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ON THE GREEN: CONSUMER PERCEPTIONS OF RETURNING TO GOLF SPECTATORSHIP AMID THE COVID-19 PANDEMIC

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Throughout the COVID-19 pandemic, the sport industry has contended with stoppages of play and interrupted revenue streams. With sport beginning to “return to normal,” there is uncertainty about the safe return of spectatorship and how live-event attendees perceive safety and precautionary measures amid a serious health emergency. The purpose of this study was to assess golf consumers’ perceptions of following COVID-19 preventative measures at a small-scale professional golf event in Canada, and how these perceptions may influence their future event attendance. The results from a multiple linear regression analysis indicated that perceived benefits of COVID-19 vaccination and self-efficacy of following preventative measures significantly and positively influenced golf spectator’s consideration of attending an event where these measures are enforced, while the perceived barriers of mask wearing significantly and negatively influenced attendance consideration. This has several practical implications for event management practitioners planning and hosting an event amid the COVID-19 pandemic.

Key words: Golf; Spectators; Coronavirus; COVID-19; Health belief model; Risk perception; Event planning

Introduction

On March 11, 2020, the World Health Organization (WHO) declared the novel coronavirus-2019 (COVID-19 or coronavirus) a worldwide pandemic. COVID-19, a severe acute respiratory virus, first emerged in December 2019 and by July 2021, the WHO had reported over 190 million global cases of COVID-19 and attributed over 4 million

fatalities to the virus (WHO, 2021a). Beyond concerns for public health and a strain placed on health service providers, the pandemic led to the closure of several international borders, economic challenges, and a disruption to everyday life. Stay-at-home orders and business closures became the norm, as COVID-19 vaccines did not become available for public administration until December 2020 and distribution had been slow in many

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countries (Tatar et al., 2021). Along with vaccine distribution, preventative measures such as masking, physical distancing, and emphasized disinfection were implemented to help curb the spread of coronavirus. Meanwhile, individual businesses and entire industries were forced to reimagine their regular practices to continue their delivery of goods and services while navigating government-mandated COVID-19 guidelines and closures (Grix et al., 2021).

Among the industries affected by COVID-19 is the sport industry, suffering disruptions at the professional, amateur, and recreational levels. By March 14, 2020, professional basketball, baseball, soccer, and golf leagues in North America had announced stoppages of play, with similar shutdowns announced throughout Europe's top soccer leagues and other international elite sporting events (Keshkar et al., 2021; Ruihley & Li, 2020). When professional sport began to resume in May 2020, they did so without in-stadium spectators, while the major North American sport leagues returned in "bubble" environments, characterized by empty stands and strict safety protocols (Bradish, 2020). In the US, spectators first returned on July 11, 2020, with several preventative guidelines in place and capacity restrictions for spectators to follow and organizations to enforce (Keshkar et al., 2021).

By the Summer of 2021, spectatorship of professional sports in the US had mostly returned to normalcy, with stadiums selling tickets to full capacity (Mather, 2021) with preventative measures being recommended or encouraged in many regions, rather than strictly enforced (Funt, 2021; Steinbach, 2021). In Canada, professional sport spectatorship had also slowly returned, but with strict capacity limits, mandatory mask policies, and social distancing guidelines (Cowan, 2021). Demand for live sport attendance had mostly remained high during the pandemic (Humphreys et al., 2020) or returned after a brief decline (Reade et al., 2020); however, this research only examined the major professional sport context. Some scholars posited that when sport returned, it was to satisfy media obligations and corporate sponsors rather than for fans and spectators (Bradish, 2020). In contrast, when small-scale professional events returned to play, there were uncertainties about the demand for attendance and how spectators would

respond when strict preventative measures were enforced. Therefore, the purpose of this study was to assess golf consumers' perceptions of following COVID-19 preventative measures at a small-scale professional golf event in Canada, and how these perceptions may influence future event attendance.

Although past event literature analyzed attendance trends (Reade et al., 2020; Reade & Singleton, 2021) or intentions (Peric et al., 2021) during public health events, and perceptions of health-protective mandates (Humphreys et al., 2020; Peric et al., 2021; Templeton et al., 2021), this study examined how an individual's consideration of attending a small-scale sporting event may be influenced by their perceptions of a public health crisis and the measures implemented to protect public health. Understanding these perceptions and how they may influence attendance consideration could provide valuable insights for practitioners managing events amid a public health crisis—particularly those managing events in the sport industry. This study will also introduce the Health Belief Model (HBM), a theory commonly used to understand health-protective behaviors in medical research (Glanz & Bishop, 2010), to the sport and event management fields, where it may be used for understanding individuals' risk perceptions, protective behavior attitudes, and attendance intentions at future events.

Literature Review

Small-Scale Events and Attendance Motivations

Wilson (2006) classified small-scale events as "minor competitor/spectator events, [that generate] very limited economic activity, no media interest, and [are] part of an annual domestic cycle of sporting events" (p. 58). Attendees of these events are most often residents of the area who did make travel plans related to the event (Kwiatowski & Oklevik, 2017), or who were in the area regardless of the event and are not contributing additional economic influx to the host region (Kwiatowski, 2016). Furthermore, small-scale event attendees are most motivated to attend these events to enjoy small-scale sport tourism because they are drawn to the atmosphere or uniqueness of the event or for escape from the routine of everyday life (Wafi et al., 2017). Conversely, attendees of large-scale sport

events are often motivated by characteristics such as vicarious achievement, excitement, and the level of performance on display (Funk et al., 2009). This distinction is notable in the current study as large-scale event attendees may not perceive adherence to COVID-19 measures as an interruption to their motivations for attending an event, whereas small-scale event attendees may perceive these measures as barriers to their enjoyment of the event.

