Contents lists available at ScienceDirect



Journal of Hospitality and Tourism Management



Should we cancel? An examination of risk handling in travel social media before visiting ebola-free destinations



Hospitality

Manageme

12

Isaac Mizrachi^{*}, Galia Fuchs

Department of Hotel and Tourism Management, Guilford Glazer Faculty of Management, Ben-Gurion University of the Negev, P.O. Box 653, Beersheba, 84105, Israel

ARTICLE INFO

Article history: Received 9 November 2015 Received in revised form 13 December 2015 Accepted 23 January 2016 Available online 6 April 2016

Keywords: Social media Tourist risk perceptions Risk-handling Ebola African tourism Trip Advisor

ABSTRACT

Risk perceptions can be far more meaningful in a tourist's decision-making process than the objective conditions at the proposed destination. As a result of the recent Ebola outbreak in West Africa, many African destinations that are Ebola-free are suffering from a negative impact on travel bookings. This exploratory study examines the user discourse about Ebola and the risk-handling strategies associated with it as reflected in travel social media. Thematic analysis of 200 user posts on Trip Advisor forums regarding travel to Ebola-free countries in Africa revealed three main themes representing that online discourse: Positive Thinking and Encouragement; Knowledge Development and Preparation; and Personal Risk Assessment. The findings provide a better understanding of online communities' attitudes to Ebola risk perceptions and the ways to handle them. The study may thus assist tourism authorities in destinations suffering from health-related stigmas and misconceptions in their marketing efforts to sustain the industry.

© 2016 The Authors.

1. Introduction

The 2014 Ebola outbreak in West Africa has severely damaged the continent's tourism industry, even in Ebola-free destinations. Reports indicate that hotel and tour bookings in countries such as South Africa, Kenya and Tanzania, which are thousands of kilometers away from Ebola-effected countries, have fallen significantly since the start of the outbreak (Hughes, 2014; Isaacs, 2014; Paris, 2014), causing major financial losses for tour operators and local communities. The perceived health risk from Ebola is an example of one of the ever-growing list of tourist risks, which vary from financial and cultural risks to risks associated with natural disasters and terrorism (Araña & León, 2008; Chew & Jahari, 2014; Fuchs & Reichel, 2006; Jonas, Mansfeld, Paz, & Potasman, 2011; Roehl & Fesenmaier, 1992). These perceived risks might influence tourists' decisions and behavior in such a way that they might postpone a trip or change a destination in an effort to reduce the perceived risks to a tolerable level, enabling them to go ahead with their travel plans (Fuchs & Reichel, 2011). One such risk-reduction strategy is information seeking. The search for information that

could reduce the perceived risk level could take place in several arenas, including social media and online communities, which have become a central platform for the collection and dissemination of travel information (Gretzel, Yoo, & Purifoy, 2007; Hays, Page, & Buhalis, 2013; Leung, Law, van Hoof, & Buhalis, 2013; Litvin, Goldsmith, & Pan, 2008; Parra-Lóopez et al., 2011; Tsaur, Huang, & Luoh, 2014). For emergency situations, such as the Ebola outbreak, social media offers an alternative to the top-down flow of mass media information, allowing users to share real-time updates from the ground (Paris & Rubin, 2013).

The purpose of the current study is to gain insight into how the debate on travel risk perception and the ways to mitigate travel risks have developed in social media networks. Specifically, how the discussion on Ebola is being framed in TripAdvisor's travel forums—the themes, tones and risk-handling tactics suggested by the online community for prospective visitors to Ebola-free countries in Africa.

2. Literature review

2.1. The ebola virus disease and its influence on African tourism

The World Health Organization (WHO) describes Ebola as "a severe, often fatal illness, with a case fatality rate of up to 90%"

^{*} Corresponding author.

E-mail addresses: isaacmi@post.bgu.ac.il (I. Mizrachi), galiaf@som.bgu.ac.il (G. Fuchs).

(World Health Organization, 2014). For the current Ebola epidemic, which began in Guinea in December 2013, there are total of 28,607 confirmed cases and 11,314 deaths from the virus in five countries in West Africa: Guinea, Liberia, Nigeria, Senegal and Sierra Leone (WHO Ebola Response Team, 2014).

Despite the vast size of Africa, the continent is often seen as a single destination. Thus, although Ebola is currently affecting only the above West African countries, the demand for tourism has been severely damaged in African countries that are Ebola-free (Paris, 2014). Recent reports have highlighted low occupancy rates in hotels in Kenya and growing concerns for the safari industry in South Africa. The latter suffered a 20%–70% decline in bookings in 2014 as a result of Ebola fears among tourists (Isaacs, 2014). Such regional consequences have also been documented in the literature in the context of other destinations: When a particular country faces a crisis or a disaster, the perceived risks not only affect the hit/ vulnerable destination but also generate spillover effects in tourism flows in neighboring regions or countries, even though these destinations are not directly affected by the disaster (Cavlek, 2002; Eichelberger, 2007; Hall & O'Sullivan, 1996; Mansfeld, 1999; Neumayer, 2004; O'Neill & Fitz, 1996; Sönmez & Graefe, 1998).

