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Adapting Behavioral Patterns of Tourists To The Covid-19 Process: Who Are Acceptors, Opponents And Submissives

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Abstract:
The purpose of this research was to analyze how tourists react to the process during health crisis periods and to what extent they adapt themselves to the pandemic. Therefore, the mixed method approach was used to address the research problem. Firstly, the observation technique was used as the data collection tool in the qualitative step of the study, and then a scale was developed in accordance with the data acquired from the qualitative part. In the qualitative stage of the study, 3 different types of tourist adaptation emerged, including "Acceptors, Submissives and Opponents". In the second stage of the research, a 5-point Likert-type scale consisting of 26 items was developed to measure 3 types of compliance patterns. The results of the research indicate that the scale can be used in different application areas although the research focused on the COVID-19 pandemic, and that the reactions of the tourists to the procedures applied during the pandemic may differ from each other although it has emerged as a universal problem. Lastly, the different tourist behaviors emerging during the COVID-19 pandemic are highly important for tourist enterprises to develop various applications for tourists and to consider how they can adapt to this process.

Anahtar Kelimeler: *Tourist behavior, covid-19 pandemics, mixed method, research diaries, behavioral pattern.*

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INTRODUCTION

Health crises, which had not affected our lives significantly until today, now began to exert a profound influence on all the human beings, like other types of crises. (Loannides & Gyimothy, 2020). Going beyond this, the Covid crisis has shown a devastating crisis at the social, economic, environmental and cultural level not only the country of its origin, but also the whole world (Lupton & Willis, 2021). COVID-19 brought the world tourism industry to a standstill in 2020 (Goodwin, 2020). It was stated in 2020 that international tourism had decreased by 72 %, and tourism experienced its worst year (UNWTO, 2020).

The most basic need that tourists experience and feel intensely during the COVID-19 period is to protect their health. Especially individuals who want to participate in tourism activities need to feel safe about hygiene and social distance. Countries such as Turkey, Greece and Spain, where tourism sector plays a major role in their economy, have implemented different practices to minimize the risks that the individuals could experience, and to enable them to participate in safe tourism activities. However, who could have thought that each tourist would have a different attitude and behavior towards complying with these practices? Therefore, it is crucial to determine how tourists behave during crisis periods and analyze the adaption process of tourist behaviors during the COVID-19 pandemic. Assuming that detecting the existence of different behaviors will allow the development of personalized service for tourists and maximizing the satisfaction, this study aims to determine a new tourist typology by revealing different behaviors in the face of crisis in order to contribute to theory and practice.

Theoretical Background

Types of Tourists: As Ajzen (1991) said, it is quite difficult to explain human behavior. Behaviors are explained according to reason, knowledge, beliefs and desires in accordance with human nature. The occurrence of behavior in this way is defined as 'having a theory of mind' which means understanding that everyone's knowledge is different from each other (Frith &Frith, 2005). This situation also gives clues about why the behaviors differ. Many tourist behavior studies have also been conducted based on different behaviors of humans. The studies on tourist typologies are very important in order to act rationally in tourism planning. A lot of studies have been carried out to recognize and classify tourists from the past to the present, and a lot of typologies have been developed so far (Decrop & Snelders, 2005). These tourist typologies are shaped according to different types of attitudes, perceptions, behaviors, expectations (Ayaz & Gökmen, 2020). First in the literature, the article "Towards the Sociology of International Tourism", written by sociologist Eric Cohen in 1972, revealed that there were different types of tourists (Lowry, 2017). Cohen (1972) categorized the tourist typology under 4 headings as follows: the organized mass tourist, the individual mass tourist, the explorer and the drifter. After that, Plog (1974) made another classification and stated that the psychological characteristics that describe the different behavior patterns of tourists are effective in the destination choice. The classification made by Plog was based on the personality characteristics of tourists. In the following years, a lot of typologies were created by different researchers based on different classifications such as segmentation criteria, socio-psychological variables and decision-making variables. These typologies were shown in Table 1 in brief. Lastly, in the classification by Decrop & Snelder (2005), the decision-making styles, demographic structures and socio-psychological criteria of tourists were examined. According to these factors, six types of tourists emerged, including the habitual vacationer, the (bounded) rational vacationer, the

hedonic vacationer, the opportunistic vacationer, the constrained vacationer and he adaptable vacationer. When all these classifications are examined, it is seen that tourist typologies are formed mostly by behavioral patterns. It is difficult to predict how a person will behave in any situation. Behavior is a difficult topic to study because it is complex and it is a process as well, not a thing. This process is volatile, fluid, and temporary, and therefore challenges scientists. This is the reason why it is highly difficult to analyze tourist behaviors in a crisis.

