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Impact of Cognition and Social Trust on Forest-Based Health Tourism Intention during COVID-19

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Abstract: Forest-based health tourism is an important part of health tourism, which has gradually become the internal demand of urban residents for a healthy life. However, few studies have explored the factors influencing the willingness of forest-based health tourism in the period of epidemic prevention and control. From the perspective of cognition and social trust, this study explored the impact of cognition and social trust on the forest-based health tourism intention of urban residents during COVID-19, and proposed feasible suggestions for revitalizing the development of forest-based health tourism under the COVID-19 pandemic. Based on online questionnaire data collected from 383 Chinese respondents, a binary Logistic regression model was constructed for analysis. The results showed the following. (1) Cognition of health preservation had a significant positive effect on the forest-based health tourism intention of urban residents, while epidemic prevention cognition had no significant effect. (2) Social trust played a significant role in promoting the behavioral decision of wellness tourism in forest among urban residents. Public trust and interpersonal trust had significant positive effects on the forest-based health tourism intention of urban residents. (3) Educational level and health status were the demographic factors that affected the forest-based health tourism intention of urban residents. These findings provide theoretical references for policy makers to attract tourists and realize the sustainable development of forest-based health tourism, and provide important implications for tourism marketing and destination management under the COVID-19 pandemic.

Keywords: forest-based health tourism intention; cognition; social trust; COVID-19

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1. Introduction

Since the reform and opening up, the living standard of Chinese people has been greatly improved, and the consumption demand has changed from fulling and warming to be driven by quality type. Driven by aging and the "Healthy China" initiative, the market scale of health tourism is constantly expanding in China [1,2]. Health tourism not only meets people's pursuit of a healthy and happy life, but also promotes the integrated development of tourism and health services. Yu et al. empirically tested the important role of health beliefs for elderly people's wellbeing [3]. In January 2016, the former National Tourism Administration in China officially promulgated the standard of National Health and Wellness Tourism Demonstration Base (LB/T051-2016), which defined health and wellness tourism as the sum of all kinds of tourism activities that make people reach a natural and harmonious state in body, mind and spirit through various means, such as nourishing the appearance and health, nourishing their diet, cultivating the mind and caring for the environment. Research on the connotations of health tourism [4–6], industry development strategies [7] and models [8,9], tourist segmentation [10] and health promotion mechanisms [11] has indicated the direction for the sustainable development of the health tourism industry.

Studies have found that the forest ecological environment can effectively prevent diseases [12], relieve pressure [13], and promote human physiological health [14,15] and mental health [16] because the forest contains a large number of negative oxygen ions,

phytoncide and other beneficial substances. Therefore, forest-based health tourism that relies on forest resources has attracted widespread attention in recent years [17,18]. Combined with the connotation of wellness tourism, this study believes that the general concept of forest-based health tourism is focused on wellness tourism in well-preserved forest areas. Specifically, forest-based health tourism is a combination of relying on high-quality forest resources, giving play to the unique function of forest ecosystem, and carrying out tourism activities conducive to human physical and mental health. Forest-based health tourism plays a positive role in promoting the economic development of forest areas and its surrounding areas. It is not only the cultivation point and breakthrough point of the economic transformation ability in forest areas, but also an effective means to improve the health level of the public.

With the outbreak and spread of COVID-19, people have more psychological concerns and worries regarding travelling for tourism [19], so consumers have lower enthusiasm for forest-based health tourism. People tend to assess their knowledge of epidemic preparedness, and then make decisions about forest-based health tourism. However, some scholars have noted that the epidemic brought about a change of public health awareness and ideology [20,21], and people's critical awareness of COVID-19 could arouse their desire to travel for health [22]. In particular, the frequent occurrence of modern urban diseases and problems such as urban environmental pollution have seriously threatened the physical and mental health of urban residents [23] and have led to urgent health needs. People's perceived value of health care in forest will affect their willingness of forest wellness tourism to some extent. In addition, with the popularity of mobile communication and social media, the trust item in tourism decision-making has become prominent [24–26]. In the face of the public health crisis of COVID-19, the public will be vigilant to the cleanliness of the environment. The effective epidemic prevention and control measures in destinations will help win the trust of tourists [27], reduce the sense of uncertainty of tourists, and thus affect their travel decisions. This study believes that the above trust relationships also play important roles in determining the tourists' decision of forest-based health tourism. Paying attention to the issue of "how cognition and social trust affect tourists' intention of forest-based health tourism" has important practical significance and value in optimizing marketing strategies of tourism destinations, improving tourists' intention of forest-based health tourism, and promoting the orderly development of forest-based health tourism industry.

