

# HOW ANXIOUS ARE INDONESIANS WHEN THEY CAN TRAVEL AGAIN SOON?

Imam Nur Hakim<sup>1\*</sup>, I Dewa Gede Richard Alan Amory<sup>2</sup>

<sup>1</sup>National Research and Innovation Agency, Republic of Indonesia

<sup>2</sup>Ministry of Tourism and Creative Economy, Republic of Indonesia

\*email: [imamnurhakim@live.com](mailto:imamnurhakim@live.com)

## Abstract

When traveling soon, Indonesia faces travel anxiety after experiencing travel restrictions during a pandemic. This study is dedicated to identifying how strong the level of anxiety is and the tactical steps Indonesian tourism policymakers can take. Through a quantitative approach, it was found that there were differences in the application of the theory of anxiety levels initiated by Peplau. However, through adjustments and theoretical extensions to the pandemic situation, this study identifies the readiness of the Indonesians by looking at their feelings of anxiety, which are primarily low and medium. As a result, Indonesians with mid-education levels, low incomes, and living in areas with low tourist movement tend to have low anxiety levels. Meanwhile, the best way to deal with Indonesian people who feel excessive anxiety is to direct them to natural attractions with appropriate amenities that can be reached by private vehicles in short trip durations.

**Keywords:** Anxiety Level; COVID-19; Indonesian; Pandemic

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## INTRODUCTION

The COVID-19 hit Indonesia in early 2020. After several restrictions on movement during the pandemic, Indonesia will soon open a gradual movement (Widodo, 2020) through consideration of health, economic, and social dynamics. With some adjustment, this loosening continues to pay attention to cleanliness and strictly adhere to health protocols (Ministry of Health of the Republic of Indonesia, 2020). The opening is in addition to being carried out stages and intended for several potential and most affected sectors. This policy was done to balance economic stability, including the tourism sector. As one of the most affected sectors in Indonesia, tourism performance has fallen sharply. This evidence can be observed from the decreasing number in

several tourism indicators compared to pre-pandemic, such as international tourist trips by -75.03% trips (BPS, 2021c); tourism sector gross domestic product by -10.22% (BPS, 2021a); the number of tourism workers by -6.67%; the number of flights from the Asia Pacific by -93.2% (Ministry of Tourism & Creative Economy, 2021), and the loss of airline industry up to Rp. 4 Trillion (Angguni & Lenggogeni, 2021). This pandemic also hit hotel occupancy by -21.02 points (BPS, 2021b), declining profits by up to 40% (Horas Veyady Purba & Fathiah, 2021), and also closing 1,226 hotels during the pandemic (Rahma & Arvianti, 2020). With the gradual opening of travel restrictions for domestic tourists, the government hopes for an accelerated process to improve those situations.

As a practical step, The Ministry of Tourism and The Creative Economy (MoTCE) is prepared with several inherent policies to increase tourist enthusiasm, such as strict health protocol rules, ease of travel, and incentives for all tourism components. However, psychological problems seem to dominate the current situation, especially in the emergence of excessive anxiety about new situations. It is also mentioned in the previous study that COVID-19 turns out to have more psychological effects, primarily on anxiety, than usually happens (Bhat et al., 2020; Gao et al., 2020; González et al., 2020; Torales et al., 2020; Qiu et al., 2020). This effect appears and is exacerbated by the lockdown policy around the world, including anxiety about being infected by a stranger while traveling (Bhat et al., 2020; Dubey et al., 2020; Tull et al., 2020). COVID-19 also causes anxiety about socio-economic factors, compulsive checking, and reassurance regarding possible threats related to pandemics and traumatic stress symptoms (Taylor et al., 2020), leading to increased negative emotions and risk sensitivity (Li et al., 2020). Consequently, the need for mental health care also increases (Roy et al., 2020).

