

# Health Psychology, Positive Psychology, and the Tourist



Thomas E. Hannan , Jacob J. Keech , Mandy Cassimatis ,  
and Kyra Hamilton 

**Abstract** The COVID-19 pandemic has drastically changed the way in which people think about and engage with the tourism and travel industry. Understanding how people may respond to this new and changing landscape will be vital if tourism and travel operators hope to recover from the pandemic fallout that has shattered this once vibrant industry. This chapter brings together theory and research from the fields of health psychology and positive psychology to provide insight into the psyche of the individual tourist and explore ways in which the tourism industry can adapt to, and manage, the ongoing presence of COVID-19. This chapter will discuss topics including theories of tourist motivation, tourist resilience and wellbeing, and the psychological processes underpinning the performance of COVID-safe behaviours.

**Keywords** Travel · Tourism · Health psychology · Positive psychology · COVID-19

---

T. E. Hannan (✉) · M. Cassimatis  
School of Applied Psychology, Griffith University, Brisbane, Australia  
e-mail: [t.hannan@griffith.edu.au](mailto:t.hannan@griffith.edu.au); [m.cassimatis@griffith.edu.au](mailto:m.cassimatis@griffith.edu.au)

J. J. Keech  
School of Health and Behavioural Sciences, University of the Sunshine Coast,  
Sunshine Coast, Sippy Downs, QLD, Australia  
e-mail: [jkeech@usc.edu.au](mailto:jkeech@usc.edu.au)

K. Hamilton  
School of Applied Psychology, Griffith University, Brisbane, Australia  
Menzies Health Institute Queensland, Griffith University, Brisbane, Australia  
e-mail: [kyra.hamilton@griffith.edu.au](mailto:kyra.hamilton@griffith.edu.au)

© The Author(s), under exclusive license to Springer Nature Singapore Pte Ltd. 2021

J. Wilks et al. (eds.), *Tourist Health, Safety and Wellbeing in the New Normal*,  
[https://doi.org/10.1007/978-981-16-5415-2\\_9](https://doi.org/10.1007/978-981-16-5415-2_9)

## Introduction

The pandemic caused by the novel coronavirus disease 2019 (COVID-19) has undoubtedly had a significant impact, influencing people of all cultures, religions, and socioeconomic statuses around the globe. For the tourism sector, much of the impact from the pandemic can be seen in the significant reduction in travel behaviour that was brought about by the implementation of widespread travel restrictions. Although such restrictions were introduced in an attempt to slow the spread of the virus, they have likely contributed to unprecedented changes in the way in which tourists choose their travel destinations, interact with other travellers, and respond to an ever-changing travel landscape. Consequently, it is important for tourism scholarship to explore the psychology of the individual tourist to better understand what motivates people to travel and how peoples' travel behaviour might change in response to a global pandemic like COVID-19.

Drawing on theory and research from the fields of health psychology and positive psychology can help to understand the tourist psyche. In recent decades, there has been a growing body of research employing psychological theories to better understand topics such as tourist motivation (Ahn, 2020), tourist decision-making (Pearce, 2014), tourist wellbeing (Filep, 2014), and travel-related health behaviours (Sánchez-Cañizares et al., 2021). Such work is important as it can provide valuable insights into ways in which the tourism sector can be modified to not only benefit the tourism industry, but also the individual tourist.

The current chapter will begin by discussing theories of tourist motivation and will highlight the utility of adopting a needs-based theoretical approach to tourist motivation. This section will focus on identifying ways in which the tourism environment can be modified to enhance people's travel motivation while also promoting their psychological wellbeing during travel. The chapter will then explore themes from the positive psychology literature to better understand individual characteristics of the tourist that may help them cope with the uncertainty and anxiety of travelling during a global pandemic. Finally, the chapter will explore theory and research from the field of health psychology and behaviour change to better understand peoples' engagement in *COVID-safe behaviours*, which can prevent and reduce transmission of the virus, during travel. The chapter will conclude with some final comments on how the tourism and travel industry can draw from the health and positive psychology literature to successfully adapt to the on-going changes to tourism brought about by the pandemic.

## Theories of Tourist Motivation: Understanding Why People Travel

For the tourism industry to successfully recover from the COVID-19 pandemic, both government and tourism operators will need to identify ways to encourage people to travel in a safe, yet meaningful way. To do this, a greater understanding of what motivates people to travel is needed. Unfortunately, however, the answer to the question “Why do people travel?” is not one that is easily identified.

Despite numerous theoretical models having been proposed (e.g., Boorstin, 1962; Crompton, 1979; Dann, 1977), there has been little consensus in identifying the primary motivators of peoples’ travel behaviour. For instance, Gray (1970) proposed that people travel for either *sunlust* or *wonderlust* reasons. Those who are considered “sunlust travellers” seek out destinations that provide amenities that may not be available to a person where they would typically live (e.g., the beach or tropical rainforests), whereas “wonderlust travellers” seek out destinations and activities that are new or unfamiliar to the individual (e.g., exploring different cultures). Plog (1974, 1987) suggested that tourists’ behaviour can be linked to individual differences in the personality trait of anxiety. Specifically, those high in trait anxiety, also known as “psychocentrics”, would be less likely to travel or would travel to destinations that are familiar or close to home. By contrast, those low in trait anxiety, known as “allocentrics”, tend to be more willing to travel to destinations that are further away or where fewer tourist support services (e.g., hotels, sight-seeing activities, restaurants) may exist.

Alternate approaches to tourist motivation emphasise the specific needs, wants, and desires of the individual (e.g., Pearce & Lee, 2005; Pearce & Panchal, 2011). Dann (1977) proposed that travel motivation can be considered the influence of various *push* and *pull* factors. Push factors are individual motives of the individual that drive their motivation to travel, such as the desire to escape, prestige, rest and relaxation, and social interaction. Pull factors are features of the travel destination that may attract the individual to that particular location such as cost, convenience, and the availability of facilities and attractions. When deciding *if* and *where* to travel, many individuals will therefore likely base their travel decisions on whether or not their travel experiences are expected to satisfy their own individual wants and needs.

### Self-determination Theory

This more recent view of travel motivation, which emphasises the needs of the individual, is consistent with models of motivation typically discussed in the health and positive psychology literature, such as self-determination theory (SDT) (Deci & Ryan, 2000). SDT is an organismic theory of human motivation and is based on the assumption that people are motivated by the satisfaction of three fundamental and

universal psychological needs: *autonomy*, *relatedness*, and *competence*. The need for autonomy reflects the need to feel a sense of agency and ownership over one's own actions. The need for relatedness reflects the need to develop a sense of closeness and attachment to other people. Lastly, the need for competence reflects the need to feel as though one has a sense of mastery over their actions and has the required ability to develop new skills. The satisfaction of each of these needs is essential for optimal and healthy psychological development (Roark & Ellis, 2009). Outside tourism, there is ample evidence demonstrating the satisfaction of these basic psychological needs is predictive of greater life satisfaction, positive affect, and general wellbeing (Ng et al., 2012; Ntoumanis et al., 2020).

Integrating SDT into tourism scholarship can be useful as the theory provides insight into the origin of human motivation and attempts to identify the driving forces of behaviour. If an individual believes that a travel destination will satisfy their psychological needs, they will feel intrinsically motivated, in that their decision to travel to that destination will originate from within. Intrinsic motivation reflects an individual's desire to perform an activity because they have a genuine interest in that activity or because they believe that the activity will be enjoyable. For example, an individual may choose to travel to a remote village in the Philippines because they have a genuine interest in that village's culture or local cuisine. In contrast, if a destination is not expected to satisfy a person's needs, their motivation will likely emanate from external or controlled forces. For instance, another individual might travel to that same village but may do so due to social pressure or coercion from others, rather than genuine interest. Travel behaviour that stems from intrinsic reasons rather than from controlled reasons can lead to more fulfilling, authentic, and enjoyable travel experiences (Cini et al., 2013).

