

Health as a Turning Point on Migrants' Entrepreneurial Behaviour

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Abstract

This paper aims to explore how health influences migrants' entrepreneurial behaviour. Interview data collected from twenty migrant entrepreneurs in the United Kingdom was analysed using the social determinants of health theory. Based on the different characteristics and conditions of the migrants, three main themes emerged from the data: *Health as the normal lifestyle of an entrepreneur*, *Health crisis to entrepreneurial opportunity*, *Entrepreneurship reality and health*. Findings illustrate that health is a critical turning point for migrant entrepreneurial behaviour. Furthermore, the study reveals the double-edged effect of entrepreneurship on migrants' health, illustrating the contextual dynamics of entrepreneurship setting in health and wellbeing research.

Keywords: health, migrant entrepreneur, wellbeing, entrepreneurial behaviour.

Introduction

Entrepreneurs' health is interlinked with their business successes and failures. This link is more so for migrant entrepreneurs who operate small businesses. Migrants often start businesses due to necessity as labour market structural barriers limit them from finding meaningful employment that resonates with their skills, knowledge or aspirations (Aliaga-Isla and Rialp, 2013; Kloosterman, 2010). Thus, necessity-driven entrepreneurs may have lower levels of mental health due to previous struggles in finding employment (Torrès and Thurik, 2019). On top of these, as there is no clear distinction between the person and the venture in small business settings, entrepreneurs have difficulty separating themselves from the business practices (Vaag *et al.*, 2014). This inability to separate themselves from their businesses can be a source of stress (Wach *et al.*, 2021). Although we have some understanding of the health (both physical and mental) of entrepreneurs (e.g., Ryff, 2019; Wiklund *et al.*, 2019; Stephan *et al.*, 2023), there are limited examinations on the connections of migrant entrepreneurs' socioeconomic conditions and their health and how they shape their entrepreneurial behaviour.

The socioeconomic conditions of any person experience shape their health outcomes. In particular, migrants, mostly refugees, have a high rate of depression and suffer from post-traumatic disorder and anxiety (Close *et al.*, 2016; Lindert *et al.*, 2009). This occurrence is often due to the financial strain they face in their host country (Lindert *et al.*, 2009). Furthermore, acculturation creates anxiety and stress (Leon, 2014). Migrants are also at high risk of occupational injuries as they conduct dangerous or tedious tasks, lack safety training, engage in demeanour transient work, fear reprisal for demanding better work conditions or reporting an injury or illness, and experience linguistic and cultural complexities (Ahonen *et al.*, 2007). Existing migrant health literature shows that migrants are reluctant to get health support due to cultural biases, lack of institutional trust, racism, shame, and not understanding the host country's health system (Rees and Pease, 2007; Ussher *et al.*, 2017). Sometimes, service providers do not have language and cultural competencies when providing services (Suphanchaimat *et al.*, 2015). Given these factors, there is a need to study the interlinks between social, economic and family situations among migrant entrepreneurs and how such conditions affect health and shape their business practices. This perspective aligns with Wiklund *et al.* (2019) advocating for examinations of the role of socio-economic factors that can impact entrepreneurial wellbeing. Thus, by integrating existing migrant health literature with the migrant entrepreneurship literature, we seek to answer the research question: *How does health influence migrants' entrepreneurial behaviour?*

We grounded our study on the Social Determinants of Health (SDOH) theory and studied twenty migrant entrepreneurs in the United Kingdom (UK). SDOH theory outlines broader socioeconomic conditions that affect one's health (Marmot and Allen, 2014) and how

these conditions must be considered when studying a person's health. Thus, we use SDOH theory to better understand the migration-related situations and conditions that affect migrant entrepreneurs' health and, in return, their business practices. Using the findings, we contribute to migrant entrepreneurship and entrepreneurship wellbeing domains. First, we illustrate how a variation in socioeconomic conditions produces different health outcomes and entrepreneurial behaviour. Second, entrepreneurship has an empowering and undermining effect on migrants' health. We observed that entrepreneurship provides a healing effect among a group of women migrants but undermines the health conditions of another group. Third, we also noted the crucial role of community networks and cultural beliefs in supporting migrant entrepreneurs in navigating entrepreneurship and health challenges.

