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TRAVEL INTENTIONS AFTER COVID-19: A COMPARATIVE ASSESSMENT OF TOURIST MOTIVATION AND WILLINGNESS TO TRAVEL IN BULGARIA AND AZERBAIJAN

Abstract: The research explores post-pandemic travel intentions, the availability of travel funds and accommodation preferences in Bulgaria and Azerbaijan – two countries with similar demographic and territorial characteristics but relatively different consumption patterns and tourist behaviour. In both countries, tourism forms a major part of the national economy and it has been hit by the ongoing COVID-19 pandemic. The findings reveal major differences between the responses received in these countries in terms of how respondents perceive the current phase of the pandemic, and of post-pandemic travel intentions. The study concludes that it will be difficult to implement a common strategy for a post-pandemic tourism recovery.

Keywords: tourism; COVID-19; Bulgaria; Azerbaijan; tourist motivation.

Introduction

Since the beginning of 2020, an unprecedented crisis has influenced the economic, political, social and cultural realities of the world we live in. The novel coronavirus, largely referred as COVID-19, was first discovered in the Chinese city of Wuhan in December 2019 but since then has spread across

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the globe. Due to its highly contagious nature, COVID-19 has affected various pillars of business and society and its widespread distribution has forced the World Health Organisation (WHO) to declare a worldwide pandemic on 11th March 2020¹. One of the hardly hit industries is tourism. According to World Travel and Tourism Council², tourism accounted for 330 million jobs worldwide in 2019 but it is expected to decline by 31% in 2020 due to COVID-19. Global unemployment rate directly from travel & tourism job losses is 2.9%, and the overall impact of COVID-19 is around five times worse than the global financial crisis back in 2008. Tourism in the European Union (EU) contributes 10% of the GDP and 12% of the employment while generating around 23 million direct and indirect jobs. Because of the pandemic, the reduction in bookings compared to similar periods in previous years, is between 60% and 90%, and the estimated jobs loss of around 6 million. There is significant estimated loss of revenue in the main tourism sectors: 85% for hotels, restaurants, and tour operators³. All these projections, however, need to be considered with a certain degree of caution. All estimates are based on mobility restrictions, economic decline, temporary suspension of international travel as well as closure of large and small businesses. Given the magnitude of the outbreak and the unprecedented economic and social upheaval, there remains a high degree of uncertainty that many economic sectors now face.

Despite the increased number of studies that deal with the transformation of tourism in the post-pandemic era^{4,5,6}, there is a limited scholarship on post-pandemic travel intentions, tourist motivation and tourist behaviour. Recent studies such as Neuburger & Egger (2020) and Chebli & Ben Said (2020), reported a significant increase in risk perceptions, most notably personal safety, and concluded that the pandemic is expected to alter travel behaviour and travel patterns. Only few empirical studies^{7,8,9} have focused on post-pandemic travel intentions. Zenker & Kock¹⁰ note that the pandemic can potentially alter tourists' thinking and feelings and more generally, affects the way they travel, including their behaviour. As Sigala¹¹ argues, there is a need for further research to focus on how COVID-19 affects consumer behaviour and shapes consumer intentions to travel. This research seeks to address this gap and explores post-pandemic travel intentions in Bulgaria and Azerbaijan. Both countries rely on tourism as a significant part of their national economies and have been greatly affected by the outbreak of COVID-19. This study provides a comparative analysis of the travel intentions after the pandemic and explores the preferences of Bulgarians and Azerbaijanis to travel within their home countries or abroad, intentions to visit most affected countries from COVID-19, availability of holiday funds after the pandemic and preferred accommodation choices. For the purposes of the paper the study uses a quantitative methodology. A web-based, self-administered survey distributed online by using Google Forms is provided in the beginning of the pandemic in Bulgaria and Azerbaijan (in April 2020).

Literature review

Tourism is often considered as one of the most vulnerable industries at a global scale. Compared to other business sectors, tourism is often affected by political turmoil, outbreaks of war, terrorism, economic downturns and crisis, financial instability, social unrest and health issues^{12,13}. As Law¹⁴ argues, infectious diseases are among the critical risk factors in terms of international tourism and tourist motivation and can potentially hinder tourism expansion and destination development. Infectious diseases are usually very contagious and can easily widespread beyond destination boundaries resulting in an outbreak that is difficult to handle¹⁵. This, in turn, causes major issues for tourism and its many interrelated

¹ WHO (2020). Timeline – COVID-19. Available at <https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19> Last accessed: 22 November 2020.

