

The Lasting Effect of COVID-19 on Tourist Preferences and Behaviour: Evidence from Kefalonia, Greece

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Abstract

This study assesses the effect of the COVID-19 pandemic on tourists' preferences and behaviour, drawing on a structured questionnaire completed by 257 residents of the Greek island of Kefalonia, recruited through convenience and snowball sampling. Behaviour was measured across nine constructs (general risks, price, quality, hygiene risks, general attitudes towards travel, travel mode, destination, food and activities) on five-point Likert scales, and analysed with descriptive statistics, non-parametric group-difference tests (Mann-Whitney U, Kruskal-Wallis) and multiple linear regression. Mean scores clustered close to the scale midpoint, indicating moderate and somewhat ambivalent rather than uniformly strong behavioural shifts. Significant differences emerged for a small number of dimensions: men reported more cautious general travel attitudes, while older respondents and those with children scored higher on destination-related concerns. The findings offer practical implications for destination managers and tourism businesses seeking to attract visitors and to strengthen sustainability and resilience in the post-pandemic era.

Keywords: COVID-19, Tourist behaviour, Risk perception, Travel preferences, Service quality, Tourism management.

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Introduction

Research Field

The COVID-19 pandemic disrupted tourism more severely than most other economic sectors, particularly in countries where tourism represents a large share of GDP (Behsudi, 2020; Papanikos, 2020). International tourist arrivals fell by 72.1% in 2020 compared with 2019, airline revenues dropped by an estimated \$118.5 billion, and hotel occupancy, short-term rental accommodation and the restaurant industry all recorded steep declines, with knock-on effects for the small and medium-sized businesses that depend on tourism (Macchiarelli, 2021; Statista Research Department, 2022; UNWTO, 2022). Given tourism's multiplier effect on the wider economy, these losses extended well beyond the sector itself, including in Greece (Mariolis et al., 2021; Papanikos, 2022).

This impact did not stem only from government restrictions on movement and business operation (Vouloutidou et al., 2021; Papanikos, 2022) but also from tourists' own fear of infection (Abbas et al., 2021), which reshaped their decision-making at every stage of trip planning (Rokni, 2021; Yang, Wong, 2021; Chua et al., 2021).

Several studies report a shift towards nearby, less crowded destinations (Wang, Ackerman, 2019; Zenker, Kock, 2020; Rahman et al., 2021; Poulaki, Nikas, 2021; Szlachciuk et al., 2022), outdoor activities, private transport over crowded public transport, and individual accommodation over large hotel units (McKinsey & Company, 2020; Chansuk et al., 2022). These preferences reflect decision-making under uncertainty and health-related fear (Sigala, 2020; Kock et al., 2020; Song et al., 2025) and vary with tourists' demographic characteristics (Castro, Dieguez, 2022; Chansuk et al., 2022) and personal experience of the virus (Seabra et al., 2021; Castro, Dieguez, 2022; Sengel et al., 2022).

These findings suggest that the pandemic's impact on tourism was unlikely to be short-lived, since shifts in preferences and decision-making can outlast the acute phase of a health crisis. Although early projections warned that international tourism might not return to 2019 levels for several years (Behsudi, 2020), the sector recovered faster than anticipated: by 2024 international arrivals had reached about 99% of pre-pandemic levels, with Europe slightly exceeding its 2019 figures (UN Tourism, 2025), and general risk perceptions have since eased towards pre-pandemic levels in several domains (Wolff, Larsen, 2024). Even so, the transformation of tourist preferences and decision-making remains a challenge for destinations, which must understand these shifts to inform destination management in the post-pandemic era.

The pandemic also demonstrated that tourism businesses need to be prepared for comparable disruptions in the future, since a similarly severe crisis cannot be ruled out.

Purpose and Research Questions

The purpose of this research is to investigate the impact of the COVID-19 pandemic on the choices of tourists. Based on the above, the main research questions formulated are as follows:

- a) How has the pandemic affected the consumer behaviour of tourists?
- b) What are the appropriate measures and policies to be implemented?

Value and Originality of the Research

Individual researchers and international bodies have addressed how the pandemic has affected tourists' choices regarding destination, accommodation, means of transport, and activities. However, this issue has not been sufficiently studied in Greece, despite being a significant tourist destination and tourism

being one of the most important pillars of its productive model. Consequently, this research is expected to contribute initially to enriching the international literature. Additionally, the fact that Greeks are very familiar with the Tourism Industry, their perception on touristic behaviour presents great interest.