The rest of the paper structure is as follows. The next section reviews the literature on social determinants of health theory, entrepreneurs, and migrant health capital. Then, we outline our rationale, use of semi-structured interviews for data collection, and how we analysed and synthesised data to develop our theoretical themes. We then present our findings based on the health outcomes and entrepreneurial responses. Findings, contributions and implications for theory and practice are presented in the final section.

Literature review

Social Determinants of Health (SDOH) theoretical framing

Broadly, SDOH theoretical framing suggests that health outcomes must be studied and explained by contextualising within a wider environment where a person works, learns, and lives (Garcia, 2023). Social determinants such as early life, age, social exclusion, work, unemployment, social support, poverty and many other factors can contribute to a person's health (Marmot, 2005; Marmot and Allen, 2014). These wider determinants interact with social, environmental and psychological factors shaping health outcomes (Garcia, 2023). Thus, understanding health inequalities and addressing root causes requires identifying socioeconomic conditions affecting one's health (Dahlgren and Whitehead, 2021; Marmot and Allen, 2014). The Dahlgren-Whitehead model of health determinants (also known as the rainbow model) provides a way to visualise SDOH (Dahlgren and Whitehead, 1991; 2021). A simplified version of the model is included in Figure 1.

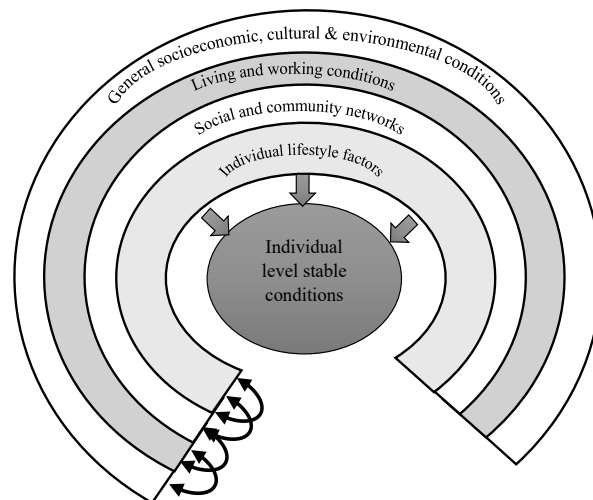


Figure 1: Simplified version of Dahlgren-Whitehead model

As Figure 1 illustrates, the Dahlgren-Whitehead model offers a theoretical framework to identify many layers of influence on health (Dahlgren and Whitehead, 1991; 2021). These layers represent macro, meso, and micro levels and are illustrated on top of each other. The outer layer indicates the structural environment. Then, the next layer represents the material

and social conditions in which people live and work. Still, these are interlinked with other sectors, such as housing, education, and health care (Dahlgren and Whitehead, 1991). Then, the model represents the mutual support from family, friends and community networks. Finally, it includes individuals with their habits, behaviours, hereditary conditions, and other individual conditions (Dahlgren and Whitehead, 1991).

So far, the SDOH theoretical framing has applied only within the social enterprise context within the entrepreneurship domain (e.g., Evans-Agnew *et al.*, 2024; Godinho *et al.*, 2020). These studies highlight that the social enterprise approach and education might help transform population health and nursing practice. Although migrant health literature (e.g., Cabral and Cuevas, 2020; Sweileh, 2024) point out the need to consider the social determinants in understanding a person's health and health care, it has not been used in the entrepreneurial health and wellbeing context. Yet, given the widespread applicability of SDOH theoretical framing within migrant health literature, we see studying migrant entrepreneurs' health capital, as they experience different social determinants, has merit.

Entrepreneurs and their Health Capital

The health capital of the owner is considered the most important immaterial capital in small firms (Paustian-Underdahl *et al.*, 2021; Torrès and Thurik, 2019). Health capital includes mental and physical dimensions (Torrès & Thurik, 2019). The extant literature uses wellbeing and health capital to indicate mental and physical health dimensions. Based on the literature, we use the term health capital in this paper (e.g., Ryff, 2019; Wiklund *et al.*, 2019; Mick *et al.*, 2012). We comprehend that wellbeing goes beyond one's health capital and covers economic, cultural, and social dimensions. We also refrain from using psychological wellbeing as it refers only to a person's mental and emotional aspects.

