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Residents' perceived risk, emotional solidarity, and support for tourism amidst the COVID-19 pandemic[★]

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ABSTRACT

Due to the spread of COVID-19 and restrictions on international travel, popular destinations around the world have experienced an influx of domestic tourists. Regardless of the economic benefits that tourists could bring, residents have expressed their concerns about the health risks that would accompany tourists. Residents are not risk-proof or risk-tolerant, but the literature to date has overlooked the relevance and importance of residents' perceived risk associated with tourists. Addressing this research gap, this study investigated how residents' perceived risk, emotional solidarity, and support for tourism were interrelated amid the pandemic. It was found that perceived risk was negatively associated with emotional solidarity and support for tourism, and emotional solidarity had a positive impact on support for tourism. Also, emotional solidarity was a partial mediator between perceived risk and support for tourism. Theoretical and practical implications of the findings are discussed within the closing of the article.

1. Introduction

"Going could mean bringing coronavirus to places ill prepared to deal with it. Not going could mean deepening economic woes. How do you choose?" (Burleigh, 2020, para. 1)

It is not a stretch to claim that COVID-19, a highly infectious and potentially lethal respiratory disease, has dominated and altered every aspect of human life in 2020 (Lew, Cheer, Haywood, Brouder, & Salazar, 2020). The COVID-19 pandemic is very likely to cause long-lasting paradigm shifts to the world even after it subsides (Assaf & Scuderi, 2020; Nicola et al., 2020). Of many domains of human life, tourism has been hit especially hard by the pandemic, as most countries have sealed off their borders or imposed large-scale lockdowns to bring movement to a standstill (Brouder et al., 2020; Lew et al., 2020). According to the United Nations World Tourism Organization (UNWTO) (2020), the number of international tourists dropped by 98% in May 2020 as compared to a year before. Even several months after the onset of the

pandemic, most countries are still facing an uphill battle against COVID-19, and international tourist numbers are not likely to return to the pre-COVID-19 status for at least two to five years (Lew et al., 2020), not until much of world's population is vaccinated and tourists' confidence levels of traveling overseas are restored.

Ironically, the substantial limitations on international tourism have made domestic tourism relatively uninhibited, to the point where tourism is actually booming in some countries. Although lockdowns are still underway in numerous countries or regions, fewer restrictions on traveling within borders are in place, so long as individuals comply with governmental health protocols (Center for Disease Control and Prevention [CDC], 2020b). The relatively minimal constraints on domestic travel, coupled with the tight ban on international tourism, has made domestic tourism the only viable option for individuals seeking getaways or refuges from their daily lives (Bladley, 2020), prompting the 'regionalization of tourism' (Romagosa, 2020). In fact, this domestic tourism boom has turned into a global phenomenon, reported in Australia (Barbour & Jasper, 2020), South Africa (Roelf, 2020), U.K.

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(Bull, 2020), China (Yu & Yang, 2020), and the U.S. (Frishberg, 2020). In some instances, governments have even encouraged domestic travel to salvage their tourism industry from collapsing (Sugiura, 2020).

Domestic tourism might be the "lifeblood" of some destinations, providing tourists a place to rest and relax, but it puts tourists and residents at higher risks of potentially spreading COVID-19 (CDC, 2020a), especially when many countries are facing multiple waves of COVID-19 cases. For tourists, it might be relatively easy to avoid COVID-19 hotspots, escaping if their destination turns into a danger zone by switching their plans accordingly (Brouder et al., 2020; Karl, Muskat, & Ritchie, 2020). However, residents are often left with few options from which to choose. The long incubation period and asymptomatic cases of COVID-19 make it challenging for residents to identify and avoid infectious tourists, so residents are often forced to either seclude themselves or accept risky tourists (Compton, 2020). Island destinations often have high economic dependence on tourism, and their residents may face a matter of choosing either economic collapse or health risks (Burleigh, 2020; Compton, 2020). While residents understand the risks associated with letting tourists into their communities, fencing themselves off from tourists can put their businesses and livelihoods at stake

This dilemma—which residents of many destinations are facing amidst the COVID-19 pandemic—suggests that residents can also perceive risks associated with tourism. In fact, the risk of experiencing negative outcomes is inherent in any human decisions or social settings (Dowling & Staelin, 1994), and thus residents are not immune to it either. However, to date, research on perceived risk has only considered tourists' perspectives, shortchanging residents' perceived risk as irrelevant and negligible. In normal circumstances, it is usually tourists who fall victim to asymmetric information/knowledge, service failure, and cultural shock, which all make them more susceptible to perceived risk (Quintal, Lee, & Soutar, 2010; Reisinger & Mavondo, 2005; Roehl & Fesenmaier, 1992). Yet, in abnormal situations like the pandemic, residents' perceived risk is also prominent and demands adequate scholarly attention (Qui, Park, Li & Song, 2020; Sharifpour, Walters, & Ritchie, 2014; Zenker & Kock, 2020). In fact, residents' resistance and hostility against tourists (i.e. tourist-phobia) during the pandemic (Mostafanezhad, 2020; Chamings, 2020) indicate their perceived risk is real and substantial.

Would residents still support tourism amidst the COVID-19 pandemic? How would they feel about tourists? How would their perceived risk from tourists and feelings about tourists affect their support for tourism? These are important questions whose answers remain unexplored and unknown. While the high potential risk that residents see from tourism during the pandemic is likely to undermine their support for such tourism, the social exchange theory (Emerson, 1976) suggests that residents would appreciate tourists and tourism as long as resultant benefits outweigh its costs. Studies also identified a positive relationship between perceived safety and emotional solidarity (e.g. Simpson & Simpson, 2017; Suess, Woosnam, & Erul, 2020; Woosnam, Shafer, Scott, & Timothy, 2015), but the relationship is likely to change when residents see tourists' presence as a source of health risks (Sönmez, Apostolopoulos, & Tarlow, 1999). Likewise, if and how emotional solidarity relates to support for tourism in the pandemic demands further research; a positive link between emotional solidarity and support for tourism was confirmed (Lai & Hitchcock, 2017; Woosnam, 2012), but its nature and the intensity may shift in extraordinary circumstances involving major safety or health risks.

