the Dunnett C test for non-homogeneous distributions. The Bonferroni correction, which is based on Student's t-test statistic, is a widely used multiple comparison test and does not require an equal number of respondents within the groups (Can, 2014, p. 152). In this study, this test was used because the number of respondents in the groups was not equal. Dunnett C test can also be chosen in cases where group variances are not equal (Büyüköztürk, 2010, p. 49).

4. Results

Apart from demographic questions, the respondents were also asked about the COVID-19 pandemic. Tables 3 and 4 below contain a breakdown of responses to these questions.

Table 3. The declared level of respondents' knowledge about the COVID-19 pandemic

Knowledge level	Number of respondents	% of the sample
Quite low	1	0.3
Low	5	1.6
Neutral	108	35.1
High	125	40.6
Quite high	69	22.4
Total	308	100.0

Source: own elaboration.

Table 4. Sources of information about the COVID-19 pandemic used by the respondents

Information source	Number of respondents	% of the sample
İnternet news	97	31.5
Television	94	30.5
Social media	87	28.2
Academic publications	21	6.8
Newspaper	6	1.9
Spouse, friend, relative	3	1.0
Total	308	100.0

Source: own elaboration.

Table 5. Results for the three factors depending on sex

Factor	Sex	n	Mean	SD	t-value	p
Perceived risk	Female	170	4.05	1.03	1.52	0.12
	Male	138	3.88	0.94		
Priorities regarding services and prices	Female	170	4.54	0.43	2.07	0.03*
	Male	138	4.43	0.47		
Expected response	Female	170	3.69	0.88	−2.00	0.04*
	Male	138	3.89	0.86		

* $p < 0.05$.
Source: own elaboration.

Results of an independent t-test in Table 5 show that there is a statistically significant difference between men and women with respect to the factors associated with priorities regarding services and prices and the expected response. Specifically, the shift in attitudes and priorities regarding hotel services and prices is significantly more evident for female respondents, whereas in male respondents have significantly higher expectations regarding the response on the part of tourism

Table 6. Results for the three factors depending on age group

Factor	Age group	n	Mean	SD	F	p
Perceived risk	19-25	90	4.14	0.94		
	26-34	91	4.11	1.01	5.46	0.00*
	35-65	127	3.75	0.98		
Priorities regarding services and prices	19-25	90	4.49	0.49		
	26-34	91	4.53	0.43	0.62	0.53
	35-65	127	4.46	0.43		
Expected response	19-25	90	3.71	0.89		
	26-34	91	3.69	0.89	2.04	0.13
	35-65	127	3.90	0.86		

* $p < 0.05$.

Source: own elaboration.

businesses. There was no statistically significant difference between the sexes as regards perceived risk.

Results of the Bonferroni correction, shown in Table 6 indicate a statistically significant difference in the distribution of the mean values of responses with re-

Table 7. Results for the three factors depending on the education level

Factor	Education	N	Mean	SD	F	p
Perceived risk	High school and below	25	3.85	1.17		
	Vocational school/ Undergraduate	189	4.05	0.97	1.44	0.23
	Master's degree or above	94	3.85	0.98		
Priorities regarding services and prices	High school and below	25	4.72	0.28		
	Vocational school/ Undergraduate	189	4.51	0.47	5.78	0.00*
	Master's degree or above	94	4.39	0.41		
Expected response	High school and below	25	4.24	0.87		
	Vocational school/ Undergraduate	189	3.76	0.90	3.77	0.02*
	Master's degree or above	94	3.70	0.81		

* $p < 0.05$.

Source: own elaboration.

gard to perceived risk depending on the age group of the respondents, with those aged 19-25 and 26-34 being less concerned about the risk of getting infected when travelling than people aged 35-65. No statistically significant differences were observed between age groups as regards the other two factors.

Dunnett's C test was applied since the variances for groups depending on the level of education were not homogeneous (Table 7). Statistically significant differences were found with respect to priorities regarding services and prices. Specifically, respondents with high school or lower levels of education were more concerned than the other two groups about safety measures at hotels and were more willing to pay higher prices. Results of the Bonferroni test for expected response indicate that respondents with high school or lower levels of education had significantly higher expectations regarding businesses' response measures than the other two groups. No statistically significant differences were found between the groups depending on the level of education as far as perceived risk is concerned.

Table 8. Results for the three factors depending on monthly income

Factor	Income	n	Mean	SD	F	p
Perceived risk	2500 TL and below	87	4.23	0.96	4.09	0.00*
	2501~5000 TL	72	3.94	0.92		
	5001~7500 TL	61	4.02	1.01		
	7501 TL and more	88	3.72	1.02		
Priorities regarding services and prices	2500 TL and below	87	4.50	0.52	6.33	0.00*
	2501~5000 TL	72	4.67	0.32		
	5001~7500 TL	61	4.43	0.43		
	7501 TL and more	88	4.37	0.43		
Expected response	2500 TL and below	87	3.73	0.85	2.19	0.08
	2501~5000 TL	72	4.00	0.98		
	5001~7500 TL	61	3.80	0.91		
	7501 TL and more	88	3.65	0.76		

* $p < 0.05$.

Source: own elaboration.

