

Hospitable service systems for refugees during a pandemic: leveraging resources for service inclusion

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Abstract

Purpose— The purpose of this article is threefold. First, the overarching goal is to increase awareness among researchers and practitioners that refugees are disproportionately impacted by COVID-19 which increases their suffering. Second, a recently introduced refugee service systems framework is augmented to incorporate refugees' resource and service inclusion during a pandemic. Third, this article aims to develop learnings from the present pandemic for the future.

Design/methodology/approach—This study fuses conceptual approaches on refugees, resources, and Transformative Service Research to develop an augmented framework suitable to address one of society's pressing issues during and after pandemics.

Findings—Recognizing refugees as providing resources rather than just needing or depleting resources can enable more inclusion. It facilitates refugees' integration into society by drawing on their skills and knowledge. This requires hospitable refugee service systems which enable service inclusion and opportunities for refugees' resource integration.

Research limitations/implications—This article solely focuses on one vulnerable group in society. However, the framework presented warrants broader application to other contexts, such as subsistence marketplaces.

Practical implications—Managers of service businesses and public policymakers are urged to create more inclusive and hospitable service systems for refugees. This may result in redesigning services, changing consumer behavior as well as re-formulating public policy.

Social implications—Better integration of refugees and their resources might not only lead to their inclusion but also result in an increase in their individual wellbeing, a reduction of social issues in society, and a likely increase in overall societal wellbeing and productivity.

Originality/value—This article presents a novel conceptualization of refugee wellbeing and services in a disaster context by drawing on resource and service inclusion.

Keywords COVID-19, refugees, inclusion, Transformative Service Research, wellbeing, suffering, resources

Paper type Research article

Introduction

Disasters can come in different shapes and forms. Pandemics, like bubonic plagues (e.g., Black Death) tend to come in waves (Cohn, 2008) and might never completely die out, as recent re-emergence in Inner Mongolia shows (Black Death, 2020). This compares to the sequence of the COVID-19 occurrence which emerged in China (pre-pandemic phase), then spread around the world (pandemic phase), showed surges, re-occurrences, or second waves in different countries, and might then decline in severity (post-pandemic phase; Finsterwalder and Kuppelwieser, 2020a).

The COVID-19 pandemic has once again highlighted the vulnerability of society to disasters. Disasters are severe disturbances of the functioning of a community or a society including extensive human, material, economic, or environmental damages and repercussions (UN Office for Disaster Risk Reduction, 2012). Globally, the COVID-19 occurrence has wreaked havoc and led to “service mega-disruptions” (Kabadayi *et al.*, 2020) and a decrease in chances for vulnerable people to fairly and safely access, use, or exit services, some of which might even (temporarily) cease to exist during a pandemic. Refugees (for a definition see Appendix) are disproportionately impacted by the COVID-19 pandemic (Guterres, 2020). This can include having to live in overcrowded refugee camp conditions with a high risk of virus spread (DW, 2020a), or crossing the Mediterranean Sea in the midst of the pandemic, while countries decline to give shelter to these people who require special protection and care (DW, 2020b; UNHCR, 2020a).

Although it is imperative to take care of all human beings during a pandemic, looking after these oftentimes marginalized individuals is of utmost importance. That is, providing them with fair and safe access to, treatment during, and opportunity to exit services (Fisk *et al.*, 2018), such as health services, can mitigate the impact of the pandemic on these human beings (Clayton, 2020). UN Secretary-General Guterres (2020) outlines four guiding

principles to combat the pandemic: “First, exclusion is costly and inclusion pays. (...) Second, we must uphold human dignity in the face of the pandemic (...). Third, no-one is safe until everyone is safe. (...) Fourth and finally, people on the move are part of the solution.” Therefore, given that refugees are amongst the most vulnerable individuals in the world (Corley, 2020; UN, 2020a), it is a humanitarian imperative to explore avenues to increase inclusion of refugees in service systems they enter or reside in, not only for their own wellbeing but for the entire system’s wellbeing (Finsterwalder and Kuppelwieser, 2020a).

In the wake of a worsening humanitarian catastrophe the present article answers recent calls to action (Finsterwalder, 2017; Finsterwalder and Kuppelwieser, 2020a; Fisk *et al.*, 2018; Nasr and Fisk, 2019), increasingly voiced in Transformative Service Research (TSR) literature, for more inclusive and “hospitable” service systems that cater for vulnerable populations, such as refugees. The present article aims at contributing to close that gap as outlined below.

Thus, the purpose of this article is threefold. First, the overarching goal is to increase awareness among researchers and practitioners that refugees are disproportionately impacted by COVID-19, which increases their suffering. Second, a recently introduced refugee service system framework (Boenigk *et al.*, 2020) is augmented to incorporate refugees’ resource and service inclusion during a pandemic. Finally, this article derives learnings from the present pandemic that can be used to alleviate suffering in similar incidents in the future.

Mainly positioned in Transformative Service Research (TSR), this work contributes to theory building (Bridges, 2014; Jaakkola, 2020) as well as to practice by conceptualizing mechanisms that require both scholars’ as well as practitioners’ attention and collaboration to aid with closing the gap of relieving the suffering of refugees. This is achieved by improving refugees’ service experience and wellbeing when catering to their basic human needs (Fisk *et*

al., 2019; Gollnhofer and Kuruoglu, 2018) during a disaster. To accomplish this, this article underscores the role of resources in connection with refugees' service inclusion and their subsequent impact on health and wellbeing during times of crises. It argues that creating a more balanced system for refugees and citizens alike where resources equilibrate the challenges will result in more inclusion of refugees.