Table 1. Tourist typologies (adapted from Decrop & Snelder, 2005)

Author(s)	Major variable(s)	Tourist types
Tourist typologies based on segmentation criteria		
Anderson & Langmeyer (1982)	*Age*	*"The under-50 and over-50 travelrs"*
Etzel & Woodside (1982)	*Distance traveled*	*Distant and near-home travelers*
Fodness (1992)	*Family life cycle*	*Young couple, young parents, mature parents, mature couple, senior couple*
Hsieh et al. (1992)	*Activities*	*Visiting friends and relatives, outdoor sports, sightseeing, full-house activity, entertainment*
Lang, O'Leary & Morrison (1997)	*Destination*	*Within-Asia and out-of-Asia (Taiwanese outbound tourists)*
Moscardo et al. (1996)	*Travel benefits and activities*	*Escape/excitement, self-esteem/self-development, family relationships, physical activity, safety-security, self-esteem/social status, escape, relaxation*
Shoemaker (1994)	*Benefits sought*	*Get away/family travelers, adventurous/educational travelers, gamblers/fun oriented travelers*
Spotts & Mahoney (1991)	*Expenditure*	*Light, medium and heavy spenders*
Woodside & Jacobs (1985)	*Benefits sought*	*Rest and relaxation, cultural experiences, family togetherness*
Woodside et al. (1987)	*Frequency of travel*	*Light and heavy travelers*
Tourist typologies based on socio-psychological variables		
Cha et al. (1995)	*Push factors (motives)*	*Sport seekers, novelty seekers and family/relaxation seekers*
Cohen (1972)	*Roles, motives and level of risk aversion/novelty seekin*	*Sport seekers, novelty seekers and family/relaxation seekers*
Cohen (1979)	*Roles, motives and sought experiences*	*The recreational, the diversionary, the experiential, the experimental and the existential tourist*
Davis et al. (1988)	*Attitudes, interests and opinions*	*Five clusters of differing degrees of attitudes towards the state's tourism efforts*
Madrigal & Kahle (1994)	*Values and lifestyles*	*External locus of control (sense of belonging and security), enjoyment/ excitement, achievement, egocentrism*
Mayo & Jarvis (1981)	*Psychographics*	*The 'peace-and-quiet' traveler, the overseas traveler, the historian traveler, the recreational vehicle traveler and the 'travel now/ pay later' traveler*
Mazanec (1994)	*Socio-styles*	*Dandy, rocky, business, squadra, protest, scout, pioneer, olvidados, vigilante, romantic, defence, prudent, moralist, citizen, gentry, stric*
Plog (1974, 1994)	*Personality traits*	*Psychocentrics and allocentrics (plus intermediate categories:*

		nearpsychocentrics, midcentrics, near-allocentrics)
Smith (1989)	*Motives and lifestyles*	*Explorer, elite, offbeat, unusual, incipient mass, mass, charter*
Thrane (1997)	*Personal values*	*The modern materialist, the modern idealist, the traditional materialist and the traditional idealist*
Tourist typologies based on decision-making variables		
Bargeman et al. (2002)	*Sequence of decisions (frequency, duration, timing, destination, temporal and spatial sequence, spatial repetition)*	*Groups I–VIII*
Bronner & De Hoog (1985)	*Decision styles (socio-demographics, vacation ideas and choice characteristics)*	*Nature seekers, sun and beach seekers and culture seekers*
Fodness & Murray (1998)	*Information search strategies*	*Prepurchase mix, tourist bureau, personal experience, ongoing, on-site, automobile club and travel agency*
Hsieh et al. (1997)	*Travel philosophies (how people think about and prefer to travel in overall), benefits sought and product preferences*	*Active/heritage/outdoor sports, reluctant/social escape/outdoor sports, budget/escape/cultural scenic, active package/being and seeing/destination attributes, low-yield and high-yield travelers*
Reid & Crompton (1993)	*Level of involvement and the ability to differentiate between attributes*	*Hierarchy-of-effects, dissonance-attribution hierarchy, alternative attribution hierarchy, low involvement hierarchy, single/integrated hierarchy*

Pandemics and Tourism: From past to present, the global tourism industry has been affected by various pandemics. Many epidemics that could be called pandemics were experienced and they led to serious crises between 2000 and 2015 (Gössling *et al.*, 2020). Foot and Mouth Disease, Severe Acute Respiratory Syndrome (SARS) pandemic, which emerged in the United Kingdom in 2001 (2003), Bird Flu (Influenza) between 2003 and 2007, Swine Flu (H1N1), which broke out in 2009, Ebola virus, which hit Guinea in 2013 and Middle East Respiratory Syndrome (MERS) in 2015 (Tang & Wong; 2009; Kücükaltan *et al.*, 2015) are just a few of them. While the number of tourists coming to the UK was 23.2 million in 2000, this number decreased to 20.9 million in 2001 with a decrease of 9.6 %. The number of tourists before the pandemic was surpassed only in 2004 (25.6 million) (Ceti & Unlüönen, 2017). In the period of crisis, different behavior patterns has led to the emergence of different tourist typologies.

Although the world has experienced a series of major pandemics during the past 40 years, none of them have had a similar global impact and similar consequences to those of the COVID-19 pandemic. COVID-19 was declared as a pandemic by the World Health Organization (WHO) as it had an extensive impact on the whole world. The most important feature that distinguishes COVID-19 from other pandemics is that it spread rapidly all over the world, causing the loss of millions of people and bringing the economies to a standstill. The pandemic, which caused all sectors to cease operating, also brought major negativities especially for the tourism sector. COVID-19 was first observed in the city of Wuhan in China's Hubei Province in December, 2019 (Gössling, *et al.*, 2020), and it has posed a major threat to global public health (Fu, 2020).