This anxiety feeling appears as a community response to certain threatening situations, changes, and new experiences different from before (Kaplan et al., 2010). Besides, COVID-19 also has an uncertain effect on society. The uncertainty of the situation in the future (Lumongga, 2009), which leads to predictions that a bad situation will occur (Nevid et al., 2014), is the cause of this feeling of anxiety. Even specifically, anxiety can arise because of a threat to health (Sundari, 2004).

Soon, Indonesians will be able to return to undertake domestic tourism trips. The Indonesian government should immediately resolve this anxiety problem since it also affects potential tourists (Flaherty & Nasir, 2020; Hoque et al., 2020; Sigala, 2020). Moreover, the anxiety that arises from COVID-19 is often excessive and differs from

others (Lee, 2020; Rajkumar, 2020). With full support from MoTCE, this study aims to determine the potential tourist readiness to travel after the COVID-19 from their anxiety level perspective.

In order to do that, the author needs to know travel anxiety existence during the COVID-19 period related to each tourism component. There are only a few things that come close to it, like the anxiety levels towards knowledge and public obedience to the government (Roy et al., 2020), the normative rate of anxiety and depression associated with COVID-19 (Morin et al., 2021), and the relationship between travel risk perceptions, travel anxiety, and domestic travel intention (Angguni & Lenggogeni, 2021). All the empirical findings lead to travel anxiety during a pandemic as a psychological consequence (Rokni, 2021) that could lead to a push travel motivation (Çolakoğlu et al., 2021) and make anxiety a regular negative emotion in these chaotic situations. Some try to find the cause, such as uncertainty (Bratić et al., 2021). Some others are doing the anxiety measurement through the Anxiety Travel Scale (PATS) (Zenker et al., 2021). However, all of them have not linked the presence of anxiety with the tourism component. The authors use that gap to understand potential future tourists readiness and know-how to deal with their anxiety by categorizing the Indonesian anxiety level by looking at the anxiety intensity, adaptability, tolerance ability, and the impact of the anxiety itself Peplau mentioned (Peplau, 1952 on Videbeck & Miller, 2017). This study precisely measures the anxiety of the tourism component during the pandemic and its relevance and is also expected to determine the Indonesians' readiness to travel back. After all, the author will find the most effective approach to identifying Indonesian readiness when traveling from their anxiety. So, the result can be the primary basis for tourism policymakers to formulate tactical policies in response to the current situation.

## **METHOD**

This study uses a descriptive quantitative approach, taking Peplau's anxiety level theory (Peplau, 1952 on Videbeck & Miller, 2017). These theories will be linked with tourist patterns during the pandemic and crosstabs the demographic aspect, including the respondent's uncertainty into the level of anxiety on tourism's five components taken from Camilleri (2018). The author also conducted a literature study to determine why they put that anxiety on tourism components while traveling soon. The authors included three variable components indicated through 14 indicators. Those are; (1) the profile variable related to anxiety, (2) the level of anxiety variable, and (3) the tourism component variable itself.

There are eight indicators in the profile related to anxiety variable such as (1) generation group, (2) gender; (3) education level (Ministry of Education and Culture, 2003), (4) indicators of income level, (5) domestic movement province (Statistic Indonesia, 2019), (6) Affected area (COVID19.go.id, 2020), (7) travel frequency before COVID-19 and (8) the uncertainty they felt anxious about nowadays situation (Kaplan et al., 2010; Lee, 2020; Rajkumar, 2020).

To measure the Indonesian anxiety level, the author uses four levels of anxiety such as mild, moderate, severe, and panic (Peplau, 1952 on Videbeck & Miller, 2017). Meanwhile, these anxiety levels indicate through four sub-indicators: intensity of anxiety, adaptability, tolerability, and the impact of the anxiety itself. The authors focus on tourist travel decisions on the impacts of anxiety. Meanwhile, to see the respondent's order and condition were most anxious, the author measures the tourism component variable. Among the many sources about tourism components, the author decided to use Camilleri's 5A concept, including accessibility, accommodation, attractions, activities, and amenities (Camilleri, 2018). The simple version is shown in appendix 1.