To achieve theorizing while at the same time being relevant to practice, this article's conceptual journey employs a blend of two methods. It uses *theory synthesis*, that is, different theoretical angles from TSR (Anderson *et al.*, 2013) and the health sciences (i.e., a resource perspective of wellbeing; Dodge *et al.*, 2012) are incorporated. Therefore, this article draws on transdisciplinary work, to focus on the practical research question. When blending these approaches to create an augmented framework, this article also uses *theory adaptation*, which aims at interrogating “an existing theory or concept [TSR] and resolving identified dilemmas [i.e., the lack of a conceptualization to understand and overcome refugees' suffering in a pandemic] by introducing a new theoretical lens [i.e., a resource perspective of wellbeing]” (Jaakkola, 2020).

This article is structured as follows. First, it explains the increased vulnerability of refugees during a pandemic. Then, an overview of the key literature is provided. This is followed by the development of an augmented framework. The article then details what can be learned from the present for the future, by highlighting examples of how refugees' resources and challenges can be balanced, and their resources be drawn on to achieve service inclusion for refugees. Finally, implications for service research and practice are discussed.

Integrating multiple perspectives and contexts

To better comprehend the pandemic crisis and implications for service research and practice, this article first relates to three relevant contexts in more detail—the refugee

context, the wellbeing context, and the resource context—before we move and focus on theorizing and framework development.

The refugee context: increased vulnerabilities and suffering of refugees

COVID-19 has exacerbated the already existing vulnerabilities of refugees. Over 80 percent of the world's refugee population and many migrants are hosted in refugee shelters or camps in low-to-middle income countries. In these developing regions health systems are already overwhelmed and under-capacitated with a limited number of intensive care units, fewer beds, and fewer ventilators (Clayton, 2020). Even prior to COVID-19, refugee camps had been the source of much concern due to the lack of access to basic public health services, and thus the failure of refugees to gain access to crucial resources (Dodge *et al.*, 2012; Hobfoll *et al.*, 2018), as many camps lack adequate staffing, clean water, hygiene, and sanitation facilities (Corley, 2020). Such conditions have not improved or even worsened during the pandemic, as can be seen in the insufficient options to maintain hygiene, also vital to prevent the spread of COVID-19, in the second Moria refugee camp on the Greek island of Lesbos camp. It was built following the fire that set ablaze the first shelter leaving refugees stranded on the streets (DW, 2020c). Such living conditions shaped by limited resources increase the vulnerability of refugees to infectious diseases, and without additional resources available, such as adequate COVID-19 testing capacity as well as expert assistance, they likely are slower to recover if a virus spreads in their communities (Wehrli, 2020).

The inclusion of refugees in national responses to the pandemic is critical as this does not only assist refugees with having fair and equal access to health and other services, but also serves to protect public health and stem the global spread of COVID-19 (UNHCR, 2020a). However, there exist two major barriers preventing such inclusion of refugees.

The first barrier is created by the perception of host or transit country actors that the presence of refugees during the pandemic might create additional strain on already limited

resources and fragile healthcare systems struggling to take care of the locals (UNHCR, 2020b). Already prior to the pandemic, locals' perceptions of refugees using (limited) resources at the expense of residents created tensions. Such animosity led to exclusionary practices, including employees' sabotage behavior reducing refugees' service access. As a result many refugees have been excluded from the right to use services, such as healthcare, housing and education (Kabadayi, 2019; Tekin-Koru, 2020). "As host communities feel the economic impact of COVID-19, they may limit the access of refugees (...) to land and other natural resources that might have been supporting their basic needs, such as food and energy" (UN, 2020b).

The second barrier arises due to not considering refugees' resources in value co-creation. Refugees are often labeled as passive victims in need of rescue and help and as burdens depleting scarce resources while underestimating their potential and resilience (Portes and Rumbaut, 1996). Therefore, their knowledge and skills lay dormant waiting to be drawn on to contribute to value co-creation in a host or transit country and to overall wellbeing of communities and society.

To summarize, while the vulnerabilities that refugees face do not commence with a pandemic, they have been much exacerbated by the spread of COVID-19. Especially, the lack of necessary resources and exclusion of refugees by locals and governments have contributed to refugees' increased suffering. Moreover, incorporating refugees as resource providers, integrators and value co-creators (Vargo and Lusch, 2004) rather than resource users only, can assist with reducing tension and anxiety of citizens and (local) governments (Gollnhofer and Kuruoglu, 2018) and transform individual, community, and society wellbeing.

The wellbeing context: Transformative Service Research (TSR)

TSR merges the disciplines of Transformative Consumer Research (TCR) and Service Research to develop impactful service inquiry, conceptualizations, and applications that assist

individuals, communities, and society at large with bettering lives (Anderson *et al.*, 2013; for key terms referred to in this article, see again Appendix). It is therefore a useful conceptual foundation for the present context as it interlinks work (TCR) that benefits consumer (refugees; citizens) welfare and quality of life with service research, as services are crucial to consumers' vitality and wellbeing (Aksoy *et al.*, 2019). While initial TSR conceptualizations have focused on research efforts to improve *wellbeing* (Anderson *et al.*, 2013), more recent work claims that the opposite end of the spectrum also requires attention, and *suffering* of some populations first and foremost needs to be lowered before wellbeing can increase (Nasr and Fisk, 2018).