The interrelationships between business ownership and health can be positive (salutogenesis) or detrimental (pathogenesis) (Torrès and Thurik, 2019). Although this can also be true for employees, Torrès and Thurik (2019) point out that health effects may be more pronounced among small business owners due to their societal and economic importance. The entrepreneurship tasks provide satisfaction, happiness, autonomy, purpose in life, personal growth and mastery to control the external environment (Ryff, 2019; Wiklund *et al.*, 2019). All these can be attributed to positive health benefits. In contrast, starting and operating a business is stressful, and entrepreneurs cannot avoid business stressors such as uncertainty, workload, and resource constraints (Williamson *et al.*, 2021). The detrimental effects of entrepreneurship on health capital include extended and long hours, stress, anxiety, and burnout (Awotoye and Singh, 2018; Fatoki, 2019; Torrès and Thurik, 2019; Williamson *et al.*, 2021). Thus, business context creates a recovery paradox, as entrepreneurs operate in a "stressful work context and the key features of entrepreneurial activities are likely to stifle recovery" (Williamson *et al.*, 2021, p. 1311).

Yet, there is evidence of entrepreneurs' use of wellbeing management strategies to recover and maintain their health capital. These recovery strategies can be classified under respite, reappraisal, and regimen categories (Williamson *et al.*, 2021). They include listening to music, taking breaks, engaging in meaningful hobbies, physical exercise, sleep hygiene, practising mindfulness, etc. As entrepreneurs are heterogeneous, the effectiveness of these recovery strategies' could differ for different entrepreneur groups (Williamson *et al.*, 2021).

Migrant entrepreneurs and their health capital

Although migrant health literature focuses on inequalities and their consequences (Giannoni *et al.*, 2016), migrant entrepreneurship literature has not proactively integrated these findings into examining entrepreneurial behaviour. Yet, migrant literature also reports both positive and negative implications of entrepreneurship on migrant's health capital. The flexibility in work,

ability to conduct meaningful tasks, and work for the second generation positively affect one's health capital (Berger *et al.*, 2019; Gudmundsson, 2013). Migrant entrepreneurs also suffer from stress and burnout (Awotoye and Singh, 2018; Fatoki, 2019; Johnson and Shaw, 2019; Olsson and Bernhard, 2020) and anxiety (Berger *et al.*, 2019). For example, Min (1990), taking the case of Korean entrepreneurs in the US, explains the link between physical and psychological wellbeing. The author elaborates that migrant entrepreneurs work long hours, and the lack of recreation and leisure activities makes them susceptible to depression and other psychological problems. Furthermore, as they operated businesses in low-income suburbs, they were highly vulnerable to shoplifting, robberies, and other crimes. Thus, they found that self-employment provided economic mobility, but their health deteriorated. These findings indicate that there needs to be a better understanding of the socio-economic conditions that shape migrant entrepreneurs' health capital when exploring their business practices.

Methodology

The United Kingdom is a popular destination for migration, with the Office for National Statistics observing a year-on-year increase in the total net migration. After Brexit, the number of migrants arriving from non-EU countries escalated, with most coming for work, study, or to be with family. Due to the historical ties and relationship via the Commonwealth, Indian nationals top the list with 20% of the overall immigration to the UK in June 2024 (ONS, 2024). As the UK is the home of world-renowned universities, many international students flock to the country to pursue higher education. After India, China sent the most students to the UK in 2022/23 (Bolton *et al.*, 2024). Upon graduation, many take the graduate visa route as a stepping stone to live and settle in the UK.

With the financial and cultural capital obtained from their home countries, the UK has seen a great increase in Indian and Chinese entrepreneurs. Their substantial contributions have significantly shaped the UK's economic landscape. However, not all these migrant entrepreneurs enjoy successful business. According to the report of the British Business Bank (2020), many Asian and other ethnic minority entrepreneurs live in deprived areas and tend to have lower household incomes. Thus, this research aims to explore the effect of health and entrepreneurship among small business owners from these two groups. Rather than focusing on the big and successful Indian and Chinese businesses in the UK, we focus on the 'everyday' migrant entrepreneurs (Welter *et al.*, 2017; Welter and Baker, 2021) who often need to endure bias, discrimination and hardship to make a living for themselves and their families.

Our study used an inductive approach to answer the research question: *How does health influence migrants' entrepreneurial behaviour?* This approach allows us to identify trends and patterns from the data to develop a suitable framework to explain the relationship between health and entrepreneurial behaviour. While Indian and Chinese migrants are from the same continent (Asia) with collectivistic societies, their social-cultural practices, values, and norms differ to some extent. As such, the inductive approach enables us to explore their unique experiences, challenges, and successes without preconceived assumptions. Capturing their real-life experiences will uncover the dynamic shaped by personal, family, social, economic, cultural and environmental factors that could explain the health outcomes and responses to entrepreneurial behaviour.

