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Xenophobia and Locals' Negative Attitude Toward Tourists at the End of a Global Health Crisis: The Case of the COVID-19 Pandemic

Ksenofobia i negatywne nastawienie mieszkańców do turystów pod koniec globalnego kryzysu zdrowotnego – przypadek pandemii COVID-19

Abstract: The purpose of this study is to examine the relationship between locals' xenophobic sentiment and behavior and their negative attitudes toward tourists at the end of a global health crisis. After reviewing the literature, the authors developed a research model. Partial least squares structural equation modeling (PLS-SEM) was employed to measure the assumed model and assess hypotheses. The sample size is 513 people from various countries who participated in an online survey. The collected data was analyzed using SmartPLS 3. The findings revealed that even after the decline in the public's concern about COVID-19, fear and risk perception have a positive and direct effect on precautions. Also, fear has a positive and direct effect on xenophobia, while risk perception negatively affects it, contrary to expectations. Furthermore, the findings showed the positive and direct effect of xenophobia on their negative attitude toward domestic and international tourists. In the next similar conditions, once international destinations are gradually recovering and returning to pre-pandemic normal conditions, the findings of this study can help destination management organizations (DMOs) by providing a realized perception of global locals' attitudes toward tourists. In addition, the developed model is capable of being examined for individual

destinations. The present study contributes to knowledge by developing a model that reflects locals' xenophobic sentiment and behavior and their negative attitudes toward tourists in the aftermath of a global health crisis. Also, the participation of respondents from various countries presents a reliable insight into the global post-pandemic situation facing the tourism industry.

Keywords: xenophobia; locals; attitude toward tourists; COVID-19

Abstrakt: Celem poniższego artykułu jest zbadanie związku między ksenofobicznymi nastrojami i zachowaniami mieszkańców a ich negatywnym nastawieniem do turystów pod koniec globalnego kryzysu zdrowotnego. Po dokonaniu przeglądu literatury autorzy opracowali model badawczy. Do pomiaru przyjętego modelu i oceny hipotez zastosowano modelowanie równań strukturalnych metodą cząstkowych najmniejszych kwadratów (PLS-SEM). Wielkość próby to 513 osób z różnych krajów, które wzięły udział w ankiecie internetowej. Zebrane dane zostały przeanalizowane za pomocą SmartPLS 3. Wyniki badań ujawniły, że nawet po zmniejszeniu obaw społecznych związanych z COVID-19, strach i postrzeganie ryzyka mają pozytywny i bezpośredni wpływ na podejmowane środki ostrożności. Ponadto strach ma pozytywny i bezpośredni wpływ na ksenofobię, podczas gdy, wbrew oczekiwaniom, postrzeganie ryzyka wpływa na nią negatywnie. Co więcej, badania wykazały pozytywny i bezpośredni wpływ ksenofobii na ich negatywne nastawienie do turystów krajowych i międzynarodowych. W kolejnych podobnych warunkach, gdy międzynarodowe destynacje będą stopniowo odbudowywać się i powracać do normalnych warunków sprzed pandemii, wyniki tego badania mogą pomóc organizacjom zarządzającym destynacjami (DMO), dostarczając informacji na temat realnego postrzegania postaw lokalnych mieszkańców całego świata wobec turystów. Ponadto opracowany model można stosować dla poszczególnych destynacji. Wkład naukowy niniejszego badania obejmuje opracowanie modelu, który odzwierciedla ksenofobiczne nastroje i zachowania mieszkańców oraz ich negatywne nastawienie do turystów, w następstwie globalnego kryzysu zdrowotnego. Również udział respondentów z różnych krajów stanowi rzetelny wgląd w globalną sytuację postpandemiczną, z jaką boryka się branża turystyczna.

Słowa kluczowe: ksenofobia; mieszkańcy; postawy wobec turystów; COVID-19

INTRODUCTION

The word "xenophobia" takes its roots from the Greek words *xenos* and *phobo*, which mean "stranger" or "guest" and "fear" or "flight", respectively (Merriam-Webster 2022). Literally, xenophobia means fear, dislike, and even hostility toward anything or anyone with an outside origin. It can refer to people or things from outside one's own social group, nation, or country (Philippas 2014).