Consumer Caution and Sport Spectatorship

The impact of COVID-19 on the sport industry has been severe and unlikely to be fully realized. The economic uncertainty and recession caused by the coronavirus are likely to contribute to a decline in sport-related revenue, as demand for and spending on entertainment and travel decreases during pandemic times (Ratten, 2020). Although economic factors have impacted many sectors and aspects of the sport industry, consumers seem undeterred from spending on attendance at elite-level sport events when they are safely held (Humphreys et al., 2020). Attendance at sporting events appears to be negatively correlated with coronavirus cases in the immediate geographical region (Reade et al., 2020; Reade & Singleton, 2021; Vegara-Ferri et al., 2021) and positively impacted by preventative measures implemented at the event (Humphreys et al., 2020; Peric et al., 2021; Templeton et al., 2021). For instance, event demand increased among sport consumers when masking requirements and reduced seating capacity were implemented in each of the five major North American sport leagues—Major League Soccer, National Hockey League, National Football League, National Basketball Association (NBA), and Major League Baseball (MLB). Moreover, consumers indicated a willingness to pay more for tickets when safety measures were enforced (Humphreys et al., 2020).

Varying impacts of COVID-19 on live sport attendance have been observed across several studies. Prior to the stoppage of play in Europe's first division soccer leagues, attendances in Italian, English, and German matches were negatively affected by the previous day's confirmed COVID-19 cases and deaths in the country; however, this was not observed in France or Spain (Reade & Singleton, 2021). Reade and Singleton (2021)

indicated that this may have been due to tight title races in these countries, speculating that audiences may be more influenced by the entertainment and drama of important matches. However, when sports did begin to resume after their hiatus, it appears there was more caution among spectators. In Spain, nearly identical divisions of survey respondents fell within three groupings of feeling safe, unsafe, or neutral regarding their perceptions of attending the first international cycling event held since COVID-19 lockdowns commenced (Vegara-Ferri et al., 2021). Similar results were found in Tokyo, where half of surveyed residents were in favor of postponing the 2020 Tokyo Summer Olympics, and half of residents were against the postponement (Sato et al., 2020). Similar findings were reported in Croatia and Slovenia, where 56% of sport supporters indicated a willingness to attend a sporting event within 1 week of movement restrictions being lifted, and only 3% indicating they would wait at least 6 months before attending live sports again (Peric et al., 2021). Conversely, only 34% of Iranian sport supporters were willing to return to spectatorship within 1 week of restrictions ending, while 6% indicated they would wait at least 6 months before returning to sport events. Iranian respondents' caution may be due to the higher rates of COVID-19 infection and fatalities that Iran experienced compared to Croatia and Slovenia (Peric et al., 2021).

At the first spectator sport events to return in the UK, held when UK COVID-19 rates were declining between July and October 2020 (Institute for Government, n.d.), attendees reported feeling safer when they were confident in the safety procedures of the organizing committee and when other attendees supported one another in complying with implemented safety measures (Templeton et al., 2021). Notably, these studies were conducted early in the COVID-19 pandemic when respondents were likely to be unrealistically optimistic regarding the risk of COVID-19 infection (McColl et al., 2022). Moreover, attitudes towards spectatorship may have been influenced by COVID-19 infection and fatality rates in each particular region (Peric et al., 2021). Investigations of sport spectators' attendance intentions in subsequent waves of the pandemic, and in regions that observed varying rates of COVID-19 infection, may provide unique insights into sport consumer behaviors and perceptions.

Professional soccer in Belarus provides an example of how spectatorship can change amid the pandemic. Unlike most professional sport leagues, the Belarussian Premier League did not halt play at any point (Reade et al., 2020). Ticket demand and attendance declined considerably in the early stages of COVID-19; however, by May 2020, attendance had recovered to prepandemic levels regardless of reported positive coronavirus cases in the country (Reade et al., 2020). These findings are in line with those of Kalist (2010), who found that attendance decreased by as much as 12% at MLB games in the first 10 days after the US government, for the first time ever, increased the terror-alert level during the 2002–2003 season. In subsequent increases in terror-alert levels, attendance was not affected, which Kalist (2010) hypothesized was a byproduct of the public's dulling sensitivity to these announcements.

Prior international health events provide further insight into spectator behaviors that may indicate attendance intentions during the COVID-19 pandemic as an increasing number of leagues reopen their doors to fans. Examinations of the effect of the H1N1 virus on attendance in the Mexican League of baseball found that attendance decreased between 15% and 30% throughout the League, with the greatest reductions in regions where reports of influenza-like illness were highest (Gitter, 2017). Moreover, the Mexican government's implementation of moderate physical distancing measures, where social gathering was discouraged but not enforced, led to an additional attendance decrease of 10% lower than any other period in that year and 20% lower than the same period in previous seasons (Gitter, 2017). Conversely, unhealthy outdoor environments do not appear to influence attendance, as the presence of air pollution was shown to have no impact on the attendance of matches in the Chinese Super League (Watanabe et al., 2019). Inconsistent risk avoidance behaviors, combined with data that indicates sport spectators have been urgent to return to elite sport events (Mather, 2021), make it difficult to predict the behavioral intentions of small-scale event attendees during the COVID-19 pandemic.

