



2

Vulnerable Migrants, the COVID-19 Pandemic, and International Business: A Vicious Cycle

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Introduction

Although migration has been much studied in other academic disciplines, the scholarly focus on migrants in international business (IB) as potentially part of the labor force or even as agents of change in organizations is comparatively recent (Hajro et al., 2023). Ironically, almost as IB scholarly interest in migration grew, the COVID-19 pandemic put an end to the previous steady year-on-year increase in migrant numbers and pushed migrants to the margins of the host economies. OECD numbers showed a sharp drop of 30% in migrant numbers in 2020, compared to 2019 (OECD, 2021). ‘Temporary migrants’ (expatriates) across the globe also decreased, showing falls of 58% in working holidaymakers, 53% in intra-company transfers, and a 9% decline in seasonal agricultural workers (OECD, 2021). There was even a reduction of 31% in the number of new asylum applications lodged in OECD countries in 2020 (OECD, 2021). The pandemic not only drove the migration rates down

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overall, but migrants experienced harsher reactions as many indigenous citizens became fearful of foreigners potentially spreading the virus (OECD, 2021).

Arguably, in many countries, migrants were particularly at risk during the pandemic, both in their health and their economic situations (Ngan & Sanip, 2021). Most countries adopted nationalistic approaches to managing the pandemic (Mukumbang, 2021) that resulted in negative implications for migrants. For example, migrants were often systematically excluded or disadvantaged in vaccination and testing policies. In Australia, for example, migrants had to wait in longer queues in public sites, as they were prevented from being vaccinated in private health practices. In many countries, little effort was taken to include migrants in the loop of up-to-date information. Often, updates around policies, vaccination, and the virus were translated into only a few languages, and even the translated versions were inaccurate or less detailed. The information disseminated was usually generic and did not take diversity of socio-cultural beliefs and norms into consideration. Overall, the pandemic left migrants vulnerable in their new country, often without proper support to enable them to survive or to make informed choices.

Combining conflict theory with the capability approach, De Haas (2021) defines mobility as a capability (or a freedom) to make a choice on where to live. Most migrants lack resources, liberty, or capability to move within their new society and 'are vulnerable to exploitation and extortion by state agents, employers or smugglers' (De Haas, 2021, p. 29). We argue that during the major disruption of international mobility that resulted from the pandemic, many (perhaps most) migrants were vulnerable and precarious, open to being exploited by the nationalistic approaches taken by state agents, politicians, businesses, and/or host communities. Migrants were often disadvantaged in getting vaccinated, tested, or informed of situations, and were also excluded from financial support and subsidies. Further, businesses and communities often formed biased conceptions of migrants spreading the virus. During the pandemic, many migrants experienced financial hardship, were more exposed to the risks of the virus, and suffered physical and psychological isolation. Migrants are found at all levels of society, of course, and although we will mention high-status migrants, this chapter is focused mostly on those who have suffered most from the turbulence created by the COVID-19 pandemic, the 'vulnerable' migrants and refugees at the bottom of the pyramid. We examine the mechanisms through which these more precarious migrants were trapped in a vicious cycle of nationalistic approaches to the pandemic.

Table 2.1 Future research agenda in IB in light of migration trends post-pandemic