Xenophobia is taken into consideration as one of the main obstacles to the achievement of tourism's economic and social goals (Adeleke et al. 2008). In contemporary tourism, this ancient cultural and political phenomenon manifested primarily through hostile attitudes towards tourists by residents. In the early 1970s, xenophobia was prevalent, ranging from graffiti telling tourists to leave to assaults against foreign cars, and tourist accommodations (Jafari et al. 2000). After half a century, the threatened public health emergency caused by the spread

of COVID-19 triggered underlying xenophobic sentiments and increased negative stereotypes (Habibi et al. 2020; He et al. 2021). In such circumstances, according to the Irritation Index, or "Irridex" established by Doxey (1975), tourists become responsible for any bad things that may happen in the host community (Pavlić, Portolan 2016).

At the time of this research, the public's concern regarding the COVID-19 pandemic had abated due to the expansion of vaccination and the assumption of returning to normal conditions. In September 2022, the UN health agency's Director-General declared: "The world has never been in a better position to end the COVID-19 pandemic. [...] We are not there yet. But the end is in sight" (WHO 2022). Travel restrictions related to the COVID-19 pandemic were being lifted in many countries as a result of epidemiological, economic, and political factors. Some of the last remaining COVID-conservative countries were beginning to open up, which boded well for the resumption of international travel (WR Immigration 2022). In such a situation, the assessment of locals' xenophobic sentiment and behavior linking their attitude toward tourists in terms of time period is important and contributes to the knowledge. Hence, this study aims to explore how locals' xenophobic sentiment, behavior, and attitudes toward tourists are related following the end of a global health crisis. Understanding the perspective of the locals in the host countries allows for the adoption of appropriate tourism development policies to counteract the adverse consequences of a pandemic.

In prior-pandemic literature, Aschauer (2012) evaluated negative attitudes toward immigrants in Austrian society by surveying 253 inhabitants of the autochthonous population in Salzburg. As a result, even in a city that hosts a lot of different cultures thanks to a high demand for tourism from around the world, xenophobic attitudes are prevalent toward specific groups. Consequently, tourism may also be impacted. Kock et al. (2019) provided an investigation of tourist xenophobia and its role in shaping tourist behavior. They surveyed 429 U.S. respondents as a sample due to the largest outbound tourism market by the number of tourists and the second biggest in terms of international tourism expenditure. Based on the results, xenophobia contributes to many behavioral phenomena, including tourists' preference for travel-related vaccination, willingness to try local food, preference for group travel, travel insurance, and agency-booked travel, willingness to travel, as well as actual travel behavior. Almeida-García et al. (2021) measured tourism-phobia using self-developed scales and showed its spatial distribution in two cases of historic centers in European cities. 378 residents in Málaga (Spain) and 380 in Gdańsk (Poland) were surveyed for this study. The results indicate that tourism-phobia exists in the studied areas and

that the residents are more irritated by the inappropriate behavior of tourists than by their mere presence. Similar studies also have been conducted after the COVID-19 outbreak. He et al. (2021) surveyed 1,767 Chinese residing overseas in 65 different countries about their experiences with discriminatory behaviors during the early stage of the COVID-19 outbreak. They stated that about a quarter of respondents have experienced racially discriminatory messages in the media, racist rhetoric by native residents in public, and shunning. Shahabi Sorman Abadi et al. (2021) examined the relationship between xenophobia and travel behavior in a sample of 489 Iranian travelers during the COVID-19 pandemic using PLS-SEM. According to the results, xenophobia was positively correlated with fear of COVID-19, travel risk perception, and travel precautions.

Most previous studies that have investigated the residents' attitudes toward the arrivals were conducted before the pandemic. After the outbreak, little research is carried out in the context of xenophobia and is mainly focused on the evaluation of immigrants' or tourists' perceived xenophobic behaviors at a destination. This research is the first one that evaluates xenophobia toward tourists from the locals' point of view as a post-pandemic study. Furthermore, in this research, the assumed model compromised six hypotheses, including the fear and risk perception relationship with precautions; the fear and risk perception relationship with xenophobia; and the xenophobia relationship with negative attitudes toward international and domestic tourists. Based on the literature, we could expect that the assumed model would be verified at the time of a pandemic. The rejection of each hypothesis could give us a realistic perception of locals' negative attitudes toward tourists at the end of a global health crisis when the tourism destinations are reviving and turning back to pre-pandemic normal conditions.

THEORETICAL BACKGROUND AND HYPOTHESES

1. Fear, risk perception, and precautions

Precautions are "a set of recommendations and practices that are designed to prevent the transmission of infectious diseases" (North Dakota Department of Health 2020). Precautions include measures such as regular hand sanitizing, wearing masks, receiving the vaccination, etc. (Ang 2022; Baier et al. 2018). Fear and perceived risk of the pandemic are inversely associated with precautions taken by people (Ahuja, Banerjee 2021; Dinić, Bodroža 2021; Brug et al. 2004). Individuals who perceive their likelihood of becoming infected and expect to be adversely affected by the broader consequences of the pandemic tend to take precautions (Wise et al. 2020).

