

## Article

# Measuring the Impact of Greece as a Safe Branding Tourist Destination: Evidence from Spain and Greece

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**Abstract:** After the first wave of the COVID-19 outbreak, many tourist destinations promoted a safe, COVID-free image to attract tourists. The main purpose of this paper is to examine and analyze the effect that the image of a place as a safe tourist destination (STD)—in our case, Greece—can have on the decision-making processes of tourists who were willing to take summer holidays in 2020 amid the COVID-19 pandemic. We examined the relationships between destination safety perceptions, trust, attractive attributes of destinations, travel intentions, and health-protective behavior for domestic and inbound tourists from Spain. This study confirms differences in destination safety perceptions among domestic and inbound tourists from countries that have suffered significant negative impacts due to the novel coronavirus.

**Keywords:** COVID-19; safety; tourism branding; health-protective behavior; Greece–Spain



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## 1. Introduction

After the travel restrictions imposed by several national authorities worldwide because of the COVID-19 pandemic, the reopening of the tourism sector was accompanied by a reduced willingness to travel on the part of tourists [1]. Given the threat of COVID-19 infection, health-related risks were highly evaluated among other travel risks, e.g., crime or terrorism [2]. The increasing number of COVID-19 cases and mortality rates affect humans' anxiety and fear levels, leading to contact- and travel-avoidance [3]. These psychological reactions motivate travel fear, which stems from tourists' perceptions of the possibility of being affected by COVID-19 while traveling and the severity of the effects [4]. The alleviation of fears and increased travel motivation may be achieved by the successful management of COVID-19 and the efficient implementation of health measures [3]. However, any unconditional lifting of travel restrictions combined with a poor epidemiological picture may negatively affect the image of a destination [5].

This study was conducted when the vaccines against COVID-19 had not been used and local authorities used non-pharmaceutical interventions to manage the current pandemic successfully. Thus, it aims to provide valuable insights regarding the differences in health-safety perceptions, travel intentions, and health-protective behaviors between domestic and international tourists who intended to travel during the summer after the first wave of the COVID-19 pandemic.

## 2. Literature Review

### 2.1. The Case of COVID-19

On 11 March 2020, the WHO declared a pandemic caused by a new virus originating from China. Despite experts' warnings, the novel coronavirus, SARS-CoV-2, was largely disregarded by national authorities worldwide, and it spread to over 146 countries [6]. Most countries responded to the emergency with several non-pharmaceutical methods,

such as social distancing, voluntary or required home isolation, and obligatory wearing of mouth and nose coverings. However, the daily growing number of COVID-19 cases in many countries obligated their respective authorities to implement additional measures, such as closing schools, restaurants, bars, and hotels, imposing travel restrictions, and closing borders, among other steps taken in the implementation of general lockdowns.

The apprehension among the public created by the rapid transmission of the COVID-19 virus and the imposed travel restrictions affected the tourism and travel sector more than any other. After the first wave of the pandemic, many countries reopened their economies and simultaneously ensured health-safety conditions. Over the last twenty years, global tourism has faced various crises. Still, none of them, not even the 2008 economic crisis, affected the growth of the tourism sector as much as COVID-19 has [7].

### *2.2. The COVID-19 Pandemic in Greece and Spain*

In Greece, the first COVID-19 case was reported on 26 February 2020. A month later, Greece had 93 cases and 12 deaths. As a result, the prime minister announced a total ban on public movement, the closure of almost all businesses, including hotels, and the closure of the Greek borders. On 15 June, Greece reopened its borders and the first foreign tourists arrived. Authorities were optimistic about reopening the tourism and hospitality sector due to the successful management of the COVID-19 pandemic [8]. In Spain, the first confirmed COVID-19 case was reported on 31 January 2020. On 13 March, the Spanish government announced a total lockdown. The first day without a reported death by COVID-19 was 1 June 2020, and on 21 June the Spanish government ended the alarm. As of 1 July 2020, Spain had reported over 255,000 confirmed COVID-19 cases and almost 30,000 deaths [9]. The first wave of COVID-19 affected Spain and Greece differently. Spain was one of the most affected countries in Europe, while Greece was less affected. Therefore, it is interesting to investigate how the advertisement of a place as a health-safe tourist destination (STD)—in our case, Greece—affects the decision-making processes of tourists who experienced the COVID-19 pandemic differently.

### *2.3. Health-Safety as a Criterion of Choosing a Tourist Destination*

The COVID-19 pandemic has proved tourism's vulnerability to crises that threaten tourists' sense of safety [10]. Tourists' safety primarily refers to the safety of their persons and their property. Reisinger and Movondo [11] pointed out that ensuring safety is the primary condition of normal tourism development. However, nowadays, tourists are more mobile than ever, and failing to make them feel safe may change their choice of destination, leading to long-term impacts on tourist destinations and their economies [12].

Over recent decades, health crises have been accelerated by tourist movements. In Singapore, the SARS outbreak deterred overseas tourists from visiting the country, with significant negative impacts on the country's economy [13]. Moreover, travelers considered Ebola a severe health risk, and this also increased travel avoidance [14]. South Korea estimated the loss of tourism due to the MERS outbreak at USD 3.1 billion [15]. COVID-19 has created international anxiety among travelers. As long as traveling is considered unsafe, tourism will decline [10]. Once tourists perceive a destination as risky, the growth and development of the tourism industry in question will be negatively affected [16]. Therefore, understanding tourists' decision-making processes is critical to explaining and predicting their travel intentions and behavior.