Areas of improvement in IB theorization	Example research topics
Re-conceptualization of migrant workers	<ul style="list-style-type: none">• Migrant workers as scapegoats in case of (socio-cultural, economic, or health) national disruptions• Implications around brain drain and brain waste, as well as under- and un-employment of migrants• Impact of nationalist policies for organizations• Understanding value of migrant workers in some industries, such as care work, agriculture, and manufacturing• Reinstating value of migrant workers
Re-conceptualizing the definition of “work”	<ul style="list-style-type: none">• Re-conceptualizing value of work, talent, and skillsets• Moving beyond binary conceptualization of work: Skilled vs. unskilled, blue- and white collar, and essential vs. non-essential work• Re-evaluation of some work done by migrants in terms of their contribution to the national and global economy
Migrant workplace integration	<ul style="list-style-type: none">• Importance of migrants’ well-being and their working conditions• Migrants’ integration conceptualized beyond economic value• Reinstating contribution of migrants in national economy as well as in creation of socio-cultural diversity• Cross-industry collaboration to assist in migrant workplace integration (e.g., businesses, non-profit organizations, educational institutes and community organizations)
Occupational health and safety in IB	<ul style="list-style-type: none">• Cross-cultural training and inclusive practices• Highlighting importance of well-being, work-life balance, and working conditions• Impact of occupational health and safety rules, policies and programs on workers’ performance and workplace integration• Context- and country-specific occupational health and safety policies and practices developed for MNEs• Role of employers in ensuring physical and psychological health of workers, especially in absence of national support• “New normal” practices and perceptions toward the importance of health and well-being
Expansion of HRM to be more inclusive	<ul style="list-style-type: none">• Encompassing HRM practices and polices across multiple functions, such as recruitment, training, performance management, occupational health and safety, and socio-cultural diversity and inclusion• HRM with reference to other functions of the business, such as organizational strategy and responses to global, national, and regional disruptions• Multi-level theorization across global, national, regional, organizational, team and individual levels• Multi-stakeholder theorization, including internal and external stakeholders• Cross-case comparisons between different national, organizational, and individual contexts

Unpleasant and disadvantageous experiences in the workplace and in hosting communities are likely to reshape the perspectives of migrant workers, and thus impact future IB practices. We highlight the negative impacts suffered by migrant workers and the implications for IB. In particular, there are continued labor shortages and staffing issues, experienced by both multinational enterprises and local employers that rely on a pool of migrant workers. A 'new normal' set of criteria is being established to attract migrants, who are now better able to emphasize requirements for organizational support, such as workplace safety, (mental) health, well-being policies, and even flexible work arrangements. These dimensions, especially in regard to low-status migrants, have been neglected in management practice (Haak-Saheem et al., 2022). The extent of organizational support provided by host countries and communities needs more attention. We conclude the chapter by noting that, by understanding migrants' difficulties in integrating into the labor market, health inequities, barriers to healthcare access, and the combination of these factors together, IB scholars can better reflect on the changing trends in the labor market and workplaces, as well as migrants' perceptions of organizational practices and communities. These 'new normal' factors may shape business practice in IB and international human resources management, and at the same time, help scholars advance theoretical understanding through perspectives that intersect multiple levels of analysis (Syed, 2008), in different contexts (Beer et al., 2015).

Migrants during the Disruption of International Mobility

The pandemic disrupted many people's lives, but it particularly exacerbated the socio-cultural and economic vulnerability of migrants. International mobility was restricted with stricter regulations and, in some cases, border closures (Piccoli et al., 2021). Some people were stranded in foreign countries without work or proper living support, many of them isolated from their family members (Alcaraz et al., 2022), while others were forcibly repatriated without proper support and operational systems and protocols (ILO, 2021). In Malaysia, for example, more than 50% of the workers in several garment companies that closed down were migrants, leaving many unemployed (ILO, 2021). Countries like the United Arab Emirates, where residence is tied to employment had to amend their regulations to cope with unemployed migrants not allowed to go home (Haak-Saheem et al., 2022). The visa

sponsorship system known as the Kafala program is in place in the Gulf Cooperation Council (GCC) countries of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates (UAE), as well as in Jordan and Lebanon, and requires businesses' approval for migrants' entry to and exit from the host country, which makes migrant workers completely dependent on their employers. This system often includes practices like passport confiscation, prohibition on joining unions and bargaining collectively, lack of minimum wage provision, and absence of guarantees to leave the workplace in case of abusive behaviors, that put migrants in a position of vulnerability and create favorable conditions for human rights violation and contemporary forms of slavery (ILO, 2017).

Migrants also had limited access to appropriate care, such as medical support with interpretation services, and thus, in some cases, suffered a combination of psychosocial and physical health issues (Chan & Kuan, 2020; Liem et al., 2020). A survey of approximately 30,000 participants with migrant and refugee backgrounds showed that about half felt greater levels of depression, anxiety, and loneliness during the pandemic, far more than pre-pandemic (WHO, 2020). Migrants related this increase to worries about their future and financial security, and concerns about their family and friends overseas (WHO, 2020). In short, migrants were disproportionately affected by the pandemic in terms of health outcomes, social and political exclusion, and economic and labor market trends. The key issues were as follows.

