

**Thai Tourists' Attitude towards Germany's Covid-19  
Crisis Management and their Intention to Travel to Germany**

**Miss Jasmin Phitcha Joas**



**An Independent Study Submitted in Partial Fulfillment of the  
Requirements  
for the Degree of Master of Arts (Communication Arts) in Strategic  
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ทัศนคติของนักท่องเที่ยวยุโรปต่อการจัดการภาวะวิกฤติโควิด19  
ของประเทศเยอรมนี และความตั้งใจเดินทางไปประเทศเยอรมนี



สารนิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาโทสาขาสถาปัตยกรรมศาสตรมหาบัณฑิต  
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ลิขสิทธิ์ของจุฬาลงกรณ์มหาวิทยาลัย

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Crisis Management and their Intention to Travel to  
Germany  
By                                      Miss Jasmin Phitcha Joas  
Field of Study                      Strategic Communication Management  
Thesis Advisor                      Assistant Professor TEERADA  
   CHONGKOLRATTANAPORN, Ph.D.

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Accepted by the FACULTY OF COMMUNICATION ARTS,  
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Arts (Communication Arts)

INDEPENDENT STUDY COMMITTEE

..... Chairman  
(Associate Professor SMITH BOONCHUTIMA, Ph.D.)  
..... Advisor  
(Assistant Professor TEERADA  
CHONGKOLRATTANAPORN, Ph.D.)  
..... Examiner  
(Assistant Professor SUTHILUCK VUNGSUNTITUM,  
Ph.D.)

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จัสมีน พิชชา โจอัส : ทักษะคตินักท่องเที่ยวชาวไทยต่อการจัดการภาวะวิกฤติโควิด-19 ของประเทศเยอรมนี และความตั้งใจเดินทางไปประเทศเยอรมนี. ( Thai Tourists' Attitude towards Germany's Covid-19 Crisis Management and their Intention to Travel to Germany) อ.ที่ปรึกษาหลัก : ผศ. ดร.ธีรดา จงกลรัตนภรณ์

การวิจัยในครั้งนี้ มีวัตถุประสงค์เพื่อศึกษาความแตกต่างของนักท่องเที่ยวชาวไทยที่มีความตั้งใจที่จะเดินทางไปประเทศเยอรมนีก่อนและหลังการระบาดของโรคโควิด-19 และเพื่อศึกษาความสัมพันธ์ระหว่างความตั้งใจที่จะเดินทางไปประเทศเยอรมนีก่อนและหลังการระบาดของโรคโควิด-19 กับทัศนคติต่อการจัดการวิกฤติของประเทศเยอรมนี โดยใช้การวิจัยเชิงสำรวจ เก็บข้อมูลจากนักท่องเที่ยวชาวไทยที่มีความสนใจในการเดินทางไปประเทศเยอรมนี จำนวน 200 คน ผลการวิจัยพบว่า ความตั้งใจที่จะเดินทางไปประเทศเยอรมนีก่อนและหลังการระบาดของโรคโควิด-19 ให้ผลที่แตกต่างกันอย่างมีนัยสำคัญทางสถิติ โดยแสดงให้เห็นถึงความตั้งใจในการเดินทางไปประเทศเยอรมนีที่ลดลงหลังจากการแพร่ระบาดของโรคโควิด-19 ถึงแม้จะมีทัศนคติโดยรวมในเชิงบวกต่อการจัดการวิกฤติของประเทศเยอรมนี นอกจากนี้ ยังพบว่ามีความสัมพันธ์ระหว่างทัศนคติต่อการจัดการวิกฤติของประเทศเยอรมนีกับความตั้งใจที่จะเดินทางไปประเทศเยอรมนีลดลงหลังจากการระบาดของโรคโควิด-19 โดยเป็นความสัมพันธ์ในเชิงบวกสรุปได้ว่า นักท่องเที่ยวชาวไทยมีทัศนคติในเชิงบวกต่อการจัดการวิกฤติของประเทศเยอรมนีในช่วงแรกของ ปี พ.ศ. 2563 แต่พบว่านักท่องเที่ยวชาวไทยมีความตั้งใจที่จะเดินทางไปประเทศเยอรมนีลดลงหลังจากการระบาดของโรคโควิด-19 ถึงแม้ว่านักท่องเที่ยวจะมีทัศนคติเชิงบวกกับการจัดการวิกฤติของเยอรมนี แต่ค่าเฉลี่ยของความตั้งใจที่จะเดินทางไปกลับไม่สูงเท่าก่อนเกิดโรคระบาด

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Jasmin Phitcha Joas : Thai Tourists' Attitude towards Germany's Covid-19  
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 Prof. TEERADA CHONGKOLRATTANAPORN, Ph.D.

The objective of this research was to study whether there is a difference in Thai tourists' intention to travel to Germany before and after the COVID-19 pandemic. This study also aimed to investigate the relationship between their intention to travel after the pandemic as well as their attitude towards Germany's crisis management. Two hundred Thai tourists were asked to complete a self-administered questionnaire survey online. The findings of this research reveal a significant statistical difference in travel intention before and after the COVID-19 pandemic. These findings suggested a lower travel intention to Germany after the COVID-19 pandemic, but an overall positive attitude towards Germany's crisis management. The findings also indicated a positive correlation between Germany's crisis management and Thai tourists' intention to travel after the pandemic. In conclusion, despite the positive attitude towards Germany's crisis management in the first half of 2020, it was found that Thai tourists demonstrate a lower intention to travel to Germany after the COVID-19 pandemic. Even though the crisis was perceived as well-managed, the pandemic and its consequences have a bigger impact on Thai tourists than the crisis management itself.



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# CHAPTER 1

## INTRODUCTION

### 1.1 Significance of the study

Tourism is one of the most affected industries by the outbreak of COVID-19, a new virus with a global impact, causing a worldwide state of emergency and an unprecedented crisis starting early in 2020 (Covid-19: Putting People First, 2020, UNWTO, 2020a), despite being a sector known to grow more than any other economical branches (UNWTO, 2019).

What started as a small number of infections in central China, has become one of the biggest health crises in the recent years (World Health Organization: WHO, 2020b). Due to the nature of the virus being able to be carried asymptotically while still being highly contagious, one of the main reasons why the virus has extended the infection area from one city to other cities and even across country borders, is the growing amount of traveling (World Health Organization: WHO, 2020a).

Looking at Thailand, the Tourism Authority of Thailand has recorded that in the first quarter of 2018 alone, an average of 1 million Thais travelled abroad. Amongst the most popular tourist destinations is Europe with France, Switzerland, Italy, Germany, and the United Kingdom under the top 5 countries to visit (Chaipinit, 2008). The main motivation of many Thai tourists to travel abroad is relaxation and leisure, however, it is closely followed by the intention to visit Europe's architectural sites (APISITNIRAN, 2019).

As on March 11, 2020, the World Health Organisation announced in a media briefing that the COVID-19 outbreak has reached a global level and can be characterized as a pandemic. Since then, the global crisis management and communication has varied in every country, due to the unique situation in each place, some being more effective than others (World Health Organization: WHO, 2020a).

In this regard, this study aims to investigate if the way a nation handles the situation might have an impact on the rebuilding of tourism in order to see whether the attitude towards crisis management can influence the intention of tourists to travel to a certain destination. By summarizing previous research results it was found that the relevant theory of crisis response exists majorly in crisis communication, crisis management and emergency disaster management, majorly focusing on a corporate or public health setting. It is evident that a crisis can have a major impact towards an organization or country, both intangible in reputation as well as tangible measurable in the number of sales (Coombs, 2007 and Law, 2006).

This study will explore the influence of the attitude towards crisis management and communication on the intention to travel of tourists, as similar to a corporate setting crisis management can have an influence on the attitude towards how a country is perceived (Pillmayer & Scherle, 2017). Due to the growing number of Thais traveling to Europe and Germany aiming to target more Thai tourists, this research is going to focus on Thai tourists as a target group and on Germany as a tourist destination. Based on this, this paper combines normative theoretical research with a case study method, focusing on Germany's crisis response during the COVID-19 pandemic and the attitude Thai tourists have on the crisis management. Furthermore, it will investigate what the future travel intention of Thai tourists to Germany are and

whether there is a difference between their intention before and after the pandemic, indicating a relationship between the attitude towards crisis management and travel intention. The case study of Germany was chosen due to the popularity in traveling there by Thai people. Furthermore, it has been hit severely by the coronavirus, experiencing a lockdown and strict measures to keep the virus under control.

This paper attempts to provide an insight on what role the attitude towards crisis management plays in travellers and whether it affects the intention of traveling. Since the COVID-19 pandemic is still an ongoing issue all around the world and will be as long as no vaccine has been developed and can be distributed to the public, this research is going to focus on the initial phase of crisis communication and investigate Germany's crisis response according to the framework developed in the literature review. This study will provide some reference and guidance to tourism marketers on whether they can use crisis management as a tool in marketing or not. Academically, this will be of reference value to scholars and researchers on this subject, concerning the attitude towards crisis management and tourism, since a lot of crisis literature focuses more on a corporate setting than nation-based crisis management.

## **1.2 Research Objective**

- (1) To examine Thai tourists' intention to travel to Germany before and after the COVID-19 pandemic.
- (2) To examine the attitude of Thai tourists towards Germany's crisis management during the COVID-19 pandemic.
- (3) To investigate the difference between Thai tourists' intention to travel to Germany before and after the COVID-19 pandemic.

(4) To investigate the relationship between Thai tourists' attitude towards Germany's crisis management and intention to travel to Germany after the COVID-19 pandemic.

### **1. 3 Research Questions**

(1) What is the intention of Thai tourists to travel to Germany before the COVID-19 pandemic?

(2) What is the intention of Thai tourists to travel to Germany after the COVID-19 pandemic?

(3) What is the attitude of Thai tourists towards Germany's crisis management of the COVID-19 pandemic?

(4) What is the difference between Thai tourist's intention to travel to Germany before and after the COVID-19 pandemic?

(5) What is the relationship between Thai tourists' attitude towards Germany's crisis management and their intention to travel to Germany?

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### **1. 4 Research Hypothesis**

(1) There is a difference between Thai tourists' intention to travel before and after the pandemic.

(2) There is a relationship between the attitude towards crisis management and the intention to travel.

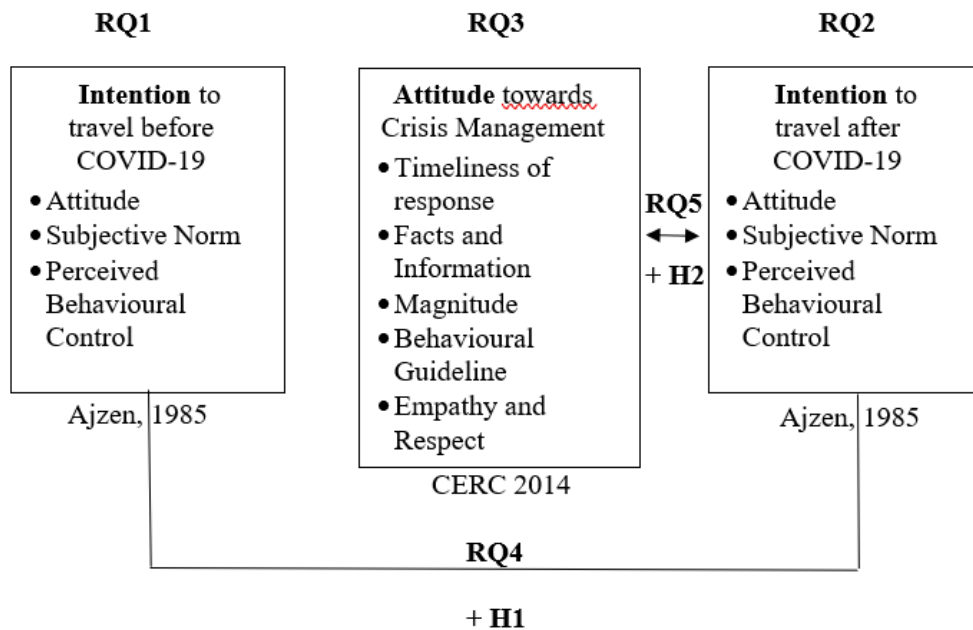


Figure 1: Theoretical Framework

### 1.5 Scope of Research

The aim of this study is to understand whether crisis management and communication influences travel intention. This research focuses on Germany's crisis management during the COVID-19 pandemic and the travel intention of Thai Tourists with an interest in Germany.

Based on the theory of crisis management and communication, tourism behaviour and travel intention this paper takes the strategy of crisis management as the dependent variable and the attitude towards the crisis management as well as the intention to travel as the independent variable.

The data was collected from October to November 2020 and the target audience will be of Thai tourists with an interest in Germany. This research applied a

quantitative approach using an online questionnaire with the sample size of 200 participants with both male and female participants. In this regard and due to social distancing measures because of the pandemic, a questionnaire survey based on crisis management and travel intention framework was conducted and distributed online.

The structure of this research will be as follows: Chapter one proposes an introduction into the topic as well as the research objective along with the research questions. Chapter two lays out the theoretical groundwork for the study. Firstly, this is done by introducing specific terminology and concepts in order to create a common understanding of terms. It then proceeds to review literature regarding crisis management in general and crisis communication during a public health emergency and an overview of the case study and Germany's response during the peak of the pandemic. Additionally, it reviews consumer behaviour and tourism as well as the tourism industry in times of COVID-19. The methodology is found in the third chapter, discussing the results and a conclusion in the fourth and fifth chapter.

## **1.6 Operational Definitions**

### *COVID-19 pandemic*

In this research the COVID-19 pandemic is defined as a new wide spreading disease, impacting people's social life and within that the tourism sector, due to safety measures causing travel restrictions.



### *Crisis Management*

The term crisis management in this study focuses on Germany's crisis management of the COVID-19 pandemic, including the communication of the crisis towards the people affected by it.

### *Consumer Attitude*

In this research it is defined as the attitude of Thai tourists towards crisis management, specifically the crisis management of Germany towards the COVID-19 pandemic.

### *Travel Intention*

Travel intention is the behavioral intention of tourists, defining the probability whether a potential tourist will take certain actions towards travelling. It is part of the decision-making process in tourism behaviour. In this paper it refers to the likelihood of Thai tourists visiting Germany before and after the COVID-19 pandemic.