### *2.4. Previous Studies and Hypothesis Development*

Tourists' perceptions of risk and uncertainty are significantly correlated with their decision-making processes regarding travel destinations [17]. Similar to Crompton's [18] definition, destination health-safety perception can be defined as a set of beliefs, ideas, and impressions that tourists have regarding the health-safety of a destination. Based on this assumption, it is likely that an attractive health-safety image will increase the probability of a destination to be chosen [19].

As concerns the attractiveness of destinations, Hu and Ritchie [20] claimed that the combination of the tourism facilities and services motivates tourists to visit a destination. Similarly, Kim and Perdue [19] argued that the attractiveness of destinations is determined by both their physical attributes and the internal psychological factors of tourists. Floyd and Pennington-Gray [21] included safety as one of the most important characteristics of destinations. Especially nowadays, tourists' perceptions regarding the safety and security of destinations are positively related to their travel decision-making process [22]. Tourists are expected to be attracted by destinations with appealing natural environments and therapeutic activities that will assist them in improving their psychology after the lockdown period [23]. Thus, a positive relationship between destination safety image perception (DSIP) and destinations' attractive attributes might occur.

**Hypothesis 1-1(a).** *There is a positive association between health-safety perceptions and the attractive destination attributes for Greek tourists.*

**Hypothesis 1-1(b).** *There is a positive association between health-safety perceptions and attractive destination attributes for Spanish tourists.*

**Hypothesis 1-2.** *The positive relation between tourists' health-safety perceptions and destinations' attractive attributes will be stronger for Greeks than for Spaniards.*

Ajzen [24] pointed out that attitudes toward a behavior, subjective norms, and perceived behavioral controls are the antecedents of a person's intention to engage in a particular behavior. In the tourism literature, behavioral intentions refer to tourists' willingness to visit, revisit, or recommend a tourist destination [25]. The vast body of tourism literature supports this direct and positive relationship [26–28]. For example, Styliadis et al. [28] argued that overall destination image, perceived quality, and satisfaction are positively related to the behavioral intentions of domestic tourists in Israel. Additionally, Khan et al. [27] revealed that cognitive and psychological perceptions influenced young women's intentions to visit India. Finally, Caber et al. [26] examined the German tourists' perceptions of Greece and Spain and they claimed that the low-risk perceptions of both countries positively influenced their destination selection behavior and travel intentions. Thus, we can claim that a positive relationship between DSIP and tourists' travel intentions might occur during a pandemic outbreak.

**Hypothesis 2-1(a).** *There is a positive association between health-safety perceptions and travel intentions for Greek tourists.*

**Hypothesis 2-1(b).** *There is a positive association between health-safety perceptions and travel intentions for Spanish tourists.*

**Hypothesis 2-2.** *The positive correlation between tourists' health-safety perceptions and their travel intentions will be higher for Spaniards than for Greeks.*

The relationship between tourists' perceptions and trust has recently attracted the attention of researchers. Chung and Kwon [29] defined trust as the personal feeling of security and the intention to rely on others. According to Artigas et al. [30], trust is a multidimensional construct that includes the tourists, the locals, and the public and private institutions of a destination that are expected to be honest, benevolent, and competent. One of our aims is to explore the relationship between the tourists' safety perceptions and trust. Loureiro and González [31] revealed that, in rural destinations, the image perceptions directly affect tourists' perceived quality, satisfaction, and trust. Additionally, Artigas et al. [30] claimed that tourists' cognitive perceptions and affective evaluations for a destination are positively related to their trust. Thus, a positive relationship between DSIP and trust might occur.

**Hypothesis 3-1(a).** *There is a positive association between health-safety perceptions and trust for Greek tourists.*

**Hypothesis 3-1(b).** *There is a positive association between health-safety perceptions and trust for Spanish tourists.*

**Hypothesis 3-2.** *The positive relation between tourists' health-safety perceptions and trust will be stronger for Greeks than for Spaniards.*

As mentioned before, health risks are one of the higher-ranked travel risks. Chien et al. [32] claimed that health risks increase tourists' worries and motivate their health-protective behavior. Li et al. [33] argued that crisis-sensitive tourists might shorten their holidays in the post-pandemic era. However, destination managers could use mass media, social media, and destination websites to influence and manipulate the destination image and tourists' behavior [34]. Thus, a positive relationship between DSIP and tourist health-protective behavior could be configured.

**Hypothesis 4-1(a).** *There is a positive association between health-safety perceptions and health-protective behavior of Greek tourists.*

**Hypothesis 4-1(b).** *There is a positive association between the health-safety perceptions and the health-protective behavior of Spanish tourists.*

**Hypothesis 4-2.** *The positive relation between tourists' health-safety perceptions and their health-protective behavior will be stronger for Greeks than for Spaniards.*

The relationship between tourists' trust and destinations' attractive attributes has attracted limited research interest. Research interest on tourists' trust focuses on its relationship with eWOM [35], travel avoidance [36], and loyalty [31]. However, according to Jensen and Svendsen [37], destination attractiveness is improved if tourists' social trust increases. Artigas et al. [30] also revealed that destinations' attractive attributes are useless if tourists do not trust the destination. Tourists' trust in the government pandemic management influences their travel intentions [36]. Thus, the following hypothesis may be formulated:

**Hypothesis 5-1(a).** *There is a positive association between tourists' trust and the attractive destination attributes for Greek tourists.*

**Hypothesis 5-1(b).** *There is a positive association between tourists' trust and the attractive destination attributes for Spanish tourists.*

**Hypothesis 5-2.** *The positive relation between tourists' trust and the attractive destination attributes will be stronger for Greeks than for Spaniards.*

In the post-COVID-19 era, fear may increase travel avoidance. Nevertheless, Zheng et al. [36] argued that trust in the government's effective management of the pandemic significantly influences tourists' travel intentions. Likewise, Jensen and Svendsen [37] claimed that social trust motivates tourists' visit intentions on destinations and contributes to the destinations' safety perceptions. However, Abraham et al. [38] argued that domestic tourists might lose their trust and avoid local destinations if their government fails to manage the pandemic. Thus, a positive relationship between trust and tourists' travel intentions may occur when a destination is perceived as safe.