### ***Tourist Motivation and COVID-19: A Needs-Based Approach***

During the COVID-19 pandemic, many peoples' ability to satisfy their needs for autonomy, relatedness, and competence may have been temporarily hindered due to the various restrictions implemented by local and national governments (see *Introduction: Issues in Tourist Health, Safety and Wellbeing*). These restrictions often included measures such as the temporary closure of non-essential businesses and activities (e.g., amusement parks, gymnasiums, music concerts and festivals), working from home orders, and social distancing requirements (Gostin & Wiley, 2020). The effect of these restrictions on the tourism industry was compounded by the fact that a majority of countries also restricted international and inter-state travel, ultimately reducing the number of much-needed visitors to tourist hot spots. As a result of these restrictions, many were not able to experience freedom in their actions (autonomy), had limited social contact (relatedness), and were not able to perform activities that contributed to their self-development (competence). It is therefore important to identify ways in which the tourism environment can be modified to support psychological need satisfaction.

When individuals satisfy the need for *autonomy*, they feel a sense of agency and control over their own actions. Travel destinations can create autonomy-supportive environments by providing guests freedom in their ability to choose the destination activities they wish to engage in, and even if activities might be limited due to pandemic restrictions, choice can still be given over those activities available. Allowing choice during travel is important, as individuals seek out destinations which align with their personally held values and interests (Chung et al., 2018; Han et al., 2017). To facilitate autonomy, accommodation venues could provide guests with suggestions and recommendations about various attractions and activities which may be of interest to them, such as dining at a particular restaurant popular among locals or visiting a nearby theme park, museum, or scenic spot. Autonomy can also be promoted by allowing guests the opportunity to communicate and engage with a travel brand through providing feedback or reviews (Roark & Ellis, 2009). Satisfying the need for autonomy can help foster positive emotions toward a tourist environment and positively influence a person's experience with that brand. In turn, these positive emotions can have a positive influence on a tourist's intention to re-visit that destination and they will be more willing to spread positive word-of-mouth reviews (Ahn, 2020; Ahn & Back, 2018; Deng et al., 2013; Jung et al., 2015).

The need for *relatedness* reflects the desire to develop and experience meaningful connections with other people. During the pandemic, *social* (or *physical*) *distancing* became a primary preventative strategy (i.e., a COVID-safe behaviour) for slowing the spread of the virus. This had an unprecedented impact on peoples' ability to physically connect with others as physical movement was restricted, and many forms of social interaction were moved online. When travelling, experiencing social connections with others has important benefits on the tourism experience (McCabe & Johnson, 2013; Morgan et al., 2015). In addition, positive social interactions not only benefit the individual tourist (Wei et al., 2019), but are also important for the working relationship between staff and customers (Ball & Johnson, 2000) and can positively impact local communities of the travel destination (Tokarchuk et al., 2017; Volo, 2017).

Supporting relatedness needs can be achieved through tourism service providers providing opportunities for guests to interact with other fellow travellers as well as with locals of the travel destination. For example, encouraging participation in social events such as shows, attractions, concerts, and dining experiences provides guests with the opportunity to develop meaningful connections with others and facilitates interpersonal interactions (Buzinde, 2020; Sheldon et al., 2011). Relatedness can also be supported by providing opportunities for guests to reflect on their travel experiences with others. For instance, providing facilities such as *Wi-Fi* and communal lounge areas so guests can share their travel experiences with other people can encourage guests to *savour* their recent experiences and in doing so, promote positive emotions and increase motivation for future travel (Yan & Halpenny, 2020).

Modifying the tourism environment to be need-supportive can also help tourists feel *competent* in their actions. Individuals experience competence when they participate in activities that enhance their sense of self and promote self-development.

For example, travellers to health and wellness destinations, like meditation or yoga retreats, travel to these destinations to enhance their wellbeing or to find purpose and meaning in their lives (Bowers & Cheer, 2017; Moufakkir & Selmi, 2018; Norman, 2011). Similarly, travellers with concerns about the environment seek out travel destinations that are likely to satisfy their desire to engage in pro-environmental behaviours (Han et al., 2017). Tourists may also satisfy their need for competence by participating in activities that provide them the opportunity to learn or develop new skills (Ahn & Back, 2019). For example, creative experiences such as pottery, crafts, and art exhibits might attract tourists who are actively seeking new knowledge or experiences during their travel (Huang et al., 2020; Tan et al., 2013). Providing guests with a variety of activities that cater to a range of interests will therefore not only facilitate autonomy but will allow guests the opportunity to engage in activities through which they can demonstrate competence and mastery in their ability (Table 1).

### Case Study 1: Motivating Tourism During the COVID-19 Pandemic in Queensland, Australia

To help the tourism industry recover in Queensland, Australia, the Queensland state government, in partnership with Tourism & Events Queensland (TEQ), rolled out the domestic *Good to Go* campaign. This campaign was designed to promote intrastate tourism by encouraging Queenslanders to see the sights of their own backyard and to reconnect with their close family and friends. The primary message of the campaign was to inform Queenslanders that Queensland's tourism industry was good to go and ready to welcome visitors once again.

The campaign was run across multiple platforms including print, digital, television, and social media (see Fig. 1). Importantly, the messages provided in the campaign are congruent with the principles of SDT in fostering autonomous travel motivation:

- The campaign promoted *autonomy* by showing consumers a range of travel destinations in Queensland to choose from that were “good to go”, such as Lady Elliot Island in the Southern Great Barrier Reef and Manta Ray Bay in the Whitsunday Islands.
- *Relatedness* was encouraged through the use of images depicting families and groups of individuals participating in various activities. The video component of the campaign also encourages viewers to reconnect with their family and friends via “family road trips and getaways with the whole crew”.
- To promote *competence*, the campaign displays images and video footage of the various destination activities that could be engaged in while travelling to the different travel destinations, such as kayaking along Brisbane River or ocean rafting in the Whitsunday Islands. Consumers may view these activities as opportunities to demonstrate their ability or to learn new skills.

**Table 1** Supporting psychological need satisfaction during travel

Need	Supporting factor
Autonomy	Autonomy needs can be supported by providing guests with choice and freedom in their travel-related decisions. Offering a variety of activities and suggestions will allow guests the opportunity to freely seek out activities that align with their values and will provide a sense of fulfilment and positive emotion
Relatedness	Relatedness needs can be supported by ensuring that guests feel a sense of connection and belonging with others. Tourism operators should provide facilities and opportunities for guests to interact and form strong social bonds with others during their stay
Competence	Competence needs can be supported by providing guests with opportunities to demonstrate their ability or develop new skills. Providing various travel activities will not only give guests autonomy over their actions but will allow them to choose activities that they can feel competent in performing or that will enhance their sense of self

**Fig. 1** The *Good to Go* campaign that was implemented in Queensland, Australia to encourage people to travel and support the Queensland tourism industry. (Source: Image courtesy of Tourism and Events Queensland (2020), used with permission)



### Positive Psychology and Tourism: Supportive Characteristics of the Individual Tourist

The changes in lifestyle that have been brought about by the COVID-19 pandemic have not only had a major impact on the global tourism sector but have also had a significant impact on people’s psychological wellbeing (Dawel et al., 2020).

