Developing a Pluralistic Model for Marketing-led Crisis Recovery of Tourist Destinations: A Case Study of Phuket, Thailand

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Abstract

The overall aim of this study is to examine the adequacy of tourism crisis recovery strategies evident in a major international tourism destination vulnerable to tourist downturns. In particular, we explore whether the traditional lagged approach to destination marketing can lead to inefficiencies and how to develop a more effective model for crisis recovery. This study compares tourists' social-psychological needs with destination capabilities in real time during the recovery from the COVID-19 crisis, in using a novel methodological approach. The simultaneous collection of supply-side and demand-side data allows for a meaningful comparison of the effectiveness of recovery strategies, that is absent from most of the literature. A mixed-methods approach was used to collect data. Interviews with tourist leaders found a reduced capacity within the destination to offer quality tourism services and a high priority placed on tourist safety. In contrast, a survey of 401 domestic Thai travellers demonstrated that safety concerns were accorded a low priority. Instead, potential domestic travellers were motivated by the quality of services and facilities available. The development of a pluralistic model extends crisis recovery theory by incorporating the early monitoring of the socio-psychological needs of potential travellers into recovery campaigns.

Keywords

Introduction

Prior to the COVID-19 pandemic, Phuket was one of Thailand's premier tourist destinations. In 2019, the island welcomed approximately 14 million visitors, with 10 million international tourists (Ministry of Tourism and Sports, 2020). Crises can cause abrupt disruptions to consumer demand for tourist destinations worldwide (Cahyanto et al., 2016; Rittichainuwat et al., 2009; Zhang et al., 2023) and a subsequent need to kickstart future demand. Indeed, first year tourism undergraduates learn about the importance of the notion of discretionary spending by consumers that restricts travel behaviour. In the context of the COVID-19 pandemic, consumers had opportunities to forgo travel, shift their focus to different destinations, or substitute travel benefits for other desired outcomes (Gössling & Schweiggart, 2022). Unless destinations execute successful strategies for this latter phase of a destination recovery effort, the fall-out from major crises can be prolonged. In a competitive market, destinations need to introduce effective marketing strategies quickly to kickstart the recovery. However, there is a lack of literature focused on the impact and recovery efforts of destinations, especially from a marketing perspective (Avraham & Beirman, 2022; Mair et al., 2016).

In their recent thematic analysis of crisis management in tourism, Berbekova et al. (2021) report that two theoretical streams of literature dominate crisis recovery. The first stream depicts crises as being non-linear, unpredictable and requiring a flexible, encompassing approach to handle. Such attributes reflect the chaos theory of crisis planning and the importance of self-organisation and strange attractors (Speakman & Sharpley, 2012). In contrast, the second stream of literature reflects a sequential, temporal, linear and prescriptive approach where limited actions are designed for each stage in turn. This form of crisis planning model was articulated by Arbel and Barur (1980, p.77) over four decades ago as the "principle of acting in successive phases by which each stage aims to reduce the residual negative effects remaining after implementing the preceding one." For instance, in this widely popular form of crisis planning, health and safety concerns are normally afforded a priority to be actioned before additional recovery steps can be considered.

While the prescriptive, linear and temporal (PLT) approach to crisis planning has received wide criticism (e.g., Faulkner, 2001; Ritchie, 2004; Speakman & Sharpley, 2012), marketing-led recovery frameworks for destinations tend to follow this approach. For instance, Avraham and Beirman (2022) proposed a six-step recovery marketing process that included steps to show local tourists that the destination is open for business. A similar ten-step process was advocated by Beirman and Van Walbeek

(2011) that included strategies, such as being open for business, creating collaborative alliances and restoring confidence.

Despite criticism of the PLT approach to recovery planning, the effectiveness of such marketing-led recovery strategies within a holistic crisis recovery framework has yet to be examined. This is a crucial question because tourist destinations focused extensively on health and safety concerns of travellers during the COVID-19 pandemic and tourism researchers overwhelmingly endorsed such an approach to kickstart tourist travel (e.g., Hong & Hsu, 2023; Jeon et al., 2022; Sánchez-Cañizares et al., 2021). To date, researchers have not investigated whether traditional recovery strategies were effective in the COVID-19 context.

The objective of this mixed-methods study was to explore the effectiveness of marketing-led recovery strategies in the context of the COVID-19 global pandemic, using real-time supply-side and demand-side information. Importantly, the concurrent examination of supply and demand-side issues provides a novel methodological contribution to the literature. Previous crisis recovery studies focus on supply-side and demand-side issues separately. In addition, our demand-side investigation is the first reported study to compare the importance of health and safety issues alongside other push/pull factors. Given the high priority on health and safety in previously published research, a second research objective was to investigate whether a destination perceived as safe from COVID-19 is likely be a sufficient condition to attract travellers. A qualitative approach was used to address the first objective, whereas a quantitative study was applied to the latter. The findings extend crisis recovery theory in six important ways and provide strong evidence for a pluralistic crisis recovery model with substantial implications for government tourism agencies, industry associations, and hotel managers, especially in destinations heavily reliant on tourism.

Literature Review

An extensive range of investigations have reported on how tourism destinations recover from crises (e.g., Hao et al., 2020; Ritchie et al., 2004). Most studies take a holistic management approach to recovery efforts through the development of broad-based crisis frameworks. Furthermore, recent work has focused on crisis management during the COVID-19 pandemic and recovery efforts (e.g., Assaf et al., 2022; Kaushal & Srivastava, 2021; Liu et al., 2021; McCartney, 2021; Sharma et al., 2021). Again, most of this recent work has focused on crisis management and recovery in broad terms or by largely investigating a range of functional business strategies, through the eyes of management (e.g., Kaushal & Srivastava, 2021; Liu et al., 2021; Pavlatos et al., 2021).