Particularly, Fisk *et al.* (2018, p. 835) highlight the suffering of vulnerable populations, their *service exclusion*, and table the issue that “[u]nfair service systems have been common across human history and remain as such in many modern service experiences.” The authors advocate for *service inclusion* which relates to an “egalitarian system that provides customers (...) with fair access to a service, fair treatment during a service and fair opportunity to exit a service” (Fisk *et al.*, 2018, p. 835). However, despite Fisk *et al.*'s (2018) and others' (e.g., Finsterwalder, 2017; Kabadayi, 2019; Nasr and Fisk, 2019) work addressing suffering and service related issues of refugees, none of the studies has investigated the increased complexities of refugee wellbeing and avenues for service inclusion in a disaster context. To better comprehend refugees' suffering and wellbeing in such context, this article takes a resource perspective of wellbeing.

The resource context: a resource perspective of wellbeing

Early conceptualizations of TSR focus on *wellbeing outcomes* (Anderson *et al.*, 2013). However, this article draws on recent TSR work (Chen *et al.*, 2020; Finsterwalder and Kuppelwieser, 2020a) that advocates an approach by Dodge *et al.* (2012) who focus on wellbeing as a *state*. Applying such approach serves to highlight the “ups” (increase in

wellbeing) and “downs” (increase in suffering) and therefore changes in refugees’ wellbeing *state* along their refugee journey, which might prevent them from achieving wellbeing *outcomes*. Dodge *et al.* (2012) promote wellbeing as a *fluctuating condition* and advance that there exists a *balance point* between a human actor’s challenges encountered and the resources at their disposal. In other words, individuals have a need for homeostasis or equilibrium. Exploring the dynamics of wellbeing co-creation in TSR, Chen *et al.* (2020) mark this as the “resources–challenges equilibrium (RCE)” approach of wellbeing. In detail, individual actors aim at equilibrating *cognitive, psychological, physical, and social challenges* they face with *cognitive, psychological, physical, and social resources* available (Dodge *et al.*, 2012; La Placa *et al.*, 2013).

Dodge *et al.*’s (2012) approach relates to individual wellbeing only. However, latest work in a pandemic context applies it to all levels of the service ecosystem (Finsterwalder and Kuppelwieser, 2020a), i.e. from micro to macro systems level (Holmqvist and Ruiz, 2017). Such extension can be explicated by extrapolating from the individual. While refugees’ wellbeing might suffer due to an increase in challenges during a pandemic, a lack of resources to replenish might further delay rebalancing their *individual RCE*. Equally, refugees aiming at drawing on resources might influence the *RCE of the service system* they are in (Finsterwalder and Kuppelwieser, 2020a). Chen *et al.* (2020) state that “[w]hile an imbalance of resources and challenges of the focal actor [refugee] may stimulate resource integration activities, the effectiveness of balancing and the resulting wellbeing depends on the resource integration abilities of the focal actor [refugee] and other engaged actors [e.g., volunteers; aid workers]”. However, if other actors such as local citizens, regional or national governments perceive a threat to their resource base and a tilting of the RCE in their disfavor, for example, due to a pandemic threat or an influx of refugees, they might be *able* but not be *willing* (for anybody) to engage in assisting these refugees. Such tensions amongst actors in a

service ecosystem, and their desire to conserve and protect their own resources could lead to further resource imbalance in the system. According to Hobfoll *et al.* (2018; see Beh *et al.*, 2020) an imbalance can occur in the following cases, which are exemplified by relating to refugees and citizens (Horesh and Brown, 2020):

(1) Significant or vital resources are exposed to *potential loss*: *Refugees* might experience *psychological challenges* by the threat of being wounded in a war-torn country or by facing an increased likelihood of contracting the virus during their escape from there. *Citizens* might perceive a decline in resources available to maintain their *physical wellbeing* as they are redirected towards refugees (Kabadayi, 2019). This might lead to exclusionary practices from local citizens towards refugees as a way of combatting their potential (or actual) resource loss created by the presence of refugees (Hobfoll *et al.*, 2018).

(2) Significant or vital resources *are lost*: *Refugees* might face *psychological challenges* when losing loved ones on their refugee journey. In addition, the pandemic poses *physical challenges* when contracting COVID-19 in crowded refugee shelters (Corley, 2020). *Citizens* might feel that hospital capacity is redirected to admit recently arrived refugees, or their scheduled medical procedures are postponed to free up resources during the pandemic.

(3) *Failure to gain* significant or vital resources following significant effort: *Refugees* encounter *physical challenges* when not being able to receive medical care for injuries incurred during their refugee passage, or they face *cognitive challenges* when not understanding the language of the host country. While *citizens* stranded abroad during the COVID-19 crisis might be repatriated by their governments (Largest Repatriation, 2020), *refugees* are left in limbo unable to continue migration. This prevents them from gaining access to the labor market (Burke, 2020) to sustain their *physical wellbeing* (Tuzovic and Kabadayi, 2020).

In summary, a human actor's behavior is essentially founded on the evolutionary need to acquire and conserve resources for subsistence (Hobfoll *et al.*, 2018) to balance out the challenges experienced (Dodge *et al.*, 2012). As stated, such resources can also be provided by other actors (Chen *et al.*, 2020). However, as shown above crises such as the COVID-19 pandemic can intensify the perceived resource struggle between established actors in a system, such as citizens (micro level), regional councils (meso level), and governments (macro level) on the one hand, and vulnerable and marginalized individuals like refugees on the other hand.