However, various personal characteristics and principles commonly identified in the positive psychology literature may be effective in promoting personal wellbeing and enthusiasm for resuming one's usual travel activities. These principles are based on characteristics that travellers often already possess but which may have been affected by the experience of living through the pandemic-imposed limitations. Gaining personal insight into one's level of each of these factors may assist the individual in deciding whether it might be useful to engage in strategies that may enhance these factors and ultimately benefit their personal wellbeing.

### ***Managing Uncertainty: Self-efficacy, Resilience, Hope, Optimism, and Gratitude***

One factor that can influence how a person evaluates and responds to unexpected changes during times of travel is their level of self-efficacy. *Self-efficacy* refers to a person's belief in their capability to perform an action that they set out to accomplish (Bandura, 1986). Individuals high in self-efficacy feel more capable in their ability to overcome challenging or difficult situations and are therefore more motivated to take positive change actions (Bandura, 2011). For instance, an individual with high self-efficacy may have plans to visit a local tourist destination (e.g., a park or museum) and feel confident in their ability to enact these plans even in the face of potential setbacks or challenges (e.g., changes to the physical venue layout due to social distancing requirements).

Despite the setbacks that may have been experienced by travellers due to various COVID-safe precautions, there are a range of questions and strategies which travellers can reflect on which may assist them to feel more confident about their future travel prospects and increase their travel-related self-efficacy beliefs (see Table 2).

### **Resilience**

*Resilience* is defined as the ability of an individual to emotionally and physically overcome the impacts of a challenging situation (American Psychological Association, 2014). It does not imply that an individual should not experience the impacts of a challenging event or circumstance, but rather that they experience a relatively brief reaction to a setback before recovering to their base level of wellbeing. Resilience is often recognised as the phenomenon of "bouncing back" from a challenging event, even when one has experienced something as personally disruptive as a trauma (Masten & Narayan, 2012; Orcutt et al., 2014; Ryff & Singer, 2003). During the COVID-19 pandemic, resilience was demonstrated by many travellers, including those who were faced with significant delays to their return home from visits abroad and had to remain in hotel quarantine, those who had travel plans abruptly cancelled, and people working in the travel industry who lost jobs. Whilst some travellers became depressed, anxious, and/or resentful and the situation ended



**Table 2** Reflective questions to enhance travel self-efficacy

Issue	Strategy
<p>Low confidence in ability to cope with future unexpected adjustments to travel plans</p>	<p>Consider past successes you have had in your travels:                      What did those look like?                      What steps were taken that led to this success?                      Consider past failures that occurred in terms of your travel plans:                      How did you overcome these?                      What was the end result?                      What can you take from that experience to apply to future scenarios?</p>
<p>Low self-efficacy in making travel plans</p>	<p>Consider your plans for travel in the near future:                      What would be some of the pros of going ahead with making plans?                      What would be some challenges involved in making plans, and how could you overcome these?                      Consider how confident you feel in making plans for travel at the moment:                      What is your rating of confidence from 0 (not at all confident) to 10 (totally confident)?                      If your confidence is less than a 7/10, is there anything you can do to make it at least a 7?                      If not, consider changing your plans to be simpler (e.g., try a shorter trip first).</p>
<p>Expectation that travel plans will not work out</p>	<p>Consider why you think that your plans may not work out:                      What is the evidence that they will not work out (e.g., if travel is planned for after restrictions have eased, who is to say your plans cannot go ahead?)                      Is there anything you can do to increase the likelihood of your plans working out?</p>

up grossly impacting their mental and physical wellbeing, the epitome of resilience was shown in the way that many travellers, after feeling disheartened and despaired, recovered from the setback and were proactive in moving forward with their lives. Importantly, while the direct sources of resilience remain largely unknown and is believed to be associated with personal characteristics involving genetics as well as environmental influences (Bowes & Jaffee, 2013), it is possible for individuals to increase their resilience.

One of the ways in which resilience can be enhanced is with the support of others (Matthews et al., 2020). Building one’s social support network, which may involve connecting via digital platforms, including social media, email, and video conferencing, could be a useful strategy for connecting at a time when in-person contact is not possible, such as during the COVID-19 pandemic, or when travel restrictions are in place. Taking part in social media groups with peers has been shown to provide buffering effects against depression and can assist with promoting psychological wellbeing among individuals (Shensa et al., 2020). Peer group support can also provide a sense of connectedness that replaces the effects of isolation, loneliness, and despondency that is commonly felt when individuals are prevented from undertaking their planned activities (Tull et al., 2020). Therefore, attempting to connect

with those who have similar experiences can be highly beneficial to one's sense of relatedness and provide personal strength to facilitate resilience.

## Hope

*Hope* is another characteristic from positive psychology that lends itself to coping through stressful experiences and may assist travellers with navigating their way through personal and global crises. Hope can be operationalised as a positive cognitive state based on a sense of successful goal-directed determination and planning to meet these goals (Snyder et al., 1991), and it can vary between individuals as a characteristic and at different stages of life according to their circumstances. There are different types of hope that can influence our lives in various ways. For instance, *aim- or goal-directed hope* involves the hope that one will achieve a specific goal that they have set for themselves (Snyder, 2002). If one aims to fulfil the goal of becoming fit to undertake an adventure tour of South America, that can result in a feeling of aim- or goal-directed hope that they are able to fulfil this adventure. When we set goals to pursue desired courses of action, we inevitably start with a degree of aim- or goal-directed hope. This can provide the individual with extra willpower and motivation to reach their goal as well as increase people's motivation to travel even when challenges or setbacks may be present.

## Optimism

Another positive psychology-related concept that can be useful in times of challenge or stress is *optimism*. Optimism can be defined as the expectation that the future will bring more positive events than negative (Scheier et al., 1994). It is a broader concept than hope in that it concerns one's overall perspective, rather than necessarily being tied to specific goals, achievements, or events. People who are high in optimism have been shown to have better physical and mental health outcomes, including less likelihood of experiencing depression, and faster recovery from cancer, than people who are lower in optimism (Conversano et al., 2010; Hodges & Winsteadly, 2012). An example of optimism in the travel context includes engaging in the belief that future travel plans will work out despite the restrictions imposed due to COVID-19 in 2020. Another example is considering the advance in digital technology use and education that resulted from needing to interact with family and friends online, which was a first-time experience for many individuals.

## Gratitude

Finally, *gratitude* refers to acknowledging good things that happen and recognising that the sources of goodness are external to oneself; they see life as a gift (Watkins et al., 2003). Practising gratitude consciously every day, even for a brief period, such as taking 10 min to write a gratitude journal, has been shown to increase one's

levels of happiness and wellbeing (Seligman et al., 2005). In the context of the COVID-19 pandemic, gratitude for being able to spend more time at home for various reasons, such as the opportunity to see family more, or to have a more flexible daily life schedule, could have contributed to positive wellbeing. Gratitude can make us more mindful by encouraging us to notice the benefits in our lives, and as such, this can encourage us to adopt a more positive mindset in general. For example, if we do not pay attention to positive aspects of our life, we can become disillusioned, or engaged in a more negative thinking pattern.