A further group of studies have suggested a limited range of individual marketing strategies that have been utilized in previous destination recovery efforts. Two particular strategies standout. First, stimulation of domestic demand has been suggested by researchers. For instance, Henderson and Ng (2004) reported that Singapore's recovery from the SARS crisis was based, in part, on stimulating demand within the domestic market. In support of this approach, Sharma et al. (2021) argue that potential travellers from the domestic pool provide a more accessible market in times of crisis and a natural segment to consider. A second key strategy was to elicit new partnerships. For example, the Singapore marketing campaign heavily involved partnering with airlines and travel agencies (Henderson & Ng, 2004).

One major factor in service recovery is the government assistance provided to tourism destinations for both industry support and tourism demand recovery. Two examples from the COVID-19 pandemic illustrate this recovery strategy. In a study of the Greek hotel industry during COVID-19, Pavlatos et al. (2021) reported that hotel managers ranked government assistance as the most important factor, and marketing as the second most effective strategy for crisis recovery. Likewise, Zhang et al. (2023) found that travel agencies in China were supported through tax reductions and soft loans.

Providing a healthy, safe, clean, and hygienic service environment for tourists has long been the top consideration for governments, destinations, and tourism operators during previous crises (Huang et al., 2007; Volo, 2007). In the case of COVID-19, three aspects tend to be the focus for researchers. First, physical interventions to improve guest safety are a major priority. For instance, the safe provision of services within hotels through contactless service (Kim et al., 2022), and stronger cleaning protocols (Jiang & Wen, 2020). Second, several researchers suggest that guest awareness of a destination's safety measures, such as physical intervention protocols, is important, as it can enhance destination image and influence travel intentions (Sharma et al., 2022). Third, and arguably most important, is the issue of consumer confidence in the destination's health and safety standards (Jiang & Wen, 2020; Kim et al., 2022; Sharma et al., 2021; Yeh, 2021; Zhang et al., 2023). This intangible factor can be influenced by a range of media sources.

Overall, we lack information about the effectiveness of marketing-led destination recovery strategies, especially related to the role of health and safety standards, when compared with the socio-psychological needs of potential travellers. This comparison of supply and demand-side issues has not been explored in real time.

Research Design

The island of Phuket in southern Thailand is our research context. Phuket is a highly regarded international tourist destination. Pre-COVID-19, Phuket received over 10 million international visitors annually, and was economically dependent on this international market. Data was collected from two studies in the last few months of 2021. This was a time when the strict restrictions placed during the COVID-19 pandemic were just starting to be loosened, despite high levels of new cases of COVID-19 being reported each month. International travel into Thailand was still highly restricted, except through the Phuket sandbox programme which granted access to vaccinated tourists. In short, this was a period when the first opportunities for domestic and international travel emerged in Thailand. Risk averse individuals were unlikely to be at the forefront of potential travellers.

Two separate studies were conducted concurrently to address the research aims of this paper and the associated hypotheses. First, we conducted a qualitative study to explore the views of leading tourism experts on the marketing-led recovery activities in a major destination overwhelmingly reliant on tourist income. Our objective was to establish the destination's focus for a marketing-led recovery and identify issues related to its execution. In effect, we were interested in supply-side issues. In our second study, we examined the demand-side of a marketing-led recovery effort by conducting a large survey of potential domestic tourists. The objective of this demand-side study was twofold: (1) to compare the impact of salient motives among domestic tourists with expert views on what the destination needed, and (2) to identify the most important factors influencing travel intention. We report the details of the qualitative study first, followed by those of the quantitative study.

Study 1 – Qualitative Method and Results

Method

Twelve informants were selected for their expertise and knowledge of tourism-related businesses in Phuket and their direct experience of the impacts of COVID-19. While Creswell)2007(suggests a sample size of between 5 to 25 for most populations, gaining access to leading tourism figures was difficult, especially during COVID-19. However, informants included a cross-section of tourism leaders from the private and public sectors. The interviewees included seven business entrepreneurs from locally owned and chain accommodation properties who had experienced direct impacts from the COVID-19 pandemic. Two private sector experts responsible for providing industry

support and promoting tourism related businesses in Phuket were also interviewed. In addition, three government officials handling tourism-related policies were recruited to provide a balanced view of crisis recovery efforts. This sample reflects the core of Phuket's tourism leadership. The informant profile is shown in Table 1.

Semi-structured interviews, taking about 30-45 minutes, were conducted. All interviews were voice-recorded with permission. After each interview, the voice-recording was transcribed and coded into themes to identify preliminary patterns for data interpretation (Creswell, 2007(. Analysis and interpretation were conducted progressively by two members of the research team. Upon completion of all interviews, a thematic approach, following Wei et al. (2023), was used to analysis the full data set using open coding (Braun & Clarke, 2006). This approach generated a rich pattern of thoughts and feelings from respondents regarding the impacts of COVID-19 and destination recovery efforts. Steps taken to ensure data trustworthiness included note-taking, progressive analysis, and data checking. In addition, themes and sub-themes were double checked by a third independent researcher, following Bryman and Bell (2011).

Table 1 Profile of tourism industry leaders from Phuket

No.	Gender	Position	Type of Tourism Stakeholder
1	Male	General Manager	Hotel Business
2	Male	Executive Director	Private Sector
3	Male	General Manager	Hotel Business
4	Male	President	Private Sector
5	Male	Assistant Managing Director	Hotel Business
6	Male	Area Learning & Development Manager	Hotel Business
7	Male	Plan and Policy Analyst	Public Sector
8	Male	Deputy Chief Executive	Public Sector
9	Female	General Manager	Hotel Business
10	Female	Senior Advisor to President	Private Sector
11	Female	Vice President	Private Sector
12	Female	Front office manager	Hotel Business

Source: Developed by the authors.