### *Thai Tourists*

Thai tourist in this study are defined as Thai people over 18 with an interest in travelling to Germany.

## **1.6 Implications of the Study**

This study will provide some reference and guidance to tourism marketers on whether they can use crisis management as a tool in marketing or not. Academically,

this will be of reference value to scholars and researchers on this subject, concerning the attitude towards crisis management and tourism, since a lot of crisis literature focuses more on a corporate setting than nation-based crisis management.



## **CHAPTER 2**

### **LITERATURE REVIEW**

This chapter will be discussing the variables that were used for the framework of the research. It will focus on crisis management and communication, travel intention, tourism as well as the pandemic.

#### **2.1 Crisis Management and Communication**

##### *Crisis*

A crisis may be defined as an unexpected event or series of event that creates a high level of uncertainty and a threat to high priority goals (Seeger et al., 2003). It is a major event that impacts an organization, company, service, or products and generates negative outcomes, such as interrupting normal behaviour and processes (Fearn-Banks, 2007). Crisis can be a sudden event that is unpredicted, but it might not be unexpected, as sometimes a crisis can be known to happen eventually, however a company or organisation might not know when the crisis will exactly take place (Barton, 2001).

Significant for a crisis is that it can destroy the good image of a company built by years of public relations work (Mathes et al., 1993). It can harm an organizations reputation because stakeholders might perceive the organization as less positive when it is confronted with a crisis (Dilenschneider, 2004). A crisis is a threat to tangible as well as intangible features of an organization. Tangible, as in the number of sales that might be affected and intangible in the reputation that can be damaged (Loewendick,

1993). Furthermore, Coombs (2007) mentions the aspect of a crisis being a threat to public safety, which is interrelated with having an effect on financial and reputational loss.

The tourism industry in particular depends on a favourable image in order to be chosen as a destination by tourists, especially since it is a product the customer is not able to touch or experience before purchasing it (Salazar & Graburn, 2014). Consequently, the tourist relies on the image he has about the destination in order to assess its quality. Crisis situations, however, can negatively impact the image of a tourist destination and within that the intention of tourist to travel there (de Sausmarez, 2007). According to Sausmarez (2007) crises can be ranged into three time periods: Potential crises, latent crises, and acute crisis. Potential crises are threats that might occur in the future. Latent crises on the other hand are already occurring. The situation is already existent but has no measurable negative impact yet. The acute crisis, however, is an occurring crisis that has perceivable and measurable negative influences. Furthermore, crises can be classified according to their nature: Natural or human-induced (de Sausmarez, 2007) and create 3 related threats: public safety, financial loss and reputational loss (Coombs, 2007). In terms of COVID-19 the crisis is a natural health crisis, concerning public safety.

### *Crisis Management*

A framework on how to manage a crisis in a corporate setting has been reviewed by Coombs (2007 and 2018). Firstly, he defines crisis management as a set of factors designed to combat crises and lessen the damage caused by it, which means preventing or lessening the negative outcome of a crisis and within that protecting the

organization as well as its stakeholders from harm. Scholars have distinguished between four interrelated phases of crisis management: prevention, preparation, response, and revision (Boin et al., 2005 and Coombs, 2007). This goes along with Sausmarez (2007) time periods of crises: Potential crises, latent crises, and acute crisis.

Prevention can be used during the stage of a potential crisis, also called pre-crisis phase by scholars (Coombs, 2007), as it is representing the steps taken to avoid a crisis. Olaniran & Williams (2001) suggest using the anticipatory model of crisis management in this state, suggesting paying close attention to the crisis while already thinking ahead of a plan to handle the crisis. According to this, crisis prevention can be approached sufficiently through three substages, including detecting warning signs by scanning and retrieving information from both internal and external sources, identifying the threats, and acting according to the signs in order to prevent a crisis occurring (Coombs, 2018).

The next step is crisis preparation, which also falls under the pre-crisis phase (Coombs, 2007). This might be the best-known factor in crisis management, according to Coombs (2018), as it includes a crisis management plan, involving diagnosing crisis vulnerabilities and creating a crisis management team in order to refine the crisis communication system needed during a crisis occurrence. The best practices during the pre-crisis phase have been defined by Coombs (2007) as follows: Firstly, having a crisis management plan. Secondly, a properly trained crisis management team is essential to handle a crisis. Both the crisis management plan and the team need to be evaluated and updated on a regular basis according to the changing threats and signals of a possible crisis. Finally, Coombs (2007) emphasized the importance of a proper communication preparedness by forming a crisis portfolio and preparing pre-approved

messages drafted and templates for crisis statements. He furthermore argued that effective crisis management handles the threats sequentially. The public safety needs to be a primary concern in each crisis, as a failure to treat public safety will result to an even worse damage in reputation and sales.

During a crisis situation, research studies have summarized the initial response guidelines to focus on three points: (1) Being quick, (2) being accurate and (3) being consistence (Coombs, 2007, Arpan & Roskos-Ewoldsen, 2005 and Jerait, 1994). Crisis management in this state will differ based on what is known of the situation (Boin et al., 2017). Furthermore, considerations including a strategy for the internal as well as external environment are needed (Litovchenko, 2012). Being quick allows generating a greater credibility than a slow response (Arpan & Roskos-Ewoldsen, 2005). However, being quick alone is of no use if the message sent is inaccurate, as being quick also bears the risk of false information. A broad function of a message sent to stakeholders is informing them about what happened and how it might affect them (Coombs, 2007), if measures have to be taken it is also to regulates the behaviour of self and others (Dance and Larson 1986), meaning that even though the message and information is being sent out quickly, it has to be accurate. Furthermore, being accurate from the beginning avoids inconsistency. When incorrect statements are made, they will need to be corrected, making an organization appear incompetent (Coombs, 2007). An important aspect noted by Coombs (2007) concerning consistency, is that the organization needs to speak in one voice, not meaning that only one person speaks for the whole company, as it is physically impossible (Barton, 2001). Hence, it moreover means that the message that is sent by the organisation, even if carried by multiple spokespersons, need to carry the same message (Coombs,

2007). Coombs (2007) also states that in order to send a message to the public, the news media is a useful way to reach a wide array of people quickly. Additionally, crisis experts have recommended to express concern and sympathy for any victims of the crisis (Kellerman, 2006; Coombs & Holladay, 1996 and Dean, 2004). According to these studies, organizations experienced less reputational damage when an expression of concern was made than when no empathy was shown.

In the post-crisis phase Coombs (2007) framework, also suggests an evaluation of the actions taken during the crisis, seeing every crisis as a learning experience. Every crisis can be seen as an opportunity to improve the crisis management plan, as well as the workflow of the crisis management team. Furthermore, follow up information given to stakeholders in terms of updates regarding the crisis recovery. To sum up, crisis management has been defined as a process and a set of factors designed to prevent crises and lessen the damage that might occur (Coombs, 2018). Coombs identified three phases of crisis management and communication:

*Table 1: Phases of crisis management and communication by Coombs (2007)*

<p><b>1. Pre-crisis:</b> The crisis has not occurred yet, however, there might be signs of a crisis happening in the future.</p> <p><b>2. Crisis:</b> A crisis is happening and harming stakeholders as well as the organization, threatening three factors: public safety, financial loss and reputational loss</p>	<p><b>1. Prevention and Preparation:</b></p> <ul style="list-style-type: none"> <li>- detecting warning signs and acting according to the signs in order to prevent a crisis occurring</li> <li>- create a crisis management plan and putting together management team in order to refine the crisis communication system and prepare statement templates</li> </ul> <p><b>2. Response:</b> the response to an actual crisis</p> <ul style="list-style-type: none"> <li>- identify the crisis as one</li> <li>- communicate quick, accurate and consistent</li> </ul>
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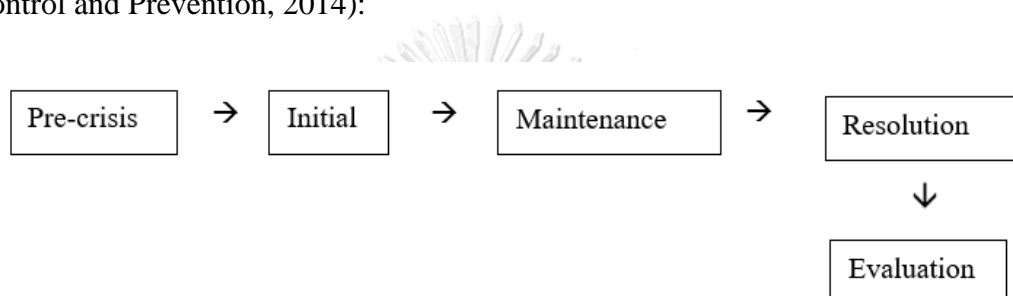
<p><b>3. Post-Crisis:</b> The crisis is over, and things are starting to go back to normal</p>	<ul style="list-style-type: none"> <li>- take measures to contain the crisis</li> </ul> <p><b>3. Evaluation:</b></p> <ul style="list-style-type: none"> <li>- evaluation of the actions taken during the crisis, improving the crisis management plan.</li> <li>- give follow up information to your stakeholders according to promises given</li> </ul>
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### *Crisis and Emergency Risk Communication (CERC)*

In the situation of the COVID-19 pandemic, the crisis concerns not only a corporate setting, but has a severe impact on public safety and health on people all over the world. Pandemics like this present a challenging context for communication about prevention, containment, treatment, recovery as instead of having one big crisis, a widespread respiratory disease displays an ongoing issue until contained (Challen et al., 2007, p. 212). Hence, communication to the public is a major part of the crisis management in this case. To approach this kind of crisis the US Centres for Disease Control and Prevention (CDC) has developed an integrated model of Crisis and Emergency Risk Communication (CERC) as a tool to communicate to the public in terms of public health emergency situations (Veil et al., 2008). In terms of Germany, the German Health centre Robert Koch Institute (RKI) has also developed a framework in order to cope with a public health emergency such as a pandemic. The scope and nature of these communication efforts are broader than many traditional models of risk or crisis communication and management. This blended form of communication emphasizes the developmental features of crisis and the various



communication needs and exigencies of audiences at various points in the ongoing development of an event. As such, it embraces a process view of crisis as beginning with pre-event stages of risk and risk development, moving through the eruption of some triggering event during crisis stages and into post-crises and evaluation phases (Coombs, 1995; Coombs, 2007 and Seeger et al., 1998). However, it adds extends the crisis phase and adds additional stages into the crisis life cycle (Centre for Disease Control and Prevention, 2014):



*Figure 2: Crisis Life Cycle*

The pre-crisis phase corresponds with Coombs (2007) definition of the stage. The CDC (2014) recommends planning, preparing, and developing a response template. The initial phase is the crisis phase according to Coombs (2007) however, the CDC (2014) emphasizes a focus on the start of crisis occurrence, characterized by confusion, uncertainty, and intense media interest. In order to successfully manage the crisis and communicate to the public, is to collect information about what happened and present information that is simple, credible, accurate and consistence, delivered on time in order to be perceived as credible. The maintenance phase follows the initial phase and generally begins when most or all direct harm is contained. This phase includes an ongoing assessment of the event and being a continued resource for response, providing background information and generating understanding and

support for recovery plans (Centre for Disease Control and Prevention, 2014). Often blended with the maintenance phase is the resolution phase, where the crisis starts to resolve, and some sort of normality returns. In this phase it is important to acknowledge that a new normal might need to be communicated in order to create an increased understanding of risks and ways to avoid them. Furthermore, according to the CDC (2014) communications should include a response about how the crisis was handled. This may include an opportunity to reinforce public health messages while issues are current. The evaluation phase appears when the crisis is over, and the communication plan can be evaluated and improved.

Important for crises in a health setting is the ongoing risk assessment and continuous description and assessment of the pandemic situation (Robert Koch Institute, 2017). Three basic criteria can be used for the evaluation of risk: The epidemic potential within the population, the epidemiological profile of the disease and the impact on healthcare resources. The primary purpose of a risk assessment is that appropriate measures can be recommended by decision-makers to respond to the pandemic. To continually have an appropriate response it is necessary that the risk assessment is continually updated with any available information and re-conducted (Robert Koch Institute, 2017).

### ***2.2.1 Case Study: Germany – Crisis management of COVID-19***

In 2019 the WHO has conducted a survey regarding the preparedness of 105 out of 194 WHO Member states in case of an influenza pandemic (World Health Organisation, 2019). The survey asked questions regarding the pandemic preparedness response outline by the WHO preparedness checklist:

1. Status of national pandemic influenza preparedness plans
2. Key capacities in pandemic preparedness and response
  - a. Preparing for an emergency (planning, coordination and resources)
  - b. Surveillance (laboratory, epidemiology, or event), investigation and assessment (risk and severity)
  - c. Health services and clinical management
  - d. Preventing illness in the community (pharmaceutical and nonpharmaceutical interventions)
  - e. Maintaining essential services and recovery

Focusing on Europe, it was concluded that the majority of countries has a national pandemic influenza preparedness plan; however, only 70% of those countries intend to update and develop those plans within the next 2 years and only a minority of countries have conducted an exercise to test the plan (World Health Organisation, 2019).