As such, tourism research to date has failed to acknowledge the importance of residents' perceived risk concerning interactions with tourists and tourism overall, making it questionable if residents would still develop emotional solidarity toward tourists and if the feeling would lead to residents' approval of tourism even when tourism is viewed as a source of risk. This study, undertaken from residents' points of view, tried to address these research gaps by assessing how perceived risk affects: a) emotional solidarity toward tourists and b) support for

tourism, as well as c) how emotional solidarity influences support for tourism amidst the pandemic.

In addressing the above research questions, Jeju Island (hereafter 'Jeju') in South Korea was selected as the study site. Since Jeju is one of the most popular destinations in South Korea, its residents have also been facing a dilemma of choosing between continuing its tourism industry and containing the COVID-19 pandemic. While embracing domestic tourism may help residents save the local economy, it can also trigger mass infection, something that the remote island of Jeju has tried to avoid. Such mixed feelings of hope and anxiety make Jeju an appropriate site for this study.

2. Literature review

2.1. Perceived risk

The term 'perceived risk' refers to individuals' awareness and assessment of the uncertainty and negative outcomes that may result from their decision making (Dowling & Staelin, 1994; Haddock, 1993). Instead of the actual likelihood of negative consequences, it represents individuals' subjective expectation of potential loss (Quintal et al., 2010; Reisinger & Mavondo, 2005). Thus, even individuals in the same setting are likely to differ in what they view as a risk source and how they assess the risk level associated with each source. While perceived risk and perceived uncertainty are normally used without little distinction (Yang & Nair, 2014), in a strict theoretical sense, risk differs from uncertainty as the former has a known probability (e.g. 5% chance of getting COVID-19) whereas the latter does not (e.g. tourists may have COVID-19 or not) (Quintal et al., 2010).

Risk is inherent in every decision making (Dowling & Staelin, 1994) but has greater implications in tourism (Quintal et al., 2010; Yang & Nair, 2014). The experiential nature of tourism (Inkson & Minnaert, 2012) mandates tourists to make upfront payments with less knowledge of the products or services they would actually receive. Even if tourists do not like the actual outcomes, they are hardly reversible. International tourism often places individuals in cross-cultural settings (Reisinger & Mavondo, 2005) and exposes them to additional safety and health risks (Lepp & Gibson, 2008; Rittichainuwat & Chakraborty, 2009; Sönmez & Graefe, 1998). Furthermore, the rise in political instability, religious conflicts, natural disasters, and infectious diseases poses additional risks to tourism both as a phenomenon and as an industry (Williams & Balaz, 2013)

Accordingly, perceived risk is instrumental in understanding tourists' attitudes and behaviors. For some tourists, a manageable degree of perceived risk can make their tourism experiences more stimulating and memorable (Karl et al., 2020; Quintal et al., 2010; Yang & Nair, 2014). This is also implied in Plog's (1974) tourist typologies (i.e. allocentric) or Lepp and Gibson's (2008) research on sensation-seeking tourists. However, tourists generally avoid destinations or activities they see as overly risky to their physical or social well-being (Sönmez et al., 1999; Uriely & Belhassen, 2006) or hedge against risks via information search (Maser & Weidermair, 1998) and safety nets (e.g. insurance) (Williams & Balaz, 2013). In fact, most studies report a negative relationship between perceived risk and travel intention whether the situation involves normal international travel (Reisinger & Mavondo, 2005) or sudden major incidents like a terrorist attack (Floyd, Gibson, Pennington-Gray, & Thapa, 2004), a nuclear accident (Chew & Jahari, 2014), or an infectious disease (Kozak, Crotts, & Law, 2007).

Despite the growing scholarly interest on perceived risk in tourism settings, residents' perspectives of perceived risk are missing from the literature (Sharifpour et al., 2014). That is, perceived risk has been considered a concept that is applicable exclusively to tourists, presumably because tourists are more likely to lack knowledge/information about destinations and are exposed to physical-equipment risk, vacation risk, and destination-specific risks (Roehl & Fesenmaier, 1992). While residents may only experience minimal and manageable risks from

tourism in a normal situation, their levels of perceived risk are likely to be substantial when they face a massive influx of tourists amidst the COVID-19 pandemic (Zenker & Kock, 2020). Furthermore, residents often remain clueless as to which tourists are infectious, and this lack of knowledge—along with health and economic risks—would substantiate residents' perceived risk from tourism and influence their attitudes about tourism, highlighting a new area worthy of scholarly exploration.

2.2. Emotional solidarity

The concept of 'emotional solidarity' first appeared in the early 20th century in the work of Durkheim (1912) who noticed that individuals in a religious setting may develop strong affective bonds (i.e. emotional solidarity) with one another, prompted by the sacred beliefs and collective behaviors they shared. Interaction, which had remained implicit in Durkheim's (1912) work, was later added by Collins (1975) as the third antecedent of emotional solidarity. This tri-antecedent model is the emotional solidarity theory, which was first advanced within tourism research by Woosnam, Norman, and Ying (2009). The theory—even before Collins' (1975) contribution—has provided valuable insights into the emergence and the influence of emotional bonds between family members (Geiger, 1955; Klapp, 1959) or prison inmates (Street, 1965).

In tourism research, it was not until Woosnam et al.'s (2009) study that the emotional solidarity theory was introduced. Using the theory, Woosnam et al. (2009) showed that residents and tourists could be sympathetic and united with one another, the possibility that had been overlooked in conventional views of resident-tourist relationships (Ward & Berno, 2011). In a subsequent study, Woosnam and Norman (2010) developed the Emotional Solidarity Scale (ESS) which includes 10 items across three dimensions of welcoming nature, emotional closeness, and sympathetic understanding. For a little over a decade, the three-dimensional structure of the ESS has been proven reliable and valid across various cultures and tourism types (Joo, Cho, & Woosnam, 2019; Joo et al., 2018; Lai & Hitchcock, 2017; Li & Wan, 2017; Woosnam & Aleshinloye, 2018; Woosnam, Aleshinloye, Van Winkle, & Qian, 2014).