Literature Review

Prior research converges on several post-pandemic shifts in tourist behaviour: a preference for nearby, less-crowded and outdoor destinations, a move towards private over public transport, and a heightened salience of hygiene and safety in destination and accommodation choice (Rahman et al., 2021; Chansuk et al., 2022; Szlachciuk et al., 2022; Song et al., 2025). These changes are commonly interpreted through risk- and protection-based frameworks, whereby perceived health threat and coping appraisal shape protective travel decisions (Rogers, 1975; Rosenstock, 1974). Evidence is mixed on how strongly and how durably these shifts persist, and studies focusing on Greek island destinations remain scarce - a gap the present study addresses. Table 1 summarises the studies reviewed.

Table 1. *Summary of Literature Review*

Study	Goals	Sample	Methodology	Conclusions
Rahman et al. (2021)	Impact of the pandemic on travel risk and management perceptions of tourists	716 international tourists	PLS-SEM	Travel risk and management perception had a significant relationship with risk management, service provision, transportation standards, distribution channels, avoiding overcrowded destinations, and hygiene and safety
Fitriadi, Hurriyati and Widjajanta (2021)	Changes in tourist behavior in at-risk communities and how these changes affect the marketing strategy of the tourism industry		Qualitative method (observation)	The global panic caused by the pandemic affected travel intentions and habits
Pappas and Glyptou (2021)	Examination of predispositions for choosing accommodations for summer 2020 holidays	385 consumers from Athens	Fuzzy-set Qualitative Comparative Analysis (fsQCA) and Necessary Condition Analysis (NCA)	The decision framework is theoretically framed by four factors guiding accommodation choice during the pandemic: a) health and safety, b) price-quality ratio, c) risk aspects, and d) health and safety related to quality

Szlachciuk et al. (2022)	Impact of the pandemic on tourist behavior	719 international students in Poland	Exploratory factor analysis (EFA)	The research results identified six factors: tourist inclination, destination impact, hygiene and accommodation, life impact, tourism impact, and tourism mode. The impact of the pandemic on people's lives was greater for Asian respondents
Chansuk et al. (2022)	Differences in domestic travel behavior (Thailand) before and after the pandemic	460 consumers	Paired sample, one-way ANOVA, Exploratory Factor Analysis	Tourists continue to intend to travel, maintain a favorable attitude towards travel, and recommend travel to friends and family that is safer from a hygiene perspective within the domestic tourism context
Cao and Nguyen (2021)	Impact of the pandemic on tourists' behavior in the post-pandemic era	261 consumers from Vietnam	NVivo analysis, Exploratory Factor Analysis	The impact of perceived risks on explaining travelers' decisions regarding travel modes and destination choices and the increase in public health awareness was found
Chebli and Said (2020)	Investigate the impact of the pandemic on tourist behavior and identify intentions of changing tourist behavior as a result of the pandemic	308 international tourists	Chi-square test and content analysis (open-ended question)	The pandemic is expected to impact travelers' behavioral intentions regarding personal safety, financial expenses, beliefs, and attitudes
Raina et al. (2022)	Investigate the influence of the pandemic on changes in tourist perceptions and travel behavior	208 individuals visiting Jammu and Kashmir	Chi-square test and content analysis (open-ended question)	The pandemic has impacted travelers' perceptions and behavioral intentions regarding financial expenses, health and hygiene, purchasing methods, travel patterns, travel partners, and destination choices
Fan et al. (2023)	Investigate how the pandemic changed tourists' behaviors and intentions	Consumers from China	Poisson regression, ordinal logistic regression, NVivo analysis	The pandemic changed respondents' travel preferences in different ways

Ren et al. (2022)	Study the travel activities of domestic inbound visitors	Visitors in Jeju, Korea, first nine months of 2020	Cross-correlation analysis, multilinear regression models	Inbound travelers' behavior was influenced by the severity of the pandemic locally and remotely. The daily number of new cases in the area has a greater impact on reducing travel activities than the daily new cases at the national level
Han et al. (2022)	Investigate the effects of the pandemic on travel risks and consequently tourist behavior	1,176 respondents from Korea	Descriptive analysis, principal component analysis	Two types of risk perception (personal and social level) had different effects on problem-focused and emotion-focused coping strategies, while coping strategies, through psychological resilience, can change travel intentions during and after a pandemic
Ivanova et al. (2020)	Investigate tourists' travel intentions after the pandemic	974 respondents from Bulgaria	Descriptive statistics, cross-tabulations, t-tests, ANOVA, and multinomial regression analysis	Most respondents were ready to travel within two months after travel is allowed in the country. For their first trip, they would travel domestically, with their car and family. Hygiene, disinfection, and a reliable healthcare system at a destination would be the main factors in travelers' decisions. Female and older respondents have higher preferences for health and safety