Sample selection and data collection

We collected data from twenty Chinese and Indian migrant entrepreneurs in various parts of the UK. The potential participants were invited through the professional and personal contacts of one of the authors. Some participants were also introduced through the network of earlier samples. To ensure the inclusivity of the findings, we recruited equal numbers of participants based on their gender and ethnicity. In addition, we hired two research assistants who were

well-connected to Indian and Chinese communities, and they were also able to use their contacts to invite and recruit participants to the study.

As entrepreneurs and their businesses are closely interlinked in small businesses, we focused on their journey from their home countries to settling in the UK and starting and developing their businesses. We also inquired about their wellbeing during the process, and health capital links and concerns emerged from the data. We let the participants tell their stories, and each interview lasted 45-90 minutes. The interviews were conducted in English, except for 10 Chinese participants. Those interviews were translated and then transcribed into English. We provide an overview of our participants' demographics in Table 1.

Table 1 Participant Profile

Participant	Gender _ ethnicity	Years in the UK (approx.)	Current business	Years in business (approx.)
#1	Male_Indian	3 years	Technology	2 years
#2	Male_Indian	15 years	Hospitality	3 years
#3	Male_Indian	5 years	Engineering	4 years
#4	Male_Indian	25 years	Engineering	10 years
#5	Male_Indian	21 years	Technology	3 years
#6	Female_Indian	3 years	Technology	2 years
#7	Female_Indian	21 years	Services	11 years
#8	Female_Indian	20 years	Services	14 years
#9	Female_Indian	26 years	Hospitality	14 years
#10	Female_Indian	45 years	Technology	9 years
#11	Female_Chinese	26 years	Hospitality	3 years
#12	Male_Chinese	25 years	Hospitality	20 years
#13	Male_Chinese	26 years	Hospitality	20 years
#14	Male_Chinese	6 years	Service	2 years
#15	Female_Chinese	22 years	Trading	10 years
#16	Female_Chinese	22 years	Hospitality	15 years
#17	Female_Chinese	23 years	Technology	10 years (current business 5 years)
#18	Male_Chinese	4 years	Service	3 years
#19	Female_Chinese	13 years	Service	6 years
#20	Male_Chinese	30 years	Hospitality	8 years

Data analysis

The interview transcripts were thoroughly analysed by organising the emerging themes into categories, utilising various tools such as diagrams, tables, and manual text highlighting. NVivo 12 software was utilised to facilitate data organisation. The software effectively sorted the properties into the predefined categories established during our initial analysis. This cross-case analysis validates the emerging categories and generates first-order codes from the rich and diverse data collected during the interviews. With these first-order codes, we systematically identified key themes to create second-order codes, illustrating the intricate connections

between health determinants, health outcomes and the entrepreneurial behaviour of migrants. Following the framework established by Braun and Clarke (2006), we comprehensively examined the theoretical relationships between the codes. Specifically, the first-order codes were organised based on the health outcomes and the varied entrepreneurial responses among the migrants. This systematic approach not only emphasised specific health-related impacts based on the migrants' personal, socio-economic, cultural and environmental characteristics but also revealed distinct patterns in how they navigate health junctures while managing their ventures. Through this rigorous analytical process, we developed meaningful theoretical codes, ultimately culminating in three comprehensive aggregate theoretical themes that reflect individual entrepreneurial health interlinks and behaviours: *Health as the normal lifestyle of an entrepreneur*, *Health crisis to entrepreneurial opportunity* and *Entrepreneurship reality and health*. The data structure is shown in Table 2.

Table 2: Data structure on the connection of health and entrepreneurship

Creating provisional categories and first-order	Theoretical categories (2nd order)	Aggregate theoretical dimension
Statements about the importance of health and business ventures	Individual lifestyle Social community activities	Health as the normal lifestyle of an entrepreneur
Statements about health as a starting point for business	Individual condition-gendered Family responsibilities and complexities	Health crisis to entrepreneurial opportunity
Statements about how business affects health	Demanding work conditions Stressful routines Socio-economic limitations	Entrepreneurship reality and health

Findings

The following sections explain these aggregate theoretical dimensions using the proof quotes from some participants.