First, low-status migrants were more exposed to the risks of the COVID-19 virus because of their living conditions, which often involved overcrowded housing, insecure accommodation, asylum centers or refugee camps, as well as higher dependence on public transportation (WHO, 2020), making, for instance, physical distancing an issue (Lancet, 2020). Their poverty, and governmental immigration policies, meant that low-status migrants cluster in smaller, more crowded, and less favorable environments (e.g., dormitories, co-renting), which were ideal conditions for the virus to spread. For instance, in Singapore, more than 90% of cases, as of January 2021, were registered among migrants living in dormitories (Zheng et al., 2021). Evidence from Sweden suggests that the COVID-19 mortality rate among migrants from the low- and middle-income countries, such as those in the Middle East and North Africa, was three times higher for men and two times higher for women when compared to the local population (Hayward et al., 2021).

Second, treatment of the virus, and consequent healthcare issues, had to be managed in a situation where many low-status migrants had limited access to healthcare systems due to the pre-existing individual (e.g., language, education, immigration status) and systemic (e.g., underinsurance or uninsurance,

limited or no entitlements to public health and healthcare) barriers. In terms of individual barriers, some were reluctant to be vaccinated either for socio-cultural reasons, religious beliefs, or fear of stigmatization. Undocumented migrants, with no entitlements to healthcare, in particular, were hesitant about being vaccinated as they feared punitive action and deportation (Teerawattananon et al., 2021). In regard to systemic barriers, migrants were often systematically excluded or disadvantaged in preventative measures, such as vaccination and testing policies. Many migrants are healthcare workers and they were prioritized in most countries, but these aside, migrants, generally younger and healthier than indigenous populations (Lassetter & Callister, 2009), are rarely included in the 'prioritized groups' in the host countries, despite being at higher risk of contracting the virus due to riskier living and work conditions (Baggio et al., 2021).

Many countries used multiple languages in their vaccination campaigns and targeted a wide range of social and ethnic groups residing in their countries. Yet, the lack of details in these translated campaigns and gaps in the diversity of languages covered were consistently criticized as major hurdles in vaccinating migrants, and in creating the associated 'vaccine hesitancy' (Berardi et al., 2022; Crawshaw et al., 2021; Mukumbang, 2021). In addition, there was increased reliance on digital tools, such as telemedicine, mobile phone applications, and online websites, during the height of the pandemic, and these were less accessible, or not accessible at all, to many low-status migrants, limiting their access to online health, education, job seeking, and economic relief application forms. This exacerbated digital divide was amplified by limited digital literacy, lack of technological devices, and limited access to stable internet connections (Bastick & Mallet-Garcia, 2022). This combination of individual and systemic factors contributed to worsening the COVID-19 outcomes and health disparities for migrants.

Third, many migrants experienced economic challenges during the pandemic due to the nature of their jobs and employment conditions. Migrants had higher chance of having their employment suspended and/or terminated during the pandemic, having their working hours and rates of pay reduced, or being forced to 'take leave' (Jones et al., 2021; Hu, 2020). For example, in countries like Australia, Canada, Singapore, and the United Kingdom, migrants have traditionally been employed in services, manufacturing, construction, retail, hospitality, and healthcare, all of which were disproportionately impacted by the pandemic. Many such jobs cannot be performed remotely and have higher risks of exposure to the virus in the workplace. Thus, the employment positions in these sectors are seen to increase COVID-19-related risk factors and adverse outcomes among migrant

populations. Migrants lost jobs in hospitality, tourism, agriculture, and food processing, contributing to a larger gap in (un)employment rates in comparison to the local population (Hu, 2020). Some migrants even faced higher risk of exploitation, such as longer hours and hazardous working conditions. This risk increased for those migrant workers that face language barriers or have their visa sponsorship tied to their employment status, as is the case in many Middle Eastern countries. There, individuals became unemployed, and therefore by definition unlawful, residents: They were unable to earn a living but also unable to return to their home countries due to border restrictions (Al-Ali, 2020; Alahmad et al., 2020). At the same time, others who contributed to essential social and economic activities did not have their visa renewed and were forced to return to their country of origin (Donà, 2021).