COVID-19 tracing has indicated that transmission of the virus at a sporting event is possible, but this may be sport dependent and vary between sport participants and spectators. Parshakov (2021) found

that a 1% growth from the average Belarussian Premier League attendance increased the number of cases by as much as 0.48% in the region where the game was held. Similar findings were reported in Germany, where rises in coronavirus cases were registered 14 days after professional soccer games with attendances over 6,300 people and without an enforced face mask requirement (Breidenbach & Mitze, 2021). COVID-19 spread among professional golfers appears to be more avoidable. Results of 2,900 screening tests administered to professional golfers on the European Tour showed that only four positive tests were produced (Robinson et al., 2021). Of the four positive tests, two were uncovered through routine screening and the remaining two were produced among golfers with a history of close contact with someone known to be COVID-19 positive, while no player-to-player transmission was recorded (Robinson et al., 2021). Moreover, there are suggestions that golf is a sport where COVID-19 transmission is more avoidable than many sports due to the ease of achieving physical distancing between spectators and among participants (Carmody et al., 2020).

COVID-19 Protocols

To combat the spread of the COVID-19 virus, the WHO released several public health recommendations. Among these recommendations are increased hygiene practices, wearing a mask, physical distancing of at least one meter, avoiding crowds, and advising that open air spaces are safer than enclosed spaces (WHO, n.d.). Moreover, the WHO (2021b) recommended COVID-19 vaccination for all healthy adults and advised that some vaccination types are safe for children over the age of 5 years. Some countries and regions, including Ontario, Canada, implemented additional preventative measures, including lockdowns, business closures, and stay-at-home orders depending on regional coronavirus case numbers (Rocca, 2021).

The effectiveness of common COVID-19 preventative measures, such as wearing face masks and physical distancing, have been examined in several studies. Research indicates that cloth, surgical, and respirator-style masks offer at least 70% protection against diseases, such as COVID-19, in the high-risk environment of the healthcare

industry (Li et al., 2020), with N95-style respirator masks offering protection in excess of 90% (Chu et al., 2020; Li et al., 2020). Karaivanov et al. (2021) found that provincial mask mandates were associated with a 22% reduction in newly reported COVID-19 cases and a 60% decrease in weekly death rates 4 weeks after implementation compared to areas without mask requirements. Moreover, mask wearing and hand washing reduced infection risk by 86–95% in mass gathering scenarios, with transmission lower in venues where capacity percentages were lower (Yasutaka et al., 2021).

Physical distancing has also shown to be an effective measure for reducing COVID-19 transmission. Chu et al. (2020) found that transmission of viruses was lower with distancing of one meter, with effectiveness positively correlated with the distance between individuals. Risk communication and preventative measure effectiveness are important COVID-19 strategies in all spectator scenarios as individuals generally perceive risk and crowding to be lesser in outdoor environments. However, virus transmission is still possible in outdoor environments (Kim & Kang, 2021), particularly when ventilation demand and respiratory frequency is present (Setti et al., 2020).

Adherence to Precautionary Health Behaviors

Several variables have been associated with an individual's willingness to follow COVID-19 protocols. Perceived benefits of the preventative behavior (Fathian-Dastgerdi et al., 2021; Mercandante & Law, 2021), perceived barriers associated with the behavior (Fathian-Dastgerdi et al., 2021; Mercandante & Law, 2021; Wong et al., 2021), perceived severity of the coronavirus (Fathian-Dastgerdi et al., 2021; Wong et al., 2021; Zareipour et al., 2020), perceived susceptibility to coronavirus, self-efficacy in following preventative measures (Fathian-Dastgerdi et al., 2021; Zareipour et al., 2020), knowledge of the COVID-19 virus (Zareipour et al., 2020), and trust in the healthcare system, government, or vaccine manufacturers (Wong et al., 2021) have each been correlated with adherence to COVID-19 prevention behaviors. These motives have also been shown to dictate preventative behavior during other global health events. Bish and Michie's (2010) review of

protective behaviors during past pandemics showed that perceived benefits of the behavior, perceived susceptibility to the illness, and perceived severity of the illness are the most important predictors of preventative behavior.

Demographic characteristics have also been associated with willingness to follow protective measures. Mercandante and Law (2021) indicated that respondents in low annual income groups are less likely to engage in COVID-19 health behaviors compared to other income groups. Furthermore, COVID-19 prevention behavior increased with the age of the participant, was more common in women than men, and was most common in married individuals (Zareipour et al., 2020). Similar data were reported in pandemics before COVID-19, where older ages, being female, and higher education levels were associated with following protective behaviors (Bish & Michie, 2010).

For sport spectators, the presence—and even enforcement—of COVID-19 protocols appears to be welcomed by event attendees to feel safe. As previously mentioned, Humphreys et al. (2020) found that mask requirements and reduced capacity not only increased demand for in-stadium spectatorship, but also increased the amount consumers were willing to spend on tickets. Sport spectators also indicated that rigorous cleaning and disinfection of venues before and after events, the availability of hand hygiene stations (Peric et al., 2021), and social distancing measures (Templeton et al., 2021) are the protective strategies that they most value. Conversely, spectators indicated that on-site health monitoring, such as temperature screening (Peric et al., 2021; Templeton et al., 2021), requirements of masks and gloves, and limits on concessions (Peric et al., 2021) have been reported as the least important safety measures at events.

Considering that attitudes toward COVID-19 preventative measures are inconsistent, we were interested in examining golf consumers' perceptions towards following these measures at a small-scale professional golf event. Specifically, this study aimed to examine if the perceived benefits or barriers of specific COVID-19 preventative measures, severity of or susceptibility to the COVID-19 virus, self-efficacy for following COVID-19 preventative measures, or if one's perceived health condition were predictive of their willingness to

attend a small-scale professional golf tournament where these precautionary measures are enforced.