## **Moving Beyond Tourist Wellbeing: Encouraging COVID-Safe Travel Behaviours**

In addition to understanding tourist motivation and characteristics to support wellbeing, the travel industry will need to examine closely *how* people behave while they are travelling to prevent further outbreaks of COVID-19. Indeed, a large body of research in health psychology focuses on identifying the factors that influence peoples' performance of various health and risk behaviours (Hagger et al., 2020a). These unprecedented times call for attention to be given to the capability of individuals being able to effectively navigate this time of change and uncertainty, and when global travel is possible, individuals can do so while also being diligent about maintaining health, safety, and wellbeing through continued practice of COVID-safe behaviours. This is particularly relevant given research indicates that behavioural interventions such as contact tracing, hand washing, social distancing, and self-isolation are more likely to be effective than travel restrictions at mitigating the pandemic (Chinazzi et al., 2020). This means that until COVID-19 vaccination is rolled out on a global scale, the onus falls on individuals to comply with behaviours known to be effective in curbing the spread of infections (e.g., social distancing, hand hygiene practices). This is important even in the roll-out of pharmacological measures as vaccination should not be viewed as a panacea for resolving the pandemic crisis, especially in the short-to-medium term, and until sufficient widespread immunity against the virus resulting from mass inoculation is achieved, continued promotion of COVID-safe behaviours will continue to be the mainstay of virus containment in the current and future pandemic contexts.

### ***Understanding Motivation to Perform COVID-Safe Behaviours***

The global action plan aimed at reducing the spread of COVID-19 infections produced by the World Health Organization (WHO, 2020) highlights the importance of adopting a range of COVID-safe behaviours including, for example, washing hands frequently, maintaining social distancing, practising respiratory hygiene, and self-isolating if feeling unwell. Despite documented reports of these key behaviours in

the prevention of virus transmission (e.g., Kim et al., 2020) little is known about how to strengthen individuals' capacity to practice and continue to practice these COVID-safe behaviours, particularly during travel. Recently, knowledge to inform practice guidelines has been gleaned from research applying theories of social cognition and understanding the determinants and mechanisms that underpin them in relation to COVID-safe behaviours (Hamilton et al., 2020a; Hagger et al., 2020b; Hagger et al., 2021; Lin et al., 2020). This research identifies potentially modifiable factors that have been shown to be reliably related to COVID-safe behaviours which, in turn, provides guidance to inform the development of behavioural interventions and broader public health messages aimed at promoting increased adherence to these key behaviours in the pandemic and beyond (Hagger et al., 2020a; Kok et al., 2016).

There has been a long tradition of applying social cognition theories to the prediction of behaviour (Hagger et al., 2020a). Such theories assume behavioural decision making is a conscious, deliberative process determined by beliefs such as attitude, social norms, and perceptions of control or self-efficacy. A prominent theory that encompasses these beliefs is the theory of planned behaviour (Ajzen, 1991). The theory posits an individual's intention to perform the target behaviour as the most proximal determinant of future performance of the target behaviour. Intention is proposed to be a function of three belief-based constructs regarding the future behaviour: attitude (beliefs about the positive and negative consequences of the behaviour), subjective norm (beliefs that significant others approve of performing the behaviour), and perceived behavioural control (beliefs in capacity to carry out the behaviour and to overcome barriers to behavioural performance, and also shown to directly predict behaviour when it closely approximates actual control). Research applying the theory of planned behaviour has found support for its predictions across multiple behaviours, contexts, and populations (e.g., Hamilton et al., 2020b; Hannan et al., 2015; McEachan et al., 2011), including travellers' post-pandemic tourism decision making processes for safer destinations (Han et al., 2020) and individuals' COVID-safe behaviours (; Hagger et al., 2020b; Lin et al., 2020).

While the theory of planned behaviour has been praised for its parsimony, it is not without limitations. For example, meta-analytic research has demonstrated that substantive variance in behaviour remains unexplained by the theory (Hamilton et al., 2020b; McEachan et al., 2011) and that the intention-behaviour relationship is imperfect (Rhodes & de Bruijn, 2013). To resolve these limitations, modifications to the theory have been proposed, such as introducing additional constructs (e.g., risk perceptions, anticipated regret; McEachan et al., 2011) or integrating constructs and related predictions from other theories (e.g., autonomous and controlled motivation from self-determination theory; Hagger & Hamilton, 2020a; Ntoumanis et al., 2020) within the theory (see Hagger & Hamilton, 2020b). For example, Hagger et al. (2020b) applied an integrated social cognition model to identify the determinants of social distancing behaviour, and the processes involved, in the context of the COVID-19 pandemic in samples of Australian ( $N = 365$ ) and US

( $N = 440$ ) residents. Findings showed that for both samples, subjective norm, moral norm, and perceived behavioural control were consistent predictors of intention, and intention, action planning, and habit, at follow-up were consistent predictors of social distancing behaviour.

Other researchers have applied *dual-phase* models, such as the health action process approach (Schwarzer, 2008; Schwarzer & Hamilton, 2020) or integrated versions of the theory of planned behaviour with constructs from the health action process approach (de Vries, 2017), as means to resolve the limitation of the intention-behaviour “gap”. A key feature of the health action process approach is the distinction the model makes between motivational (being in a deliberative mindset while setting a goal—forming an intention) and volitional (being in an implementation mindset while pursuing the goal) phases involved in behavioural performance. In the motivational phase, similar to the theory of planned behaviour, intention is posited as the most important determinant of behaviour and operates as a “bridge” between the motivational and volitional phases. Intention is proposed to be a function of three sets of belief-based constructs: outcome expectancies (beliefs that the target behaviour will lead to outcomes that have utility for the individual, conceptually akin to attitudes in the theory of planned behaviour), self-efficacy (beliefs in personal capacity to successfully perform the target behaviour and overcome challenges and barriers to its performance, conceptually akin to perceived behavioural control in the theory of planned behaviour), and risk perceptions (beliefs in the severity of a health condition that may arise from not performing the target behaviour and personal vulnerability toward it). In the volitional phase, planning (making plans to perform the behaviour and to cope with barriers to performance) and action control (monitoring and evaluation of a behaviour against a desired behavioural standard) strategies are important self-regulatory strategies that determine subsequent enactment of the target behaviour (Schwarzer & Hamilton, 2020).

Recent research applying an integrated health action process approach and theory of planned behaviour to COVID-safe behaviours found support for the pattern of effects among model constructs to be consistent with theory and identified salient determinants of COVID-safe behaviours; specifically perceived behavioural control, intentions, forms of planning, and maintenance self-efficacy (Lin et al., 2020). Another study examined the social cognition determinants of social distancing behaviour during the COVID-19 pandemic in samples from Australia and US, guided by the health action process approach (Hamilton et al., 2020a). The authors found intention and action control were significant predictors of social distancing behaviour in both samples, and intention predicted action and coping planning in the US sample. Self-efficacy and action control were significant predictors of intention in both samples, with attitudes predicting intention in the Australia sample and risk perceptions predicting intention in the US sample. In summary, the results indicate that COVID-safe behaviours are a function of motivational and volitional processes. This knowledge can help to inform public health campaigns and specific messaging regarding practising COVID-safe behaviours to keep individuals safe while travelling in times of the current pandemic and beyond.

## *Campaign Strategies to Increase Covid-Safe Behaviours*

A key question is what strategies can be used to promote continued practice of COVID-safe behaviours while travelling so that tourists can travel safely, while also finding satisfaction in their travels? In the early stages of the pandemic, organisations and government departments around the world launched different campaigns designed to promote engagement in COVID-safe behaviours, as shown in Table 3.