Health as the normal lifestyle of an entrepreneur

The majority of the participants (e.g., participants #1, #3, #4, #5, #6, #9, #10, #14, and #18) strive to have a healthy lifestyle and consider themselves in good health. Their behaviours reflect interlinks between their business context (working conditions), such as their daily challenges and stresses, and the importance of health. For instance, participant #5, who is in his 20s, expressed his concern about how the business has impacted his life:

So the work gets quite a lot, which can impact my sleep, so sleep has been a big thing that I'm trying to make sure I balance..... Those are instances where my entrepreneurship and work life have taken over, and my personal life is affected.

Therefore, he makes sure that:

Eating well is important, making sure I'm eating at the right times. It's getting back into the gym, making sure I get to bed at a good time and making sure I wake up at a good time. I also track my sleep and my activity with a fitness tracker, and trying to get that all back in the green helps as well.

What participant #5 conducts reflects his lifestyle behaviours. Participant #10, who is developing a technology business, has not taken any holiday since the business started;

however, she regularly goes to the gym, walks, and sleeps well as they were "*signs of good wellbeing*". Participants #3, #7 and #19 often go to the gym. They do all these by having a routine: "*I have routines, even morning walks or exercise. I live very close to a nice hill, so I go up the hill. I walk every day. I go up the hill, come down, go up the hill twice come down.*"(Participant #9). Apart from routine physical activities, participants #2, #6 and #10 also mentioned a balanced diet and not skipping meals. All these examples reflect individual lifestyles and behaviours.

Some of the participants engaged with communities in their hobbies or interests. Participant #14 has a weekly basketball game while Samuel plays table tennis with friends to release their work stress. Participant #19 joined the community dancing club: "*I like to dance to the music. It was very good*". Participant #18 also loves "*playing with the children for a while after dinner*" and "*watching TV*". Participant #4, who owned a listed company, shared how he spent his family time after a day of hectic work:

Enjoy yourself watching mindless comedy, for example. You're not sitting there judging. This is just mindless. So, I do enjoy. I do. Enjoy such humour. I just don't have to think about anything because my brain is my biggest asset and that has to be OK. So when there's mindless humour, somehow it allows me not think about my business.

These daily habits and relaxation help to maintain the good health of the migrant entrepreneurs in terms of both physical and psychological aspects. They undertake these tasks to ensure a 'balance' and 'avoid burnout':

I must take some time off or something like that, just to make sure I don't burn myself out. So I've been here in this building overnight, been without sleep for, the longest I was for two days straight without sleep, so things like that I get carried away, but I try to avoid that, you know, get some time for myself, you know, to recover and to make sure that I don't burn myself out as such. (Participant #3)

In summary, this group of migrant entrepreneurs actively engage in healthy lifestyles to improve their health capital. These routines and habits help them to disengage from work and regain strength. It is important to note that they are either below 35 years old or single (participants #1, #3, #5, #6, #10 and #14) or have enjoyed economic stability due to successful businesses (participants #2, #4, #7, #9, #18 and #19). They do not face healthcare access issues as they can speak English eloquently.

Health crisis to entrepreneurial opportunity

The study data revealed how a lack of family and social support affected female migrant entrepreneurs' health outcomes. Two of the participants, #16 and #17, suffered from post-natal depression after giving birth to their first child. Participant #16's husband ran the business in Aberdeen while she stayed in Glasgow to care for the baby. This lack of social/family support affected her health:

He [the baby] has asthma and often needs to go to the hospital. At that time, I was very stressed because of my child, exhausted and faced an emotional breakdown. When the baby cried, I also cried. That time was awful for me.

Participant #16 sought mental health support from the National Health Service (NHS), but the effect was limited. This method illustrates the link to institutional support for health and wellbeing. As a young Chinese female migrant, she could not get advice or assistance from her family in China. Furthermore, she was ashamed to tell her husband and friends about her problems after giving birth. This emotional strain reflects the complexities between migrant

health and social networks. She expressed: *"I was pretty ashamed that time. I dare not tell others I have emotional problems. I considered that as an illness, like mentally crazy. I felt I was the problem."* The guilt and stress also led to extreme thoughts: *"I also had some extreme thoughts before when I had an emotional breakdown last time."*

Similarly, participant #17, who currently owns a technology business, also suffered from the same health issue when her mother passed away during her confinement period. The two crises unfolded simultaneously were a big blow to her:

Because I was still in the confinement period, it should have hit me very hard during that time, so there were a lot of postpartum depression problems. My symptoms were nothing other than crying. It was difficult to get out, and I also took medicine; that is, I moved, cut off the circle of friends, and I didn't have any contact with my former friends, just a lot of things, at that time. 10 months.