Results of the Bonferroni test in Table 8 indicate statistically significant differences between different income groups as regards perceived risk. Respondents with the lowest incomes (2500 TL and below) were the most concerned about the risk of infection during travelling, although those with the highest income (7501 TL and more) were not free from concerns in this regard. Results of Dunnett's C test result indicate statistically significant differences between different income groups with respect to priorities regarding services and prices: the first two income groups (2500 TL and below, 2501~5000 TL) were significantly more

concerned than the other two groups about safety measures at hotels and were more willing to pay higher prices. No statistically significant differences were found between the income groups with regard to the expected response.

5. Discussion and conclusions

Approximately two-thirds of the respondents believed they had a high level of knowledge about COVID-19, which was mostly derived from the Internet, television, and social media. In addition to data concerning the perceived risk of getting infected when traveling, the study focused on priorities regarding services and prices and the expected response of tourism business and how they were correlated with sex, age, education, and income level.

Statistically significant differences were found between men and women with respect to the factors associated with priorities regarding services and prices and the expected response. A shift in attitudes and priorities regarding hotel services and prices due to the pandemic was significantly more evident for female respondents, while male respondents were found to have significantly higher expectations regarding the response on the part of tourism businesses. No statistically significant difference between the sexes was found as regards perceived risk. This is in line with Sonmez and Graefe's (1998) findings that sex has no effect on people's perception of risk but stands in opposition to the claims of Reisinger and Crotts (2009) who demonstrated that sex was a determinant of perceived risk and safety. Kabadayı and Kardeş (2020) reported that women, who tend to pay more attention to hygiene compared to men in normal periods, also exhibit more concern about hygiene in tourist areas during the pandemic. When attempts are made to influence people's travel plans, males and females should be treated differently.

As regards age, it was found that with increasing age the respondents were more likely to be concerned about the risk of getting infected when travelling. This is only to be expected given that the risk of infection was generally known to be higher for older people. This is in contrast to Kabadayı and Kardeş (2020), who found that respondents' perception of risk during the pandemic increased with decreasing age. In contrast, Gibson and Yiannakis (2002) found that as people get older, their tolerance for risk in travel declines. Zemke et al. (2015) found that younger visitors and female travelers of all ages were prepared to pay more for a hotel room that has been disinfected.

The study revealed statistically significant differences with respect to priorities regarding services and prices and expected responses depending on the respondents' level of education. Respondents with the lowest level of education were significantly more concerned than the other two groups about safety measures

at hotels and were more willing to pay higher prices and had significantly higher expectations regarding businesses' response measures.

Dissatisfaction, in general, occurs when the price paid for a purchased service does not come up to customers' expectations (Boshoff, 1997). The quality of the service provided, and the price charged both play a significant role in people's travel decisions. Taking into account the respondents' income levels, statistically significant differences between different income groups were found with respect to perceived risk and priorities regarding services and prices. The respondents with the lowest incomes (2500 TL and below) were found to be the most concerned about the risk of infection during travelling and were significantly more concerned than more well-off respondents about safety measures at hotels and were more willing to pay higher prices.

By analyzing domestic tourists' expectations and priorities regarding travelling in the aftermath of the COVID-19 pandemic, tourism businesses can be better informed as to what can be done in terms of market recovery and crisis management and can take appropriate actions. One of the critical areas includes efforts at reducing the perception of travel risk, which will enable the industry to recover faster once the threat of COVID-19 subsides. To ensure that visitors feel safe and secure when travel restrictions are lifted, they need to be kept informed about any increased travel risks, cancellation and refund procedures, and health and safety measures (Neuburger & Egger, 2021).

This study has a limited application period, is based on a relatively small sample and the majority of respondents were university-educated, young, and females. As a result, future studies will be required to focus more on other segments of the population. A larger sample size could also improve the reliability of future studies.

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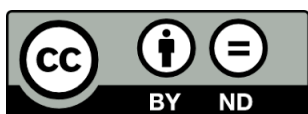
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Zmiana postaw i priorytetów tureckich turystów krajowych w wyniku pandemii COVID-19

Streszczenie. Pandemia COVID-19 wpłynęła nie tylko na zdrowie całych społeczeństw, ale także na codzienne praktyki i zachowania poszczególnych ludzi. Celem badania było określenie postaw i priorytetów tureckich turystów w zakresie podróżowania po kraju w czasie pandemii COVID-19. Stwierdzono, że pandemia znacznie bardziej wpłynęła na priorytety badanych kobiet w zakresie jakości usług/cen niż w przypadku mężczyzn, natomiast respondenci płci męskiej mieli znacznie wyższe oczekiwania niż kobiety, jeśli chodzi o działania, jakie powinny podejmować firmy turystyczne. Wraz z wiekiem i niższym poziomem dochodów respondenci byli znacznie bardziej zaniepokojeni ryzykiem związanym z podróżowaniem, a ich priorytety dotyczące jakości usług/cen były w większym stopniu zdeterminowane przez pandemię. Respondenci o niskim poziomie wykształcenia znacznie częściej deklarowali zmianę priorytetów i mieli wyższe oczekiwania co do reakcji firm turystycznych w porównaniu z resztą ankietowanych. Wyniki badania zostały przeanalizowane pod kątem ich znaczenia dla menedżerów i badaczy biznesu turystycznego.

Słowa kluczowe: COVID-19, pandemia, turyści krajowi, zachowania podróżne