**Hypothesis 6-1(a).** *There is a positive association between tourists' trust and the travel intentions of Greek tourists.*

**Hypothesis 6-1(b).** *There is a positive association between tourists' trust and the travel intentions of Spanish tourists.*

**Hypothesis 6-2.** *The positive relationship between tourists' trust and travel intentions will be stronger for Greeks than for Spaniards.*

Previous studies have explored the relationship between tourists' trust and their behavior intentions [35]. However, few studies have examined the impact of trust on tourists' health-protective behavior. For example, Bish and Michie [39] revealed that high trust levels in authorities are associated with the personal protective behavior of tourists during a pandemic. Similarly, Liao et al. [40] argued that during the spread of H1N1 influenza, high trust levels in formal education messages increased the personal health-protective behavior of tourists. Although limited attention has been given to understanding how tourists' trust beliefs affect their health-protective behavior during the COVID-19 [41], the following hypothesis can be formulated:

**Hypothesis 7-1(a).** *There is a positive association between tourists' trust and the health-protective behavior of Greek tourists.*

**Hypothesis 7-1(b).** *There is a positive association between tourists' trust and the health-protective behavior of Spanish tourists.*

**Hypothesis 7-2.** *The positive relationship between tourists' trust and health-protective behavior will be higher for Greeks than for Spaniards.*

Tourists' intentions to travel depend on their past travel experiences or their perceptions regarding their safety. Studies have confirmed that health-protective measures mitigate the reduced travel intentions during health crises [42]. Travel restrictions and tourists' anxiety decreased travel intentions during the COVID-19 pandemic. However, researchers claimed that people coming from highly exposed countries (as concerns as the first wave of coronavirus) are expected to travel immediately after the lifting of travel restrictions. These tourists may develop health-protective behaviors, and safe tourist destinations could attract them [43]. Thus, a positive relationship between travel intentions and tourist health-protective behavior may occur.

**Hypothesis 8-1(a).** *There is a positive association between tourists' travel intentions and the health-protective behavior of Greek tourists.*

**Hypothesis 8-1(b).** *There is a positive association between tourists' travel intentions and the health-protective behavior of Spanish tourists.*

**Hypothesis 8-2.** *The positive relation between tourists' travel intentions and health-protective behavior will be stronger for Spaniards than for Greeks.*

Attractiveness plays a vital role in destination-choice processes, and avoidance behavior may influence tourists' decision-making [44]. During an outbreak, health and safety are featured as the most essential destination attributes over other attributes, such as gastronomy and natural environment. Moreover, tourists' behavior is expected to be shifted to a more health-protective behavior [45]. Before the pandemic, the negative impact of over-tourism on destinations received much attention [46]. Destinations attract high tourists flow, leading to crowded places. Nowadays, tourists develop a more health-protective behavior when they visit crowded attractions under the fear of the COVID-19 infection [47]. Thus, a positive relationship between attractive destinations attributes and tourist health-protective behavior may occur.

**Hypothesis 9-1(a).** *There is a positive association between the destinations' attractive attributes and the health-protective behavior of the Greek tourists.*

**Hypothesis 9-1(b).** *There is a positive association between the destinations' attractive attributes and the health-protective behavior of the Spanish tourists,*

**Hypothesis 9-2.** *The positive relation between the destinations' attractive attributes and the health-protective behavior will be stronger for Spaniards than for Greek tourists.*

Figure 1 summarizes the hypothesized model.