National pandemic preparedness plans have been conducted due to reoccurring influenza epidemics that can quickly spread into a pandemic (Robert Koch Institute, 2017). It is hard to find literature exactly stating how a precise crisis communication plan should look like or how crisis communication is precisely done. This is because every crisis is different and depends on the specific situation. Communication measures need to be communicated uniformly on a global level, while also being specific about measures in countries, regions, or states according to the situation in that particular setting. This requires flexible communication strategies, oriented

towards the current epidemiological situation and course of the pandemic (Robert Koch Institute, 2016). Hence, there is no perfect communication plan template for the COVID-19 pandemic yet. However, by the overall framework given by the CDC (2014) and with a background at the recurring influenza pandemics, scholars have conducted an overall guideline for successful communication during this unprecedented time. Since the COVID-19 pandemic is still an ongoing issue all around the world and will be as long as no vaccine has been developed and can be distributed to the public (World Health Organization: WHO, 2020a), this research is going to focus on the initial phase of crisis communication and investigate Germany's initial crisis response according to following framework: Germany's health centre RKI (2016) claims that an effective risk and crisis communication includes a fast, comprehensive communication through various media channels in order to inform the majority of the general public. They claim that transparency is most important to communicate political decisions according measures and suggestions according protective behaviour in an understandable way. As mentioned before, this communication plan is to be executed accordingly to the risk assessment and situational status of the pandemic (Robert Koch Institute, 2017). Communication objectives during this phase will require acknowledgement of the event with empathy (Centre for Disease Control and Prevention, 2014). When communicating in the initial phase of an emergency, it is important to present information that is simple, credible, accurate, consistent, and delivered on time in order to establish trust, based on six main principles: be fast, be right, be credible, express empathy, promote action and show respect (Robert Koch Institute, 2017; Centre for Disease Control and Prevention, 2014). The RKI (2016) emphasizes to create comprehension of the situation by presenting facts, which

information are still unknown, and measures taken to reduce the risk of infection. As a crisis creates a high uncertainty, public anxiety can be reduced by providing useful information about the nature of the problem and what the public can do about it (Centre for Disease Control and Prevention, 2014). Messages should demonstrate that the organization is addressing issues immediately and with concern. This means that the approach taken to communicate with the public should be reasonable, caring, and timely, and is responsive to the public's need for information (Robert Koch Institute, 2017; Centre for Disease Control and Prevention, 2014, Reynolds 2006). When health risks are uncertain, as likely will be the case during a pandemic, people need information about what is known and unknown as well as a guidance to behaviour helping to protect their health and the health of others. Coordination of message development and release of information among federal, state, and local health officials is critical to help avoid confusion, which can undermine public trust, raise fear and anxiety, and impede response measures. Timely and transparent dissemination of accurate, science-based information about the pandemic and the progress of the response can build public trust and confidence (Reynolds, 2006). To sum up, especially, as a first crisis response providing timely and accurate facts, as well as what is being done now. The response should include credible answers regarding the magnitude of the crisis and possible threats to the public. Furthermore, it should show empathy and create an understanding within the public about the crisis and the necessity to follow certain measures.

To summarize, crisis management and communication about COVID-19 according to the Centre for Disease Control and Prevention (2014) should focus on following attributes:

- the timeliness of the response (be fast)
- the facts given about the virus known and unknown (be right and credible)
- information about the magnitude of the crisis (be right and credible)
- information about measures and a guideline on behaviour to protect self and others (promote actions)
- empathy and respect

The German national pandemic plan was first published in Germany in 2005 (Robert Koch Institute, 2020). The RKI (2017) claims that with this pandemic plan Germany was well prepared for the last time the H1N1-Influenza developed into a pandemic in 2009. This overall pandemic preparation framework suggests a cycle for crisis management saying “Prevent → Detect → Contain → Treat (Robert Koch Institute, 2019). It was also reviewed and updated according to the coronavirus during the beginning of march (Robert Koch Institute, 2020). The RKI (2020) claims that the COVID-19 situation develops dynamically and is to be taken seriously. The overall objectives of this crisis management plan are:

- (1) the reduction of the morbidity and mortality of the population
- (2) sufficient health care for infected individuals
- (3) Maintaining essential public services and facilities
- (4) quick and reliable information for all relevant stakeholders.

In Europe, governments urged health systems to adapt to the virus by mobilizing staff, increasing pharmaceutical spending on vaccine development, and

optimizing space in hospitals in order to increase the number and availability of intensive care beds capacity (Hiscott et al., 2020). The first COVID-19 infection was found in Germany on January 27, 2020 (Tagesschau, 2020a). The German Ministry of Health reviewed the quick isolation and immediate medical treatment of the patient as being well prepared for the virus (Bundesgesundheitsministerium, 2020). Furthermore, it has summarized a timeline of crisis responses and measures installed by the Ministry according to the German Government. On January 29, 2020, the German Federal Minister of Health Jens Spahn gave a statement to the press on the situation, as to that point 4 cases have been detected (Spahn zum Coronavirus (29.1.), 2020) and a growing concern not only in Germany but also about the German citizen still in Wuhan, the centre of the pandemic. The message of the statement was to be vigilant but calm, to act fast but well prepared. In this regard he announced the preparations to fly back around 100 Germans from Wuhan back to Germany but enforced the preparation needed before the flight, in cooperation with China, as well as the measures of isolation that needed to be taken once the citizens returned to German ground. Furthermore, he recalled the hygiene concepts similar to those recommended during flu season: washing hands, not touching the face and taking care of each other with being considerate. The citizens stuck in Wuhan were able to be flown back to Germany just a few days later, February 1, 2020 (Bundesgesundheitsministerium, 2020). Overall, in February a video with facts about the virus was shared by the Ministry of Health as well as a guideline, according to the recommendation of the EU Health Council, on how to scan people on flights coming from China, as well as people in contact with an infected person for risk of infection. However, nearing the end of February, Italy's' infection rate became a raising concern

as the it announced not only the first clusters of cases but also the first death caused by the disease (Anzolin, 2020). While not sharing a direct border with Italy, it now cannot be denied that the virus has finally arrived in Europe and can easily spread fast. Hence, Spahn promised financial help for coronavirus research (Bundesgesundheitsministerium, 2020). During the end of February, the situation in Germany started to be more serious due to the growing number of cases. In order to track the chain of infection a crisis committee was appointed (Bundesgesundheitsministerium, 2020). The overall pandemic framework of Germanys public health institute Robert Koch Institute (RKI) suggests a cycle for crisis management saying “Prevent → Detect → Contain → Treat (Robert Koch Institute, 2019). It was also reviewed and updated according to the coronavirus during the beginning of march (Robert Koch Institute, 2020). According to this framework the Germany government released a document of measures, stating their goal to protect the health of their citizen, minimize the consequences of the pandemic for citizen as well as businesswise, while getting through this crisis together with European and other international partners (Bundesregierung, 2020). In March, a nationwide lockdown was installed, recommending contact restrictions in order to contain the spread of the virus (Besprechung Der Bundeskanzlerin Mit Den Regierungschefinnen Und Regierungschefs der Länder, 2020). On March 18, 2020 with at that time over 1000 positively tested coronavirus cases in Germany, Chancellor Angela Merkel addressed the nation on TV for the first time having an urgent matter as a cause with the message “This is serious. Please also take this serious.” (Tagesschau, 2020b). Compared to other European leaders, Merkel, usually only addresses the nation with a pre-recorded New Year’s message. In almost 15 years of



leadership, the public speech on the coronavirus outbreak in March during television primetime was the first unscheduled televised address she has given (Kottasová, 2020).

So far Germany's response to the virus is held up as a model within Europe, as the country was spared by a rapid infection rate and an overwhelmed health care system. With widespread testing, extensive public communication, and transparency and along with a well working health care it was able to bend the curve (Bremmer, 2020). Newspapers have praised Germany in handling the crisis well and naming Chancellor Angela Merkel as a major reason why (Bremmer, 2020; Kottasová, 2020; Pleitgen, 2020).

### **2.3 Consumer Behaviour in Tourism**

Consumer Behaviour is widely researched in the tourism sector, however few extensive reviews exist due to the extensive breath of the topic area and many studies being non-comparable and hard to generalize because of the differences in research contexts, such as tourist type, destinations or other variables (Cohen et al., 2013). However, it can be said that consumer behaviour involves certain decisions, activities, ideas or experiences that satisfy consumer's needs (Solomon, 2017), which can also be applied to the tourism sector in which it is often describes as travel or tourist behaviour (Cohen et al., 2013). Choosing a vacation destination is like choosing a product from the tourist's perspective (Cai et al., 2004). However, some studies question the validity and applicability of theories and models borrowed from mainstream consumer behaviour literature (Boksberger et al., 2010 and Cohen et al., 2013). Others in contrast find it a holistic approach to understand certain links in travel

behaviour (Lam & Hsu, 2006). Nevertheless, the overall consent of studies seems to be that the key concepts in travel behaviour are decision making, values, motivation, self-concept and personality, expectations, attitudes, perception, satisfaction and trust, and loyalty (Cohen et al., 2013). Understanding consumer decision in tourism is evident in creating a marketing strategy and are based on general assumptions on how decisions are made (Cohen et al., 2013). Studies developing tourism consumer behaviour models view consumers as rational decision-makers (Mathieson, A., & Wall, G., 1982). The assumption by this model is that decisions are followed as a sequence, such as the attitude influencing intention and intention influencing behaviour (Decrop 2010). Nonetheless, tourists' decision-making processes are complex and involving many sub-decisions, as it ranges from 'where to go' to 'what are we going to do there' and more (Smallman & Moore, 2010). These studies explore causal relationships by means of variance analysis using the theories of Reasoned Action and Planned Behaviour as a sequential theory (Lam & Hsu, 2006). Furthermore, in order to make a decision tourist will gather information. The tourist information search being a dynamic process used by travellers to satisfy their information needs (Fodness & Murray, 1997 and Gretzel, 2009). In order to look into the travel behaviour of tourists, one has to take a step back and look into the general consumer behaviour and decision-making process, which can be sorted into three stages: The prepurchase issues, the purchase issues and the post-purchase issues (Solomon, 2017, p.30).

As this study will focus on the building of travel intention and attitude, it will focus closely on the prepurchase stage and the reasons on whether it will be influenced by crisis management of travel destinations and as a consequence thereof the risk

perception of those destinations according to how the destination is dealing with a crisis. According to Solomon (2017) the decision making can also be divided into three types: Cognitive, which is deliberate and rational; Habitual, which is automatic and unconscious; and Affective, which can be described as emotional and instantaneous, depending on the product involvement. Tourism and travel in general can be seen as a high involvement product; due to the amount of judgement of high-risk decisions needed, the consumer is in no other section as involved in the information search and decision-making than when concerning travel plans (Decrop, 2006 and Sirakay & Woodside, 2005). The classical concept of decision-making involves the collection of analysing information, creating a behavioral intention, and selecting the optimal solution from a set of alternative choices while evaluating advantages and disadvantages of the possible outcome (Edwards, 1954). The decision-making in travel destination follows similar steps, while taking certain attributes into consideration and first building an intention to travel. The outcomes of these reflective processes are integrated to evaluate alternative behaviours and eventually, make a decision (Peter & Olson, 2004).

### *Travel intention*

Travel intentions can be defined as the subjective probability of whether a customer will or will not take certain actions that are related to a touristic service, such as planning a trip. However, travel intentions have been the least researched in the field of tourism behaviour. Nevertheless, it plays an important role in the travellers' destination choosing process. It is an outcome of a mental process that leads to an action and transforms motivation into behaviour (Jang et al., 2009). Additionally, a

positive relationship between attitude and intention has been revealed, suggesting that a consumer attitude towards a product or product attributes affect the intention to buy the product or in this case, travel to a specific country (Limbu et al., 2012; Liu et al., 2012). In the path model of visitation formation by Baloglu (2000), travel intention is determined by three elements: the traveller's perceptual/cognitive and affective evaluation, the amount and type of information sources used and the socio-psychological travel motivations. Azjen (1985) structured travel intention into Attitude: a favorable attitude towards the behavior (travelling to Germany is good), the subjective norm: believing that important others will approve of the behaviour (friends and family would like it) and perceived behavioral control: Believing that it is generally possible to carry out the behaviour (sufficient funds to carry out the behaviour).

Studies suggested that travel intention is built during the early phase of the tourists' decision-making process, influenced not only by demographic variables, such as income, experience, and previous travel experience but also by destination awareness (Woodside & Lysonski, 1989, Lam & Hsu, 2006 and Hung & Petrick, 2012). Once the need to travel is manifested in a potential traveller, they will start an information search. In order to educate oneself as a traveller about the safety measures of specific countries, one has to look specifically into the information provided by the desired destination. For tourists to make a travel decision there are various sources of risks with the potential to affect a tourist destination choice. Studies suggest that the perception of risk is a key factor influencing travellers in making travel decisions, hence affecting the intention of travel (Law, 2006). Apart from the mental image of a particular country, the destination choice is often influenced by the public image of a

destination (Obenour et al., 2005). The tourist image towards destination, nevertheless, have been said to be persistent but can be changed in regards of a major occurrence such as a natural disaster (Lehto et al., 2008), or in this case a pandemic as individuals' affective reaction to an environmental change can impact behaviour and behaviour intention. The role of marketing communication after a crisis is regaining the tourist trust and according to Lehto et al. (2008), significant to recover the image of a destination as the destination image has a profound impact on the travel decision making process. The evaluation of a destination consists of two parts: the cognitive evaluation based on the knowledge of a destination's attributes and the affective feelings and attachment towards the characteristics of a destination (Baloglu & McCleary, 1999). The image a potential tourist has of a place is associated with the traveller's expectation from the potential experience, enabling them to envision the type of emotion before even consuming the product (Lehto et al., 2008 and Leisen, 2001). Hence, it can be said that images are crucial to destination marketing success and as they are shaped in the traveller's mind over time due to the information gathered in the decision-making process (Lehto et al., 2008) the results of the perceived images associated with the destination are even more important than the actual destination (Chon, 1991 and Baloglu & McCleary, 1999). As a result, marketers are likely to pay attention on the effect of destination attributes and images on travel intention (Leisen, 2001), especially during the recent travel decline and loss of trust in tourism because of the COVID-19 pandemic, where crisis management can affect destination images and thus travel intention. Few research studies have focused on the impact of crisis management and consequently thereof the risk perception and its effects on travel intention in terms of tourism. However, various studies have stated that during a crisis,

tourists become dependent on the destination and host communities for support (Mäser and Weiermair, 1998; Sönmez, 1998; Seddighi et al., 2001; Pacific Asia Travel Association, 2003). Leiper and Hing (1998), as well as Leggat and Klein, 2001), claiming that risk perception has effects on destination image.

#### **2.4 The Tourism Industry and COVID-19**

According to Forbes the travel and tourism sector in 2018 grew more than most other economic sectors (Reed, 2019). 1.5 billion international tourist arrivals were recorded in 2019 around the world by the World Tourism Organization, marking an increase of 4% on the previous year and representing the 10<sup>th</sup> year of consecutive growth (International Tourism Growth Continues to Outpace the Global Economy | UNWTO, 2020). Furthermore, an increase in international air travel has been measured, leading to the assumption, that people tend to travel to more diverse and farer places than before; with a focus on leisure and recreation travel (World Tourism Organization, 2019). According to the World Tourism Organization Europe is in the lead of representing almost 40% of international tourism receipts, closely followed by Asia and the Pacific, while also being held accountable for the most international arrivals.