Emotional solidarity is often affected by the ties between individuals and destinations. Length of residence (Woosnam et al., 2014) or attachment to the community (Li & Wan, 2017) are predictors of residents' emotional solidarity toward tourists. Likewise, tourists who are more attached to a destination (Woosnam, Aleshinloye, Strzelecka, & Erul, 2018) or live closer to it (Joo, Woosnam, Shafer, Scott, & An, 2017) show higher emotional solidarity toward residents. Such friendly feelings tend to cultivate similarly positive attitudes. Residents with high emotional solidarity toward tourists tend to maintain more optimistic views about the current impact and the future potential of tourism in their communities (Lai & Hitchcock, 2017; Woosnam, 2012). As for tourists, emotional solidarity narrows their social distance with residents (Joo et al., 2018) and promotes their intentions to revisit and recommend the destination (Joo, Woosnam, Lee, & Lee, 2020; Ribeiro, Woosnam, Pinto, & Silva, 2018).

Notwithstanding their theoretical implications, emotional solidarity studies so far only considered tourism in normalcy. That is, it is unknown how emotional solidarity would emerge or function in troubling situations which involve safety or health risks. A few studies considered perceived safety in tandem with emotional solidarity (e.g. Simpson & Simpson, 2017; Suess et al., 2020; Woosnam et al., 2015) and found a positive relationship between the two concepts. However, none of the study settings involved extreme risks like COVID-19. It is beyond question that residents' and tourists' attitudes and behaviors would be significantly different in such extreme situations (Li, Zhang, Liu, Kozak, & Wen, 2020; Zenker & Kock, 2020), possibly revealing a situation where emotional dissonance, instead of emotional solidarity, is observed between the two groups, as Joo et al. (2018) posited.

2.3. Support for tourism

Support for tourism, or individuals' positive attitudinal or behavioral responses to tourism, has been a major topic of tourism research (Harrill, 2004). While there are recent studies on tourists' perspectives of tourism development (Joo, Woosnam, et al., 2020; Lee, Joo, Lee, & Woosnam, 2020), it is primarily residents' reactions to tourism which has dominated scholarly attention (Harrill, 2004). The major assumption is that to validate tourism as a vehicle of sustainable development, there needs to be an in-depth understanding of how residents—who are not only impacted more but also participate in creating and delivering tourism experiences—think and behave regarding tourism in their communities (Harrill, 2004). As such, just like destination loyalty in tourist studies (Joo, Woosnam, et al., 2020), support for tourism is often considered an ultimate outcome in resident studies which needs to be deciphered by other concepts and theories.

The social exchange theory has been especially popular in explaining how residents' support for tourism is associated with their professional or economic ties to tourism. That is, those whose jobs are related to tourism or see much economic gains or potentials from it are more likely to demonstrate more favorable attitudes and behaviors to tourism (Ap, 1992; Gursoy & Rutherford, 2004; Madrigal, 1993; Pizam, 1978). This social exchange approach can also be used to explain how residents react to social and cultural (i.e. non-financial) benefits and costs induced by tourism (Andereck, Valentine, Knopf, & Vogt, 2005; Perdue et al., 1987). In fact, the majority of studies on support for tourism until the turn of the 21st century utilized the social exchange theory, making it a default theoretical tool in analyzing how residents think and behave in relation to tourism (Ward & Berno, 2011).

However, not all residents base their views of tourism on perceived benefits and costs (Joo, Cho, Woosnam, & Suess, 2020). Ward and Berno (2011) called for an approach that transcends the social exchange theory as it disregards emotional and non-transactional contributors to residents' support for tourism. In fact, length of residence (McCool & Martin, 1994) and community attachment (Harrill & Potts, 2003) also predict residents' support for tourism and represent sentimental aspects of the relationship. Emotional solidarity was also utilized to show how residents' support for tourism is driven by positive emotional bonds, the possibility outside the social exchange theory. Findings suggest that emotional solidarity toward tourists is a significant contributor to support for tourism in settings including coastal towns in the U.S. (Woosnam, 2012) and Turkey (Erul, Woosnam, & McIntosh, 2020) and festivals in Macao (Li & Wan, 2017).

2.4. Conceptual framework

In a period of normalcy, a massive influx of domestic tourists would potentially be welcomed by residents for the resultant economic contributions to the community. However, during the COVID-19 pandemic, tourists pose great challenges to residents. Unlike tourists who can identify and avoid risky destinations and times (Hassan & Soliman, 2020), residents have little at their disposal to identify infectious tourists. COVID-19 has a long incubation period of up to 14 days (CDC, 2020a), meaning that infected tourists may come during the incubation period and become infectious while in the destination. To make it even worse, tourists may still be infectious without any symptoms (CDC, 2020a). Such asymptomatic cases make it nearly impossible to identify and isolate all infectious tourists visiting a destination. These difficulties in detecting and distancing a risk source create a knowledge barrier for residents which substantiates their perceived risk (Quintal et al., 2010; William & Baláž, 2013). Furthermore, a COVID-19 infection not only endangers residents' health but also their livelihood as their businesses would be closed (Burleigh, 2020).

Individuals generally avoid risks that are deemed intolerable and fatal (Levy, 2015; Sönmez et al., 1999; Uriely & Belhassen, 2006). Even when potential benefits from risk-taking is considerable and may

outweigh its costs, individuals utilize risk-handling strategies to brace themselves from loss (Dowling & Staelin, 1994). Such an avoid-or-manage approach is also observed among tourists. When perceived risk is great, tourists often choose not to travel at all or switch destinations (Hassan & Soliman, 2020; Karl et al., 2020; Sönmez & Graefe, 1998), engage in active information search (Mizrachi & Fuchs, 2016), or prepare safety nets (e.g. insurance) (Uriely & Belhassen, 2006). While research on residents' reactions to perceived risk is lacking (Sharifpour et al., 2014), residents also utilize similar avoidance or withdrawal strategies if they see the presence of tourists discomforting and intolerable (Ap & Crompton, 1993) and retrieve their support for tourism if its costs outweigh benefits (Andereck et al., 2005). Residents are likely to show similar reactions to tourism during the COVID-19 pandemic, since the pandemic would incur substantial social costs to destinations (Qui et al., 2020) and a massive influx of tourists may exacerbate the social costs even further (Epstein et al., 2007). As such, the following relationship was hypothesized.