COVID-19 has deeply affected the health, economy, service and tourism sectors of all developed and developing countries (Zogal & Emekli, 2020; Sharma & Nicolau, 2020; Swaikoski, 2020; Khan, 2020). Since the risk of transmission of pandemic is high, tourists may abstain from their travel decisions or postpone their travel plans. The previous research studies indicated that tourists behaved noncommittally concerning their destination and travel planning choices during the pandemic period (Fuchs & Reichel, 2011; Karl *et al.*, 2015; Lepp & Gibson, 2018). It is also understood as a common result of the studies that tourists tend to avoid visiting high-risk areas, especially during crisis periods (Kozak *et al.*, 2007; Law, 2006; Mckercher & Hui, 2003) and they prefer to change destination choices, and start to prefer natural environments and stay in open and airy facilities with little contact with other people (Cai, 2003).

As with all other pandemics, the COVID-19 pandemic had a major impact on the behavior of tourists. It increased their feelings of fear, anxiety and risk and prevented the majority of tourists from participating in tourism facilities. However, no matter how high the risk of transmission of the pandemic during the COVID-19 period was, a group of tourists did not stop participating in the tourism activities. Despite some threats, the willingness of tourists traveling during the pandemic to enjoy the destination has caused them to be named as "crisis resistant tourists" (Hajibaba *et al.*, 2015; Zenker & Kock, 2020). In the meantime, it became imperative for destination managers and researchers to understand tourist behavior. In particular, the managers of destination and service businesses needed to analyze the travel motivations, satisfaction and risk behaviors of tourists during the COVID-19 pandemic, and develop and offer products and services suitable for them. Managers who are aware of tourist desires and needs during such pandemic and crisis periods will be able to stay one-step ahead of their competitors by providing a sustainable competitive advantage. It is necessary to analyze and reveal the mental patterns of tourists in adapting to the pandemic process. Revealing these behavioral patterns will enable businesses to understand the tourists and to determine their wishes and desires correctly. The question of whether crisis resistant tourists, who tend to travel under all conditions, behave in the same way or not led to the emergence of this study.

METHODOLOGY

The purpose of this research is to analyze the tourist behaviors during the COVID-19 process. A qualitative-dominant mixed method was chosen because there is hidden information in the problem statement and an in-depth research should be conducted in a natural process to enhance the accuracy of the results (Creswell, 2007). Mixed research methods argue that "quantitative and qualitative methods should be combined to improve the depth and validation of knowledge to understand a phenomenon" (Greene, 2007). The first step of the research consisted of the qualitative part that focuses on social or individual problems and related people or groups with an assumption(s), a broad perspective, and use of theoretical approaches (Creswell, 2015). The starting point of the research was to discover the mental patterns that tourists have created in their minds during the pandemic process. In the second stage of the research, a scale development study was conducted based on the data collected from qualitative part of study.

Research Design

The qualitative research design of this study was the exploratory sequential design. In this design, qualitative and quantitative data are collected at different times. First, qualitative methodology and then quantitative methodology has been carried out, and data were collected in this order (Creswell, 2015) The research ethics committee approvals, which were necessary

to collect the qualitative and the quantitative data since the study involved human subjects, were obtained from an independent university based ethics committee.

Part I: The qualitative research

Data collection :In the qualitative step of the study, the research diaries were written and the mass observation was carried out by the researcher. The data was recorded in the researcher's diary on a daily basis to ensure validation and reliability. The data of the study was obtained by observing the guests staying in a 5-star hotel (a business with a safe tourism certificate) located in Marmaris district of Mugla province of Türkiye between July 1 and October 31 in 2020. The researcher recorded the data daily. The researcher diary design, which has an important place in the data collection step of the research, provides an opportunity to record information that may be lost, overlooked or ignored in the study and reflects the internal dialogues of the research process (Bourgain & Harvey, 2018). All the data collected was noted in a chronological order and analyzed at the end of the day since a certain standard was needed in the research diary.

The data was analyzed using inductive content analysis (Güler, 2017). The most important feature of inductive content analysis is that categories are generated from the analyzed data. In the analysis of data, the following stages were followed; open coding, categorization and summarization. Open coding refers to the process of breaking the data into pieces to determine similarities and differences. The obtained sub-themes and codes are the tools used in the axial coding stage in order to determine the categories, In the research, the axial coding was used to find the connection between the theme and sub-themes and to collect them under common themes.

Qualitative findings: In the open coding stage, a total of 105 sub-themes were reached as a result of the analysis of the researcher diary. Since it was difficult to analyze the subject in terms of semantics of the sub-theme, the axial coding stage was initiated. In axial coding, similar or close keywords that appear in open coding are brought together and narrowed down. As a result of the analysis, a maximum of 16 and a minimum of 9 themes were reached, and the total number of themes was determined to be 40.

Semantic models revealed by axial coding were brought together with selective coding and gathered under a core category. According to Corbin & Strauss (2014), selective coding is the combination of all categories around a "core" category. The core category can be identified from previously defined categories, or a more abstract term may be needed to describe the basic phenomenon, and so a new term relating to the core category can be achieved. The researchers obtained 3 main themes as a result of selective coding. Modeling of the analysis results is presented in Figure 1.