Fourth, inequalities in the labor market were increased by the pandemic which tended to reinforce intersectional differences amongst the migrant group and between the migrant groups and the indigenous population. Multiple intersectional disadvantages between gender, class, race, education, sexual orientation, religion, and language factors, contributed to discrimination against migrants in the labor market. For example, traditional gender roles are even more prevalent amongst migrant communities. Some women had to withdraw from paid labor to fulfill unpaid caregiving roles, childcare, and homeschooling, in their own family (Arora & Majumder, 2021; Yueping et al., 2021). Homeschooling is particularly difficult for migrant families where parents have limited national language competencies and are not familiar with the local education system. Even when women remained in their jobs, they were often in high-risk and demanding occupations, such as domestic roles, hospitality, and care services, worsening their work-life balance and increasing the risk of infection for themselves and their family members (Donà, 2021; Swan, 2020). Working conditions often reflected and contributed disproportionately to migrants based on their socio-economic classes, races, and religious backgrounds. While some could reorganize their work remotely from home, undocumented, less educated, low-income migrants were found to be less likely to refuse essential work or employment in the informal sectors, despite not having social protection such as decent wages, sick pay, and lay-off payments (Maestripieri, 2021; Arora & Majumder, 2021; Swan, 2020). In the United Kingdom, during the height of the pandemic, women of color were disproportionately affected by food insecurity, due to their precarious job conditions (Swan, 2020). Despite facing higher financial hardship, there was discrimination against access to relief packages by the government, employers, and landlords, based on religious backgrounds (Noor et al., 2021). Furthermore, many LGBTQI+ people were perceived to be

COVID-19 spreaders and faced discrimination when searching for employment (Camminga, 2021; Cowper-Smith et al., 2022; Tschalaer, 2022).

Overall, exacerbating living, health status, and economic circumstances combined with low institutional and organizational support entrapped many migrants in a downward spiral during the pandemic. We argue, however, that these devastating conditions based on systemic and demographic discrimination are not new. The pandemic revealed and exacerbated the inequalities that have long existed and have worsened due to the overall nationalistic responses.

Nationalistic Approaches to the Pandemic: A Vicious Cycle

In their new countries, migrants always have to deal with a multiplicity of challenges (learning the local language, school system, expanding social networks, accessing appropriate healthcare and community support) in order to integrate into the local system, workplaces, and communities. These pre-existent systemic inequalities for migrants in accessing the job market worsened during the pandemic. We examine these and the way they created a vicious cycle for migrants.

Migrants, and vulnerable migrants in particular, encounter a multiplicity of barriers to access employment in their new countries compared to domestic applicants. This is said to reflect migrants' liability-of-foreignness (e.g., Fang et al., 2013; Harvey et al., 2005), encompassing poorer language skills, a lack of local work experience, being perceived as less legitimate, having fewer resources: In sum, the social cost of being an outsider (e.g., Gurău et al., 2020). Migrants also face discrimination and injustice based on their ethnicity and while all migrants deal with discrimination of some form or extent, literature on ethnic hierarchies suggests that discrimination and racism do not affect all migrant groups the same way (e.g., Ahmad, 2022). We speculate that the race, ethnicity, and country of origin of vulnerable migrants, as a manifestation of ethnic hierarchies in society (e.g., Bobo & Zubrinsky, 1996), also contribute to the difficulty of accessing a job aligned with their qualifications and home-country experiences. The pandemic added another layer of Sinophobia, xenophobia, and general anti-migrant sentiment (Esses & Hamilton, 2021). As with previous infectious disease outbreaks, such as smallpox, SARS, and MERS, the transmission of the coronavirus increased the stigma of being a migrant and increased socio-cultural abuse toward migrants and ethnic minorities (Bhandari et al., 2021; Liu et al., 2020),

reinforcing existing marginalization mechanisms and barriers to appropriate support (Nyblade et al., 2019). The processes of stigmatization and scapegoating have hardened labor market conditions for migrants who, at the same time, have been largely excluded from healthcare support and vaccination policies and, for example, subsidies for local (un)employment.