H1. Residents' perceived risk from tourists would have a negative influence on their support for tourism.

When residents see tourists as a risk source of COVID-19 infection, they are likely to distance themselves from tourists both physically and mentally. Staying at least 2 m (six feet) away from others and avoiding interaction are standard methods in fighting the COVID-19 pandemic (CDC, 2020a). Furthermore, the fear of contagious disease may heighten inter-group prejudice (Faulkner, Schaller, Park, & Duncan, 2004; Li et al., 2020), leading to emotional detachment. In fact, in the earlier stage of the pandemic, Asian tourists were often stigmatized and attacked in the destinations they visited (Diroy, 2020). Accordingly, this study hypothesized the following relationships between residents' perceived risk and their welcoming nature, emotional closeness, and sympathetic understanding, the three factors of the ESS (Woosnam & Norman, 2010).

H2. Residents' perceived risk from tourists would have a negative influence on their *welcoming nature* (H_{2a}), *emotional closeness* (H_{2b}), and *sympathetic understanding* (H_{2c}) toward tourists.

The positive association between residents' emotional solidarity toward tourists and their support for tourism has been widely supported in studies (e.g. Erul et al., 2020; Hasani, Moghavvemi, & Hamzah, 2016; Lai & Hitchcock, 2017; Li & Wan, 2017; Woosnam, 2012). Central to this emotional solidarity approach is that residents who feel emotionally bonded to tourists are more likely to appreciate the benefits that tourism brings to their communities and support it (Woosnam, 2012). While the COVID-19 pandemic may present a fresh look at emotional solidarity and support for tourism, their positive association is likely to remain unaltered. Therefore, the following relationships between ESS factors and support for tourism were put forth.

H3. Residents' welcoming nature (H_{3a}) , emotional closeness (H_{3b}) , and sympathetic understanding (H_{3c}) toward tourists would have a positive influence on their support for tourism.

Finally, putting H_1 , H_2 , and H_3 together, this study also assumed that emotional solidarity would function as a mediator between residents' perceived risk and their support for tourism.

H4. : Residents' welcoming nature (H_{4a}) , emotional closeness (H_{4b}) , and sympathetic understanding (H_{4c}) toward tourists would mediate the relationship between perceived risk and support for tourism.

Based on the hypotheses illustrated above, this study proposed the conceptual framework shown in Fig. 1.

3. Methods

3.1. Study site: Jeju Island

Jeju was the site of this study. Located about 80 km (50 miles) off the southern tip of the Korean Peninsula, it is the largest island in South Korea and forms the Jeju Special Self-governing Province (JSSP) (i.e. state) on its own. Its amicable and stable climate, coastal surroundings, distinctive culture (e.g. female divers or local dialect), and unique landscape (e.g. a UNESCO World Heritage Site or the tallest mountain in South Korea) make Jeju a prime destination for domestic tourists as well as foreigners visiting South Korea. In 2019, over 15 million tourists visited Jeju and more than 1.7 million of them were from overseas (JSSP, 2020a). Given Jeju is home to approximately 690,000 residents (JSSP, 2020b), there are more than 20 tourists for every resident. Resultingly, Jeju's economy is highly dependent on tourism (Song & Lee, 2018) with roughly 6.5% of its population working in the tourism industry (Bank of Korea Jeju, 2018).

South Korea is one of the top-10 origin countries in the international tourism market, with almost 29 million South Koreans traveling in 2018 (OECD, 2019). However, due to the COVID-19 pandemic, the government has tightened its borders by mandating every inbound tourist to be quarantined for 14 days under supervision (Ministry of Health and Welfare [MOHW], 2020a). The same quarantine rule is applied to Koreans who return from overseas travel. As such, much of the demand for international tourism has been redirected to domestic destinations like Jeju, causing an influx of domestic tourists in popular destinations within South Korea. In fact, compared to 2019, monthly numbers of tourists to Jeju have declined only modestly (e.g. -14.6% in July 2020) due to the pandemic (Jeju Tourism Association, 2020).

Incoming domestic tourists help the local tourism industry survive during the current difficult time, however, Jeju residents have also expressed concerns about the potential risks that tourism would bring. Being an island far off the mainland, Jeju has been relatively successful in fencing itself off from the COVID-19 pandemic, and residents have

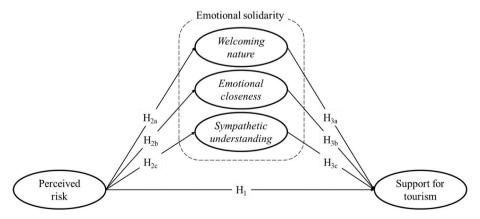


Fig. 1. Conceptual framework.

fought hard to keep Jeju safe. JSSP even pressed legal charges against domestic tourists who had continued their visit without reporting their COVID-19 symptoms (Kwon & Marcus, 2020). As such, Jeju residents have mixed feelings of hope and concern regarding tourists visiting the island during the COVID-19 pandemic (Jun, 2020).

The dilemma that Jeju faces during the pandemic is common to many destinations around the world. Caribbean islands (Burleigh, 2020), New Orleans (Woods, 2020) or Lake Tahoe (Chamings, 2020) are just some of the many destinations that remain accessible to tourists who cannot fly elsewhere. As such, Jeju was deemed an ideal place to test the inter-relationship between residents' perceived risk, emotional solidarity, and support for tourism, leading to findings potentially generalizable elsewhere. However, at the same time, it should be noted that Jeju, being an island, was in a more advantageous situation than other destinations which are accessible via land. Since Jeiu has been able to remain relatively safe from COVID-19, residents may feel greater discomfort from the influx of tourists. Adding to this, the island has a history of oppression which makes Jeju residents more wary about non-islanders. In that sense, findings from Jeju would have greater relevance to Hawaii, Okinawa, or Taiwan which shares similar backgrounds.

