



The effect of COVID-19 on tourists' intention to resume hotel consumption: The role of resilience

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ABSTRACT

This study aims to better understand how one particular personal capacity—psychological resilience—may help consumers adapt to the ‘new normal’ provoked by the COVID-19 pandemic in the hotel context, which is characterized by high uncertainty. We conducted a quantitative empirical study among consumers of hotel services, which showed that their psychological resilience has a negative effect on their perceived health risk and emotional risk. This negative effect on risk helps increase tourist intention to return to consuming hotel services despite the on-going pandemic. The findings are of value to the literature and the professional sector alike, as they demonstrate both relationships jointly for the first time. The work can help hotel firms to design more effective strategies for approaching customers in the ‘new normal’.

1. Introduction

The COVID-19 outbreak, declared a global pandemic by the World Health Organization on March 12, 2020, is a markedly different crisis from ones that have gone before being global in reach (Wen et al., 2020) and with the potential to yield profound and long-term structural change in both the social and economic spheres (Sigala, 2020). The pandemic has forced many firms to shut down, bringing unprecedented disruption to most economic sectors (Donthu and Gustafsson, 2020). Therefore, COVID-19 poses one of the biggest challenges firms have had to face in the last 100 years (Hall et al., 2021).

In the tourism industry, the pandemic has caused—and continues to cause—large-scale restrictions that are wreaking havoc on the global tourism industry (Jiang and Wen, 2020), this sector being the largest contributor to GDP in many countries and one of the most important contributors to world employment (Sigala, 2020). The hotel industry in particular has undoubtedly been one of the hardest-hit (Hall et al., 2021), having witnessed a dramatic fall in occupancy rates due to the cancellation or delay of trips for leisure or business purposes, not only as a result of the travel restrictions imposed by governments but also due to the fear generated by COVID-19 among consumers (Jiang and Wen, 2020).

With the initial travel bans now being lifted in several countries, the reopening process has slowly begun as authorities start to gradually ease

restrictions (Gursoy and Chi, 2020). Yet, despite this progress, a COVID-19 vaccine will take some time to reach all segments of the population, and anyone wishing to undertake tourism will have to live with the risk posed by the virus (Bae and Chang, 2021). Therefore, consumers are expected to be reluctant about returning to hotels, at least in the short term—even where restrictions have been lifted—because they feel uneasy or unsafe (Gursoy et al., 2020). Hence, as COVID-19 is likely to make a long-term impact on consumer behavior (Wen et al., 2020), the tourism industry, rather than focusing on recovery per se, must identify the key factors that influence consumer behavior in terms of adapting to the ‘new normal’ (Sigala, 2020).

In the context of a hotel stay amid the COVID-19 crisis, the consumer may perceive two types of risks: (i) a health-related risk, due to the possibility of falling ill during the trip (Roehl and Fesenmaier, 1992) and (ii) an emotionally-driven risk, triggered both by the stress of being in direct contact with hotel personnel and other consumers who may be infected (Otoo and Kim, 2018) and also by the changes brought about by new health and safety protocols. These extraordinary measures impact on how people consume their hotel stay (Sigala, 2020) and may cause them to not fully enjoy the experience. These two types of perceived risk have the potential to adversely affect hotel trade, as the literature highlights the negative effect of risk on visit or revisit intention in the tourism industry (e.g., Álvarez et al., 2020; Martín-Azami and Ramos-Real, 2019).

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Given that the very survival of hotel firms depends on consumers' desire to consume their services being revived (Gursoy and Chi, 2020), and that risk will play a key role in tourist decision-making for the foreseeable future (Shin and Kang, 2020), it is crucial to determine which variables affect consumers' ability to adapt to the aforementioned risk situations and to understand how this situation impacts on their decision-making process (Wang et al., 2020). In this regard, various theories highlight the role played by the personal characteristics of consumers in their decision-making under conditions of uncertainty and risk in the tourism field, such as the Health Belief Model (Cahyanto et al., 2016), Goal-Directed Behavior (Lee et al., 2012), the Cumulative Prospect Theory (Xu et al., 2011), the Theory of Planned Behavior (Wang et al., 2021) or the Model of International Tourism Decision-Making Process (Sönmez and Graefe, 1998). It has also been found that consumers' perceptions of risk depend largely on their own personal characteristics (Senbeto and Hon, 2020).

Given the importance of personal characteristics, then, one variable that may play a critical role is psychological resilience, which can be understood as an individual's capacity to adapt in situations of uncertainty (Abukhait et al., 2020), such as those generated by the COVID-19 pandemic. The literature demonstrates the importance of resilience in areas where individuals have to continually adapt to risk and stress, such as healthcare or the military, where resilience has been found to exert a positive effect on people's mental health (e.g., Khan and Husain, 2010; Russell et al., 2021). Resilience is also known to be a valuable trait in academic studies, sports, and employment in general, due to its positive effects on individuals' performance and ability to cope with problems as they arise (e.g., Çelik et al., 2015; Meggs et al., 2016; Parker et al., 2015).

While resilience in the consumer context is an under-studied topic (Rew and Minor, 2018) and even more so in the tourism field (Prayag, 2018), the literature highlights that Resilience Theory (Richardson et al., 1990; Richardson et al., 2002), which holds that the perceived severity of adversities depends on the individual's resilience, can be applied to different types of stressors, adversities, and challenging life events and at various levels of analysis (Fletcher and Sarkar, 2013). Therefore, it is a theory that can be readily applied in health crises (Senbeto and Hon, 2020). However, in the consumer sphere, this theory has only been applied in the study by Bermes (2021) in a context unrelated to tourism, while the effect of resilience on perceived risk has not been considered, to date. The present research therefore aims to provide insights into the role of resilience in consumer behavior within the context of the crisis that the tourism industry is currently undergoing, thereby responding to the calls for further research highlighted by scholars including Veréb et al. (2020), Williams and Baláz (2015), and Wu and Walters (2016).

The aim of the present study, then, is to examine how a particular personal quality of the consumer—their resilience—may affect (i) their capacity to adapt to the 'new normal' in a situation of undoubted health risk caused by COVID-19 and (ii) their desire to use hotel services once more despite the continued, generalized presence of the virus. We propose and validate a model designed intended to verify whether: (a) the risk perceived by the consumer influences their intention to consume hotel services again and (b) consumer resilience influences consumer perceived risk.