Results

Theme 1 *Capacity to deliver quality service*

Cost containment was the critical strategy for businesses, especially initially. Costs of operating clearly exceeded revenue streams, and business survival was at stake. Within this constrained environment, informants reported how businesses created opportunities to enhance their chances of survival, but such actions had severe downsides for service delivery to guests. Four sub-themes emerged from the analysis. First, staffing levels to meet customer needs were drastically cut. The lack of sufficient staff to handle workloads led to shortcut measures in cleaning, reception and guest amenities. Indeed, one hotelier remarked that staff-to-guest ratios were turned upside down.

While the level of staffing changed dramatically, this structural change was exacerbated by the composition of staff required to deliver high levels of service. Experienced, long-serving staff with higher levels of remuneration were let go first to save money. The concern about cost reduction left some hotels with inexperienced staff and no one to train them in unfamiliar tasks. This became a major problem as hotels sought to increase multi-tasking regimes to cover their operational needs. Furthermore, permanent staff were replaced by outsourcing essential tasks to lower costs. The following quotation exemplifies this situation:

> *Staff must be able to do more multi-tasks with best planning on service time. For example, 3 staff were assigned for F&B service but when it comes to the peak of service time, staff in accounting or human resource department must be able to assist in providing a breakfast service"* (Informant 3).

A third factor that reduced service delivery was the curtailment of non-essential hotel activities. For instance, access to facilities and services for guests, such as fitness centres and swimming pools, was reduced. These cutbacks saved money not only on staffing costs but also on electricity. Attempts to reduce utility bills became a major cost consideration for hotels. Informant 6 stated, "The hotel has two buildings but we chose to close the bigger one in order to reduce electricity and water consumption[sic]." Likewise, Informant 5 said, "We tried to save it as much as possible until we almost did not turn on the air conditioner." One further cost containment factor related to the increased use of technology. Informant 6 reported, "We focus more on touchless service in term of bill payment, entrance door of restaurants…, and food menu," and Informant 3 commented, "Any areas that do not have traffic all the times need to cut as many staff as possible and replace it with technology service."

Fourth, the critical issue of talent management was evident as hotels attempted a marketing-led recovery. The hospitality labour force in Phuket virtually disappeared at the peak of the pandemic. The problem for hoteliers was that this labour force was largely expatriate. Employees went back to their home province and many found alternative occupations. For example, when one hotelier asked one of their previous employees to return, the employee replied, "I live in Prachinburi and own a mango farm. I probably won't go back to working in a hotel again" (Informant 11). This outflow of experienced employees caused a shortage of available talent as hotels started hiring again. In turn, the experience level of the inflow of employees was inadequate, with one private sector leader lamenting, "Some employees don't know their line of responsibilities or the nature of their work" (Informant 11). A potential drop in service standards suggests major implications for a destination with a strong reputation for international standards of hospitality.

Theme 2 *Revenue raising*

While cost containment was the primary survival strategy, measures to increase revenue were not ignored. Informants acknowledged that the primary issue was the loss of the international market overnight. To substitute for the loss of Phuket's major market, entrepreneurs turned to domestic markets. Schemes developed to lift tourism revenues were derived from individual hoteliers' initiatives, government agencies, and private sector cooperation.

Individual efforts by hoteliers focused more on online marketing and market differentiation activities. For example, one informant stated that: "… they had to able to create food menus and stories, make a menu presentation and sell it through social media as it was necessary for new age marketing" (Informant 3). Another informant reported they had to review their market differentiation strategies: "We need to look at niche market, regular customers, long stay customers, leisure market…. we then create the value for money for these groups of customers" (Informant 1).

The second sub-theme related to initial efforts toward a marketing-led tourism recovery focused on domestic tourists and initiated by government agencies. A key marketing effort was an initiative introduced by the Tourism Authority of Thailand (TAT), known as "We Travel Together" (WTT). The government provided subsidies to tourists for hotel accommodation and airfares, covering up to 40 percent of tourist expenses. In addition, registered tourists received a small digital voucher for each day of their trip, which could be used for meals and other services at participating businesses. Such government-initiated schemes were well received by hotel and business leaders.

A third sub-theme related to international tourist market. A high level of co-operation was evident between private sector operators and industry associations in attempting to revive tourism for Phuket. A major project was initiated by a group comprising the Phuket Tourist Association, the Thai Hotels Association Southern Chapter, the Phuket Chamber of Commerce, the Phuket Industry Council, and other associations. The Phuket Sandbox project focused on drawing international tourists back to Phuket without the requirement of undergoing quarantine. Two doses of a COVID-19 vaccine were sufficient for unrestricted entry to Phuket. This was a trailblazing moment in the pandemic and unique to Phuket. The Sandbox programme was accepted by hoteliers, as the following three quotations indicate:

> "This is a condition on safety that helps generate travelling" (Informant 1).
> "makes it convenient for them to come to our place" (Informant 10).
> "The Phuket Sandbox make us see real money" (Informant 6).

Theme 3 *Destination image restoration*

To restore the confidence of tourists, informants reported that health and safety was the main concern. For example, one public official stated: "we tried to think of how we can make tourists feel confident to travel in Phuket and how Phuket can be confident with incoming tourists vice versa" (Informant 8). This concern about health and safety appears to have dominated activities aimed at restoring travel confidence. At the individual hotel level, informants reported on activities designed to instil greater guest confidence. For instance, one international chain hotel set their own sanitation and safety standards: "a policy called Way of Clean that focuses on cleanliness and safety culture for every hotel under the brand around the world. The policy firstly focuses on the safety of employees because we think that if employees are safe, guests will be safe as well" (Informant 6).