¹¹ Sigala, M. (2020). Tourism and COVID-19: Impacts and implications for advancing and resetting industry and research. *Journal of Business Research*, 117, 312–321. <https://doi.org/10.1016/j.jbusres.2020.06.015>

¹² Cró, S., & Martins, A. M. (2017). Structural breaks in international tourism demand: Are they caused by crises or disasters? *Tourism Management*, 63, 3–9. <https://doi.org/10.1016/j.tourman.2017.05.009>.

¹³ Hall, C.M. (2010). Crisis events in tourism: Subjects of crisis in tourism. *Current Issues in Tourism*, 13 (5), 401–417. <https://doi.org/10.1080/13683500.2010.491900>

¹⁴ Law, R. (2006). The perceived impact of risks on travel decisions. *International Journal of Tourism Research*, 8 (4), 289–300. <https://doi.org/10.1002/jtr.576>

¹⁵ Irvine, W. & Anderson, A. R. (2004). Small tourist firms in rural areas: Agility, vulnerability and survival

sectors such as hotels, airlines and cruises. The impact is potentially catastrophic, especially for destinations dependent on tourism¹⁶.

In the last few decades, the world has been shaped by a number of disease outbreaks, particularly since the beginning of the new millennium. Notable examples such as Zika, Ebola and severe acute respiratory syndrome (SARS) have been classified as ‘pandemics’ – infectious diseases with wide geographical distribution, high mortality rates, minimum (or none) population immunity, and a certain degree of novelty¹⁷. In the context of tourism, previous disease outbreaks have had devastating economic consequences. SARS was probably the first notable pandemic with a serious impact on international tourism. First detected in the Chinese province of Guangdong in 2002, the disease quickly spread around the region. As a result, international tourism to those destinations was suspended and there was a temporary ban on Chinese travellers to visit a number of countries¹⁸. The SARS epidemic resulted in a massive loss of economic contributions in many Asian economies with a decline of 25% in China and more than 40% in Hong Kong and Singapore¹⁹. In a similar vein, the tourism industry in Africa suffered from a major decline as a result of the Ebola outbreak. The closure of commercial business, cancellations of tours and holidays, mobility restrictions and cancellations of flights, have led to economic losses of 20–40% in places such as Nigeria and Sierra Leone^{20, 21}. In 2003–2004, another virus also had crucial impacts on international tourism. H5N1, an avian influenza virus, causes disease outbreaks in poultry in Vietnam, Cambodia, China, Indonesia, Thailand, South Korea and Japan. In 2005, the virus reached Turkey and Romania and this even led to a decision of the Romanian public authorities to discourage any visits to Turkey²².

Although previous health crises have greatly affected tourism, the scale and magnitude of COVID-19 has shaken the international tourism industry with unprecedented consequences which some commentators have compared to the aftermath of the Great Depression and World Wars I and II²³. Previous pandemics have led to notorious economic and social concerns but none of them has resulted in almost complete closure of tourism and service industries. Border closures, grounded planes, local and even national lockdowns, and quarantines have affected around 90% of the world’s population^{24, 25} leading to

in the face of crisis. *International Journal of Entrepreneurial Behavior & Research*, 10(4), 229–246. <https://doi.org/10.1108/13552550410544204>

¹⁶ **Yang, H. Y., & Chen, K. H.** (2009). A general equilibrium analysis of the economic impact of a tourism crisis: A case study of the SARS epidemic in Taiwan. *Journal of Policy Research in Tourism, Leisure and Events*, 1 (1), 37–60. <https://doi.org/10.1080/19407960902738313>

¹⁷ **Morens, D. M., Folkers, G. K., & Fauci, A. S.** (2009). What is a pandemic? *The Journal of Infectious Diseases*, 200(7), 1018–1021. <https://doi.org/10.1086/644537>

¹⁸ **Zeng, B., Carter, R.W. and De Lacy, T.** (2005). Short-term perturbations and tourism effects: the case of SARS in China, *Current Issues in Tourism*, 8(4), 306–322. <https://doi.org/10.1080/13683500508668220>

¹⁹ **Ritchie, B.** (2009). *Crisis and Disaster Management for Tourism*. Bristol, UK: Channel View Publications. <https://doi.org/10.21832/9781845411077>

²⁰ **Kongoley-Mih, P.** (2015). The Impact of Ebola on the Tourism and Hospitality Industry in Sierra Leone. *International Journal of Scientific and Research Publications*, 5(12), 542–550.

²¹ **Munema, L.** (2017). The impact of the Ebola epidemic on tourism in East Africa. *Eastern African Journal of Hospitality, Leisure and Tourism*, 4(2).