The contributions of this research lie in analyzing whether resilience is among the personal qualities of the consumer that can influence their perceptions of health and emotional risk generated by a crisis such as that caused by COVID-19. The findings will therefore contribute to tourists' intention to resume their consumption of hotel services despite the uncertainty surrounding the 'new normal'.

2. Literature review

2.1. Current situation in the hotel industry due to the COVID-19 crisis

The hotel industry is of international importance as part of the tourism industry, which contributed 8.9 trillion US dollars to the world economy in 2019 alone, representing more than 10.3% of world GDP. The tourism industry also accounts for one in ten jobs created on the planet (WTCCWorld Travel and Tourism Council, 2020).

But the hotel industry is particularly vulnerable to the threat of unexpected catastrophes such as epidemics, natural disasters, or terrorist attacks (Jiang and Wen, 2020). Research into the effect of such catastrophes on the hotel industry has shown that these types of events drastically reduce hotel revenues (Napierala et al., 2020).

Indeed, in the specific case of the COVID-19 pandemic, one of the most badly-affected sectors is that of hotel services (Hall et al., 2021). The direct connection between tourist services and the risk of transmission of the virus has forced governments worldwide to restrict and even ban travel (Yang et al., 2020), leading to hotel closures. The only comparable instances of the widespread shut-down of hotels on an international scale are those that occurred during last century's two World Wars (Baum and Hai, 2020). In fact, this is the first time that a health crisis has become global, affecting all countries of the world in all facets of the tourism industry (The New York Times, 2020). The global hotel industry is therefore now facing a situation where many businesses are shutting their doors, either temporarily (under emergency laws) or permanently, due to the economic consequences of the pandemic (Wen et al., 2020).

Fig. 1 shows a comparison between different indicators (hotel occupancy rate, revenue per available room [RevPAR], and average daily room rate) between April 2020 (the first full month following the WHO's classification of COVID-19 as a pandemic) vs. the same month in 2019, internationally. This comparison shows the true scale of the pandemic for the hotel industry.

These indicators show that the COVID-19 crisis is causing, and will continue to cause, distortions and drops that are unprecedented in the global hotel industry (Nicola et al., 2020). These figures reflect the impact of government-imposed restrictions combined with the sense of uncertainty felt by consumers (Wen et al., 2020). However, few empirical studies have been published to date that deal with tourism in the context of COVID-19. Among the few studies to emerge is that of Naumov et al. (2021), which shows that tourists prefer to look to other types of accommodation rather than hotels because of the pandemic, while Gursoy et al. (2020) conclude that the removal of restrictions on tourism will *not* prompt consumers to return to hotels immediately, which points to the profound long-term effects this crisis may have on the hotel industry. Gursoy and Chi (2020) underline the need for research that provides answers to critical questions such as, for example, whether consumers are ready to return to hotels, and, if not, what will prompt them to do so. For the hotel industry, then, it is crucial comprehend the kinds of consumer behavior that will emerge from this pandemic and, more specifically, to identify the factors that will influence consumers' intentions to resume their consumption of hotel services (Wang et al., 2020) and thereby determine how hotels can regain consumer trust (Jiang and Wen, 2020).

This study aims to investigate the role played by resilience in tourists' adaptation to this unprecedented situation of risk and their return to the consumption of hotel services.

2.2. The contribution of resilience in normalizing the risk caused by the COVID-19 pandemic

2.2.1. Consumer perceived risk as an antecedent of intention to consume hotel services

The importance of perceived risk in the tourism industry has been amply demonstrated in the literature, which has identified that the

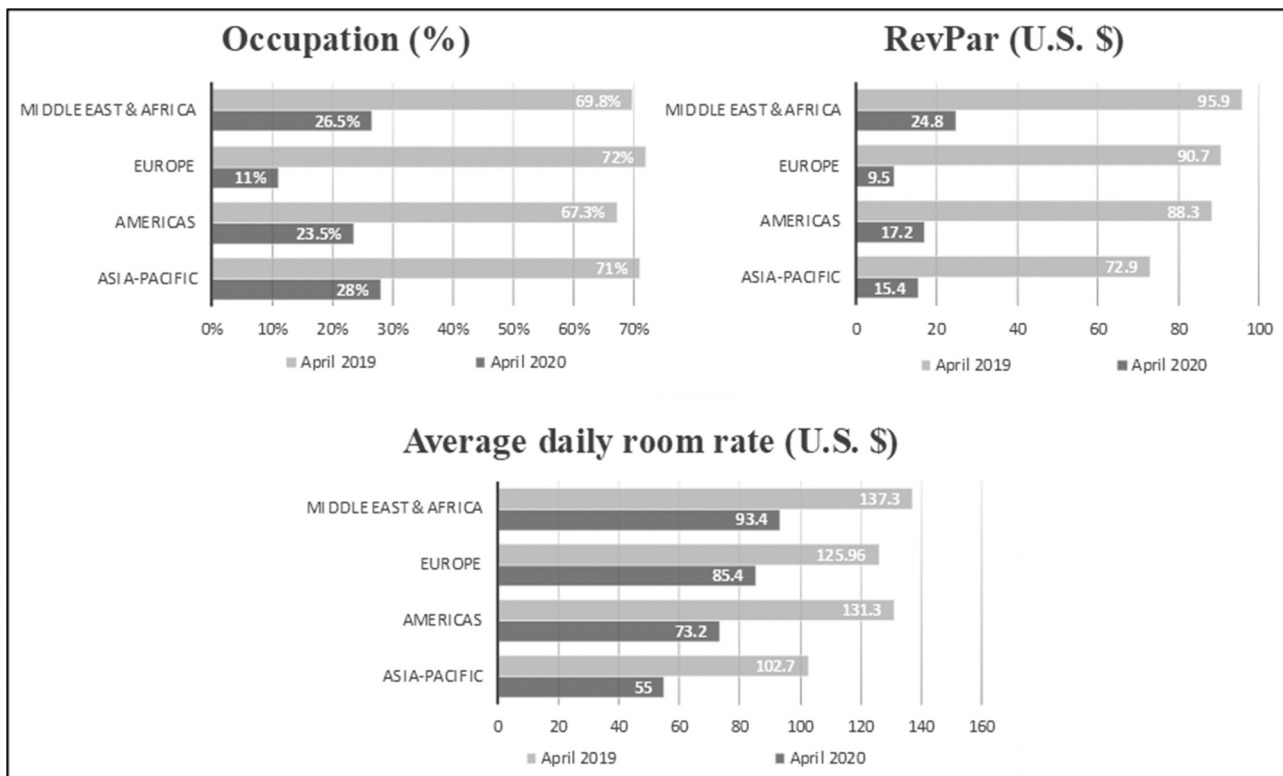


Fig. 1. Comparison of hotel occupancy rate, RevPAR, and average daily room rate by world region April 2019-April 2020. Source: Statista (2020b) (2020c) (2020d)

purchase of tourism services is perceived as riskier than that of physical products and other services. Such perceived risks are, inter alia, the possibility of having travel accidents, of suffering natural accidents, of being caught up in terrorist attacks, and contracting diseases (Kim et al., 2009). Such imagined possibilities, together with the proliferation of global epidemics and natural disasters in different parts of the world and the increase in political violence and instability, have brought the scholarly study of tourist perceived risk into focus (Fuchs and Reichel, 2011; Yang et al., 2017).