2.2. Risk perceptions in travel

Choosing a tourist destination often involves dealing with various types of perceived risks, ranging from predicted disappointment with the expected experience, through the potential waste of precious vacation time, to the fear of physical harm due to disease, natural disasters, crime or geopolitical terror (Araña & León, 2008; Carr, 2001; Dolnicar, 2005; Fuchs & Reichel, 2006, 2011; Hunter-Jones, Jeffs, & Smith, 2007; Jonas et al., 2011; Larsen, Øgaard, & Brun, 2009; Park & Reisinger, 2010; Reisinger & Mavondo, 2005; Roehl & Fesenmaier, 1992; Simpson & Siguaw, 2008; Williams & Baláž, 2014). Tourists perceive the dimensions and severity of risks differently, based on factors such as general travel experience (Sharifpour, Walters, Ritchie, & Winter, 2013), previous experience in a particular destination (Fuchs & Reichel, 2011), subjective knowledge (Sharifpour & Walters, 2014), nationality (Fuchs & Reichel, 2004; Reisinger & Mavondo, 2006a, 2006b; Seddighi, Nuttall, & Theocharous, 2001), age (Aro, Vartti, Schreck, Turtiainen, & Uutela, 2009), gender (Carr, 2001; Kozak, Crotts, & Law, 2007; Lepp & Gibson, 2003), and certain personality traits, as in sensation-seeking (Fuchs, 2013) and crisis-resistant (Hajibaba, Gretzel, Leisch, & Dolnicar, 2015) tourists. It should be noted that perceived risk influences the tourist's behavior even if, in fact, it does not exist in reality. In contrast, an unperceived risk will not affect the tourist, even if it is real and tangible (Fuchs & Reichel, 2011).

Health problems are central to tourist risk perception. Perceived health risks in travel vary from sickness as a result of unfamiliar food in the foreign destination, through hygiene problems, to viral diseases and global pandemics (Cohen & Avieli, 2004; Jonas et al., 2011; Liu & Pennington-Gray, 2015). These perceived risks have the potential to significantly damage tourism demand, as happened in the UK after the outbreak of the swine flu pandemic (Page, Song, & Wu, 2011) or in Taiwan, which suffered a 71.54% decline in arrival numbers in the second quarter of 2003 due to the outbreak of the SARS epidemic (Mao, Ding, & Lee, 2010). At the same time, reputational damage that is based on stigmatized health risk perceptions in risk-free destinations scare tourists away, as in the cases of New York's Chinatown during the SARS epidemic (Eichelberger, 2007) or the Thai island of Phuket, which suffered a strong visitor decline in the years following the deadly tsunami of 2004 (Ichinosawa, 2006). The authors demonstrate how risk-induced stigmas attached to destinations such as China or Thailand, in addition to a current or recent health disaster, can lead to tourism decline even in danger-free zones.

The literature on risk perceptions indicates that the dimensions of perceived health risks and of other perceived risks have a major influence on tourist decisions and behavior, for example, postponing a trip, changing a destination and/or adopting strategies aiming to reduce the perceived risk level to a tolerable level (Aro et al., 2009: Dolnicar, 2005: Fuchs & Reichel, 2011: Henthorne, George, & Smith, 2013; Kozak et al., 2007; Lo, Cheung, & Law, 2011; Sharifpour & Walters, 2014; Simpson & Siguaw, 2008; Sönmez, 1998). Risk reduction strategies may be any information or actions that either increase the degree of certainty or reduce the severity of consequences or outcomes of an activity that has tourist value (Lo et al., 2011). These strategies include: consulting people who have previously visited the destination; referring to World Trade Organization (WTO) publications; making decisions in cooperation with relatives and friends; planning a short trip and/or an inexpensive trip; purchasing travel insurance; gathering information from travel agents; searching for information from friends and relatives and/or on the Internet; and, reading independent travel reviews (Fuchs & Reichel, 2011; Kim, Qu, & Kim, 2009; Lo et al., 2011; Mitchell & Vassos, 1997). In this context, recent studies highlight the rising importance of social media as a platform to obtain travel information (Buhalis, Leung, & Law, 2011; Jonas & Mansfeld, 2015; Jun, Vogt, & MacKay, 2007; Uysal, Harrill, & Woo, 2011).

2.3. Social media in travel and during emergencies

A social media site constitutes a virtual community where people with similar interests communicate by exchanging personal information (Shin, 2010). This relatively new form of publishing brings to the World Wide Web consumer-generated content (Xiang & Gretzel, 2010) of various types (text, videos, photos, audio) that is created and published by random users rather than by journalists. That content – from online reviews to public posts on online forums – is generally considered more influential and credible than commercial content due to its authenticity (Tsaur et al., 2014).

Tourists and tourism entities have been using social media to collect and distribute travel information since the emergence of Web 2.0 in the early 2000s (Gretzel et al., 2007; Hays et al., 2013; Leung et al., 2013; Litvin et al., 2008; Parra Lopez et al., 2011; Tsaur et al., 2014). Tourists can post questions on online travel forums or share holiday photos and videos on their favorite social network, while tourism businesses can engage with potential visitors by maintaining a brand account on sites like Facebook. Gretzel et al. (2007) suggest that both ratings on travel websites and online reviews written by users, help tourists with reducing travel-related risks and assisting them in choosing hotels and other tourism products. Several scholars have started documenting the phenomenon of social media use during emergencies (Chew & Eysenbach, 2010; Lampos & Cristianini, 2010; Mendoza, Poblete, & Castillo, 2010; Merchant, Elmer, & Lurie, 2011; Sigala, 2011; Yates & Paquette, 2011). In this context, it has been reported that geographical and temporal limits during a crisis can be overcome by social media (Sigala, 2011) and, while the traditional way of communicating information during disasters and crisis situations is top down from the authorities to the masses, social media offers an alternative in which users share real-time updates from the ground (Paris & Rubin, 2013). Users can be engaged during emergencies by receiving information pushed to their social networks by the authorities and by pulling content they themselves share on social media about the situation, as happened immediately after the Virginia Tech massacre (Merchant et al., 2011).

Similar usage patterns of social media during emergencies have

Download English Version:

https://daneshyari.com/en/article/1011375

Download Persian Version:

https://daneshyari.com/article/1011375

Daneshyari.com