Because of language barriers, limitations around educational recognition, or discrimination, migrants can be forced to accept the first available jobs for survival reasons, rather than wait for one that fits their desired career prospects (Lee et al., 2020). As a consequence, vulnerable migrants tend to be more often unemployed and underemployed than their native-born counterparts (Guo et al., 2020; Lazarova et al., 2023; Nardon et al., 2022; Szkudlarek et al., 2021). Migrants also tend to hold precarious jobs and/or jobs with lower pay or status, so that migrants are often in frontline work (e.g., farm or care work) or excluded from safer working conditions (such as working from home) or from public benefits. The lack of fair job opportunities leads to jobs that require further and longer commuting using public transportations, that are more often in contact with people (e.g., frontline workers) and, in turn, put migrants at higher risk of exposure to the COVID-19 virus.

The pandemic widened the existing inequity between migrants and the local population (Berardi et al., 2022), disproportionately affecting the health and economic activities of vulnerable socio-economic groups (Büyüm et al., 2020). For vulnerable migrants, gender and mother tongue are barriers to career and financial advancement (e.g., Fitzsimmons et al., 2020). These typical disadvantages were exacerbated by media exposure and the general fear widespread during the pandemic that created additional stigma associated with migrants (Ittefaq et al., 2022) and, on the other side, increased migrants' distrust of institutions and health campaigns (Tjaden et al. 2022). The market disruption and unprecedented low level of economic activity due to the pandemic marginalized, isolated, and pushed vulnerable migrants even closer to the edge.

Security policies during the pandemic closed borders and imposed other health control regulations that grounded migrants, so that they were often unable to travel for emergencies or to reunite their family (IOM, 2020). This 'forced immobility' (Lazarova et al., 2023, p. 7), exacerbated by nationalist ideology from which a large number of the COVID-19 policies emanated (Givens & Mistur, 2021), is likely to have accentuated vulnerable migrants' physical and mental health issues during the pandemic, and thus impacted their ability to participate in economic activities even after the global health disruption.

Overall, the lack of support to migrants had repercussions on individuals' economic, social, health, and eventually career trajectories, created both by the nationalistic responses to the pandemic but also unraveled by a vicious cycle of health inequity where migrants have continued to face higher risks to their health and safety while being largely excluded or disadvantaged in the pandemic response (Berardi et al., 2022).

Migrants, Post-Pandemic and Implications for International Business

Migrants are increasingly becoming part of the everyday lives and local economies of many countries across the globe, particularly the developed economies (Hajro et al., 2023). Even though the pandemic, and the consequent travel restrictions, paused the international mobility trends, there is no reason to believe that the number of migrants will decrease in the longer term (Lazarova et al., 2023), and it has been argued that the world will be even more globalized post-pandemic (Contractor, 2022). The difference in the experience of the pandemic between migrants and the native-born populations has been striking, yet this might be an opportunity to rethink the role and space given to migrants and raise the relevance of migration in IB in the post-pandemic context (Barnard et al., 2019). There are important implications for IB scholarship and practice (see Table 2.1).

First, post-pandemic, IB scholars and practitioners need to re-consider the conceptualization of migrant workers and their roles in migrant integration. Migrants' workforce integration is the most important factor to their resettlement (Portes & Rumbaut, 2005). Yet, most Western countries continue to record discrimination and substantial barriers to migrants' integration into job markets and paths to sustainable career trajectories (e.g., Ahmad, 2022), including the widespread under-employment of migrants and associated economic loss of skills. The barriers, and hardships, faced by vulnerable migrants during the pandemic, exacerbated by nationalistic approaches to healthcare, vaccination, and economic recovery, could discourage migrants from investing in their job search effort as well as job commitment, and fulfilling their human capital more generally. This may become a key problem, given that migrants fill important gaps in local economies. For example, in Australia, in 2021, 20% of recent migrants worked in the healthcare and social assistance industry (Mackey et al., 2022). In Europe, migrants are overrepresented in occupations such as cleaning, construction, manufacturing, and transport (European Commission, 2021b). In the United States of America, migrants

make up 22% of food supply chain workers and 69% of California agricultural workers (MPI, 2020). These figures may well increase as international borders open again. In Australia, Belgium, Denmark, Finland, and the United Kingdom, migrants' employment rates have started to increase, while rates remained constant or declined for locals (OECD, 2022).