Looking closely at Asia, especially Thailand, the Tourism Authority of Thailand has recorded that in the first quarter of 2018 alone, an average of 1 million Thais travelled abroad. One of the most popular tourist destinations amongst Thai people appears to be Europe (Bangkok Post Public Company Limited, 2019). In Europe itself, the top five destinations of the outbound travellers have been identified as France, Switzerland, Italy, Germany, and the United Kingdom (Chaipinit, 2008),

with Switzerland being the most popular destination for Thai travellers in 2018. On second and third place of favorite destinations were France and Germany (Bangkok Post Public Company Limited, 2019b). And the number of travellers to Europe from Thailand keep growing. Just in the first half of 2019 over 800,000 Thais decided to spend their holidays in Europe in an average of a 9-day trip, with over 20% of them going to Germany (Outgoing and Expenditure by Outgoing Thai Travellers, n.d.), as Germany has made it a recent goal to lure more Thai travellers into their country (APISITNIRAN, 2019). According to the German National Tourist Board (GNTB) inbound tourism to Germany will reach 121.5 million overnight stays by 2030, with 14.3 million coming from the Asian Pacific Area (APISITNIRAN, 2019). The main motivation of many Thai tourists to travel abroad is relaxation and leisure, however, it is closely followed by the intention to visit Europe's architectural sites (Chaipinit, 2008), which is one of the reasons why Germany aims to target Thai travellers. Thomas Bareiss, parliamentary state secretary of the Federal Ministry for Economic Affairs and Energy, claims that Germany is a place of natural attractions and beautiful castles offering a cultural experience for travellers (APISITNIRAN, 2019). Due to the growing number of Thais traveling to Europe and Germany aiming to target more Thai tourists, this paper is going to focus on Thai tourists as a target group and focus on Germany as a tourist destination. The German National Tourist Board has been working to promote Germany as a travel destination for more than 6 decades, reinforcing the brand "Destination Germany", showcasing the two pillars of 'town, cities & culture' and 'nature and relaxation' to potential visitors (E.V., 2020 and German National Tourist Board, 2019). The GNTB furthermore has identified the main market for South East Asia to be Singapore, Indonesia, Thailand, and Malaysia,

contributing to almost three million trips to Europe (German National Tourist Board, 2019).

In 2020 however, Tourism in general has taken a stop as on March 11, 2020, the World Health Organisation (WHO) announced in a media briefing that the outbreak of the new Coronavirus disease COVID-19 is a Public Health Emergency of International Concern and can be characterized as a pandemic and that the world has entered a stage of emergency. As a pandemic describes a “worldwide spread of a new disease” (World Health Organization (World Health Organization, 2020) it means that all countries around the world are being impacted by the same crisis: a deathly, highly contagious virus with no available cure or healing. Even though the new virus was first discovered in Wuhan, China, in December 2019 it has since spread rapidly to countries all over the world (World Health Organization, 2020). On 13 September 2020, there have been 28.637.952 confirmed cases of COVID-19, including 917.417 deaths, reported to WHO (World Health Organization, 2020). Although COVID-19 is not the first pandemic of the 20<sup>th</sup> and 21<sup>st</sup> century, it is the first to have such a severe effect on the whole world (World Health Organization, n.d.). As tourism is a mass phenomenon and enforces social interactions, international travel imposes a serious risk in spreading an infectious disease (Rosselló et al., 2017 and Nicolaides et al., 2019). With the situation being unprecedented some commentators are already speculating how travel will be like after the pandemic with the general belief that tourism will rebound just like it has before, whereas there is much evidence that this situation will have a different and transformative impact on the tourism sector (Gössling et al., 2020). The World Tourism Barometer of the UNWTO displays that the lockdown in many countries have led to a 98% downfall in international tourist



numbers as of May 2020 when compared to 2019. During the first peak of the pandemic around January – April 2020 global travel restrictions were introduced to worldwide destinations (UNWTO, 2020). In the recent development of the pandemic UNWTO expects domestic demand to recover much faster than international demand. Lowering the cases of an infectious disease in a travel destination will also help increase the numbers of travellers to that place again (Rosselló et al., 2017). However, it is important to recognize that travel and within that tourism is a contributor in spreading diseases (Gössling et al., 2020, p. 13). In order to keep the numbers low the WHO has introduced a guideline on public health considerations while resuming international travel, advising all countries to prioritize essential travels and to conduct a risk-benefit analysis (World Health Organization: WHO, 2020).

As of September 2020, a majority of destinations around the world (53%) have now started easing travel restrictions and introduced new measures in response to the COVID-19 pandemic. Though many remain cautious in view of the development of the pandemic, the seventh edition of the UNWTO “COVID-19 Related Travel Restrictions: A Global Review for Tourism” confirms the ongoing trend towards the gradual restart of tourism. However, the countries considering an ease in restrictions usually have a higher level of hygiene and infrastructure opposed to the countries still closing their borders (UNWTO, 2020b). Furthermore, the news release by the UNWTO states that a coordinated leadership and enhanced cooperation between governments is needed in order to deepen the tourism intelligence and enable a kind of travel that is both safe for the traveller as well as the locals. Future travel intentions of travellers will make a huge impact on the tourism industry and the recovering of countries as a tourist destination. The World Health Organization has released a

conceptual framework with strategies on how to approach the crisis management regarding the ongoing pandemic. As mentioned above, the three defining characters of this pandemic are the speed and scale of how fast the disease has spread quickly to all corners of the world, the severity of cases, with a relatively high fatality rate and the societal and economic disruption as one of the main recommendations of preventing and slowing down the spread is physical distance, with many countries going into a strict lockdown (WHO, 2020b). The WHO (2020b) recommends nations to implement a national action plan based on the whole-of society approach and what is achievable in terms of slowing down the transmission and reducing mortality. This requires finding and testing all suspected cases in order to quickly isolate infected people and put everyone in close contact with that person in quarantine for the 14-day incubation period. In terms of resuming international travel, the WHO recommends countries to assess the risk that imported cases could pose to the national response to the pandemic, including both on public health and health services capacity and the capacity of other relevant sectors (World Health Organization: WHO, 2020b). They also encourage to proactively communicate to the public through traditional media, social media, and other channels. Their general advice for travellers includes personal and hand hygiene, physical distance, and the use of mask. Sick travellers and persons at risk should postpone travel internationally until its safer.

Overall, the international tourist arrivals declined 81% in July 2020 and 79% in September 2020 if compared to the same months in previous years (International Tourism and Covid-19 | UNWTO, 2020). Hence, the crisis management of crises such as COVID-19 is vital in order to reduce the impacts on tourism and improve recovery of the destination (Reed, 2019).



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## **CHAPTER 3**

### **METHODOLOGY**

This chapter aims to give an overview of the research methodology for conducting this research, including the population, target audience and sample size, sampling techniques, research instruments and the measure of the variables. The chapter ends with the conclusion of the data, which then will be used for analysing and presentation. The research is based on a quantitative approach, using an online survey to gain understanding whether crisis management influences travel intention in an extraordinary situation like the COVID-19 pandemic. The questionnaire consisted of five parts focusing on the studies of travel intention before and after the COVID-19 pandemic, and the attitude towards crisis management of said pandemic.

#### **3.1 Research Sample**

Participants taking part in this research were both male and female with Thai nationality, being over 18 years old. The respondents were Facebook users and members of travel groups on the social media platform. In this study, a total of 289 responses were collected during the collection period spanning from October to November 2020. However, only 200 responses were from Thai tourists with an interest in traveling to Germany, as these people tend to also take an interest in Germany's crisis management. Hence, only 200 responses were used.

This study has taken a quantitative approach by using self-conducted questionnaires, distributed online, where respondents could take the survey at their convenient time.

### **3.2 Sampling Method**

As this research aimed to study the attitude of Thai tourists towards Germany's crisis management and their intention to travel to Germany before and after the pandemic, and, due to social distancing in this new normal era, the questionnaire was distributed online on social media, especially in Facebook using groups with the topic of Thai tourists traveling to Europe. However, the target was focused on Thai tourists with an interest to travel to Germany, the questionnaire itself included a screening question whether the participant has an interest in traveling to Germany or not.

### **3.3 Questionnaire Format**

As mentioned earlier, for this research, the most appropriate approach is an online questionnaire survey that was filled out by Thai tourists with an interest in travelling to German, distributed on Facebook. The research instrument for this study aims to gather relevant data and insights from Thai tourists, and study their travel intention and attitude towards Germanys' crisis management of the COVID-19 pandemic. The design of the survey is critically based on reviewed literature, making sure suitable questions are being asked. The questionnaire was formulated firstly in English and then translated and distributed into Thai.

The questions are categorized into five different sections, which are preliminary questions, travel intention before the pandemic, attitude towards

Germany's initial crisis response, travel intention after the pandemic and demographics. The answering of the questionnaire was self-administered. The questions of the questionnaire were comprised of close-ended questions and used Likert scales where respondents were asked to identify a level of agreement towards certain questions. Overall, the questionnaire had details as follows:

Part one of the questionnaire started with three screening questions to find out whether the participant meets the criteria or not. The main criteria are Thai tourists who have an interest in travelling to Germany and are over 18. The respondents, who did not meet the requirements at this screening stage, were directed to end the survey.

*Question 1* asks the respondents whether they are over 18.

*Question 2* asks the respondents whether they are Thai.

*Question 3* asks the respondents whether they have an interest in traveling to Germany.

In part two the intention to travel to Germany before the pandemic was measured, to see how strong the intention to travel was before the crisis by looking at the three attributes it is built on: Attitude, subjective norm, and perceived behavioral control as well as the behavioral intention (Ajzen, 1985). Overall, it contains eight questions, measured by using an interval scale.

Part three contains the attitude section and focused on the attitude of Thai tourists towards Germany's crisis management of the COVID-19 pandemic with 15 questions adapted from the CERC (2014) crisis management framework asking about

the timeliness of the crisis response, whether participants see the facts given about the virus as right and credible, their views on the communication regarding the magnitude of the crisis, if they see that Germany promotes actions well and whether it makes them feel safe (empathy and respect).

In part four, the intention to travel to Germany after the pandemic was similar to part two measured by looking at the three attributes it is built on, using eight questions and an interval scale: Attitude, subjective norm, and perceived behavioral control and behavioral intention (Ajzen, 1985).

The last section contains six closed-ended questions that cover general demographic questions of sex, age, education, occupation, crisis management knowledge and former travel experience.

### **3.4 Measurement of the Variables**

In this study three major key variables were studied: the travel intention of Thai tourists before the COVID-19 pandemic, the travel intention of Thai tourists after the COVID-19 pandemic and the attitude towards Germany's crisis management of the COVID-19 pandemic.

There are two independent variables for this research: The travel intention before the pandemic as well as the attitude towards Germany's crisis management of COVID-19. To measure the participants level of agreement or disagreement on

asked statements, a five-point Likert scale was utilized, with the scales ranging as outlined in the table below:

*Table 2: Likert Scale Calculation*

5-Point Likert Scale		Scoring Scale with Interval for Inferential	
Level of Agreement or Disagreement	Score	Definition	Scoring Range
Strongly Agree	5.0	Strongly Agree	5.00-4.21
Agree	4.0	Agree	4.20-3.41
Neutral	3.0	Neutral	3.40-2.61
Disagree	2.0	Disagree	2.60-1.81
Strongly Disagree	1.0	Strongly Disagree	1.80-1.00

#### *Travel intention before the COVID-19 pandemic*

To measure the travel intention before the COVID-19 pandemic, eight items of questions were adapted from Lee et al.'s (2012) previous study, measuring the attitude, the subjective norm and the perceived behavioral control towards traveling to Germany, as well as the behavioral intention. In this regard, two questions per component was chosen from the original five to seven questions per components. The scale items used in this part were measured using a five-point Likert-scale ranging from “Strongly Disagree” to “Strongly Agree”.

#### *Attitude towards Germany's crisis management of the COVID-19 pandemic*

The 15 item questions to measure the attitude towards crisis management were adapted from the CERC strategy of crisis management and the RKI crisis



management plan (Robert Koch Institute, 2020). The scale items used in this part were measured using a five-point Likert-scale anchored by “Strongly Disagree” to “Strongly Agree”.

#### *Travel intention after the COVID-19 pandemic*

To measure the travel intention after the COVID-19 pandemic, 12 items of questions were adapted from Lee et al.’s (2012) previous study, measuring the attitude, the subjective norm and the perceived behavioral control towards traveling to Germany, as well as the behavioral intention, however, this time focusing on after the pandemic. The scale items used in this part were measured using a five-point Likert-scale anchored by “Strongly Disagree” to “Strongly Agree”.

### **3.5 Validity and Reliability**

To ensure validity, the questionnaire was checked, revised, and modified by the advisor of this study to avoid any unexpected errors, confusions, and problems before distributing the online survey. Moreover, a pre-test was conducted. The samples selected for the pilot study must obtain similar characteristics to the sample of the main study – a total of 10 Thai tourists were selected to run the study. Any errors or problems that occur were rectified before running the main study.

The pre-test results of the alpha coefficient of reliability Thai tourists’ travel intention before the pandemic is valued at 0.76, the attitude towards Germanys’ crisis management of the COVID-19 pandemic is valued at 0.96 and Thai tourists’ travel intention after the pandemic is valued at 0.94. The general level of acceptance for Cronbach alpha is at 0.7 (Heo et al., 2015).

### 3.6 Data Collection and Analysis

This study reviewed several literature books, articles, and related studies that have been conducted by other researchers. In the case of the primary data of this study, a questionnaire was used and distributed based on the purposive sampling that indicates a specific qualified target group during the month of mid-October to early November 2019.

The questionnaire was distributed as posts in travel groups on Facebook, such as กลุ่มตะลอนเที่ยวยุโรป, กิน เที่ยว ช้อป ในยุโรป, กลุ่มตะลอนเที่ยวยุโรป ด้วยตนเอง, ท่องเที่ยวไทยไปไกลทั่วโลก and รับหิ้วไทย-DE/เยอรมัน-Thai on a weekly basis until the target was reached.

Statistical Packages Social Scientists (SPSS) was used to find and analyse the results from the questionnaire after 200 samples were received. Two main types of analysis were conducted:

1. A descriptive Statistics of the frequency, percentage and means were calculated to analyse the data of socio-demographics.
2. The inferential statistics were used to process a conclusion from data and test the two hypotheses. The inferential statistics in this study are given below:

#### *Paired Sample T-Test*

A paired sample t-test was used to test the first hypotheses and to determine whether there is a difference between the intention to travel before and after the COVID-19 pandemic.