For participants #16 and #17, business tasks (and start-up), among other things (e.g., family support, walking the dog, listening to video/audio, fitness tasks) helped them: *"At that time, the online business helped me. I wanted to get busy and do something, and then I was very tired every day"* (Participant #17). With support from her husband and church members, participant #16 started getting involved in her husband's business and set up another takeaway business herself. Participant #16 shared how her mindset has changed now:

In religion, the bible teaches us everything comes from God. Whether we faced problems with the authorities in the business, we prayed together. Because of religion, I have changed a lot. My husband also helped me a lot in the business. He acknowledged my efforts and encouraged me.

Personal health and family members' health led participant #11 on a different entrepreneurial path. Participant #11 has run a takeaway business with her husband since 2009. Their kitchen work has been stressful and exhausting (i.e., working conditions); thus, when her daughter suffered from mental depression, she opened a bubble tea shop by herself in 2021 to support her:

My daughter had some things, that is, personal problems and some mental depression. I wanted to open a milk tea shop, and the children would like it, so I wanted to open a milk tea shop and let her come to work here. She can always help.

In addition, participant #11 confessed to her distress working in the busy kitchen with her husband: *"It's emotionally affected, and sometimes we adults are also emotional when we're busy. In the past, working in the shop with my husband, there was a period when I felt depressed and mentally stressed"*. The health challenges motivated participant #11 to a change of mindset on business and health. She said: *I was faced with a complete loss of support, and I slowly analysed the situation myself. You will have this process, and this process is very important. You will learn the good and the bad from the process."*

Based on these women entrepreneurs' unique experiences, entrepreneurship appears to be an antidote for their health challenges. These also reflect complexities and interactions between individual lifestyles and social community networks shaping one's health and health capital management. Migrant women who came with their husbands to the UK experienced loneliness and lack of support, particularly after giving birth and being burdened with family responsibilities. They were afraid to seek help but were determined to find a way out of their sorrows. Setting up a business elevates their self-confidence and drastically empowers them to change their situation. As summed up by participant #11:

I used to be free and not free, but now I'm completely free. He is not saying that you have succeeded or failed in this process. You have come through this process; even if

you fail, you put in all the effort. As long as you do it yourself, the result is not very important.

Entrepreneurship reality and health

This dimension explains how a physical and psychological health scare shifted migrants' entrepreneurial behaviour. Several participants (e.g., participants #8, #12, #13, #15. and #20) revealed how running their businesses affected their physical and emotional health. These are related to their working conditions. Participants #13 and #20 complained about the pain and injuries caused by long hours of work in the kitchen: *"We run takeaway restaurants, and we deal with gas every day, which is not good for our lungs. Standing all the time, standing for a long time, many people have varicose veins, frozen shoulder, oops, very hard"* (Participant #20). Participant #13, who used to love outdoor activities, also shared the impact of long work hours on his physical health: *"I lack exercise, and my muscles are not strong enough, so the degree of injury will be a little higher, a little more"*. In a different industry, Participant #8, who owned a beauty salon, faced similar challenges: *"My business involves some physical effort. Constant threading involves moving my arms and neck. I do have aching neck and hands. So, I have some issues physically."*

The physical pain and lack of exercise affected both participant #13 and #20 emotionally: *"At night, I sometimes slept until I woke up in the middle of the night. Sometimes, I think that if I have depression, there will be nothing left. It will affect the body"* (Participant #20). The lack of exercise also affected participant #13's mood: *"The mood is very bad, and then it will lead to physical discomfort"*, which caused more stress to his physical health. Due to the nature of participant #8's business service, sometimes she continues to say that she is sick: *"But I can't take sick leave after booking the appointment with the customers."*

The participants used different strategies to manage their health, reflecting individual behaviour changes and use of social networks. To cope with the business demands and physical constraints, participant #20 shifted his mindset on business: *"It's just to go with the flow and do what you can. There are things you can't deal with, business comes suddenly, there are not enough people, calls, customers are lost, and there is no way to do things."* He is spending more time doing something more meaningful now: *"Sometimes I call and talk to my friends to relax, sometimes I go out for a walk, do sports, swim, go out for a trip with friends and family."* To manage the pain, participant #8 relied on painkillers and carried on: *"When I fall sick, I can do nothing but carry on myself with medications."* As a result, she adopted a 'save for rainy days' financial planning in her business: *"Therefore, I plan well in advance covering my bills and expenses; and also make sure there will still be some money in my bank account; only then I will be able to resume my business again when I fall sick"*. Participant #13 visited a physiotherapist several times and had been on painkillers for a long time. He employed more helpers in his business, but at the time of writing, he decided to close his restaurant after 20 years for early retirement.