Existing research on forest-based health tourism has mostly focused on its development strategies [28] and health benefits [29]. Research on factors that influence tourists' intention and behavior in relation to wellness travel in forest areas has mainly focused on environmental perception [30] and the theory of planned behavior [31], which indicates that tourism intention is driven by perceptions, attitudes and beliefs, which ultimately lead to the emergence of tourism behavior. However, existing studies have paid little attention to the consumption decision-making of forest-based health tourism during COVID-19, and have not considered consumers' concerns and anxieties about health threats. In addition, there are few studies on consumption decision-making for forest-based health tourism from the perspective of cognition and social trust. In consumer behavior science, behavioral intention is considered a bridge between consumers' current state and future behavior [32] that can predict consumers' future behavior. Ajzen and Driver's examination (1991) of predicting consumers' leisure behaviors found that behavioral intention reflects individuals' thinking before their actual behaviors [33]. Similarly, forest-based health tourism intention both explains and predicts consumers' forest tourism behavior for health and wellbeing. Therefore, this study focuses on the exploration of the influence of cognition and social trust on health tourism intention in forest areas.

Urban residents are potential consumers of wellness tourism to forestland, so the way that cognition and social trust affect their intention of forest-based health tourism during COVID-19 directly affects how destination enterprises formulate more targeted tourism marketing strategies. In view of the above, from the perspective of urban residents in China,

this study uses a logistic regression model to explore the influence mechanism of cognition and social trust on urban residents' intention of forest-based health tourism during COVID-19 based on micro questionnaire survey data in China, focusing on individual subjective views of wellness tourism. It should be noted that this survey makes the behavioral intention measured in the questionnaire closer to reality by emphasizing the neglect of external factors that affect consumer behavior, such as the distance of tourist destinations and cost. The main contributions of this study are that it reveals the influencing factors of forest-based health tourism intention from the perspective of "cognition and social trust" and thus further enriches the relevant research on wellness tourism decision-making during COVID-19. In addition, this study aims to provide a theoretical reference for the effective intervention and guidance of urban residents' intention of health tourism to woodland under the COVID-19 pandemic and to provide feasible ideas for revitalizing the development of wellness tourism in forest areas.

The structure of this study is as follows. The Section 2 presents the literature review, the Section 3 presents the model analysis and variable setting, the Section 4 describes the research results, and the Section 5 presents the discussion and conclusions.

2. Literature Review

2.1. Cognition and Forest-Based Health Tourism Intention

Cognition refers to the process of acquiring knowledge and applying knowledge or information processing, which is the most basic psychological process of human beings. Consumers' choice preferences and intentions are directly or indirectly affected by their cognitive level [34]. Cognition is widely used in tourism research [35,36], especially in tourism destination perception and choice [37]; therefore, cognition has an influence on tourism consumption decision-making. Existing studies have shown that tourists' cognition of trip has a positive impact on their willingness to travel [38] and that the cognition of risk can help reduce damage [36]. In the context of this research, urban residents' intention of forest-based health tourism during COVID-19 is inseparable from their cognition of the value of health preservation and effective epidemic prevention and control. Therefore, cognition in this study mainly includes two dimensions: health preservation awareness and epidemic prevention awareness. Theoretically speaking, urban residents' intention to participate in wellness tourism in forest areas comes from the pursuit of health. Lack of awareness of the value of health preservation and epidemic prevention and control will affect urban residents' recognition of the forest health industry and enthusiasm to participate in forest-based health tourism. Specifically, on the one hand, individuals' awareness of epidemic prevention and control during COVID-19 provides a guarantee for travel activities and affects the wellness tourism intention of urban residents. On the other hand, various activities in forest environments benefit human health [12,39], so the cognitive degree of its value also has an influence on the forest-based health tourism intention of urban residents. Therefore, the following hypotheses are proposed.

H1a. *Health preservation awareness has a positive impact on tourists' willingness of forest-based health tourism.*

H1b. *The awareness of epidemic prevention has a positive impact on tourists' willingness of forest-based health tourism.*

2.2. Social Trust and Forest-Based Health Tourism Intention

Social trust is the individual's psychological expectation of the behavior and ability of others, which could have an important influence on consumers' behavioral decisions [40]. Existing studies have shown that social trust can reduce uncertainty in the environment of individual behavior choices and has a promoting effect on the public's behavioral intentions and strategic decisions [41,42]. Shi et al. noted that social capital was the embedded factor that significantly influenced farmers' intention to cooperate in cultivated land protection [43]. The research by Zauskova et al. also showed that trust could improve

purchasing behavior for environmentally friendly products [44]. In the field of tourism research, relevant researches pay more attention to the trust between tourists and tourists' trust in destinations. On the one hand, the trust relationship between tourists has an important impact on tourists' behavior decision-making, such as comments on social media [24], etc. On the other hand, the characteristic of long-distance nature of tourism activities increases the uncertainty of tourism consumption process, so tourists' trust in destinations or brands affects their tourism decisions [25,26].