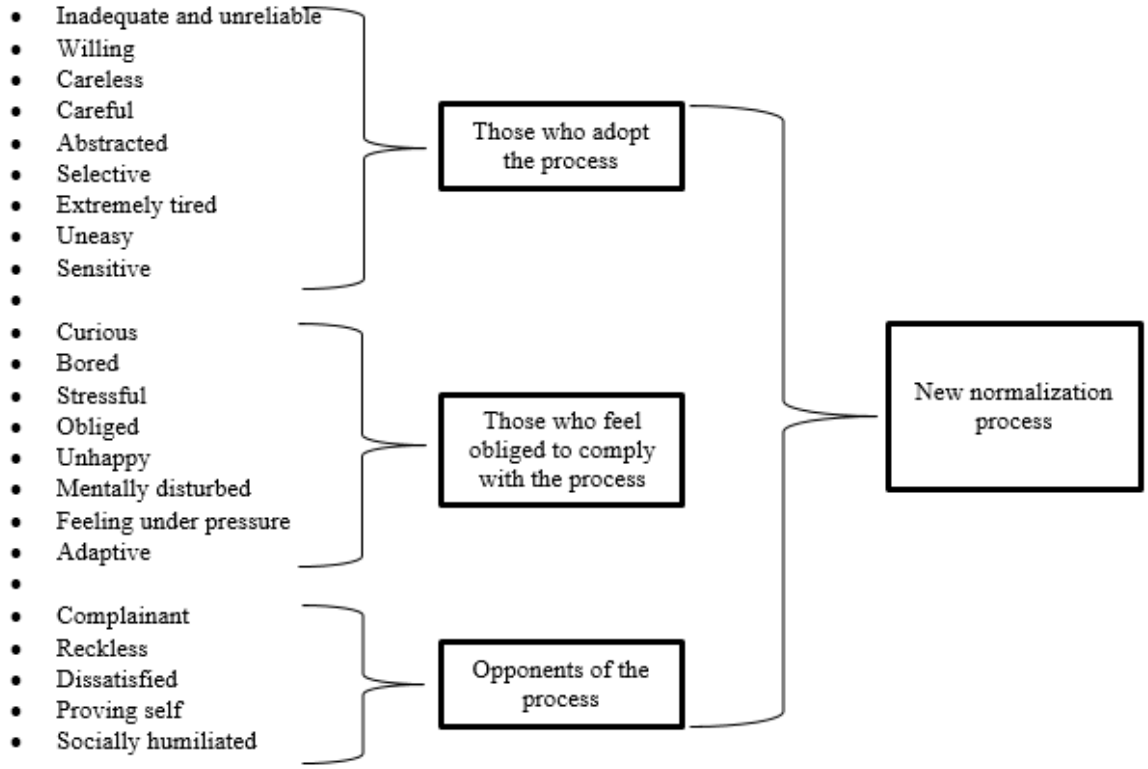


Figure 1. Tourists' adaptation to pandemic scale

As seen in Figure 1, a total of 22 themes were created and placed under the appropriate main themes. It was concluded that the processes of 22 sub-themes that emerged as a result of analyzing the diary could be gathered around 3 main themes. These are as follows: "Those who adopt the process (acceptors)", "Those who feel obliged to comply with the process (sub-missives)" and "Those who oppose the process (opponents).

Acceptors: It was found that some of the guests easily adapted to the rules that they had to comply with in the process. It was observed that they willingly demanded this from the employees in the daily routine of taking temperature. It was seen that especially the families with children were more sensitive in this regard. Regarding the use of masks, it was stated that not only the personnel but also all the guests should wear masks in this process. Acceptor guests were careful in observing the rules during the pandemic period, they paid attention to these rules, and they cared about the people around them while following these rules.

Sub-missives. It was seen that the guests staying at the hotel were unwilling to follow the rules during the implementation of the mandatory procedures. Therefore, this theme was defined as "those who feel obliged to comply with the process". Those who felt obliged to comply with the process frequently stated that they were under pressure and not satisfied with this case despite obeying the rules. One of the most important findings obtained as a result of the observations was that the guests shaped their own behavior in accordance with the behavior of the other guests around (If a guest around was wearing a mask, then s/he also wore a mask considering this). There were eight sub-themes under the main theme of those who felt obliged to comply with the process. It was concluded that the guests had a stressful period during their stay at the hotel in the pandemic period and were unhappy about observing all these rules that

they had to obey. The sub-theme of feeling under pressure was that verbally or non-verbally they constantly felt a monitoring mechanism at work on them by those who followed the rules.

Opponents: It was concluded that some of the guests staying in the hotel completely opposed the pandemic process. Opposing guests complained about the procedures being applied at the hotel during the pandemic. Among the routine procedures, especially during fewer measurements, it was concluded that they used statements like, *"I do not want you to take my fever; do I suffer from COVID?; leave me alone; are you not tired of doing the same things all the time; do not wear masks; I do not want to wear masks, employees must wear masks not me; only employees should wear masks, that will be enough"* and they opposed the process. As it can be understood from the sub-themes, this theme represented people who always displayed a complaining attitude, did not want to follow the same rules as employees, were dissatisfied, and made an effort to assert themselves.