In this context, perceived risk can be defined as the perception of consumers regarding the degree of uncertainty surrounding the purchase and consumption of a tourism product and the possibility of having negative experiences as a result of doing so (Cui et al., 2016; Wong and Yeh, 2009). Risk is therefore considered an essential element of tourist behavior (Çetinsöz and Ege, 2013) as it plays an important part in destination selection and in the choice of how to visit, including accommodation type (Karl and Schmude, 2017). Tourists avoid visiting those destinations where they perceive the risk of terrorist attacks, natural disasters, or pandemics to be high (Neuburger and Egger, 2021).

Most research supports the multidimensional nature of tourist perceived risk (Deng and Ritchie, 2018). Given that this research focuses on a global health crisis, such as that caused by COVID-19, and in the context of tourism, it has been considered that: (1) health risk is the main type of risk to take into account, since it is critical for the tourist decision-making process (Álvarez et al., 2020). Studies dealing with the impact of COVID-19 on the hotel sphere that include perceived risk demonstrate this (Shin and Kang, 2020; Yu et al., 2021); and (2) the Risk-as-Feelings Theory (Loewenstein et al., 2001) constitutes a suitable theoretical basis for the context of COVID-19 in the tourism sector (Bae and Chang, 2021).

The Risk-as-Feelings Theory (Loewenstein et al., 2001) considers there to be two basic dimensions of risk, cognitive and affective (Bae and Chang, 2021; Brug et al., 2004). The cognitive dimension refers to the susceptibility and severity of the risks perceived by the individual, while the affective dimension refers to the anxiety or concerns that the risk

generates in them (Bae and Chang, 2021; Sjöberg, 1998). In this sense, the few studies on perceived risk that have been conducted in the context of COVID-19 contend that the COVID-19 pandemic is primarily a health crisis, but that it is also causing extreme psychological pressure and anxiety, combined with the stress caused by changes to normal service delivery due to the different safety and hygiene protocols imposed since the pandemic began (Yu et al., 2021).

On this basis, in the present study, we contend that the COVID-19 pandemic is broadly triggering two different types of risk: (1) that one's physical wellbeing or health is at risk, defined by Roehl and Fesenmaier (1992) as the possibility of facing physical danger or falling ill during the trip, which captures the cognitive dimension of risk, as per the approach taken by Bae and Chang (2021) in the context of COVID-19; and (2) the emotional risk caused by the state of mind derived from having to interact with tourism service personnel and other consumers, based on fears of coming into contact with someone carrying the virus (Otoo and Kim, 2018). This type of risk is also triggered by changes in the way that tourist products are consumed, due to the health-protection measures and protocols adopted by tourism firms (Sigala, 2020). This includes satisfaction risk, defined by Roehl and Fesenmaier (1992) as the possibility that the experience will not deliver satisfaction or self-realization, and exhaustion risk, defined by Jog and Mekoth (2017) as risk characterized by severe mental fatigue. This type of risk includes the affective dimension—that is, the anxiety and concern that consuming a tourist experience generates in the individual in this context, both due to the possibility of contracting the disease, as studied by Bae and Chang (2021) and also due to the possibility of not enjoying the experience fully, of not feeling satisfied, as Yu et al. (2021) investigated in the context of COVID-19.

Several studies have demonstrated empirically the negative relationship between perceived risk and visit or revisit intention in the tourism industry (e.g., Álvarez et al., 2020; Martín-Azami and Ramos-Real, 2019; Çetinsöz and Ege, 2013) and, more specifically, in the context of infectious diseases (Cahyanto et al., 2016). More specifically in the context of COVID-19, it has been found that tourists will

travel again once they feel sufficiently convinced that the possible health risks and stress associated with traveling in this situation are minimal (Wen et al., 2020). Wang et al. (2020) and Bae and Chang (2021) also demonstrate that perceived risk has a negative impact on consumers' intention to travel to a tourist destination in the context of COVID-19.

Despite this important work, there are no studies to date that analyze the relationship between perceived risk and the tourist's intention to resume the consumption of hotel services. The study that comes closest to analyzing this issue in the context of COVID-19 is that of Shin and Kang (2020), who contend that perceived health risk mediates the relationship between technological interaction with the hotel and the intention to make a reservation there. However, as these authors center exclusively on health risk, it would be of interest to examine in more depth the relationship between both perceived health risk and perceived emotional risk—taken by the consumer when they decide to stay at a hotel—and the tourist's intention to resume the consumption of hotel services in a context of such high uncertainty as that generated by the COVID-19 pandemic. Taking this perspective, the present study responds to the call for future research proposed by Chen et al. (2021). These authors highlight the need for more in-depth knowledge of how the tourist's perception of risk, vis-à-vis diseases can influence their behavior. Cahyanto et al. (2016) also recommended further study of tourist attitudes to risk, in the context of infectious diseases.

Based on this literature review, the following research hypothesis is proposed:

H1. Consumer perceived risk has a negative and significant effect on intention to resume the consumption of hotel services.

2.2.2. Consumer resilience and its contribution to tourist adaptation to COVID-19-related risk

The notion of resilience has been addressed by different disciplines and researchers, but primarily in the field of disaster studies (Salisu and Hashim, 2017). In general terms, according to the United Nations Strategy for Disaster Reduction (UNISDR, 2009), resilience can be defined as “the ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions.” This concept can be applied to both economic sectors and organizations, as well as to individuals (Salisu and Hashim, 2017).