Social trust in this study includes two dimensions: public trust and interpersonal trust. Interpersonal trust is the judgment of reliability [24], based on interpersonal relationships and emotions. Based on Differential Order Pattern Theory by Fei (2015) [45], interpersonal trust in this study is divided into acquaintance trust and nonacquaintance trust according to kinship relationships. Public trust is government trust based on non-interpersonal factors such as law and political systems. Specifically, it refers to individuals' trust in the public sector and the political system, the belief that the government's actions and results should meet people's requirements, and an interactive relationship between individuals and the government [46]. In recent years, the research on government trust has gradually attracted the attention of the tourism industry [47]. In this study, the government trust index is used to measure public trust.

Facing the uncertainty of the tourism environment during COVID-19, the behavioral decision of urban residents to participate in forest-based health tourism depends not only on their understanding of the health preservation value but also on the construction of a trust environment in the process of tourism activities. Urban residents' decisions regarding visits are not completely independent and are easily influenced by the surrounding environment and other individuals. Studies have shown that local residents' and tourists' trust in the government affects their willingness to support and participate in tourism activities [26,48], and studies have also shown that the positive interpersonal trust among tourists based on online communities and online reviews has an important positive impact on their travel decisions [24]. In the decision-making process of health tourism to forestland, consumers' perception of destination information and environment is fuzzy, so the sense of trust will affect their tourism decisions [27]. A good trust environment can reduce the opportunity cost, improve the willingness of urban residents to participate in forest-based health tourism, and turn this participation willingness into practical action. Therefore, the following hypotheses are proposed.

H2a. *Government trust has a positive impact on tourists' willingness of forest-based health tourism.*

H2b. *Acquaintance trust positively affects tourists' forest-based health tourism intention.*

H2c. *Nonacquaintance trust positively affects tourists' forest-based health tourism intention.*

3. Methodology

3.1. Data Collection

The data were collected from a random questionnaire survey of urban residents in China from August 2020 to October 2020. The questionnaire consisted of two parts. The first part used a five-level Likert scale to measure relative variables, including forest-based health tourism intention, cognition and social trust. The second part collected the demographic characteristics of the respondents. To ensure the scientific nature and validity of the sample data, the questionnaire content was revised and optimized through pre-investigation in Harbin City before the official survey. For the consideration of epidemic prevention and control, this study distributed and collected questionnaires online and avoided the problem of serious sample bias that may be caused by the distribution of questionnaires on the platform. The respondents of this survey were mainly from Harbin, Shenyang, Shijiazhuang, Zhengzhou, Hangzhou and other provincial capitals in China, and the link to complete the questionnaire was only sent to urban residents and communities to ensure that the data collected were from urban residents. A total of 583 questionnaires were submitted online, and a total of 383 valid samples were obtained by screening and eliminating 200 invalid

questionnaires according to specified and reverse questions (Specified item: Please select the option for the word "forest". If you choose any other option, the questionnaire is invalid. Answer: A. grassland; B. desert; C. forest; D. marsh; E. glacier. Reverse item: Forest health care is not beneficial to the improvement of consumers' cardiopulmonary function and the relief of stress. Answer: Point 1–5 ranged from strongly disagree to strongly agree. If the answer is close to that of another item 'Forest health preservation helps to improve heart and lung function, which is beneficial to the body, and can relieve stress and make people happy', the questionnaire is invalid.) in the questionnaire design, with an effective rate of 65.69%. Compared with the offline questionnaire survey, the online questionnaire survey had lower control, resulting in the low efficiency of the questionnaire in this study.

The demographic structure of the respondents was as follows. In terms of gender, 31.6% of the respondents were male and 68.4% of the respondents were female. In terms of education level, 40.7% had a college degree or below, 44.1% had a bachelor's degree, and 15.1% had a graduate degree. In terms of per capita household annual income, 46.2% earned less than 50,000 yuan, 33.4% earned between 50,000 and 100,000 yuan, and 20.4% earned over 100,000 yuan. In terms of health status, very healthy or relatively healthy respondents accounted for 81.2%, and others accounted for 18.8%. In terms of profession, civil servants and teachers accounted for 21.9%, enterprise staff accounted for 29.8%, and others accounted for 48.3%. In terms of age, 6.3% were under the age of 30, 35% were between 30 and 45 years old, 43.1% were between 45 and 55 years old, and 15.7% were above 55 years old.