## **Population and Sample**

This survey's data collection process will be limited to 2 months with the accidental sampling technique, from 6 July until 6 August 2020. The subjects in this study are Indonesian categorized as netizens who have internet access. While the population ( $N$ ) used is the number of domestic tourist movements in 2018 (303.403.888). Using a 1,5% margin of error ( $e$ ) with the Slovin formula, the calculations for sample size ( $n$ ) are 4.269 respondents. The questionnaire spread worldwide through a local government authority, using the official website, social media, and the community approach under the MOTCE. During the time limit, 5.159 respondents were collected.

## **Validation Method**

Expert opinion was used to validate the question because it was firmly descriptive based on the existing theory. Some questions such as respondent characteristics are derived based on the categories commonly used. Even so, this online questionnaire is still being validated to ensure that the respondent's answer was correct and no respondent filled it twice. Validation is divided into several stages.

The first stage is checking the respondent's IP address. The second stage ensures the consistency of the demographic questions such as age, education, and income. The third stage is to eliminate the double email address. Only if one is detected will the respondent be immediately expelled. This process is essential to screen the respondent's answers and check the responses' reasonableness and consistency, incredibly open questions. The categorization of open questions was carried out, so all respondents' responses could be categorized and adequately processed. Some open questions are about tourists' consideration before deciding to travel again, and tourists are anxious about the pandemic situation.

### Analysis Method

This study used the descriptive method to describe the current phenomenon. There are two analysis methods, namely the cluster and cross-tabulation methods. The cluster method is used to categorize the types of anxiety according to the indicators shown in the respondents' answers into four types of anxiety (mild, moderate, severe, and panic), as mentioned by (Peplau, 1952 on Videbeck & Miller, 2017). Meanwhile, the cross-tabulation method is used to see the possibility of a connection among indicators and to describe it descriptively.

In the clustering method, four anxiety levels are grouped based on indications of anxiety intensity, ability to adapt, ability to tolerate, and the impact of anxiety. Several

sub-indicators follow Peplau (1952) with several modifications related to tourism in each indicator. According to a pandemic situation, two anxiety intensity indicators (low and high) are categorized below or above the average score. There are three categories on the ability to adapt (be able to adapt, adapt with others' help, and not adapt). The authors also adopt three types of ability to tolerate (able to tolerate, difficult to tolerate, and not able to tolerate) and even three categories on the impact of anxiety (do travel, avoiding travel as much as possible, and not travel at all). These indicators are measured by two data types, categorical and numeric. The anxiety level formation with four indicators is shown in the Table 1.

Table 1. Clustering of Anxiety Level

Intensity (Numeric)	Ability to adapt (Categorical)	Ability to tolerate (Numeric)	The impact (Categorical)	Anxiety Level
Low (< 54,43)	Able to adapt	Able to tolerate (0-30)	Do Travel	= Mild
Low (< 54,43)	Able to adapt with the help of others	Able to tolerate (0-30)	Do travel	= Moderate
High (> 54,43)	Not able to adapt	Difficult to tolerate (40-60)	Avoid travel as much as possible	= Severe
High (> 54,43)	Not able to adapt	Not able to tolerate (70-100)	Not travel	= Panic

Source: Peplau (1952) on Videbeck & Miller (2017) with additions by the author

After the four indicators are categorical, the respondents with mild anxiety conditions should feel the low intensity of anxiety, adapt, tolerate the situation, and travel. The moderate one should feel the low intensity of anxiety, adapt with the help of others, tolerate the situation, and want to do travel. The severe one should feel the high intensity of anxiety, cannot adapt, be difficult to tolerate, and avoid travel as much as possible. Moreover, the panic respondent should have high intensity of anxiety, not adapt, not tolerate, and not want to travel for now. The table above simplifies those clusters and scoring categories.