The psychological resilience of an individual can be defined in its original sense as “the ability to bounce back or recover from stress” (Smith et al., 2008: 194). It is typically conceived as a dominant personality trait or a personal value, although it has recently been framed more as a manifestation of how individuals interact with changes in their environments and respond to shifting circumstances (Veréb et al., 2020). The importance of resilience lies in the fact that it protects individuals against the impact of adversity, helps them recover from adverse situations, and, above all, allows them to *adapt* to such situations (Malik et al., 2020). Ultimately, resilience involves adaptability and flexibility in situations characterized by change and uncertainty (Abukhait et al., 2020). Resilience Theory, then (Richardson et al., 1990; Richardson et al., 2002), asserts that resilience is decisive in people's ability to flourish in the face of risk factors or adversity.

The scholarship dealing with psychological resilience began to develop in the field of psychology with studies on young people and adults who had experienced, or were more likely to experience, stress or trauma in their lives (Cheng et al., 2020). Subsequently, the effects of psychological resilience have been studied in different settings, all of which require an effort on the part of individuals to adapt to situations of risk or stress, such as healthcare (e.g., Khan and Husain, 2010; Tansey et al., 2017), the military (e.g., Catalano et al., 2011; Russell et al., 2021), sports (e.g., Hosseini and Besharat, 2010; Meggs et al., 2016), academic studies (e.g., Çelik et al., 2015; Moke, 2018), entrepreneurship (e.g., Ayala and Manzano, 2014; Renko et al., 2021), or the workplace

(e.g., Charoensukmongkol and Suthatorn, 2018; Parker et al., 2015).

In general, studies dealing with resilience demonstrate its effects on: (a) indicators relating to mental health, as it exerts a positive influence on aspects such as hope (Rushton et al., 2015; Scoloveno, 2015), psychological wellbeing (Hosseini and Besharat, 2010), satisfaction with life (Beutel et al., 2009; Prayag et al., 2020), and psychological strength (Khan and Husain, 2010) and a negative influence on aspects relating to depression (Catalano et al., 2011) and psychological disorders (Craig, 2005); (b) the ability to cope with problems, exerting a positive effect on people's capacity to solve problems and face up to difficulties, and to persevere despite setbacks (Parker et al., 2015; Secades et al., 2016); (c) adaptability, as it influences the individual's commitment to make necessary changes or innovate (Abukhait et al., 2020; Hallak et al., 2018); and (d) performance, with a positive effect on academic performance (Çelik et al., 2015), sporting performance (Meggs et al., 2016), job performance (Luthans et al., 2007), competitiveness (Moke et al., 2018), or business success (Ayala and Manzano, 2014).

However, the study of psychological resilience is still in its infancy in the tourism sphere (Prayag, 2018), where empirical studies have only been carried out in the employment context. It also remains a nascent research topic in the consumer sphere, where we find only the study conducted by Rew and Minor (2018), showing the influence of resilience on consumer attitudes. Therefore, authors such as Williams and Baláz (2015) and Wu and Walters (2016) highlight the need for further research into consumer resilience in the tourism industry. This need becomes evident if we consider the unprecedented increase in the number of disasters and crises that have affected the industry (such as terrorist attacks, environmental disasters, and pandemics), as the literature has shown that psychological resilience can reduce the negative psychological impact of crises and disasters (Prayag et al., 2020). The literature also contends that, in the context of epidemics, individual perceived risk depends on psychological factors (Bhati et al., 2021), including, we contend, resilience.

More specifically, the study of resilience in the context of COVID-19 is necessary because it requires consumers to adapt to a situation in which there is a present risk, and resilience is a personal capacity that contributes to adaptability in the face of adversity (Rittichainuwat, 2020) and the ability to respond to changes in the environment (Abukhait et al., 2020). The potential importance of resilience in the context of COVID-19 is also reflected in the fact that studies dealing with resilience are beginning to proliferate in this context in areas such as health, academic studies, and the workplace, as can be seen in Table 1.

Studies to date dealing with psychological resilience in the context of COVID-19 reinforce the idea that this trait helps reduce the negative effects of risk situations, such as anxiety (e.g., Mosheva et al., 2020), depression (e.g., Song et al., 2020), post-traumatic stress disorder (e.g., Li et al., 2021) or psychological distress (Chasson et al., 2021) and exerts a positive effect on mental health (Hou et al., 2020). As noted, however, these studies have been carried out in areas other than tourism and the consumer, with the exception of the work of Bermes (2021), the present research thus seeking to contribute these perspectives.

Resilience Theory contends that resilience is a protective mechanism—hence, consumers with high resilience are able to withstand stress factors, evaluating them as less harmful and problematic (Bermes, 2021; Fletcher and Sarkar, 2013). These consumers will be able to adapt well to stress and readily return to a state of balance because they feel less of a sense of risk thanks to being more psychologically protected (Richardson et al., 1990; Richardson, 2002). For this reason, in light of Resilience Theory, we propose in the present study that resilience is a key personal characteristic that will help consumers to make the decision to return to consuming hotel services, thanks to their superior internal management of perceived risk.

While, to the best of our knowledge, no empirical study has shown the influence of resilience on consumer perceived risk, the literature holds—theoretically—that resilience enables the individual to adapt to life circumstances in which they are exposed to risk (Rudzinski et al.,

Table 1
Empirical studies on the effects of psychological resilience in the context of COVID-19.

Sphere	Resilience effects	Studies	Informants
Health	Psychological distress (-)	Chasson et al. (2021)	Pregnant women
	Anxiety (-)	Zhang et al. (2020)	Patients presenting mild symptoms of COVID-19
Academic studies Workplace	Acute stress disorder (-)	Ye et al. (2020)	University students
		Luceño-Moreno et al. (2020)	Healthcare workers
	Anxiety (-)	Mosheva et al. (2020)	Doctors
		Song et al. (2020)	Workers in different sectors
		Awano et al. (2020)	Healthcare workers
	Depression (-)	Luceño-Moreno et al. (2020)	Workers in different sectors
		Song et al. (2020)	
		Hou et al. (2020)	
	Mental health	Li et al. (2021)	Healthcare workers
		Luceño-Moreno et al. (2020)	Nurses
Post-traumatic stress disorder (-)	Luceño-Moreno et al. (2020)	Healthcare workers	
	Satici et al. (2020)	Turkish nationals	
General population (adults)	Fear of COVID-19 (-)	Satici et al. (2020)	Turkish nationals
	Hope		
Consumers	Happiness		
	Perception of information-overload (-)	Bermes (2021)	Social-network users
	Information-related stress (-)		
	Likelihood of passing on fake news (-)		

(-) Inverse relationship

Source: The authors

2017) and to better manage that risk (Veréb et al., 2020). The literature also finds that risk-takers require resilience (Sulphrey, 2020).