3.2. Model Selection

Both the linear regression model and the logistic regression model can screen target groups and predict individual behavior. However, the linear regression model is suitable for the analysis of continuous-type numerical variables as dependent variables, and the logistic regression model is suitable for the analysis of categorical-type variables as dependent variables. Therefore, given that the end result of willingness can only have two endpoints (willing and unwilling), this study chose the individual-level binary logistic regression model for analysis based on existing research results [49]. In this study, a five-level Likert scale was used for the dependent variable $f(x)$ "forest-based health tourism intention" to explore the influencing factors of urban residents' wellness tourism intention to woodland during COVID-19 ("1" represents "very unwilling" and "5" represents "very willing"). They were treated as dichotomous variables based on the mean value; that is, "3", "4" and "5" were merged into "willing", and "1" and "2" were merged into "unwilling". This turned the dependent variable into a binary choice, that is, "willing" and "unwilling".

The probability of the forest-based health tourism intention of urban residents is:

$$p = \frac{e^{f(x)}}{1 + e^{f(x)}} \tag{1}$$

The opportunity ratio of the forest-based health tourism intention of urban residents is:

$$\frac{p}{1-p} = \frac{1 + e^{f(x)}}{1 + e^{-f(x)}} = e^{f(x)} \tag{2}$$

By transforming the above equation into a linear equation, the linear model of the logistic regression model can be obtained, namely

$$y = ln\left(\frac{p}{1-p}\right) = f(x) = \beta_0 + \sum_{i=1}^{n} \beta_i x_i + \mu \tag{3}$$

In Formula (3), β_0 represents a constant term, x_i represents an independent variable, β_i represents the regression coefficient of the independent variable, $i = 1, 2, \cdots, n$ represents the number of independent variables, and μ represents a random interference term.

3.3. Variable Settings

3.3.1. Dependent Variable

The dependent variable of this study is forest-based health tourism intention. It is processed as a binary dummy variable [50]; that is, for the answer to "are you willing to participate in wellness tourism to forestland", the responses "1" and "2" are assigned 0 (representing "unwilling"), and "3", "4" and "5" are assigned 1 (representing "willing"). In order to ensure that respondents have a clearer understanding of forest-based health tourism, the connotation and forms of forest-based health tourism are introduced at the beginning of the questionnaire. "Forest-based health tourism refers to a kind of tourism activity that uses the forest environment as a medium to promote physical and mental health with a purpose. First, it emphasizes that the destination of the tourism activity is the forest environment, such as forest parks, etc. Second, it emphasizes that the purpose of the tour is not traditional sightseeing, but to promote physical and mental health, such as participating in physical activities, forest bathing, meditation and so on in the forest destination".

The descriptive results of forest-based health tourism intention showed that 82.2% of respondents were willing to participate in wellness tourism in forest areas. If the population aged 15–59 from the seventh National Census is taken as the base number, this value is slightly higher than that reported by the National Forestry and Grassland Administration in the overview of the development of China's forest health care industry. It is believed that the demand of urban residents for health preservation showed a trend of popularization. Urban residents were optimistic about the epidemic prevention of the travel process, and the management system of reservations, flow restrictions, and peak shifting was recognized by urban residents (potential tourists).

3.3.2. Main Independent Variables

The main independent variables of this study were cognition and social trust. Cognition included two dimensions: health preservation cognition (cognitive level of health preservation value knowledge) and epidemic prevention cognition (cognitive level of effective epidemic prevention and control knowledge). Social trust included two dimensions: public trust and interpersonal trust [51]. In the measurement of social trust, interpersonal trust can be divided into two indexes, acquaintance trust and nonacquaintance trust, and public trust is measured by the government trust index.

In terms of the descriptive results of the degree of cognition, the cognition of health preservation value knowledge was slightly higher than that of epidemic prevention knowledge. From the perspective of social trust, respondents' trust in the government was relatively high, and the degree of trust in acquaintances was slightly higher than that of nonacquaintances.

3.3.3. Other Independent Variables

Other independent variables (control variables) of this study were demographic characteristics. The main demographic characteristics included gender, education level, and health status. It should be noted that this study eliminated the three demographic characteristics of per capita household annual income, occupation and age through correlation analysis considering possible collinearity problems.