²² **Varadzhakova, D.** (2017). Safety and security impacts on tourism flows’ determination, *Proceedings of Annual Scientific Conference of National Military University “V. Levski”*, 1–2 June 2017 (pp. 385–395). Veliko Tarnovo: NVU.

²³ **Gössling, S., Scott, D. & Hall, C. M.** (2020). Pandemics, tourism and global change: a rapid assessment of COVID-19, *Journal of Sustainable Tourism*, <https://doi.org/10.1080/09669582.2020.1758708>

²⁴ **Gössling, S., Scott, D. & Hall, C. M.** (2020). Pandemics, tourism and global change: a rapid assessment of COVID-19, *Journal of Sustainable Tourism*, <https://doi.org/10.1080/09669582.2020.1758708>

²⁵ **Seyfi, S., Hall, C. M. & Shabani, B.** (2020) COVID-19 and international travel restrictions: the geopolitics of health and tourism, *Tourism Geographies*, <https://doi.org/10.1080/14616688.2020.1833972>

a 'de-globalisation'²⁶. Hospitality business, domestic tourism and events have also been affected to an unprecedented extent²⁷ while the cruise industry has been completely shut for the foreseeable future²⁸.

The existing body of knowledge on COVID-19 and tourism includes various conceptual approaches that seek to draw a picture of what post-pandemic tourism industry will look like. Although there are few commentators who believe in a return to the pre-crisis 'normal'²⁹, the constantly increasing academic scholarship has put a great emphasis on the need to 'transform' tourism as we know it.

Perceived risk in a tourism context widely refers to tourists' perceptions of uncertainty and negative consequences of buying products/services³⁰. As argued by Wolff et al.³¹, risk is a multi-dimensional construct that can include health, social, political, psychological and financial dimensions. Previous studies have documented various types of risks as perceived by tourists such as food hygiene and safety³², cleanliness of hygiene of accommodation establishments³³, personal safety, violence, and socio-psychological concerns³⁴. With a particular reference to the current pandemic outbreak, health risk is very pertinent can potentially influence post-pandemic travel behaviour and intentions to travel³⁵. Health risk is primarily associated with personal safety, and potential hazards to the health and well-being of tourists³⁶. Individual travel motifs are a critical part of consumer decision-making process and very often tourists make their travel destination preferences on the basis of their perceptions of personal safety and potential hazards to their own health. Decision-making process is comprised of four stages that include pre-decision, post-decision, post-purchase and pre/post consumption. Given the magnitude of the pandemic and its widespread to some of the most popular tourism inbound and outbound markets (e.g. United Kingdom, France, Germany, USA), health risk assessment falls broadly into 'pre-decision' and 'pre-consumption' stages. Despite the emergence of few studies to explore tourist motivation and willingness to travel in

²⁶ **Niewiadomski, P.** (2020). COVID-19: from temporary de-globalisation to a rediscovery of tourism? *Tourism Geographies*, 22(3), 551–556. <https://doi.org/10.1080/14616688.2020.1757749>

²⁷ **Hoque, A., Shikha, F. A., Hasanat, M. W., Arif, I., & Hamid, A. B. A.** (2020). The effect of Coronavirus (COVID-19) in the tourism industry in China. *Asian Journal of Multidisciplinary Studies*, 3(1), 52–58.

²⁸ **Renaud, L.** (2020). Reconsidering global mobility – distancing from mass cruise tourism in the aftermath of COVID-19. *Tourism Geographies*, 22:3, 679–689. <https://doi.org/10.1080/14616688.2020.1762116>

²⁹ **Navarro Jurado, E., Ortega Palomo, G., & Torres Bernier, E.** (2020). Propuestas de reflexión desde el turismo frente al COVID-19. Incertidumbre, impacto y recuperación. Universidad de Málaga. Available at: http://www.i3t.uma.es/wp-content/uploads/2020/03/Propuestas-Reflexiones-Turismo-ImpactoCOVID_i3tUMA.pdf Last accessed on: 05 Oct 2020.