Therefore, providing resources to refugees and thereby drawing on resource pools at micro, meso, and macro level of an ecosystem can be vital for their survival and for rebalancing their RCEs. This article contends that one way of achieving this is by recognizing and integrating refugees' own resources and thereby also replenishing the community's and society's common resource pool. This can assist with balancing the RCE between communities of refugees and citizens as well as of the entire service ecosystem. Subsequently, such inclusion of refugees and their resources in service systems can be a critical step in reducing their suffering during and after the pandemic.

The next section develops an extended framework. Its umbrella is the concept of "hospitable refugee service systems" introduced by Boenigk *et al.* (2020). Their framework is utilized to infuse notions of RCE and to apply it to a pandemic refugee context.

An extended framework for refugees' resource and service inclusion in hospitable service systems during a pandemic

A framework for refugees' service experiences in hostile and hospitable service systems

The intended framework extension is based on Boenigk *et al.* (2020) who undertook a multi-disciplinary literature review of previous studies that focus on refugees, service

experience, and service systems in general and/or articles that center on service research in conjunction with refugees and COVID-19. However, the latter was essentially inexistent in terms of research articles with most of the publications identified being practitioner related (e.g., Burke, 2020; Clayton, 2020; Connolly, 2020; Corley, 2020; Xiang, 2020). As a result, Boenigk *et al.*'s (2020) framework labeled “Transformative Refugee Service Experience Framework” was deemed suitable to be extended further for the purpose of the present research.

Boenigk *et al.*'s (2020) framework aims at assisting researchers, service actors, as well as public policymakers to identify and help traverse the challenges encountered throughout a refugee's (service) journey. The authors' conceptualization distinguishes the two interrelated dimensions of *refugees' service experiences* and *characteristics of the refugee service system*. From a *refugee service systems perspective* they differentiate *hostile versus hospitable refugee service systems*. Correspondingly, these can either cause *suffering* or *wellbeing* for refugees from a *refugee service experience perspective*. Boenigk *et al.* (2020) use these two dimensions to explore refugee related issues and causes in each of the three *refugee service journey phases* (entry, transition, and exit) and at each of the three *refugee service system levels* (macro, meso, and micro).

On the one hand, a *hostile refugee service system* refers to a system that impedes the unrestricted flow of actors and resources to co-create value and wellbeing with refugees. On the other hand, a *hospitable refugee service system* is an open, flexibly designed system that permits a free flow of actors and resources to co-create value and wellbeing with refugees (Boenigk *et al.*, 2020; Kuppelwieser and Finsterwalder, 2016). The better the actors within and across systems and system levels are able to collaborate and coordinate their efforts the better the system will perform, particularly during times of disaster (Nolte and Boenigk, 2013; Nolte *et al.*, 2012). *Negative refugee service experiences* caused by *hostile systems*,

moderated by exclusion, can cause an increase of challenges (or loss of resources) and suffering. *Positive refugee service experiences in hospitable systems*, moderated by inclusion, can augment resources and wellbeing.

The authors' introduction of the *refugee service journey* (compared to the refugee journey) denotes the service related encounters and issues along a refugee's passage to a safe country, from entering the refugee service journey when leaving one's country, via transitioning, e.g., across third countries and / or refugee camps, to a host country where the refugee service journey ends. Actors at each of the *refugee service system levels*, such as "hostile" home country governments (macro level), might propel refugees' to flee the country. Equally, regional councils (meso level) in transit countries not providing shelter or COVID-19 testing facilities for refugees, or, as mentioned above, citizens repelling the notion of hosting refugees in their country amidst the pandemic, can create negative *refugee service experiences*. These increase refugees' challenges and suffering by further depleting or affecting their resources.

A resource-driven service inclusion extension of the framework: refugees as resource providers in hospitable service systems

Disasters such as COVID-19 appear to both propel as well as disrupt refugee journeys. In response to a virus outbreak and subsequent restrictions, such as lockdowns imposed by governments (macro level), sudden abrupt propulsion of refugee journeys (micro level) called "shock mobility" (Xiang, 2020) can occur. Exclusion caused by hostility of the service ecosystem at meso level (e.g., local council does not provide essential services for refugees arriving in the region, or does not adhere to "safe harbor" rule for rescue vessels) and/or macro level (e.g., national government does not take "ownership" over refugees' wellbeing (Chen *et al.*, 2020) by claiming that the refugee quota has been reached and resources have to be reallocated to citizens), can be the causes for actors' resource depletion. Furthermore,

border closures (Burke, 2020) have impeded or disrupted the opportunities for refugees whose journey to find a host country has been set in motion by shock mobility.

As a result of this, Boenigk *et al.*'s (2020) framework requires an extension. This is due to the fact that refugees face two major resource driven barriers: a) the lack of available resources with which to replenish their depleted resource pools to *reduce their challenges* and suffering; b) the lack of being able to draw on their own resources, add to a common resource pool, and joint wellbeing co-creation by *recognizing their resources*. The first barrier can be removed by the inclusion of refugees as *service users*, i.e. allowing refugees to consume vital services for their survival. The second barrier can be overcome by inclusion of refugees as *service providers*. Both types of service inclusion and resource integration result in positive refugee service experiences. Hospitable refugee service systems can facilitate such interactions and experiences.