3.2. Survey instrument

In addition to basic demographic information, this study measured residents' perceived risk, emotional solidarity, and support for tourism pertaining to tourists and tourism during the COVID-19 pandemic. Perceived risk was measured using a unidimensional, 4-item scale employed from Kim's (2010) and Jeong and Cho's (2020) studies. As for emotional solidarity, the ESS (Woosnam & Norman, 2010) was used; again, the ESS has 10 items split across the three dimensions of welcoming nature, emotional closeness, and sympathetic understanding. Finally, to capture support for tourism, five items were borrowed from previous studies (i.e. Moghavvemi, Woosnam, Paramanatahn, & Hamzah, 2017; Sirakaya, Teye, & Sönmez, 2002; Stylidis, Biran, Sit, & Szivas, 2014). All scale items were presented on a 5-point Likert scale, where '1' indicates strong disagreement and '5' indicates strong agreement to a positively worded statement.

The survey instrument was first developed in English and translated into Korean for actual data collection. To ensure the accuracy and consistency of the translation, the Korean version of the survey instrument was back-translated by two researchers who are fluent in both languages. To ascertain the readability, clarity, and content validity of the survey instrument, a pre-test was conducted using a sample of 50 graduate students, including some from Jeju.

3.3. Data collection

Data for this study was collected online from May 27 to June 7, 2020. South Korea did not experience any major surge in COVID-19 cases from early April to late July 2020 (MOHW, 2020b), so respondents' perceptions and attitudes toward tourists and tourism would have remained stable for months. As such, there would have been little chance of obtaining different results, even if the data collection had been undertaken in different time periods. To comply with governmental health protocols and to ease respondents' anxiety regarding health risks associated with in-person contact, potential respondents were invited to the online survey using snowball sampling. Specifically, a group of known Jeju residents were invited on KakaoTalk—a mobile messaging application that covers almost the entire Korean population—and asked to fill out the online survey instrument through Google Forms. Once a respondent completed the survey, he or she was asked to invite other individuals who also lived in Jeju and were at least 18 years old. To promote active participation and honest response, a digital coffee voucher was provided to each respondent. A total of 643 responses were collected, but nine of them were discarded for incompletion.

Resultingly, 634 responses were retained for data analysis.

3.4. Data analysis

Basic descriptive analysis was undertaken using SPSS 24.0. When testing the research hypotheses, this study ran Partial Least Square (PLS) Structural Equation Modeling (SEM), using SmartPLS 3.0 and Anderson and Gerbing's (1988) two-step approach. Compared to covariance-based SEM, PLS-SEM has the following merits: a) when the research goal is to predict a target construct (e.g. support for tourism) and identify its key predictors (e.g. perceived risk or emotional solidarity), b) the data shows a non-normal distribution, and c) greater statistical power is needed (Hair, Ringle, & Sarstedt, 2011).

4. Results

4.1. Sample overview

The respondents included slightly more females (52.8%) than males (47.2%) (Table 1). The largest age group was 40–49 years (31.9%), followed by those in their 30s (23.2%) and 20s (21.5%). A small number of respondents were 60 years or older (4.3%), possibly because the data was collected online. More than half of the sample possessed a bachelor's degree (45.0%) or higher (9.1%) and reported a monthly income of KRW 3 million (around USD 2,500) or less (64.2%). Regarding their frequency of interaction with tourists, 58.0% reported interaction, whereas 42.0% reported no interaction. About a third (29.0%) of the sample reported professional ties to tourism.

 Table 1

 Socio-economic and demographic overview of the sample population.

Variables	n (%)			
Gender				
Male	299 (47.2%)			
Female	355 (52.8%)			
Age				
20 years or younger	38 (6.0%)			
20-29 years	136 (21.5%)			
30-39 years	147 (23.2%)			
40-49 years	202 (31.9%)			
50-59 years	84 (13.2%)			
60 years or older	27 (4.3%)			
Education				
Highschool diploma or less	165 (26.0%)			
Associate degree	126 (19.9%)			
Bachelor's degree	285 (45.0%)			
Master's degree or higher	58 (9.1%)			
Monthly income				
KRW 1.99 million or less	242 (38.2%)			
KRW 2-2.99 million	165 (26.0%)			
KRW 3-3.99 million	93 (14.7%)			
KRW 4-4.99 million	58 (9.1%)			
KRW 5-5.99 million	45 (7.1%)			
KRW 6 million or higher	31 (4.9%)			
Frequency of interacting with tourists				
None	266 (42%)			
1 day/week	110 (17.4%)			
2 days/week	74 (11.7%)			
3 days/week	45 (7.1%)			
4 days/week	22 (3.5%)			
5 days/week	60 (9.5%)			
6 days/week	15 (2.4%)			
7 days/week	42 (6.6%)			
Professional ties to tourism				
Yes	184 (29.0%)			
No	450 (71.0%)			

Note: USD 1 = 1,200 Korean Won (KRW).

4.2. Measurement model and its psychometric properties

Before testing the hypotheses, a measurement model was established and assessed. Since PLS-SEM takes a different approach to SEM, fit indices commonly used in CB-SEM are not available or recommended (Hair, Hult, Ringle, & Sarstedt, 2016). According to Hair, Risher, Sarstedt, and Ringle (2019), a model fit in PLS-SEM can be assessed using the following criteria: factor loadings and composite reliability (CR) should all be above 0.70 for internal reliability, and average variance extracted (AVE) should exceed 0.50 for convergent validity (i.e. items in the same factor should be sufficiently correlated with one another). As for discriminant validity (i.e. items in a factor should be minimally correlated with items in other factors), each factor's AVE needs to be greater than its squared inter-construct correlations (Fornell & Larcker, 1981).

As shown in Table 2, the measurement model was sound in its internal reliability and convergent validity. All factor loadings and CRs were greater than 0.70, supporting the internal reliability of the model; that is, responses to items in the same factor were consistent enough. The convergent validity of the model was proven from AVEs ranging between 0.704 (sympathetic understanding) and 0.867 (emotional closeness), suggesting that items in each factor were tightly correlated. In addition, Table 3 confirms the discriminant validity of the model since all AVEs were greater than their corresponding squared inter-construct correlations (Fornell & Larcker, 1981). This meant that each factor was distinctive without overlapping with others.