Part II: Quantitative research

The scale development study was conducted following the theoretical model obtained as a result of the qualitative research and its reflection in practice was tried to be determined in this quantitative part of the study.

Data collection tool: A 58-item draft scale form was prepared as a result of the dimensions that were created according to the analysis of the findings in the qualitative research part of the study. In order to test the comprehensibility of the items of the draft scale and their consistency and complementarity with each other, two field experts were consulted and a pilot study was carried out with 20 external experts. As a result of the pilot study, the scale was given its final form. Then, the final draft of the scale became ready to be applied to the determined samples for reliability and validity analysis. The Cronbach alpha coefficient for reliability was calculated as .84.

Quantitative findings: Two different samples were used to develop the scale, whose aim was to determine the adaptation process of tourists to the pandemic. The data obtained from the first study group were analyzed by exploratory factor analysis (EFA), and the data obtained from the second study group was analyzed by confirmatory factor analysis (CFA). Firstly, using the purposive sampling method, the data for EFA was collected by applying an online survey to the 186 volunteer tourists who went on vacation during COVID-19 pandemic in 2020, and who were reached through the travel agencies operating in the Aegean region

As a result of the second pilot study carried out on 186 people, the scale form was applied to another sample of 404 tourists to determine whether the structure obtained as a result of EFA could be confirmed in a different group thanks to CFA. It was a convenience sampling, reached by the networks of the agencies of the region.

Within the scope of validity and reliability analyses of the scale, factor analysis, exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) were performed on data.

Exploratory Factor Analysis (EFA): A sample of 186 people who went on vacation during the COVID-19 period was selected using the purposive sampling method and a pre-test was administered to this sample. As a result of the factor analysis of each statement, the item-total correlation was calculated, and totally 32 weak items that were thought not to be appropriate were removed from the scale. When calculating the Cronbach Alpha value, 10 items with a

number of 0.50 and below were subtracted, and the Cronbach alpha value was found to be 0.792 as a result of the repeated test after removing the 10 items as seen in Table 2.

Table 2. Cronbach alpha coefficient

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	Number of Items
,763	,792	58

Although there are debates in terms of sample size, it was thought that the scale could represent a small population at a 99 % significance level with a number of 186 participants when the number of tourists was low. The item total correlations were also examined, and the correlation coefficients for the items were calculated. Four items were excluded from the analysis due to insufficient correlation coefficients. At this stage, item-total correlation coefficients were calculated again and the analysis continued with those with at least 0.25 coefficients. Explanatory factor analysis was used to find clues about the construct validity of the scale. Thus, information about the sub-dimensions and the numbers of tourist attitudes towards COVID-19 measures could be obtained. As a result of the factor analysis, the cut-off point of factor loads was taken as 0.32. Items with a factor load of less than 0.32 were excluded from the scale. Takane (1989) state that at least 0.32 should be taken as the lower cut-off point in order to create a factor pattern.

The data collected from 186 participants were created using the oblimin rotation technique of the principal component analysis method of the factor analysis. The average assignment method was used to fill in the missing data. The extreme values were calculated and the participants with the determined extreme values were excluded from the study. KMO and Bartlett test results were examined to determine the factorability of the data. The KMO score, which indicates the suitability of the sample size for factor analysis, was found to be ,777, and it was concluded that the data structure was fit for exploratory factor analysis as seen in Table 3.

Table 3. KMO and Bartlett's test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		**,777**
Bartlett's Test of Sphericity	Approx. Chi-Square	5720,865
	Df	1225
	Sig.	,000

When the Bartlett test result was examined, it was found that the chi-square score was significant at the .01 significance level (see Table 3). Significant results in the Bartlett test show that the data proves the multivariate normality assumption. Thus, It can be stated that the necessary assumptions were supported for factor analysis.

Table 4. KMO and Bartlett's test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		**,861**
Bartlett's Test of Sphericity	Approx. Chi-Square	3496,578
	Df	435
	Sig.	,000

Among the items whose factor loadings were examined as a result of the factor analysis, 18 items having a factor load of less than .32 and showing overlapping were excluded from the analysis, and the factor analysis was performed again. A second application was made to re-test the factorability of the data and the KMO value was calculated as .861 as a result of the repeated analysis (see Table 4). It was found out that the contribution of the first factor to the variance was %29.645, the contribution of the second factor to the variance was % 12.332, and the contribution of the third factor to the variance was %8.906 and the contribution of the all three factors to the variance was %50.884.