In summary, the influencing factors of forest-based health tourism intention in this study can be divided into five categories: health preservation cognition, epidemic prevention cognition, public trust, interpersonal trust and demographic characteristics. The meanings and values of each variable are shown in Table 1. The item for measuring forest-based health tourism intention is adapted from Assaker et al. [52], the items for measuring cognition are adapted from Haron et al. [53], and the items for measuring social trust are adapted from Doney and Cannon (1997) [54].

Table 1. Variable attributes and assignment.

Variable Category	Variable Name	Variable Meaning and Assignment	Mean	Standard Deviation
Dependent variable	Forest-based health tourism intention	Are you willing to participate in forest-based health tourism? Forest-based health tourism here refers to tourism activities that rely on forest ecological resources to carry out forest recreation, vacation, recuperation, health care and other projects.	0.82	0.38
Independent variable	Health preservation cognition	Forest health preservation helps to improve heart and lung function, which is beneficial to the body, and can relieve stress and make people happy.	4.52	0.74
	Epidemic prevention cognition	I have learned novel coronavirus pneumonia prevention knowledge and measures, such as wearing masks correctly, washing hands correctly, maintaining social distancing, etc.	4.16	0.76
	Government trust	Under the management and supervision of government departments, the organizations of tourism activities can attach importance to the safety of tourists and do a good job in epidemic prevention and control during the journey.	4.06	0.93
	Acquaintance trust	The degree of trust in the travel experience and information provided by relatives and friends around.	3.29	1.25
	Nonacquaintance trust	The degree of trust in the travel experience and information provided by other people (except relatives and friends).	2.8	1.14
Control variable	Gender	Male = 0; female = 1	0.68	0.47
	Education level	Junior high school and below = 1; senior high school (including vocational high school) = 2; college = 3; undergraduate = 4; graduate and above = 5	3.53	1.03
	Health status	Very healthy = 1; relatively healthy = 2; subhealth = 3; chronic disease = 4; severe disease = 5	1.97	0.87

4. Results

4.1. Overall Estimation Results of the Model

Before the model estimation, the Box–Tidwell method was used to test whether there was a linear relationship between the continuous-type independent variable and the logit conversion value of the dependent variable (i.e., the interaction term between the continuous-type independent variable and its natural logarithm was included in the regression equation). Here, the five-level Likert value was also regarded as a continuous-type variable to test the linear relationship. In this study, a total of sixteen items were included in the model analysis, including seven interaction items. According to the significance level, the *p*-values of all interaction terms were higher than 0.05, so there was a linear relationship between all continuous-type independent variables and the logit conversion value of the dependent variable.

The VIF method was used to test the multicollinearity between explanatory variables. This study chose the estimated result that made "government trust" the explained variable and the remaining variables the explanatory variables. The test result showed that the maximum VIF value was 1.43; that is, there was no collinearity problem among the explanatory variables.

To test the influence of cognition and social trust on forest-based health tourism intention, this study adopted a model comparative analysis method [55] in which the cognition variable, social trust variable and demographic variables were gradually introduced into the model. Table 2 showed the estimation results of Models 1–6. The results showed that the Nagelkerke R^2 of Model 6 reached 0.253, which was better than that of Models 1–5. Moreover, the overall prediction accuracy rate of Model 6 was 83.00%. In addition, the

coefficient Omnibus test of Model 6 showed that the Chi-square value of the regression result was 63.898, $p = 0.00 < 0.05$, indicating that the OR value of at least one of the variables included in Model 6 was statistically significant; that is, the model reached a statistically significant level and had good explanatory ability. Therefore, this study focuses on the estimation results of Model 6 to conduct a detailed analysis of the research problem.

Table 2. Model estimation results.