Residents evaluated their incoming tourists as a source of risk (composite mean = 3.895) which undermines their mental and physical well-being. As for the ESS factors, there were mixed outcomes, the

 Table 2

 Overview of the factors and items in the measurement model.

Factor and item	λ	Mean	SD
Perceived risk (CR = 0.925, AVE = 0.756)			,
Incoming tourists increase my anxiety/stress related to COVID-19 prevention.	0.822	3.909	0.998
Incoming tourists increase the risk of COVID-19	0.827	4.164	0.868
infection. Incoming tourists increase inconvenience in outdoor activities.	0.928	3.797	1.069
Incoming tourists make me reduce my outdoor activities.	0.895	3.708	1.128
Welcoming nature (CR = 0.909 , AVE = 0.714)			
I am proud to have tourists come to Jeju.	0.868	3.289	1.137
I feel the community benefits from having tourists to	0.863	3.798	1.006
Jeju.			
I appreciate tourists for the contribution they make to	0.908	3.593	1.009
the local economy.			
I treat tourists fair in Jeju.	0.730	3.827	0.866
Emotional closeness ($CR = 0.929$, $AVE = 0.867$)			
I feel close to some tourists I have met in Jeju.	0.931	3.073	1.035
I like to make friends with some tourists in Jeju.	0.932	2.869	1.103
Sympathetic understanding (CR $= 0.905$, AVE $= 0.704$)			
I identify with tourists to Jeju.	0.807	2.872	1.166
I have a lot in common with Jeju tourists.	0.857	2.735	1.038
I feel affection toward tourists in Jeju.	0.877	2.915	1.054
I understand tourists to Jeju.	0.811	3.372	1.001
Support for tourism (CR = 0.941 , AVE = 0.761)			
I support making further investment to develop Jeju tourism during the pandemic.	0.875	2.819	1.181
I support developing more content related to local history and culture for Jeju tourism during the pandemic.	0.848	2.997	1.203
I support providing tourists with more effective services during the pandemic.	0.898	2.904	1.197
I support attracting more tourists to Jeju during the pandemic.	0.874	2.357	1.128
I believe Jeju tourism should be actively promoted during the pandemic.	0.866	2.312	1.148

 $\textit{Note} \colon \lambda = \text{factor loading; } CR = \text{composite reliability; } AVE = \text{average variance extracted.}$

 Table 3

 Discriminant validity of the constructs in the measurement model.

Factor	PR	WN	EC	SU	SFT
Perceived risk (PR)	0.756				
Welcoming nature (WN)	0.084	0.714			
Emotional closeness (EC)	0.108	0.445	0.867		
Sympathetic understanding (SU)	0.114	0.468	0.612	0.704	
Support for tourism (SFT)	0.270	0.281	0.284	0.212	0.761

Note: Values on the diagonal line are AVEs and those off the diagonal line are squared inter-construct correlations.

composite mean for *welcoming nature* was 3.627, indicating positive feelings. However, *emotional closeness* (2.971) and *sympathetic understanding* (2.974) were slightly under 3.0, hinting at more negativity. When it comes to the composite mean of support (2.678) for tourism, an even more gloomy outcome was observed, and residents were clearly less supportive about tourism amid the pandemic.

4.3. Structural model and hypothesis testing

Since PLS-SEM does not provide global fit indices (e.g. CFI, TLI, or RMSEA) used in CB-SEM, a structural model needs to be assessed using Variance Inflation Factor (VIF), R^2 , and standardized path coefficients (Hair et al., 2019). VIFs should be less than 3.0 to rule out the possibility of multi-collinearity among constructs, R^2 should be acceptable as per standards of the academic field and study context, and standardized path coefficients should be statistically significant (Hair et al., 2019).

As shown in the note of Table 4, All VIFs were just above 1.0, with the highest VIF being 1.721 (support for tourism), which were well below the cut-off value of 5 as per Hair et al. (2019). As such, there was no multi-collinearity issue, meaning that the independent variables were not significantly correlated and their influences on the dependent variables could be isolated from one another. As for \mathbb{R}^2 estimates, support for tourism showed a value of 0.419, meaning that the remaining constructs in the structural model accounted for 41.9% of variation in support for tourism. The smallest R^2 was 0.084, observed from welcoming nature. While R^2 estimates were not moderate (0.5 or greater) or substantial (0.75 or greater) (Hair et al., 2019), they were still significant, satisfying Hair et al.'s (2019) cut-off (0.25 or greater) or Cohen's (2013) criteria (0.02 or greater for weak and 0.13 or greater for moderate). Furthermore, all standardized path coefficients were statistically significant at an $\alpha = 0.01$ level. These criteria considered together attested to the good fit of the structural model to the data.

This study first examined direct paths between each construct (Table 4). H_1 posited that residents' perceived risk from tourists would be negatively related to their support for tourism. This was supported by $\beta=-0.292$ (p < 0.001) for the path between the two constructs, indicating greater perceived risk leads to lower support for tourism. H_2 assumed that there existed direct negative relationships between perceived risk and each dimension of the ESS. Again, standardized path coefficients from perceived risk to welcoming nature ($\beta=-0.288$, p <

Table 4 Direct relationships between the constructs in the structure model ($H_1 \sim H_3$).

Hypothesis	Direct effect	p-value
H₁: Perceived risk → Support for tourism	-0.292	0.000
H_{2a} : Perceived risk \rightarrow Welcoming nature	-0.288	0.000
H _{2b} : Perceived risk → Emotional closeness	-0.328	0.000
H _{2c} : Perceived risk → Sympathetic understanding	-0.337	0.000
H _{3a} : Welcoming nature → Support for tourism	0.215	0.000
H _{3b} : Emotional closeness → Support for tourism	0.171	0.001
H_{3c} : Sympathetic understanding \rightarrow Support for tourism	0.154	0.000

Notes: VIF for: welcoming nature = 1.092; emotional closeness = 1.120; sympathetic understanding = 1.129; support for tourism = 1.721. R^2 for: welcoming nature = 0.084; emotional closeness = 0.107; sympathetic understanding = 0.114; support for tourism = 0.419.