Hence, the following hypotheses are considered:

H1. Fear of COVID-19 is positively related to precautions.

H2. Risk perception of COVID-19 is positively related to precautions.

2. Fear and xenophobia

Fear is an unpleasant emotion triggered by a perceived or real threat and distinguished by increased arousal, behaviors such as fleeing, and negative apprehensions like worrying (Lang 1968). In the wake of the COVID-19 pandemic, there has been an increased level of fear among the population (Rodríguez-Hidalgo et al. 2020). COVID-19 fear is multidimensional, and multiple latent factors represent it, such as fear of health, fear of supply shortages and xenophobia, psychological symptoms of stress, and fear of wide-ranging socioeconomic consequences (Mertens et al. 2021). According to clinical and research evidence, individuals exhibit stress-related or anxiety-related reactions during times of a pandemic ranging from becoming infected to fear of foreigners who might be carrying infection (i.e. disease-related xenophobia), fear of the financial and social consequences of the pandemic, compulsive checking and seeking reassurance about pandemic-related threats, and symptoms of post-traumatic stress related to the pandemic such as nightmares and intrusive thoughts (Taylor et al. 2020).

Thus, it is hypothesized that:

H3. Fear of COVID-19 is positively related to xenophobia.

3. Risk perception and xenophobia

Risk perception is defined as people's perception of hazards or dangers that might threaten their health and well-being in the near or long term (Adeola 2007). According to tourism literature, risk perception includes worry or the perceived probability of unexpected adverse events (Meng et al. 2021). As a result of a disease outbreak, the perceived health risk that would accompany tourists will be one of the locals' major concerns (Joo et al. 2021). Generally, when people are more worried about the threat of disease if they perceive that they are more vulnerable to infection, they usually react more harshly to people who look or behave differently, to strangers, or to those who appear to come from places they are unfamiliar with (Schaller 2022). People also feel highly motivated to avoid infection-risky behavior with unpleasant strangers (Tybur et al. 2020).

Therefore, the following hypothesis is developed:

H4. Risk perception of COVID-19 is positively related to xenophobia.

4. Xenophobia, and negative attitude toward international and domestic tourists

Locals usually view foreigners with suspicion in a community. When this feeling is accompanied by an unreasonable fear and dislike of foreigners and strangers, it is called "xenophobia". The term "xenophobia" can also refer to a negative attitude toward individuals or groups that are in some way different from oneself or the group to which one belongs (Shindondola 2003). Consequently, it can lead to violence, resentment, hostility, and verbal and physical abuse directed toward foreigners by locals (Lesetedi, Modie-Moroka 2007).

As a result of the COVID-19 pandemic, xenophobia against foreigners was reported in many countries around the world (Kwok, Koh 2020). Moreover, there are numerous indications that minorities have often been exposed to xenophobia since COVID-19 emerged, both within their own countries of origin and in host communities (UNDRR 2020a, 2020b). Since the tourist is viewed as a stranger in transit in a foreign community (Jafari et al. 2000), the pandemic evoked resistance and hostility toward tourists by residents (i.e. tourist-phobia) (Joo et al. 2021).

Thus, the following hypotheses are assumed:

H5. Xenophobia is positively related to locals' negative attitudes toward international tourists.

H6. Xenophobia is positively related to locals' negative attitudes toward domestic tourists.

To this end, Fig. 1 outlines the developed model based on the hypotheses.