Theoretical Framework

The Health Belief Model (HBM), one of the most recognized and employed health behavior theories in the medical field (Glanz & Bishop, 2010), was adopted to answer these research questions. The framework for the HBM was developed through health behavior research in the 1950s but was not formalized until the 1970s (Champion & Skinner, 2008). The model, based on Kurt Lewin's theories that the attractiveness of behaviors is shaped by an individual's personal beliefs and perceptions (Rosenstock, 1974), was initially built on four characteristics, stating that an individual will take action to protect themselves from sickness or harm if they believe: 1) they are personally susceptible to the risk, 2) the risk is severe enough to cause them difficulty, 3) that adhering to the recommended health behavior will be beneficial by reducing the severity of the risk or their susceptibility to it, and 4) that following the recommended behavior will not result in psychological barriers, such as embarrassment, inconvenience, or discomfort (Rosenstock, 1974). The concept of self-efficacy, or one's belief that they are capable of following a behavior, was later added as a key construct of the HBM (Champion & Skinner, 2008). A sixth concept—cues to action—has also been considered as a construct within the HBM. However, because a cue can be difficult to identify and study using a survey, and cues may differ depending on the individual perceiving the action or event (Champion & Skinner, 2008), this concept will not be examined in the current study.

The HBM has been used extensively, across a variety of contexts, including adherences to weight management behaviors (Saghafi-Asl et al., 2020), undergoing cancer screening (Rawl et al., 2005), and following recommended household earthquake preparedness measures (Rostami-Moez et al., 2020). Research regarding health promoting behaviors of mass religious pilgrimage attendees indicated that approximately half of the participants followed each of the five health behavior recommendations (bringing medicine, taking recommended vaccinations before travel, maintaining

personal hygiene, use of hand sanitizer, and washing hands), most often citing barriers with access to resources, trust of service providers, and language barriers as reasons certain health behaviors could not be followed (Taibah et al., 2020). The model has also been used to examine perception-driven health behaviors in past pandemics. Heightened levels of perceived susceptibility, severity, and benefits to following recommended health behaviors were important predictors of following health protective behaviors during the SARS, H5N1, and Avian Flu pandemics (Bish & Michie, 2010). These perceptions, along with perceived self-efficacy, were also predictive of health behaviors during the H1N1 pandemic (Bish & Michie, 2010; Cho & Lee, 2015). Moreover, individuals reported being significantly more likely to receive the H1N1 vaccine when they perceived barriers, such as inconvenience or vaccine shortages, to be low (Coe et al., 2012). Individuals were more receptive to seasonal influenza vaccinations when they perceived benefits, such as effectiveness, to be high and barriers, such as ill-effects of vaccination, to be low (Trent et al., 2021). The constructs of the HBM have so effectively predicted vaccination behavior with validity and reliability that the model has been the basis of the "Public Attitude Towards Vaccination Scale" (Kocoglu-Tanyer et al., 2020).

The HBM has also been utilized in understanding COVID-19-related health behaviors. Research indicates that the most significant indicator of intention to receive the COVID-19 vaccination is the perceived benefits of the vaccine (Mercandante & Law, 2021; Wong et al., 2021), with fewer perceived barriers (Mercandante & Law, 2021; Wong et al., 2021) and perceived severity of COVID-19 (Wong et al., 2021) also predicting vaccination behavior. Perceived benefits of following other COVID-19 prevention behaviors, such as mask wearing, hand washing, and social distancing are indicative of willingness to adhere to the measures (Fathian-Dastgerdi et al., 2021; Zareipour et al., 2020), while perceived barriers are negatively associated with following general COVID-19 recommendations (Fathian-Dastgerdi et al., 2021).

Although there is a body of research examining the HBM and general adherence to COVID-19 preventative behaviors, to date, there does not appear to be any studies examining how HBM constructs

influence spectators' willingness to follow COVID-19 guidelines at a small-scale professional sporting event. Understanding the constructs of the HBM and how they may influence attendance and intention to follow health behaviors may provide insight into how events can be marketed, hosted safely, and enjoyed by attendees as industries begin to emerge amid the COVID-19 pandemic.

Methodology

An online survey was employed to collect data over a 2-week period from July 6 to July 21, 2021, during which Ontario, Canada, was in the third stage of the province's COVID-19 reopening plan (Government of Ontario, 2021a)¹. Participants were recruited using convenience sampling, utilizing the social media pages (Facebook, Instagram, Twitter) of a golf club in Ontario and the e-mail database of past attendees and volunteers at a small-scale professional golf tournament held at the club. Only those respondents who indicated they were 18 years of age or older at the time of completing the survey were included in the sample. The study received clearance from the authors' institutional Research Ethics Board.

Survey

The online survey, created and delivered using Qualtrics, was developed to collect demographic information, perceived overall health, likelihood of attending a small-scale professional golf event enforcing preventative measures, and the HBM constructs of perceived susceptibility, severity, benefits and barriers of preventative actions, and self-efficacy beliefs as they pertained to COVID-19, contracting the virus at a professional golf event, and following five recommended preventative behaviors. Four of the recommended COVID-19 preventative behaviors—completing a health screening questionnaire, wearing a mask, physical distancing, and being subject to temperature/thermal screening—were selected for the survey because they were preventative measures initially implemented and enforced by the Professional Golf Association (PGA) when spectators were first permitted to return to spectatorship of PGA Tour events in the US (these policies have since

changed) (PGA Tour, 2021). The final preventative behavior included in the survey, receiving and providing proof of COVID-19 vaccination, was added due to the large proportion of the Canadian population that was vaccinated before the survey was administered, as well as proof of vaccination policies being introduced in many Ontario businesses (Government of Ontario, 2021b). The wording and responses of all questions measuring HBM constructs were derived or amended from previous studies employing the HBM. The HBM constructs and likelihood of attendance were measured on a 5-point Likert scale (1 = *strongly disagree*, 2 = *disagree*, 3 = *neither agree nor disagree*, 4 = *agree*, 5 = *strongly agree*). Each of these scales demonstrated adequate construct validity in previous research.