³⁰ **Reisinger, Y. & Mavondo, F.** (2005). Travel anxiety and intentions to travel internationally: implications of travel risk perception, *Journal of Travel Research*, 43(3), 212–225. <https://doi.org/10.1177/0047287504272017>

³¹ **Wolff, K., Larsena, S. & Ogaard, T.** (2019). How to define and measure risk perceptions. *Annals of Tourism Research*, 79, 102759. <https://doi.org/10.1016/j.annals.2019.102759>

³² **Fuchs, G. & Reichel, A.** (2011). An exploratory inquiry into destination risk perceptions and risk reduction strategies of first time vs repeat visitors to a highly volatile destination. *Tourism Management*, 32(2), 266–276. <https://doi.org/10.1016/j.tourman.2010.01.012>

³³ **Naumov, N., Varadzhakova, D. & Naydenov, A.** (2020). Sanitation and hygiene as factors for choosing a place to stay: perceptions of the Bulgarian tourists. *Anatolia: An International Journal of Tourism and Hospitality Research*. <https://doi.org/10.1080/13032917.2020.1771742>

³⁴ **Kim, M., Choi, K.H. & Leopkey, B.** (2019). The influence of tourist risk perceptions on travel intention to mega sporting event destinations with different levels of risk. *Tourism Economics*, <https://doi.org/10.1177/1354816619879031>

³⁵ **Huanga, X., Daib, S. & Xub, H.** (2020). Predicting tourists' health risk preventative behaviour and travelling satisfaction in Tibet: combining the theory of planned behaviour and health belief model, *Tourism Management Perspectives*, 33, 100589. <https://doi.org/10.1016/j.tmp.2019.100589>

³⁶ **Olya, H.G.T. and Al-Ansi, A.** (2018). Risk assessment of halal products and services: implication for tourism industry. *Tourism Management*, 65, 279–291. <https://doi.org/10.1016/j.tourman.2017.10.015>

the post-pandemic era^{37,38,39}, there is a need for more empirical studies to explore travel patterns, motivations to travel and consumer behaviour in the post-pandemic era. More research on post-pandemic travel behaviour is particularly needed to drive the post-pandemic recovery of the tourism industry. As argued by Matiza⁴⁰ (2020), empirical research is needed to study the residual effects of the pandemic and the perceived risk associated with tourism consumption. This study seeks to address this gap and explores the travel intentions of Bulgarian and Azerbaijani residents.

Methodology

The study adopted a quantitative methodology based on a web-based, self-administered survey distributed online by using Google Forms. All questions were initially drafted in Bulgarian and Russian as these are the native languages of the authors and later translated in English with an assistance of a native speaker. The survey was distributed among 18+ respondents with permanent residence in Bulgaria and Azerbaijan from 13th to 20th April 2020 (Bulgaria) and 19th to 29th April 2020 (Azerbaijan). All co-authors promoted the survey on various social media channels and their internal networks, including institutional networks, newsletters, and departmental events. The study did not use any social media influencers nor it provided any financial incentives to the study participants.

The questionnaire consisted of three sections: participant information sheet and consent form, main section with eleven closed- and open-ended questions on the main research topics, and a concluding demographics section comprised of six questions (gender, age, employment status, level of education, marital status and average monthly income). Most questions required a single answer and therefore radio-buttons were used. Some the questions permitted multiple answers so check boxes were applied. Approximately 70% of survey variables were measured on the nominal scale, 30% were ordinal and one variable was measured on the ratio scale. The survey generated a total of 656 fully completed responses in Bulgaria and 417 completed ones in Azerbaijan covering the variety of the main population demographic characteristics such as gender, age, place of residence and education.

The collected data were initially put in MS Excel and then imported into SPSS (ver. 26) for further processing and analysis. Firstly, because of the text format of the data from the Google Forms, the data were coded according to the codes initially defined during the survey questionnaire design phase. The answers from the open-ended questions were processed and coded, too. Secondly, the data validation procedures were executed in order to prepare the data for the tabulation and analysis. Due to the need for the application of a number of statistical methods, an elaborate SPSS syntax file have been programmed. Using this syntax file the following statistical data procession outputs were obtained:

- Frequency distributions for each variable (in absolute values and percentages);
 - Cross-tabulations of the main research variables by the demographic variables (in absolute values and percentages);
 - Chi-square tests for associations between the variables of interest (at significance level of 5%).
- The data analysis is structured into different sections that explore:
- Perceptions of the respondents about the phase of COVID-19 outbreak in their home country;
 - Intentions to travel in their home country (domestic tourism);
 - Intentions to travel abroad (outbound tourism);
 - Accommodation preferences of the respondents for their summer holiday at the beginning of state of emergency;

³⁷ Ivanova, M., Ivanov, I. & Ivanov, S. (2020). Travel behaviour after the pandemic: the case of Bulgaria. *Anatolia: An International Journal of Tourism and Hospitality*, <https://doi.org/10.1080/13032917.2020.1818267>