### *Correlation*

The correlation refers to the degree which changes in variables are associated with changes in another. In this study it was used to test the second hypothesis and examines the relationship between the attitude of recipients towards Germany's crisis management and their intention to travel.



## CHAPTER 4

### FINDINGS

This chapter will discuss the findings of the questionnaire survey.

#### 4.1 Findings from Descriptive Analysis

##### *4.1.1 Demographic Profile of the Sample*

Demographic Information	<i>n</i>	<i>Percentage</i>
<b>Gender</b>		
<i>Male</i>	49	24.5
<i>Female</i>	150	75
<i>Other</i>	1	.5
<b>Age</b>		
18-25	34	17
26-35	61	30.5
36-45	30	15
45-50	9	4.5
50-60	14	7
60+	52	26
<b><i>Former Travel Experience</i></b>		
<i>I regularly travel internationally (at least once a year)</i>	89	44.3
<i>I sometimes travel internationally (every 2-3 years)</i>	53	26.9
<i>I occasionally travel internationally (less than every 2-3 years)</i>	41	20.4

<b>Demographic Information</b>	<i>n</i>	<i>Percentage</i>
<i>I have never been abroad before</i>	17	8.5
<b><i>Knowledge of Crisis Management</i></b>		
<i>Facebook</i>	117	58.2
<i>Instagram</i>	24	11.9
<i>Twitter</i>	34	16.9
<i>Foreign News Media</i>	153	76.1
<i>Germanys Official Website</i>	39	19.4

*Table 1: Demographic Information*

The majority of people participating in the survey were female with a percentage of 75%. The remaining 24.5% were male with 0.5 % being of other gender. Regarding the age there are two peaks to be seen; one in the age group of 26-35 with the highest percentage of 36.5%, followed by the age group of 60+ with a percentage of 26%. The lowest percentage was found in the age group of 45-50 with only 4.5%. Nearly 50% of the people participating in the study travel internationally at least once a year, whereas the other half either travels internationally every 2 – 3 years or less than that. Only a small percentage of 8.5% has never been abroad before.

The demographic question regarding the knowledge of Germany's crisis management of the pandemic was a multiple-choice question where participants were able to choose more than one answer. Most of the participants stated that they heard of Germany's crisis management via foreign news media (76.1%) and Facebook (58.2%) but also from Germany's official website (19.4%) and Twitter (16.9%).

#### 4.1.2 Intention to travel to Germany before the pandemic

This part of the descriptive analysis will present the intention to travel to Germany before the pandemic of the participants of this study, as based on the attitude, subjective norm, perceived behavioral control and behavioral intention by Ajzen (1985).

<i>Level of agreement or disagreement</i>	<i>M</i>	<i>SD</i>
Before the pandemic I thought that traveling to Germany is attractive.	4.39	.849
Before the pandemic I thought that traveling to Germany is enjoyable.	4.47	.763

*Table 2: Attitude before the pandemic*

Table 4 shows that most of the respondents have a high level of positive attitude towards traveling to Germany before the pandemic. 57.5% strongly agree with the thought that traveling to Germany is attractive ( $M = 4.39$ ,  $SD = .84$ ) and 40% ( $M = 4.47$ ,  $SD = .76$ ) strongly agree that travelling to Germany is enjoyable, whereas in total only 2.5% think that travelling to Germany is unattractive and 1.5% think that travelling to Germany is unenjoyable.

<i>Level of agreement or disagreement</i>	<i>M</i>	<i>SD</i>
Before the pandemic, most people who are important to me recommended traveling to Germany.	3.78	1.099
Before the pandemic, most people who are important to me supported that I travel to Germany.	3.76	1.080

*Table 3: Subjective Norm*

The subjective norm showed in Table 5 measured the positive or negative agreement to the belief that important others will approve of travelling to Germany. Overall, more than 50% of the participants of the study say that most people who are important to them recommend travelling to Germany ( $M = 3.78$ ,  $SD = 1.09$ ) and would support them in travelling to Germany ( $M = 3.76$ ,  $SD = 1.08$ ).

<i>Level of agreement or disagreement</i>	<i>M</i>	<i>SD</i>
Before the pandemic, whether I travel to Germany was completely up to me.	4.44	.849
Before the pandemic, I had enough resources (money) to travel to Germany.	4.15	1.047
Before the pandemic, I intended to travel to Germany in the near future.	3.60	1.303
Before the pandemic, I was willing to invest time and money to travel to Germany in the near future.	3.76	1.197

*Table 4: Perceived Behavioral Control and Behavioral Intention*

Table 6 displays the perceived behavioral control over travelling to Germany before the pandemic and the behavioral intention to travel to Germany. Most of the respondents strongly agree that the decision to travel to Germany is up to them ( $M = 4.44$ ,  $SD = .849$ ) and that they had enough resources to do so before the pandemic. ( $M = 4.15$ ,  $SD = 1.04$ ). The behavioral intention is also mostly positive or neutral regarding the intention to travel to Germany ( $M = 3.60$ ,  $SD = 1.30$ ) and the willingness

to invest time and money into travelling to Germany before the pandemic ( $M = 3.76$ ,  $SD = 1.19$ ).

<i>Intention to travel to Germany before</i>	<i>M</i>	<i>SD</i>
<i>Attitude (attractive)</i>	<i>4.39</i>	<i>.849</i>
<i>Attitude (enjoyable)</i>	<i>4.47</i>	<i>.763</i>
<i>Subjective Norm (recommend)</i>	<i>3.78</i>	<i>1.099</i>
<i>Subjective Norm (support)</i>	<i>3.76</i>	<i>1.080</i>
<i>Perceived Behavioral Control (decision)</i>	<i>4.44</i>	<i>.849</i>
<i>Perceived Behavioral Control (resources)</i>	<i>4.15</i>	<i>1.047</i>
<i>Behavioral Intention (intention to travel)</i>	<i>3.60</i>	<i>1.303</i>
<i>Behavioral Intention (invest resources)</i>	<i>3.76</i>	<i>1.197</i>
<b><i>Total</i></b>	<b><i>4.05</i></b>	<b><i>.749</i></b>

*Table 5: Mean overview and total score before pandemic*

Note: Likert scales, score 5 as the highest rank and 1 as the lowest. Cronbach's Alpha = .87

Table 7 shows an overview of the means and a total mean score of 4.05 which suggests an overall high intention to travel to Germany before the pandemic.

#### 4.1.3 Intention to travel to Germany after the pandemic

<i>Level of agreement or disagreement</i>	<i>M</i>	<i>SD</i>
I think that traveling to Germany after the pandemic is attractive.	<i>3.67</i>	<i>1.09</i>
I think that traveling to Germany after the pandemic is enjoyable.	<i>3.66</i>	<i>1.07</i>

*Table 6: Attitude after the pandemic*

Table 8 shows that a majority of the respondents have a high level of positive attitude towards traveling to Germany after the pandemic. 26.5% strongly agree with



the thought that traveling to Germany is attractive ( $M = 3.67$ ,  $SD = 1.09$ ) and 24% ( $M = 3.66$ ,  $SD = 1.07$ ) strongly agree that travelling to Germany is enjoyable.

<i>Level of agreement or disagreement</i>	<i>M</i>	<i>SD</i>
Most people who are important to me recommended traveling to Germany after the pandemic.	<b>3.09</b>	<b>1.25</b>
Most people who are important to me supported that I travel to Germany after the pandemic.	<b>3.16</b>	<b>1.28</b>

*Table 7: Subjective Norm after the pandemic*

The subjective norm showed in Table 9 measured the positive or negative agreement to the belief that important others will approve of travelling to Germany after the pandemic. The results here were rather evenly spread out between strongly disagreeing and strongly agreeing, with a slight majority of respondents agreeing to the thought of people who are important to them recommending ( $M = 3.09$ ,  $SD = 1.25$ ) and supporting traveling to Germany after the pandemic ( $M = 3.16$ ,  $SD = 1.28$ ).

<i>Level of agreement or disagreement</i>	<i>M</i>	<i>SD</i>
After the pandemic, whether I travel to Germany will be completely up to me.	<b>4.25</b>	<b>.99</b>
After the pandemic, I will have enough resources (money) to travel to Germany	<b>3.86</b>	<b>1.13</b>
I intend to travel to Germany after the pandemic.	<b>3.41</b>	<b>1.24</b>

<i>Level of agreement or disagreement</i>	<i>M</i>	<i>SD</i>
I am willing to invest time and money to travel to Germany after the pandemic.	<i>3.40</i>	<i>1.21</i>

*Table 8: Perceived Behavioral Control and Behavioral Intention after the pandemic*

Table 10 displays the perceived behavioral control over travelling to Germany after the pandemic and the behavioral intention to travel to Germany. Most of the respondents strongly agree that the decision to travel to Germany is up to them ( $M = 4.25$ ,  $SD = .990$ ) and that they had enough resources to do so after the pandemic. ( $M = 3.86$ ,  $SD = 1.134$ ). The behavioral intention is also mostly positive or neutral regarding the intention to travel to Germany ( $M = 3.41$ ,  $SD = 1.249$ ) and the willingness to invest time and money into travelling to Germany after the pandemic ( $M = 3.40$ ,  $SD = 1.219$ ).

<i>Intention to travel to Germany after</i>	<i>M</i>	<i>SD</i>
<i>Attitude (attractive)</i>	<i>3.67</i>	<i>1.09</i>
<i>Attitude (enjoyable)</i>	<i>3.66</i>	<i>1.07</i>
<i>Subjective Norm (recommend)</i>	<i>3.09</i>	<i>1.25</i>
<i>Subjective Norm (support)</i>	<i>3.16</i>	<i>1.28</i>
<i>Perceived Behavioral Control (decision)</i>	<i>4.25</i>	<i>.99</i>
<i>Perceived Behavioral Control (resources)</i>	<i>3.86</i>	<i>1.13</i>
<i>Behavioral Intention (intention to travel)</i>	<i>3.41</i>	<i>1.24</i>
<i>Behavioral Intention (invest resources)</i>	<i>3.40</i>	<i>1.21</i>
<b><i>Total</i></b>	<b><i>3.56</i></b>	<b><i>.89</i></b>

*Table 9: Mean overview and total score after pandemic*

Note: Likert scales, score 5 as the highest rank and 1 as the lowest. Cronbach's Alpha = .9

Table 11 display an overview of the mean scores along with the overall total mean score of the intention to travel to Germany after the pandemic, which tends to be positive but not as high as before the pandemic ( $M = 3.56$ ,  $SD = .896$ ).

#### ***4.1.4 Attitude towards Germany's crisis management of the COVID-19 pandemic***

This part of the analysis will display Thai tourists' attitude towards Germany's crisis management of the COVID-19 pandemic based on the following objectives of RKI's crisis responsive plan: the reduction of the morbidity and mortality of the population, sufficient health care for infected individuals, maintaining essential public services and facilities, and quick and reliable information for all relevant stakeholders. Also, including the framework of the CDC: the timeliness of the response, the facts given about the virus known and unknown information about the magnitude of the crisis, the information giving about measures and a guideline on behavior to protect self and others as well as the overall crisis communication. The questions have been adapted from Lee et al. (2012).

<i>Level of agreement or disagreement</i>	<i>M</i>	<i>SD</i>
I feel like the safety measures taken by Germany during the COVID-19 pandemic are sufficient.	3.28	1.07
The crisis management done by Germany during the COVID-19 pandemic makes me feel safe.	3.28	1.05
I feel like Germany handles the COVID-19 pandemic well.	3.38	1.02
I feel like Germany did a good job in reducing the spread of the virus.	3.34	1.02

<i>Level of agreement or disagreement</i>	<i>M</i>	<i>SD</i>
I feel like Germany did a good job in reducing the morbidity rate of the population.	3.53	1.08
I think that Germany provides sufficient healthcare for infected people.	3.69	1.03
I feel like Germany is maintaining essential public services and facilities during the crisis.	3.75	1.06
I feel like Germany provides quick and reliable information for everyone.	3.91	.95
I feel like the lockdown in Germany at the beginning of the pandemic was a right thing to do.	4.29	.84
I feel like Germanys crisis management promotes actions on how to protect self and others.	3.84	.95
I feel like Germany did a good job communicating the crisis on time.	3.84	.91
I feel like Germany communicates accurate facts and information.	3.96	.89
I feel like Germany informs enough about the magnitude of the crisis.	3.84	.93
I feel like Germanys communicates its measures to contain the virus clearly.	3.87	.95
I feel well informed about the crisis when following Germanys communication channels.	3.79	.90
<b>TOTAL SCORE</b>	<b>3.70</b>	<b>.78</b>

*Table 10: Attitude towards Germanys Crisis Management*

Note: Likert scales, score 5 as the highest rank and 1 as the lowest. Cronbach's Alpha = .96

Table 12 shows that respondents are inconclusive whether the safety measures taken by Germany during the COVID-19 pandemic are sufficient or not ( $M = 3.28$ ,  $SD = 1.075$ ) or whether it makes them feel safe ( $M = 3.28$ ,  $SD = 1.057$ ). Furthermore, the results to the question regarding Germany's handling of the COVID-19 pandemic and whether they did a good job in reducing the spread of the virus were also very high in the neither agree nor disagree section, however, more people tend to lean to agree with Germany handling the pandemic well ( $M = 3.38$ ,  $SD = 1.029$ ) and doing a good job with reducing the spread ( $M = 3.34$ ,  $SD = 1.029$ ).