Furthermore, the scholarship establishes, on the one hand, that individuals' psychosocial strengths—including resilience—correlate negatively with their perceived threat of diseases (Saleem et al., 2020) and with their fear of COVID-19 (Satici et al., 2020), which supports our contention that resilience reduces the consumer's perceived physical risk of catching a disease. On the other hand, the literature also affirms that resilience reduces individuals' emotional exhaustion (Charoensukmongkol and Suthatorn, 2018; Rushton et al., 2015), including in the context of COVID-19 (Bermes, 2021), a finding that supports the other main premise of our study, that resilience helps reduce consumers' perceived emotional risk (Jog and Mekoth, 2017).

Therefore, we propose that psychological resilience will help the

individual to better manage perceived risk in the hotel context, which can lead to the perception of less health risk and emotional risk. This hypothesis responds to the need for future research that was identified by Shin and Kang (2020), who called for the impact of factors related to the individual on perceived risk to be examined in the context of COVID-19; it also responds to Veréb et al. (2020), who proposed further study of consumer resilience in the context of tourism-related crises.

Based on this premise, we propose the following research hypothesis:

H2. Consumer resilience has a negative and significant effect on consumer perceived risk.

The proposed research model can be seen in Fig. 2.

3. Methodology

3.1. Research population and sample

Our research aims required us to conduct the study in a sector that has been deeply affected by the global health emergency caused by COVID-19. We selected the hotel industry for this purpose, as it is one of the sectors most badly hit by the pandemic due to the widespread restrictions placed on both domestic and international travel and government-imposed lockdowns (Gursoy and Chi, 2020). The population under study comprised Spanish nationals who had consumed a tourist stay in a hotel during the previous 12 months. Our rationale for focusing on the Spanish market is twofold.

First, the hotel industry is a major economic driver in Spain (Garrido-Moreno et al., 2018). Second, Spain has been one of the countries most gravely affected by COVID-19, declaring a national state of alarm on 14 March 2020 that entailed, among other aspects, a national lockdown and temporary closure of hotels (Ribes-Noguera et al., 2020). Such measures have thus led the COVID-19 pandemic to impact on the profitability of the Spanish hotel industry. In March 2020, revenue per available room (RevPAR) decreased by 41% compared to the same month in 2019. In April and May, activity in the sector was non-existent due to nation-wide lockdown, while, in June, when many of the restrictions imposed by the Spanish government were lifted, the RevPAR saw a drop of more than 80% compared to June 2019 (Statista, 2020a). Subsequently, although hotel activity seems to have been slowly recovering, the results are far-removed from those of 2019 and renewed outbreaks of the virus are causing bookings to fall, week on week (Canalis, 2020).

We contracted the services of an external company to recruit an internet user panel for our survey participants. The company, Survey Sampling Spain SL (part of Survey Sampling International, or SSI), has details on over 300,000 users in Spain aged 18 or above. This broad scope meant that the target population could be selected with a high degree of accuracy, ensuring sample representativeness in our defined population. We conducted the data-collection in July 2020, obtaining a sample of 446 Spanish nationals who had stayed at a hotel at some point during the previous 12 months. They were asked to complete our questionnaire, and this resulted in 310 valid responses (69.5%), which is

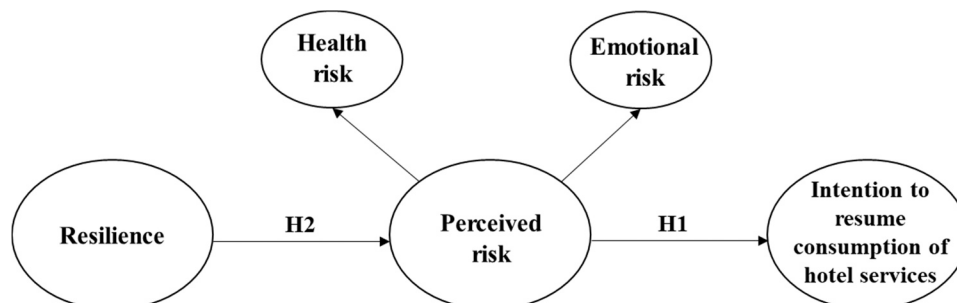


Fig. 2. Proposed research model.

an appropriate sample size for structural equation modeling (SEM) (Hair et al., 2018). The sociodemographic characteristics of the sample were as follows: 57.4% male, 42.3% female, 68.7% had studied up to university level, and 88.4% were in paid work. For the majority, the purpose of their trip was leisure (87.1%). These characteristics are very similar to those of other studies carried out in the Spanish hotel industry (e.g., Martínez-García et al., 2018, 2019; Šerić and Gil-Saura, 2019) and to the traveler profile derived from the Spanish-resident tourism survey (INE, 2016).

3.2. Measurement scales

To complete the questionnaire, respondents had to assess various items based on the constructs of resilience, perceived risk, and intention to resume the consumption of hotel services. These items were adapted from various studies and were all measured on 7-point Likert scales (Appendix A).

With regard to resilience, we used three items based on Smith et al. (2008), and to measure perceived risk, we used three items taken from Liu-Lastres et al. (2019) for the health risk dimension and three items from Jog and Mekoth (2017) to measure the emotional risk dimension. Finally, we used three items taken from Han et al. (2020) to measure consumer intention to resume consumption of hotel services.

4. Results

The relationships reflected in our research hypotheses are shown in the proposed research model (see Fig. 2). We propose that consumer resilience exerts a negative and significant effect on perceived risk, which, in turn, has a negative and significant effect on tourist intention to resume the consumption of hotel services. In this case, resilience and consumption intention are first-order constructs, while perceived risk is a second-order construct comprising two dimensions, health risk and emotional risk.

In terms of process, we confirmed the psychometric properties of the model and the adequacy of the measurement scales, using SEM with AMOS V. 24 software. Also using SEM, we tested the proposed relationships between the variables. SEM enables users to distinguish between measurement instruments and the structural model, and it takes into account measurement errors in model estimations. This analysis technique is therefore equally valid for scale validation and the verification of causal relationships between constructs (Hair et al., 2018).