Methodology

Data Collection

Data collection was conducted through an online questionnaire, similar to previous studies (e.g., Chansuk et al., 2022; Szlachciuk et al., 2022), which allows for the collection of data from a large number of respondents without spatial or temporal limitations (Van Selm, Jankowski, 2006; Regmi et al., 2016). This method facilitates the representation of questions through tables, grouped formats, and the in-

vestigation of potential correlations and interactions between variables (Franses, Paap, 2004; Vanders-toep, Johnston, 2009). The questions included in the questionnaire were derived from similar previous studies (Rahman et al., 2021; Pappas, Glyptou, 2021; Chansuk et al., 2022; Szlachciuk et al., 2022). The questionnaire consists of two sections, as described below. These items cover nine constructs (general risks, price, quality, hygiene risks, general attitudes towards travel, travel mode, destination, food and activities) using item wording adapted from the cited instruments, whose psychometric properties are established in the original studies. The questionnaire was administered in Greek, translated and adapted from the English-language instruments used in these studies.

Section I - Personal Information: The questions in this section pertain to the demographic profile of the respondents (gender, age, educational level, marital status, number of children), as well as questions related to the respondents' experience with the pandemic (diagnosis of COVID-19, experience of hospitalization/loss of a relative/friend due to COVID-19). Diagnosis of COVID-19 and experience of hospitalisation or loss of a relative/friend due to COVID-19 were measured as self-reported yes/no items.

Section II - Impact of the Pandemic on Tourist Behaviour: The questions in this section pertain to the tourist behavior of the respondents after the pandemic to investigate its impact. Specifically, questions relate to general risks, price, quality, hygiene risks, general attitudes towards travel, travel mode, destination, food, and activities. Responses are given on a five-point Likert scale as follows: 1=Strongly disagree, 2=Somewhat disagree, 3=Neither agree nor disagree, 4=Somewhat agree, 5=Strongly agree.

Participants

The sample for this study was attracted based on convenience sampling and snowball sampling. A total of 257 individuals participated in the study. Table 2 depicts the demographic and health characteristics of the study participants. The majority are women (52.9%), up to 30 years old (22.2%), secondary/post-secondary education graduates (47.5%), married/cohabiting (43.2%), with children (52.1%), not diagnosed with COVID-19 (52.5%), and who have not experienced hospitalization/loss of a relative/friend due to COVID-19 (50.2%).

Table 2. *Demographic and Health Profile of Respondents*

	Frequency	Percentage
Gender		
Male	121	47.1%
Female	136	52.9%
Age		
Up to 30	57	22.2%
31-40	49	19.1%
41-50	53	20.6%
51-60	54	21.0%
61 and over	44	17.1%
Educational Level		
Secondary/Post-secondary education	122	47.5%
University/Technical education	99	38.5%
Master's/Doctorate	36	14.0%

Marital Status		
Single	80	31.1%
Married/Cohabiting	111	43.2%
Divorced/Separated	54	21.0%
Widowed	12	4.7%
Children		
Yes	134	52.1%
No	123	47.9%
COVID-19 Diagnosis		
Yes	122	47.5%
No	135	52.5%
Experience of hospitalization/loss of a relative/friend due to COVID-19		
Yes	128	49.8%
No	129	50.2%

Research Procedure

The researcher posted the questionnaire on the Google Forms platform. Subsequently, the link was sent to certain friends/acquaintances (convenience sampling) with a request to forward it to others (snow-ball sampling). The questionnaire was accompanied by a short text informing participants about the purpose of the research, the anonymity of responses, the voluntary nature of participation, the absence of harm, the estimated time to complete the questionnaire, and that the data would be used exclusively for this research purpose.

This study did not involve any medical or clinical intervention. Participation was voluntary and anonymous, no personal identifiers were collected, and respondents were informed of the purpose of the study and consented before participating; the data were used exclusively for this research.