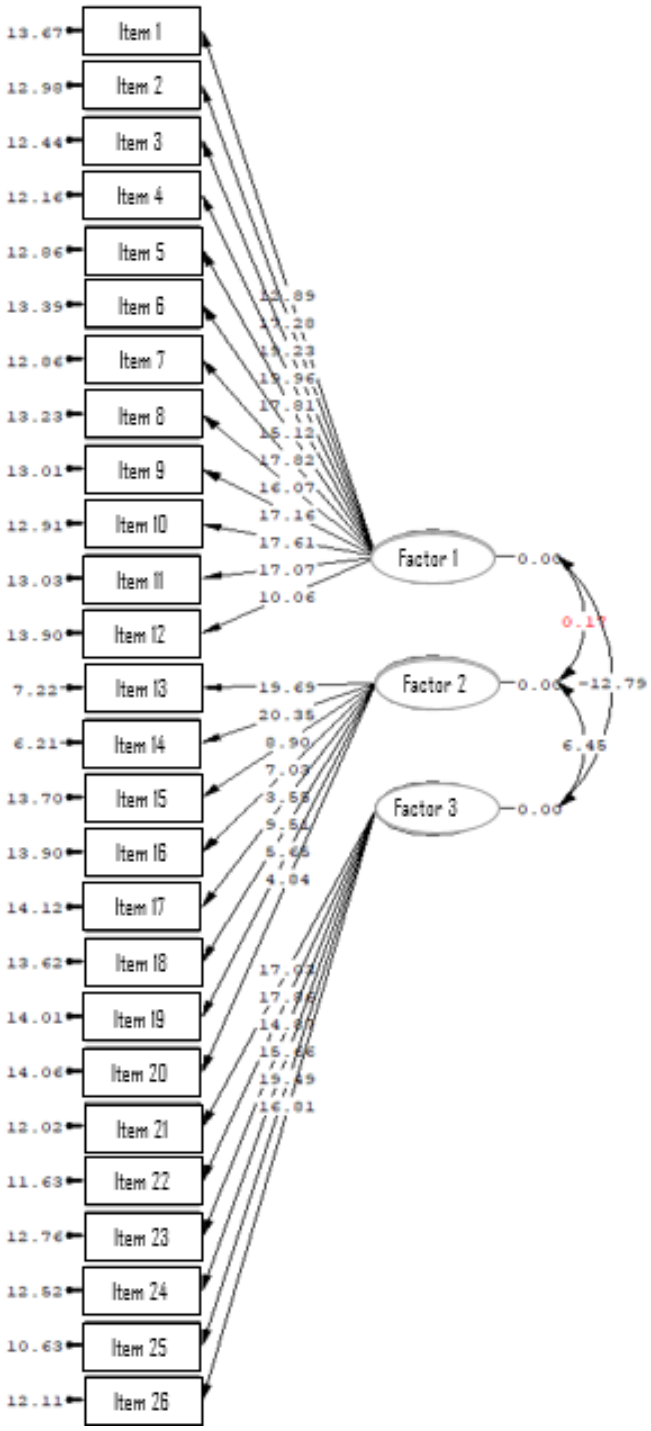
Table 5. Factor analysis of the 26-item scale

	Component		
Items	**1**	**2**	**3**
I would like the procedures applied in tourism businesses to be more comprehensive during the COVID-19 (Pandemic) process.	,588		
I would be willing to follow the procedures applied in tourism businesses during the COVID-19 (Pandemic) process.	,796		
During the COVID-19 (Pandemic) process, I would be willing to assist employees in tourism businesses while implementing procedures.	,842		
I care that the measures taken in tourism enterprises during the COVID-19 (Pandemic) process are carried out in accordance with the rules.	,885		
During the COVID-19 (Pandemic) process, it is important for those working in tourism businesses to adapt to the process.	,891		
During the COVID-19 (Pandemic) process, I care that disposable products are used in tourism businesses.	,690		
During the COVID-19 (Pandemic) process, I care that adequate measures are taken in the areas of collective use in tourism enterprises.	,900		
During the COVID-19 (Pandemic) process, I care that managers in tourism enterprises are sensitive.	,929		
During the COVID-19 (Pandemic) process, I care that the social distance rules are followed in tourism businesses.	,899		
During the COVID-19 (Pandemic) process, I care that those working in tourism enterprises pay attention to the process.	,902		
During the COVID-19 (Pandemic) process, I pay attention to hygiene rules in tourism enterprises.	,840		
During the COVID-19 (Pandemic) process, I isolate myself from the society as soon as I feel one of the symptoms of COVID-19 during the holiday.	,395		
During the COVID-19 (Pandemic) process, the continuous implementation of the procedures in the place where I spend my vacation creates pressure on me.		,744	
During the COVID-19 (Pandemic) process, other people's attention to the rules in tourism businesses creates pressure on me.		,751	
During the COVID-19 (Pandemic) process, I compulsorily fulfill the measures taken in tourism enterprises.		,691	
During the COVID-19 (Pandemic) process, not being able to take my vacation comfortably makes me unhappy but I feel obliged to follow the rules.		,782	
During the COVID-19 (Pandemic) process, I follow the procedures even if I get tired of the same procedures every day in tourism businesses.		,549	
I cannot be comfortable on vacation during the COVID-19 (Pandemic) process.		,379	
During the COVID-19 (Pandemic) process, I follow the rules when I see the people around me obeying the rules in tourism businesses.		,607	
During the COVID-19 (Pandemic) process, I follow the rules in tourism businesses because I fear that the disease will infect me.		,698	
During the COVID-19 (Pandemic) process, I complain about strict measures being taken in tourism businesses.			,814
It is pointless that they expect the same sensitivity from everyone in tourism businesses during the COVID-19 (Pandemic) process.			,732
When I go on vacation during the COVID-19 (Pandemic) process, I do not care how the people around me react to the pandemic rules.			,702