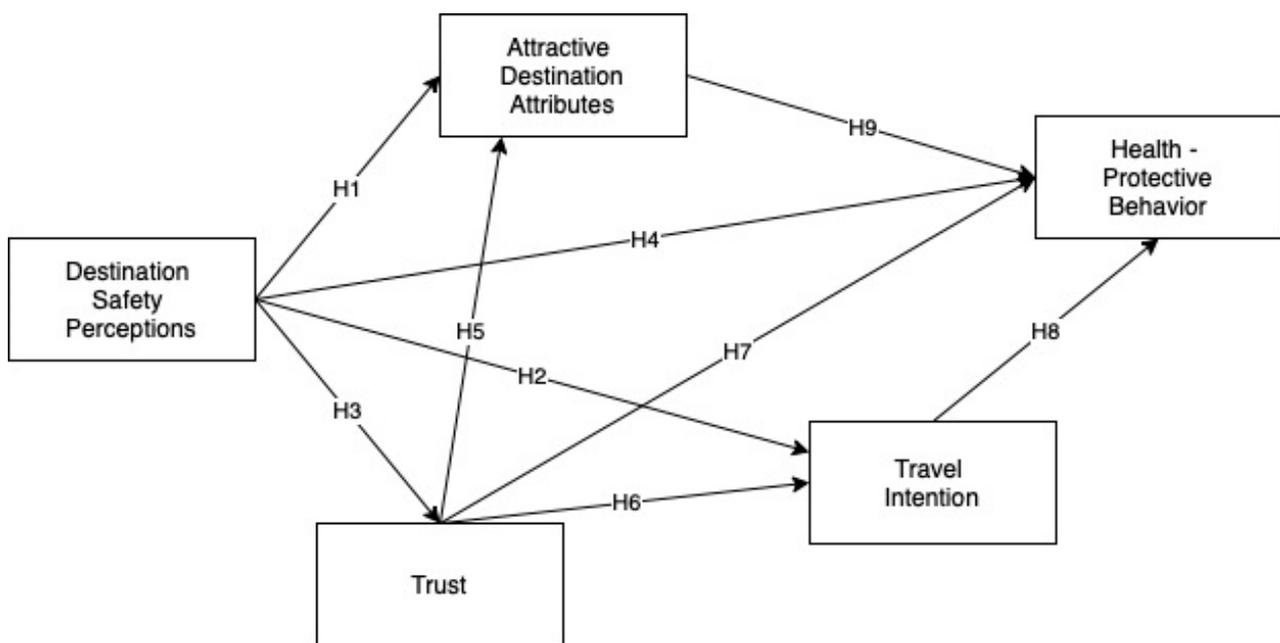


Figure 1. Hypothesized Model.

### 3. Methods

#### 3.1. Research Design

A questionnaire was developed consisting of 23 grounded-in-theory questions, and an online survey was conducted between 1 June 2020 and 31 July 2020. Participants were recruited through *LinkedIn* from users who were willing to take summer holidays after the first wave of COVID-19. The questionnaire was designed to measure how tourists perceive Greece as a safe destination. Greek tourists were chosen as a sample because they are part of the domestic tourism market of a country that had successfully managed the first wave of COVID-19. Spaniards were selected as a sample because they are part of the inbound tourism market; additionally, the first wave of the COVID-19 had severely hit their country. The questionnaire was developed in Greek, English, and Spanish in order to manage cross-country issues. Two academics revised it, and it was then shared on social media along with the purpose of the study.

The first section of the questionnaire was focused on the participants' sociodemographics. The second section consisted of questions regarding the participants' safety perceptions, Greece's attractive attributes, trust in the destination, travel intentions, and health-protective behavior. Four items were used to measure the participants' perceptions regarding Greece's image as a safe destination. Tourists' trust consisted of nine measurement items [30]. Attractive destination attributes were measured using four measurement items [48]. Three measurement items were used regarding the participants' travel intentions [49], and three measurement items regarding participants' health-protective behavior [42]. All items were measured with a 7-point Likert scale.

### 3.2. Sociodemographic Profile

In total, 951 respondents participated in the survey; 551 were Greeks and 400 were Spaniards. No missing data was observed, and further analysis was conducted. SPSS v.23 was used to extract the respondents' profiles from each country. Table 1 summarizes sample characteristics. Females represented 51.5% of the Greek respondents and 57.5% of the Spaniards. Regarding the annual personal income, 54.3% of Greeks declared an annual income less than €15,000, and 67.5% of Spaniards stated an annual income between €15,001 and €30,000. These differences may be explained by looking at the World's Bank data on both countries' per capita income (Greece = €14,170 and Spain = €21,440). The income results were translated into the results regarding the travel spending in both countries. Greeks spent under €1000 and Spaniards €1501 to 2000 on vacations when they travel. Regarding the current pandemic, the majority of respondents from both countries were not infected by COVID-19. However, only 5.8% of Greeks declared a family member infected by the novel coronavirus, while 53% of Spaniards had an infected family member.

**Table 1.** Sociodemographic Profile.

Variable	Category	Greece	Spain
Country		Percentage %	Percentage %
N.			
Gender	Male	48.5%	42.5%
	Female	51.1%	57.5%
Age	18–24	16.0%	20.5%
	25–34	19.6%	26.0%
	35–49	39.9%	30.3%
	50–65	23.4%	14.0%
	>65	1.1%	9.3%
Education Level	Primary School	0.4%	1.8%
	High School	12.3%	34.3%
	Graduated Degree	48.6%	45.5%
	Postgraduate Degree	38.7%	18.5%
Annual Income	<10,000€	31.8%	6.3%
	10,001–15,000€	22.5%	5.0%
	15,001–20,000€	12.9%	28%
	20,001–30,000€	15.8%	39.5%
	30,001–45,000€	8.0%	12.5%
	>45,000€	9.1%	8.8%
Travel Spending	<1000€	50.8%	10.3%
	1001–1500€	21.1%	20.0%
	1501–2000€	12.9%	40.0%
	2001–3000€	8.9%	19.5%
	3001–4500€	5.3%	7.0%
	>4500€	1.1%	3.3%
Sicked yourself by COVID-19	Yes	5.8%	5.3%
	No	94.2%	94.8%
Sicked family member by COVID-19	Yes	5.8%	53.0%
	No	94.2%	47.0%

Exploratory Factor Analysis (EFA), Multi-Groups Confirmatory Factor Analysis (MGCFA), and Multi-Groups Structural Equation Model (MGSEM) were performed in the further analysis. The EFA was conducted to transform the large datasets into smaller ones that contained the majority of the information that could be used in the subsequent analy-

sis [50]. Next, a Confirmatory Factor Analysis (CFA) tested the goodness of fit of our model. Finally, to identify any cross-cultural differences between the groups, an MGCFA was conducted [51].

### 3.3. Analysis

A maximum-likelihood factor analysis with Promax rotation was used to examine the simplicity and clarity of factor loadings and structure. To extract the number of factors, the criteria we applied included a minimum eigenvalues of 1.0 and a factor loading of individual items with a minimum loading of 0.5 or higher, and the total item variance explained by the retained factors should be high, with 60% as a minimum target [52]. KMO was 0.908, and Bartlett's test of sphericity  $p$ -value was  $<0.05$ , indicating that EFA could be pursued [53]. Eventually, internal reliability was estimated for all factors, and it exceeded the minimum desired reliability of 0.70 [52], while the total variance was 76.45%.

