The Response of Revisions for the Sustainability Manuscript

No.3196178

Title: The effect of mental health risk perception on revisit willing-ness of rural homestay tourists — A muti-group comparative analysis

We greatly appreciate the reviewer's insightful and constructive comments and suggestions on the previous version of this manuscript. They were very helpful. We have carefully reviewed the comments and have thoroughly revised the manuscript integrating the comments. This report is our responses to all the comments (in blue and red for your convenience). We hope the revision meets your expectation. If there are any further comments, please let us know. We are happy to make more changes.

1. The abstract states that the structural equation model (SEM) and AMOS software were used, but it lacks important details regarding data collection, sample size, and the criteria for including or excluding tourists from the study, which are essential for assessing the validity of the obtained results. Additionally, the term "public crises" is too general, and it should specify which type of crisis is being referred to, for example, the COVID-19 pandemic, to provide a clearer understanding of the context in which tourist perceptions were examined. Furthermore, although differences between groups of tourists based on infection times are mentioned, the abstract does not explain how this aspect was analyzed or what exactly those differences imply, leaving room for ambiguity regarding the significance of these differences and their implications.
Write cute words in small letters.

Response: *As for the first question, we have added the questionnaire delivery methods, distribution objects, the number of questionnaires received and the number of valid questionnaires in the abstract.*

For the second question, the COVID-19 pandemic triggers a global public crisis and is the most serious crisis event in recent years, affecting both urban and rural areas, especially in rural tourism, which is the most specific background of this study. Thus, we decide to change the "public crisis" to the "COVID-19 pandemic".

For the third question, our research finds that the impact of tourists' mental health risk perception on revisiting intention and emotional solidarity showed significant group differences, whereas tourists' emotional solidarity showed no group differences in revisiting intention. Totally, the willingness of tourists to risk being infected with the virus was more significantly affected by their mental health risk perception and emotional solidarity. We added relevant content to make the abstract clearer. The changes are listed below:

- **Abstract**

(Page 1, line 18-20) In this study, questionnaires were randomly distributed to the tourists of rural hotels in Nanjing. 740 questionnaires were collected and 666 valid questionnaires were recovered.
(Page 1, line 17) … the COVID-19 pandemic, emotional solidarity …
(Page 1, line 25-27) The willingness of tourists to risk being infected with the virus was more significantly affected by their mental health risk perception and emotional solidarity.

2. Is a public crisis the same as Covid 19? If in the first paragraph, it is emphasized that the public

crisis is actually COVID 19, then in the following text the term COVID 19 is emphasized, in order to ensure the consistency of terms in the work. On the lines 32, 35, 38 are talking about COVID 19, and already on line 58, the term public crisis is highlighted. Maybe put a public crisis (hereinafter referred to as COVID 19) or something similar. And so the entire introduction is terminologically uniform.

Why is Nanjing taken as a research area? Is this area specific for already developed rural tourism?

Response: *Firstly, thank you for the suggestion that ensure the consistency of terms in the work. The COVID-19 is the most serious crisis event in recent years, with a particular impact on rural tourism, and is also the actual background of this study. We discussed that it is more concrete and convincing to use the COVID-19 as the background for this study. So, we decided to turn the public crisis into the COVID-19.*

As for the second question, Nanjing's rural tourism continued to develop, after the COVID-19. It has become the most active industry form and the most important growth pole of the tourism industry, showing great potential and attraction. Nanjing Municipal government has further enhanced the attraction and competitiveness of rural tourism by making special plans, improving service quality standards, and building product systems. At the same time, the government will strengthen the digital construction of rural tourism and use digital technologies to improve service levels and visitor experience.

The changes are listed below:

- **Introduction**

(Page 2, line 69) After the end of the sudden COVID-19 ...

(Page 2, line 74-81) Following the COVID-19, rural tourism in Nanjing has shown a steady recovery and continued growth, emerging as a vibrant industry and a significant growth pole within the broader tourism sector. As of 2023, Nanjing boasts over 300 rural homestays and more than 5,500 accommodation units. The Nanjing Culture and Tourism Bureau, along with other relevant government agencies, has established institutions such as the Nanjing Smart Homestay Service Platform and the Nanjing Folklore Association to support and oversee the development of rural homestays.