I do not need procedures concerning how I should behave as a tourist during the COVID-19 (Pandemic) process.			,455
I think that the measures taken in tourism enterprises during the COVID-19 (Pandemic) process are unnecessary.			,646
The measures taken in tourism businesses during the COVID-19 (Pandemic) process prevent me from enjoying the holiday.			,543
Average Variance Extracted (AVE)	,658	,538	,535
Composite Reliability (CR)	,963	,857	,817
Cronbach Alfa (CA)	,85	,79	,81

As seen in Table 5, when the factor loads of the statements as a result of the re-applied factor analysis were examined, it was determined that there were no load values at the level of .32 and below. The factor loads of the items collected under the first factor ranged from 395 to 929. The factor loads of the items under the second factor were between .379 and .782, while the factor loads of the items collected under the third factor were between .455 and .814. When the items belonging to these factors were examined, it was considered appropriate to name the first factor as "Those Who Adopt the Process", to name the second factor as "Those Who Feel Obliged to Follow the Process" and to name the third factor as "Those Who Oppose the Process". In the quantitative method stage, which constituted the second step of the research, the accuracy of 3 main themes obtained as a result of the analysis of qualitative data was tested. 58 scale items were formed around 22 sub-themes obtained as a result of qualitative data. After the factor structures of 58 scale items created as a result of the study were examined, 32 items were excluded from the scale. As a result of the scale, the final version of the scale was obtained with the remaining 26 statements. At the last stage, the tourist pandemic adaptation process scale consisting of 26 statements under 3 themes was developed. In addition, Average Variance Extracted (AVE), Composite Reliability and Cronbach Alfa (CA) scores were given in Table 5 and it was seen that the scores were above 0.50, which ensures the construct validity of the scale.

Confirmatory factor analysis (CFA): Confirmatory factor analysis is a special form of factor analysis used to test the suitability of the factors determined by the exploratory factor analysis to the factor structures determined by the hypothesis. It was stated in the EFA results that the KMO value was quite adequate. Tabachnik & Fidell (2001) suggest using the assumption that there is a lot of variability in order to determine the number of factors. This assumption was used in this study. After testing the assumptions, the confirmatory factor analysis was initiated. The t values of the CFA results are given in Figure 2 and Table 6.



Factor 1: Acceptors, Factor 2: Submissives, Factor 3: Opponents

Figure 2. Confirmatory Factor Analysis

Table 6. The t Values obtained from the Confirmatory Factor Analysis

Item	T	Item	T
1	12.89	**14**	20.35
2	17.28	**15**	8.90
3	19.23	**16**	7.03
4	19.96	**17**	3.55
5	17.81	**18**	9.51
6	15.12	**19**	5.65
7	17.82	**20**	4.84
8	16.07	**21**	17.03
9	17.16	**22**	17.86
10	17.61	**23**	14.07
11	17.07	**24**	15.66
12	10.06	**25**	19.49
13	19.69	**26**	16.81

Firstly, t-values were examined in CFA. If t value exceeds 1.96, it means that it is significant at .05 level and if it exceeds 2.56, it means that it is significant at .01 level. The analysis of t values indicated that all items were significant at .01 level. This showed that latent variables explained the observed variables adequately. Then, the standardized solution values were examined. These values are given in Table 6.

In Table 7, it is seen that the goodness of fit indices of the items in the Tourist-Pandemic Adaptation scale are in the second column of the table, and the criteria values are in the third and fourth columns of the table. It was found out that x^2 was significant at .01 level, and the value of 8.13 appeared when x^2 was divided by the degree of freedom, which meant perfect fit.

Table 7. Fit Indices and Fit Indices Values Obtained from Confirmatory Factor Analysis

Indices	Item Values	Perfect Fit	Acceptable Fit
X^2	2409.26		
Df	296		
P	0.0		
x^2 /df	8,00	$X^2/df \leq 3.00$	$3.00 < X^2/df \leq 8.00$
RMSEA	0.08	$0 \leq RMSEA \leq .05$	$.05 < RMSEA \leq .08$
RMSEA (.90 GA)	0.079		
SRMR	0.10	$0 \leq SRMR \leq .05$	$.05 < SRMR \leq .10$
GFI	0.68	$.95 \leq GFI \leq 1.00$	$.90 \leq GFI < .95$
AGFI	0.63	$.90 \leq AGFI \leq 1.00$	$.85 \leq AGFI < .90$
CFI	0.96	$.97 \leq CFI \leq 1.00$	$.95 \leq CFI < .97$
NFI	0.95	$.95 \leq NFI \leq 1.00$	$.90 \leq NFI < .95$
NNFI	0.95	$.97 \leq NNFI \leq 1.00$	$.95 \leq NNFI < .97$

Sources: Hu & Bentler, 2004; Jöroskog & Sörbom, 1993; Tabachnick & Fidell, 2001.