Most respondents also think that Germany did a good job in reducing the morbidity rate of the population ( $M = 3.53$ ,  $SD = 1.084$ ) and providing sufficient healthcare for infected people ( $M = 3.69$ ,  $SD = 1.039$ ). From the descriptive table we can also see that most respondents agree that Germany is maintaining public services and facilities during the crisis ( $M = 3.75$ ,  $SD = 1.060$ ). Additionally, most participants of this study believe that Germany provides quick and reliable information for everyone ( $M = 3.91$ ,  $SD = .954$ ). The majority of the respondents strongly believe that the lockdown in Germany at the beginning of the pandemic was the right thing to do ( $M = 4.29$ ,  $SD = .848$ ). They also agree that Germany's crisis management promotes actions on how to protect self and others ( $M = 3.84$ ,  $SD = .955$ ), believe that Germany communicates the crisis on time ( $M = 3.84$ ,  $SD = .914$ ) with accurate facts and information ( $M = 3.96$ ,  $SD = .896$ ) and that Germany informs enough about the magnitude of the crisis ( $M = 3.84$ ,  $SD = .932$ ). Furthermore, most of the respondents agree that Germany communicates its measures to contain the virus clearly ( $M = 3.87$ ,  $SD = .958$ ) and that they were well informed when following Germany's communication channels ( $M = 3.79$ ,  $SD = .902$ ). The overall total score is relatively

high ( $M = 3.70$ ,  $SD = .780$ ), suggesting a positive attitude towards Germany's crisis management.

## 4.2 Findings from Inferential Analysis

Findings of the inferential analysis or hypothesis testing from 200 samples will be discussed in the following orders:

*Hypothesis 1:* There is a difference between Thai tourists' intention to travel before and after the pandemic. For this purpose, a Paired Sample t-test was conducted.

*Hypothesis 2:* There is a relationship between the attitude towards crisis management and the intention to travel. The Pearson's Correlation was applied for finding relationship among the variables.

### 4.2.1 Hypothesis 1

*There is a difference between Thai tourists' intention to travel before and after the pandemic.*

A paired sample t-test with an  $\alpha$  of .05 was used to compare Thai tourists' intention to travel to Germany before and after the pandemic.

		Paired <i>t</i> test differences							
		<i>M</i>	<i>SD</i>	<i>SE M</i>	95% Confidence Interval Difference		<i>t</i>	<i>df</i>	<i>.p</i>
					Lower	Upper			
Pair 1	Before the pandemic I thought that traveling to Germany is attractive. - I think that	.72	1.143	.0809	.5605	.8795	8.903	199	.000

		Paired <i>t</i> test differences							
		<i>M</i>	<i>SD</i>	<i>SE M</i>	95% Confidence Interval Difference		<i>t</i>	<i>df</i>	<i>p</i>
					Lower	Upper			
	traveling to Germany after the pandemic is attractive.								
<b>Pair 2</b>	Before the pandemic I thought that traveling to Germany is enjoyable. - I think that traveling to Germany after the pandemic is enjoyable.	.81	1.053	.0745	.6631	.9569	10.875	199	.000
<b>Pair 3</b>	Before the pandemic, most people who are important to me recommended traveling to Germany. - Most people who are important to me recommend traveling to Germany after the pandemic.	.69	1.245	.0881	.5163	.8637	7.834	199	.000
<b>Pair 4</b>	Before the pandemic, most people who are important to me supported that I travel to Germany. - Most people who are important to me support that I travel to Germany	.60	1.223	.0865	.4344	.7756	6.994	199	.000

		Paired <i>t</i> test differences							
		<i>M</i>	<i>SD</i>	<i>SE M</i>	95% Confidence Interval Difference		<i>t</i>	<i>df</i>	<i>p</i>
					Lower	Upper			
	after the pandemic.								
<b>Pair 5</b>	Before the pandemic, whether or not I travel to Germany was completely up to me. - After the pandemic, whether or not I travel to Germany will be completely up to me.	.20	.966	.0684	.0652	.3348	2.926	199	.004
<b>Pair 6</b>	Before the pandemic, I had enough resources (money) to travel to Germany. - After the pandemic, I will have enough resources (money) to travel to Germany.	.29	1.036	.0733	.1505	.4395	4.027	199	.000
<b>Pair 7</b>	Before the pandemic, I intended to travel to Germany in the near future. - I intend to travel to Germany after the pandemic.	.18	1.303	.0922	.0032	.3668	2.007	199	.046
<b>Pair 8</b>	Before the pandemic, I was willing to invest time and money to travel to Germany in	.360	1.186	.0839	.1946	.5254	4.291	199	.000



		Paired <i>t</i> test differences							
		<i>M</i>	<i>SD</i>	<i>SE M</i>	95% Confidence Interval Difference		<i>t</i>	<i>df</i>	<i>p</i>
					Lower	Upper			
	the near future. - I am willing to invest time and money to travel to Germany after the pandemic.								
<b>Pair 9</b>	Total mean score	.483	.7910	0.559	.3728	.5934	8.637	199	.000

Table 11: Paired sample *t*-test

The paired sample *t*-test for the first pair revealed that the thought of traveling to Germany being attractive after the pandemic ( $M = 3.67$ ,  $SD = 1.098$ ) was .7200 points less, 95% CI [.663, .956] than before the pandemic ( $M = 4.39$ ,  $SD = .849$ ). The difference was statistically significant,  $t(199) = 8.903$ ,  $p < .05$ .

The results for the second pair revealed a .8100, 95% CI [.6631, .9569] difference in finding travelling to Germany enjoyable before ( $M = 4.47$ ,  $SD = .762$ ) and after ( $M = 3.660$ ,  $SD = 1.0725$ ) the pandemic. The difference was statistically significant,  $t(199) = 10.875$ ,  $p < .05$ .

The results for the third pair showed that people who are important to the respondent would recommend travelling to Germany .6900 points less, 95% CI [.6631, .9569] after ( $M = 3.09$ ,  $SD = 1.25$ ) than before the pandemic ( $M = 3.78$ ,  $SD = 1.098$ ). The difference was statistically significant,  $t(199) = 7.834$ ,  $p < .05$ .

For the fourth pair there was also a statistically significant difference,  $t(199) = 6.994$ ,  $p < .05$ . between people who are important to the respondent supporting them travelling to Germany before ( $M = 3.765$ ,  $SD = 1.0769$ ) and after the pandemic ( $M =$

3.16,  $SD = 1.289$ ). The paired sample t-test revealed that people would support travelling to Germany .605 points less, 95% CI [.4344, .7756] after the pandemic.

The results for the fifth pair showed that respondents think that travelling to Germany will be completely up to them .20 points less, 95% CI [.065, .334] after ( $M = 4.24$ ,  $SD = .989$ ) than before the pandemic ( $M = 4.44$ ,  $SD = .848$ ). The difference was statistically significant,  $t(199) = 2.926$ ,  $p < .05$ .

The results for the sixth pair revealed a .2950, 95% CI [.1505, .4395] difference in the respondents having enough resources (money) before ( $M = 4.15$ ,  $SD = .1047$ ) and after ( $M = 3.86$ ,  $SD = 1.134$ ) the pandemic. The difference was statistically significant,  $t(199) = 4.027$ ,  $p < .05$ .

The results for the seventh pair showed that the intention to travel to Germany was 1850 points less, 95% CI [.0032, .3668] after ( $M = 3.41$ ,  $SD = 1.249$ ) than before the pandemic ( $M = 3.60$ ,  $SD = 1.303$ ). The difference was statistically significant,  $t(199) = 2.007$ ,  $p < .05$ .

The paired sample t-test for the eighth pair revealed that the the willing to invest time and money to travel to Germany after the ( $M = 3.39$ ,  $SD = 1.219$ ) was .3600 points less, 95% CI [.194, .525] than before the pandemic ( $M = 3.75$ ,  $SD = 1.1967$ ). The difference was statistically significant,  $t(199) = 4.291$ ,  $p < .05$ .

The paired sample t-test for the last pair revealed that the overall mean score after the pandemic ( $M = 3.56$ ,  $SD = .896$ ) was .4831 points less, 95% CI [.3728, .5934] than before the pandemic ( $M = 4.05$ ,  $SD = .749$ ). The difference was statistically significant,  $t(199) = 8.637$ ,  $p < .05$ .

#### 4.2.1 Hypothesis 2

*There is a relationship between the attitude towards crisis management and the intention to travel after the pandemic*

<b>Relationship between</b>	<b><i>r</i></b>	<b><i>p</i></b>
Thai tourists' attitude towards Germany's crisis management and their intention to travel after the pandemic.	.545	>.001

*Table 12: Relationship between attitude towards crisis management and intention to travel after the pandemic*

The result in Table 14 shows that there is a positive correlation between the attitude towards crisis management and the intention to travel after the pandemic ( $r = .545$ ) at a 0.05 significance level. Hence, we can say that the intention to travel to Germany after pandemic is positively associated with the attitude towards Germanys crisis management of the COVID-19 pandemic.

## **CHAPTER 5**

### **SUMMARY AND DISCUSSION**

This chapter covers the summary and discussion in details of this research study. Firstly, the summary of the results will be presented, followed by the discussion of following objectives:

(1) To examine Thai tourists' intention to travel to Germany before and after the COVID-19 pandemic.

(2) To examine the attitude of Thai tourists towards Germany's crisis management during the COVID-19 pandemic.

(3) To investigate the difference between Thai tourists' intention to travel to Germany before and after the COVID-19 pandemic.

(4) To investigate the relationship between Thai tourists' attitude towards Germany's crisis management and intention to travel to Germany after the COVID-19 pandemic.

Finally, the limitations and directions for future research will be discussed, following by the practical implications.

#### **5.1 Summary**

This summary will discuss the results of the quantitative research regarding Thai tourists travel intention to Germany before and after the pandemic and their attitude towards Germany's crisis management. In this regard a survey was distributed during mid-October to early November 2020 and achieved a sample size of 200

participants. The results consist of the computation of *demographics, intention to travel before, attitude towards crisis management* and *intention to travel after*. The research conclusion will be divided into two parts as in the previous chapter – descriptive analysis and inferential analysis. The inferential part includes the review of hypothesis 1 and 2 by using a *paired sample t-test* as well as *Pearson correlation*.

### ***5.1.1 Summary of Descriptive Analysis***

#### ***Demographic Information***

In this research, the demographic part is comprised of the outcomes on gender, age range and former travel experience. The results show that the majority of the respondents are female, with a percentage reported as high as 75% or 150 participants. The outcome on the respondents' age range reveals that a majority of the participants of the study are aged between 26-35, with a percentage of 30.5 or 61 respondents, and 60+, with a percentage of 26% or 52 participants. On the other hand, the lowest number of respondents were those that are aged between 40-45 years old, accounting for 4.5% or 9 responses.

For the former travel experience, the majority of people participating travelled internationally on a regular basis (at least once a year) as seen by the percentage of 44.3% or displayed by the number of 89 participants.

Furthermore, the knowledge of crisis management has been answered as a multiple-choice question and has resulted into mostly been taken from Foreign News Media, as the results show a percentage of 76.1%, and Facebook with a percentage of 58.2% or 117 respondents.

*Intention to travel to Germany before the pandemic*

In general, the respondents tend to agree with the statements given: The attitude towards traveling to Germany before the pandemic is very high, with the highest score showing that the participants think traveling to Germany is enjoyable before the pandemic ( $M = 4.47, SD = .763$ ). The perceived behavioral control was also high, with a strong agreement on the part that traveling to Germany is up to the respondent before the pandemic ( $M = 4.44, SD = .849$ ). The subjective norm and behavioral intention see a strong shift to agreement either, showing an agreement on people who are important to the respondent recommending and supporting travelling to Germany ( $M = 3.78, SD = 1.099; M = 3.76, SD = 1.080$ ) and the willingness to invest time and money before the pandemic ( $M = 3.76, SD = 1.197$ ). The overall mean score of 4.05 suggests a high agreement of the statements and as such a high intention to travel to Germany before the pandemic.

*Attitude towards Germany's crisis management*

The respondents feel specifically positive about the lockdown as a crisis measure and believe that Germany provides quick and reliable information for everyone, with a relatively high score of 4.29 and 3.91. On the other hand, the statement regarding sufficient safety measures and the feeling of safety received the lowest mean score of 3.28.

In general, the respondents neither agree nor disagree with the statements, but this section overall achieved the average mean score of 3.70, which is close to an agreement.

### *Intention to travel to Germany after the pandemic*

In general, the respondents tend to either select the neutral option or agree with the statements given. The total mean of 3.56 still suggests an agreement with the statements, however, not as high as before (4.05). The highest score was achieved in the perceived behaviour control section, with a strong agreement on the part that traveling to Germany is up to the respondent after the pandemic ( $M = 4.25, SD = .990$ ). The attitude part showed an agreement in the participants thinking traveling to Germany is attractive ( $M = 3.67, SD = 1.099$ ). For the subjective norm, 3.16 was the highest mean for people who are important to the respondent supporting traveling to Germany after the pandemic. The behavioral intention in regards of traveling to Germany and being willing to invest time and money to travel to Germany after the pandemic is that participants tend to agree with a mean of 3.41 and 3.40.

### ***5.1.2 Summary of Inferential Analysis – Hypothesis Testing***

#### *Hypothesis 1*

*There is a difference between Thai tourists' intention to travel before and after the pandemic.*

The paired sample t-test analysis was conducted to test whether there is a statistical significance between the intention to travel to Germany before and after the pandemic. It was found that there was a statistically significant difference for all of the pairs, as well as the overall total mean score, before and after the pandemic, which indicates that the outcome of the statistical procedure is rare enough to not have occurred solely by chance. Hence, the hypothesis was accepted.

### *Hypothesis 2*

*There is a relationship between the attitude towards crisis management and the intention to travel after the pandemic.*

The results show that there is a positive correlation between the attitude towards crisis management and the intention to travel after the pandemic ( $r = .545$ ) at a 0.05 significance level. Hence, we can say that the intention to travel to Germany after pandemic is positively associated with the attitude towards Germany's crisis management of the COVID-19 pandemic.

## **5.2 Discussion**

This section covers the discussion and analysis of this research, putting findings into context with relevant literature, drawing conclusions the study as well as discovering the limitations and opportunities. It will start with a discussion of the descriptive data and then look into the inferential tests and hypothesis testing.

### **5.2.1 Discussion on Descriptive Data**

#### *Demographics*

The majority of people answering the questionnaire are female and either 26-35 or 60+. Furthermore, most of the knowledge about Germany's crisis management is gained either from Facebook and/or Foreign News Media. Facebook has been proven to be one of the leading social media websites in Thailand (Statista, 2020), with a majority of female users and a median age of 40 (Kemp, 2020). Most people have a daily routine of going to Facebook for distraction but find at least a quarter of



the posts they see on their timeline turns out to be news, allowing users to get in touch with news they otherwise wouldn't have been exposed to (Schäfer et al., 2017, Seo et al., 2016). Also, the nature of Facebook itself being fast-paced, news sharing and commenting, creates discussions and increases the involvement towards the specific topic (Oeldorf-Hirsch & Sundar, 2015). The results of this research also support a study conducted by Lwin et al. (2020) saying social media has been increasingly used for the communication of information regarding infectious outbreaks, a great level of public engagement has been achieved via Facebook. Regarding the foreign news media, Germany is more displayed in foreign media than in Thai news media hence, the information gain from foreign news has been expected.