Variable Name	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Health preservation cognition	—	0.662 *** (0.168)	0.713 *** (0.174)	—	—	0.484 ** (0.191)
Epidemic prevention cognition	—	0.173 (0.180)	0.116 (0.188)	—	—	−0.058 (0.209)
Government trust	—	—	—	0.37 4** (0.152)	0.372 ** (0.159)	0.296 * (0.173)
Acquaintance trust	—	—	—	0.528 *** (0.143)	0.547 *** (0.146)	0.489 *** (0.150)
Nonacquaintance trust	—	—	—	0.422 *** (0.160)	0.393 ** (0.164)	0.389 ** (0.166)
Gender	0.441 (0.280)	—	0.373 (0.292)	—	0.467 (0.309)	0.454 (0.315)
Education level	0.189 (0.127)	—	0.222 * (0.132)	—	0.233 (0.142)	0.259 * (0.145)
Health status	−0.299 ** (0.146)	—	−0.339 ** (0.153)	—	−0.248 (0.160)	−0.282 * (0.165)
Constants	1.203 ** (0.608)	−2.096 ** (0.916)	−2.402 ** (0.105)	−2.563 *** (0.749)	−3.143 *** (1.062)	−4.567 *** (1.305)
Chi-square	9.534 ($p = 0.023$)	19.356 ($p = 0.000$)	29.365 ($p = 0.000$)	49.344 ($p = 0.000$)	57.575 ($p = 0.000$)	63.898 ($p = 0.000$)
−2 Logarithmic likelihood	348.687	338.865	328.856	308.877	300.646	294.323
Nagelkerke R^2	0.040	0.081	0.121	0.199	0.230	0.253
Accuracy rate	82.20%	81.50%	82.20%	82.50%	82.00%	83.00%

Note. *, ** and *** are statistically significant at 10%, 5% and 1%, respectively. The values in brackets are the standard error.

4.2. Analysis of Model Estimation Results

4.2.1. Impact of Cognition on Forest-Based Health Tourism Intention

The results showed that awareness of epidemic prevention did not pass the significance test, while awareness of health preservation passed the significance test. At the statistical level of 5%, cognition of forest health preservation positively affected the intention of forest-based health tourism of urban residents. In recent years, population aging, chronic diseases, subhealth and other problems have been increasing in China [2,56], and people are paying increasing attention to health and the ecological environment. Traveling in forest areas has the functions of improving cardiopulmonary function, relieving pressure, health preservation and care, and physical and mental pleasure [57,58]; therefore, the more intensive awareness of forest health preservation value urban residents have, the more inclined they are to participate in wellness tourism to woodland. Exp(B) (OR value) = 1.622 (95% C.I. 1.116–2.356), indicating that people with stronger cognition of the health preservation value were more willing to participate in forest-based health tourism than those with weaker cognition of the health preservation value; the probability increased by 1.622 times. The possible reason for the insignificant impact of the awareness of epidemic prevention is that the behavioral decision of forest-based health tourism by urban residents was more dependent on the effective organization and scientific epidemic prevention of the government and tourism enterprises during COVID-19, while self-awareness of epidemic prevention had less impact on behavioral decisions.

4.2.2. Impact of Social Trust on Forest-Based Health Tourism Intention

The results showed that social trust had a statistically significant impact on forest-based health tourism intention. Government trust, also known as public trust, had a positive effect on the tourism intention of urban residents and was significant at the 10% level. The orderly development of wellness tourism in forest, especially during COVID-19, is inseparable from the overall management and supervision of the government [59]. As the macro regulator, the government plays an important role in system implementation and effective supervision, involving the standardized operation of forest scenic spots and hotels and the implementation of epidemic prevention measures in the process of tourism activities. Trust in the government was reflected in trust in the safety guarantee of travel activities. The higher the level of trust, the stronger the intention of urban residents to participate in forest-based health tourism. Exp(B) (OR value) = 1.345 (95% C.I. 0.959–1.886), indicating that people with strong government trust were more willing to participate in forest tour for wellbeing and health than those with weak government trust; the probability increased by 1.345 times.

In terms of interpersonal trust, both acquaintance trust and nonacquaintance trust had positive effects on the forest-based health tourism intention of urban residents, and both were significant at the statistical level of 5%. Relationships of trust established between acquaintances such as relatives and friends contributed to the formation of common norms and perceptions in the group [60,61], improving the tourism intention of urban residents. Exp(B) (OR value) = 1.631 (95% C.I. 1.216–2.188), indicating that those with stronger acquaintance trust were more willing to participate in forest-based health tourism than those with weaker acquaintance trust; the probability increased by 1.631 times. Although there were few daily interactions between nonacquaintances, their experience could also serve as a reference for urban residents in their behavioral decision-making about wellness tourism in forest areas [62]. Therefore, nonacquaintance trust also positively affected urban residents' intention of forest-based health tourism. Exp(B) (OR value) = 1.476 (95% C.I. 1.067–2.043), indicating that people with stronger nonacquaintance trust were more willing to participate in wellness tourism to woodland than those with weaker nonacquaintance trust; the probability increased by 1.476 times.

4.2.3. Impact of Demographics on Forest-Based Health Tourism Intention

The results showed that among the demographic characteristics, education level and health status passed the significance test, but gender did not. At the statistical level of 10%, educational level positively affected the intention of forest-based health tourism among urban residents. The higher people's level of education, the richer their knowledge structure [63,64]; therefore, people have a better understanding of the value of forest wellness and stronger willingness to visit forest areas. Exp(B) (OR value) = 1.295 (95% C.I. 0.974–1.722), indicating that people with higher education levels were more willing to participate in forest tourism for health than those with lower education levels; the probability increased by 1.295 times.