These campaigns used a diverse range of interventions to encourage people to practice COVID-safe behaviours, using strategies such as information provision and communication persuasion, incentivisation, coercion, environmental restructuring (see Fig. 2), and restriction. Given the rapid spread of the virus, these interventions were developed fast and were therefore often not informed directly by empirical evidence on these behaviours. However, around mid-2020, a small body of behavioural science research emerged (e.g., Hagger et al., 2020b; Hamilton et al.,

**Table 3** Case Study 2: Examples of Government campaign strategies to promote COVID-19 safe behaviours

Campaign	Campaign message	Mode of message delivery
<b>United States of America (Centers for Disease Control and Prevention, 2020)</b>		
<i>How to protect yourself and others</i> (Centers for Disease Control and Prevention, 2020)	“You can help prevent the spread of respiratory illnesses with these actions; avoid close contact with people who are sick; avoid touching your eyes, nose, and mouth; practice social distancing by putting space between yourself and others; and wash hands often with soap and water for at least 20 s”	<b>Posters</b> with key messages <b>Audio-recorded</b> public service announcements
<b>United Kingdom (Public Health England, 2020)</b>		
<i>Hands. Face. Space.</i> campaign (Department of Health and Social Care, 2020)	“We must keep on protecting each other; hands; face; space.” and “wash hands; cover face; make space.”	<b>Posters</b> with campaign messages and infographics depicting: (1) hands with bubbles; (2) a mask; (3) two silhouettes with an unspecified distance between them
<b>Australia (Australian Government Department of Health)</b>		
<i>Simple steps to stop the spread</i> campaign	“Help stop the spread and stay healthy” and “together we can help stop the spread and stay healthy”	<b>Posters</b> with infographics that encouraged people to “cough or sneeze into your arm”, “use a tissue”, “bin the tissue”, and “wash your hands”
<i>Stay COVID free and do the 3</i> campaign	“Stay COVID safe by: 1. Washing your hands as often as possible; 2. Keeping your distance where you can; and 3. Downloading the COVIDSafe app” “If you’re feeling sick, you need to stay at home and get tested” The infographics contained within the posters and videos also indicate that 20 s is required for hand washing, and 1.5 m is required for physical distance	<b>Short video advertisements</b> screened nationally as television commercials (Department of Health)



**Fig. 2** An example of how environments (e.g., airports, movie theatres, restaurants) were modified to encourage people to engage in COVID-safe behaviours, such as social distancing. (Source: Image by Pixabay, used with permission)

2020a; Lin et al., 2020) that can help direct the design of current and future intervention strategies and promote adherence and maintenance to key COVID-safe behaviours. For example, as indicated in the section above, intervention strategies that map onto social cognition constructs, such as self-efficacy, social and moral norms, planning, action control, and habit, can inform future messaging around COVID-safe behaviours and help keep travellers safe.

Such strategies could include providing opportunities for mastery experience (i.e., practising a behaviour) and vicarious experience (i.e., observing a model performing the behaviour) and providing feedback on past or others' performance to promote self-efficacy (Warner & French, 2020). Tailoring of these strategies could target both the uptake of the behaviour (e.g., modelling appropriate social distance when in line to purchase a plane ticket, demonstrating ways to ensure effective hand hygiene techniques when touring and prompting practice) or the maintenance of the behaviour (e.g., having a rule of thumb on keeping an appropriate social distance when at airports, providing positive feedback on individuals' use of face masks when in public). Strategies could also focus on promoting moral obligation and control to promote greater intention to perform COVID-safe behaviours. For example, messages highlighting people's approval toward performing COVID-safe behaviours and messages making salient the risks and consequences of virus transmission for vulnerable others due to failure to perform COVID-safe behaviours may be useful.

Other strategies to consider are planning and monitoring, both of which are suggested to be effective in building habits. For example, it may be useful to explore the development of simple action plans in promoting performance of COVID-safe behaviours. Research has shown that effective plans are those that specify when,

where, and how to act on intended goals by using an IF-THEN format, also known as an *implementation intention* (Gollwitzer, 1999). The IF part of the plan identifies the critical situation that usually triggers the behaviour (e.g., IF it is after breakfast and I am about to leave the hotel to get on the bus tour); the THEN part specifies the action (e.g., THEN I will put on my facemask). It could also be useful to include mental imagery strategies with planning strategies—*implementation imagery* (Hamilton et al., 2019; Hamilton et al., 2021)—which prompts individuals to imagine the steps required to engage in a future motivated behaviour and form a concrete plan to implement the steps (for an example, see Hamilton et al., 2019; also see Case Study 3 in Table 4).

In addition, as action control has been shown to be a key determinant of COVID-safe behaviours, it might be important to consider strategies that enable the individual to consistently monitor if they follow through on their intentions for the target behaviour (Schwarzer & Hamilton, 2020). Monitoring helps identify discrepancies in behaviour (e.g., not being at an appropriate social distance when in line at airports), and noting a discrepancy can trigger taking additional action to ensure goals are achieved (e.g., adjusting the distance) (Webb & de Bruin, 2020). In order

**Table 4** Case Study 3: Mental imagery guide to promote performance of COVID-safe behaviours

Part	Behaviour change method	Implementation strategy
1. Education	Information provision	Provide information about the risks of not performing COVID-safe behaviours
2. Formation of a goal intention	Personalise risk and provide scenario-based risk information Provide opportunities for social comparison Goal setting	Providing information about the personal risk Providing reasons people should perform COVID-safe behaviours Providing a strategy for overcoming barriers to performing COVID-safe behaviours
3. Practice imagery exercise	Guided practice (imagery skill)	Tangy lemon guided imagery task
4. Process mental simulation	Implementation intentions Goal setting Planning coping responses Guided practice Using imagery	Provide examples of things to do to perform COVID-safe behaviours Imagining the steps to use to perform COVID-safe behaviours Process mental simulation exercise
5. Outcome mental simulation	Personalise risk Provide information about others' approval Provide contingent rewards using imagery	Encouragement to think about the things that can happen when not performing COVID-safe behaviours and when performing COVID-safe behaviours, including the risk and the benefits Information about what important others will think Outcome mental simulation exercise
6. Conclusion	Cue altering	Instructing that if ever in the situation to remember goal

Source: Adapted from Hamilton et al., 2019



to promote better action control, interventions may prompt self-monitoring (e.g., through self-observation of social distancing behaviour) or be monitored by others (e.g., flight attendant prompts an individual to increase their social distance when entering the plane).

## Conclusion

There is little doubt that peoples' beliefs, attitudes, and behaviours regarding tourism have changed since the beginning of the COVID-19 pandemic. Moving forward, however, it is important that the tourism industry continue to adjust and pivot to this ever-changing landscape. To do this, tourism scholars, industry partners, and tourism operators will need to reflect on these recent changes and *consider WHAT'S PAR for the course?* That is, what needs to change in the tourism sector moving forward to ensure that travellers can continue to travel and experience meaningful adventures, while also maintaining their health, safety, and wellbeing?

As covered in this chapter, there are various ways in which the tourism industry can draw from the health and positive psychology literature to successfully adapt to this *new normal*. Through examining tourist motivation, tourism scholars can identify theory-based ways of modifying the tourism environment to enhance people's motivation to travel, while also contributing to their psychological wellbeing. In addition, it is likely that personal characteristics and resources of an individual, such as self-efficacy and resilience, will influence how tourists will respond to the various changes and uncertainty that they may experience during their future travel. These individual characteristics along with social cognition beliefs that guide behaviour may not only impact their wellbeing during travel but would also be likely to influence their intentions to adapt to and perform various COVID-safe behaviours. Because of these challenges, it is important for the tourism industry to continue modifying their practices and think of new and creative ways to keep tourist safe, while also ensuring that they can continue to have meaningful and memorable travel experiences.