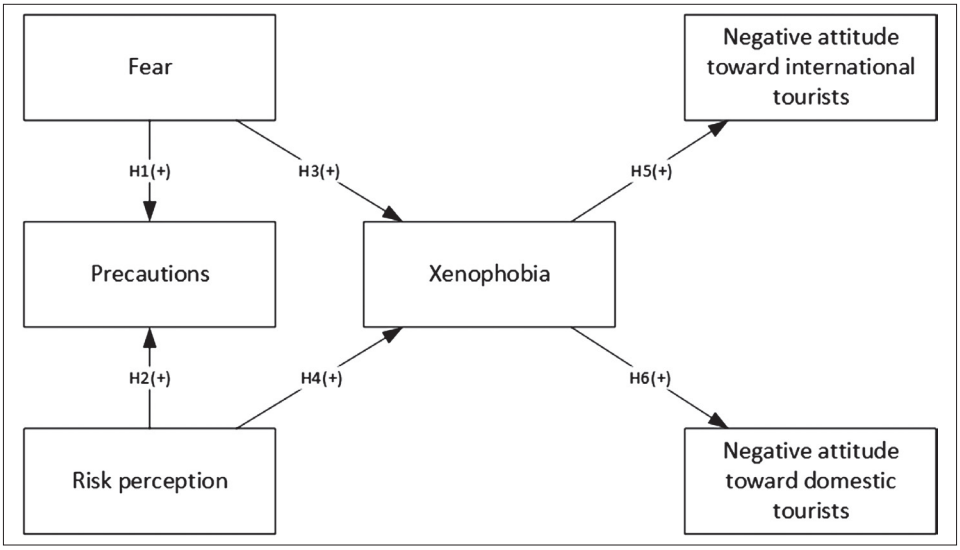

Fig. 1. Developed research model and hypotheses (authors' own study)

METHODOLOGY

This study employs a quantitative method. To collect data, a self-administered questionnaire with a Likert five-point scale was designed in English. The questionnaire comprised 33 items and 6 constructs, and each of the constructs examined in this study was reflective. The items used to measure precautions (6 items), fear (6 items), risk perception (6 items), and xenophobia (6 items) were adapted from the study conducted by Shahabi Sorman Abadi et al. (2021). However, the items used to measure negative attitude toward international tourists (4 items) and negative attitude toward domestic tourists (4 items) were developed specifically for this study because there was no prior assessment of these variables in the tourism literature. The questionnaire comprised two sections: socio-demographic characteristics and multiple indicators, which represented the research's constructs. Through a link shared on different social media platforms, including Facebook, Twitter, ResearchGate, WhatsApp groups, and Telegram groups, respondents were asked to participate in an online survey. To encourage respondents for participation in the survey, permission statements and non-threatening probes were used. In this regard, it was mentioned in the link's description that the questions will not include sensitive topics and the data will be used for research purposes. Also, participants will be fully anonymous, and no personal information will be gathered. The researchers selected the online survey due to its appropriateness for accessing respondents of various nationalities. The survey was conducted from April to September 2022, two years after the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a global pandemic, and the public's concerns regarding the COVID-19 outbreak have been reduced globally. Finally, a total of 513 questionnaires were received for further analysis.

In order to analyze the data, the partial least squares variance-based structural equation model (PLS-SEM) was employed because of its suitability for the purpose and predictive power (Vinzi et al. 2010). Reinartz et al. (2009) proposed at least a sample size of 100 to perform PLS-SEM. However, the minimum sample size was calculated using G*Power to ensure the adequacy of data for testing and analyzing the hypotheses (Memon et al. 2020). The results suggested a minimum sample size of 107 to achieve a power of 0.95. Therefore, a sample size of 513 is more than enough to perform data analysis for this study. In this study, SmartPLS 3 was utilized to conduct PLS-SEM.

ANALYSIS AND RESULTS

1. Respondent profile

The demographic information of survey participants is summarized in Table 1. About 50.3% of respondents were female and 49.1% male, while 0.6% selected others as their gender. Almost 37.4% and 30.7% belonged to the age groups of 25–34 and 35–44, respectively. The highest proportion (47.1%) had a master's degree. A high ratio of respondents (51.8%) was married. The majority of respondents were European (40.3%) and Asian (38.9%) (See Appendix 1 for nationality of the respondents and their frequency).

Tab. 1. Respondents' profile (authors' own study)

Profile	Frequency	%	Profile	Frequency	%
Gender			*Marital status*		
Male	252	49.1	Single	177	34.5
Female	258	50.3	Married	266	51.8
Other	3	0.6	Divorced	15	2.9
Age			In relationship	55	10.8
24 and less	35	6.8	Education		
25–34	192	37.4	Diploma and less	28	5.5
35–44	157	30.7	Bachelor	102	19.9
45–54	93	18.1	Master	242	47.1
More than 55	36	7.0	PhD or MD	141	27.5
Continent					
African	27	5.3	Oceanian	19	3.7
Asian	199	38.8	North American	24	4.7
European	208	40.5	South American	36	7.0
Note(s): $N = 513$					

2. Model assessment using PLS-SEM

To assess a model using the PLS-SEM approach, a two-step process, including the assessment of the measurement model and the structural model should be implied, respectively (Hair et al. 2011; Chin 2010). The assessment of the measurement model tests the relationships between constructs and their associated items. It involves the evaluation of the validity and reliability of the constructs. On the other hand, structural model assessment examines the relationships between the constructs (Rasoolimanesh et al. 2019a).