However, the major focus of hotels in Phuket was to seek government accreditation in health and safety. This accreditation was achieved through the introduction of the Amazing Thailand Safety and Health Administration (SHA) project. The aim of the project was to merge tourism with disease control measures, ensuring a pleasant and secure experience for both Thai and foreign tourists. A large number of hotels were successfully and quickly accredited as SHA safe. This accreditation was prominently displayed on hotel websites. One informant described the project as follows: "SHA standards will make tourists feel more confident" (Informant 7).

In addition, a further accreditation standard was introduced that illustrated to potential guests that employees of the property were vaccinated: "…SHA Plus certificate, at least 70 percent of staff must be fully vaccinated" (Informant 7). A private sector leader (Informant 10) reported that SHA+ certification was an important step to revive the tourism industry in Phuket. These safety measures were described by one informant as kick-starting the economy: "like an invisible hand that help circulate the economic system" (Informant 1). Hotel and destination reliance on SHA accreditation was exemplified by the following comment from a hotel General Manager: "We used SHA+ as our PR tool…..SHA+ is especially effective in convincing customers to return" (Informant 9). Indeed, the critical importance of SHA+, as perceived by hotel managers, was illustrated when a hotel manager (Informant 12) stated that if they were disqualified from the SHA+ programme they would be unable to accommodate tourists.

Summary of qualitative findings

Numerous sub-themes related to a marketing-led tourism recovery were elicited through the interviews. In summary, two factors appear to shape the formation of a marketing-led recovery for the tourism industry in Phuket at this critical juncture. First, the capabilities of tourism operators to deliver quality service to tourists were severely compromised. However, there is no evidence that a major effort was made to build tourist confidence that business had returned to normal. At the same time, a major focus on COVID-19 health and safety, largely through government accreditation standards, and price discounting was observed. Price discounting is a well-recognised short-term marketing strategy to stimulate tourist travel, especially amongst price-sensitive markets. However, the narrow focus on building tourism confidence through health and safety mechanisms did not acknowledge the range of potential determinants of travel behaviour. Figure 1 depicts the key themes and sub-themes of the qualitative analysis.

Reduced capacity to offer quality services

- Guest to staff ratio severely curtailed
- Staff expertise for roles reduced
- Recruitment of trained staff difficult
- Guest services cutback

Revenue raising

- Limited opportunity for individual operators
- Reliance on government programs to offer price discounts
- Industry partnership with government on health and safety accreditation

Marketing-led strategies for Phuket, Thailand in 2023

Destination image restoration

- Individual operators and industry associations focus on health and safety concerns
- Government focus on health and safety accreditation and public relations
- Business as normal campaigns not enacted

Figure 1 Summary of key findings from interviews with tourism experts.
Source: Developed by the authors.

Study 2 – Hypothesis Development, Quantitative Method and Results

Our theoretical framework for this quantitative study is based on well-established push/pull motivation theory. In particular, we compare three well-established push motives with two contemporary pull motives, based on the COVID-19 context, as predictors of travel intentions. The comparison of the effects of both push and pull motives in the COVID-19 context is novel in the literature. More importantly, the pull motive of "service and facilities standards" has been largely neglected. We argue that this latter aspect of visitor expectations can be an important driver of travel intentions. If a destination is not truly open for business, will visitors be reluctant to make travel plans?

There is a large literature on the reasons why tourists like to travel and select the destinations they visit, largely arising during benign travel environments. The push/pull framework provides a straightforward approach to understanding such reasons for travel (Dann, 1977). Push factors reflect an individual's socio-psychological motives that predispose a tourist to travel, independent of pull factors arising from the destination to be visited (Crompton, 1979). Push factors refer to the tourist as the subject with internal forces pushing tourists to make a travel decision (Uysal et al., 2008). Well-established examples of push factors include escape, nostalgia, relaxation, prestige, and socialization. In contrast, pull factors are aroused by external attributes associated with the destination or travel to the destination. Value is thought to reside in the object of travel (Dann, 1977). Well established examples of pull factors include sunshine, sea,

attractions, and infrastructure, all of which can collectively form a visitor's image of the destination.

Destination image

To restore consumer confidence, Soñmez et al. (1999) argue that marketing efforts are critical in rebuilding a positive destination image. We investigate two aspects of destination image that are particularly important for post-pandemic recovery. First, as Cambra-Fierro et al. (2022) note, positive perceptions about the health and safety provided for tourists can make destinations more attractive. Second, the standard of service delivery and facilities available at the destination, which reflects whether tourism businesses have resumed normal operations and can provide quality experiences to visitors.

While health and safety issues are the dominant focus in the literature, reports of investigations into explicit pull motives based on COVID-19 health and safety aspects are scant. In contrast, a large number of socio-psychological studies have established that an individual's fear of COVID-19 is a critical determinant of travel behaviour (e.g., Hong & Hsu, 2023; Jeon et al., 2022; Sánchez-Cañizares et al., 2021). Here, we distinguish socio-psychological motives as arising from the inner characteristics of the tourist not from the external orientation of destination image. Nevertheless, such socio-psychological studies implicitly suggest that "tourists prefer low-risk and perceived safe destinations during the pandemic" (Davras et al., 2022, p. 1014).

In this preference for low-risk destinations, a limited number of researchers have examined the notion of destination image, involving a partial or full consideration of COVID-19 health and safety aspects, and their impact on travel intentions (e.g., Bhati et al., 2022; Lee et al., 2021; Rasoolimanesh et al., 2021; Sharma et al., 2022).