The data collected automatically in the Google Forms spreadsheet was coded and entered into the SPSS statistical program for analysis using IBM SPSS. Beyond descriptive statistics (means, standard deviations and frequencies), the distribution of the construct scores was assessed with the Kolmogorov-Smirnov test (Massey, 1951); as the data departed from normality, non-parametric tests were applied. Differences in construct scores across respondents' demographic and health-experience characteristics were examined using the Mann-Whitney U test (for gender, children, COVID-19 diagnosis, and experience of hospitalisation/loss) and the Kruskal-Wallis test (for age, educational level, and marital status; Kruskal, Wallis, 1952). Finally, a multiple linear regression was estimated to identify the determinants of general attitudes towards travel.

Results

Descriptive Statistics

Table 3 presents the descriptive measures for the risk- and quality-related constructs (general risks, price, quality and hygiene risks). Scores were highest for considering the risks in how an accommodation product is managed ($M = 3.16$, $SD = 1.400$), for holding high standards and seeking the best overall quality when booking ($M = 3.11$, $SD = 1.428$ - 1.440), for linking a higher price to better quality ($M = 3.04$, $SD = 1.373$), and for treating accommodation hygiene as important to decision-making ($M = 3.11$, $SD = 1.393$). Scores were lowest for quality considerations tied to how the product is managed ($M = 2.89$, $SD = 1.425$), for preferring lower-priced accommodation ($M = 2.93$, $SD = 1.401$), and for a change in hygiene needs since the pandemic ($M = 2.93$, $SD = 1.434$).

Table 3. Descriptive measures of respondents' opinions on the risk- and quality-related constructs

Description	N	Mean	Standard Deviation
General risks			
I consider the risk of not having made a good purchase considering the price I pay	257	2.90	1.465
When booking accommodation, I consider the risks in the way the product is managed	257	3.16	1.400
When booking accommodation, I consider the risk of not receiving what I expect	257	2.91	1.363
When booking accommodation, I consider its quality compared to other related accommodation products	257	2.89	1.406
Price			
The higher the price of the product, the better its quality	257	3.04	1.373
I prefer to book the accommodation with the most sales	257	2.98	1.381
I buy as many of my tourist products as possible at sale prices	257	2.95	1.422
Price is the main criterion for my purchase decision	257	3.01	1.361
I carefully search for the best value for money	257	2.95	1.413
I usually choose accommodations with lower prices	257	2.93	1.401
I consider the risk of not having made a good purchase considering the price I pay	257	2.98	1.448
The accommodations I book must have reasonable prices	257	2.95	1.370
Quality			
When booking accommodation, I consider the potential quality regarding the way the related product is managed	257	2.89	1.425
When booking accommodation, I consider the risk of not receiving what I expected	257	3.09	1.450
When booking accommodation, I consider its quality compared to other related available accommodation options	257	3.02	1.428

I have very high standards and expectations regarding the accommodation I book	257	3.11	1.428
Generally, I try to buy the best overall quality	257	3.11	1.440
When it comes to booking accommodation, I try to have the best or perfect option	257	3.05	1.433
Hygiene risks			
Travel hygiene risks are important for my decision-making when choosing a travel mode	257	3.09	1.375
Destination hygiene risks are important for decision-making when choosing a destination	257	3.05	1.420
Hygiene risks of accommodation are important for decision-making when choosing accommodation	257	3.11	1.393
The more I pay for accommodation booking, the less likely I am to face hygiene risks	257	3.02	1.393
Hotels usually have better hygiene conditions	257	2.99	1.365
After the pandemic, my need for hygiene while traveling changed	257	2.93	1.434
After the pandemic, I care more about the hygiene and safety of public recreation areas	257	3.08	1.429
After the pandemic, I care more about the hygiene and safety of tourist attractions	257	3.05	1.382
After the pandemic, I care more about the hygiene and safety of public transport	257	3.02	1.432

Table 4 presents the descriptive measures for general attitudes towards travel, travel mode and destination choice. Respondents scored highest on reducing the duration of trips after the pandemic ($M = 3.07$, $SD = 1.422$), avoiding crowded public transport ($M = 3.15$, $SD = 1.401$), and preferring less interaction with locals as a way of reducing hygiene risk ($M = 3.14$, $SD = 1.483$). The lowest scores were for definitely reducing travel plans within the next 12 months ($M = 2.96$, $SD = 1.466$), viewing cycling as a suitable alternative to crowded transport ($M = 2.82$, $SD = 1.371$), and actively avoiding overcrowded destinations ($M = 2.74$, $SD = 1.447$), the lowest item mean recorded in the survey.