Participants reported demographic information including age, gender identity, race, marital status, level of education, individual gross income, and primary place of residence. Perceived overall health was a single item asking respondents to rate their perceived overall health condition on a 5-point Likert scale from 1 = *very poor* to 5 = *very good* (Park et al., 2021), with an option to "prefer not to disclose."

Perceived susceptibility (three items) and perceived severity (two items) of the COVID-19 virus were measured using items amended from research examining the effects of optimistic bias on COVID-19 preventative behaviors (Park et al., 2021). The mean of the five perceived susceptibility and perceived severity items were then measured together as perceived threat of COVID-19, a measure commonly used in HBM research (Champion & Skinner, 2008; Park et al., 2021).

Perceived benefits of each COVID-19 preventative action were measured using five items. One item was used to measure perceived benefits for each of the five preventative behaviors examined on the survey, derived from research examining the perceived benefits and barriers of colorectal cancer screening (Rawl et al., 2005). Single-item scales have frequently been employed for self-assessment of health-related perceptions on a continuous linear scale (Cho & Lee, 2015). The item used to measure perceived benefit was: "(preventative action) will decrease my chances of getting COVID-19."

To measure the perceived barriers of adhering to a COVID-19 preventative action, three items

were derived from prior research examining the perceived benefits and barriers of colorectal cancer screening (Rawl et al., 2005). Each of the three items was applied to each of the five preventative actions, resulting in 15 total items. The three items applied to the preventative actions included: 1) “(following preventative action) is embarrassing,” 2) “(following preventative action) is uncomfortable,” and 3) “I feel anxious about (following preventative action).” Responses to perceived barrier items were then reverse coded to account for the fact that “strongly agree” would imply that the perception of barriers would be higher. The mean of the three items measuring perceived barriers for each of five preventative actions was calculated, providing a single perceived barrier measure for each of the preventative actions (Coe et al., 2012; Fathian-Dastgerdi et al., 2021).

Measurement of self-efficacy beliefs was completed using the mean of five items derived from research examining perceptions of following health behaviors amid the H1N1 flu pandemic (Cho & Lee, 2015). These five items were applied to the preventative actions as a group, referred to only as “precautionary actions,” and include: 1) “I am certain I can follow the precautionary actions even if they are difficult or inconvenient,” 2) “I have the willpower to follow the precautionary actions,” 3) “I am certain that I can control myself to reduce the chances of getting COVID-19,” 4) “I am confident in my ability to protect myself from the COVID-19 virus,” and 5) “I am confident I can carry out the precautionary actions.” Measurement of individuals’ likelihood of attending a small-scale golf event in Canada, which is enforcing each of the five preventative measures, was conducted with a single item.

SPSS 28.0 was used to generate frequencies and descriptive statistics to describe the sample. An analysis of variance (ANOVA) was conducted to test for differences between demographic groups on their willingness to attend a small-scale professional golf event. Cronbach’s α scores were calculated to determine the internal validity of each subscale. Finally, Pearson correlation coefficients were generated in order to measure the univariate relationships between each of the measures and a multiple linear regression model was computed to determine which factors significantly ($p < 0.05$)

predicted attendance consideration when all factors were considered together.

Results

A total of 277 responses to the online survey were received, of which 43 responses were incomplete

Table 1
Demographic Information of Survey Respondents
($N = 233$)

	<i>N (%)</i>
Gender	198 (85.0%)
Male	198 (85.0%)
Female	34 (14.6%)
No response	1 (0.4%)
Age	
18–24 years old	19 (8.2%)
25–34	58 (24.9%)
35–44	54 (23.2%)
45–54	20 (8.6%)
55–64	48 (20.6%)
65+	32 (13.7%)
No response	2 (0.9%)
Racial identity	
White, non-Hispanic	195 (83.7%)
Black, non-Hispanic	13 (5.6%)
Aboriginal, First Nations, or Inuit	6 (2.6%)
East Asian	5 (2.1%)
South Asian	2 (0.9%)
Middle Eastern or Arab	2 (0.9%)
Mixed	4 (1.7%)
Other	6 (2.6%)
Place of residence	
Ontario	170 (73.0%)
Outside Ontario	62 (26.6%)
No response	1 (0.4%)
Education level	
Some high school	7 (3.0%)
High school graduate	31 (13.3%)
Some university or college	57 (24.5%)
Trade/technical/vocational training	20 (8.6%)
College diploma obtained	37 (15.9%)
Bachelor’s degree obtained	62 (26.6%)
Master’s degree obtained	13 (5.6%)
Doctoral degree obtained	5 (2.1%)
No response	1 (0.4%)
Personal annual income	
US\$0–US\$50,000	53 (22.7%)
US\$50,001–US\$100,000	107 (45.9%)
US\$100,001–US\$150,000	35 (15.0%)
US\$150,001+	16 (6.9%)
No response	22 (9.4%)
Marital status	
Married	126 (54.1%)
Living common law	37 (15.9%)
Single, never married	48 (20.6%)
Other	22 (9.4%)