--- Figure 1 about here ---

Figure 1 displays the extended framework drawing on Boenigk *et al.* (2020) while infusing a resource and service inclusion perspective. The upper part of Figure 1 displays refugees' service experiences and subsequent suffering caused by hostile systems when refugees face a wellbeing *imbalance* through an increase in challenges and suffering (Dodge *et al.*, 2012; Nasr and Fisk, 2018) and / or (potential) loss of, or failure to gain, resources (Hobfoll *et al.*, 2018), exacerbated by COVID-19. The latter is indicated by the clock hand moving further to the left of the dial towards negative experiences. Equally, an improvement and subsequent wellbeing *equilibrium* through positive service experiences in hospitable systems and an upturn in resources can move the clock hand to the other side (Boenigk *et al.*, 2020; Dodge *et al.*, 2012). The tension between available resources (Hobfoll *et al.*, 2018) and challenges faced (Chen *et al.*, 2020; Dodge *et al.*, 2012), i.e. the RCE is denoted in the center of the upper part of Figure 1. Such tension between resources and challenges applies to

individual, community, and national level wellbeing (Finsterwalder and Kuppelwieser, 2020a).

Service exchange permits resource integration when resources are utilized and shared by actors for wellbeing co-creation (Chen *et al.*, 2020; Vargo and Lusch, 2004). For example, replenishing refugees' individual resources, such as by rescuing refugees from their sinking boats, and providing food and shelter to cater for their needs (Fisk *et al.*, 2018; Gollnhofer and Kuruoglu, 2018) denotes refugees as predominantly service users. Such restocking of resources and achieving a *balance point of wellbeing* (Dodge *et al.*, 2012) might be prevented by a lack of fair access to, treatment during, and opportunity to exit services, such that when a rescue vessel's staff is told not "to serve" and take on board any more refugees despite the law. This is denoted in the lower part of Figure 1. During a pandemic refugees should be treated fairly but should also feel safe during service co-creation by defining the boundaries of behavior for such interactions (Finsterwalder and Kuppelwieser, 2020a). For example, refugees should be examined in separate treatment rooms on board a rescue vessel with ample privacy and social distancing to other refugees.

Service exclusion due to hostile systems can occur at any point along their refugee (service) journey at *micro level*, i.e. when they leave their home country (entering the refugee service journey), are *en route* (transitions phase), or enter the host country (exiting the refugee service journey). The middle part of Figure 1 shows the connection of journey and phases. However, this article centers on the transitions phase, as this phase bears particular significance during a pandemic. Refugees are hit the hardest during their voyage and arrival in a host country and the resources–challenges imbalance (Chen *et al.*, 2020) can tilt more heavily.

Nonetheless, in *hospitable refugee service systems*, for example, countries open and willing to include refugees in service consumption to replenish their resources, resident actors

can also draw on refugee resources, such as by integrating them into the workforce, and hence contribute to overall society wellbeing, even during a pandemic, as the next section details.

Learning from the present pandemic for the future

“[H]ealth hazards faced by individual [refugees and] migrants and the associated service challenges” require equitable sharing of resources, and “services [at each stage of the refugee service journey] should be based on human rights principles” (Zimmerman *et al.*, 2018). Therefore, this section links the extended framework to application and gives a brief account of exemplars that highlight how refugee resources can be capitalized on to reduce negative perceptions held by resident actors in service systems, to overcome challenges and allow for resource integration via service inclusion by drawing on refugee resources. These practical examples are lessons learned from the current pandemic that can be applied to similar future incidents.

1a. Reducing refugee challenges: fair and safe access to a service

“In many settings, barriers (...) prevent [refugees and] migrants from accessing essential services” (Turner, 2019). Applying fairness means to bestow equal rights on refugees to access such services (Fisk *et al.*, 2018). For example, during the COVID-19 pandemic the government (*macro level*) of the hospitable service system in Portugal announced that, to combat the coronavirus crisis, it would grant migrants and asylum-seekers (*micro level*) in the country, who had applied for immigration status, temporary citizenship so that they can receive the same full access to public services as permanent residents (Schmitt and Massimino, 2020).

1b. Recognizing refugee resources: co-designing fair and safe access to a service

Communities and service providers (*meso level*) are redesigning their healthcare systems to cope with the influx of COVID-19 patients but also to ensure staff and patient safety (*micro level*) when accessing their services (Finsterwalder and Kuppelwieser, 2020a). Measures such as temperature screening, face-masking, hand sanitizer stations, limiting face-to-face contact, installing protective screens, airing out premises, limiting waiting times and patient traffic, and regular cleaning and disinfecting might be put in place. However, designing fair and safe access for everyone requires a re-design that also incorporates cultural needs and protocol. To ensure this, refugee patients can be included for a redesign of practices. This permits that their fellow refugees seeking medical care are comfortable when accessing these services. An inclusive co-design approach, such as blueprinting a service in conjunction with refugees and other vulnerable groups (Alkire *et al.*, 2019), when made public, can change perception and barriers.