H1a: A positive attitude toward the destination's image, related to health and safety risks associated with COVID-19, will have a positive influence on travel intentions during the COVID-19 pandemic.

Avraham and Beirman (2022) report that insufficient research attention has been given to the broader issue of the restoration of destination image following COVID-19. Indeed, numerous scholars attest to the importance of crisis communications that convey the message that the destination is "open for business" (e.g., Avraham, 2021; Talawanich & Pongwat, 2022). Accordingly, we define this aspect of destination image as the level of service delivery and facilities offered to tourists during COVID-19. This construct reflects the degree to which normal tourism businesses have resumed operations at the destination and the standards of service provided in accommodation,

restaurants, transport, and attractions. We argue that given the degree of social media attention about hospitality business shutdowns, potential visitors may question whether the trip would be worth the money paid.

Limited studies have addressed the issue of service standards at destinations. Three studies inferred the importance of service standards, without directly testing their effects on travel behaviour (e.g., Matiza & Kruger, 2021; Rasoolimanesh et al., 2021; Sharma et al., 2022). In a qualitative study, Lee et al. (2021) reported that one group of travellers was more concerned about the level of service they could expect and was uncertain whether a destination was really open for business. In a quantitative study, Davras et al. (2022) reported that destination service quality had a significant effect on a behavioural intention measure, reflected in both revisit intention and word of mouth. The authors measured destination service quality through five dimensions: accommodation, local transport, cleanliness, hospitality, and activities. While this facet of destination recovery has been largely neglected, a number of scholars suggest that effective crisis communication strategies can instil confidence in potential travellers and bring visitors back to a destination (e.g., Avraham, 2021; Talawanich & Pongwat, 2022). The role of such communication is to show that services and facilities are back to normal and that the destination can offer a great experience (Avraham & Ketter, 2008). This study is the first to directly compare both the health and safety aspects of destination image and those relating to service delivery and facilities, in terms of their influence on travel intention.

H1b: A positive attitude toward the destination's image, specifically related to the standard of service delivery and facilities available, will have a positive influence on travel intentions during the COVID-19 pandemic.

Push motives

To provide a robust evaluation of the importance placed on the two pull motives being investigated, we argue that salient push motives should also be considered. Tourist decisions are unlikely to depend on just health and safety. For instance, Bremser et al. (2021) reported such fears could be outweighed by the advantages of travel. In his seminal work on push motives, Crompton (1979) identified seven socio-psychological motives for pleasure vacations, including escape from a routinized environment, knowledge seeking, and socialization. These motives were particularly relevant during the COVID-19 recovery phase as global restrictions eased, allowing travelers to satisfy pent-up psychological needs accumulated during prolonged lockdowns.

The notion of escapism relates to getting away from a mundane, restrictive environment, often reflecting boredom (Klenosky, 2002). This general understanding of escapism aptly describes the COVID-19 environment experienced by many individuals, especially during severe lockdown periods (Colakoglu et al., 2021). Emotions generated by such restrictions are thought to accentuate individuals' needs to escape (Gnoth et al., 2000; Jin et al., 2021). In support, Talib and Ramleeb (2020) reported that the importance of such push factors is heightened during a pandemic. For instance, Aldao et al. (2022, p.7) found that individuals in large cities felt "trapped and wanting to get out of their house."

The second push motive to be investigated relates to knowledge seeking. Here, we treat this variable as an opportunity to engage in enriching behaviours, such as visiting attractions, eating novel foods, and experiencing new activities, including cultural ones. This push factor has been found to be a salient predictor of travel intentions in numerous studies under benign conditions (e.g., Crompton, 1979; Fodness, 1994; Klenosky, 2002). Again, this variable contrasts with the limitations experienced by many during COVID-19, when opportunities to engage in new activities were significantly curtailed. While individuals may be aware of the dangers of COVID-19, the intrinsic motivation to experience life and seek out new adventures can outweigh fear and anxiety (Aldao et al., 2022).

The third push motive is socialization. Once again, severe restrictions were placed on many individuals and communitieswith regard to social interaction. Indeed, social isolation is considered a major health risk for many individuals (Cacioppo & Hawkley, 2003). In particular, Colakoglu et al. (2021) reported that social isolation significantly affected anxiety, mental well-being, and push travel motivations in a large sample of Turkish individuals. As restrictions eased, individuals sought travel experiences that allowed for reconnection with family, friends, and broader communities.

In summary, the three push motives of escapism, knowledge-seeking, and socialization are well-established motivational forces pushing individuals to travel. However, each of these three potential motives is likely to have been reinforced through the restrictive environments created by government responses to COVID-19. Accordingly, we state the following hypotheses:

H2a: The push motive of escapism will have a positive influence on travel intentions during the COVID-19 pandemic.

H2b: The push motive of knowledge seeking will have a positive influence on travel intentions during the COVID-19 pandemic.

H2c: The push motive of socialization will have a positive influence on travel intentions during the COVID-19 pandemic.

Method for study 2

A cross-sectional survey was designed to collect data from potential travellers living in major urban areas of Thailand. Self-administered questionnaires were provided to a convenience sample of respondents face-to-face by the research team. Team members recruited individuals through a traffic intercept approach in shopping centres and university campuses. A hard copy of the questionnaire was administered in the Thai language. Respondents were also recruited online through the researchers' academic network. A snowball approach was initiated through friends and colleagues. Survey questions were translated into English and back translated for accuracy after survey administration was completed. The sample size of 401 usable responses exceeds the conservative threshold of 20 cases for each individual variable for ordinary least squares regression analysis recommended by Hair et al. (2014).

