CHAPTER 7

COVID-19, Mobility and Entrepreneurship

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1. INTRODUCTION

COVID-19 is a contagious infection that was detected in 2019. The disease was unique in how people became ill so quickly and succumbed to death. Infected by COVID-19, over six million people perished. However, the vaccine was invented in 2020, and people have been able to take it since 2021. The vaccine is a preparation that stimulates the body's immune response against diseases and is usually administered through needle injections, orally by mouth or sprayed into the nose (CDC, 2021). When taken in the body, it generates antibodies that form protection against a specific disease. These diseases could be seasonal or pandemic, impacting citizens, healthcare systems, and economies worldwide. Following the COVID-19 outbreak, service-related firms suffered as it restricted people-to-people contact. COVID-19 also affected customer service (Camacho *et al.*, 2022). As a result, many people lost their jobs and moved to other places to find employment. COVID-19 also caused many people to become refugees in their own countries due to the job losses and livelihoods caused by the lockdown. Some people could travel overseas or to neighboring countries to get the vaccine, which gave rise to vaccine tourism. Although there is no official data, travel agencies saw an average increase of 30–40 percent in flight demand in 2021, the peak of the vaccination demand (Reuters, 2021). In Buenos Aires, travel agents advertised to get vaccinated in Miami: flight ($2000), weekly hotel ($2000), food ($350), car rental ($500), and vaccine free. So, on this trip, one could get a vaccine and vacation. People had to move to other places because vaccines were not evenly distributed worldwide. The shortage of vaccine availability in developing countries and emerging markets created an environment for vaccine seekers to travel abroad to receive the vaccine of their choice. Latin America also experienced vaccine supply delays. Wealthy nations could get vaccinated 25 times faster than the rest. The USA alone had a quarter of the world's supply of vaccines (Japan Times, 2021). Mobility for seeking medical attention became common either locally or internationally. Then, the uncertainty factor was caused by the fear that COVID-19 would kill. In Africa, there was also the rumor that people should not take vaccines as they may cause some side effects and that some countries

are trying to test the vaccine's efficacy in Africa. There have been reports of fake doses as well. This mindset also hindered vaccine administration in such areas even though vaccines were available. People also lived in slums, overcrowded camps, or settlements with limited access to healthcare, causing them to move or migrate to other places. Some people moved to places least affected by COVID-19, such as islands. This mobility of people also gave rise to entrepreneurship, such as vaccine tourism, online services, quarantine hotels, and others. Although COVID-19 did not cause people to flee their homes directly, it did displace them. Thus, it became imperative for governments to initiate programs to integrate internally displaced people and, in some cases, even refugees (Halpert & FitzGerald, 2023).

Using the Equity and Stakeholders Theories, the Chapter proposes a conceptual framework to discuss (1) the relationship between COVID-19 and mobility, (2) mobility and entrepreneurship, (3) the moderating effects of uncertainty between COVID-19 and mobility, and (4) moderating effects of skills development between mobility and entrepreneurship. The next section includes the conceptual framework and theories, followed by proposition development and a conclusion.

2. CONCEPTUAL FRAMEWORK AND THEORIES

Figure 7.1 depicts the linkages among variables applicable to this study based on the Equity and Stakeholder Theories. In the context of vaccine equity, it means vaccine for all. While access to healthcare is a universal human right, access to vaccines is not discussed to such an extent. People in developing countries and emerging markets faced barriers to accessing vaccines. At the same time, wealthy nations vaccinated up to 90 percent of their population, compared to only 10 percent in low-income nations. Countries also promoted vaccine tourism as a benefit for their industries when excess vaccines were available (Loss, 2021). Vaccine tourism is expensive as it entails flight tickets, hotel, food, and observing quarantine (Espindola & Vaca, 2022). In contrast, the poorer segment of the society in a country needs the financial capacity to pursue vaccine tourism (Kaewkitipong *et al.*, 2021). Financial status determines their ability to travel (Argo & Main, 2008). So, the inequity of vaccine availability gave rise to vaccine tourism for rich people and not all the stakeholders.