Table 4. *Descriptive measures of respondents' opinions on travel behaviour and destination choice*

Description	N	Mean	Standard Deviation
General attitudes towards travel			
I will definitely reduce my travel plans within the next 12 months	257	2.96	1.466
I will reduce the duration of my trip after the pandemic	257	3.07	1.422
Travel mode			
The pandemic reduces the likelihood of traveling in groups	257	3.02	1.443
I prefer to travel with family members and relatives	257	2.84	1.449
I avoid crowded public transport	257	3.15	1.401
I prefer to use public transport	257	2.99	1.366

I believe that cycling is a suitable alternative to avoid more crowded transport options in the wake of the pandemic	257	2.82	1.371
Destination			
The impact of the pandemic has created international anxiety about travel destinations	257	3.09	1.407
I will travel more domestically rather than internationally	257	2.85	1.358
After the pandemic, I prefer to avoid traveling to crowded major cities	257	3.05	1.341
I tend to pay attention to the hygiene and cleanliness of destinations	257	3.00	1.366
I look for destinations with established high-quality medical facilities after the pandemic	257	3.02	1.433
I avoid unnecessary interaction with crowds in public spaces	257	2.97	1.401
The more developed the destination I visit, the less likely there are hygiene risks	257	2.95	1.424
The less interaction I have with locals, the fewer hygiene risks	257	3.14	1.483
When visiting a destination, my interaction with locals depends on the hygiene conditions of the destination	257	2.90	1.434
I think tourist destinations are plagued by overcrowding of visitors	257	3.13	1.402
I would like to avoid overcrowded destinations due to the pandemic	257	2.74	1.447
I prefer suburbs or nearby areas for leisure trips	257	3.08	1.448

Table 5 presents the descriptive measures for food and activities. Respondents scored highest on preferring takeaway food to avoid unnecessary contact with others ($M = 3.04$, $SD = 1.356$) and on increased interest in outdoor activities since COVID-19 ($M = 3.02$, $SD = 1.369$), with the lowest scores for preferring delivery of essential items and packaged, sanitised food (both $M = 3.02$) and increased interest in ecotourism ($M = 3.01$, $SD = 1.425$).

Table 5. *Descriptive measures of respondents' opinions on food and activities*

Description	N	Mean	Standard Deviation
Food			
I prefer to order takeaway food rather than eating or drinking in restaurants to avoid unnecessary contact with others	257	3.04	1.356
I choose the delivery of essential items to minimize interpersonal interaction	257	3.02	1.451
I prefer the provision of packaged and sanitized food	257	3.02	1.445
Activities			
Due to the pandemic, my interest in participating in ecotourism has increased	257	3.01	1.425
Due to COVID-19, my interest in participating in outdoor activities has increased	257	3.02	1.369

Across all nine constructs, mean scores fell within a narrow band close to the scale midpoint (construct

means 2.96-3.05 on a five-point scale). Rather than evidence of a uniform, strong behavioural shift, this pattern points to moderate and somewhat ambivalent responses, with considerable heterogeneity among respondents. This reading is reinforced by the inferential results below: statistically significant differences were confined to a few dimensions and subgroups, and the regression model accounted for only a small share of the variance in travel attitudes. The pandemic's imprint on this sample thus appears real but modest and unevenly distributed, rather than a wholesale transformation of tourist behaviour. Figure 1 summarises the nine construct means for ease of comparison.