*Intention to travel to Germany before and after the pandemic*

The target audience for this study was Thai tourists with an interest in traveling to Germany, hence, seeing an overall high intention to travel to Germany before the pandemic has been estimated.

The results of this study show that people especially value the perceived behavioral control of being in charge of the decision to travel to Germany, whether it is before or after the pandemic (“Whether or not I travel to Germany is completely up to me.”), which is consistent with tourism and traveling in general being seen as a high-involvement product, due to the amount of judgement and high risks decisions needed when making travel plans (Decrop, 2006 and Sirakay & Woodside, 2005). However, having enough resources to travel is also important to the respondents, as travel goes along with high financial risk and uncertainty (Maser & Weiermair, 1998) and also, the distance between Asia and Europe is rather big, estimating a bigger

budget needed in order to travel comfortably and within that a higher focus on financing (Snepenger et al., 1990).

The second highest results in this part of the study show that the attitude towards traveling to Germany is high and seen as enjoyable. This is consistent with Germany being amongst the third favorite destinations to travel to in Europe, with the number of Thai tourists traveling to Europe growing every year (Bangkok Post Public Company Limited, 2019b) and Germany having targeted Thai tourists in particular (APISITNIRAN, 2019).

Furthermore, results regarding the subjective norm suggest a large number of people important to the respondents supporting and recommending traveling to Germany before the pandemic, corresponding to Germany being a popular travel destination not only for leisure but also its architectural sites and cultural experiences (Chaipinit, 2008 and APISITNIRAN, 2019).

Overall, it can be said that the travel intention to travel to Germany was high before the pandemic and remains somewhat high after the pandemic, even if not as high as before.

#### *Attitude towards Germany's crisis management of the COVID-19 pandemic*

A crisis can generate a negative perception, when handled the wrong way or ineffectively (Coombs, 2007). This research investigated the attitude towards Germany's crisis management to see whether Thai tourists agree with how the crisis was handled or not. The highest score from the results from this study shows that Thai tourists highly agree with the strict lockdown implemented by the German government at the first peak of the pandemic. This is consistent with the recommendation of

professionals of taking quick and effective measures as a crisis response, trying to prevent or lessen the negative outcome and protect stakeholders from harm (Coombs, 2007, Arpan & Roskos-Ewoldsen, 2005 and Jerait, 1994).

Furthermore, Thai tourists feel like Germany provides quick and reliable information for everyone and rely on this information being accurate. Overall, the results regarding the communication of the crisis itself as well as its magnitude, the measures taken and how Germany promotes action to protect self and others, have achieved a high agreement with Thai tourists. Studies have shown that during a crisis an open style of communication can gain the public's trust and lead into taking positive actions, creating trust and credibility (Reynolds & Quinn, 2008), drawing a positive image for Thai tourists, which is vital for them to make travel decisions (Mair et al., 2014). Good communication in general helps to avoid confusion, a good crisis strategy can limit the negative media coverage and manage perceptions of the crisis (Faulkner, 2001 and Ritchie et al., 2004). In fact, adequate health risk communication during a crisis is one of the most important aspects of crisis management to handle attitude and perception towards an organization (Garnett & Kouzmin, 2007).

The overall score shows a positive tendency and an overall high agreement with how the crisis was handled in the initial period of the pandemic, suggesting a well-done crisis management by Germany, being consistent with Germany's pandemic response being held up as a model within Europe and newspapers praising Germany for handling the crisis well (Bremmer, 2020; Kottasová, 2020; Pleitgen, 2020).

### ***5.2.2 Discussion on Inferential Analysis – Hypothesis Testing***

#### *Difference between the intention to travel to Germany before and after the pandemic*

As stated above a paired sample t-test analysis was conducted to test whether there is a statistical significance between the intention to travel to Germany before and after the pandemic. It was found that there indeed is a statistically significant difference for all of the pairs, before and after the pandemic, as well as between the overall mean score, which indicates that the outcome of the statistical procedure is rare enough to not have occurred solely by chance. Hence, the hypothesis was accepted. Apart from the tourist image towards destination might being able to change in regards of a major occurrence such as a natural disaster (Lehto et al., 2008), or in this case a pandemic, as the perceived threat of infectious diseases exerts a unique influence on attitude and behavior (Murray & Schaller, 2011), travel intention can also change over time due to different factors in people's lives (Jordan et al., 2017). The discouragement to travel after the pandemic, might additionally occur from changes in travel motivation such as changing from leisure, relaxation and cultural curiousness to family reunions or shorter trips due to the nature of the pandemic in separating people from family and encouraging to stay at home, as well as an overall rising importance of hygiene, a reliable health care system and the overall perception of personal safety and security in choosing a travel destination as suggested in similar studies (Ivanova et al., 2020 and Li et al., 2020). Additionally, rising anxiety during the uncertain times of a pandemic add to emotional concerns, changing people's intention in behavior (Bae & Chang, 2020). A traveler's expectation depends on internal and external variables that impact their motivation to study (Lu et al., 2018).

Overall, the attitude towards traveling to Germany after the pandemic is still be seen as attractive, but is significantly less than before, which can be caused by Germany being severely hit by COVID-19 especially in the second wave in autumn 2020, causing another set of strict measures in order to contain the spread of the virus (mdr.de, 2020). It is also consistent with the economic impact the COVID-19 pandemic has on the economy in Thailand leaving people with less job security and a lower income (Crispin, 2020).

Additionally, people who are important to the respondents are expected to be less likely to recommend and support traveling to Germany after the pandemic, which might also be because of the travel restrictions and the impact of the virus on Germany's touristic sights and cultural places of interests (Brosda, 2020).

*Relationship between the attitude towards Germany's crisis management and the intention to travel to Germany after the pandemic*

The findings from the correlation analysis revealed that there was a significant positive relationship between the attitude towards Germany's crisis management and the intention to travel to Germany, also meaning an acceptance of the hypothesis. This result is consistent with studies suggesting that the consumer attitude towards a product or product attributes affects the intention to buy the product or in this case, travel to a specific country (Limbu et al., 2012; Liu et al., 2012). Furthermore, Law (2006) mentions that the perception of risk is a key factor influencing travellers in making travel decisions, hence affecting the intention of travel. Additionally, seen from a tourism perspective crisis management affects destination attributes that facilitate a significant role in the building of attitude and thereof travel intention

(Leisen, 2001), as attitude is a significant mediator between affective risk perception and behavioral intention (Bae & Chang, 2020). The RKI (2017) has suggested that for an appropriate response it is necessary for successful crisis management to continually be updated with any available information and re-conducted to provide a risk-assessment. Generally, the tourists' travel decision-making process is made based on the perception of risk possibility (Roehl & Fesenmaier, 1992), Perceived travel risk is situation specific (Seabra et al., 2013) and with the pandemic being a very specific crisis with a unique effect on economy and society (Naumov et al., 2020), Germany and other tourist destinations have suffered from safety measures highly affecting travel and safety, such as lockdown, quarantine, border closures (Goodell, 2020). Furthermore, possible travel risk includes health, physical, psychological, performance, financial, equipment, social, and time factors, significantly associated with tourist's travel decision (Huang et al., 2020 and Jonas et al., 2011). Hence, the relationship can be justified by good crisis management reducing the perceived uncertainty and influences mental well-being, important attributes affecting tourist intention (Chua et al., 2020).

To conclude, the intention to travel to Germany of Thai tourists was high before the pandemic and despite having a positive reaction to Germany's crisis management of the pandemic, the intention to travel to Germany after COVID-19 is lower than before. This suggests that even though the crisis was handled well, the fear of the pandemic weighs more than a positive crisis management. The outcomes of this research are supported by traveling being a high involvement product and the intention to travel being influenced by internal as well as external attributes (Decrop, 2006 and Sirakay & Woodside, 2005), as well as good crisis management being needed to create

a positive image and reputation (Coombs, 2007). Furthermore, even though showing a positive attitude towards crisis management the intention to travel and the tourist attitude towards destination can be changed in regards of a major occurrence such as a natural disaster (Lehto et al., 2008), or in this case a pandemic, as individuals' reaction to an environmental change can affect intention to do something.

### ***5.2.3 Limitations***

- This research was limited to Germany, which might be a popular destination for Thai tourists but is not representable for all other destinations.
- The questionnaire was mainly distributed over social media in travel groups, hence, not reaching non-social media users or members of travel groups.
- The initial period of the crisis and the first peak of the pandemic in Germany was during March and April 2020, thus, the recall of the crisis moment by participants is difficult.

### ***5.2.4 Suggestions for future research***

- In the future, this research could be conducted with more countries, for example destinations that are closer to Thailand such as ASEAN countries or European countries with a bad crisis management in regard to the pandemic, such as Spain or Italy.
- Research similar to this study could be conducted again when the pandemic is clearly over and tourism has returned to normal, without travel restrictions in place

and the fear of being in contact with the virus, as these factors add to the uncertainty of making a future travel decision.

- This study only explored Thai tourists' attitude towards Germany's crisis management using a quantitative approach. Further research could attempt expanding the method of data collection, using a qualitative approach in the form of in-depth interviews to gain a better understanding on the factors of the intention to travel and how much crisis management played a role in changing the intention or whether/what other factors influenced the change such.

#### ***5.2.5 Suggestions for Communication Practitioners***

The findings of this research provide valuable knowledge about Thai tourist's attitude towards Germany's crisis management and whether it affects their intention to travel. Based on these findings, several practical implications are gained.

- From the results of this study, it is apparent that good crisis management can create a positive attitude but is not enough to positively influence travel intention. Thus, tourism marketers need to communicate more clearly on how the tourism industry is going to recover.

- Information regarding crisis management is widely gained via Social Media, mainly Facebook as well as Foreign News Media, suggesting a successful reach of stakeholders via Social Media. Communication and crisis practitioners could try to create a strategy in order to distribute and reinforce their messages on social media to interact with stakeholders in the most effective way.



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จุฬาลงกรณ์มหาวิทยาลัย  
**CHULALONGKORN UNIVERSITY**

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**APPENDIX**



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## APPENDIX A

### Research Questionnaire English Version

This “Thai Tourists’ Attitude towards Germany’s Covid-19 Crisis Management and their Intention to Travel to Germany” research project is conducted in partial requirement of a Professional Project, run by a student of the Master of Arts Program in Strategic Communication Management, from the Faculty of Communication Arts, Chulalongkorn University.

The purpose of this questionnaire is to explore participants about Thai tourist’s attitude towards Germany’s Covid-19 crisis management and their intention to travel to Germany before and after the pandemic. It will take approximately 15 minutes. Participants are requested to complete all of the following questions based on his or her opinions and as accurately as possible. The questionnaire is anonymous, and the information collected will be strictly confidential. The data collected will be analyzed and used for educational purpose only.

#### *Part 1: Screening Questions*

**1. Are you over 18?**

- a. Yes
- b. No (eliminate)

**2. What is your nationality?**

- a. Thai
- b. other (eliminate)

**3. Do you have an interest in travelling to Germany?**

- a. Yes
- b. No (eliminate)

***Part 2: Travel intention to Germany before the pandemic***

	<b>Strongly disagree</b>	<b>disagree</b>	<b>neutral</b>	<b>agree</b>	<b>Strongly agree</b>
4. Before the pandemic I thought that traveling to Germany is attractive.					
5. Before the pandemic I thought that traveling to Germany is enjoyable.					
6. Before the pandemic, most people who are important to me recommended traveling to Germany.					
7. Before the pandemic, most people who are important to me supported that I travel to Germany.					
8. Before the pandemic, whether or not I travel to Germany was completely up to me.					
9. Before the pandemic, I had enough resources (money) to travel to Germany.					
10. Before the pandemic, I intended to travel to Germany in the near future.					
11. Before the pandemic, I was willing to invest time and money to travel to Germany in the near future.					

***Part 3: Attitude towards crisis management***

	<b>Strongly disagree</b>	<b>disagree</b>	<b>neutral</b>	<b>agree</b>	<b>Strongly agree</b>
12. I feel like the safety measures taken by Germany during the COVID-19 pandemic are sufficient.					
13. The crisis management done by Germany during the COVID-19 pandemic makes me feel safe.					
14. I feel like Germany handles the COVID-19 pandemic well.					
15. I feel like Germany did a good job in reducing the spread of the virus.					
16. I feel like Germany did a good job in reducing the morbidity rate of the population.					
17. I think that Germany provides sufficient healthcare for infected people.					

	<b>Strongly disagree</b>	<b>disagree</b>	<b>neutral</b>	<b>agree</b>	<b>Strongly agree</b>
18. I feel like Germany is maintaining essential public services and facilities during the crisis.					
19. I feel like Germany provides quick and reliable information for everyone.					
20. I feel like the lockdown in Germany at the beginning of the pandemic was a right thing to do.					
21. I feel like Germanys crisis management promotes actions on how to protect self and others.					
22. I feel like Germany did a good job communicating the crisis on time.					
23. I feel like Germany communicates accurate facts and information.					
24. I feel like Germany informs enough about the magnitude of the crisis.					
25. I feel like Germanys communicates its measures to contain the virus clearly.					
26. I feel well informed about the crisis when following Germanys communication channels.					

***Part 4: Travel intention to Germany after the pandemic***

	<b>Strongly disagree</b>	<b>disagree</b>	<b>neutral</b>	<b>agree</b>	<b>Strongly agree</b>
27. I think that traveling to Germany after the pandemic is attractive.					
28. I think that traveling to Germany after the pandemic is enjoyable.					
29. Most people who are important to me recommend traveling to Germany after the pandemic.					
30. Most people who are important to me support that I travel to Germany after the pandemic.					
31. After the pandemic, whether or not I travel to Germany will be completely up to me.					
32. After the pandemic, I will have enough resources (money) to travel to Germany.					
33. I intend to travel to Germany after the pandemic.					