The Stakeholder Theory relates to all individuals' well-being in the COVID-19 context (Laplume *et al.*, 2008). Inclusiveness in society allows for diversity that can lead to efficient and effective solutions. Because it is most likely that the displaced people are diverse as they came from across the country searching for jobs in big cities during COVID-19, they can positively contribute to society by becoming entrepreneurs in the informal sectors. They can also be absorbed into an organization. Absorptive capacity is an organization's ability to recognize, acquire,

assimilate, transform, and use both external and internal resources. Absorptive capacity can also refer to an organization's ability to recognize and utilize the value of new information and skills. This can affect employee productivity while working with coworkers to achieve the organization's goals. An organization's diverse workforce, practical training, and human interactions can enhance employee productivity. As individuals feel more comfortable sharing their identities, the feeling of inclusion increases. This higher feeling of inclusion allows individuals to create a higher quality relationship with their coworkers and superiors (Nishii, 2013).

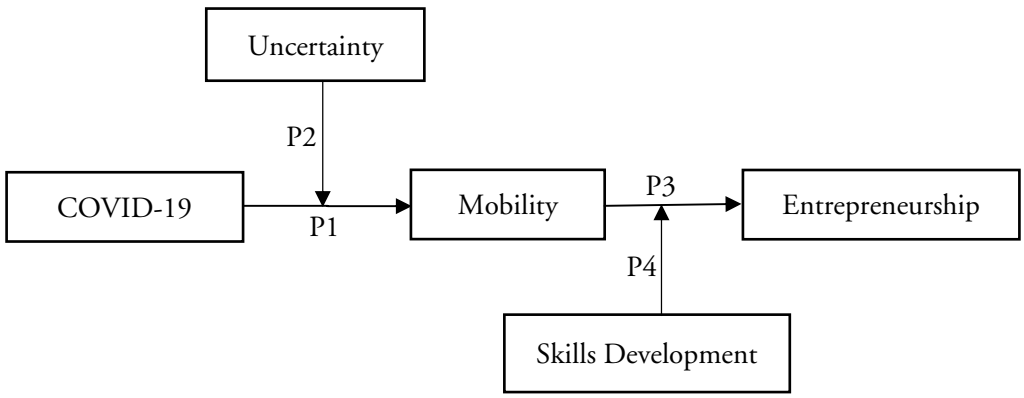

Figure 7.1: The Conceptual Framework and Theory

Source: The authors

3. PROPOSITION DEVELOPMENT

3.1 Relationship between COVID-19 and Mobility

COVID-19 forced people to move for two reasons: searching for vaccines (i.e., tourism) and searching for jobs (i.e., entrepreneurship). Vaccine Tourism is the act of traveling to another country to get a vaccine, either because of a lack of availability of vaccines in their countries, a lack of trust in their governments, a lack of confidence in the quality vaccines available to them, or simply because an opportunity presents itself (Gillespie, 2021). However, another definition is "the actions of wealthy individuals to travel to locations where they can more readily access the vaccine ahead of others" (Higgins-Desbiolles *et al.*, 2021). About two-thirds of people globally were vaccinated at least once against COVID-19, though only fifteen percent in developing countries and emerging markets (Ritchie *et al.*, 2022). While wealthy nations had promised two billion COVID-19 vaccines to donate, only 260 million doses arrived in 2021, about 15 percent of the promised doses (UNAIDS, 2021). World Health Organization (2021) recommends two doses of approved vaccinations to provide

sufficient immunity against the COVID-19 virus. The shortages of vaccine availability—which caused the mobility—were also caused by many countries' inability to approve all vaccine brands. There were ten brands of COVID-19 vaccines, out of which Pfizer/BioNTech was the most desirable, whereas COVOVAX was least preferred outside India (WHO, COVID tracker, 2022). Sputnik V was the first vaccine available on the market, though it was not approved readily by WHO or the European Medicines Agency for emergency use (Time, 2021). However, it is interesting that Sputnik is now available in over 70 countries. Further, China only recognized Chinese-manufactured vaccines to travel to the mainland, and the UK did not recognize Chinese vaccines to enter the UK (Bloomberg, 2021). COVID-19 vaccines impacted mobility both locally and globally. So, we propose our first proposition:

P1: COVID-19 leads to mobility

3.2 Uncertainty

The fear of anxiety and death caused uncertainty in peoples' lives. Anxiety related to fear of losing a loved one or themselves to death in a pandemic was a significant contributor to choosing to get vaccinated. The extent to which a person feared death led them to take actions that affected their decision-making process. For instance, individuals who fear death tend to easily fall for conspiracies that portray an agenda to control the population (Stein *et al.*, 2021) or that vaccines have negative consequences; hence, they might avoid taking vaccines and not engage in vaccine tourism (Penlington *et al.*, 2022). Likewise, having a greater degree of fear of death might scare individuals to seek vaccines by any means, considering that in some countries, vaccines are scarce. Therefore, they are forced to travel overseas to get vaccinated (Kaewkitipong *et al.*, 2021). COVID-19 gave rise to unprecedented psychological consequences and fear of death (KFF, 2021). People suffer great anxiety when they think of death, and the mere thought of it haunts them; thereby, this anxiety might lead them to believe anything that justifies their fear (Rindfleisch *et al.*, 2009). Educated people may have sufficient information not to believe the conspiracies that suggest that governments will intentionally kill people to reduce their population. In contrast, less informed people may fall for such conspiracies because people with knowledge will trust vaccines more (Penlington *et al.*, 2022).

Although about eleven billion people took at least one vaccine, another segment refused to take it due to concern that it was a Western country's ploy to kill people in Africa or reduce fertility or that the experiment was being conducted on them (Singh, 2021). These hoaxes have no scientific basis but have still resulted in vaccine hesitancy. COVID-19 resulted in over six million deaths. The rise in deaths led people to

speculate about conspiracies linking the COVID-19 outbreak to government agencies' determination to lower the world population. People do not have universally uniform thoughts. Failure of governments or concerned institutions to educate the masses by communicating and sharing research findings to improve their literacy could result in people fearing vaccines, influencing their attitudes toward seeking vaccines (Penlington *et al.*, 2022; Stein *et al.*, 2021). People's mobility depends upon where they feel safe to go and settle. Hence, we propose our second proposition:

P2: Uncertainty moderates the relationship between COVID-19 and mobility

3.3 Mobility and Entrepreneurship

Medical tourism-based mobility emerged in the late 19th century when patients from less developed nations would travel to advanced nations to receive life-saving treatment unavailable elsewhere (Connell, 2013). It attracted over 20 million patients in 2017 to travel to foreign countries to seek medical treatments (Hopkins *et al.*, 2010), ranging from organ transplants to cosmetic surgery (Horowitz *et al.*, 2007). A few countries, such as Cuba, India, Singapore, and Thailand, marketed themselves as trusted destinations for medical attention, among others. Over time, developing nations made significant investments in the health sector, enabling them to achieve the same success in treatment as advanced countries at one-tenth of their costs in the USA. Other reasons for the mobility are credibility and time (Sandberg, 2017). Shorter wait times have also significantly contributed to patients turning to medical tourism. The same concept applies to the people who live in villages or small towns, have no access to vaccines, and must travel to big cities. They may also need to relocate to different places to find suitable employment. Some may even become internally displaced or refugees in their own countries. The employment-based mobility may give rise to entrepreneurship or be a part of an informal economy.

The mobility of people can contribute to the economy. However, they may need to develop or require new skills to provide long-term benefits to entrepreneurs or self-employment in an informal economy. For this study, as these people are affected by COVID-19, their chances of success as entrepreneurs depend upon their ability to manage emotional, cognitive, and behavioral energies. Stakeholder Theory states that everyone has a unique perspective worthy of consideration. The implication is that the displaced people could be more successful than the locals. Entrepreneurs can create value for shareholders by attracting motivated people who are engaged. Engaged employees could generate more business revenue for entrepreneurs (Saxena & Srivastava, 2015). Hence, we propose our third proposition:

P3: Mobility leads to entrepreneurship

3.4 Skills Development

Displaced people may have difficulty accessing social welfare programs or may not even have a welfare system to protect them. These economic barriers prevent them from reintegrating into the workforce in a new place. One of the methods for integration is the skill development of these people. It is a pervasive method to enhance productivity and reach organizational goals (Nda & Fard, 2013). When organizations conduct efficient and practical training, employees are aware of the organization's processes and, in turn, have increased motivation to complete the task. Organizations that provide employees with regular training programs to improve their knowledge and skillsets and opportunities for career advancement help them reach their full potential (Kumar & Pansari, 2015). Employees may be motivated by financial rewards; however, less quantifiable rewards, such as work environments, may even be more critical as motivational tools (Lau & Roopnarain, 2014). This is particularly true for displaced people or refugees despite financial hardship and educational disadvantages (Meister & Mauer, 2019).