However, the author uses quantitative calculations to solve this problem to avoid the possibility that some respondents cannot be

distributed in four anxiety levels just with the clustering in Table 2. The first process is to provide scoring on indicators in the form of categorical, namely ability to adapt and the impact caused by anxiety. On the indicator of ability to adapt, by converting from categorical to numeric and doing the exact weighting on all anxiety level indicators, the "able to adapt" is 0, the "able to adapt with the help of others" is 50, and the "not able to adapt" is 100. The same is done with the indicator "the impact caused by anxiety," where there are three level categories: "doing the traveling," "Avoiding travel as much as possible," and "not traveling." the conversion results make "doing the traveling" worth 0, "Avoid travel as much as possible" at 50, and "Not traveling" at 100.

Table 2. Scoring of Anxiety Level

Intensity (Numeric)	Ability to adapt (Categorical)	Ability to tolerate (Numeric)	The impact (Categorical)
Low (< 54,43)	Able to adapt (Score: 0)	Able to tolerate (0-30)	Do travel (Score: 0)
High (> 54,43)	Able to adapt with the help of others (Score: 50)	Difficult to tolerate (40-60)	Avoid travel as much as possible (Score: 50)
	Not able to adapt (Score: 100)	Not able to tolerate (70-100)	Not travel (Score: 100)

Source: Peplau (1952) on Videbeck & Miller (2017) with additions by the author

After all of the indicators are numerical (Table 2), the anxiety level classification is carried out by adding up the score and dividing it into four anxiety level classes. The determination of class length in each class is based on the class range formula (the largest score minus the smallest score) divided by the number of classes in this study of four classes (anxiety level) so that the class length of each class is 100. As a result, it ranges from 0-100 to define as "mild anxiety," 101-200 as "moderate anxiety," 201-300 as "severe anxiety," and 301-400 as "panic". This effort was made to classify all respondents into the four anxiety levels mentioned by Peplau. The table below simplifies those clusters and scoring categories.

Table 3. Cluster & Scoring Categories

Anxiety Level	Score
Mild	0-100
Moderate	101-200
Severe	201-300
Panic	301-400

Source: Author (2020)

Furthermore, the cross-tabulation analysis method was used to determine the possibility of a relationship between indicators (demographic profiles & anxiety attitudes towards the tourism component) to understand the level of anxiety on every single variable descriptively. These approaches connect each indicator and find the best findings in the discussion section.

## RESULTS AND DISCUSSION

In a pandemic situation, a person's anxiety will appear higher than in everyday situations (Santabárbara et al., 2021), as also occurs in the tourism sphere, where anxiety is felt by tourists when they are going back to travel (Cao et al., 2020; Deshbandhu & Nargundkar, 2021; Shevlin et al., 2020). The different anxiety situations can also be seen in this study from the field findings. The authors used the anxiety level classification method in this pandemic situation. The result showed that the 5,159 valid respondents could not be grouped through the intensity of anxiety, adaptability, tolerance ability, and the impact of anxiety on the travel plans. From all respondents, 1,287 respondents were included in the clustering classification proposed by Peplau (Table 2). Meanwhile, 3,782 other respondents were categorized according to the predetermined score (Table 3). The results of categorizing anxiety levels through a combination of assessment and theory placement are shown in Table 4.

Table 4. Clustering Anxiety Score Type

Anxiety score	Total
0-100 (Mild)	1,665 (32,27%)
101-200 (Moderate)	2,695 (52,24%)
201-300 (Severe)	648 (12,56%)
301-400 (Panic)	151 (2,93%)

Source: Author (2020)

Most Indonesians have a low intensity of anxiety in responding to the new normal situation, although the difference is not too

significant compared to high anxiety intensity (Table 4). Those with high anxiety intensity were very concerned about the threat of the virus, crowds, and the number of cases at tourist attractions. They believed that finding vaccines decreasing and losing cases would reduce their anxiety. Most Indonesians have been able to adapt to the current new-normal situation. Those who can adapt also have the most splendid near-future travel plans and low anxiety intensity. Meanwhile, Indonesian who need help from other people or parties to adapt are more anxious about the threat of the virus, the number of cases, and crowds than the previous group, especially on activity, accommodation, and accessibility of tourism components.