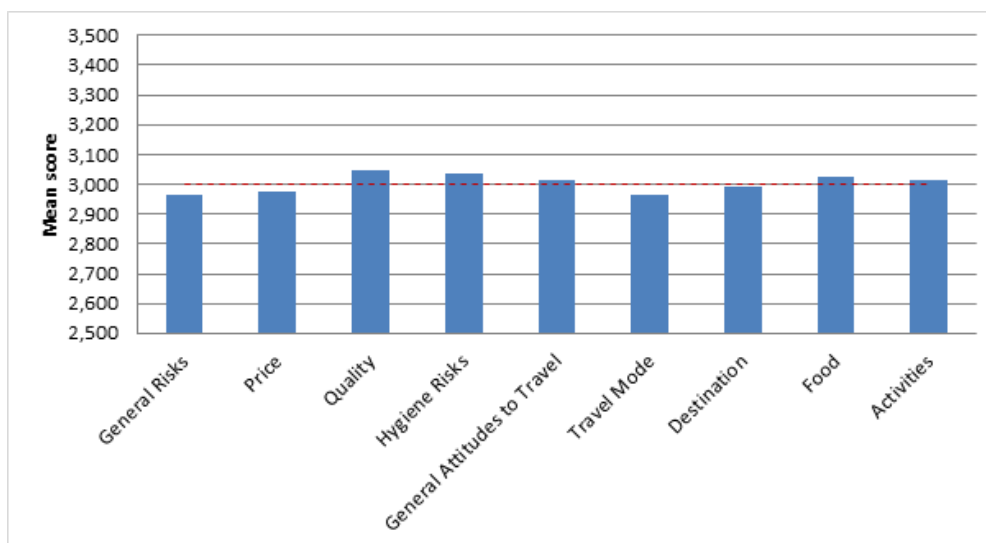


Figure 1. Mean scores across the nine behavioural constructs (dashed line = neutral midpoint, 3.0)

Differences across respondent characteristics

Non-parametric tests were used to examine differences in construct scores across respondents' demographic and health-experience characteristics: the Mann-Whitney U test for gender, children, COVID-19 diagnosis, and experience of hospitalisation/loss, and the Kruskal-Wallis test for age, educational level, and marital status.

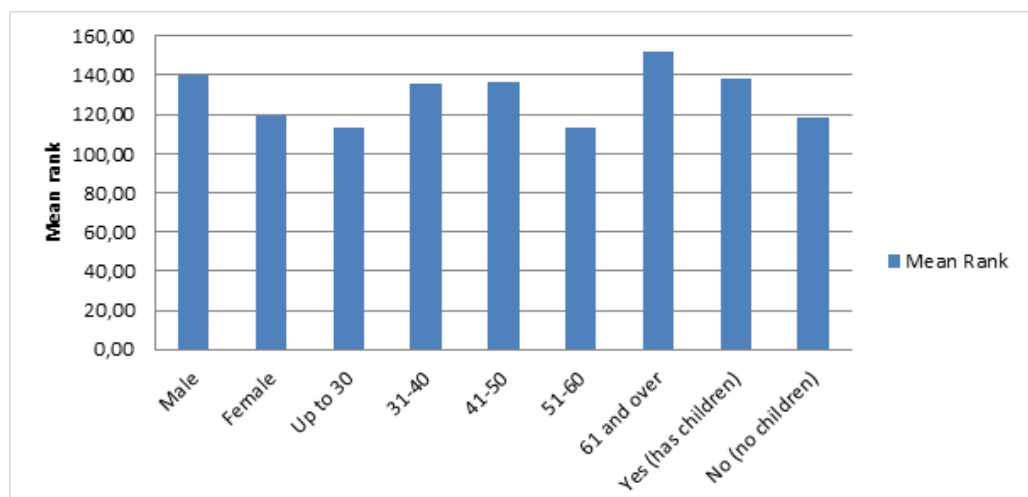
Non-parametric tests revealed a limited number of statistically significant differences. By gender, men reported significantly higher scores than women on general attitudes towards travel (mean ranks 139.70 vs. 119.48; $p = 0.028$). By age, scores on the destination construct differed significantly ($p = 0.037$), with respondents aged 61 and over showing the highest mean rank (152.26). By parental status, respondents with children scored significantly higher on the destination construct than those without (138.38 vs. 118.78; $p = 0.034$). No significant differences were found by educational level, marital status, COVID-19 diagnosis, or experience of hospitalisation/loss, nor on the remaining constructs (see Table 6; full mean ranks for the three significant differences are reported in Table 7). Figure 2 illustrates the three statistically significant subgroup differences.

Table 6. Significance (*p*-values) of subgroup differences across the nine constructs (Mann–Whitney *U* and Kruskal–Wallis tests)

Construct	Gender	Age	Education	Marital status	Children	Diagnosis	Hosp./loss
General risks	0.655	0.470	0.619	0.641	0.079	0.181	0.511
Price	0.948	0.301	0.720	0.537	0.616	0.603	0.099
Quality	0.436	0.436	0.519	0.150	0.291	0.879	0.121
Hygiene risks	0.632	0.705	0.802	0.114	0.692	0.601	0.414
General attitudes towards travel	0.028	0.257	0.700	0.307	0.751	0.532	0.080
Travel mode	0.648	0.833	0.274	0.980	0.057	0.680	0.336
Destination	0.423	0.037	0.950	0.608	0.034	0.691	0.545
Food	0.716	0.196	0.265	0.930	0.521	0.225	0.882
Activities	0.923	0.695	0.162	0.321	0.498	0.974	0.348