## References

- Ahn, J. (2020). Role of harmonious and obsessive passions for autonomy, competence, and relatedness support with integrated resort experiences. *Current Issues in Tourism*, 23(6), 756–769. <https://doi.org/10.1080/13683500.2019.1574722>
- Ahn, J., & Back, K. J. (2018). Influence of brand relationship on customer attitude toward integrated resort brands: A cognitive, affective, and conative perspective. *Journal of Travel & Tourism Marketing*, 35(4), 449–460. <https://doi.org/10.1080/10548408.2017.1358239>
- Ahn, J., & Back, K. J. (2019). The role of autonomy, competence and relatedness: Applying self-determination theory to the integrated resort setting. *International Journal of Contemporary Hospitality Management*, 31(1), 87–104. <https://doi.org/10.1108/IJCHM-01-2018-0088>

- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)
- American Psychological Association. (2014). *The road to resilience*. <http://www.apa.org/helpcenter/road-resilience.aspx>
- Ball, S., & Johnson, K. (2000). Humour in commercial hospitality settings. In C. Lashley & A. Morrison (Eds.), *Search of hospitality: Theoretical perspectives and debates* (pp. 199–216). Butterworth Heinemann.
- Bandura, A. (1986). *Social foundations of thought and action: A social-cognitive theory*. Prentice-Hall.
- Bandura, A. (2011). On the functional properties of perceived self-efficacy revisited. *Journal of Management*, 38(1), 9–44. <https://doi.org/10.1177/0149206311410606>
- Boorstin, D. J. (1962). *The image: A guide to pseudo-events in America*. Harper & Row.
- Bowers, H., & Cheer, J. M. (2017). Yoga tourism: Commodification and western embracement of eastern spiritual practice. *Tourism Management Perspectives*, 24, 208–216. <https://doi.org/10.1016/j.tmp.2017.07.013>
- Bowes, L., & Jaffee, S. R. (2013). Biology, genes, and resilience: Toward a multi-disciplinary approach. *Trauma, Violence & Abuse*, 14(3), 195–208. <https://doi.org/10.1177/1524838013487807>
- Buzinde, C. N. (2020). Theoretical linkages between well-being and tourism: The case of self-determination theory and spiritual tourism. *Annals of Tourism Research*, 83. <https://doi.org/10.1016/j.annals.2020.102920>
- Centers for Disease Control and Prevention. (2020). *How to protect yourself and others*. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention-H.pdf>
- Chinazzi, M., Davis, J. T., Ajelli, M., Gioannini, C., Litvinova, M., Merler, S., Pastore y Piontti, A., Mu, K., Rossi, L., Sun, K., Viboud, C., Xiong, X., Yu, H., Halloran, M. E., Longini, I. M., & Vespignani, A. (2020). The effect of travel restrictions on the spread of the 2019 novel coronavirus (COVID-19) outbreak. *Science*, 368(6489), 395–400. <https://doi.org/10.1126/science.aba9757>
- Chung, J. Y., Kim, J. S., Lee, C. K., & Kim, M. J. (2018). Slow-food-seeking behaviour, authentic experience, and perceived slow value of a slow-life festival. *Current Issues in Tourism*, 21(2), 123–127. <https://doi.org/10.1080/13683500.2017.1326470>
- Cini, F., Kruger, S., & Ellis, S. (2013). A model of intrinsic and extrinsic motivations on subjective well-being: The experience of overnight visitors to a national Park. *Applied Research Quality Life*, 8(1), 45–61. <https://doi.org/10.1007/s11482-012-9173-y>
- Conversano, C., Rotondo, A., Lensi, E., Vista, O. D., Arpone, F., & Reda, M. A. (2010). Optimism and its impact on mental and physical well-being. *Clinical Practice & Epidemiology in Mental Health*, 6, 25–29. <https://doi.org/10.2174/1745017901006010025>
- Crompton, J. L. (1979). Motivations for pleasure vacation. *Annals of Tourism Research*, 6(4), 408–424. [https://doi.org/10.1016/0160-7383\(79\)90004-5](https://doi.org/10.1016/0160-7383(79)90004-5)
- Dann, G. M. S. (1977). Anomie ego-enhancement and tourism. *Annals of Tourism Research*, 4(4), 184–194. [https://doi.org/10.1016/0160-7383\(77\)90037-8](https://doi.org/10.1016/0160-7383(77)90037-8)
- Dawel, A., Shou, Y., Smithson, M., Cherbuin, N., Banfield, M., Calear, A. L., Farrer, L. M., Gray, D., Gulliver, A., Housen, T., McCallum, S. M., Morse, A. R., Murray, K., Newman, E., Rodney Harris, R. M., & Batterham, P. J. (2020). The effect of COVID-19 on mental health and well-being in a representative sample of Australian adults. *Frontiers in Psychiatry*, 11, 579985. <https://doi.org/10.3389/fpsy.2020.579985>
- de Vries, H. (2017). An integrated approach for understanding health behavior; the I-change model as an example. *Psychology and Behavioral Science International Journal*, 2(2), 555585. <https://doi.org/10.19080/PBSIJ.2017.02.555585>
- Deci, E. L., & Ryan, R. M. (2000). The “what” and “why” of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11(4), 227–268. [https://doi.org/10.1207/S15327965PLI1104\\_01](https://doi.org/10.1207/S15327965PLI1104_01)
- Deng, W. J., Yeh, M. L., & Sung, M. L. (2013). A customer satisfaction index model for international tourist hotels: Integrating consumption emotions into the American customer sat-