On the other hand, participant #12, who owned several restaurant chains, spent an enormous time networking and entertaining his clients. He shared about the effects on his health: *"It used to be the most enjoyable to smoke and drink, but now my health is not good because of that. I don't even know what to do now, and I've quit smoking now. Because we're over this age, it's not good to smoke too much"*. Participant #12 struggles to manage his health while handling the stress from business and clients' requests. He changed his entrepreneurial mindset and behaviours due to his chronic disease: *"There will be things to lose, things you want to get, things to lose. We can't do anything about starting a business."*

Working hard does not pay off for everyone. For instance, participant #15 has a life motto of *'hard work brings great wealth'* and suffers from cancer. She ran several online and offline businesses in trading and hospitality. The long hours of work and lack of stress raised

the health alarm; thus, she decided to stop her online business while undergoing chemotherapy: *"I'm just a month away from chemotherapy, and I'm very thankful. I'm quite healthy now. Therefore, I have experienced storms and waves. That is, I have experienced various surgeries and chemotherapy."* Participant #15 is now taking a more relaxed approach to her business by only focusing on her trading business: *"I have a dog at home, I have to take the dog out for a walk every day, and walking can be regarded as a time for myself to think or listen to videos."*

Migrant entrepreneurs bring the ethos of diligence and are willing to sacrifice their time and efforts to make their businesses viable. The work environment (kitchen), intense business competition (service industry) and lack of support pushed them to work above capacity. As a result, their health is compromised, and these migrant entrepreneurs reappraised their priorities in health and business. While not all used the same strategy, the migrant entrepreneurs positively adjusted their lives and mindsets after facing health and emotional strain. The restoration of physiological and psychological resources through these strategies helps to sustain their business ambitions and pursuit of quality life in the UK.

Discussion

The migrant entrepreneurs moved to the UK for education (participants #1, #3, #4, #5, #6, #7, and #19), economic opportunities (participants #2, #11, #12, #13, 18 and #20), and be with spouses (participants #8, #9, #15, #16 and #17). They hope for a better living environment and life in the UK. Aligned with the social determinant of health theory, the findings reveal health behaviours among migrant entrepreneurs are interlinked with a much wider context. The majority of them can pursue a balance between their health and business wellbeing, but some were challenged with physical and mental health crises.

Migrant entrepreneurs from better socio-economic backgrounds have better health outcomes, particularly those who came to the UK for education and those working in sectors like technology, engineering, and services. They are aware of the balance between health and entrepreneurship. While actively engaged in entrepreneurial creation and development activities, they are sensitive to their stress and fatigue signals. They constantly take reasonable breaks, connect with others, do physical exercises, and do things they love to maintain a healthy lifestyle (Williamson *et al.*, 2021). Their abilities to prioritise health could be related to their educational background, friends and family support, and engagement in opportunity-driven entrepreneurship rather than necessity-driven (Marmot and Allen, 2014). As such, they treat *health as the normal lifestyle of an entrepreneur*.

In the second dimension, we observed underlying gendered health inequalities among the women migrants who moved to the UK with their spouses. They face compounding burdens due to their gender roles, such as taking care of newborns and family responsibilities. With the husband engaging in long hours of work and lack of family support, some of these women migrants dealt with loneliness and post-natal depression. When they were facing depression and emotional drain from family, they sought business opportunities to overcome their wellbeing. Their involvement in business activities enhances psychological health, where they find new meaning and are empowered with autonomy. During the process, these women also started to seek support from their communities by sharing their feelings and engaging in physical activities. Entrepreneurship appears to have a healing effect on the ill-being of women migrants. While the study does not aim to examine the effects of gender on health and entrepreneurial behaviour, the unique set of experiences of women migrants due to their motherhood offers a glimpse of how the *health crisis supports entrepreneurial opportunity*.