Moreover, in the United States of America, as an example, more than 5 million essential workers are undocumented migrants (FWD, 2020). The pandemic helped us re-conceptualize work and especially those considered 'essential' (Bollard, 2020). Little of this 'essential' work is paid well or glamorous in its titles or duties performed, and these jobs have been ignored in the literature about 'talent management'. Yet, in the crunch situation created by the pandemic, it was nurses, carers, truck drivers, food workers, cleaners, and emergency services that were critical to the response to the crisis and the sustainability of the healthcare system and economy worldwide (Lazarova et al., 2023). These positions were often filled disproportionately by diverse employee groups, compared to those in higher organizational echelons. IB scholars have already pointed to the potential impact of reconceptualization of this 'essential' work, often filled by migrant employees at the fringes of local economy and society, and how practitioners implement different strategies to integrate these workers at the margins to continue to contribute to the ever more important roles in healthcare, hospitality, agriculture and more (Lazarova et al., 2023). Similarly, the question arises as to whether the crucial nature of certain work that the pandemic exposed will bring about more perceived value and sustainable diversity gains in these positions (Lazarova et al., 2023), a re-evaluation that would significantly improve the economic contributions of migrant workers. The signs are not good.

Second, scholars and practitioners alike need to restate the fact that migrants are key stakeholders in IB. Yet, evidence of the healthy migrant hypothesis shows that migrants' health decreases after arriving in their host country (e.g., Lassetter & Callister, 2009). This is due to the adjustment to local and relatively less healthy lifestyles, to the very limited access to healthcare among vulnerable migrants (e.g., Shakya et al., 2018), to the often less safe nature of the jobs held by vulnerable migrants, or to the strong control over migrants' rights (e.g., the American Zero Tolerance policy) discouraging access to healthcare. While vulnerable migrants are often depicted as a burden for receiving countries, they bring important economic opportunities that are often undervalued (Peri, 2016). While the pandemic did not create the health disparities between vulnerable migrants and domestic counterparts, the health crisis and associated policies, placing migrants' health far from national priorities, have exacerbated the problem.

All this leaves hanging the question of how host societies and employers can reinstate the value of migrant skillsets, integrate migrants better into work that meets their skillsets, and improve the treatment of migrants once they are employees in order to contribute to the development of ‘world society’ (Meyer, 2010), where multiple stakeholders including individuals, for-profit organizations, third sector organizations, and government actors adhere to discernible standards of care for migrants (Barnard et al., 2019).

Third, hiring migrants remains a complex and challenging task. Although IB scholars have devoted attention to cross-cultural training, they have primarily focused on the preparation of assigned expatriates, the most privileged members of the global workforce (e.g., Littrell et al., 2006; and see McNulty & Brewster, 2020). Indeed, refugees are not associated with talent in the academic discourse, where talent and its associated learnings are almost the exclusive domain of expatriates (e.g., Fan et al., 2022; Vaiman et al., 2015). This narrow view limits the understanding of how to support those who need it the most. ‘Migrants’ is a broad and heterogeneous group that includes highly qualified migrants and refugees, voluntary and involuntary migrants as well as many other categories (Cerdin et al., 2014; Lee et al., 2020). We need to be inclusive in our approach. Migrants, especially those without recognized qualifications, rarely benefit from organizational training opportunities in order to facilitate smoother cross-cultural adjustment and workplace integration (Lee & Wechtler, 2022). This is detrimental to practitioners, who need up-to-date knowledge. It is becoming vital for IB scholars to invest in such issues. Our scholarship and practices also need to adjust to the reality of our societies, rethinking the increase of migrants and refugees through the lens of workplace equity, diversity, and inclusiveness (Lazarova et al., 2023). The literature around migrants and refugees is largely dominated by antidiscrimination rhetoric, focusing on the exclusion of minorities, rather than a more grounded discourse around inclusive practice and policies (e.g., Ponzoni et al., 2017). Despite stakeholders’ good intentions, efforts to support diversity may unintentionally contain exclusionary practices, misinterpreting equal treatment as equity and inclusion. It seems urgent to go beyond the traditional layers of diversity (gender, age, sexuality, and religion) and appraise more carefully the complexity of migrants’ needs to get fairer opportunities and eventually be fully included in the workplace.