Measurement items were drawn from established scales in the literature. Scale items were also pre-tested with 15 university students and staff to ensure that meanings were easily understood. Scales to measure all three push factors were based on the seminal work of Crompton (1979) and the later work of Fakfare et al. (2020). Measurement items for the pull factor of low-risk COVID-19 destination were drawn from the work of Cambra-Fierro et al. (2022). The items to measure destination services and facilities were based on the scale used by Zhan et al. (2020). Travel intention was measured using three items based on the work of Sharma et al. (2022). All scale measures used a 5-point Likert-type format.

The Statistical Package for Social Sciences (SPSS) version 28 was used to analyse the data. All measurement scales displayed sound psychometric properties. Cronbach's alpha coefficients ranged from 0.77 to 0.89. Thus, all scales exceeded the recommended threshold of 0.7 for scale reliability (Hair et al., 2014). Principal components analysis with varimax rotation was conducted for each scale to check convergent validity. All factor loadings exceeded the minimum value of 0.7 recommended by Hair et al. (2014). The measurement scales, along with their reliability coefficients and factor loadings, are displayed in Table 2.

Table 2 Measurement scales

Item	Factor loading
Knowledge seeking *(Cronbach alpha α=0.86)*	
I would like to enrich my knowledge whilst travelling	0.92
I would like to gain more knowledge whilst travelling	0.91
I would like to have a better understanding of a particular place	0.84
Socialisation *(Cronbach alpha α=0.82)*	
I would like to interact with others who share common interests	0.90
I would like to make friends whilst travelling	0.83
I would like to socialize with others (e.g. friends, other travellers, local people)	0.86
Escapism *(Cronbach alpha α=0.81)*	
I want to escape from obligations	0.83
I want to escape from my daily routine	0.83
I want to enjoy life	0.79
I want to escape from stress	0.78
Low-risk COVID-19 destination *(Cronbach alpha α=0.89)*	
The preferred destination demonstrates a high concern for hygiene	0.92
The preferred destination is free from COVID-19	0.88
The preferred destination has a COVID-19 prevention plan	0.88
The preferred destination is a safe place	0.83
Destination facilities and service *(Cronbach alpha α=0.83)*	
Tourist services at the preferred destination have returned to normal	0.91
The preferred accommodation provides an adequate standard	0.81
Tourist facilities at the preferred destination are good quality	0.88
Travel Intention *(Cronbach alpha α=0.77)*	
After I am allowed…….	
……I plan to travel within six months	0.88
……I plan to travel within one year	0.81
……I plan to travel soon	0.78

Source: Author's analysis

Results from study 2

Of the 401 usable cases, the majority of respondents were female. Most respondents held a bachelor's degree or higher. This skew towards a highly educated sample reflects a middle-class cohort more likely to travel. While nearly 40% of respondents were working full-time, another 40% of them were unemployed. It should be noted that survey data collection was conducted in October 2021, when the tourism industry in Thailand was suffering from the COVID-19 pandemic. Major industries had effectively shut down or severely curtailed activities.

Table 3 Survey respondent profile

Characteristics	Categories	Frequency	Percentage
Gender	Male	87	21.7
	Female	310	77.3
	Prefer not to say	4	1.0
Age	18 - 20 years	134	33.4
	21 – 30 years	83	20.7
	31 – 40 years	56	14.0
	41 – 50 years	64	16.0
	Above 50 years	64	16.0
Employment	Full-time employed	153	38.2
	Part-time employed	36	9.0
	Unemployed	162	40.4
	Retired	50	12.5
Education level	Master's degree or above	86	21.4
	Bachelor's degree or equivalence	279	69.6
	Diploma/certificate	14	3.5
	High school	22	5.5

Source: Author's analysis

Ordinary least squares regression analysis was conducted. Key regression assumptions of normality, outliers, and multicollinearity were checked to ensure the robustness of the analysis. Data was observed to be normally distributed and Variance Inflation Factor (VIF) scores for predictor variables ranged from 1.15 to 1.51. Thus, VIF scores were below the recommended threshold of three (Hair et al., 2014). Accordingly, multi-collinearity of independent variables was considered negligible.

The regression analysis tested the relative effects of five predictor variables on travel intention, shown in Table 4. The model explained 22% of the variance in travel intention (F=23.2, p<0.001). The two push motives of "Escapism" (β=0.23, p <0.001) and "Socialization" (β= 0.19, p<0.001) both significantly influenced "Travel intention", whereas "Knowledge seeking" was not significant. The two pull motives of "Low-risk COVID-19 destination" (β=0.09, p< 0.05) and "Facilities and services standards" (β= 0.17, p< 0.001) were both significant in the equation. However, the construct of "Facilities and services standards" had a far stronger influence on "Travel intention" than "Low-risk COVID-19 destination". Indeed, the variable of "Low-risk COVID-19 destination" was significant in the equation at the 95% level. Accordingly, hypotheses H1b, H2a, and H2c were fully supported. However, partial support was found for hypotheses H1a and H2b.

Table 4 Regression analyses for travel intention

| Independent variables	β*	t value	Sig.
Knowledge seeking	0.10	1.92	0.06
Escapism	**0.23**	4.86	0.00
Socialisation	**0.19**	3.59	0.00
Facilities and service standards	**0.17**	3.60	0.00
Low-risk COVID-19 destination	**0.09**	1.97	0.05
F	23.16		
Model significance	0.00		
Adjusted R^2	0.22		

Note. β* = Standardised regression coefficient; Significant factors are in boldface.