2a. Reducing refugee challenges: fair and safe treatment during a service

Avoiding feeling disadvantaged during a service can be resolved via partnering up refugees with citizens to buffer potential acts of exclusion. Citizens might receive first-hand experience in regard to the difficulties that refugees can encounter when seeking to utilize services. Partnering should have positive spill-over effects on refugees' wellbeing (Finsterwalder and Kuppelwieser, 2020b) as citizens can integrate their resources (Gollnhofer and Kuruoglu, 2018) and aid them with the co-creation of services while at the same time being able to directly voice (in mother tongue) to the service provider should treatment not be fair and equitable (Kabadayi, 2019), such as when the provider oversteps the boundaries of behavior (Finsterwalder and Kuppelwieser, 2020a). Moreover, such a buddy system as launched by the Danish Red Cross (Red Cross EU, 2020) might also prevent refugees from accidentally misintegrating their resources (Laud *et al.*, 2019) simply being unaware of how to properly utilize certain services (Finsterwalder, 2017).

2b. Recognizing refugee resources: co-creating fair and safe treatment during a service

Leading by example is a simple way of demonstrating which resources a refugee can bring to a community. It reduces barriers and promotes overall community wellbeing.

Trained refugees can utilize their medical skills (social, psychological, physical resources) and knowledge (cognitive resources) to help care for those in need. For example, in France “refugee doctors” from Libya and Somalia are amongst refugee medics joining the health workforce (*meso level*) to counteract COVID-19 and save lives (Schmitt and Jenkins, 2020). While administrative hurdles (*macro level*) have to be removed to speed up recognition of qualifications obtained elsewhere, such additional resources enabling the support of health service provision at meso level also allow to buffer the repercussions for locals working in the field, i.e. resident doctors falling sick due to the pandemic and lowering the capacity of the established resource pool (Connolly, 2020; Finsterwalder and Kuppelwieser, 2020a).

Resource scarcity (Hobfoll *et al.*, 2018) in Germany’s agricultural labor market (*meso level*) has been averted by the German government (*macro level*) permitting to fly in tens of thousands of migrant workers (*micro level*) from south east Europe to assist with the harvest amidst the pandemic. However, such movements of a large workforce of 80,000 people poses a risk to the migrant workers and caution is required not to hurt these vulnerable people for the sake of keeping the economy alive (Jacobs, 2020).

3a. Reducing refugee challenges: fair and safe opportunity to exit a service

The Turkish government (*macro level*) provides free healthcare services to refugees, in particular to Syrians. The provision comes with two conditions that limit their exit options from the assigned service providers and creates lock-in effects (Fisk *et al.*, 2018). First, refugees have access to healthcare services only in cities (*meso level*) where they first officially register for temporary protection benefits (Gökalp-Aras and Şahin-Mencütek, 2020). That is, they have to be at the location of registration to access health services and

cannot use services elsewhere without permission. Second, a further issue is the requirement to seek initial healthcare from Migrant Health Centers (MHCs) only, which are run by the government (*macro level*) (Bilecen and Yurtseven, 2018). However, in other countries like New Zealand (NZ Government, 2011), already resettled refugees eligible for a Community Services Card (*meso level*), are entitled to free outpatient treatment at hospitals and the maximum subsidy for General Practitioner visits as well as prescriptions. Such measures extended to newly arrived refugees and including offers of telehealth can help “decongest reception facilities” (UNHCR, 2020c).

3b. Recognizing refugee resources: co-establishing fair and safe opportunities to exit a service

As stated above, since refugees are often assigned to dedicated healthcare facilities, demand might outweigh supply (Kabadayi *et al.*, 2020), having to also provide interpreter services and other auxiliary services. However, to expand limited choice and exit options, capitalizing on refugee medical staff establishing themselves across a range of hospitals (*meso level*) can broaden the resource pool, remove language barriers as these doctors and nurses can converse in their mother tongue with fellow refugees (*micro level*). Thus, co-establishing such refugee-to-refugee services can take pressure off the service ecosystem and reduce resource scarcity concerns of the population (Hobfoll *et al.*, 2018) and create an equilibrium at macro level (Finsterwalder and Kuppelwieser, 2020a). With such opportunity, refugees have a broader choice of services and can feel safer when co-creating the service due to the cultural congruence between them and their fellow refugee service providers, and more alignment is achieved in regard to the boundaries of behavior (Finsterwalder and Kuppelwieser, 2020a).

Implications for service research and practice

Disasters and the already existing challenges of refugees on their difficult journeys, oftentimes paired with an undercurrent of governments', regional councils' and citizens' non-inclusive and hostile behavior towards them, driven by concerns of resource scarcity (Clair *et al.*, 2016; Hobfoll *et al.*, 2018), can stifle refugees' quest to find a safe haven and deplete their precious resource pools even further (Dodge *et al.*, 2012). Such interwovenness of issues makes for a highly complex topic to address in research and practice.

Transformative Service Researchers are challenged to dissect this complexity by undertaking detailed study of the interrelationships between individual, but also community and national, resources and challenges, service access, use, and opt out opportunities, refugee experience, characteristics of refugee service systems, in combination with vulnerable populations. While field studies might normally lend themselves to such explorations and require careful research design, pandemics add another layer to researchers' challenges in obtaining data. Not to further impact these already vulnerable people as well as researchers' health and wellbeing, online research methods (e.g., video-telephony) might have to be considered instead (Dodds and Hess, 2020). These might have their own inherent challenges, such as access to the refugees who might not be comfortable showing themselves online, potential privacy issues when online interviewing individuals, which might not have the option to find a secluded space for a conversation, reduced capturing of non-verbal cues due to the angle of screen capture, and possible connection issues due to poor or inexistent internet connectivity or computer hardware (Dodds and Hess, 2020). However, the options of being able to remain in their usual surroundings, interviewee safety, convenience and ease, including support persons or interpreter assistance, might outweigh the potential issues. Moreover, group interview options incorporating social distancing might increase refugees' comfort level and perceived safety (Dodds and Hess, 2020).