3. Assessment of the measurement model

In order to assess the measurement model, the reliability and validity of all reflective constructs should be evaluated and established (Rasoolimanesh et al. 2019b). So that the outer loadings of the associated items of each construct should be greater than 0.7, and the composite reliability (CR), rho_A, and average variance extracted (AVE) of each construct should be greater than 0.7, 0.7, and 0.5, respectively (Ali et al. 2018; Hair et al. 2019). Nevertheless, if the CR and AVE meet the threshold, outer loadings greater than 0.5 are acceptable (Hair Jr et al. 2017).

Table 2 shows acceptable reliability and convergent validity for all research constructs. Ten of the items used for the construction of the measurement model had non-significant outer loadings and should be dropped from further analysis (Ramayah et al. 2016).

Discriminant validity is the extent to which a construct is different from other constructs by empirical standards (Hair et al. 2017). To establish discriminant validity, two conservative approaches, the Fornell–Larcker criterion, and the heterotrait-monotrait (HTMT) ratio of correlations need to be examined (Rasoolimanesh, Ali 2018). In order to establish discriminant validity using the Fornell–Larcker criterion, the square root of AVE of each construct should be higher than the correlation with any other construct, and the HTMT value for each construct should be lower than either 0.85 or 0.9 (Ali et al. 2018). Table 3 illustrates the acceptable discriminant validity for all constructs using the Fornell–Larcker criterion and the HTMT approach.

4. Assessment of the structural model

In order to assess the structural model, R-squared (R2) and the Stone–Geisser index (Q2) are suggested to be reported for estimating the predictive power of the structural model (Henseler et al. 2014). The R2 index shows the amount of variance explained by the exogenous variable (Barclay et al. 1995). Suggested values of 0.67, 0.33, and 0.19 as measures for R2 to be considered substantial, moderate, and weak, respectively (Chin 1998). However, depending on the research area, the R2 value can vary (Rasoolimanesh et al. 2019a). Generally, a value of 0.2 for R2 is considered acceptable in behavioral studies (Hair Jr et al. 2014; Kock 2013). The Q2 index indicates the model's capacity to predict (Henseler et al. 2009). The Q2 values more than zero indicate that the predictive validity of a construct can be confirmed (Chin 2010). In the present study, the R2 value for precautions, xenophobia, negative attitude toward international tourists, and negative attitude toward domestic tourists were 0.246, 0.249, 0.093, and 0.057, respectively. Therefore, precautions and xenophobia had

Tab. 2. Assessment of reflective measurement and composite models (authors' own study)

Construct	Indicators	Items	Outer loadings	rho_A	CR	AVE
Precautions				0.836	0.877	0.590
	My COVID-19 vaccination status is that:[a]	P1	0.714			
	My family's vaccination status is that:[b]	P2	0.806			
	The attention that I pay to COVID infection prevention is:[c]	P3	0.852			
	The attention that I pay to the COVID-related restrictions imposed by officials is:[c]	P4	0.795			
	I keep the recommended social distance.[d]	P5	0.658			
	I observe COVID-related personal hygiene recommendations.[d]	P6*	–			
	I avoid crowded places.[d]	P7*	–			
Fear				0.775	0.843	0.573
	I am afraid of being infected by COVID-19.[c]	F1	0.758			
	I am afraid that my family might be infected.[c]	F2	0.739			
	I am afraid of losing one of my loved ones to COVID-19.[c]	F3	0.763			
	I am afraid that my community is vulnerable to COVID-19.[c]	F4	0.767			
	I fear financial problems arising from COVID-19.[c]	F5*	–			
	I am afraid of social constraints due to the outbreak of COVID-19.[c]	F6*	–			
Risk perception				0.543	0.762	0.517
	The spread of COVID-19 will be accelerated by traveling.[c]	RP1	0.765			
	Travel restrictions are ineffective against COVID-19.[c]	RP2*	–			
	Tourism operators do not fully observe COVID-19 requirements.[c]	RP3*	–			
	Tourists do not observe COVID-19 infection prevention requirements.[c]	RP4	0.724			
	Vaccination against COVID-19 is not effective.[c]	RP5*	–			
	People in my local community (locals) are not fully vaccinated.[c]	RP6	0.665			