Fourth, occupational health and safety (OHS) is rarely discussed in the IB literature (for exception, see De Cieri & Lazarova, 2021). This is despite the long-term concerns raised by many global health experts about the likelihood of pandemics and a substantial body of research conducted around previous health crises (Dovlo, 2005). Government bodies and for-profit organizations

were not prepared for such a health crisis (Phan & Wood, 2020), and the global pandemic negatively influence the operations of many multinational enterprises (MNEs). Managing OHS has always been on the priority list for MNEs operating in multiple geographic locations with a diversity of employee groups (De Cieri & Lazarova, 2021), but research to date has focused mostly on mental health concerns such as depression, and physical or physiological outcomes, such as workplace injuries and infectious diseases (De Cieri & Lazarova, 2021). While the businesses' general duty of care for its workers are well recognized in practice and research, what is new was the extraordinary scale of the pandemic, and its impact on the health of many employees, as well as the urgency of the need for responses (Lazarova et al., 2023). Many employees also suffered the chronic health symptoms known as 'long COVID,' symptoms often accompanied by mental health problems (Gaspar et al., 2021).

Furthermore, the COVID-19 pandemic made such issues even more challenging with the 'new normal' perspectives of migrants having gone through difficult times without proper governmental or organizational support in the host countries. More migrant workers are expected to pay attention to OHS policies, procedures, and response plans in their employing organizations, and focus on organizational support and benefits such as health insurance. These 'new normal' and changed perspectives will point toward the need to reshape IB and international human resource management practices in order to attract and retain migrant talents. Unpleasant and disadvantageous experience in the workplace and in hosting communities during the pandemic is likely to influence the perspectives of migrant workers, and thus impact future IB practices. In particular, there exists in most developed countries a continued labor shortage and staffing issues, experienced by MNEs and local organizations that have relied on a pool of migrant workers. This is a serious challenge to the more or less explicit 'anti-immigrant' rhetoric of many political movements around the world. It is also a challenge for businesses. A 'new normal' set of criteria need to be established to attract migrants, who now place importance on traditionally less focused components of organizational support, such as healthcare insurance. The extent of organizational support provided by the host countries and communities to migrants' inclusivity is considered critical. There is a strong need for and relevance of theoretical research and policy actions to attract and retain the migrant workforce.

Fifth, theories in IB scholarship should play a role in gaining understanding of the post-pandemic scenarios in terms of migrant integration into the workforce. Both traditional human resource management, and a multi-sectoral interplay of different human resource functions, health management, OHS policies and procedures, inclusivity policies, and equity concerns, at

different levels of analysis, will become crucial in future theorizations of IB in general and international human resource management in particular. Human resource management professionals in MNEs and local businesses that hire individuals with diverse cultural and ethnic backgrounds will need ever more encompassing systems and processes that not only look after the traditional employee issues, such as recruitment, selection, training, and performance management, but also embed newly arising issues, such as OHS policies and procedures, into their system of human resource management operations. To this end, theories that cut across multiple levels of analysis will be ever more valued to understand issues (Hajro et al., 2019) around, for example, migrant workers and health insurance at individual, organizational, and policy levels. Theoretical perspectives, such as a relational perspective (e.g., Al Ariss & Syed, 2011; Syed, 2008; Lee et al., 2020) and the (multi-)stakeholder perspective (e.g., Beer et al., 2015; Lee & Szkudlarek, 2021), will be useful in capturing the diversity of concerns associated with recruitment, training, retaining, and integration of migrant workers. A relational perspective has long been applied to management of migrant workers, as there are multi-level issues that are inter-related (e.g., Al Ariss & Syed, 2011; Syed, 2008). For example, these multi-level, inter-related concerns around hiring and sustaining migrant workers include institutional policies around diversity and inclusion quotas, visa conditions (including private health insurance and access to public healthcare system) and policies, organizational practices including workplace safety policies, and entitlements to paid sick leave, as well as diversity and inclusion policies, and individual factors, such as drivers for work-life balance, access to private and public health insurance, and access to translation services during visits to healthcare support providers.