On the other hand, entrepreneurship undermines the physical health of migrant entrepreneurs due to their long hours of work and business requirements. Some migrants faced physical strains and chronic diseases due to an unhealthy working environment. The long-hour work in the kitchen caused them to take painkillers, and the service-oriented nature of the

business made finding a replacement challenging. After facing the *entrepreneurship reality and health* check, some decided to slow down their business or pivot their business model to prioritise health. They decided to take a schedule break to spend time with family and social circles to release physical and emotional strains. As their main purpose of migrating to the UK is to seek a better life, the health scare serves as an awakening call. By reframing their mindset on business and profitability, they are willing to delegate their work responsibilities to participate in physical exercises to strengthen their physical health.

Contributions

This study offers several theoretical contributions to migration health and entrepreneurship literature. Using the SDOH theory, findings from the paper support the Dahlgren-Whitehead model of health determinants, with evidence from migrant entrepreneurs. Due to the contextual dynamics between the different factors posited in the model, our findings show diverse health outcomes and responses from the migrants. The interrelationships between business ownership and health can be positive (salutogenesis) or detrimental (pathogenesis), as suggested by Torrès and Thurik (2019). As a result, various responses exist to their entrepreneurial behaviour among the different groups. SDOH theory is mostly applied in health research, but this study extends its application to entrepreneurship. This paper also enriches current migrant health literature, focusing on their inequalities and consequences by integrating health outcomes into entrepreneurial behaviour (Giannoni et al., 2016).

Moving beyond entrepreneurship's autonomy and mastery effect (Ryff, 2019; Wiklund *et al.*, 2019), the findings reveal the healing effect of entrepreneurship for a group of women migrants who experienced illbeing due to their gender and social positions. Business opportunities and creations open the recovery pathway for these women migrants, together with the support of family, friends and communities. On the other hand, entrepreneurship caused stress and long-term illness among migrants working in challenging environments. This study reveals the double-edged effect of entrepreneurship on migrants' health, illustrating the contextual dynamics of entrepreneurship setting in health and wellbeing research (Stephan *et al.*, 2022).

The many layers of factors and conditions intricately determine the relationship between health and entrepreneurship. We noticed that health and wellbeing could be a personal choice among young, educated or better work conditions migrants. Their health is less affected than that of less educated people working in the hospitality sector, such as restaurants and takeaway businesses. The disparities in health outcomes reveal the multi-faceted view in studying migrant health and entrepreneurship. Though the participants in the study are from similar backgrounds, i.e. Chinese and Indian migrants, there are still diversities and disparities in their health outcomes and responses to entrepreneurial behaviours. Hence, this study offers an in-depth understanding of entrepreneurship and migration health literature.

From this study, we noted that health is a critical turning point for migrant entrepreneurial behaviour. Sometimes, these critical junctures are a wake-up call for migrants to manage their physical wellbeing. Regardless of their health disposition, whether pursuing a healthy lifestyle or overcoming health scarcity, their coping strategies are consistent with the three 'R' recovery interventions proposed by Williamson *et al.* (2021). The respite strategy is prevalent among the first group that treats health as a lifestyle in entrepreneurship. For those migrants who were facing or faced health issues, many reappraised their priorities by changing their entrepreneurial mindset or pivoting their businesses. Some further decided to undertake a regimen approach by ensuring a routine to keep fit. Along with these strategies, migrant entrepreneurs seek resilience through community networks and cultural beliefs. Hence, this study extends the work of Williamson *et al.* (2021) by offering empirical evidence in the context of migrant entrepreneurs.

Conclusion

This study, consistent with other research, has certain limitations that present opportunities for further investigation. We gathered insights from migrant entrepreneurs of Chinese and Indian ethnicities, focusing on their perspectives on health and wellbeing. Future research could include perspectives from migrant entrepreneurs from other ethnicities, as the UK hosts a diverse population, particularly from Africa and Europe. The social determinants affecting their health outcomes and entrepreneurial responses will likely differ. Our findings highlight the essential role of health capital for migrant entrepreneurs. Therefore, we advocate for a more in-depth exploration of how different groups of entrepreneurs understand and accumulate their health capital. Additionally, longitudinal studies could provide a deeper understanding of the role of health capital over time, ultimately leading to improved entrepreneurial outcomes and personal well-being.

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