3. **Theoretical framework of the CAC model**: In the section describing the "Cognition-Affect-Conation" (CAC) model, it is necessary to further clarify how this model specifically operates within the context of tourism. Although it is explained that emotions mediate between cognition and behavioral intention, it would be useful to provide examples of how tourists process cognitive information (e.g., information about health risks) and how this information is translated into emotions, which then influence their intention to revisit a destination. Concrete examples would make the theory clearer and better connect it with the empirical part of the research.

Response: *At present, the application of CAC theory is mainly concentrated in social media, advertising marketing, consumer satisfaction and other research fields. In tourism research, scholars use CAC theory to study the loyalty of tourists, the environmental responsibility behavior of tourists, and the formation mechanism of tourist destination attachment. In the new manuscript, we combine more references to elaborate.*

- **Theoretical framework of the CAC model**

(Page 3, line 97-107) Consequently, this model holds significant importance for researchers investigating attitude formation and the interplay among cognition, emotion, and behavior [14]; it

has been tested extensively across various fields such as social media [15-18], advertising and marketing [19,20], consumer satisfaction [21], among others. In tourism re-search specifically, some scholars have employed CAC theory to analyze tourist loyalty [22,23], environmental responsibility behaviors among travelers [24], as well as mechanisms underlying destination attachment [25]. In light of the COVID-19 pan-demic context, Liu et al. [26] explored how perceptions of pandemic-related risks shape travel decisions towards international destinations impacted by COVID-19 while also considering cognitive and emotional imagery's mediating roles. Nevertheless, few studies have applied CAC theory within rural tourism contexts.

4. **Specificity regarding mental health risk perception:** The paper mentions that perceived risk to mental health is an important factor, but lacks details on what exactly this risk represents within the context of tourism. It is necessary to clearly define what is meant by "mental health" in this context (e.g., anxiety, travel-related stress) and how it differs from physical health, which is also highlighted. Additionally, it would be helpful to provide more empirical data or examples of studies that have addressed this aspect, especially in the tourism sector.

Response: *Firstly, we defined mental health risk perception as the psychological assessment of tourists' negative emotions such as tension, communication, depression and the possibility of contracting diseases brought about by staying in homestays. Differently from the previous studies that have often looked at physical health threats or psychological concerns from one perspective, our study combines the two, and studied the impact of changes in tourists' mental health risk perception in specific rural homestays. Secondly, the ongoing COVID-19 epidemic has increased tourists' concerns about health risks, brought psychological pressure such as unease, panic and anxiety to tourists, and reduced tourists' happiness during travel, resulting in negative attitudes towards travel. This will lead to a decrease in the number of tourists and hinder the development of tourism. In the new manuscript, we have added more references to supplement the psychological impact of CODIV-19 on tourists.*

- **Specificity regarding mental health risk perception**

(Page 3-4, line 129-160) Risk perception was initially introduced by Bauer who posited that risk arises from actions taken by consumers that may yield unforeseen outcomes [32]; it repre-sents subjective judgments concerning potential personal harm associated with risky events along with assessments regarding their severity [33]. Health risk perception is one of seven dimensions of tourists' perceived risks [34]. Under the influence of a sudden public crisis, health risks in tourism have become the most worrying factor for tourists, affecting their travel decisions [35]. The ongoing COVID-19 epidemic has intensified travelers' perceptions surrounding risks — these being subjective feelings about negative consequences linked with travel experiences [36]. Global restrictions on movement coupled with heightened anxieties over hygiene safety have contributed significantly to declining visitor numbers [37]. Moreover, the COVID-19 pandemic has catalyzed increased scholarly attention toward diseases related both directly or indirectly through travel activities involving risk factors [38].