- isfaction index. *International Journal of Hospitality Management*, 35, 133–140. <https://doi.org/10.1016/j.ijhm.2013.05.010>
- Department of Health and Social Care. (2020, September 9). *New campaign to prevent spread of coronavirus indoors this winter*. <https://www.gov.uk/government/news/new-campaign-to-prevent-spread-of-coronavirus-indoors-this-winter>
- Filep, S. (2014). Moving beyond subjective well-being: A tourism critique. *Journal of Hospitality and Tourism Research*, 38(2), 266–274. <https://doi.org/10.1177/1096348012436609>
- Gollwitzer, P. M. (1999). Implementation intentions: Strong effects of simple plans. *American Psychologist*, 54(7), 493–503. <https://doi.org/10.1037/0003-066X.54.7.493>
- Gostin, L. O., & Wiley, L. F. (2020). Governmental public health powers during the COVID-19 pandemic: Stay-at-home orders, business closures, and travel restrictions. *Journal of American Medical Association*, 323(21), 2137–2138. <https://doi.org/10.1001/jama.2020.5460>
- Gray, H. P. (1970). *International travel—International trade*. Heath Lexington Books.
- Hagger, M. S., & Hamilton, K. (2020a). General causality orientations in self-determination theory: Meta-analysis and test of a process model. *European Journal of Personality*, 1–26. <https://doi.org/10.1177/0890207020962330>
- Hagger, M. S., & Hamilton, K. (2020b). Changing behavior using integrated theories. In M. Hagger, L. Cameron, K. Hamilton, N. Hankonen, & T. Lintunen (Eds.), *The handbook of behavior change* (pp. 208–224). Cambridge University Press. <https://doi.org/10.1017/9781108677318.015>
- Hagger, M. S., Cameron, L. D., Hamilton, K., Hankonen, N., & Lintunen, T. (2020a). *The handbook of behavior change*. Cambridge University Press. <https://doi.org/10.1017/9781108677318>
- Hagger, M. S., Smith, S. R., Keech, J. J., Moyers, S. A., & Hamilton, K. (2020b). Predicting social distancing intention and behavior during the COVID-19 pandemic: An integrated social cognition model. *Annals of Behavioral Medicine*, 54(10), 713–727. <https://doi.org/10.1093/abm/kaaa073>
- Hagger, M. S., Smith, S. R., Keech, J. J., Moyers, S. A., & Hamilton, K. (2021). *Predicting physical distancing over time during COVID-19: Testing an integrated model*. *Psychology & Health*. <https://doi.org/10.1080/08870446.2021.1968397>
- Hamilton, K., Keech, J. J., Peden, A. E., & Hagger, M. (2019). Protocol for developing a mental imagery intervention: A randomised controlled trial testing a novel implementation imagery e-health intervention to change driver behaviour during floods. *BMJ Open*, 9(2), Article e025565. <https://doi.org/10.1136/bmjopen-2018-025565>
- Hamilton, K., Keech, J. J., Peden, A. E., & Hagger, M. S. (2021). Changing driver behaviour during floods: Testing a novel e-health intervention using implementation imagery. *Safety Science*, 136, 105141. <https://doi.org/10.1016/j.ssci.2020.105141>
- Hamilton, K., Smith, S. R., Keech, J. J., Moyers, S. A., & Hagger, M. S. (2020a). Application of the health action process approach to social distancing behavior during COVID-19. *Applied Psychology: Health and Wellbeing*, 12, 1244–1269. <https://doi.org/10.1111/aphw.12231>
- Hamilton, K., van Dongen, A., & Hagger, M. S. (2020b). An extended theory of planned behavior for parent-for-child health behaviors: A meta-analysis. *Health Psychology*, 39(10), 863–878. <https://doi.org/10.1037/hea0000940>
- Han, H., Kim, W., & Kiatkawsin, K. (2017). Emerging youth tourism: Fostering young travellers' conservation intentions. *Journal of Travel & Tourism Marketing*, 34(7), 905–918. <https://doi.org/10.1080/10548408.2016.1261758>
- Han, H., Al-Ansi, A., Chua, B. L., Tariq, B., Radic, A., & Park, S. H. (2020). The post-coronavirus world in the international tourism industry: Application of the theory of planned behavior to safer destination choices in the case of US outbound tourism. *International Journal of Environmental Research and Public Health*, 17(18), 6485. <https://doi.org/10.3390/ijerph17186485>
- Hannan, T., Moffit, R., Neumann, D., & Thomas, P. (2015). Applying the theory of planned behavior to physical activity: The moderating role of mental toughness. *Journal of Sport & Exercise Psychology*, 37(5), 514–522. <https://doi.org/10.1123/jsep.2015-0074>
- Hodges, K., & Winsteadly, S. (2012). Effects of optimism, social support, fighting spirit, cancer worry and internal health locus of control on positive affect in cancer survivors: A path analysis. *Stress & Health*, 28(5), 408–415. <https://doi.org/10.1002/smi.2471>

- Huang, Y. C., Cheng, J. S., & Chang, L. L. (2020). Understanding leisure trip experience and subjective well-being: An illustration of creative travel experience. *Applied Research in Quality of Life*, *15*(4), 1161–1182. <https://doi.org/10.1007/s11482-019-09727-y>
- Jung, T., Ineson, E. M., Kim, M., & Yap, M. H. T. (2015). Influence of festival attribute qualities on slow food tourists' experience, satisfaction level and revisit intention: The case of the Mold food and drink festival. *Journal of Vacation Marketing*, *21*(3), 277–288. <https://doi.org/10.1177/1356766715571389>
- Kim, S., Ko, Y., Kim, Y. J., & Jung, E. (2020). The impact of social distancing and public behavior changes on COVID-19 transmission dynamics in the Republic of Korea. *PLoS One*, *15*(9), Article e0238684. <https://doi.org/10.1371/journal.pone.0238684>
- Kok, G., Gottlieb, N. H., Peters, G. J. Y., Mullen, P. D., Parcel, G. S., Ruiter, R. A. C., Fernández, M. E., Markham, C., & Bartholomew, L. K. (2016). A taxonomy of behaviour change methods: An intervention mapping approach. *Health Psychology Review*, *10*(3), 297–312. <https://doi.org/10.1080/17437199.2015.1077155>
- Lin, C. Y., Imani, V., Majd, N. R., Ghasemi, Z., Griffiths, M. D., Hamilton, K., Hagger, M. S., & Pakpour, A. H. (2020). Using an integrated social cognition model to predict COVID-19 preventive behaviours. *British Journal of Health Psychology*, *25*(4), 981–1005. <https://doi.org/10.1111/bjhp.12465>
- Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war, and terrorism: Pathways of risk and resilience. *Annual Review of Psychology*, *63*, 227–257. <https://doi.org/10.1146/annurev-psych-120710-100356>
- Matthews, V., Longman, J., Bennett-Levy, J., Braddon, M., Passey, M., Bailie, R. S., & Berry, H. L. (2020). Belonging and inclusivity make a resilient future for all: A cross-sectional analysis of post-flood social capital in a diverse Australian rural community. *International Journal of Environmental Research and Public Health*, *17*(20), 7676. <https://doi.org/10.3390/ijerph17207676>
- McCabe, S., & Johnson, S. (2013). The happiness factor in tourism: Subjective well-being and social tourism. *Annals of Tourism Research*, *41*, 42–65. <https://doi.org/10.1016/j.annals.2012.12.001>
- McEachan, R. R. C., Conner, M., Taylor, N. J., & Lawton, R. J. (2011). Prospective prediction of health-related behaviours with the theory of planned behaviour: A meta-analysis. *Health Psychology Review*, *5*(2), 97–144. <https://doi.org/10.1080/17437199.2010.521684>
- Morgan, N., Pritchard, A., & Sedgley, D. (2015). Social tourism and well-being in later life. *Annals of Tourism Research*, *52*, 1–15. <https://doi.org/10.1016/j.annals.2015.02.015>
- Moufakkir, O., & Selmi, N. (2018). Examining the spirituality of spiritual tourists: A Sahara Desert experience. *Annals of Tourism Research*, *70*, 108–119. <https://doi.org/10.1016/j.annals.2017.09.003>
- Ng, J. Y., Ntoumanis, N., Thøgersen-Ntoumani, C., Deci, E. L., Ryan, R. M., Duda, J. L., & Williams, G. C. (2012). Self-determination theory applied to health contexts: A meta-analysis. *Perspectives on Psychological Science*, *7*(4), 325–340. <https://doi.org/10.1177/1745691612447309>
- Norman, A. (2011). *Spiritual tourism: Travel and religious practice in western society*. Bloomsbury Publishing.
- Ntoumanis, N., Ng, Y., Prestwich, A., Quested, E., Hancox, J., Thøgersen-Ntoumani, C., Deci, E., Ryan, R., Lonsdale, C., & Williams, G. (2020). A meta-analysis of self-determination theory-informed intervention studies in the health domain: Effects on motivation, health behavior, physical, and psychological health. *Health Psychology Review*. <https://doi.org/10.1080/17437199.2020.1718529>
- Orcutt, H. K., Bronanno, G. A., Hannan, S. M., & Miron, L. (2014). Prospective trajectories of posttraumatic stress in college women following a campus mass shooting. *Journal of Traumatic Stress*, *27*(3), 249–256. <https://doi.org/10.1002/jts.21914>
- Pearce, P. L. (2014). Tourism motivations and decision making. In A. Lew, C. Hall, & A. Williams (Eds.), *The Wiley Blackwell companion to tourism* (pp. 45–54). Wiley. <https://doi.org/10.1002/9781118474648.ch3>
- Pearce, P. L., & Lee, U. (2005). Developing the travel career approach to tourist motivation. *Journal of Travel Research*, *43*(3), 226–237. <https://doi.org/10.1177/0047287504272020>