Xenophobia				0.884	0.902	0.607
	Locals are unhappy about tourists visiting our area.[c]	X1	0.698			
	Locals try to keep out visitors coming from other places.[c]	X2	0.801			
	Locals try to avoid being with visitors coming from other places.[c]	X3	0.798			
	Tourists might be infected with COVID-19.[c]	X4	0.796			
	Tourists might be carriers of the new COVID-19 variants.[c]	X5	0.735			
	Strangers are dangerous.[c]	X6	0.841			
Negative attitude toward international tourists				0.931	0.816	0.601
	I prefer not to interact with international tourists.[e]	NAIT1	0.912			
	I interact with international tourists reluctantly.[e]	NAIT2	0.755			
	I rarely worry about COVID-19 when I am interacting with international tourists.[e]	NAIT3*	–			
	I prefer to interact with domestic tourists rather than international tourists.[e]	NAIT4	0.634			
Negative attitude toward domestic tourists				0.867	0.843	0.643
	I prefer not to interact with domestic tourists.[e]	NADT1	0.889			
	I interact with domestic tourists reluctantly.[e]	NADT2	0.786			
	I rarely worry about COVID-19 when I am interacting with domestic tourists.[e]	NADT3*	–			
	I prefer to interact with international tourists rather than domestic tourists.[e]	NADT4	0.722			

Note(s): [a]1 – I have not been vaccinated; 2 – I have had one dose; 3 – I have had two doses; 4 – I have had three doses; 5 – I have had (or will have) the fourth dose. [b]1 – They have not been vaccinated; 2 – They have had one dose; 3 – They have had two doses; 4 – They have had three doses; 5 – They have had (or will have) the fourth dose. [c]1 – Very low; 2 – Low; 3 – Moderate; 4 – High; 5 – Very high. [d]1 – Never; 2 – Sometimes; 3 – Usually; 4 – Almost always; 5 – Always. [e]1 – Strongly disagree; 2 – Disagree; 3 – Neither agree nor disagree; 4 – Agree; 5 – Strongly agree. * indicates that this item has been removed.

Tab. 3. Discriminant validity (authors' own study)

Construct	Fear	Negative attitude toward domestic tourists	Negative attitude toward international tourists	Precautions	Risk perception	Xenophobia
Fornell–Larcker criterion						
Fear	**0.757**					
Negative attitude toward domestic tourists	0.390	**0.802**				
Negative attitude toward international tourists	0.541	0.631	**0.775**			
Precautions	0.411	0.272	0.301	**0.768**		
Risk perception	0.320	0.158	0.264	0.394	**0.719**	
Xenophobia	0.356	0.238	0.305	–0.014	–0.218	**0.779**
Heterotrait-monotrait ratio (HTMT)						
Fear						
Negative attitude toward domestic tourists	0.477					
Negative attitude toward international tourists	0.684	0.881				
Precautions	0.544	0.328	0.328			
Risk perception	0.673	0.266	0.428	0.568		
Xenophobia	0.426	0.263	0.324	0.260	0.402	
Note(s): The square root of AVEs is shown in bold.						

relatively acceptable R2 values, and the percentages of the variances in them are adequately explained, while negative attitude toward international tourists and negative attitude toward domestic tourists had a low R2 value. The Q2 values of precautions (0.135), xenophobia (0.140), negative attitude toward international tourists (0.047), and negative attitude toward domestic tourists (0.030) suggest acceptable model-wide predictive validity. Results for the R2 and Q2 values are presented in Table 4.

Tab. 4. The results of the prediction values (authors' own study)

Variables	R^2	Q^2
Precautions	0.246	0.135
Xenophobia	0.249	0.140
Negative attitude toward international tourists	0.093	0.047
Negative attitude toward domestic tourists	0.057	0.030

To confirm any hypothesis, the path coefficient (β) should range between −1 and +1 with the relative *p*-value (α) lower than 0.05 and the *t*-value (t) greater than 1.96 (Henseler et al. 2016; Chin 1998). The results of path coefficient and hypotheses testing are shown in Fig. 2 and Tab. 5. The results demonstrate the positive and direct effects of fear and risk perception on precautions (H1 and H2) (β = 0.318, t = 6.740, α = 0.000; β = 0.292, t = 6.656, α = 0.000). The results also show the positive and direct effect of fear on xenophobia (H3) (β = 0.474, t = 11.396, α = 0.000), whereas, surprisingly, risk perception has the negative