Health status negatively affected the intention of forest-based health tourism of urban residents at the statistical level of 10%. A possible explanation is that residents with poor health status lacked recognition of the value of forest wellness and had a skeptical attitude towards forest travel. In contrast, healthier residents had stronger awareness of health care; thus, their willingness to participate in wellness tourism was stronger. Exp(B) (OR value) = 0.754 (95% C.I. 0.546–1.042), indicating that people with better health status were more willing to participate in forest-based health tourism than those with worse health status.

Gender had no significant impact on the intention of forest-based health tourism, indicating that there was no significant gender difference in the behavioral decision-making. It is believed that forest health preservation demand was a universal consensus [18].

4.2.4. Robustness Test

Since consumers' forest-based health tourism decision-making was largely influenced by the promotion of tourism enterprises, this study added the control variable of the promotion of tourism enterprises for further regression analysis to test the reliability of the estimated results of the above model. The results showed that the regression model passed the significance test as a whole. The effects of cognition and social trust on forest-based health tourism intention were consistent with the results of Model 6; the significance level of some variables increased or decreased but remained significant. Therefore, the conclusions of this study are relatively robust.

4.2.5. Territorial Differences

In order to further verify the influence of territorial differences, this study divided the samples into three groups for regression: the eastern region group, the central region group and the western region group. The results were shown in Table 3. In the eastern samples, the effect of interpersonal trust on forest-based health tourism intention passed the significance test. In the central samples, health preservation cognition and government trust passed the significance test. In the western samples, the acquaintance trust passed the significance test. The results of grouping test based on territorial differences show that regional location has an impact on tourists' travel decisions. Specifically, health preservation cognition and government trust have a greater impact on tourists' forest-based health tourism intentions in central China, and interpersonal trust has a greater impact on tourists' forest-based health tourism intentions in eastern and western China.

Table 3. Influence of territorial differences.

Grouping	(1) East	(2) Central	(3) West
Health preservation cognition	0.246	0.683 *	0.399
	(0.468)	(0.358)	(0.287)
Epidemic prevention cognition	−0.015	−0.490	0.198
	(0.417)	(0.454)	(0.330)
Government trust	0.057	0.699 *	0.250
	(0.282)	(0.382)	(0.308)
Acquaintance trust	0.502 **	0.538	0.517 **
	(0.240)	(0.355)	(0.250)
Non-acquaintance trust	0.645 **	0.378	0.232
	(0.296)	(0.373)	(0.265)
N	128	105	150
Nagelkerke R^2	0.275	0.358	0.218

Note. * and ** are statistically significant at 10% and 5%, respectively. The values in brackets are the standard error.

5. Discussion and Conclusions

Driven by the strategy of "Healthy China", the consumption intention to improve one's physical condition and maintain a healthy state has significantly increased, and forest-based health tourism relying on forest resources has become a popular tourism form. Wellness tourism in forest areas conforms to the public's pursuit of health and changes in the concept of tourism [17,18] and has become an important form of business in the tourism industry. Especially given the influence of COVID-19, people are under great physical and mental pressure, and health tourism to woodland provides a feasible way to effectively relieve this pressure [20]. This study incorporated variables such as cognition, social trust and demographic characteristics to construct a binary logistic regression model and focused on the impact of cognition and social trust on the forest-based health tourism intention of urban residents during COVID-19. According to the results of the study, the cognitive level of forest well-being had a positive impact on urban residents' tourism intention; public trust and interpersonal trust had significant positive effects on urban residents' tourism

intention; and a good trust environment was conducive to improving the willingness of urban residents to participate in forest-based health tourism. Therefore, improving urban residents' willingness to pursue wellness tourism through cognitive improvement and social trust construction is an important way to realize the development of health tourism in forest districts in the post-epidemic era.

In terms of a theoretical contribution, this study enriches the theoretical research on forest-based health tourism and provides a new perspective for research on tourism intention and behavior. This study explores the influencing mechanism of urban residents' intention of forest travel for wellbeing from the perspective of cognition and social trust, which reveals the psychological factors that influence urban residents' tourism intention to forestland during COVID-19 and expands the theoretical research on forest-based health tourism.

In terms of policy implications, this study can provide ideas for the development of wellness tourism in forest areas under the COVID-19 pandemic and important implications for policy makers to attract tourists and realize the sustainable development of travel destination in the post-epidemic era.