Table 2
ANOVA Summary Table for Attendance Consideration Variables

Variable	<i>n</i>	<i>df</i>	Mean Square	<i>F</i>	<i>p</i>
Place of residence	232	1	6.619	8.445	0.004
Racial identity	233	7	0.439	0.560	0.788
Marital status	233	3	0.516	0.659	0.578
Personal annual income	233	4	1.030	1.314	0.266
Gender	232	1	2.328	2.970	0.086
Education level	232	7	0.918	1.172	0.320
Age	233	6	0.629	0.803	0.569

and one was determined to be answered dishonestly. The sample demographics are presented in Table 1. The majority of the sample identified as male ($n = 198$), White ($n = 195$), were married ($n = 126$), resided in Ontario ($n = 170$), and had an annual gross income of US\$50,001 to US\$100,000 ($n = 107$). The sample comprised largely of those aged between 25 and 34 years old ($n = 58$), followed by those aged 35 to 44 years ($n = 54$), while most of the sample had obtained some level of postsecondary qualification ($n = 137$). Furthermore, 71% of participants indicated they would consider attending a small-scale professional golf event that is enforcing COVID-19 preventative measures.

The ANOVA results indicated that there were no significant differences between most demographic groups (the lone exception being place of residence, with Ontario residents more likely to consider

attending than those from outside the province), enabling the researchers to pool the participants together into a single group for the regression analysis (see Table 2). The means, standard deviations, and Cronbach's α scores of the variables included in the regression can be found in Table 3. The mean score (4.011) for perceived self-efficacy of following precautionary health behaviors indicated that most participants are confident in their ability to follow precautionary measures and keep themselves safe at a small-scale professional golf event. Moreover, the reverse-coded mean scores for each of the perceived barriers were similar. Participants reported greater barriers in mask wearing and perceived barriers to be lesser for receiving COVID-19 vaccination, indicating that compared to other preventative measures, participants would be more comfortable with vaccination requirements and least comfortable with masking requirements.

Table 3
Means, Standard Deviations, and Cronbach's α

Variable	<i>M (SD)</i>	α
Susceptibility to COVID-19	2.734 (2.500)	0.718
Severity of COVID-19	3.895 (1.869)	0.827
Vaccine benefits	4.030 (1.006)	–
Temperature screening benefits	2.773 (1.104)	–
Masking benefits	3.631 (1.156)	–
Health screening questionnaires benefits	2.923 (1.127)	–
Physical distancing benefits	3.794 (1.017)	–
Vaccine barriers*	3.966 (2.636)	0.818
Temperature screening barriers ^a	3.933 (2.735)	0.913
Masking barriers*	3.388 (2.378)	0.690
Health screening questionnaires barriers ^a	3.876 (2.524)	0.889
Physical distancing barriers ^a	3.721 (2.374)	0.747
Self-efficacy of following health behaviors	4.011 (3.310)	0.889
Health perception	4.375 (0.625)	–
Attendance consideration	3.876 (0.941)	–

Note. ^aPerceived barrier variables were reverse-coded.

Table 4
Pearson Correlation Coefficient Results

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Health perception	1	-0.056	0.059	0.012	0.041	0.115	0.037	0.037	0.125	0.146**	0.205*	0.156**	0.090	0.196*	0.028
2. Susceptibility		1	0.129**	0.197*	0.178*	0.149**	0.254*	-0.021	-0.153**	-0.037	-0.168**	-0.254*	-0.185*	-0.123	-0.017
3. Severity			1	0.354*	0.604*	0.628*	0.254*	0.586*	0.574*	0.503*	0.436*	0.543*	0.547*	0.593*	0.517*
4. Health screening questionnaire benefits				1	0.415*	0.351*	0.613*	0.238*	0.147**	0.297*	0.095	0.070	0.067	0.159**	0.271*
5. Masking benefits					1	0.573*	0.346*	0.510*	0.391*	0.404*	0.267*	0.344*	0.338*	0.427*	0.465*
6. Physical distancing benefits						1	0.311*	0.524*	0.500*	0.486*	0.494*	0.467*	0.402*	0.554*	0.450*
7. Temperature screening benefits							1	0.216*	0.047	0.228*	0.111	0.013	0.075	0.074	0.163*
8. Vaccine benefits								1	0.473*	0.364*	0.386*	0.417*	0.512*	0.600*	0.528*
9. Health screening questionnaire barriers									1	0.711*	0.782*	0.831*	0.733*	0.580*	0.474*
10. Masking barriers										1	0.701*	0.659*	0.600*	0.424*	0.454*
11. Physical distancing barriers											1	0.739*	0.638*	0.529*	0.383*
12. Temperature screening barriers												1	0.774*	0.553*	0.411*
13. Vaccine barriers													1	0.515*	0.382*
14. Self-efficacy														1	0.567*
15. Attendance consideration															1

* $p < 0.05$; ** $p < 0.01$.

Table 5
Multiple Linear Regression Results

Variable	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>
Constant	0.673	0.477		1.409	0.160
Susceptibility	-0.024	0.066	-0.021	-0.362	0.718
Severity	0.076	0.084	0.075	0.907	0.365
Vaccine benefits	0.184	0.068	0.197	2.712	0.007
Temperature screening benefits	-0.022	0.058	-0.026	-0.377	0.707
Health screening questionnaire benefits	0.053	0.058	0.063	0.906	0.366
Masking benefits	0.096	0.058	0.118	1.663	0.098
Physical distancing benefits	-0.018	0.071	-0.020	-0.257	0.797
Vaccine barriers	-0.113	0.095	-0.105	-1.193	0.234
Temperature screening barriers	-0.018	0.112	-0.017	-0.158	0.875
Health screening questionnaire barriers	0.111	0.125	0.100	0.894	0.372
Masking barriers	0.248	0.098	0.209	2.528	0.012
Physical distancing barriers	-0.057	0.112	-0.048	-0.513	0.608
Self-efficacy	0.440	0.109	0.309	4.041	0.001
Health perception	-0.103	0.079	-0.068	-1.301	0.195

Note. Dependent variable = attendance consideration.