³⁸ Kourgiantakis, M., Apostolakis, A., & Dimou, I. (2020). COVID-19 and holiday intentions: The case of Crete, Greece. *Anatolia: An International Journal of Tourism and Hospitality Research*, <https://doi.org/10.1080/13032917.2020.1781221>

³⁹ Naumov, N., Varadzhakova, D. & Naydenov, A. (2020). Sanitation and hygiene as factors for choosing a place to stay: perceptions of the Bulgarian tourists. *Anatolia: An International Journal of Tourism and Hospitality Research*. <https://doi.org/10.1080/13032917.2020.1771742>

⁴⁰ Matiza, T. (2020) Post-COVID-19 crisis travel behaviour: towards mitigating the effects of perceived risk, *Journal of Tourism Futures*, Vol. ahead-of-print No. ahead-of-print. <https://doi.org/10.1108/JTF-04-2020-0063>

- Intentions to visit mostly affected from COVID-19 countries (as of April 2020);
- Availability of holiday funds after the pandemic.

Results

Demographic profile of the respondents

The findings of the survey indicate that 68% of all respondents were female. However, there are notable differences in terms of the sub-groups they belong to as illustrated in Figure 1. In Bulgaria, the greatest number of respondents belongs to the 35–44 age group (37%) whereas in Azerbaijan the dominant one is 18–24 (49.6%). The least represented age group in Azerbaijan is over 55 (7.9%) while in Bulgaria, it is 18–24 (11%). These differences suggest that the findings of this research mainly represent the younger generation in Azerbaijan and middle-aged working adults in Bulgaria.

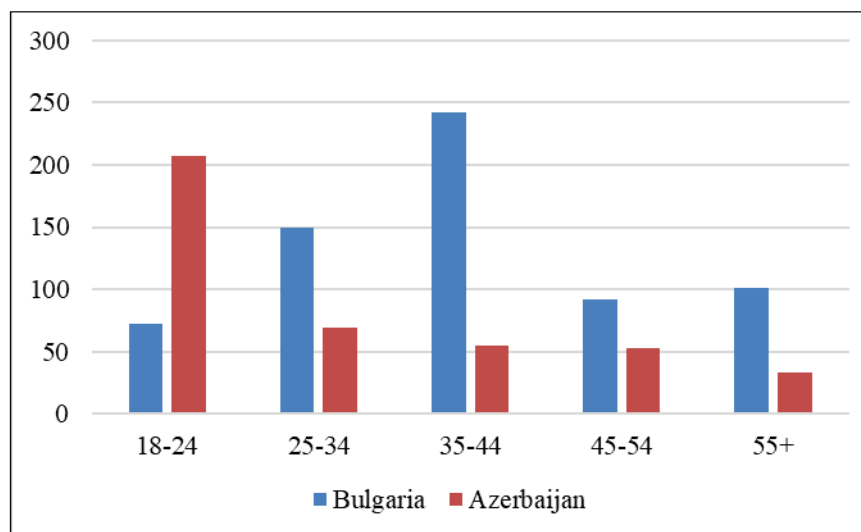


Figure 1. Demographic profile of the respondents from Bulgaria and Azerbaijan by age groups

Source: Own elaboration

In terms of level of education, the majority of respondents were degree holders. 79.6% of Bulgarian respondents and 87.5% of Azerbaijani respondents have a recognised degree qualification. In terms of occupation (Figure 2), 36% of respondents in Bulgaria are employed in the private sector and 18.6% work for public organisations while the figures in Azerbaijan suggest that 13.9% work for private companies and 24.7% are employed in the public sector. Around 13% in Bulgaria and only 3.6% in Azerbaijan have their own business while 8.2% and 1.4% are self-employed/freelancers in Bulgaria and Azerbaijan respectively. Only a small margin of the respondents has declared themselves as unemployed (4.1% in Bulgaria and 7.2% in Azerbaijan) whereas 6.9% (Bulgaria) and 1.7% (Azerbaijan) are retired. 57.8% of the respondents in Azerbaijan are single, in comparison to only 30.6% in Bulgaria. Families with children are 42.7% in Bulgaria and 34.3% in Azerbaijan.