In the next step we tested the hypothesized model (Figure 1) in two stages. First, CFA was performed to validate the measurement model using the five latent constructs identified by the EFA. All constructs were correlated to estimate each construct's overall fit, validity, and reliability. Next, Multi-Group CFA was performed using SPSS Amos v.23, and several fit indices were examined to support the model goodness of fit. As recommended in the literature, when performing CFA analysis for the Comparative Fit Index (CFI) and the Goodness of Fitness Index (GFI), values from 0.90 and above generally represents a good fit. For the Root Mean Squared Error of Approximation (RMSEA), values  $< 0.08$  suggest an acceptable fit [53]. While, the Standardized Root Mean Square Residual (SRMR) is an absolute measure of fit, and values  $< 0.08$  generally indicate a good fit [54]. Finally, the  $\chi^2/df$  ratio values less than 5 show a good fit [55].

Initially, the hypothesized model was tested in the multi-group to examine model fit per group. In the multi-group model fit indices, values were  $\chi^2/df = 4.694$ , CFI = 0.956, GFI = 0.922, RMSEA = 0.062, and SRMR = 0.063. The results support that the model achieved the recommended values and was accepted. Table 2 summarizes the goodness-of-fitness results from the CFA of the multi-group model, Greeks, and Spaniard groups.

**Table 2.** Measurement Model for Constructs.

Variable	Item	Factor Loading	Cronbachs' $\alpha$	CR	AVE
Trust			0.950	0.954	0.656
	... in the implementation of health protocols by C-level tourism executives	0.859			
	... in the implementation of health protocols by business	0.864			
	... in good cooperation between business and health system	0.885			
	... in good cooperation between business and the general secretariat for civil protection	0.869			
	... in the implementation of health protocols in transport and transport infrastructure	0.830			
	... in safe, well-organized, and modern tourism infrastructure	0.759			

Table 2. Cont.

Variable	Item	Factor Loading	Cronbachs' $\alpha$	CR	AVE
	Greece is a safe European country in full compliance with the health protocols set out in the European Union	0.784			
	... in the safety and precautionary measures introduced by the Greek government	0.742			
	... in the policies and measures introduced by the European Union	0.671			
Destination Safety Perception			0.893	0.869	0.686
	Low rates of coronavirus infections across the county	0.957			
	Low coronavirus death rate across the county	0.885			
	Successful management of the COVID-19	0.821			
	Greece is a Safe Tourist Destination for 2020	0.619			
Attractive Attributes			0.867	0.870	0.629
	The uniqueness/distinctiveness of the destination	0.867			
	The historical/cultural character of the destination	0.834			
	Natural environment of the destination	0.801			
	Traditional cuisine/food products	0.645			
Health-Protective Behavior			0.905	0.911	0.774
	I will comply with the health protocols of my planned destination country	0.970			
	I will comply with the health protocols of my planned vacation accommodation	0.885			
	I will comply with applicable safety and precautionary measures	0.801			
Travel Intentions			0.852	0.853	0.660
	I will go on vacation as long as there is access to accurate information and news	0.830			

Table 2. Cont.

Variable	Item	Factor Loading	Cronbachs' $\alpha$	CR	AVE
	I will go on vacation as long as health infrastructures and health care services can be found	0.800			
	I will go on vacation to a promiscuous and unforgettable travel destination offering at the same time a high level of safety	0.821			

Furthermore, we examined the composite reliability and discriminant validity (Table 2). Cronbach's  $\alpha$  and composite reliability (CR) values surpassed the 0.7 criteria, and the lowest average variance extracted (AVE) values were greater than 0.5, as suggested [53]. As a final step, values of skewness and kurtosis were estimated to examine the normality of our data. Our results showed that skewness values were between  $-1.784$  and  $-0.406$ , and kurtosis values ranged from  $-0.803$  to  $3.639$  (Table 2). According to Kline [56], normality values for skewness range,  $\pm 2$ , and kurtosis values,  $\pm 7$ , vary. Thus, we can support that our results fall into normal ranges.

Finally, Table 3 shows all the square roots of AVE for each latent construct greater than their correlations with other constructs, indicating the discriminant validity of the constructs [57].

Table 3. Discriminant validity.

Construct	DSP	TR	ADA	HSB	TI
Destination Safety Perception	<b>0.830</b>				
Trust	0.486 ***	<b>0.810</b>			
Attractive Destination Attributes	0.362 ***	0.273 ***	<b>0.793</b>		
Health-Safety Behavior	0.360 ***	0.273 ***	0.108 ***	<b>0.880</b>	
Travel Intention	0.220 ***	0.356 ***	0.333 ***	0.339 ***	<b>0.812</b>

Note: DSP = Destination Safety Perception, TR = Trust, ADA = Attractive Attributes, HSB = Health-Safety Behavior, TI = Travel Intentions, Square Root of AVE values. \*\*\* Denotes  $p < 0.001$ .

Because all scales in this study were assessed and determined to have appropriate measurement characteristics, testing hypotheses was the next stage in the analysis. We subsequently conduct the multi-group analysis to examine the hypothesized relationships proposed in the conceptual model and test the differences between notions. Table 4 highlights the results from analyzing the model's fitness to each sample's data and the multi-group analysis.

Table 4. Goodness of fitness of the models.