Traditional frameworks that include both external and internal factors in international human resource management and IB will also revitalize momentum in migrant discussion in the field. Examples of these frameworks include the Harvard model (Beer et al., 1984; Beer et al., 2015), Michigan model (Fombrun 1984), and the European model (Brewster, 1995; Gooderham & Nordhaug, 2011). The Harvard model, for example, includes the diversity of stakeholders in its theorization along with situational—what we would now call contextual—factors (Beer et al., 1984). When applied to the case of migrant workers, it is apparent that different stakeholders, such as support organizations, governmental bodies, qualification accreditation institutions, and local communities, as well as situational factors, including nationalistic approaches to healthcare, availability of translation services for healthcare and anti-migration ambiance, can altogether impact organizational practices, and thus, individual employment outcomes and negatively influence their

experiences in the workplace. Similarly, the Michigan model (Fombrun 1984) can be extended to address the concerns regarding the recruitment of migrant workers by considering external factors, such as socio-cultural ambiance, political agendas, and macro-economic measures. Likewise, the European model can add significant value to understanding how to manage migrant workers as well by analyzing international and national contexts around health equity and perspectives toward migrants along with corporate-level factors, such as the existing HRM strategy and practices (Brewster, 2004, 2007). These three are selected only for illustrative purposes, as they are three of the most well-known frameworks in international human resource management. However, there can be more application of and extension of other frameworks to intersect across multiple levels by including diversity of external and internal stakeholders.

In particular, we emphasize the need to include situational and contextual factors beyond organizational boundaries to IB and international human resource management studies. Cross-country comparison can inform future research and practice to understand and identify what worked and what did not work when responding to the pandemic. Despite the fact that migrants in general experienced worsened health conditions, a comparative study across 11 OECD countries found that only in Ireland were positive tests for the COVID-19 virus for migrants equal to those for nationals (OECD, 2022). Similarly, an Italian study reported no difference in the probability of being tested and prevalence of infection between migrants and the native population (Rossi et al. 2020), although other research suggests an increased risk of death of non-Italians (Fabiani et al., 2021). Despite the higher probability of the COVID-19-related mortality among minorities in the Netherlands, the difference between the migrants and the native-born was smaller than those of other countries, such as Denmark, Sweden, Norway, the United Kingdom, and the United States of America (European Commission, 2021). While some countries might have performed better in protecting migrants from the virus, evidence across studies is mixed and results are limited to specific observational time periods, making them difficult to identify unequivocal and consistent factors or health policies that might have contributed to better outcomes in some countries compared to others. Further research would not only help countries revise their action plans for future health disruptions but would also help businesses' response plans in supporting and retaining migrant talents.

All in all, issues at the intersection of migration and IB were exacerbated by the COVID-19 pandemic, where the interplay of complex dynamics in IB including (re)conceptualization of work, migrant workforce integration,

re-valuation of migrant talent, and the importance of occupational health and safety, points to a number of IB questions to (re-)emerge.

Conclusion

Migrants are key stakeholders of IB dynamism, constituting important bridges across personal, organizational, and national needs. As many migrants resume international travel, in-depth understanding of migrant workers' lived experiences during the pandemic is ever more critical. The restrictive border controls, reinforced with migrants' language, socio-cultural, legal, educational, economic, and religious barriers to appropriate support and care during the pandemic, all placed in a growing anti-immigration ambience in hosting communities, contribute to compromised migrants' health and their experience overseas. This will no doubt contribute to the changed perceptions that migrant workers will have when moving across international borders. The COVID-19 pandemic is only an illustration of the health inequity faced by migrants and there are multiple intersections between vulnerability and grand societal challenges, in which social inequity is rooted.

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