Source: Author's analysis

Discussion

The uniqueness and importance of the findings reported in this paper are demonstrated in six key extensions to the tourism crisis recovery literature. First, our findings illustrate the need for a pluralistic crisis management model when considering a marketing-led destination recovery. Phase models, by definition, impute a temporal characteristic that can restrict timely considerations of recovery strategies (Berbekova et al., 2021; Ritchie, 2004). On the other hand, models reflecting chaos theory can lead to unnecessary change considerations (Speakman & Sharpley, 2012. Our findings indicate that simultaneous consideration of a range of marketing strategies allows for the best

options to be utilized in a timely manner. A pluralistic marketing-led recovery model is depicted in Figure 2.
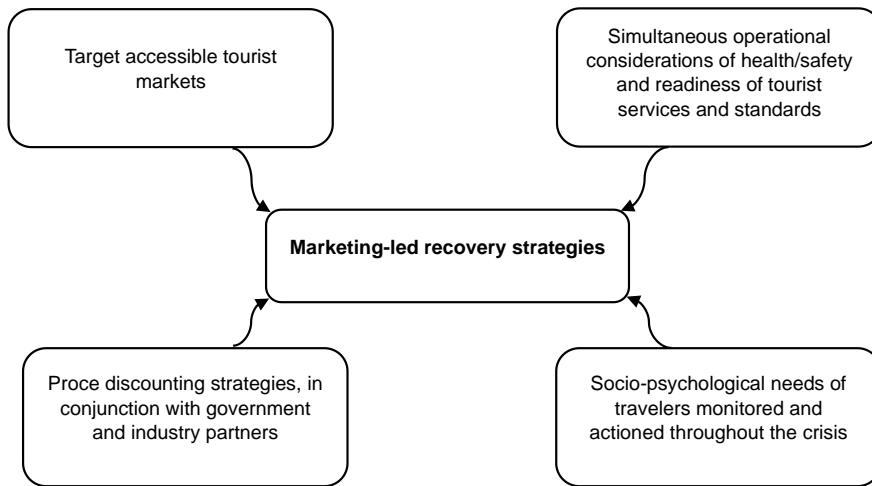
Figure 2 A pluralistic tourism marketing model for crisis recovery.
Source: Developed by the authors.

The theoretical model depicted in Figure 2 builds upon previous work (e.g., Avraham & Beirman, 2022; Beirman & Van Walbeek, 2011; Henderson & Ng, 2004; Pavlatos et al., 2021; Sharma et al., 2021). Target marketing and price discounting have long been recommended as recovery strategies for destination managers and tourist entities. In the case of COVID-19, targeting domestic tourists using government provided travel assistance packages was adopted. Likewise, we include the element of operational considerations to reflect the destination image requirement to indicate how the destination is "safe and open for business," as advocated by Avraham and Ketter (2008). Finally, the missing element of socio-psychological needs, namely escapism, knowledge seeking and socialization of travellers must be included in a marketing-led crisis recovery model. The explicit inclusion of the latter component extends the extant literature.

While the four components as shown in figure 2 are essential for an effective crisis recovery model, they are insufficient for complete crisis recovery. The essence of our model is the joint consideration of marketing issues in real time, rather than in phases. For instance, the psychological needs of travellers should be monitored throughout the crisis. Likewise, the readiness of tourist services and standards should be considered in conjunction with health and safety issues, not after. The joint consideration of these twin issues is critical for effective destination recovery. During the COVID-19

pandemic, travellers' existing needs were heightened and found to be of greater importance than health and safety concerns. This model provides a practical, pluralistic approach to crisis recovery theory.

Second, the concurrent investigation of supply and demand-side issues extends the crisis management literature. Concurrent data were collected for both studies at a critical juncture in the COVID-19 pandemic, when Thailand was just reopening its tourist destinations in late 2021. This approach contrasts with previous work in crisis management where demand and supply issues are largely treated separately (e.g., Faulkner, 2001; Henderson & Ng, 2004; Pavlatos et al., 2021; Ritchie, 2004; Speakman & Sharpley, 2012). Our approach is critical to any attempt to compare destination capabilities with customer needs. Perceptions of risk dissipate over time. Capturing the perceived level of risk at the same time as destination marketing organisations develop recovery strategies provides a unique basis for comparison.

Third, our qualitative study extends knowledge of how destinations respond in a pandemic, rather than focusing on what is normatively prescribed. Prescribed marketing recovery strategies, such as the importance of industry cooperation, government involvement, and price discounting (e.g., Henderson & Ng, 2004; Pavlatos et al., 2021), were implemented in Phuket. However, the major recovery effort focused on health and safety accreditation through government standards, which was widely lauded by the industry. As one informant stated, this was the essence of public relations activity for Phuket. While numerous studies report the importance of crisis communication relating to health and safety for potential visitors (e.g., Cambra-Fierro et al., 2022), this study found that industry working hand-in-glove with government could elevate crisis communication around health and safety to a new level. While previous studies have reported that information flow is critical to securing tourist confidence, health and safety accreditation provides independent and tangible evidence of that safety.

On the other hand, emphasis on health and safety accreditation contrasted sharply with the weak public relations effort concerning whether Phuket was "open for business". While scholars such as Avraham and Ketter (2008) argue that destination image, particularly in relation to touristic services and standards, is critical, this message was absent. The reports from tourism experts in Phuket revealed that businesses were not operating normally. Extreme cost-containment measures resulted in services and facilities offered to tourists being reduced or eliminated. Another issue central to tourism service recovery was the difficulty of talent management in the aftermath of the COVID-19 pandemic (Antwi et al., 2023). The best staff were long gone and unwilling to return. While scholars suggest that recovery efforts should be conducted in phases, it appears

that the destination recovery of tourism services should have been given equal priority with health and safety.