Professional development through sponsorship programs is also effective. These programs can facilitate the recruitment of humanitarian displaced people. COVID-19 displacement is a humanitarian crisis. Private sponsorship programs allow friends and families to absorb the costs of establishing themselves in a new place or country. Private sponsorship is a time- and resource-effective method for refugees, placing the responsibility on private citizens and allowing for the time inefficiencies of government bureaucratic institutions to be circumvented. It is effective as refugees settle rapidly; thus, more time is available to contribute to the economy (Kumar, 2019). Government sponsorships for refugee societal integration have evolved through innovative programs such as in Canada. Most of these types of programs and sponsorships are conducted by governments. However, this may considerably strain resources for some countries (Khanna *et al.*, 2005; Molloy & Simeon, 2016). Although direct sponsorship of employees can have a high initial cost, the loyalty of those humanitarian workers could have a sizeable long-term pay-off. Labor is an essential resource, and proper leveraging of skills and proper skill development of people can significantly benefit entrepreneurs (Qiang Li *et al.*, 2005). Hence, our final proposition is:

P4: Skill development moderates the relationship between mobility and entrepreneurship

4. CONCLUSION

The purpose of the chapter was to propose a conceptual framework and discuss (1) the relationship between COVID-19 and mobility, (2) mobility and entrepreneurship, (3) the moderating effects of uncertainty between COVID-19 and mobility, and (4) the moderating effects of skills development between mobility and

entrepreneurship. In this context, we used the Equity and Stakeholders Theories. We argued that COVID-19 leads to mobility, mobility leads to entrepreneurial activities, uncertainty positively moderates the relationship between COVID-19 and mobility, and skilled development positively moderates mobility and entrepreneurship.

COVID-19 created a situation where people had to move either for vaccines or employment. So, many people sought destinations that enabled them to get vaccinated. People also became entrepreneurs by offering travel packages or online activities. For example, travel agencies in Thailand offered vaccine tourism packages to the United States for tourists to get vaccinated before visiting tourist attractions (Thepgumpanat & Setboonsarng, 2021). These packages served as a mutually beneficial situation for both parties, as tourists could buy a vacation package that could include their vaccine of choice, and the country could get financial resources from travel. The factors contributing to an individual's trust in a particular country package include how the package was advertised, a guarantee of the type of vaccine that would be received, and the marketing done by the travel agency (Moliner *et al.*, 2007). Although factors that cannot always be determined, such as side effects from the vaccine, cannot be guaranteed. The method of marketing the vaccine tourism package and its success rates could positively contribute to the number of people purchasing it. COVID-19 also created a sense of panic and anxiety in people. Some people did not believe in the vaccine and refused to take it. Others went the extra length to travel overseas. Governments also delayed the approval of vaccines of certain brands. Literacy and media coverage were also factors in determining the extent to which people would fear the situation and take precautions by taking the vaccine and not falling victim to the hoaxes.

Displaced people should be given a chance to integrate into the society. One way to achieve this goal is to provide these people with training in the areas of their interest to transform them into entrepreneurs or employees. Firms can boost employee productivity by recognizing their psychological health and improving well-being (Lockwood, 2007). COVID-19 affected them disproportionately. Employees' better psychological well-being improves their home, work, and social life. Training managers should identify skills deficiencies to improve their employability. Dedicated and meaningful work enables employees to realize their value within the company and makes them more engaged (Osborne & Hammoud, 2017). Organizations with higher employee engagement have higher productivity and profits (Kumar & Pansari, 2015).