	<b>Strongly disagree</b>	<b>disagree</b>	<b>neutral</b>	<b>agree</b>	<b>Strongly agree</b>
34. I am willing to invest time and money to travel to Germany after the pandemic.					

***Part 5: Demographics***

**35. What is your gender?**

- a. Male
- b. Female
- c. Other

**36. What is your age range?**

- a. 18-25
- b. 26-35
- c. 36-45
- d. 45-50
- e. 50-60
- f. 60+



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**37. What is your highest education level?**

- a. Below Secondary or equivalent
- b. Secondary or equivalent
- c. Undergraduate degree or equivalent
- d. Graduate degree or above

**38. What is your occupation?**

- a. Student

- b. Business owner
- c. Freelance
- d. Government Official
- e. Employee
- f. Government Employee
- g. Unemployed
- e. Other

**39. Where did you hear about Germanys crisis management? (Choose more than one)**

- a. Facebook
- b. Instagram
- c. Twitter
- d. LinkedIn
- e. Foreign news media
- f. Official German Websites
- g. Other: ...

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**40. Former travel experience**

- a. I regularly travel internationally (at least once a year)
- b. I sometimes travel internationally (every 2-3 years)
- c. I occasionally travel internationally (less than every 2-3 years)
- d. I have never been abroad before

## APPENDIX B

### Research Questionnaire Thai Version

แบบสอบถามนี้เป็นส่วนหนึ่งของการศึกษาเพื่อจัดทำโครงการวิชาชีพของนิสิตระดับมหาวิทยาลัย คณะนิเทศศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย ผู้วิจัยจึงใคร่ขอความร่วมมือจากท่านในการตอบแบบสอบถามตามความเป็นจริงหรือตามความคิดเห็นของท่าน ทั้งนี้ ข้อมูลของผู้ตอบแบบสอบถามทั้งหมดจะถูกเก็บเป็นความลับและจะนำไปวิเคราะห์ในภาพรวมเพื่อนำไปใช้ประโยชน์ในเชิงการศึกษาเท่านั้น

ขอขอบคุณที่ให้ความร่วมมือในการทำแบบสอบถามค่ะ

#### ส่วนที่ 1

1. ปัจจุบันคุณมีอายุเกิน 18 หรือไม?

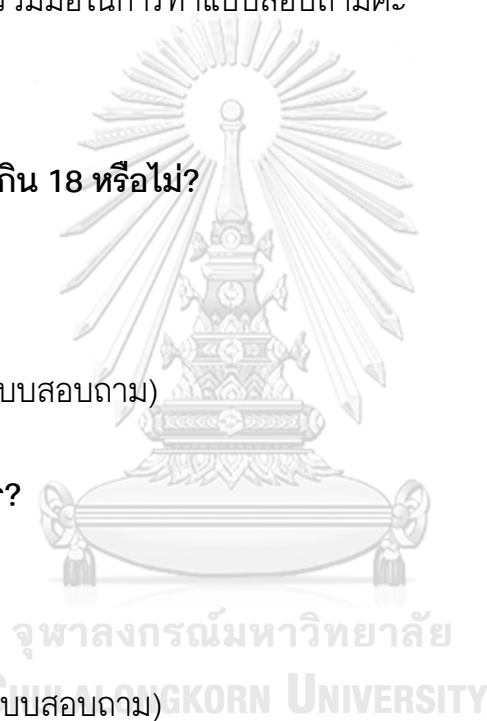
- a. ใช่
- b. ไม่ใช่ (จบแบบสอบถาม)

2. คุณมีสัญชาติอะไร?

- a. ไทย
- b. อื่นๆ (จบแบบสอบถาม)

3. คุณมีความสนใจที่จะเดินทางไปเยอรมนีหรือไม่?

- a. ใช่
- b. ไม่ใช่ (จบแบบสอบถาม)





## ส่วนที่ 2

	ไม่เห็นด้วยอย่างยิ่ง	ไม่เห็นด้วย	เฉยๆ	เห็นด้วย	เห็นด้วยอย่างยิ่ง
4. ก่อนที่จะเกิดโรคระบาด COVID-19 ฉันคิดว่าการเดินทางไปเที่ยวประเทศเยอรมนีเป็นสิ่งที่น่าดึงดูด					
5. ก่อนที่จะเกิดโรคระบาด COVID-19 ฉันคิดว่าการเดินทางไปเที่ยวประเทศเยอรมนีจะสนุก					
6. ก่อนที่จะเกิดโรคระบาด COVID-19 คนส่วนใหญ่ที่มีความสำคัญต่อฉันแนะนำให้เดินทางไปเที่ยวประเทศเยอรมนี					
7. ก่อนที่จะเกิดโรคระบาด COVID-19 คนส่วนใหญ่ที่มีความสำคัญต่อฉันสนับสนุนให้ฉันเดินทางไปเที่ยวเยอรมนี					
8. ก่อนที่จะเกิดโรคระบาด COVID-19 ไม่ว่าจะเดินทางไปเที่ยวประเทศเยอรมนีหรือไม่ ฉันขึ้นอยู่กับตัวฉันเอง					
9. ก่อนที่จะเกิดโรคระบาด COVID-19 ฉันมีทุนทรัพย์เพียงพอที่จะไปเที่ยวประเทศเยอรมนีได้					
10. ก่อนที่จะเกิดโรคระบาด COVID-19 ฉันตั้งใจจะเดินทางไปเที่ยวประเทศเยอรมนีเร็วๆนี้					
11. ก่อนที่จะเกิดโรคระบาด COVID-19 ฉันยินดีที่จะลงเวลาและเงินเพื่อเดินทางไปเที่ยวประเทศเยอรมนีเร็วๆนี้					

## ส่วนที่ 3

	ไม่เห็นด้วยอย่างยิ่ง	ไม่เห็นด้วย	เฉยๆ	เห็นด้วย	เห็นด้วยอย่างยิ่ง
12. ฉันรู้สึกว่ามีมาตรการความปลอดภัยที่ประเทศเยอรมนีดำเนินการในช่วงการระบาดของโรค COVID-19 นั้นเพียงพอแล้ว					
13. การจัดการวิกฤตที่ทำโดยประเทศเยอรมนีในช่วงการระบาดของโรค COVID-19 ทำให้ฉันรู้สึกปลอดภัย					
14. ฉันรู้สึกว่าการจัดการการระบาดของโรค COVID-19 ได้ดี					

	ไม่เห็นด้วยอย่างยิ่ง	ไม่เห็นด้วย	เฉยๆ	เห็นด้วย	เห็นด้วยอย่างยิ่ง
15. ฉันรู้สึกว่าการแพร่กระจายของไวรัสได้อย่างมีประสิทธิภาพ					
16. ฉันรู้สึกว่าการลดอัตราการเจ็บป่วยของประชากร					
17. ฉันคิดว่าประเทศไทยมีการรักษาพยาบาลที่เพียงพอสำหรับผู้ติดเชื้อ					
18. ฉันคิดว่าประเทศไทยมีสถานบริการและการบริการสาธารณสุขที่เพียงพอ					
19. ฉันรู้สึกว่าการให้ข้อมูลที่รวดเร็วและน่าเชื่อถือ					
20. ฉันรู้สึกว่าการ lockdown ในประเทศไทยในช่วงเริ่มต้นของการระบาดเป็นสิ่งที่ถูกต้อง					
21. ฉันรู้สึกว่าการจัดการภาวะวิกฤต COVID-19 ของประเทศไทยส่งเสริมให้ความรู้ในการป้องกันตนเองและผู้อื่น					
22. ฉันรู้สึกว่าการสื่อสารเรื่องวิกฤตได้อย่างรวดเร็ว					
23. ฉันรู้สึกว่าการสื่อสารข้อเท็จจริงและข้อมูลที่ถูกต้อง					
24. ฉันรู้สึกว่าการแจ้งให้ทราบเกี่ยวกับความรุนแรงของการระบาดของโรค COVID-19 มากเพียงพอ					
25. ฉันรู้สึกว่าการมาตรการความปลอดภัยอย่างชัดเจน					
26. ฉันรู้สึกได้รับข้อมูลเพียงพอเมื่อติดตามช่องทางการสื่อสารของประเทศไทย					

#### ส่วนที่ 4

	ไม่เห็นด้วยอย่างยิ่ง	ไม่เห็นด้วย	เฉยๆ	เห็นด้วย	เห็นด้วยอย่างยิ่ง
27. ฉันคิดว่าการเดินทางไปเที่ยวเยอรมนีหลังการแพร่ระบาดของโรค COVID-19 เป็นสิ่งที่น่าดึงดูด					
28. ฉันคิดว่าการเดินทางไปเที่ยวเยอรมนีหลังการแพร่ระบาดของโรค COVID-19 จะสนุก					
29. คนส่วนใหญ่ที่มีความสำคัญต่อฉันแนะนำให้เดินทางไปเที่ยวเยอรมนีหลังการแพร่ระบาดของโรค COVID-19					

	ไม่เห็นด้วยอย่างยิ่ง	ไม่เห็นด้วย	เฉยๆ	เห็นด้วย	เห็นด้วยอย่างยิ่ง
30. คนส่วนใหญ่ที่มีความสำคัญต่อฉันสนับสนุนให้ฉันเดินทางไปเที่ยวเยอรมนีหลังการแพร่ระบาดโรค COVID-19					
31. ไม่ว่าฉันจะเดินทางไปเที่ยวเยอรมนีหลังการแพร่ระบาดโรค COVID-19 หรือไม่ฉันก็ขึ้นอยู่กับฉัน					
32. ฉันมีทุนทรัพย์เพียงพอที่จะไปเที่ยวเยอรมนีได้หลังการแพร่ระบาดโรค COVID-19					
33. ฉันตั้งใจจะเดินทางไปเที่ยวเยอรมนีหลังการแพร่ระบาดโรค COVID-19					
34. ฉันยินดีที่จะลงทุนเวลาและเงินเพื่อเดินทางไปเที่ยวเยอรมนีหลังการแพร่ระบาดโรค COVID-19					

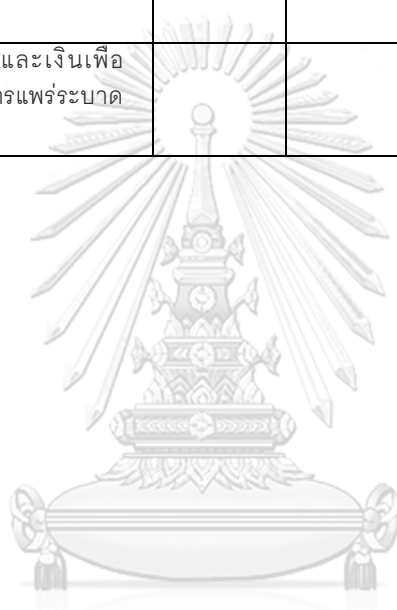
## ส่วนที่ 5

### 35. เพศ

- a. ชาย
- b. หญิง
- c. อื่นๆ

### 36. อายุของคุณ

- a. 18-25
- b. 26-35
- c. 36-45
- d. 45-50
- e. 50-60



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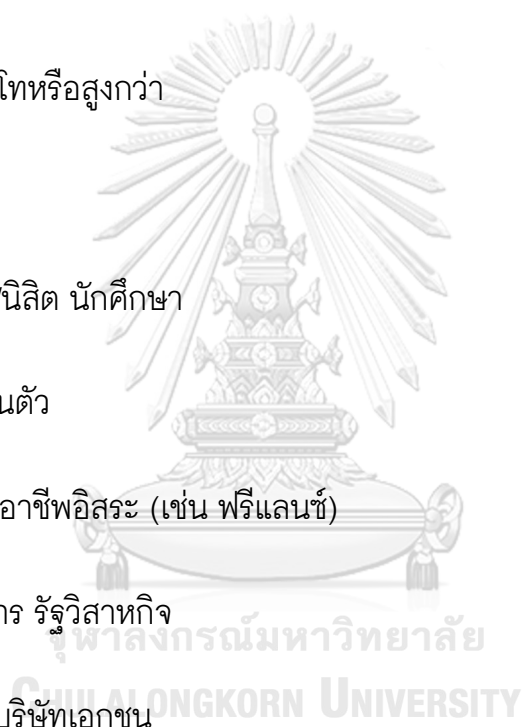
f. 60+

**37. ระดับการศึกษาสูงสุด**

- a. ต่ำกว่ามัธยมศึกษาหรือเทียบเท่า
- b. มัธยมศึกษาหรือเทียบเท่า
- c. ปริญญาตรีหรือเทียบเท่า
- d. ปริญญาโทหรือสูงกว่า

**38. อาชีพ**

- a. นักเรียน/นิสิต นักศึกษา
- b. ธุรกิจส่วนตัว
- c. ประกอบอาชีพอิสระ (เช่น ฟรีแลนซ์)
- d. ข้าราชการ รัฐวิสาหกิจ
- e. พนักงานบริษัทเอกชน
- f. ลูกจ้างหน่วยงานรัฐ
- g. ยังไม่ได้ทำงาน
- e. อื่นๆ



39. คุณได้ยื่นเกี่ยวกับการจัดการวิกฤตโควิด19 ของประเทศเยอรมนีจากที่ใด (สามารถเลือกได้มากกว่าหนึ่งข้อ)

- a. Facebook
- b. Instagram
- c. Twitter
- d. LinkedIn
- e. ข่าวต่างประเทศ
- f. เว็บไซต์อย่างเป็นทางการของเยอรมนี
- g. อื่นๆ

40. ประสบการณ์การเดินทางในอดีต

- a. ฉันเดินทางไปต่างประเทศเป็นประจำ (อย่างน้อยปีละครั้ง)
- b. ฉันเดินทางไปต่างประเทศเป็นบางครั้ง (ทุกๆ 2-3 ปี)
- c. ฉันเดินทางไปต่างประเทศเป็นบ้าง (น้อยกว่าทุกๆ 2-3 ปี)
- d. ฉันไม่เคยไปต่างประเทศมาก่อน

## VITA

<b>NAME</b>	Jasmin Phitcha Joas
<b>DATE OF BIRTH</b>	17 October 1992
<b>PLACE OF BIRTH</b>	Bad Cannstatt, Baden-Württemberg, Germany
<b>INSTITUTIONS ATTENDED</b>	B.A. at Karlsruhe Institute of Technology, Germany M.A. at Chulalongkorn University, Thailand



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