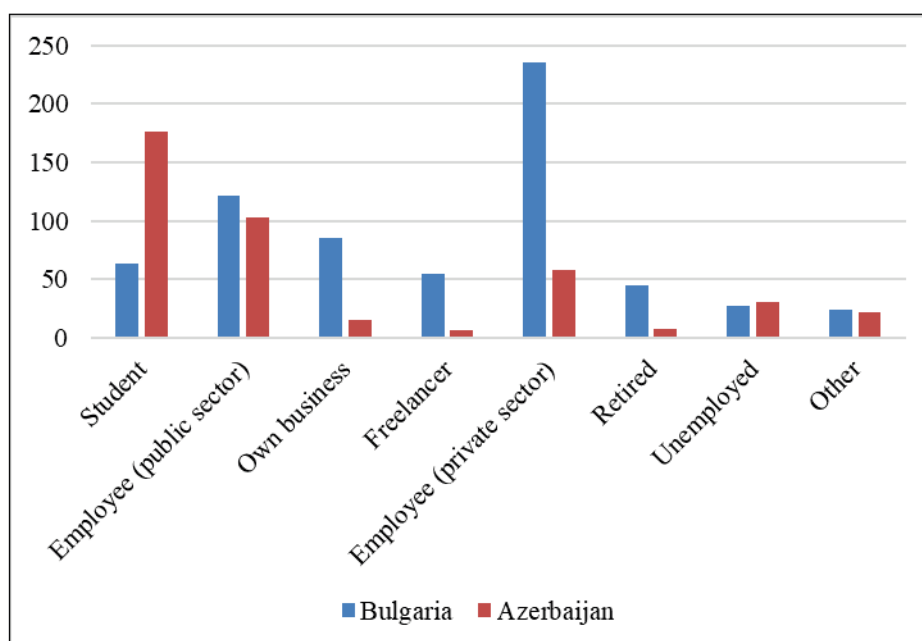


Figure 2. Demographic profile of the respondents from Bulgaria and Azerbaijan by employment status
Source: Own elaboration

Overall, the demographic data reveal similarities in terms of levels of education and gender but also suggest that we have two relatively different respondent profiles in Bulgaria and Azerbaijan. The sample of Bulgarian respondents is diverse in terms of age, occupation and marital status whereas most of the respondents in Azerbaijan are young, single and educated/in education.

COVID-19 Outbreak Phase

The COVID-19 state of emergency was declared on 13th March 2020 in Bulgaria and on 24th March 2020 in Azerbaijan. The results indicate that although the state of emergency had been declared almost at the same time, the respondents in both countries had very different perceptions. 42.1% of Bulgarian respondents were confident that the peak of the outbreak had not been reached whereas only 4.6% of the Azerbaijani respondents shared this opinion. A significant number of respondents in both countries (40.5% and 60.7% in Bulgaria and Azerbaijan respectively) were unsure about the stage of the outbreak. There were no major differences in terms of gender in Bulgaria but 66.4% of female respondents in Azerbaijan were unable to determine the phase of the outbreak. In terms of age groups, in Bulgaria the 18–24 were the most uncertain group (52.8%) and only 27.8% thought that the peak of the outbreak was yet to come. In Azerbaijan, the most uncertain group was 25–34 with 68.1% unable to determine the phase of the outbreak and the over-55 group was the one most confident that the peak of the outbreak was yet to come. In terms of occupation, in both countries those with own business were confident that the peak of the outbreak had already passed. Among the public sector employees, 55.7% of Bulgarian respondents stated that the peak would arrive at a later stage while in Azerbaijan, it was the self-employed (33.7%) who shared this opinion. In both countries, learners and students were unable to determine the phase of the outbreak. In terms of educational background, the degree holders in Bulgaria (45.6%) stated their expectations for the peak to be reached at a later stage whereas 50.7% of those with lower qualifications/no qualifications were unable to determine. There were no major differences in Azerbaijan where around 60–63% of both groups were unable to determine the phase of the outbreak.

Domestic Tourism vs International Tourism

The findings of the survey indicate that 61.4% of Bulgarians were more inclined to domestic tourism, whereas 53% of Azerbaijan respondents stated they would definitely travel beyond the borders of their own country after the pandemic. There are no major differences in terms of gender preferences for both countries. Interestingly, it is the 18–24 age group who are the most motivated to travel within

their own country in Bulgaria (73.6%) while this is the least interested age group in Azerbaijan (34.3%). In terms of occupation, private business owners, learners and students (49%) in Bulgaria are the most interested in domestic tourism whereas in Azerbaijan, it is the self-employed (50%) who more likely to travel within their own country. Single travellers and unmarried couples in Bulgaria are the ones primarily interested in domestic tourism (68.2%) whereas 61% of the same group are more inclined to travel overseas in Azerbaijan.