The extended framework presented above, which expands previous research, also *responds to practice* and the UN Secretary-General's four guiding principles for a pandemic (Guterres, 2020):

(1) *Cost of exclusion vs. the pay-off of inclusion*: Exclusion will increase discrimination and challenges through a loss of resources (Dodge *et al.*, 2012; Hobfoll *et al.*, 2018) compared to caring for all and capitalizing on the “hidden” resource pool of marginalized groups.

(2) *Upholding human dignity*: Respecting all human beings by giving them equal rights to services (Fisk *et al.*, 2018) to replenish their individual resource pools, instead of threatening to, or de facto, removing resource replenishment opportunities (Hobfoll *et al.*, 2018).

(3) *Individual safety relies on society's safety*: Providing opportunities for safe value co-creation for everybody, including refugees, permits safety of all at the different service ecosystem levels and maintains the functioning of the system as a whole (Boenigk *et al.*, 2020; Finsterwalder and Kuppelwieser, 2020a).

(4) *Human beings on the move are integral to the solution*: Barriers of refugee movements across their refugee (service) journey have to be removed to enable more agility and hospitality of the systems encountered, and facilitate better refugee service experiences (Boenigk *et al.*, 2020).

Practitioners as well as researchers should be guided by the simple logic derived from the four guiding principles taken into account when designing the framework, which permits the structuring of refugees' challenges and resource options via service inclusion by reducing their challenges and recognizing their resources.

While refugees might encounter hostility and unfair treatment from citizens and / or employees (Kabadayi, 2009) at *micro level*, changing perceptions, reducing inequality and

protecting each member of society might require a global and therefore *macro level* approach (Gollnhofer and Kuruoglu, 2018): “Inequality starts at the top: in global institutions. Addressing inequality must start by reforming them” (Guterres, cited in Nichols, 2020). Such appeal is a broad call that goes beyond the issues faced during a pandemic. Efforts have to be undertaken to assist vulnerable populations other than just refugees. Learnings for post-pandemic times are to view refugees and other marginalized groups in society, such as prevalent in subsistence markets, as assets and not as liabilities at any given point in time. Reducing challenges for and recognizing resources of vulnerable people in need (cf. Dodge *et al.*, 2012) before, during, and post-disaster can result in increased service inclusion, i.e. fair and safe access to, treatment during, and opportunity to exit a service for these actors going forward. Once hostile (refugee) service systems have been reformed to enable positive service experiences, wellbeing improvements for these people can occur. Recognition and utilization of resources held by refugees and other vulnerable people can help create additional service offers not only for the people themselves but also for the locals.

Conclusion

This paper presents an extended framework to address the vulnerability of refugees when they are excluded from services during disasters, preventing resource replenishment and a drawing on refugees’ resources. The extended framework makes a contribution to the existing TSR literature by combined the elements of refugee service experiences (positive / wellbeing vs. negative / suffering) with an individual’s challenges and resources (Chen *et al.*, 2020; Dodge *et al.*, 2012; Hobfoll *et al.*, 2018) and system inherent characteristics (hostile vs. hospitable service systems) which cause these refugee service experience outcomes. Moreover, the extended framework utilizes existing work (Boenigk *et al.*, 2020) that centers on a refugee’s service journey as the ordering principle, combined with the three service ecosystem levels, to understand hostile vs. hospitable system behavior. Fisk *et al.*’s (2018)

processual view of fair access to, treatment during, and opportunity to exit a service was incorporated to highlight the tensions but also possible solutions to increase service inclusion. At the same time, opportunities to draw on valuable refugee resources, also aiming at contributing to a community's or society's overall RCE and wellbeing, have been outlined along this processual view. Short examples and illustrations have been included to highlight pathways visible in practice applied in some service ecosystems that can be adapted by other service ecosystems in the future. It should be emphasized that while this article centers on refugees, it can be readily applied to a non-pandemic context to increase overall service inclusion of vulnerable or oftentimes marginalized groups in some societies, such as LGBTQ+, or individuals living in subsistence markets.

“COVID-19 has been likened to an X-ray, revealing fractures in the fragile skeleton of the societies we have built” (Guterres, cited in Nichols, 2020). Only a systemic approach that views every human's needs and resources as equally important and valuable, can rebalance the relationships and interdependencies of the refugee service systems through mutual service exchange.