The pairwise correlations of the scaled response items are presented in Table 4. The results of this analysis indicated significant univariate correlations between many of the measured variables and the outcome of interest. The results of the multiple linear regression can be found in Table 5. Specifically, the regression model was significant [$F(14, 217) = 12.786, p < 0.001$] in predicting an individual's consideration to attend a small-scale professional golf tournament that enforces COVID-19 precautionary measures. Within the regression model, perceived benefits of vaccination ($p = 0.007$) and perceived self-efficacy ($p < 0.001$) positively predicted an individual's willingness to attend, while perceived barriers to masking ($p = 0.012$) negatively predicted attendance consideration when all other measured factors were taken into consideration.

Discussion

Under government enforced measures, many sport organizations were required to temporarily cease operations, close facilities, or postpone leagues and events (Keshkar et al., 2021). With many organizations resuming operations and allowing participants and spectators to return, strategies to prevent the spread of coronavirus are of utmost importance. Many organizations have adopted their own COVID-19 protocols; however, the lax

enforcement of these protocols has been lamented by those observing crowds in leagues such as MLB (Funt, 2021) and the NBA (Steinbach, 2021). Insight into COVID-19 preventative actions that are most valued by sport consumers may inform the policies that sport organizations can develop to keep spectators safe while still maximizing comfort and the spectator experience.

The purpose of this study was to assess golf consumers' perceptions of following COVID-19 precautionary measures at a small-scale professional golf tournament, and how these perceptions may influence future event attendance. The results of the analysis indicated that perceived benefits and perceived barriers of the recommended precautionary measures partially predicted an individual's consideration to attend a small-scale professional golf tournament that enforces them. Specifically, the requirement of vaccination for attendees positively predicted an individual's consideration to attend, while the requirement of face masking negatively predicted attendance consideration. Despite attendance consideration being significantly correlated with the benefits and barriers of each of the other precautionary measures, none of these factors were significant predictors of one's consideration of attending an event in the multivariate analysis. The regression results also indicated that perceived self-efficacy of following precautionary measures was the most significant, positive influence on an

individual's consideration of attending an event where these measures are enforced. Finally, neither perceived susceptibility to COVID-19, perceived severity of COVID-19, nor perceived overall health condition significantly predicted one's consideration to attend a small-scale professional golf tournament.

The findings of this study suggest that there was a willingness to return to golf spectatorship amid the COVID-19 pandemic, with 71% of respondents indicating they would consider attending a small-scale professional tournament that implemented preventative measures. Contrary to HBM research that has examined precautionary behaviors during global health emergencies and has indicated perceived benefits and barriers of preventative measures predict one's willingness to follow them (Cho & Lee, 2015; Park et al., 2021; Zareipour et al., 2020), only the perceived benefits of vaccination and perceived barriers of mask wearing predicted event attendance consideration. These results align with prior research that suggested most sport spectators would return to live attendance within 1 week of COVID-19 restrictions being lifted and that they did not value COVID-19 preventative measures such as mask wearing, temperature screening, or limits on concessions (Peric et al., 2021). With sport spectatorship in Ontario having returned 5 weeks before data collection (Alter, 2021), golf spectators' consideration of returning to live events is similar to what was observed for sport events in other regions amid an ongoing risk. Consumers of Belarussian soccer (Reade et al., 2020) and live sport in the UK amid COVID-19 (Templeton et al., 2021), and spectators of professional sport after the threat of terrorism (Kalist, 2010; Taylor & Toohey, 2005) were urgent to return to spectatorship or a sense of normalcy, even where the risk may still exist. In this instance, it is likely that golf consumers were urgent to return to spectatorship due to their desire or need for in-person social events, or because of risk-resistant attitudes (Taylor & Toohey, 2005). These results may also reflect a dulling of the public's sensitivity to COVID-19 (Kalist, 2010) as the COVID-19 virus was declared a pandemic by the WHO over 1 year prior to data collection (WHO, 2020).

Prior investigations into the motives of golf spectators may provide some insight into the influence of HBM constructs on willingness to attend an

event. Golf spectators have indicated that the most important motivators of attendance are aesthetics, entertainment, and eustress (Ong & Mansor, 2014)—characteristics that are unlikely to be affected by COVID-19 precautionary measures. Behaviors such as mask wearing and physical distancing are likely to negatively influence human interaction or social aspects of event attendance, a common motivator of small-scale event attendees (Yamashita et al., 2018), but are characteristics that are often not motivators of golf spectators (Ong & Mansor, 2014).