First, the government supervision and management functions should be strengthened, and the confidence of tourists should be enhanced. As a state administrative organ, the government exercises its management functions according to law, carries out macro management and regulation, and ensures social stability, especially during the epidemic prevention and control period [59]. In the process of forest-based health tourism activities, the effective performance of the government's regulatory function can convey the idea that tourism activities are safe and secure and can enhance tourists' public trust and confidence in the safety of the tourism process to improve their willingness to participate in forest-based health tourism. In the post-epidemic era, the government should impose restrictions on the behavior of tourism enterprises so that tourists can trust the effective management and process of the government, thus enhancing their confidence in the tourist destinations. In addition, the government should take the lead in improving the top-level design of the forest health base, and provide macro-guidance in service guarantee, safety management and other aspects. It should encourage destination enterprises to implement the operation and management norms of the tourism industry, and implement the construction of reputation in all links of tourism activities. Through the effective play of government management function, the ability of tourist destinations to cope with unexpected risks and the attraction of tourist destinations can be improved.

Second, attention should be given to the publicity of tourism enterprises to highlight service advantages and management characteristics. The smooth development of forest-based health tourism activities requires the joint participation of all relevant tourism enterprises; that is, tourism macro management must be led by the government, followed by enterprises, and must pay attention to the innovation of tourism marketing strategies. In terms of tourism enterprise propaganda in the post-epidemic era, in addition to introducing tourism products and services, tourism enterprises should emphasize the implementation of destination management and health prevention measures, such as visiting appointment mechanisms, real-time traffic monitoring and information release. These measures can enhance tourists' trust in the smooth development of forest-based health tourism activities through the management of reception volume and information transparency. In addition, tourism companies should understand the motivations and obstacles of tourists to participating in forest health tourism through market research and other ways. Only by understanding the real ideas of tourists can the service design and promotion be more targeted. It aims to improve the choice preference and travel experience of tourists, further strengthen the trust relationship between tourists and destination enterprises, and finally realize the sustainable development of tourism economy.

The third suggestion is to perfect the evaluation feedback platform for tourists and use facts to intervene. In behavioral decision-making in forest-based health tourism, the experience and evaluation of others are often important references [62]. A perfected

feedback platform of tourist evaluation will help tourists grasp relevant information on travel destinations in a timely manner and make reasonable predictions about tourism activities. Therefore, in the post-epidemic era, relevant responsible departments should speed up the construction of tourist evaluation feedback platforms based on forest-based health tourism, improve the information sharing ability and transmission rate for tourists by building multilevel information channels, promote the formation of trust relationships among tourists, and create an atmosphere of mutual trust and mutual benefit. In addition, the online tourism community could also strengthen the tourism decision-making and activity participation of tourists. Online tourism communities are often embedded with social bonding activities between individuals and others. In this process, tourists participate in more discussions and emotional interactions about forest health tourism, and are more likely to have the willingness or loyalty to participate in the tourism activities.

Fourth, attention should be given to education on the value of forest well-being and improving tourists' health awareness. The value of forest health preservation provides intrinsic motivation to promote tourist participation in forest-based health tourism [29]. Improving tourists' awareness of the value of forest health preservation plays an important role in promoting the development of wellness tourism in forest districts and supporting the function of forest ecosystems. Therefore, in the post-epidemic era, propaganda on health preservation activities and the function of forest resources can help tourists obtain a more comprehensive and in-depth understanding of the value of well-being, stimulate tourists' demand for health consumption, and boost the development of the "Healthy China" strategy. In addition, a virtual practice community can be developed to help tourists understand and deepen their understanding of forest health preservation through online means. Naturally, attention should also be paid to the driving role of tourists in high education levels and good health status [64] and enhancing the incentive and word-of-mouth effect, which can inject power into the development of the forest-based health tourism industry in the post-epidemic era.

Despite the contributions of this study, there are some limitations. First, this survey used only online data collection due to the impact of COVID-19, which inevitably excluded interactions and conversations with respondents and may have led to some deviations in the research conclusions. Future research can be conducted through field interviews and participatory observation. Second, the survey objects of this study were mainly Chinese respondents; therefore, the research results may be limited by the narrow sample. Future studies could be extended to other areas globally for further validation. Finally, this study mainly focused on tourists' individual psychology and behavior. Future research can focus on the interaction between tourists and forest-based health tourism service providers and the creation of experience value [65,66], which may provide more practical enlightenment for wellness tourism marketing and management in forest areas.

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