Model	CMIN	df	CMIN/df	CFI	GFI	RMSEA	SRMR
Unconstrained model	1432.33	418	3.427	0.946	0.887	0.051	0.071
Constrained model	1610.99	445	3.620	0.938	0.874	0.053	0.073

Source: AMOS output.

As shown in Table 4, the significant difference ( $p < 0.001$ ) in chi-square statistic  $\Delta\chi^2 = 178.66$  and  $\Delta df = 27$  shows that the structural relationships are significantly different between the two segments. Thus, as is recommended, we examined scalar invariance by comparing the latent constructs' means. The z-score method ( $z = \text{mean difference} / \text{standard error}$ ) was employed to compare the means of parameters between Greek and Spanish tourists. According to theory, when  $|z| > 1.645$  and the  $p$ -value is less than 0.05, there is a substantial difference between the two groups [58].

#### 4. Results

Table 5 shows the comparisons of results by country. We utilized unstandardized coefficient estimates to analyze differences and similarities because the variances differed between groups [59].

**Table 5.** Significant results of comparisons of the path coefficients between Greek and Spanish group.

Hypothesis	Unconstrained Model		
	Greeks Estimates	Spaniards Estimates	Z-Score
H1: Destination Safety Perception→Attractive Attributes	0.102	0.969 ***	8.358 ***
H2: Destination Safety Perception→Travel Intention	0.159 *	0.514 ***	3.671 ***
H3: Destination Safety Perception→Trust	0.597 ***	0.568 ***	−0.425
H4: Destination Safety Perception→Health Protective Behavior	0.150 ***	0.170 *	0.191
H5: Trust→Attractive Attributes	0.165 ***	−0.054	−2.194 *
H6: Trust→Travel Intention	0.323 ***	0.014	−3.371 ***
H7: Trust→Health Protective Behavior	−0.052	−0.257 ***	−3.184 ***
H8: Travel Intention→Health Protective Behavior	0.315 ***	0.519 ***	2.808 ***
H9: Attractive Attributes→Health Protective Behavior	0.052	0.215 ***	2.347 *

Note: \*\*\* denotes  $p$ -value < 0.001, \* denote  $p$ -value < 0.05.

Accordingly, the relationship between safety perception and attractive destination attributes between groups was partially confirmed. A positive and strong coefficient was revealed only for Spaniards ( $\beta = 0.969$ ,  $p < 0.001$ ). Thus, Hypothesis 1-1(a) was rejected, hypothesis 1-1(b) was confirmed, and Hypothesis 1-2 was rejected.

In the next hypothesis, safety perception significantly affected tourists' travel intentions in both groups. According to our results, significant differences among groups revealed that the Spaniards' coefficient is higher. Thus, Hypothesis 2-1(a), Hypothesis 2-1(b), and Hypothesis 2-2 were confirmed.

A strong relationship between tourists' safety perceptions and trusts was revealed for both nationalities. Thus, Hypothesis 3-1(a) and Hypothesis 3-1(b) were confirmed. No significant differences were observed between groups, indicating homogeneity in tourists' perceptions. Thus, Hypothesis 3-2 was rejected.

A positive relationship between tourists' safety perceptions and their health-protective behavior was revealed for both nationalities. Thus, Hypothesis 4-1(a) and Hypothesis 4-1(b) were confirmed. No significant differences were observed between groups, indicating homogeneity in tourists' perceptions. Thus, hypothesis 4-2 was rejected.

Next, we assumed a positive connection between tourists' trust and attractive destination attributes. Only Hypothesis 5-1(a) was confirmed (Greek:  $\beta = 0.165$ ,  $p < 0.001$ ). A non-significant relationship was revealed for Spanish tourists. Thus, Hypothesis 5-1(b) and Hypothesis 5-2 were rejected.

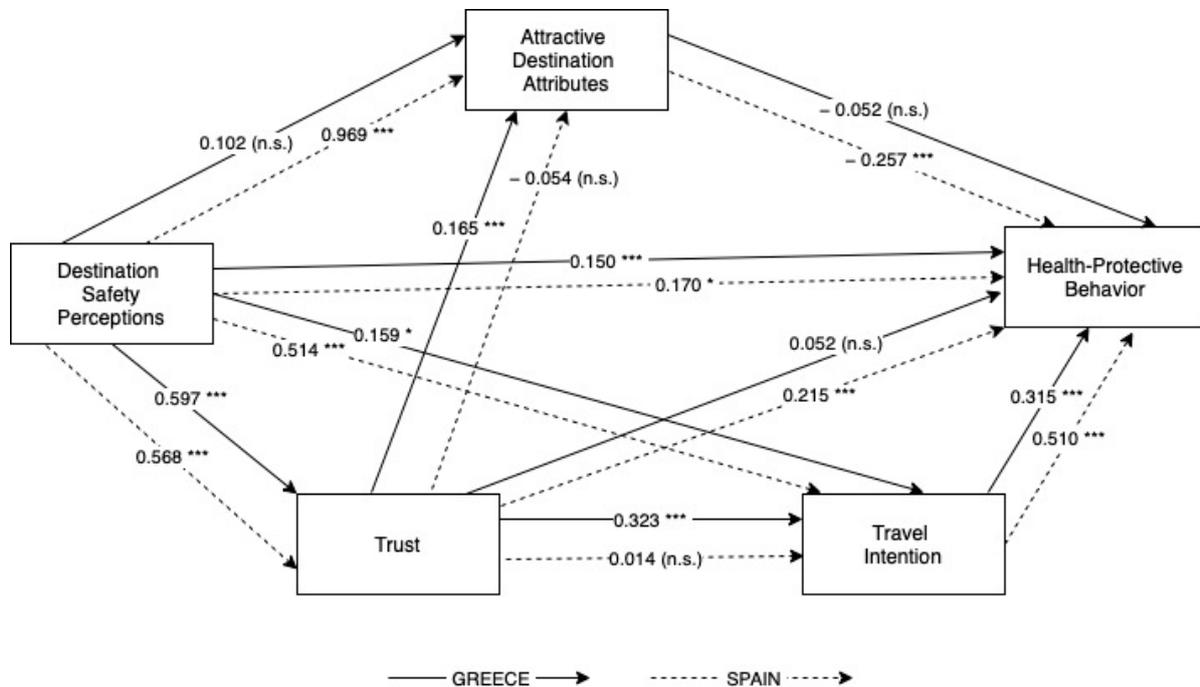
Additionally, a positive relation between tourists' trust and their travel intention was proposed. Only in the case of Greek tourists was the relationship supported. Thus hypothesis 6-1(a) was confirmed (Greek:  $\beta = 0.323$ ,  $p < 0.001$ ) and Hypothesis 6-1(b) and Hypothesis 6-2 were rejected.