- Pearce, P. L., & Panchal, J. (2011). Health motives and the travel career pattern (TCP) model. *Asian Journal of Tourism and Hospitality Research*, 5(1), 32–44.
- Plog, S. C. (1974). Why destination areas rise and fall in popularity. *Cornell Hotel and Restaurant Administration Quarterly*, 14(4), 55–58. <https://doi.org/10.1177/001088047401400409>
- Plog, S. C. (1987). Understanding psychographics in tourism research. In J. R. B. Ritchie & C. R. Goeldner (Eds.), *Travel, tourism, and hospitality research* (pp. 203–213). Wiley.
- Rhodes, R., & de Bruijn, G. J. (2013). How big is the physical activity intention-behaviour gap? A meta-analysis using the action control framework. *British Journal of Health Psychology*, 18(2), 296–309. <https://doi.org/10.1111/bjhp.12032>
- Roark, M., & Ellis, G. (2009). Effect of self-determination theory-based strategies for staging recreation encounters on intrinsic motivation of youth recreational campers. *Journal of Park and Recreation Administration*, 27(4), 1–16.
- Ryff, C. D., & Singer, B. (2003). Flourishing under fire: Resilience as a prototype of challenged thriving. In C. L. M. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived* (pp. 15–36). American Psychological Association. <https://doi.org/10.1037/10594-001>
- Sánchez-Cañizares, S. M., Cabeza-Ramírez, L. J., Muñoz-Fernández, G., & Fuentes-García, F. J. (2021). Impact of the perceived risk from Covid-19 on intention to travel. *Current Issues in Tourism*, 24(7), 970–984. <https://doi.org/10.1080/13683500.2020.1829571>
- Scheier, M. F., Carver, C. S., & Bridges, M. W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A reevaluation of the Life Orientation Test. *Journal of Personality and Social Psychology*, 67, 1063–1078. <https://doi.org/10.1037//0022-3514.67.6.1063>
- Schwarzer, R. (2008). Modeling health behavior change: How to predict and modify the adoption and maintenance of health behaviors. *Applied Psychology: An International Review*, 57(1), 1–29. <https://doi.org/10.1111/j.1464-0597.2007.00325.x>
- Schwarzer, R., & Hamilton, K. (2020). Changing behaviour using the health action process approach. In M. S. Hagger, L. Cameron, K. Hamilton, N. Hankonen, & T. Lintunen (Eds.), *Handbook of behavior change* (pp. 89–103). Cambridge University Press.
- Seligman, M., Steen, T., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, 60(5), 410–421. <https://doi.org/10.1037/0003-066X.60.5.410>
- Sheldon, K. M., Abad, N., & Hinsch, C. (2011). A two-process view of facebook use and relatedness need-satisfaction: Disconnection drives use, and connection rewards it. *Journal of Personality and Social Psychology*, 100(4), 766–775. <https://doi.org/10.1037/a0022407>
- Shensa, A., Sidani, J., Lin, L., Bowman, N., & Primack, B. (2020). Emotional support from social media and face-to-face relationships: Associations with depression risk among young adults. *Journal of Affective Disorders*, 260, 38–44. <https://doi.org/10.1007/s10900-015-0128-8>
- Snyder, C. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, 4, 249–275. [https://doi.org/10.1207/S15327965PLI1304\\_01](https://doi.org/10.1207/S15327965PLI1304_01)
- Snyder, C., Irving, L., & Anders, J. (1991). Hope and health: Measuring the will and the ways. In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of social and clinical psychology: The health perspective*. Pergamon Press.
- Tan, S. K., Kung, S. F., & Luh, D. B. (2013). A model of ‘creative experience’ in creative tourism. *Annals of Tourism Research*, 41, 153–174. <https://doi.org/10.1016/j.annals.2012.12.002>
- Tokarchuk, O., Gabriele, R., & Maurer, O. (2017). Development of city tourism and well-being of urban residents: A case of German Magic Cities. *Tourism Economics*, 23(2), 343–359. <https://doi.org/10.1177/1354816616656272>
- Tourism and Events Queensland. (2020). *Queensland is good to go*. <https://teq.queensland.com/industry-resources/marketing/holiday-here-this-year>
- Tull, M., Edmonds, L., Scamaldo, K., Richmond, J., Rose, J., & Gratz, K. (2020). Psychological outcomes associated with stay-at-home orders and the perceived impact of COVID-19 on daily life. *Psychiatry Research*, 289, 113098. <https://doi.org/10.1016/j.psychres.2020.113098>

- Volo, S. (2017). Emotions in tourism: From exploration to design. In D. R. Fesenmaier & Z. Xiang (Eds.), *Design science in tourism: Foundations of destination management* (pp. 31–40). Springer. [https://doi.org/10.1007/978-3-319-42773-7\\_3](https://doi.org/10.1007/978-3-319-42773-7_3)
- Warner, L. M., & French, D. P. (2020). Confidence and self-efficacy interventions. In M. S. Hagger, L. D. Cameron, K. Hamilton, N. Hankonen, & T. Lintunen (Eds.), *The handbook of behavior change* (pp. 461–478). Cambridge University Press. <https://doi.org/10.1017/97811086773180.032>
- Watkins, P., Woodward, K., Stone, T., & Kolts, R. (2003). Development of a measure of gratitude, and relationships with subjective well-being. *Social Behavior and Personality: An International Journal*, 31, 431–451. <https://doi.org/10.2224/sbp.2003.31.5.431>
- Webb, T., & de Bruin, M. (2020). Monitoring interventions. In M. S. Hagger, L. Cameron, K. Hamilton, N. Hankonen, & T. Lintunen (Eds.), *Handbook of behavior change* (pp. 89–103). Cambridge University Press. <https://doi.org/10.1017/9781108677318.037>
- Wei, C., Zhao, W., Zhang, C., & Huang, K. (2019). Psychological factors affecting memorable tourism experiences. *Asia Pacific Journal of Tourism Research*, 24(7), 619–632. <https://doi.org/10.1080/10941665.2019.1611611>
- World Health Organization. (2020). *Coronavirus disease (COVID-19) advice for the public*. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- Yan, N., & Halpenny, E. A. (2020). Savoring and tourists' positive experiences. *Annals of Tourism Research*. <https://doi.org/10.1016/j.annals.2020.103035>

**Dr. Thomas Hannan** is a post-doctoral researcher at Griffith University, Australia. Dr. Hannan's research expertise is in health psychology and behaviour change, as well as human motivation and performance. ORCID: <https://orcid.org/0000-0002-4867-9185>

**Dr. Jacob Keech** is a Lecturer in Psychology in the School of Health and Behavioural Sciences at the University of the Sunshine Coast, Australia. Dr. Keech conducts health psychology research that aims to reduce the impact of stress on health and quality of life, and to understand and change health behaviours. ORCID: <https://orcid.org/0000-0003-2504-9778>

**Dr. Mandy Cassimatis** is a Lecturer in the School of Applied Psychology at Griffith University. Dr. Cassimatis is a Clinical Psychologist with a background in health psychology research with a focus on chronic disease prevention, self-management and co-morbid psychological issues. She has worked on the development and evaluation of digital health programs. ORCID: <https://orcid.org/0000-0002-3678-4535>

**Associate Professor Kyra Hamilton** is Director, Health and Psychology Innovations (HaPI) research laboratory in the School of Applied Psychology at Griffith University. Associate Professor Hamilton's main areas of research are health psychology and behavioural medicine and areas of expertise and innovation are health behaviour motivation, self-regulation, and change, ORCID: <https://orcid.org/0000-0001-9975-685X>