Most existing literature primarily investigates tourists' cognitions around health threats focusing predominantly on physical aspects; however, mental health considerations are often relegated mainly towards happiness levels or psychological pressures faced by employees—for instance examining how mobility restrictions during the CODIV-19 outbreaks affect tourist happiness [39] alongside identifying influential factors therein under conditions necessitating physical distancing

measures for epi-demic control purposes [40]. Nonetheless, there remains scant exploration into how mental health risk perceptions impact visitors ' intentions for re-visiting particularly against a backdrop characterized by rural homestay settings where unlike mere phys-ical threat evaluations—mental assessments encompass not only tangible dangers but also psychological apprehensions involved therein too. In this paper, we define mental health risk perception explicitly referring hereto psychological evaluations encom-passing adverse emotions such as anxiety, communication difficulties and depression alongside fears stemming from possible disease transmission resulting from stays at homestays [41,42]. Lilin et al. proved that it is of great practical significance to analyze the impact of public crisis events on people's mental health [43]. Therefore, if rural homestay operators want to enhance tourists' willingness to revisit, they must reduce the perceived risk level of tourists' mental health, improve their satisfaction levels, and establish emotional connections at the beginning of their visit.

5. **Hypotheses and predictions**: While the hypotheses are clearly stated, it should be explained how each will be empirically tested. Information about the methodology to be used for testing these hypotheses is missing, as well as details about the measurement instruments, particularly concerning the measurement of emotional solidarity and mental health risk perception. A clearer definition of measures and analytical techniques would enhance the understanding of the methodological approach.

Response: *Thank you for your suggestion. For the sake of the smoothness of the paper, we added the table of measurement questions corresponding to each latent variable in section 3.1, and expounded the testing methods and test results of each hypothesis in sections 4.1 and 4.3.2.*

- **Hypotheses and predictions**

(Table 1)

Latent variables	Measurement questions	Source
Mental health risk perception	I'm nervous about staying in a rural homestay because of my health problems	Hakseung Shin (2020); Lin (2023)
	Checking into a rural homestay is a risky decision for my health	
	Because of my health and safety, I don't feel comfortable staying in a rural homestay	
	Staying in a rural homestay can lead to health problems	
	Staying in a rural homestay can make it difficult for me to sleep	
	Staying in a rural homestay makes me nervous	
	Staying in a rural homestay can make me feel angry or irritable	
	Staying in a rural homestay makes me feel blue or sad	
	Staying in a rural homestay would make me feel inferior	
	The homestay operator is proud of my arrival	

Emotional solidarity	Natural dimension: Harmony between natural scenery and cultural landscape in rural homestays The homestay operator feels that the homestay benefits from me Rural homestays offer a strong sense of escape from the mundane The homestay operator thanks me for my economic contribution to the homestay Atmosphere dimension: Rural homestays have a strong leisure atmosphere The homestay operator treats me fairly I feel very close to the homestay operator I have made friends with some homestay operators I agree with the operator I have many similarities with the operator I like the operator I understand the operator	Woosnam (2010)
Willingness of revisit	If given the next opportunity, I would choose this homestay again I have a high loyalty to this rural homestay I plan to choose to stay at this rural homestay again in the next five years I am willing to recommend to others to stay with the villagers in this hometown	Jie Chen (2022)

Source: Compiled from references [27], [41], [42], and [58].

(Page 9-10, line 326-332) Tourists' mental health risk perception has a significant negative impact on their willingness to re-visit, and the path coefficient is -0.108, which is significant at the 5% level. Thus, H1 was verified. Tourists' mental health risk perceptions had a significant positive impact on their emotional relationships, with a path coefficient of 0.181. Thus, H2 is not valid. Tourists' emotional solidarity had a significant positive impact on their willingness to re-visit, with a path coefficient of 0.995, which was significant at the 5% level. Thus, H3 was verified.