We examined the relationship between tourists' trust and their health-protective behavior. A positive significant relationship was revealed only in the case of Spanish tourists (Spaniards  $\beta = 0.215$ ,  $p < 0.001$ ). Thus, Hypothesis 7-1(a) was rejected, hypothesis 7-1(b) was confirmed, and Hypothesis 7-2 was rejected.

A positive relationship was revealed between tourists' travel intentions and their health-protective behavior for both nationalities. Thus, Hypothesis 8-1(a) and Hypothesis 8-1(b) were confirmed. However, a stronger relationship was revealed for Spanish tourists (Greek:  $\beta = 0.315$ ,  $p < 0.001$ ; Spaniards  $\beta = 0.519$ ,  $p < 0.001$ ) which provides support in our hypothesis (Hypothesis 8-2).

Finally, the positive relationship between destination attractive attributes and tourists' health-protective behavior was not confirmed for either nationality. Thus, Hypothesis 9-1(a),

Hypothesis 9-1(b), and hypothesis 9-2 were rejected. Nevertheless, a negative relationship is revealed for Spanish tourists (Spaniards  $\beta = -0.257$ ,  $p < 0.001$ ). The results are represented graphically in Figure 2.



**Figure 2.** Cross-country comparison. Note: Unstandardized path estimates, \*\*\* denotes  $p < 0.001$ , \* denotes  $p < 0.05$ , n.s. denotes non-significant.

## 5. Discussion

After the first wave of the COVID-19 pandemic, a cross-country study was performed to examine similarities and variations in the perceptions of local and foreign visitors about Greece. The present study aims to explore the effect of Greece's image as a Safe Tourist Destination on tourists who were willing to take summer holidays in 2020. Greeks were selected because they constitute the domestic tourism market, and according to the literature, they should be the primary target market in the early post-pandemic recovery period [60,61]. Spaniards were selected because they come from a country with one of the highest COVID-19 infections and mortality rates in Europe, but still, they show interest in travel [43,61]. Unlike most of the previous studies, which are mainly focused on risk perceptions provoked by COVID-19, the present study is focused on tourists' safety perceptions. Nine hypotheses were developed based on the literature review, and valuable theoretical and managerial insights were revealed.

The present study provides valuable insights into the importance of the health-safety destination's image in the recovery period after a health crisis. Moreover, differences in the perceptions between domestic and inbound tourists are revealed. Several theoretical implications can be derived from our findings. Health-safety perceptions of Greeks, who represent the domestic tourism market, are positively related to their trust, travel intentions, and health-protective behavior. For Spaniards, who represent the inbound tourism market, their health-safety perceptions are additionally positive related to Greece's attractiveness as tourism destination. Our findings reinforce the findings of previous studies. For example, Kim and Perdue [19] claimed that the destinations' cognitive image influences its attractiveness and improves tourists' experience. According to Hsu et al. [62], destination safety and security are positively related to attributes such as its natural scenery and local cuisine. Wen et al. [63] argued that safety became essential in tourists' travel decisions after the SARS outbreak. During the COVID-19 pandemic, studies also confirmed the significant relationship between safety perceptions and travel intentions [64]. Our results are also

in accordance with Artigas et al. [30], who proposed that trust in a destination is related to its reputation, tourists' cognitive perceptions, and their affective evaluations. In our case, tourists' trust toward Greece, especially regarding implementing the health protocols by local authorities and businesses, was empowered because it was perceived as a safe tourist destination.

According to our model, tourists' perceptions regarding Greece as a health-safe destination positively influenced their health-protective behavior. Likewise, Rončák et al. [65] claimed that tourists are willing to choose their destination based on possible health risks in the early pandemic period. Caber et al. [26] revealed that Greece's safety image positively influences tourists' choices. However, during the summer vacations after the first wave of the coronavirus in Europe, the lack of a vaccine against COVID-19 made tourists more cautious about possible infection and more willing to comply with all the health protocols. Thus, we can claim that tourists are eager to choose Greece as a health-safe destination for their vacation during a pandemic. Still, the lack of pharmaceutical interventions increases their health-protective behavior when they travel. Our result reinforces Orîndaru et al. [61] regarding tourists' priority on the appropriate implementation of health protocols in their decision-making process. Additionally, a stronger and more positive relationship between travel intention and health-protective behavior for international than domestic tourists is revealed. It seems that tourists intend to travel soon after the travel restrictions are lifted. However, as Zheng et al. [36] claimed, tourists' fear of being infected by COVID-19 when traveling makes them seek destinations that apply strict measures against the coronavirus spread. Tourists' fears of infection may also motivate them to develop health-protective behaviors when traveling [66].