Practical Implications

Sport spectators reported feeling comfortable and safe attending live sport events amid the COVID-19 pandemic when they were confident in event organizers and observed other attendees following preventative measures (Templeton et al., 2021), and may be comfortable paying a premium for tickets when safety measures are enforced (Humphreys et al., 2020). Understanding the behaviors that not only are most effective for curbing the spread of COVID-19, but also the measures that golf spectators favorably perceive, will allow golf event organizers to implement and enforce protective measures that encourage safe attendance. When considered alongside all other factors, the perceived benefits of vaccination significantly and positively predicted attendance consideration, creating further implications for event organizers. Organizers who are considering implementing their own vaccination policies should feel comfortable with this action, understanding that potential attendees may be encouraged to attend an event with such policies in place. Participants also indicated that masking requirements would negatively influence their consideration of attending an event, which allows event organizers to understand when masking mandates should be enforced. In an outdoor environment where COVID-19 transmission is considered low and where physical distancing can be effectively maintained (Kim & Kang, 2021), masking may not be necessary, and enforcing these mandates in indoor or crowded spaces may encourage attendance among those with negative perceptions of masking. Moreover, this research illustrated that spectators may be indifferent to measures such as

temperature or general health screening and physical distancing requirements, so these could be valuable safety measures that golf practitioners can implement to keep event attendees safe.

The findings of this research also imply that perceived severity and susceptibility of the COVID-19 virus do not influence spectators' consideration to attend a small-scale golf tournament. Their attitudes towards the threat of COVID-19 could be a result of a dulled sensitivity to public health warnings (Kalist, 2010) or due to feelings of unrealistic optimism (Clarke et al., 2000), a phenomenon that has been observed in prior HBM research. With the pandemic ongoing and new variants of the virus proving to be problematic (Centers for Disease Control and Prevention, 2021), it is important that event attendees understand the severity of COVID-19 infection. Moreover, golf event organizers must understand that, despite lessened risk of transmission compared to indoor environments, attendees of outdoor events are still susceptible to the spread of COVID-19 (Kim & Kang, 2021; Setti et al., 2020). Thus, it is important that event organizers educate attendees about the risk of COVID-19 transmission, even if certain measures are not enforced, so that spectators can make informed decisions when attending events.

Limitations and Future Directions

Several limitations to this study should be considered. First, data collection for this study was not conducted until July 2021, nearly 16 months after COVID-19 was declared a pandemic (WHO, 2020). By this time, the general public's sensitivity to warnings may have been lessened (Kalist, 2010) and spectators were urgent to return to live event attendance (Mather, 2021). This may have resulted in lessened perceptions of severity and susceptibility to the virus, and a lessened impact of perceived benefits or barriers to precautionary measures. Secondly, many of these measures had been commonly practiced in the months leading up to the data collection phase and may have become a regular feature of the "new normal" that the public is navigating during the pandemic. This period of adjustment to preventative measures may have positively influenced self-efficacy. Participants may have also considered that outdoor masking was not mandated in Canada, but rather only suggested. Thus, participants may be

less receptive to these measures if enforced at the discretion of event organizers.

Because this study only aimed to measure the perceptions of golf consumers, it is also limited by its inability to be generalized to a larger population. Participants would have received an invitation to the survey through direct e-mails from the golf club or its social media pages, a population that may be more likely to consider attending this event regardless of health regulations. Thus, the general public may be more responsive to the benefits or barriers of various precautionary measures than those who would regularly attend a small-scale golf event, and the general public may also be more influenced by the threat of COVID-19.

An additional limitation of this study lies in the skewed nature of the sample due to the sampling method employed. With study participants having been recruited directly through the social media channels and a contact database of the golf club hosting this event, it is likely that many of the individuals recruited would identify as golf supporters or fans. Peric et al. (2021) suggested that those who identify as supporters of the sport are less hesitant about returning to live spectatorship and express a willingness to return to in-person viewership sooner than those who do not identify as sport fans. This suggests that the sample of the current study may be more willing to attend this event than members of the general public, regardless of what COVID-19 transmission interventions have been implemented at the event.

Future research should aim to examine perceptions of threat and preventative measures and how these constructs affect attendance intention soon after the emergence of a widespread health issue. This research would allow practitioners to develop and implement transmission-reducing policies earlier and return spectators to live events in a safe and timely fashion. As has been observed throughout the COVID-19 pandemic, the shutdown of sport during a global emergency can most negatively affect recreation and grassroots sport, amateur levels of competition, and small-scale events that rely on the revenue generated from in-person attendees and participants (Grix et al., 2021; Keshkar et al., 2021). It is of the utmost importance that these organizations can return to play and safely host events in order to avoid revenue losses or permanent closures.

Conclusion

This research into golf consumers' perceptions of COVID-19 preventative measures, the risk of COVID-19, and how these perceptions influence event attendance consideration provides a unique contribution to the field of sport and event management. Specifically, this research examined the context of a small-scale golf event, where atmosphere and escape from everyday routine—event components highly valued by attendees of these events—are likely to be impacted by COVID-19 measures. This study indicated that even in these instances, spectators were willing to attend, suggesting that a desire to simply return to in-person events may be more highly valued by attendees than atmosphere or everyday escape. Moreover, this research introduced the HBM to the sport and event management literatures, which may be of critical importance for understanding sport consumers' behaviors amid public health crises. This theory may be pivotal in understanding risk-avoidant behaviors at future events, providing valuable insight into perceptions of health or security measures and risks, and how safety measures may encourage or deter attendance. For event practitioners and researchers alike, it is crucial to understand how future health or security risks, or the continuing risk of COVID-19, may impact consumers' perceptions and behaviors in order to evaluate, plan, and host safe and successful events.

Note

¹This was considered the final stage before the province would enter their "return to normal" phase (Government of Ontario, 2021a), after having endured reoccurring lockdowns since initial business closures and stay-at-home orders began in March 2020 (Nielsen, 2021). However, after the emergence of the Delta and Omicron variants in subsequent months, COVID-19 mandates were reimplemented throughout the province.

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