Fifth, the twin issues of public relations based on health and safety accreditation, and difficulties in delivering an expected level of service to guests, flow through to the findings from Study 2. The sample of survey respondents demonstrated that health and safety concerns were well below the level of concern about whether the destination was open for business. This finding is unique to the literature. Most of the COVID-19 literature reports that health and safety concerns are paramount in crisis recovery (e.g., Rasoolimanesh et al., 2021; Sharma et al., 2021). However, this paper is the first to report the relative importance of the availability of destination services and facilities compared to health and safety concerns.

A sixth contribution to the literature relates to findings that both pull and push motives are salient during the recovery phase of the COVID-19 pandemic. Health and safety factors are dominant in the literature. However, this study is the first to report that salient push factors are also significant predictors of travel intention. While all three push motives investigated in this study are derived from longstanding empirical studies (e.g., Crompton et al., 1979), their value as determinant factors is not diminished during a crisis recovery. In particular, the notion of escapism has been well-documented in the COVID-19 literature (e.g., Aldao et al., 2022; Colakoglu et al., 2021), arising from the severe restrictions placed on residents during COVID-19. Our finding is not only consistent with such literature but suggests a high level of importance in predicting travel intentions during a crisis recovery.

Practical implications

During the pandemic, focus was placed on health and safety. During the recovery, when destinations started reopening, this focus continued. The question for destination management organisations is when to switch to a management effort focused on safety?

Risk perceptions of COVID-19 were low for some segments of the market and never wavered. Indeed, there was much criticism around the world when restrictions were initially placed on travel. This segment-risk-tolerant travelers who maintained confidence in their ability to travel safely- was always available to travel, regardless of risk. Greater knowledge about this group could have provided destination marketing organisations with better insights to develop recovery campaigns. Marketing campaigns initiated during the reopening phase in Thailand focused on price discounting. However,

price discounting incurs high costs and may not have generated more travellers than a targeted approach based on knowledge of who was ready to travel.

The findings clearly illustrate that health and safety was not a prime concern for travellers during the reopening stage. Thai domestic tourists were ready to travel to escape the COVID-19 restrictions and socialize with others. This finding was validated for both younger and older respondents. Destination marketing organisations had the opportunity to build campaigns based on this aspect, rather than price discounting. To address future crises, more attention should be placed on the social-psychological outcomes of a crisis. How are potential tourists affected by the crisis situation? The findings illustrate that well-established travel motives were not rendered irrelevant in a crisis situation. Indeed, the recognized travel motives of escapism and socialization were heightened during the pandemic. Destination marketing operatives could consider incremental adjustments to known target market motives, rather than relinquishing known motives on the altar of health and safety.

Public relations are a core feature of crisis management and recovery. Destination marketing organisations need to be cognizant of the dual requirements for such campaigns. Health and safety may be a necessary condition for tourist travel but not a sufficient one. All campaigns need to be complemented with "business as usual" messaging. The survey findings demonstrated that if customers were unsure whether the destination experience would be favorable, they were reluctant to travel.

In conclusion, the empirical results of this study reinforce the need for DMOs to adopt a data-driven approach to crisis recovery marketing. Rather than prioritising price incentives or overemphasizing health and safety, campaigns should align with established travel motivations, particularly escapism and socialisation, which were heightened during the pandemic. The findings indicate that perceived risk did not significantly deter travel for key market segments, suggesting that risk-tolerant travellers should be a strategic focus in future crises. Additionally, ensuring positive perceptions of the destination experience is paramount, as uncertainty surrounding the quality of travel experiences emerged as a strong deterrent to visitation. By balancing safety messaging with motivational drivers, DMOs can enhance resilience and expedite tourism recovery more effectively. A more pluralistic recovery model would provide a more comprehensive and targeted consideration of recovery options.

Limitations and Future Research

Data collection for the two studies reported in this paper was conducted at a particular point in time during the peak of COVID-19. This timing represents a limitation

as it captured perspectives and conditions specific to the height of the crisis, potentially missing the evolution of recovery strategies and stakeholder attitudes that developed over the extended pandemic period. The choice of key tourism leaders for interviews was also a limitation of the study. Not all leaders in the tourism industry were available at the time of the interviews. In addition, government representatives from the capital city, Bangkok, were inaccessible due to travel restrictions and their complete focus on immediate crisis management priorities, making them unavailable for research interviews even via virtual platforms. As with all crisis management studies, risk perceptions will change over time. However, examinations into crisis recoveries provide insights into future crises. This is important for the tourism industry and destinations that are particularly vulnerable to external shocks. Nonetheless, our study provides a snapshot in time that uniquely reflects both supply and demand aspects concurrently. Further research compares crisis management practices during COVID19 with post COVID19 practices. Additionally, the finding that health and safety concerns were not as dominant in influencing travel decisions as expected warrants further reflection. Potential explanations—such as crisis fatigue, perceived government overreach, or shifting traveler priorities—could be explored in greater depth. A convenience sample of Thai individuals may not be representative of potential travellers. Future research can revisit some of the issues reported in this paper with the benefit of hindsight. Moreover, the current findings lean heavily on marketing strategies, with less attention given to structural recovery efforts, such as rebuilding the tourism workforce and ensuring service capacity meets visitor expectations. Additionally, different traveller segments—such as international vs. domestic tourists—may require tailored recovery strategies. While the pluralistic model is a valuable contribution, its theoretical implications could be elaborated beyond critiquing phase-based and chaos theory models. An investigation into the applicability of the pluralistic model across different crisis contexts would enhance its broader theoretical contribution.

Disclosure Statement

The authors report there are no competing interests to declare.

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