(Page 11, line 255-370) The impact of tourists' mental health risk perception on revisiting intention and emotional solidarity showed significant group differences, whereas tourists' emotional solidarity showed no group differences in revisiting intention. (1) The total effect of the mental health risk perception of the tourist group with zero infections on the intention to revisit was 0.105 higher than that of the tourist group with one infection, 0.29 higher than that of the tourist group with two infections, and 0.368 higher than that of the tourist group with three or more infections. (2) The total effect of mental health risk perception on the emotional solidarity of the tourist group

with 0 infections was 1.641 higher than that of the tourist group with 1 infection, 1.052 higher than that of the tourist group with 2 infections, and 0.642 higher than that of the tourist group with 3 or more infections. (3) When exploring group differences in the impact of tourists' mental health risk perceptions on their willingness to revisit, tourists infected only twice showed a significant negative impact. (4) When exploring group differences in the impact of tourists' mental health risk perceptions on emotional solidarity, tourists infected only once showed a significant negative impact. (5) There was no significant difference in the influence of emotional solidarity on willingness to revisit among tourist groups with different infection times.

6. **Emotional solidarity**: The description of emotional solidarity is quite theoretical and relies heavily on sociological concepts, while a deeper discussion on how this concept specifically manifests in the relationships between tourists and operators in rural areas is missing. An issue that should be analyzed in more detail is how emotional solidarity between tourists and operators is measured and operationalized. Adding practical examples or previous studies would help readers understand the concept in this specific context.

Response: *Referring to existing research, and in conjunction with our research goals, we define emotional solidarity as an emotional bond between individuals, characterized by perceived emotional intimacy and touch, specifically understood as a sense of solidarity that binds a group together and fosters a sense of "we're in this together" rather than an "I to you" sentiment. In the new manuscript, we remove some unnecessary theoretical explanations and combine more practical examples and references to elaborate.*

- **Emotional solidarity**

(Page 4, line 164-175) Hammarstrom asserts that emotional solidarity embodies an affective connection amongst individuals marked distinctly via sensed intimacy levels along contact de-grees experienced collectively [44]—a sentiment encapsulated succinctly through notions emphasizing group cohesion rather than individualistic perspectives ("we're all in this together" versus "me-to-you") [45]. There are a large number of studies on the impact of emotional solidarity among residents in tourist destinations on their support for the tourism industry [46-48]. For example, research has found that local residents' perception of the positive impact of tourism can promote emotional solidarity [49]. Emotional solidarity can promote support for tourism development and the contribution of tourism to local communities [50]. Additionally, some scholars delve deeper analyzing interactions occurring between visiting tourists & resident populations alike.

7. **Group differences in risk perception:** In the section concerning group differences related to infection times, a more detailed explanation is needed on how respondents will be grouped based on different infection periods. Will this be based on epidemiological data or self-assessment by respondents?

Response: *Based on the law of epidemic development, this article uses the number of self-assessed infections as a statistic to explore the impact of different tourist groups on the willing-ness to re-visit.*

- **Group differences in risk perception**

(Page 5, line 209-211) Therefore, based on the law of epidemic development, this article uses the number of self-assessed infections as a statistic to explore the impact of different tourist groups on the willingness to revisit.

8. **All in all, the literature review is over-explained and does not actually provide sufficient explanations about the connection between rural tourism and mental health, risks, and emotional solidarity. it is better to shorten the theoretical explanations and more to connect these factors of influence with tourism according to other and similar studies.**

Response: *Thanks again for your advice. In the new manuscript, we supplement the CAC theory, mental health risk perception, emotional solidarity and enrich the reference literature.*

9. Although nanjing is highlighted as a research area, it would be good to highlight the research area as a separate subheading in this section. Geographical location and the like in a couple of sentences with a cartographic representation. This would make it easier for readers to create a picture of what the area is actually about.

Response: *Thank you for your suggestion. We have added the case site section to the part of Research Methods to introduce the reasons for choosing Nanjing as the case site and the development of Nanjing's rural tourism and rural homestays. The additions are listed below:*