The majority of Indonesians also have a good tolerance for the current situation. This group is ready to travel soon due to their low anxiety intensity level, although several tourism components such as accommodation, activities, and accessibility are still their concerns. If crossed with previous adaptation indicators, the higher the tolerance level, the greater their ability to adapt to the current situation. However, it is interesting that even though most Indonesians have high adaptability and tolerance, half of them still choose to avoid travel as much as possible. It can happen because the sources of anxiety that have been described previously cannot be resolved at this time, and the ideal situation that is considered to reduce their anxiety has not been achieved. The high intensity of Indonesian anxiety can also be seen in those who avoid travel. It means that efforts to unravel anxiety can only be made by eliminating this anxious uncertainty factor.

Most Indonesians feel moderate and mild anxiety levels by considering the intensity of anxiety, level of adaptation, level of tolerance, and impact of anxiety. The virus threat was the main factor that triggered their moderate anxiety. Meanwhile, those who feel mild anxiety are still hampered by financial factors, the health protocol's

implementation, and readiness as the uncertainty they feel. The mild anxiety group also has tremendous potential to have travel plans shortly. Despite their anxiety about the components of accommodation, activity, and tourism accessibility, reducing the number of cases, ending the lockdown policy, and lifting the status of a national disaster are necessary. Moreover, few Indonesians feel severe anxiety and panic, as indicated on their high anxiety about the number of cases and crowds at tourist attractions, so they still do not know or have no travel plans soon.

#### **Anxiety on the demographic aspect and tourism components**

In responding to the new-normal situation, several related groups have various responses to anxiety. The profile groups are distinguished by generation (Scheffler et al., 2018; Vicario-Merino & Muñoz-Agustin, 2020); gender (Jalnapurkar et al., 2018); education level (Melaku & Bulcha, 2020), income level (Bareket-Bojmel et al., 2020); a province group based on the number of domestic tourist movements; infection rates in each province (Alvarez et al., 2020), by the travel frequency (Luo & Lam, 2020) especially before and after COVID-19 and also the uncertainty they felt anxious about nowadays situation (Kaplan et al., 2010; Lee, 2020; Rajkumar, 2020). These groups are described below.

##### **Generation Group**

Results shows that Gen-Z becomes the readiest generation grouping for travel. Their low intensity of anxiety can indicate high adaptability good tolerance abilities, and the majority of them are planning to travel within the next three months. However, this generation prefers to avoid travel as much as possible. It may be due to Gen-Z's high anxiety about the threat of the virus, positive cases, and crowds at tourist attractions. Gen-Z is also the only generation that does not sound anxious

about tourism activities but about accommodation, amenities, and attractions.

Furthermore, Gen-Y is the least prepared generation to return to travel in new-normal situations. It confirms that the millennial generation experiences anxiety differently from other generations (Scheffler et al., 2018). This situation could be seen from the high intensity of anxiety (as also mentioned by Huang & Zhao, 2020 and Moghanibashi-Mansourieh, 2020). Their decision to avoid tourism is high compared to the percentage of other generation groups. This unpreparedness was caused by their anxiety about the COVID-19 virus infection, the presence of crowds, and the number of positive cases at tourist attractions. Eliminating those factors could reduce their anxiety.

Their high adaptability and tolerance could immediately face the new normal situation as soon as Gen-Y anxiety is eliminated. The process of eliminating this uncertainty must be carried out on the components of attraction, activity, and accommodation, including the risk of contracting and transmitting the virus, and crowdedness should be reduced.

Gen-X and Baby Boomers have the same readiness and anxiety conditions characteristics. Both groups feel anxiety at a moderate level, where attraction becomes the most anxious component. Accommodation and activity are also components that are both equally anxious. Moreover, Gen-X is more concerned about crowds, and baby boomers are more concerned about implementing and readiness for health protocols and health facilities at tourist attractions.