0.001), emotional closeness ($\beta=-0.328,~p<0.001)$, and sympathetic understanding ($\beta=-0.337,~p<0.001)$ were all significant. In other words, the greater risk residents saw, the less emotional solidarity they had. H_3 postulated that each ESS factor would then exert positive impacts on support for tourism. This was also confirmed by standardized path coefficients from welcoming nature ($\beta=0.215,~p<0.001$), emotional closeness ($\beta=0.171,~p=0.001$), and sympathetic understanding ($\beta=0.154,~p<0.001$) on support for tourism being significant and positive at an $\alpha=0.01$ level, supporting $H_{3a},~H_{3b},~$ and $H_{3c}.~$ Again, this indicated more emotionally attached residents also had more favorable views of tourism.

The mediation analysis showed that perceived risk indirectly affected support for tourism via each ESS dimensions (Table 5). The sizes of the indirect effect mediated by welcoming nature, emotional closeness, and sympathetic understanding ranged from -0.052 to -0.062, which were significant at an $\alpha=0.01$ level. The total indirect effect was -0.170, suggesting partial mediation, where a portion of the negative impact that perceived risk had on support for tourism was channeled through their emotional solidarity. Hence, H_4 was also supported.

5. Discussion

For a long time, residents' perceived risk from tourists and tourism has been largely overlooked in tourism research as if residents were risk-proof or risk-tolerant. Nevertheless, the COVID-19 pandemic and the domestic tourism boom have unmasked the scholarly relevance and practical importance of residents' perceived risk to their reactions to tourists and tourism. To fill this important but overlooked void in tourism research, this study examined the relationships between residents' perceived risks from tourists, emotional solidarity toward tourists, and support for tourism during the pandemic.

As hypothesized, Jeju residents viewed incoming tourists as a risk source—which increases the chance of COVID-19 infection and causes disturbance to outdoor activities—, and such perceived risk of residents undermined their support for tourism. Evolutionary views suggest that such risk aversion is a general tendency found across all animal species including humans to protect themselves from the risk of extinction or mortality (Levy, 2015). Since COVID-19 is a potentially lethal disease, this ecological point of view can explain residents' pessimistic outlook of tourism during the COVID-19 pandemic. However, a more apposite interpretation of the finding comes from the social exchange theory perspective. That is, residents' negative reactions to tourism might have resulted from their negative assessment of benefits and costs associated with tourism. Perceiving tourists as a risk source would have negatively affected how residents assessed likely outcomes of tourists' presence, eventually bringing about the congruent change to support tourism. The social exchange theory has been proven powerful in explaining not only support (McGehee & Andereck, 2004) but also disappointment in relation to tourism (Teye, Sönmez, & Sirakya, 2002). Even though this study did not explicitly consider perceived benefits or costs from tourism, the social exchange theory offers a sensible interpretation.

Residents' perceived risk negatively affected their emotional solidarity toward tourists in all three domains of welcoming nature, emotional closeness, and sympathetic understanding. This can be attributed to three

Table 5 Indirect relationships between perceived risk and support for tourism (H_4) .

Hypothesis	Indirect effect	p- value
H_{4a} : Perceived risk \rightarrow Welcoming nature \rightarrow Support for tourism	-0.062	0.000
H_{4b} : Perceived risk \rightarrow Emotional closeness \rightarrow Support for tourism	-0.056	0.005
$H_{4c} \mbox{: Perceived risk} \rightarrow \textit{Sympathetic understanding} \rightarrow Support for tourism$	-0.052	0.009

Note: Total indirect effect of perceived risk on support for tourism = -0.170.

causes. First, the evolutionary perspective (Levy, 2015)—which assumes a general human tendency to avoid what is considered risky to survival—can also be applied here. Because COVID-19 is spread via human interaction CDC (2020a), tourists who might be delivering the virus to communities from outside would have been viewed as a risk source. As such, residents who perceived greater risk from tourists were more likely to practice social distancing and mask wearing as per governmental health protocols, leading to reduced interaction and greater emotional dissonance. Furthermore, pandemics generally highlight group boundaries and make individuals more vigilant against outsiders (e.g. tourists) (Li et al., 2020; Van Bavel et al., 2020). This is clearly demonstrated in the instances where Asian tourists were stigmatized and attacked in popular destinations in Europe (Diroy, 2020), implying the emotional dissonance toward tourists. The finding from this study hints at a similar possibility in domestic tourism where little ethnic and cultural difference exists.

Finally, this study confirmed positive links between all ESS factors (i. e. welcoming nature, emotional closeness, and sympathetic understanding) and support for tourism. Although the positive association between emotional solidarity and support for tourism may not be surprising, the finding proves that the positive relationship also holds in an instable and troubled situation like the pandemic. In fact, studies have rarely, if ever, tested the robustness of the emotional solidarity and support for tourism relationship in settings where residents were not supportive of tourism. Not only did emotional solidarity maintain its positive influence on support for tourism, but it also served as a partial mediator between perceived risk and support for tourism. In other words, while perceived risk was a meaningful predictor of support for tourism on its own, some of its influence had to be conveyed through each of the ESS factors forming causal chains. Such partial mediation validates the utilization of the social exchange theory and emotional solidarity theory in tandem to explain residents' reactions to tourism during the pandemic, as well as the causal sequence between them. However, it also implies that the conceptual framework can be further improved by considering additional mediators, such as community attachment (Harrill & Potts, 2003) or role of government (Assaf & Scuderi, 2020), so full mediation is achieved.

5.1. Theoretical implications

This study investigated the nature and the role of perceived risk from residents' perspectives. Prior to this study, perceived risk was utilized only to explain what tourists saw as risk sources and how their risk perceptions affected their decision making. Such limited attention was understandable, as tourism in a time of normalcy permits little room for residents' perceived risk (Roehl & Fesenmaier, 1992). However, the COVID-19 pandemic brings the importance and the relevance of residents' perceived risk to light (Qui et al., 2020; Sharifpour et al., 2014; Zenker & Kock, 2020). It is expected to take a while for the pandemic to end (Lew et al., 2020), and epidemiologists warn of future pandemics like COVID-19 (Contreras, 2020). All of these suggest that residents' perceived risk will remain highly important and relevant to tourism research (Sharifpour et al., 2014). As such, what was discussed and found in this study can serve as a foundation for future research on residents' reactions to tourism or tourism amidst pandemics.