- **Research Methods**

(Page 6-8, line 235-286)3.2. Case site

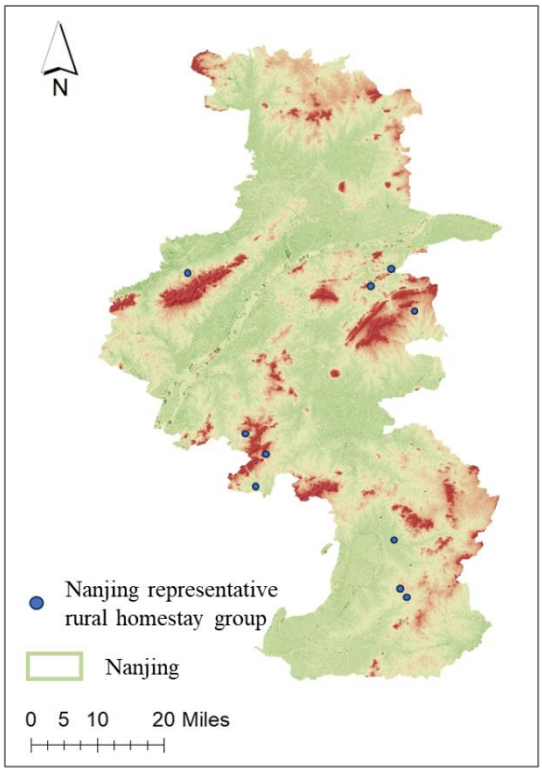
Chinese rural homestays attract tourists from around the globe with their distinctive cultural experiences, stunning natural landscapes, and traditional architectural styles. Following the CODIV-19, as economic recovery takes hold, China's tourism market has experienced a comprehensive resurgence; an increasing number of travel-ers are seeking accommodation that diverges from conventional hotels, thereby creating significant development opportunities for the rural homestay sector. The future outlook for China's rural homestay market appears highly promising. Nanjing's rural tourism has shown steady recovery and continuous growth, emerging as one of the most dynamic sectors within Nanjing's tourism industry. According to data monitored by the Nanjing Smart Homestay Service Platform, during the Spring Festival in 2024, the average occupancy rate of rural homestays reached 54.22%, marking a 23.80% in-crease compared to last year; on average, 40 homestays were fully booked each day. From July to August, 52.68% of visitors from outside Jiangsu Province or abroad chose to stay at Nanjing's rural homestays for leisure activities. In contrast to Western nations, individuals in Eastern countries place greater emphasis on emotional connections with others. As a key economy among Eastern nations with a vast tourism mar-ket and substantial tourist numbers, China stands out prominently; Nanjing has consistently been recognized as a favored tourist destination within China and serves as an exemplary model of its rural tourism sector due to its abundant resources that entice repeat visits from tourists.

Consequently, Nanjing presents an ideal case study for exploring the relationship between the mental health risk perception and the willingness to revisit among tourists at rural homestays across varying infection timelines while examining how emotional solidarity between tourists and rural homestays operators mediates this process. The effective recovery and rapid advancement of China's rural homestay industry post-pandemic can serve as a reference point for other Eastern nations and developing countries alike.

Situated in eastern China, Nanjing is not only an important cradle of Chinese civilization but also boasts rich historical and cultural tourism assets alongside diverse natural landscapes characterized by mountains and lakes flowing through pleasant environments along the Yangtze River. The government has actively promoted initiatives aimed at enhancing infrastructure while

preserving traditional villages through various measures such as developing specialty agriculture—thereby facilitating swift advancements in local rural tourism.

The emergence of rustic accommodations in Nanjing is intricately linked to broader developments within its rural tourism sector; these establishments provide more than mere lodging—they offer unique windows into authentic country life enriched by culture and nature's beauty. Even during 2022 amidst ongoing the CO-DIV-19 pandemic challenges—the monitoring data indicated that there were 246 regulated homestays operating throughout Nanjing comprising approximately 4,581 rooms accommodating up to 7,882 beds which collectively welcomed around 310 thousand visitors generating revenues totaling approximately ¥131 million yuan over that year alone. Through years dedicated towards cultivating this niche market seg-ment—Nanjing has formed a number of rural homestay groups with their own char-acteristics including Longshang Homestay Group , Stonewall Boutique Homestead Village, Shanao Village, Lijiaying Homestead Village, Dashan Village, Dafu Village, Huanglongxian Jinling Tea Culture Village, Tangjia Hot Spring Village, Shitang Village, Huashu Village etc., illustrated further in Figure 2.