Interestingly, even becoming the most vulnerable group, half of the boomers plan to travel within the next six months, while most Gen-X does not know when they will travel. Furthermore, related to their anxiety about the five components of tourism, the boomers and Gen-X are more concerned about the components of attraction, accommodation, and tourism activities. It means that these

two generations are probably only ready to travel for a short duration, using private vehicles. It also means that they tend not to contact attractions, activities, tourist accommodation and prefer places with available amenities, especially health.

#### Gender Group

From the results, the woman is more anxious about pandemic uncertainty and situation than a man. It can be seen from the high intensity of anxiety, the ability to adapt, and their big decision to avoid travel as much as possible this day. From the anxiety perspective, women have a high percentage of moderate anxiety types caused by the threat of virus, the number of cases, and health protocols implemented in tourist destinations. Without reducing it, a third of women do not know when they will travel soon, and only a fifth of them decide to travel within the next three months. This women's threat awareness could be caused by the menstrual cycle history that makes them more aware of health risks (Donner & Lowry, 2013). Because of that, the woman can feel seasonal affective disorder (SAD) and other anxiety disorders felt more often (Asher et al., 2017; McLean et al., 2011).

Conversely, the only factor that distinguishes the anxiety between men and women is the highness of financial condition uncertainty. This uncertainty causes most men to feel moderate anxiety and makes the mild anxiety level of men higher than women. This result follows the research results from the latest findings, which states that women have a higher anxiety level than men (Alosaimi et al., 2014; Asher et al., 2017; Christiansen, 2015; MacSwain et al., 2009; Marques et al., 2016; Zalta & Chambless, 2012). These findings also contradict that gender does not significantly differ while traveling (Mura & Khoo-Lattimore, 2012).

#### Education Level

From the educational level point of view, Appendix 5 shows that the more educated people, the higher intensity of their

anxiety. These findings confirm that the higher level of education has a high awareness of changing situations and knows how to anticipate these situations (Belo et al., 2020; Sahay et al., 2007). It can be seen from the high intensity of Indonesians anxiety, which impacts the decision to avoid travel soon. However, despite their high anxiety intensity, their tolerance and adaptation ability to the current situation is elevated. They seem to have a better understanding of the current new-normal situation, and as a consequence, they also have a high level of moderate anxiety. Most with a high level of education tended to be concerned about the threat of virus, and implementation also crowds, especially in accommodation, accessibility, and tourist activities components. The opposite of that, the basic education level becomes the least anxious group. This group had the lowest intensity of anxiety and was still and most ready to travel for a tour shortly. It is contrary to Edmealem's opinion, which states that low education is associated with high anxiety (Edmealem & Olis, 2020).

However, these findings are contrary to the opinion that the more educated people, the lower their anxiety level (ten Kate et al., 2017), mainly because their ability to handle depression is much better (Bjelland et al., 2008). It also can be seen from the relevance of adaptation and tolerance ability to a person's education level. It also means that as soon as the causes of anxiety are eliminated, the higher education group will quickly be ready to travel.

#### Income Level

The results shows that the higher the income level, the higher the level of anxiety. It can be seen in the high intensity of anxiety. Moreover, the ability to tolerate in the middle-income group has its best. Besides, the low-income group also had the highest mild anxiety type, although the majority still felt moderate anxiety. These findings

support the opinion that low-income levels affect levels of depression and stress and a person's chances of developing a mental disorder (Dijkstra-Kersten et al., 2015; Isaacs et al., 2018; Paskov et al., 2013; Sareen et al., 2011). As a result, most income groups decide to avoid tourist travel, and only the low-income group is ready to travel within the next three months. On the other hand, the high and middle-income groups tend to refrain from traveling shortly.

Most anxiety feelings are caused by uncertainty about the threat of virus, the cases number, and tourist destinations crowds. However, anxiety is triggered by uncertain financial conditions in low-income and non-income groups, especially in the activity, accommodation, and tourism accessibility components.