Table 7. Mean ranks for the three statistically significant subgroup differences

Variable (test)	Construct	Subgroup mean ranks	p
Gender (Mann–Whitney U)	General attitudes towards travel	Male 139.70; Female 119.48	0.028
Age (Kruskal–Wallis)	Destination	≤30 113.01; 31–40 135.59; 41–50 136.47; 51–60 113.61; 61+ 152.26	0.037
Children (Mann–Whitney U)	Destination	With children 138.38; Without 118.78	0.034

**Figure 2.** The three statistically significant subgroup differences (mean ranks)

Determinants of general attitudes towards travel

A multiple linear regression was estimated with general attitudes towards travel as the dependent variable and the demographic/health-experience variables together with the general risks, price, quality and hygiene-risk constructs as predictors. The model was statistically significant, $F(11, 245) = 1.905$, $p = 0.039$, but explained only a small share of the variance ($R^2 = 0.079$; adjusted $R^2 = 0.037$). Four predictors were significant: quality ($\beta = -0.137$, $p = 0.030$), experience of hospitalisation/loss of a relative or friend due to COVID-19 ($\beta = 0.149$, $p = 0.018$), gender ($\beta = -0.147$, $p = 0.021$) and marital status ($\beta = 0.146$, $p = 0.024$). The low explained variance indicates that, although some demographic and experiential factors are associated with post-pandemic travel attitudes, they account for only a modest portion of their variation (see Tables 8-10). Figure 3 displays the standardised regression coefficients.

Table 8. *Regression Model Summary (Dependent Variable: General Attitudes towards Travel)*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.281	.079	.037	1.00843

Table 9. *Regression ANOVA (Dependent Variable: General Attitudes towards Travel)*

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	21.314	11	1.938	1.905	.039
Residual	249.151	245	1.017		
Total	270.465	256			

Table 10. *Regression Coefficients (Dependent Variable: General Attitudes towards Travel)*

Model	Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	t	Sig.
(Constant)	3.500	.842		4.157	.000
General risks	-.025	.096	-.016	-.261	.794
Price	-.019	.131	-.009	-.147	.883
Quality	-.256	.117	-.137	-2.182	.030
Hygiene risks	.023	.131	.011	.173	.863
Diagnosis	-.052	.128	-.025	-.409	.683
Experience	.306	.129	.149	2.376	.018
Gender	-.302	.130	-.147	-2.322	.021
Age	-.016	.045	-.021	-.346	.729
Education	.089	.091	.062	.973	.331
Marital status	.178	.078	.146	2.274	.024
Children	-.015	.131	-.007	-.112	.911

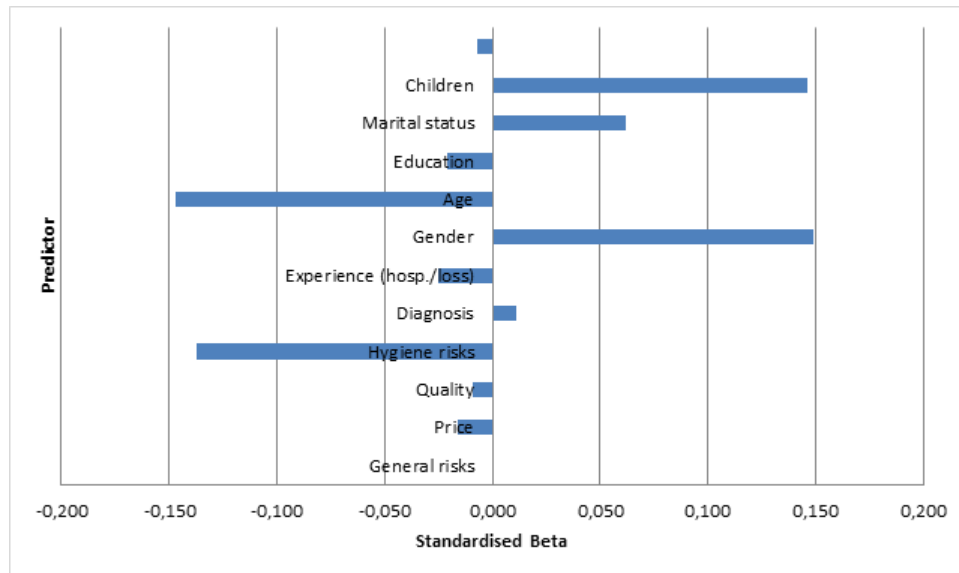


Figure 3. *Standardised regression coefficients (DV: general attitudes towards travel)*