Note: The map is based on the standard map GS (2021) 5447, downloaded from the standard map service website belonging to the National Bureau of Surveying. Mapping and Geoinformation; the base map is not modified.

Figure 2. Distribution map of representative rural homestay groups in Nanjing

10. What measures have been taken to ensure the reliability and validity of the results? Provide more information on the data collection methods. For example, how were the survey participants selected, and was any specific sampling filtering used? Were there criteria for including or excluding participants?

Response: *Firstly, the questionnaires were distributed randomly, with distribution sites primarily located in areas where rural homestays are concentrated and near tourist attractions associated*

with these establishments, thereby maximizing the likelihood that respondents were indeed rural homestay tourists. Secondly, in instances where respondents encountered difficulties understanding the questionnaire content, we provided face-to-face clarification promptly to ensure the validity of their responses as much as possible. Finally, we excluded incomplete submissions and those containing inconsistent answers. The additions are listed below:

- **Research Methods**

(Page 8, line 288-299) The data utilized in this study were obtained from a questionnaire survey targeting tourists of rural homestays in Nanjing. The questionnaires were distributed randomly, with distribution sites primarily located in areas where rural homestays are concentrated and near tourist attractions associated with these establishments, thereby maximizing the likelihood that respondents were indeed rural homestay tourists. Prior to completing the questionnaire, we verified each respondent's tourist status to exclude local residents and other non-tourists. In instances where respondents encountered difficulties understanding the questionnaire content, we provided face-to-face clarification promptly to ensure the validity of their responses as much as possible. Due to constraints related to time, funding, and the number of researchers, a total of 740 questionnaires were collected. After excluding incomplete submissions and those containing inconsistent answers, 666 valid questionnaires remained, with an effective response rate of 90%.

11. Under each table, write the source by which method the results were obtained.

Response: *Thank for your suggestion. Table 1 is compiled from references [27], [41], [42], and [58]. Table 2 is from the questionnaire in Appendix A. table 3-7 are own elaborations. We have added the source by which method the results were obtained under each table in the new manuscript.*

12. There are 720 tourists standing on line 236, but are there really 666 valid surveys?

Response: *Firstly, there is a numeric error. In fact, we randomly sent questionnaires to 740 people who visited rural accommodation in Nanjing. We have revised it. Secondly, although we sent out questionnaires on the spot and gave face-to-face explanations to the questions that the interviewees did not understand, when we checked the collected questionnaires, there were still a small number of incomplete questionnaires or inconsistent answers. Thus, there were 666 valid surveys. The changes are listed below:*

- **Discussion**

(Page 11, line 376) ... among 740 rural guesthouse tourists ...

13. Provide a more detailed explanation of how emotional solidarity impacts the intention to revisit and why this finding is important. It may be useful to compare this with previous research and highlight how your study contributes to the existing body of knowledge.

Response: *We introduce the Capilano Suspension Bridge effect into the explanation that "tourists' mental health risk perception has no negative impact on the emotional solidarity between tourists and operators". CODIV-19 brings crisis to tourists, arouses physiological arousal such as panic and rapid heartbeat of tourists, and promotes tourists to look outside for reasons (operators), thus promoting the communication and interaction between tourists and researchers, enhancing emotional connection and promoting emotional solidarity. The additions are listed below:*

- **Discussion**

(Page 12-13, line 424-440) Furthermore, the Capilano Suspension Bridge effect elucidates these findings. This psychological phenomenon occurs when an individual experiences heightened physiological arousal—such as increased heart rate—during a tense situation, like crossing a suspension bridge. If they encounter someone of the opposite sex during this moment, they may misattribute their rapid heartbeat to attraction rather than situational stressors.[61,62] The Capilano Suspension Bridge effect can thus be interpreted as fostering cooperation based on intensified emotions such as excitement or fear. In this study, the mental health risks associated with COVID-19 induced panic and anxiety (high arousal) among tourists, creating a metaphorical suspension bridge between them and rural hostel operators. The tourists' panic and anxiety trigger significant physiological responses like accelerated heart rates; according to attribution theory, they are likely to attribute these changes to external factors[63,64]—specifically, the proactive communication and interaction from rural homestay operators—which enhances their emotional connection and increases their willingness to accept assistance from these operators. Consequently, tourists are more inclined to express high praise for the personalized services provided by operators. All these elements contribute significantly to establishing emotional unity between tourists and operators.