The findings also expand the utility of emotional solidarity in explaining residents' support or disapproval of tourism. The emotional solidarity theory has been tested across various settings and demonstrated its efficacy in explicating residents' attitudes toward tourism (e. g. Lai & Hitchcock, 2017; Li & Wan, 2017; Woosnam, 2012). However, studies so far only rarely focused on situations involving much hostility or resistance against tourists like this study. In fact, this study is the first to report a mildly negative level of emotional solidarity found among residents, something that might be close to what Joo et al. (2018) called emotional dissonance. Regardless of the negative study setting, emotional solidarity was still a significant predictor of support for

tourism, attesting to the robustness of the positive association between emotional solidarity and support for tourism.

The conceptual model in this study would also be relevant to other destinations or risks. Especially, Jeju—as an island far off the mainland with exotic culture and environment—has much in common with many famous destinations as well, such as Hawaii of the U.S., Okinawa of Japan, or Canary Islands of Spain, to name a few. Many island destinations are similar in their economic structures (e.g. dependence on tourism) or historical backgrounds (e.g. oppressed or isolated). As such, the challenges that Jeju faces and the sentiments its residents have are likely to prevail in many island destinations, extending the theoretical implications achieved in this study. When risks are believed to be human-borne, there emerges a sharpened distinction between 'us' (i.e. in-group members who are believed to safe and trustworthy) and 'them' (i.e. out-group members who are potentially risky and unreliable) (Faulkner et al., 2004) leading to emotional dissonance. The spread of COVID-19 is an extreme human-borne risk where this nexus of perceived risks and emotional distance is most conspicuous but is not the only instance where the conceptual framework has relevance. For instance, the impacts of seasonal flu or tourist crime are less afflicting and salient, but they can be risks to residents' well-being. As such, vulnerable populations (e.g. older residents)—who are risk-averse—can be emotionally detached from tourists and feel discontented about tourism in nonpandemic situations.

5.2. Practical implications

The findings suggest the importance of mitigating residents' perceived risk and promoting their emotional solidarity to maintain their support for tourism amidst the COVID-19 pandemic. Perceived risk inherently comes from a lack of information (i.e. not knowing who is infectious) (Quintal et al., 2010). As such, governmental officials and destination managers must provide transparent and trustworthy information regarding who and how many are confirmed positive and where those individuals visited while in the destination. This, in fact, is the aggressive and successful containment strategy that has been utilized in a few Asian countries, including South Korea (Huang, Sun, & Sui, 2020). However, the fact that Jeju residents still fear tourists means that even tighter strategies are needed.

One thing to consider would be to limit the number of tourists who can be in a destination at the same time, so the destination operates at a limited capacity. This would not only relieve some of the concerns that residents have but also help tourists feel safer. Destinations should also consider imposing clear boundaries between tourist zones and residential areas. The recent emergence of the sharing economy and independent travel have blurred the distinction and made residents feel intruded by tourists. While such clear boundaries may undermine the quality of tourist experiences and residents' emotional solidarity with tourists, it would help eradicate residents' perceived risk.

When setting boundaries, letting lower levels of government decide their course of action (e.g. de-centralized action plan) might be helpful (Assaf & Scuderi, 2020). Such an approach, in an ideal sense, would let residents decide where tourists can be, and by having the power to control, residents can feel less threatened by tourists (Joo, Woosnam, Strzelecka, & Boley, 2020). Probably, destinations may also consider imposing a Pigouvian tax equivalent to tourists which can be invested in creating a safer environment for tourists as well as residents (Assaf & Scuderi, 2020; Qui et al., 2020). Such financial contribution can also foster greater support for tourism amongst residents or at a minimum, turn active rejection into passive objection (Emerson, 1976).

If perceived risk cannot be dispelled effectively, destination mangers should consider promoting emotional solidarity as a countermeasure. Social distancing and mask wearing are likely to remain and negatively affect emotional solidarity as they hinder interaction; so, promoting interaction—a commonly suggested approach (Joo & Woosnam, 2020)—cannot be viable. Instead, government officials and destination

managers may highlight how tourists are not risky and help tourism businesses to survive. Also, sharing positive tourist stories and reviews via online means would be an effective way to promote emotional solidarity in this time of 'un-tact' (Sigala, 2020).

5.3. Study limitations and suggestions for future research

Regardless of the theoretical and practical implications, this study also has shortcomings which should be addressed in future studies. First, although the social exchange theory was used as a theoretical underpinning, this study did not explicitly measure perceived benefits and costs from tourism. Since the social exchange theory assumes an assessment of benefits and costs as the major impetus of attitudes and behaviors, future research may consider testing how perceived risk affects perceived benefits and costs, which in turn, shape support for tourism. Second, given this study collected data online, elderly residents might have been underrepresented in the sample. Elderly individuals are typically more sensitive to health risks (Daoust, 2020) and less supportive of tourism (Cavus & Tanrisevdi, 2003; Sinclair-Maragh, 2017), so their views may differ from what was captured in this study. Future studies should utilize a better data collection method to reflect as many voices as possible in a study like this. Third, this study was undertaken in an extreme situation when tourists were viewed as a risk source related to the pandemic. While its conceptual model is expected to hold across different human-related risks in a period of normalcy (i.e. not during a pandemic), further research is required to test the robustness of the conceptual model. Furthermore, it should be noted that the conceptual model is less likely to work when examining natural disasters, where there is little room to see others as a direct risk source. Finally, this study had considered in its formative stage—which was not explicated in this article-how residents' professional ties to tourism moderated the relationships but had failed to obtain a meaningful outcome due to difficulties in establishing the measurement invariance between the two groups. Still, it is strongly recommended that future studies examine how residents' ties to tourism affect their view of tourism, since those who directly benefit from tourism are likely to be more emotionally attached and supportive of tourism (Emerson, 1976).

Author statement

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