REFERENCES

Agrawal, S. K. (2019). Canadian refugee sponsorship programs: Experience of Syrian refugees in Alberta, Canada. *Journal of International Migration & Integration, 20*(4), 941–962. DOI:10.1007/s12134-018-0640-7

Argo, J. J., & Main, J. K. (2008). Stigma by association in coupon redemption: Looking cheap because of others. *Journal of Consumer Research*, *35*(4), 559–572. DOI:10.1086/591102

Bloomberg. (2021). *When it comes to a travel restart, all vaccines are not equal*. Bloomberg.com. bloomberg.com/news/articles/2021-04-25/vaccine-travel-rules-widen-the-rift-between-china-and-the-west

Camacho, L. J., Ramirez, J., & Salazar-Concha, C. (2022). Corporate citizenship and organizational citizenship behavior: Does COVID-19 affect the relationship? *Journal of the Academy of Business and Emerging Markets*, *2*(1), 31-44. https://doi.org/10.5281/zenodo.6332999

C. D. C. (2021). Immunization basics. Centers for Disease Control and Prevention. https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm

Connell, J. (2013). Contemporary medical tourism: Conceptualization, culture, and commodification. *Tourism Management*, *34*, 1–13. https://www.doi.org/10.1016/j.tourman.2012.05.009

Espindola, J., & Vaca, M. (2022). On the morality of vaccination tourism. *Bioethics*, *36*(1), 93–99. https://www.doi.org/10.1111/bioe.12950

Gillespie, C. (2022). Vaccine tourism: What you need to know - Jumping the line for a COVID-19 vaccine. *Health*, November 28, 2022. https://www.health.com/condition/infectious-diseases/coronavirus/what-is-vaccine-tourism

Halpert, M., & FitzGerald, J. (2023*). Immigration fuels Canada's largest population growth of over 1 million.* https://www.bc.co.uk/news/world-us-canada-65047436

Higgins-Desbiolles, F., Bigby, C. B., & Doering, A. (2021). Socializing tourism after COVID-19: Reclaiming tourism as a social force? *Journal of Tourism Futures*, *8*(2), 208–219. DOI: 10.1108/JTF-03-2021-0058

Hopkins, L., Labonté, R., Runnels, V., & Packer, C. (2010). Medical tourism today: What is the state of existing knowledge? *Journal of Public Health Policy*, *31*(2), 185–198. https://www.doi.org/10.1057/jphp.2010.10

Horowitz, M. D., Rosensweig, J., & Jones, C. A. (2007). Medical tourism: Globalization of the healthcare marketplace. *Medscape General Medicine*, *9*(4), 33. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2234298

Japan Times. (2021). *The world's wealthiest countries are getting vaccinated 25 times faster.* https://www.japantimes.co.jp/news/2021/04/09/world/vaccines-wealthy-countries

Kaewkitipong, L., Chen, C., & Ractham, P. (2021). Examining factors influencing COVID-19 vaccine tourism for international tourists. *Sustainability*, *13*(22), 12867–12867. https://www.doi.org/ 10.3390/su132212867

KFF COVID-19 Vaccine Monitor Dashboard. (2021). https://www.kff.org/coronavirus-covid-19/dashboard/kff-covid-19-vaccine-monitor-dashboard

Khanna, T., Bigley, G., DAunno, T., & Ring, P. S. (2005). Perspectives on how governments matter. *Academy of Management Review, 30*(2), 308–320.

Kumar, V., & Pansari, A. (2015). Measuring the benefits of employee engagement. *MIT Sloan Management Review, 56*(4), 66–72.

Laplume, A. O., Sonpar, K., & Litz, R. A. (2008). Stakeholder theory: Reviewing a theory that moves us. *Journal of Management*, *34*(6), 1152–1189. DOI:10.1177/0149206308324322

Lau, C. M., & Roopnarain, K. (2014). The effects of nonfinancial and financial measures on employee motivation to participate in target setting. *The British Accounting Review*, *46*(3), 228–247.

Lockwood, N. R. (2007). Leveraging employee engagement for competitive advantage: HR's strategic role. *Society for Human Resource Management Research Quarterly*, 1, 1-12.