14. Provide concrete and practical recommendations for operators in rural households, such as specific measures they can take to improve the perception of health of tourists and their emotional solidarity.

Response: *In order to improve the health risk perceptions, operators can, for example, timely adjust and strictly implement cleaning and disinfection procedures, ensure the safety of all public areas, guest rooms and dining areas. As for emotional solidarity improvement, operators can welcome them with small gifts or customized experiences such as specialty meals and local cultural events, or create an anonymous survey to encourage guests to share their true feelings about the stay and respond to each comment in a timely manner. Detailed recommendations are below:*

- **Discussion**

(Page 13, line 476-484) Rural homestay operators need to strengthen the construction of health facilities at home to provide tourists with a clean, comfortable, and hygienic environment to reduce their concerns about infection risk. They ought to remain vigilant regarding local and national health incidents, promptly adjusting cleaning protocols while strictly adhering to disinfection procedures across all public areas, guest rooms, and dining spaces; providing cleaning logs for guest reference is also advisable. Additionally, incorporating nutrient-rich meal options—such as fresh fruits, organic vegetables, and whole grains—will cater to diverse dietary preferences while promoting a healthy and sustainable lifestyle ethos.

(Page 14, line 504-513) Operators need to optimize service quality, enhance tourists' sense of identity and attachment to homestays, and promote their willingness to revisit. Understanding individual preferences through personalized gestures such as welcome gifts or tailored experiences—including specialty meals or cultural events—is vital. Implementing anonymous feedback mechanisms can encourage candid reflections on stays which should be addressed promptly by management teams. Having contingency plans ready for unforeseen circumstances like adverse weather conditions or potential health emergencies will provide reassurance for guests throughout their stay. Share the story behind the homestay and its strong ties to the local community to strengthen guests' sense of local culture.

16. Provide concrete guidelines for improving the planning of rural tourist destinations. This may include recommendations for improving infrastructure, health facilities and communication with tourists during the crisis.

Response: *government can promote cooperation between suitable medical and health institutions and rural homestays, so that tourists can monitor their health conditions at any time, and deal with tourists' sudden health problems in a more timely manner. The rural homestay industry associations can formulate and implement mental health risk reduction guidelines, and regularly organize training to ensure that homestay operators master relevant skills. Detailed recommendations are below:*

- **Discussion**

(Page 13-14, line 485-496) The government alongside industry associations should innovatively and crea-tively improve medical equipment and facilities related to rural homestay tourism destinations, improve the construction of infrastructure, and reduce the scope and ex-tent of the impact of public health crises. Collaborating with suitable medical institutions will facilitate partnerships between these entities and rural homestays; equipping them with home health testing tools allows tourists continuous monitoring of their well-being while enabling timely responses to any sudden health issues they may encounter. Furthermore, it is essential for governmental bodies and industry associations to develop comprehensive guidelines focused on reducing mental health risks encompassing environmental design, service processes, emergency response protocols among other facets; regular training sessions must be organized ensuring operators acquire relevant competencies.

(Page 14, line 514-525) Governmental agencies alongside industry associations ought to supervise opera-tor activities whilst fostering stronger emotional bonds between hosts and visitors alike through financial support aimed at facilitating cultural exchanges or wellness seminars designed specifically around enhancing interpersonal connections within this context. Partnering with professional psychological organizations could yield regular training programs equipping rural homestay owners with skills necessary for recognizing emotional cues among tourists thus allowing them effective means of offering basic psychological support when needed most urgently. Moreover, assisting in establishing social responsibility projects backed by homestay operations—such as environmental conservation efforts or cultural heritage preservation projects—can engage travelers meaningfully encouraging participation which reinforces a sense that their travels contribute positively back into local communities.