#### Residence Based on Domestic Tourist Movement and Affected Area

The province with a high domestic tourist movement was more anxious than the low. Nevertheless, most of them still have low anxiety intensity, good adaptability, and tolerance. However, those who live in low domestic movement provinces tend to travel because Indonesian with moderate anxiety levels were more found in high domestic tourist movements provinces. On the contrary, Indonesian who felt mild anxiety was found in the low domestic tourist movements province.

Interestingly, both groups share concerns about uncertainty about the threat of viruses and attraction crowds. The difference is in the tourism component, which is more worried about. Only Indonesians who live in high domestic tourists' movement provinces are concerned about tourism activities and accommodation. In comparison, those who live in low domestic tourist movements are concerned about accommodation and accessibility components.

The affected area type distribution of respondent characteristics is based on four different province types: green, yellow,



orange, and red. This division is based on the number of active COVID-19 cases conducted by the survey. Appendix 8 looks at Indonesian characteristics based on the affected area type that do not influence the Indonesian beliefs about uncertainty. The majority chose the uncertainty factor, the threat of the virus, and the number of COVID-19 cases at tourist attractions become factors they were anxious about. In the green, yellow and red areas, Indonesian are anxious at tourist attractions' crowd level. However, most of them in the orange area are anxious about financial conditions, while the green area feels anxious about the implementation & readiness of health protocols for tourists.

Affected area type does not make a big difference in Indonesian future travel plans. The percentage of respondents who do not know when to travel and who plan to travel in the next three months are not significantly different. Affected area type also does not significantly differ in other indicators such as adapting to uncertainty, tolerating uncertainty, impact anxiety, and anxiety type. So that in all affected area types, more than half of respondents are at a moderate level of anxiety. This finding also can be interpreted that the respondent's anxiety level is not significantly affected by the affected area type. These findings differ from the statement that there is a significant relationship between the affected areas and their anxiety level (CDC, 2020; Moghanibashi-Mansourieh, 2020). The difference that is quite visible is in components they anxious. Indonesians who live in the green and orange areas choose accommodation, while the yellow and red areas choose activities as the most significant component they were concerned about.

#### Travel Frequency

Most Indonesian who previously traveled more than six times per year had a low anxiety level, whereas Indonesian traveling less than three times a year was at

a high anxiety level, as listed in Appendix 9. Meanwhile, half of the Indonesians who traveled three until six times per year before the pandemic had a high intensity of anxiety. However, the ability to adapt and tolerate does not differ significantly in the Indonesian travel frequency (before COVID-19) categories. Most Indonesian in each travel frequency category are anxious about virus threat, the crowd, and the number of positive cases at tourist attractions. Overall, without being influenced by the travel frequency (before COVID-19), most Indonesians can adapt without others' help and tolerate these uncertainty factors.

The impact of anxiety varies depending on the respondent's travel frequency before COVID-19 (Luo & Lam, 2020 and Li et al., 2020). Most Indonesian who travels less than ten times per year choose to avoid travel as much as possible, while Indonesian who travel more frequently will still travel during this pandemic. From the type of anxiety, most Indonesian who travel more than ten times has mild anxiety, while Indonesian who previously traveled less have moderate anxiety. This result indicates that the higher Indonesian travel trips before the pandemic, the easier it is to invite them to return to travel. This situation can significantly increase the number of tourist visits if the uncertainty factors that anxious them while traveling are handled properly, especially in the most anxious Indonesian.

The uncertainty that respondents anxious about the tourism components

Most Indonesians considered accommodation, activities, and accessibility the most anxious components among the five tourism destination components as amenities and attractions become the opposite. The virus threat, crowds, and the COVID cases in tourist destinations must be significantly anticipated to reduce the anxiety on those tourism components. Moreover, as the least anxious components, the amenities, and tourist attractions components still pay attention to the virus

threat, the case number, crowds, and financial conditions as a factor of uncertainty. Nevertheless, the virus threat uncertainty is the most significant cause of anxiety about tourism amenities.