The majority of respondents in both countries do not have intentions to travel abroad in the first months after the pandemic (63.3% and 66.2% in Bulgaria and Azerbaijan respectively), particularly the female part of respondents (67% and 69.2%). Over 55 is the least willing to travel group in Bulgaria (29.7%) whereas it is 18–24 in Azerbaijan (26.5%). The most motivated to travel abroad are the unemployed and housewives in Bulgaria (37%) and private sector employees and retired in Azerbaijan (29%). The least motivated in Bulgaria are the retired (42.2%) and students in Azerbaijan (44.9%).

In terms of level of education, there were no major differences and most respondents do not have any intentions to travel abroad (60% of non-degree holders and 64% of degree holders).

Accommodation preferences

The most preferred form of accommodation in both countries is second home or private accommodation (e.g. villa) owned by friends/relatives but the figures are slightly different (40.5% in Azerbaijan and 27.6% in Bulgaria). While there is no major difference in terms of age groups in Bulgaria, it is the 35–44 age group that dominates this accommodation preference in Azerbaijan (61.8%).

As far as the outbound tourism is concerned, private sector employees and private business owners are more motivated to holiday overseas whereas self-employed/freelances are the most interested group in Azerbaijan. Degree holders are more motivated to travel abroad in both countries (28.7% in Bulgaria and 24.7% in Azerbaijan) in comparison to non-degree holders (14.9% and 15.4% respectively).

In terms of those who do not plan to have a holiday, over 55 (20.8%) are most likely to stay at home whereas it is the 18–24 age group in Azerbaijan (34.8%). Overall, non-degree holders are more likely not to travel in both Bulgaria (21.6% vs 13.8%) and Azerbaijan (40.4% vs 24.4%).

Travel to COVID-19 most affected countries

Most of study respondents are not interested to travel to the countries most affected by COVID-19 – 78.7% in Bulgaria and 79.1% in Azerbaijan with no major differences between men and women (74% and 80% respectively). Respondents over 55 in both countries are the least willing to visit the most affected states. In Bulgaria, private business owners are the most interested to travel to those places (35.3%) while public sector employees and retired are the least interested (90%). In Azerbaijan, self-employed are the most likely to visit (66.7%) whereas public sector employees and retired are the least interested (84–86%). There are no major differences in terms of levels of education in Bulgaria but in Azerbaijan non-degree holders are less willing to travel to the most affected countries (86.5%).

Travel budgets and travel spending after the pandemic

An important aspect of the post-pandemic tourism revival is disposable income or more specifically, whether households will have any available financial resources to go on a holiday. The results of our survey demonstrate that both Bulgarian and Azerbaijani respondents believe they will have financial resources to spend on tourism-related activities – 68% in Bulgaria and 58.8% in Azerbaijan. In Bulgaria, it is the 35–44 age group who are the most confident in terms of financial resources (74.8%) while 18–24 are less likely to have any available funds (55.6%). In Azerbaijan, 72.7% of both 35–44 and over 55 are confident in their availability of financial resources. In terms of occupation, private sector employees (77.1%) and private business owners (77.1%) are the most confident in Bulgaria while it is the retired (85.7%) and self-employed (83.3%) in Azerbaijan. It is interesting to note that degree holders (70.3%) are more confident than non-degree holders (59%) in Bulgaria but it is exactly the opposite in Azerbaijan with 63.5% of non-degree holders and 58.1% of degree holders.

Discussion

Tourism has proven to be one of the most significantly affected industries from COVID-19 at a global scale. The pandemic outbreak has shown the critical relationship between tourism, transportation, and mobility of people. This is crucial for countries where tourism is a priority economic sector such as Bulgaria and Azerbaijan. The findings of this study suggest that there are major differences in terms of travel intentions which suggest that it is very difficult to establish a universal model for the recovery of tourism during and after the pandemic. The results of this research suggest the following conclusions.

Firstly, one month after the outbreak of the pandemic, Bulgarians were either unsure about the phase of the outbreak or they were more inclined to think that the peak of the disease was yet to come. These perceptions determine high number of respondents interested in domestic tourism after the pandemic. The residual fear of COVID-19 and its contagious nature is the main reason why outbound tourism is not anticipated and domestic holidays will prevail. Travel to the most affected countries is particularly unlikely. Interestingly, despite the financial crisis and reduced number of job opportunities, the dominant discourse is that Bulgarians will have sufficient holiday funds for tourism-related activities. The results suggest that domestic tourism will dominate the market in Bulgaria and should be regarded as the first step for the recovery of tourism businesses and operations.