According to CFA, the goodness of fit indices of the scale indicated that the model was at an acceptable level (x2=2.409, p=0.000; RMSEA=0.8; GFI=0.68; AGFI=0.63; CFI=0.95). However; a lot of sources in the literature agree that RMSEA value must be greater than 0.10. On the other hand, a lot of sources suggest that with few degrees of freedom some models, the RMSEA is not meaningful and the model can also be accepted based on CFI and SRMR. RMSEA has serious difficulties with simpler models with several degrees of freedom, and so even when the model contains a good fit, the RMSEA may incorrectly try to fit poorly (Kenny et al., 2015). Thus, it can be said that the construct validity was confirmed (see Table 7).

CONCLUSION AND DISCUSSION

It has been seen that the research issues related to the COVID-19 pandemic and tourism generally concentrate on how the pandemic will change the dynamics of tourism, the effects on tourism businesses, and what measures should be taken by businesses during the pandemic period. This study aimed to reveal the adaptation status of the tourists to the pandemic period. The most significant result of this study was that although the COVID-19 pandemic emerged as a universal problem, the reactions of people to the procedure differed from each other. This may require hotel businesses to develop more flexible practices and strategies for guest satisfaction. It shows us that personalized experience is an increasingly remarkable trend and that even the responses to the pandemic will actually have different expectations and attitudes for each individual. In this case, it pushes businesses into a difficult competitive process. On the one hand, there are those who are willing to enforce the rules. On the other hand, there are marginal groups that disregard the rules, and on the very other hand, there are rule makers and hotel managers that need to please every single party. In this respect, it may be a necessary step

for the managers to develop a multidimensional perspective and determine the personalized service components by hyper-personalised marketing practices (Khandelwal & Rudola, 2020).

According to the results of the study, three different behavior patterns were named as "*those who adopt the process", "those who feel obliged to comply with the process*" and *"those who oppose the process*". Tourists who fall in the category of adopting the process are people who "behave more carefully, abide by the rules, care about the people around them and behave sensitively" during the pandemic period. Tourists who feel obliged to comply with the process are "mostly those who compulsorily obey the measures taken during the pandemic period, who follow the rules in order not to receive a negative reaction from those around them, who are constantly unhappy during the pandemic and have an anxious nature". In addition, they are people who do not hide their astonishment when they see people who comply with the precautions at the hotel and are surprised that the measures taken regarding the COVID-19 pandemic (fever measurement, social distance rules, the must to wear a mask) are observed within the hotel boundaries. Finally, tourists who are defined as those opposing the process are people who "complain about the rules taken due to the pandemic process, who do not hesitate to express their dissatisfaction with fever measurement and the use of masks, and who argue that the wearing of masks by the employees is sufficient, and do not want to follow the same rules with the employees". This behavior patterns that emerge here can reflect the attitudes of tourists in possible crisis situations, such as pandemics, disasters, wars, etc. Considering that the behaviors corresponding to the attitude are likely to change as a result of the revisions in the attitude (Ajzen & Fishbein, 1977), the change in the risk attitude will affect the behavior. Here, the task falls on tourism practitioners because they can increase the attractiveness of a region and make the destination attractive only by reducing the risk perception (Luo & Lam, 2020).

Attitudes are individual for sure. In other words, attitude is a tendency attributed to the individual (Cöllü & Oztürk, 2006) and differs from person to person. Pandemic diseases, which are described as one of the crisis periods, have caused changes in the attitude, behavior, expectations and travel preferences of tourists participating in the phenomenon of tourism (Fuchs & Reichel, 2011; Karl *et al.*, 2015; Lepp & Gibson, 2008; Kozak *et al.*, 2007; Law, 2006; McKercher & Hui, 2003). The fact that there are people who have anxiety about travel while there are people who have a tendency to travel and are eager to travel has also been very crucial in post-Covid research studies and it has been suggested that these tourist behaviors should be investigated prospectively in order to reveal the tourist typologies (Wachyuni & Kusumangrum, 2020). With this study, the tourist profiles that can form the basis of the tourist typology proposal have been revealed and in the future, new typology classifications may be possible by investigating the subjects in different cultures. The scale of this study is expected to serve as a guide for future studies that aim to reveal the adaptation processes of tourists during health crisis. The items in the scale are understandable, and it consists of 26 items in total, which makes the scale very feasible. It is also suggested that the compliance of tourists in different destinations and different businesses can be measured, and its relationship with different variables such as demographic variables or satisfaction levels can be investigated.

Implications

During the COVID-19 pandemic, it is necessary to understand people's behavior and to create procedures according to them. Different adaptations require different behaviors as well as different management techniques for tourism practitioners. Even though the pandemic is uniform, there will always be different guests who will push the standards because there is no

single type of person. Understanding people in the best way and managing all different human behaviors effectively during this challenging process is the key implication of this research for managers. It is thought that sectoral-based solutions can be produced faster in similar pandemic periods in the light of the tourist behavior patterns that emerged as a result of the present research.

A different impact has been made to the theory on personalized tourist services and tourist expectations and attitudes. Despite the fact that there are a lot of studies suggesting the risk perception of tourists is high, this study reveals that there is a tourist group that does not even care about a very important and deadly pandemic such as Covid, and that this group is dissatisfied even though they obey the rules. Therefore, these findings contribute to the literature from a different perspective.

Ethical Text

In this article, research and publication ethics rules are followed. The responsibility of any violation regarding the article belongs to the author(s).

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