To assess the proposed model's psychometric properties, given that the multivariate normality test of the variables included in the proposed model proved significant, we opted to conduct the estimation using maximum likelihood with bootstrapping (Yuan and Hayashi, 2003). We applied normed Chi-square as our reference for goodness-of-fit, which produced a value of 1.40—considered acceptable by the literature. As for the overall model fit, the GFI value was also acceptable (0.96), as was the RMSEA (0.04). The incremental fit measures of CFI (0.99), IFI (0.99), and TLI (0.99) were also adequate. Thus, the model fit can be said to be acceptable, according to the values recommended by Hair et al. (2018).

To ensure the scales measured each of the dimensions of the latent variables correctly (resilience, perceived risk, and intention to resume consumption of hotel services), we checked the measurement model (see Table 2). First, we assessed the statistical significance of the loads between the latent variable and each of its indicators, which must be significant and present a standardized value of more than 0.70 (Hair et al., 2018). These loads measure the direct relationship between first-order dimensions and directly-observable variables (or between second-order and first-order dimensions). All the values of the loads were above this threshold, the confidence interval did not include the value "0", and the p-values of all the loads were significant. Following estimation of the individual reliability (R^2) of each item and the first-order dimensions, all values were found to be greater than 0.50, as recommended by the literature (Hair et al., 2018).

Table 2
Indicators for convergent validity and internal consistency of the scales.

First-order dimensions			
Factor	Mean, standard deviation, skew and kurtosis	Standardized loads and confidence interval	R ² and confidence interval
Resilience CR= 0.82; AVE= 0.60			
RES1	3.98; 1.59; - 0.05; - 0.83	0.77 (0.70; 0.83)* *	0.60 (0.49; 0.69)* *
RES2	3.96; 1.58; - 0.02; - 0.82	0.78 (0.69; 0.85)* *	0.60 (0.48; 0.72)* *
RES3	4.15; 1.55; - 0.16; - 0.67	0.78 (0.71; 0.85)* *	0.61 (0.50; 0.72)* *
Perceived risk			
Health risk CR= 0.90; AVE= 0.76			
RISK1	4.22; 1.67; - 0.17; - 0.73	0.84 (0.77; 0.90)* *	0.71 (0.60; 0.80)* *
RISK2	4.37; 1.59; - 0.35; - 0.45	0.91 (0.87; 0.93)* *	0.82 (0.76; 0.87)* *
RISK3	4.15; 1.62; - 0.22; - 0.73	0.86 (0.81; 0.90)* *	0.74 (0.66; 0.81)* *
Emotional risk CR= 0.89; AVE= 0.72			
RISK4	4.57; 1.56; - 0.40; - 0.35	0.84 (0.79; 0.88)* *	0.70 (0.62; 0.77)* *
RISK5	4.47; 1.58; - 0.44; - 0.50	0.88 (0.84; 0.91)* *	0.77 (0.70; 0.83)* *
RISK6	4.50; 1.63; - 0.42; - 0.45	0.83 (0.77; 0.88)* *	0.69 (0.59; 0.77)* *
Intention to resume consumption of hotel services CR= 0.94; AVE= 0.84			
INT1	5.05; 1.75; - 0.84; - 0.13	0.92 (0.89; 0.95)* *	0.85 (0.80; 0.89)* *
INT2	5.03; 1.69; - 0.81; - 0.02	0.96 (0.94; 0.98)* *	0.92 (0.89; 0.95)* *
INT3	5.12; 1.65; - 0.84; 0.08	0.91 (0.86; 0.95)* *	0.83 (0.74; 0.90)* *
Second-order dimensions			
Factor	Standardized loads and confidence interval	R ² and confidence interval	
Perceived risk CR= 0.86; AVE= 0.76			
Health risk	0.94 (0.83; 1.10)* *	0.89 (0.69; 1.20)* *	
Emotional risk	0.80 (0.66; 0.91)* *	0.64 (0.44; 0.83)* *	

CR: Composite reliability; AVE: Variance extracted; * * = p-value < 0.01

Next, we verified the internal consistency of each of the scale dimensions. The composite reliability and the variance extracted values were 0.70 and 0.50 respectively, both being above the recommended reference thresholds (Hair et al., 2018) (Table 2). Last of all, we assessed the discriminant validity among the different variables included in the research model. None of the correlations between variables were greater than 0.33—well beneath the 0.80 threshold proposed in the literature (Bagozzi, 1994). We can therefore conclude that there was discriminant validity. Furthermore, the confidence interval of the estimated coefficient did not include the value "1" (Anderson and Gerbing, 1988). The scales for measuring each of the variables in the research model can thus be considered adequate.

Next, we analyzed the relationships between resilience, perceived risk, and intention to resume the consumption of hotel services (Fig. 3). H1 proposed that consumer perceived risk has a negative and significant effect on consumption intention. The results showed a statistically-significant relationship between the two variables (p-value <0.05). The direct effect was - 0.19, with a confidence interval of between - 0.31 and - 0.07. Thus, there is empirical support for this hypothesis. H2 proposes that consumers' resilience has a negative and significant effect on their perceived risk. The results showed a statistically-significant relationship (p-value <0.01), with a direct effect of - 0.34 and a confidence interval of between - 0.45 and - 0.21. Therefore, this hypothesis also finds empirical support.

The combined results show that the psychological resilience of the

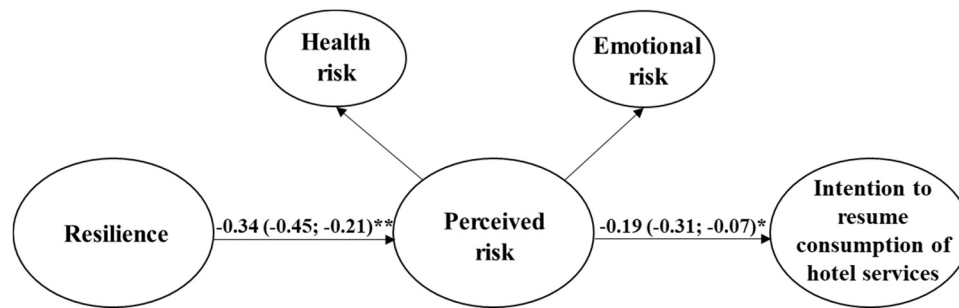


Fig. 3. Results of hypotheses H1 and H2. Standardized coefficients (confidence interval); ** = p-value \leq 0.01; * = p-value \leq 0.05.

consumer has a negative and significant effect on their perceived risk, which, in turn, has a negative and significant effect on the intention to resume consumption of hotel services.