Secondly, the results of the study for Azerbaijan indicate that more than a half of study respondents are unable to determine the phase of the outbreak, but a significant number is certain that the peak has already been reached. Interestingly, more than half do not plan to travel at all due to COVID-19. Travel to the most affected countries is particularly unlikely. Similar to the Bulgarian respondents, Azerbaijanis do not anticipate financial difficulties and are confident in their holiday budgets. However, unlike Bulgaria, there is a high degree of uncertainty in terms of travel intentions which makes it difficult to plan the recovery of tourism business and operations.

The data analysis process includes hypothesis testing for statistically significant difference between the researched frequencies of 5%. A Chi-square test was applied to determine whether there is a statistically significant difference between the frequencies. Cramer's V was used to determine strengths of associations after chi-square has been applied. For both Bulgaria and Azerbaijan, weak or moderate associations between the frequencies have been found.

For Bulgaria, the hypothesis testing indicates the following associations. First, for the COVID-19 outbreak phase and occupation, there is a statistically significant association (Sig 0.000<0.05) which is weak (Cramer's V 0.275). Second, a statistically significant association between COVID-19 outbreak phase and level of education has been found but again, it weak (Sig 0.004<0.05 Cramer's V 0.143). Third, a statistically significant association between domestic tourism preferences and demographic characteristics has been found in relation to age but it is very weak (Sig 0.015<0.05 and Cramer's V 0.195). Weak statistically significant associations have also been found between outbound tourism in the first months after the pandemic and four demographic variables, namely, gender, age, occupation, and level of education. Similarly, weak statistically significant associations have been found between intentions to visit the most affected countries and gender (Sig 0.001<0.05 Cramer's V 0.153) as well as occupation (Sig 0.005<0.05 Cramer's V 0.251), and between availability of holiday funds and occupation (Sig 0.000<0.05 and Cramer's V 0.280), level of education (Sig 0.023<0.05 and Cramer's V 0.121), and family status (Sig 0.037<0.05 and Cramer's V 0.183). Fifth, the only moderate statistically significant associations have been found between the availability of holiday funds and average income per family member (Sig 0.000<0.05 and Cramer's V 0.341).

For Azerbaijan, the same hypothesis testing and analysis have been applied. The following associations have been established. First, there is a low statistically significant association between the COVID-19 outbreak phase and gender (Sig 0.000<0.05 Cramer's V 0.250), and average income per family member (Sig 0.007<0.05 and Cramer's V 0.256) but a moderate one with age (Sig 0.006<0.05 and Cramer's V 0.313). Second, there is a low association between intentions for domestic tourism and age (Sig 0.000<0.05 and Cramer's V 0.294) and average income per family member (Sig 0.022<0.05 and Cramer's V 0.239). Third, concerning intentions to visit the most affected countries, there is a low

association only with gender (Sig 0.020<0.05 and Cramer's V 0.153). Fourth, there is a low association between availability of holiday funds and age (Sig 0.014<0.05 and Cramer's V 0.246).

Conclusion

The analysis reveals a number of key conclusions. First, despite the relatively similar tourist resources, size and population, Bulgaria and Azerbaijan are comparatively different when it comes to post-pandemic travel intentions. Second, there is a need for further research to explore the extent to which those travel intentions have changed or materialised. As this research was conducted during the initial stage of the outbreak in both countries, future research should further investigate if the travel intentions have changed and if yes, what factors have led to those changes (for example, the number of new cases, availability of cure/vaccine, opening of country borders, etc.). Third, the research demonstrates that there is no universal algorithm for a recovery of tourism, even in destinations with comparatively similar demographic characteristics, economics, and tourist resources. Fourth, the demographic characteristics have minor impact on travel intentions and behaviour, at least in Bulgaria and Azerbaijan.

Given the conclusions of this study, there are few recommendations to be made for the potential recovery of the tourism industry after the abolition of the restrictive measures. First, there is a need for accurate and timely information on restrictive measures, mobility and border closures and how these impact the tourism industries. Second, the study has established that domestic tourism is considered as the most popular travel choice. Thus, destination managers and planners should put a great emphasis on domestic markets and domestic tourism as a means of minimizing the negative impact of the outbreak over local and national economies. Third, the research advocates the notion that there is a need for socio-economic assistance, including tax benefits and grants aimed at helping tourist businesses and preventing business closures and bankrupts. It is imperative that public authorities consider a system of long-term incentives and tax restrictions to assist business in their short-term survival but also long-term existence. Fourth, the research findings indicate that priority should be given to health and safety as these will be crucial for a post-pandemic recovery. Hence, public authorities should develop local, national and international standards for sanitation and hygiene which to ensure safe travel and virus-free holidays.

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