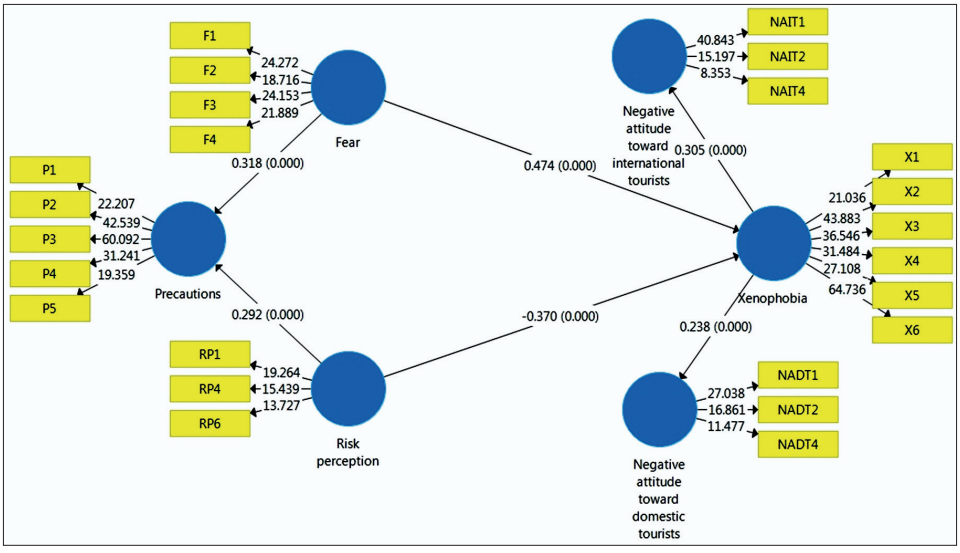

Fig. 2. Results of the assessment of the structural model (authors' own study)

effect and inverse on xenophobia (H4) ($\beta = -0.370$, $t = 7.950$, $\alpha = 0.000$) because of its path coefficient different sign. In addition, the results indicate the positive and direct effects of xenophobia on both negative attitude toward international tourists (H5) ($\beta = 0.305$, $t = 8.057$, $\alpha = 0.000$) and negative attitude toward domestic tourists (H6) ($\beta = 0.238$, $t = 6.054$, $\alpha = 0.000$).

Tab. 5. Results of hypothesis testing (authors' own study)

Hypothesis	Relationship	Path coefficients (β)	t-value	Test
H1	Fear → (+) Precautions	0.318	6.740	Confirmed
H2	Risk perception → (+) Precautions	0.292	6.656	Confirmed
H3	Fear → (+) Xenophobia	0.474	11.396	Confirmed
H4	Risk perception → (+) Xenophobia	–0.370	7.950	Rejected (different sign)
H5	Xenophobia → (+) Negative attitude toward international tourists	0.305	8.057	Confirmed
H6	Xenophobia → (+) Negative attitude toward domestic tourists	0.238	6.054	Confirmed

DISCUSSION

The purpose of this research was to examine the relationship between locals' fear and risk perception with precautions on the one hand and the relationship between their fear and risk perception with xenophobia as well as the relationship between xenophobia and their negative attitude toward international and domestic tourists at the end of a global health crisis on the other hand.

The results of the structural model assessment, undertaken in the final stage of the pandemic, indicated that fear and risk perception had a significant effect on precautionary measures, a finding consistent with previous investigations (Ahuja, Banerjee 2021; Dinić, Bodroža 2021; Brug et al. 2004; Wise et al. 2020). This study also revealed that fear has a positive and direct effect on xenophobia, which is supported by previous studies (Shahabi Sorman Abadi et al. 2021; Mertens et al. 2021; Taylor et al. 2020). Nevertheless, in contrast with previous studies (Shahabi Sorman Abadi et al. 2021; Tybur et al. 2020; Joo et al. 2021), this study suggests that risk perception negatively affects xenophobia. And, finally, our findings concerning the conformation of the positive and direct effect of xenophobia on a negative attitude toward international and domestic tourists are consistent with an earlier study (He et al. 2021).

Although this study is not the first use of PLS-SEM to assess xenophobia in the context of tourism, we developed a research model taking into consideration

locals' viewpoints, unlike previous studies. It was based on timely data collection while the pandemic was coming to an end and the tourism industry was ready to breathe new air. Some of these assumed relationships, such as those between xenophobia and the locals' negative attitude toward international and domestic tourists, have not been previously examined in the literature.