Discussion

This study examined how the COVID-19 pandemic affected the preferences and behaviour of tourists sampled on the Greek island of Kefalonia. Construct-level means clustered close to the neutral mid-point of the five-point scale (2.96-3.05), and inferential analysis identified only three significant sub-group differences, by gender on general attitudes towards travel, and by age and by parental status on destination-related concerns, together with a regression model that explained a modest 7.9% of the variance in general attitudes towards travel. Taken together, these results indicate that the pandemic left a real but limited and unevenly distributed imprint on tourist behaviour in this sample, rather than a uniform or dramatic shift.

This pattern is consistent with recent evidence that COVID-19-related risk perceptions, having risen sharply during the acute phase of the pandemic, have since receded towards pre-pandemic levels in several domains (Wolff, Larsen, 2024), and with reviews suggesting that not all pandemic-induced changes in tourist decision-making and psychology are likely to persist (Song et al., 2025). The gender difference in general travel attitudes and the associations between age, having children, and heightened destination-related concern are plausibly linked to differences in risk appraisal and family-related caution, echoing protection-motivation and health-belief accounts of protective travel behaviour (Rogers, 1975; Rosenstock, 1974); the low explained variance in the regression model, however, suggests that demographic and pandemic-experience variables alone provide only a partial account of these attitudes.

These shifts have significant implications for tourist destinations, which must adjust their strategies to attract tourists. Restarting the tourism economy is an opportunity to build healthy relationships among various groups involved in tourism, including entrepreneurs and tourists. The “new tourism” also requires legal and organizational solutions to balance economic relationships between global and local market players regarding consumer protection and prevention of overtourism. Digitization of tourism

services in marketing and sales should be one of the priorities for entrepreneurs and destination management organizations to address (Kruczek, Walas, 2023).

These findings carry implications for how tourist destinations and businesses respond to a still-evolving recovery. Punzón (2021) argues that destinations should not only recover but prepare for future crises through long-term, 'glocal' planning that avoids reliance on aggressive pricing and instead invests in human resources, heritage assets and destination authenticity, proposing:

- a) Development of resilience in tourism businesses and tourism organizations
- b) Public and private sector cooperation
- c) Communication management plan
- d) Creation of a strategy for human resource development
- e) Involvement of local communities in tourism planning, emphasizing the empowerment of specific population groups (e.g., youth, women)

Fedyk et al. (2022) add that destination management organisations should prioritise crisis management, flexible marketing strategies responsive to new tourist behaviours, new communication technologies, and training support, backed by state investment in resources, financial support and recovery policy.

Continuous evaluation of consumer needs and expectations, informed by findings such as those reported here, is central to implementing these recommendations (Kruczek, Walas, 2023).

Conclusion and Recommendations

This study assessed the effect of the COVID-19 pandemic on the preferences and behaviour of tourists from Kefalonia, Greece, across nine behavioural constructs. Scores clustered close to the neutral mid-point of the scale, with only a small number of significant differences by gender, age and parental status, and a regression model explaining a modest share of the variance in general attitudes towards travel. These results suggest a real but moderate and unevenly distributed pandemic effect rather than a whole-sale transformation of tourist behaviour, and they are consistent with the broader post-pandemic shift towards nearby, safety- and hygiene-conscious travel documented in the Literature Review.

Several limitations should be acknowledged. The study relies on a convenience/snowball sample of 257 residents of a single island (Kefalonia), which limits the generalisability of the findings to Greek tourists more broadly and constrains the scope of any national policy implications; as with most convenience and snowball samples, a response rate could not be calculated. The measurement items were adapted from previously validated instruments (see Methodology) and translated into Greek without formal back-translation, and a re-validation of the instrument's psychometric properties on this sample was beyond the scope of the present study. The regression model explained only a small proportion of the variance in travel attitudes, and mean responses clustered around the scale midpoint, so the observed effects should be interpreted as modest. Future research should draw on larger and more representative national samples (and not only residents of Kefalonia island), incorporate the perspectives of tourism businesses and policy officials, adopt longitudinal designs to test whether these post-pandemic shifts persist, and formally re-validate the measurement instrument.

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