5. Discussion of results, conclusions, and business implications

Due to the COVID-19 pandemic, the tourism industry has found itself in an unprecedented situation in which many national and domestic borders have been closed and opportunities for travel, both international and domestic, have been severely reduced or even lost altogether (Baum and Hai, 2020). At the time of writing, the operations of the hotel industry have almost entirely ceased (Hall et al., 2021). The economic consequences of this situation are expected to be dramatic, with the World Tourism Organization estimating that around 50 million tourism-related jobs are at risk worldwide (Hall et al., 2021).

Despite the fact that government restrictions have started to be eased (Gursoy and Chi, 2020), the sector's route to recovery remains an unknown (Baum and Hai, 2020) as there are no firm data with which to predict the duration of the pandemic, and concerns remain about the control of any successive waves that may arise and the potential restrictions they may cause. Furthermore, any consumers who do wish to travel under these circumstances will have to deal with a certain level of insecurity and uncertainty surrounding their trip (Wen et al., 2020). Thus, it is critical for hotel firms to identify the key variables of consumer behavior in this situation and to understand how these variables will influence the consumption of hotel services. This is because the recovery of these firms is entirely dependent on consumers' decision to resume these consumption behaviors (Gursoy and Chi, 2020).

Against this backdrop, resilience is a personal quality of great relevance, as it enables the individual to adapt readily to changes in their environment. This adaptability counters the perceived risk or stress initially triggered by the changes, such that the person is able to return to normal behavior in a changed environment (Duarte-Alonso et al., 2020). As we have seen, in the context of COVID-19 in the hotel industry, resilience is considered essential to consumers' ability to manage the 'new normal', in which they face not only the physical risk of catching the virus but also the emotional risk caused by the possibility of not enjoying a hotel stay (due to health and safety protocols that alter the experience) and the stress involved in social interaction with hotel staff and other consumers (Otoo and Kim, 2018; Sigala, 2020). Despite the importance of the study of the individual's resilience in contexts in which they are subjected to situations of stress or risk, such as illness, the workplace, academic study, or the military, the empirical study of resilience in the tourism sphere is practically nil (Prayag et al., 2020).

The present research seeks to address this gap by examining whether consumer psychological resilience is a key variable in the hotel industry. The work seeks to understand, in light of Resilience Theory (Richardson et al., 1990; Richardson et al., 2002), how resilience may help individuals to adapt to the health and emotional risks caused by COVID-19 and, in turn, enable them to return to consuming hotel services once again. We present and validate a research model to test these proposed relationships. Several contributions to the literature are derived from

this research, which we now summarize.

Our study has shown that the risk perceived by the individual has a negative and significant effect on their intention to return to using hotel services again. Therefore, the lower the degree of health and emotional risk perceived by the consumer, the greater their intention to resume their consumption of hotel services even when COVID-19 continues to be present in the general population. These results are in line with those obtained by Shin and Kang (2020), albeit these authors focus exclusively on how perceived health risks negatively influences the intention to make a hotel reservation. The present study provides a wider perspective, demonstrating that, as well as the perceived risk of contagion, it is also necessary to consider the emotional risks that consumers may perceive, in this case, drawing on the Risk-as-Feelings Theory. This theory holds that individuals may assess risk not only cognitively but also via affect (Loewenstein et al., 2001). By demonstrating the relationship between perceived risk and hotel consumption-intention in the context of diseases, the present study therefore responds to the call for research proposed by Chen et al. (2021), which highlighted the need to develop more in-depth knowledge regarding the influential role of perceived disease-related-risk on tourist behavior.

Second, consumer resilience has been shown to have a significant negative effect on consumer perceived risk. Therefore, the more resilient the consumer is, the better they will adapt to the risks associated with the situation generated by COVID-19. To the best of our knowledge, this study is the first to demonstrate this relationship and to respond to the need for such research as proposed by Veréb et al. (2020), Williams and Baláz (2015), and Wu and Walters (2016), who highlighted the need to investigate consumer resilience in the context of tourism crises. These results are in line with Resilience Theory (Richardson et al., 1990; Richardson et al., 2002), which holds that resilience is a personal capacity that protects individuals from risk. Our findings are thus highly relevant, as they provide insight into the psychological mechanisms that consumers employ to live with risk and uncertainty, adapt to such circumstances that have no specific timeframe, and manage them so as to feel able to return to consuming tourism services.

The present study provides the literature with valuable new perspectives, demonstrating that (a) both perceived health risk and perceived emotional risk, from the consumer's perspective, negatively influence their intention to resume the consumption of hotel services, and that (b) consumer resilience negatively influences their perceived risk—resilience being identified as an essential quality that enables the individual to adapt to the 'new normal' generated by COVID-19. Based on a highly original application of Resilience Theory to the tourism context, the results of the study show that this theory can be applied to identify relationships that, while theoretically proposed by the literature, have not been empirically demonstrated in the tourism realm until now and that will be useful for future crisis situations.

5.1. Practical implications

The results of the present study will be of practical use to the professional sector as they will help tourism-sector firms—and, specifically,

hotel firms—to understand the internal mechanisms that lead consumers to adapt to, and normalize, situations characterized by a high degree of uncertainty, stress, and risk. The COVID-19 pandemic is just such a situation, and our findings provide insights into how consumers may be able to manage its negative effects and return to consuming hotel services. Thus, these results will be useful even beyond the current context of COVID-19, as the full duration of the pandemic remains unknown, the emergence of new strains may cause the situation to be prolonged, and the degree of control over the pandemic, worldwide, is highly uneven (BBC, 2021). What is more, health crises on a scale comparable to COVID-19 are predicted to arise with increasing frequency in the future (Arévalo-Ipanaqué, 2020). Hence, the results of the present study may not only be of practical value in relation to this current pandemic but may also be helpful to tourism firms in the years ahead.

Hotel managers need to know, first of all, that for consumers to resume their consumption they need to perceive both a smaller health risk—that is, to perceive a low probability of catching the COVID-19 virus during the hotel stay (Liu-Lastres et al., 2019)—and a smaller emotional risk. Managing the latter type of risk involves helping consumers perceive that, *despite* the existence of COVID-19, they will still be able to avoid feelings of stress during the stay, enjoy a positive personal experience, and feel happy and satisfied after the stay (Jog and Mekoth, 2017). Second, managers need to understand that the consumer's psychological resilience helps them perceive less risk. In other words, consumers who feel that they know what to do in stressful situations, how to return to normal following negative events, and how to recover quickly from life's setbacks (Smith et al., 2008) will perceive less risk.