Furthermore, most Indonesians anxious about attractions and activities have a greater chance of traveling in the next three months. Whereas most Indonesian who feel anxious about the components of accommodation, accessibility, and amenities, do not know when they will return to travel, and only a third of them have the opportunity to travel soon.

Interestingly, the respondent who chooses an activity, accommodation, and amenities components have a high intensity, and the rest have low anxiety intensity. So, amenities are becoming the most tricky component to unravel and still require more effort, even though it is one of the least anxious components. The process of unraveling this anxiety makes it possible to run more quickly because most Indonesian people can tolerate and adapt well to the current new normal situation. Nevertheless, some Indonesian still find it difficult and unable to adapt or need someone's help or someone else to help them adapt.

All considerations of anxiety intensity, adaptability, tolerance, and statements of their readiness to continue traveling in this new-normal situation conclude that most Indonesians feel moderate and mild anxiety types on any component. Indonesian who had moderate anxiety thought that the activity and accommodation components were anxious. On the other hand, attraction and amenities become components with a mild level of anxiety, which means that these two components are the least anxious by the Indonesian people.

## **CONCLUSIONS AND RECOMMENDATIONS**

Applying the level of anxiety to Peplau's theory needs to go through several different treatments and adjustments. Not all classifications can be fit to be directly

categorized. Intensity, ability to adapt and tolerate and anxiety impact still have various combinations in COVID 19, especially in tourism. Nevertheless, most Indonesians are still hesitant to start traveling again in this pandemic situation. It can be triggered by the many uncertainties, which have not happened yet. So, there needs to be further handling to convince them to travel soon. From the point of view of the relevance of theory to anxiety, all findings in previous studies related to research subjects are mutually supportive and mutually reinforcing. However, at the level of education, some things are contrary to previous findings. Finally, these eight components have proven to be the differentiating causes of anxiety felt by Indonesians in this pandemic. We find that the readiest Indonesians to travel are the Gen-Z, male, middle to high education, low-income, live-in provinces with low domestic tourism movement, and have frequent tourism habits, regardless of any affected area.

Besides that, most Indonesian are anxious about the virus threat, crowd, and the number of COVID-19 cases, and all of that should be resolved before they decide to travel. Interestingly, most Indonesian chooses to avoid traveling as much as possible. These factors cause most Indonesians do not to know when to travel even though their anxiety intensity, adaptability, and tolerance tend to be good, especially for those anxious about accommodation, activity, and accessibility components. As a solution, type of tourism such as activity-oriented, crowd less, and free COVID areas in natural type activities, such as hiking, camping, sightseeing, beaching, is desirable to Gen-Z. In contrast to Gen Z, baby boomers and Gen-X are suitable to be offered with short trip duration, not in direct contact with attractions, accommodation, and tourist activities, with adequate health facilities. This type is easily found in urban destinations where it can be accessed via private vehicles. Furthermore,

For Gen-Y who feel less anxious about the amenities and accessibility components, the stimulus as a reasonable marketing effort can be an entry point to dispel anxiety and accelerate the recovery process of Gen-Y's to travel back soon.

Interestingly, tourist attractions become the best likelihood and readiness to be marketed as the least anxious component. Using it as a marketing tool can increase the chances of increasing travel in the next three months, as long as the effort to eliminate all the anxiety happens. This communicated recovery effort can help the Indonesian people to relieve their anxiety. Policymakers can also direct tourists to low-anxiety tourist destinations. Such as destinations with a small number of affected cases to ensure the minimum possible virus threat, the level of crowds, and consideration of the price range of destinations in each demographic. This study has various limitations, such as not determining a new classification for assessing anxiety during a pandemic to limitations on anxiety situations that may develop today. The very dynamic developments of the COVID period make the opportunities for findings to move very dynamically, so this topic is very relevant to be examined regularly and compare the results.

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