CONCLUSIONS

The study offers several theoretical and managerial implications. Theoretically, this research contributes to the literature by enhancing our knowledge in the field of xenophobia studies, especially after a global health crisis. Furthermore, this study develops our understanding of xenophobia in the area of destination hospitality.

In terms of practical implications, the results of this study offer a realized perception for DMOs regarding locals' xenophobic sentiment and behavior and their negative attitudes toward tourists at the global level in the time of recovery and returning to pre-pandemic normal conditions. According to the hypothesis test results, locals' fear of COVID-19 and their perceived risk directly correlate with the precautions. It implies that despite the decline in the public's concern about COVID-19, the observance of some main health precautionary measures was still taken seriously by individuals. In similar situations, tour operators should be justified regarding the locals' concerns; tourists should avoid any behaviors that could accelerate their concerns; and authorities should complete the vaccination coverage in their communities. Moreover, unlike their perceived risk, locals' fear of COVID-19 plays an important role in xenophobia. In this regard, tours should be scheduled for non-crowded times and specific places to minimize interaction with local people. Contact with the local community is one of the goals of a large proportion of tourists in the context of co-creation, memorability, emotional experiences, and the tourist's transformation. The proposal should be to create monitoring processes, preferably with the use of technology, that allow an optimal distribution of tourists in the territories, helping to reduce the negative impact on the local population. Lastly, as could be guessed, xenophobia affects a negative attitude toward international tourists the most rather than a negative attitude toward domestic tourists. Thus, destination managers should focus on the refinement of their locals' attitude toward foreigners more in the aftermath of a global health crisis. Locals should understand what they can gain from the presence of tourists in their living spaces. This explanation, associated with investments resulting from the inflow of foreign currency, equipment and infrastructure improvements, and diversification of the commercial and service offerings, should be duly stressed.

LIMITATIONS AND FUTURE STUDIES

The findings of this study should be interpreted considering its limitations. One limitation is that the respondents who were involved in this study had various nationalities. Therefore, the results might not be generalizable to individual destinations. Moreover, high portions of respondents were European and Asian, which indicates the dominant opinion of these continents' locals. Future studies could develop models of xenophobia and locals' attitude toward tourists for the next possible crises that may impact the tourism industry, taking into account regional or local socio-cultural and political contexts or the inclusion of more psychological factors. In this regard, it may be predicted that in times of pandemic, attitudes toward tourists in regions where tourism development is the major source of income for the public and individuals will be conditioned differently compared to regions with more closed attitudes toward visitors. On the other hand, with regard to the time frame indicated by the authors, the inconvenience of prolonged social isolation and the need to resume full interaction may be variables modifying locals' attitude. Enriching the model with social factors will make it possible to construct a more universal tourism policy tool, also with regard to other health risks of external origin.

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Appendix 1. Nationality of the respondents and their frequency (authors' own study)

Nationality	Frequency	Nationality	Frequency	Nationality	Frequency	Nationality	Frequency
Afghanistan	11	Czech Republic	5	Kyrgyzstan	3	Senegal	1
Albania	1	Denmark	2	Latvia	1	South Africa	6
Algeria	2	Ecuador	3	Luxembourg	1	Singapore	1
Argentina	7	Egypt	8	Malaysia	6	South Korea	4
Armenia	7	Estonia	2	Mexico	2	Spain	9
Australia	17	Finland	3	Morocco	3	Sweden	3
Austria	8	France	15	Nepal	1	Switzerland	1
Azerbaijan	3	Germany	34	New Zealand	2	Sri Lanka	1
Bangladesh	4	Greece	4	Nigeria	5	Taiwan	1
Belarus	4	Hong Kong	1	Oman	1	Tajikistan	8
Belgium	1	Hungary	1	Pakistan	10	Thailand	6
Bosnia and Herzegovina	3	India	36	Paraguay	3	Tunisia	1
Brazil	10	Indonesia	6	Peru	2	Turkey	15
Bulgaria	1	Iran	26	Philippines	1	Ukraine	9
Canada	6	Iraq	13	Poland	29	United States	18
Chile	1	Ireland	4	Portugal	14	United Arab Emirates	6
China	17	Italy	7	Qatar	5	United Kingdom	16
Colombia	4	Japan	4	Romania	3	Uzbekistan	10
Côte d'Ivoire	1	Jordan	2	Russia	7	Venezuela	1
Croatia	5	Kazakhstan	1	Saint Lucia	1		
Cuba	2	Kuwait	2	Saudi Arabia	2		