This information will help hotel firms become more aware of the role played by psychological resilience when developing and communicating their offers to the market and interacting with consumers. For example, hotel managers can segment their target audience and differentiate how they communicate their offers based on two distinct consumer profiles reflecting the degree of individual resilience: (1) the least resilient consumers, who first need to adapt to the 'new normal' before they feel able to return to using hotel services again; and (2) the most resilient consumers, who already feel more in a position to return to staying at hotels.

First, to target less resilient consumers, firms will have to ensure that their communication effectively counteracts this characteristic (Veréb et al., 2020), by emphasizing primarily the security measures they have put in place to address the pandemic, and thus show consumers that safety is their number one priority. To achieve this, the following possible actions on the part of hotels are proposed: (1) to work toward achieving quality marks that guarantee the safety of the establishment with respect to COVID-19 (such as the "Safe Tourism Certified" mark awarded by the Certifying Body of the Spanish Tourism Quality Institute, ICTE), and to communicate this achievement; (2) to issue timely and detailed information to consumers via online media about any change in the situation of the pandemic in the locality of the establishment and any modification to the safety and hygiene measures adopted by the hotel in response. To this end, hotel firms can display a section on their websites that is exclusively devoted to useful information about COVID-19 measures and to flag up or tag the posts they publish on social networks regarding the pandemic. Hotel firms could also take the additional step of creating special 'COVID-19 profiles' on social networks to communicate matters relating to the protection of customer safety; (3) to have specific channels (both online and offline) equipped to allow consumers to communicate directly about pandemic-related concerns or other queries and to enable the firm to provide timely and accurate information in response—all without the need for physical interaction, either pre-stay or once the traveler is at the hotel. Thus, it is advisable to provide consumers with different channels from the simpler channels (such as call centers, a dedicated WhatsApp number, or a specific email address to raise COVID-19-related issues) to the more advanced formats such as chatbots or virtual assistants; (4) to share

images via online media showing the measures being taken with regard to the pandemic: safe distancing in the hotel, cleaning protocols, use of non-touch technology, and so on; (5) to show personal testimonials that illustrate how consumers have been able to enjoy a safe and satisfactory tourist experience despite the restrictions and security protocols being imposed; and (6) to establish and communicate flexible cancellation policies.

Finally, in their communications with this low-resilience segment, hotels could emphasize the cost to consumers of missing out unnecessarily on tourist experiences that have been made completely safe; and, in contrast, remind them of the benefits of enjoying a much-needed break and returning to hotel services that have so much to offer (Veréb et al., 2020).

Second, when targeting consumers with greater resilience, safety-related aspects still need to be taken into account but, in this case, they should not be given so much emphasis. Here, a more commercially-orientated communication that will motivate consumers to decide to travel again would be more suitable. This can be achieved via online media, for example, by communicating that the consumer will reach a level of satisfaction similar to (or even greater than) that they experienced pre-pandemic. In this regard, it is important to center communications on the message that consumers can make up for the precious time they have lost during the pandemic, in a fully-controlled environment, where all they need to do is focus on enjoying the experience. Moreover, it is crucial that the hotel communicates how it can personalize and adapt its services to the characteristics of different consumers, so that they feel the hotel will respond to their particular needs in this complex situation and that, despite the security measures, they will be able to enjoy an experience just as fulfilling and satisfying as before the pandemic. The social communication approach may be particularly suited to this type of consumer. The messages conveyed by the hotel firm must stress to customers how important it is to have faith in its promise of providing a safe and enjoyable service, and that this trust is of vital importance in the current economic climate for the very survival of the tourism industry and the employment it creates.

In short, for consumers to decide to resume their consumption of hotel services in the current climate of instability due to COVID-19, they need to perceive a low health risk and low emotional risk in the tourism offer. This perception is determined, in part, by the level of resilience they possess—their ability to adapt to, and recover from, crises and situations of uncertainty and stress. Tourism enterprises, for their part, need to be very aware of the role of consumer resilience and take this into account when devising their marketing and communication plans. Indeed, customer resilience should be a core element of hotel firms' strategic marketing planning, as this focus will help this type of business to survive in a time of widespread health concerns and economic and social upheaval, such as that which we are all currently experiencing and those that may arise in the future.

5.2. Limitations and future research directions

Like all research, this study is bound by certain limitations that can indicate potential future directions for further research. First, as we selected Spanish national consumers of hotel services to form our study population, any generalization of the results to other profiles of firms or consumers should be treated with caution. One possible research direction of interest for the future would be to replicate the study in other types of tourism firms and other geographical areas.

Another potential line of scholarly inquiry would be to include in the research model other characteristics or qualities of the individual that may influence their perceived risk, such as self-efficacy, in addition to considering alternative business strategies that may influence the consumer to perceive a lower risk and decide to return to using hotel services.

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Declarations of interest

None.

Appendix A

Measurement scales of variables.

Construct/Item
Resilience (RES) (Smith et al., 2008)
RES1. I find it hard to know what to do in stressful situations. (R)
RES2. It's hard for me to return to normality after something bad has happened. (R)
RES3. I usually take a long time to get over misfortunes in life. (R)
Perceived risk (RISK)
<i>Health risk</i> (Liu-Lastres et al., 2019)
If I were to stay at a hotel again and COVID-19 still existed:
RISK1. There would be a high probability of catching COVID-19 during my stay.
RISK2. I would be at risk of catching COVID-19 during my stay.
RISK3. I would be likely to catch COVID-19 during my stay.
<i>Emotional risk</i> (Jog and Mekothe, 2017)
If I were to stay at a hotel again and COVID-19 still existed:
RISK4. I would be worried that, overall, I wouldn't have a good experience during my stay.
RISK5. I would worry about not feeling happy following my stay.
RISK6. I would worry about feeling stressed most of the time, during my stay.
Intention to resume consumption of hotel services (INT) (Han et al., 2020)
Thinking about my next holiday, in the case that COVID-19 still exists:
INT1. I would be prepared to stay at a hotel again.
INT2. I would opt for hotel accommodation.
INT3. I intend to start staying at hotels again.

(R) Reverse item

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