Loss, L. (2021, February). COVID-19: Vaccine tourism is developing around the world. *Tourism Review*. https://www.tourism-review.com/vaccine-tourism-setting-off-around-the-world-news11879

Meister, A. D., & Mauer, R. (2019). Understanding refugee entrepreneurship incubation: An embeddedness perspective. *International Journal of Entrepreneurial Behavior & Research*, *25*(5), 1065–1092. DOI:10.1108/IJEBR-02-2018-0108

Moliner, M., Sánchez, J., Rodríguez, R., & Callarisa, L. (2007). Relationship quality with a travel agency: The influence of the post-purchase perceived value of a tourism package. *Tourism and Hospitality Research*, *7*(3-4), 194–211. https://www.doi.org/10.1057/palgrave.thr.6050052

Molloy, M. J., & Simeon, J. C. (2016). The Indochinese refugee movement and the launch of Canada's private sponsorship program. *Refuge*, *32*(2), 3–8.

Nda, M. M., & Fard, R. Y. (2013). The impact of employee training and development on employee productivity. *Global Journal of Commerce & Management Perspective, 2*(6), 91–93.

Nishii, L. (2013). The benefits of climate for inclusion for gender-diverse groups. *Academy of Management Journal*, 1754–1774.

Osborne, S., & Hammoud, M. S. (2017). Effective employee engagement in the workplace. *International Journal of Applied Management and Technology, 16*(1), 50–67. DOI:10.5590/IJAMT.2017.16.1.04

Penlington, M., Goulet, P., & Metcalfe, B. (2022). Improving knowledge and trust in vaccines: A survey-based assessment of the potential of the European Union clinical trial regulation number 536/2014 plain language summary to increase health literacy. *Vaccine*, *40*(6), 924–933.

Qiang, L., de Brauw, A., Rozelle, S., & Linxiu, Z. (2005). Labor market emergence and returns to education in rural China. *Review of Agricultural Economics*, *27*(3), 418–424.

Reuters. (2021). *Want the COVID-19 vaccine? Have a US visa? Latinos travel north for the shot.* https://www.reuters.com/world/americas/want-covid-19-vaccine-have-us-visa-Latinos-travel-north-shot-2021-05-11

Rindfleisch, A., Burroughs, E. J., & Wong, N. (2009). The safety of objects: Materialism, existential insecurity, and brand connection. *Journal of Consumer Research*, *36*(1), 1–16. DOI:10.1086/595718

Ritchie, H., Mathieu, E., Rodés-Guirao, L., Appel, C., Giattino, C., Ortiz-Ospina, E., Hasell, J., Macdonald, B., Beltekian, D., & Rosser, M. (2022). *Coronavirus Pandemic (COVID-19).* Our World in Data. ourworldindata.org/covid-vaccinations

Sandberg, D. (2017). Medical tourism: An emerging global healthcare industry. *International Journal of Healthcare Management, 10*(4), 281–288. https://www.doi.org/10.1080/20479700.2017.1296213

Saxena, V., & Srivastava, R. K. (2015). Impact of employee engagement on employee performance—Case of manufacturing sectors. *International Journal of Management Research and Business Strategy, 4*(2), 139–174.

Singh, S. (2021). A personal interview in Nairobi. Kenya.

Stein, R. A., Ometa, O., Pachtman, S., Katz, A., Popitiu, M. I., & Brotherton, R. (2021). Conspiracy theories in the era of COVID-19: A tale of two pandemics. *International Journal of Clinical Practice*, *75*(2), e-13778. https://www.doi.org/10.1111/ijcp.13778

Thepgumpanat, P., & Setboonsarng, C. (2021). *Thai travel agencies offer COVID-19 'vaccine tours' to US.* https://www.reuters.com/world/asia-pacific/thai-travel-agencies-offer-covid-19-vaccine-tours-us-2021-05-05

TIME. (2021). *Why the Chinese and Russian vaccines haven't been the geopolitical wins they were hoping for.* https://www.time.com/6086028/chinese-russian-covid-19-vaccines-geopolitics

UNAIDS. (2021). *A dose of reality: How rich countries and pharmaceutical corporations are breaking their vaccine promises.* https://www.unaids.org/en/resources/presscentre/featurestories/2021/october/20211021_dose-of-reality.

WHO. (2021). *WHO director-general's opening remarks at the media briefing on COVID-19.* https://www.hwho.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-press-conference

WHO. (2022). COVID-19 Vaccine Tracker (2022). https://www.covid19.trackvaccines.org/agency/who