However, differences are observed between domestic and inbound tourists, highlighting the importance of using different strategies to attract different segments of tourists. On the one hand, tourists' trust positively influences their travel intentions and Greece's attractiveness only for the domestic tourism market. Similarly, Moreno-Luna et al. [67] have also pointed out that destination recovery strategies should be focused on the domestic tourism market by strengthening and developing experiential, active, and rural tourism. On the other hand, only inbound tourists' trust is positively related to their health-protective behavior. Our findings reinforce previous studies [68,69], which suggest that tourists develop more health-safety behaviors during a pandemic, and they choose a destination they trust regarding the implementation of health protocols. Thus, we argue that tourists' confidence in local authorities in managing a health crisis may motivate them to comply with the destination's rules and health protocols to reduce health risks. Contrary to other studies, which argue that tourists are not hesitating to visit events or crowded places as long as the health protocols are observed [65], Greece's attractive attributes were negatively related to the Spaniards' health-protective behavior. Our findings may be justified by the fact that, in the early post-coronavirus days, travel was still limited, and popular attractions (e.g., historical sites) were less crowded. Thus, tourists adopt a less health-protective behavior that offers the opportunity of escaping from the "new" social distancing norm because they feel less at risk.

Some practical implications can arise from the present study that can assist destination policy-makers and tourism businesses in the post-COVID-19 recovery period. The tourism sector experiences an unprecedented period due to the travel bans imposed by many countries to prevent the spread of the novel coronavirus. According to the World Tourism Organization [70], the COVID-19 pandemic caused a 74% reduction in tourist arrivals worldwide. To limit all the negative impacts, policy-makers should apply effective recovery plans with respect to the health-safety conditions in the destinations. Promoting a health-safe destination image affects the psychology of domestic and inbound tourists differently. Thus, different methods are required to approach these two market segments.

Ensuring a destination's health-safety conditions during the pandemic and promoting a safe image may increase tourist flows. Domestic tourists should be the target tourism market in the short-term period. However, inbound tourists are also willing to visit health-

safe destinations when travel restrictions are lifted. Tourists trust social media more than other sources for information about a destinations' safety conditions [69]. Thus, destinations should use social media to provide transparent information about their current pandemic situation and the health measures taken to ensure visitors safety and to promote their health-safety image. Nevertheless, tourists intend to travel to safe destinations, but their perceived severity regarding the pandemic's impact increases their protective behaviors [43]. However, it is also essential that tourism authorities pay attention when promoting their destination's health-safety condition because COVID-19 deniers may also be attracted, leading to a spiking infection rate within the destination [71].

Tourists are expected to use the internet more frequently to access information about tourism destinations' health situation and make reservations remotely [72]. Tourism businesses should invest in technological innovations. Thus, we suggest that businesses invest in their presence on the internet by developing or upgrading their websites, to provide helpful information and links regarding the health measures they take against the spread of the coronavirus on their websites, to provide mobile-friendly reservations systems on their websites, and to offer contactless check-in systems through mobile apps. Such approaches may increase tourists' trust and help businesses to attract their target markets.

Our findings provide empirical evidence to destinations' policy-makers who are willing to increase their share in the domestic tourism market in the post-pandemic period. Strategies to enhance tourists' trust in their hygiene environment and improve their attractiveness should be developed. Recreation, gastronomic, and rural tourism are expected to be favorable among tourists in the post-pandemic period, which offers destinations the opportunity to reposition themselves to internal tourists. By ensuring health conditions and providing less crowded places, tourism destinations may moderate the negative effects on their economies by increasing the numbers of domestic tourists. Additionally, more crowded destinations may use the post-pandemic period to redesign their tourism development model to reduce mass tourism, increase other types of tourism, and improve their sustainability.

Less crowded destinations are also expected to attract international tourists. Based on the results obtained in the present research, inbound tourists may see those places as an opportunity to feel more released and to develop a less health-protective behavior and escape from the "new" normality of social distancing caused by the novel coronavirus. Health protocols should be followed to ensure destinations' and tourists' safety. Tourism businesses should use clear information about the health protocols that tourists should follow. However, tourism businesses should redesign their environment or develop new services (e.g., health retreat centers, recreation activities) in respect of the need of tourists to escape from a stressful quarantine period they may have lived in their countries.

## 6. Conclusions

The negative impacts of COVID-19 on the tourism sector have attracted research interest. This paper contributes to research on destination safety, tourists' perceptions, and tourists' protective behavior. Our findings highlight the critical impact of tourists' safety perceptions regarding the destination on their travel intention and their health-protective behavior and the cross-cultural differences regarding the role of tourists' trust and destinations' attractiveness. The study highlights the preference of tourists towards destinations that provide a health-safety environment. Results suggest that during a health crisis, tourism policy-makers should use all possible tools to analyze and profile their potential tourists to attract them to the destination.

The study presents some limitations. The exploratory nature and the specificities of the sample suggest caution in the generalization of the findings. In addition, we must note that the present study was conducted after the first wave of the novel coronavirus. After the summer vacations, countries experienced a second and a third wave of COVID-19. During this period, people may have lived under extended lockdowns, which could have caused changes in their safety perceptions and travel intentions. Vaccinations from the

end of 2020 reduced peoples' health concerns, increased their willingness to travel, and decreased their health-protective behavior.

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