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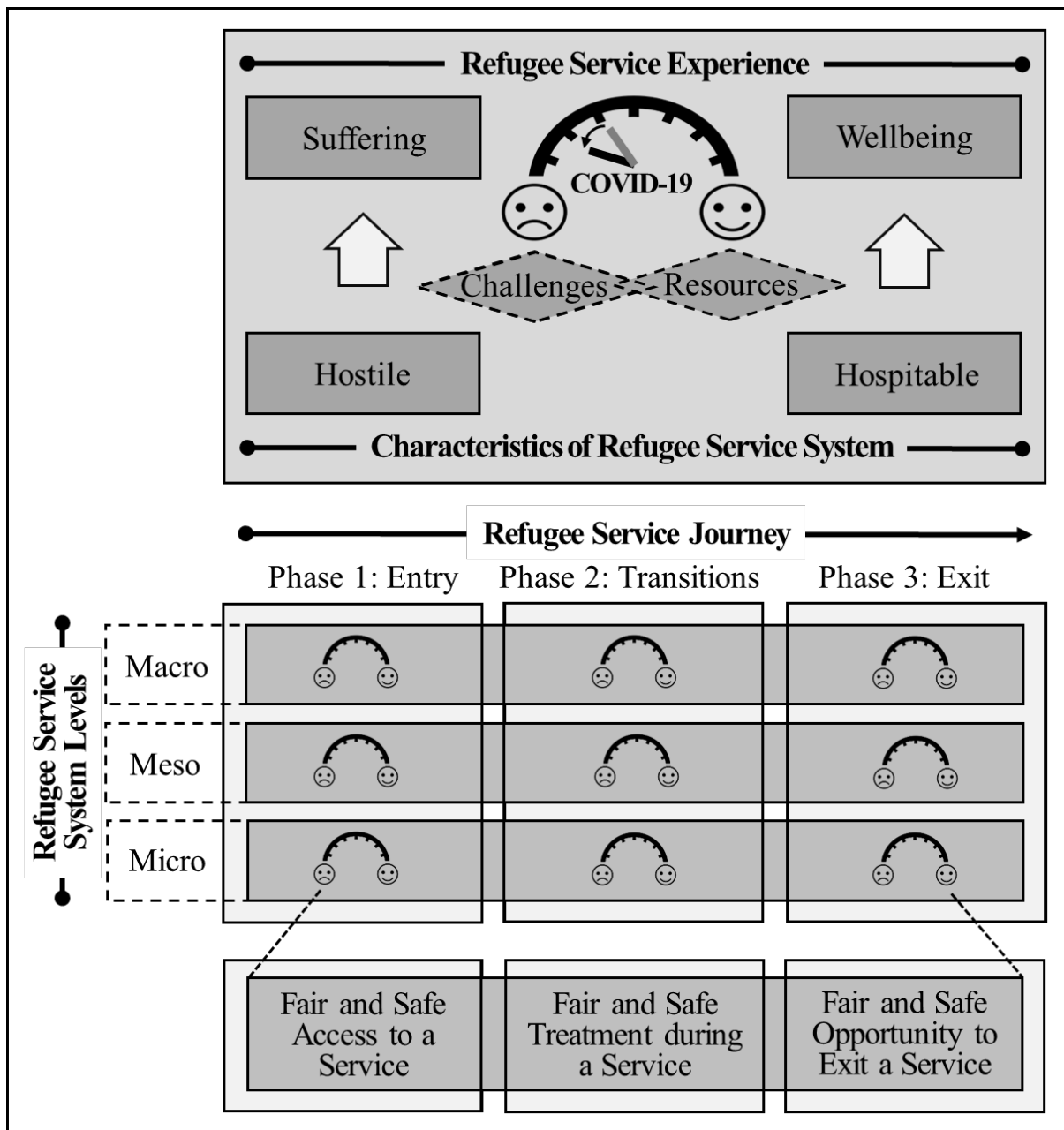
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FIGURE 1. A RESOURCE-DRIVEN SERVICE INCLUSION FRAMEWORK FOR HOSPITABLE REFUGEE SERVICE SYSTEMS^a



^a Based on Boenigk *et al.*, 2020; Finsterwalder and Kuppelwieser, 2020a; and Fisk *et al.*, 2018

APPENDIX. KEY TERMINOLOGY

Key Term	Definition / Explanation	Reference(s)
Transformative Service Research	A sub-field of service research that aims at developing impactful service inquiry, conceptualizations, and applications that assist individuals, communities, and society at large with bettering lives.	Anderson <i>et al.</i> , 2013
Resources–Challenges Equilibrium (RCE) View of Wellbeing	The balance point between an individual’s resource pool and the challenges faced, includes cognitive, psychological, physical, and social resources and challenges.	Chen <i>et al.</i> , 2020; Dodge <i>et al.</i> , 2012
Refugee	An individual fleeing their home country due to disaster, conflict, persecution, or climate change that prevents them from returning home safely.	Boenigk <i>et al.</i> , 2020
Refugee Service Journey	A refugee’s interactions with service co-creating actors at all touchpoints across physical, social, and psychological factors of the journey that are integral to refugee wellbeing, and help the refugee balance resources with challenges.	Boenigk <i>et al.</i> , 2020
Refugee Service System Levels	A service system that links refugees and their needs with other actors and resources at the different system levels, i.e. within and across micro, meso, and macro levels.	Boenigk <i>et al.</i> , 2020
Hostile Refugee Service Ecosystem	A system that impedes the unrestricted flow of actors and resources to co-create value and wellbeing with refugees.	Boenigk <i>et al.</i> , 2020; Kuppelwieser and Finsterwalder, 2016
Hospitable Refugee Service Ecosystem	A flexibly designed system that permits the free flow of actors and resources to co-create value and wellbeing with refugees.	Boenigk <i>et al.</i> , 2020; Kuppelwieser and Finsterwalder, 2016
Service Inclusion	An egalitarian system which provides customers with fair access to, fair treatment during, and fair opportunity to exit a service.	Fisk <i>et al.</i> , 2018
Safe Value Co-Creation Spheres	Scape or space that enables the cognitively, psychologically, physically, and socially safe co-creation of value by defining the boundaries of behavior.	Finsterwalder and Kuppelwieser, 2020a