Managing the COVID-19 crisis: coping and post-recovery strategies for hospitality and tourism businesses in Ghana

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Abstract

Purpose – Hospitality and tourism researchers are yet to provide evidence of actual crisis management amongst small and medium-sized enterprises (SMEs), especially from a resource-scarce destination perspective. By adapting a crisis management framework, the authors elected to fill this gap by exploring small and medium-sized hospitality and tourism operators’ (SMHTOs) personal experiences of managing the coronavirus disease 2019 (COVID-19) in Ghana. The study uncovers their crisis-coping strategies as well as immediate- and long-term post-recovery strategies.

Design/methodology/approach – Using a qualitative lens, informed by phenomenology as well as theoretical saturation, data were collected from 20 owner-managers (OMs) and non-owner managers (NOMs) of accommodation, restaurants, travel and tour (T&T) agencies and souvenir shop operators via a combination of telephone and socially distanced face-to-face interviews as well as participant observation. Data were thematically analysed involving both deductive and inductive coding techniques. Data validity and reliability were confirmed using “member check” and inter-rater/coder reliability statistic in SPSS, respectively.

Findings – Impacts of the pandemic on businesses included shutdowns, booking cancellations, revenue drops, lay-offs and defaults in the payment of pension contributions and taxes. The pandemic greatly impacted the accommodation, T&T and souvenir shop operators compared to food and beverage (F&B) operators due to the temporary closure of Ghana’s borders and major attractions. The study identified six phases in SMHTOs’ crisis management process: awareness, combating the spread of COVID-19, coping mechanisms, short-term/immediate and long-term recovery measures and lessons learned. Besides, state institutions and personal beliefs influenced the coping and recovery actions used by SMHTOs.

Practical implications – It is critical for governments and industry management institutions to consider the capabilities and specific actions taken by SMHTOs during a crisis such as COVID-19 in the efforts to support their crisis preparedness and response strategies. Furthermore, SME operators in the industry must see insurance uptake as one important measure that could help them cope with the losses instigated by the impact of a crisis and possibly speed up their recovery.

Originality/value – The study extends the general crisis management framework by including additional phases of crisis management and the specific activities carried out by SMHTOs in managing the COVID-19 crisis. This makes this study one of the first studies in Africa that examined crisis-coping and post-recovery strategies amongst small and medium-sized hospitality and tourism firms.

Keywords Crisis management, COVID-19, Hospitality and tourism firms, Ghana

Paper type Research paper
1. Introduction

Though the travel and tourism industry is generally robust to shocks in the long term, it is less so in the short term (Avraham, 2016). The industry has over the years suffered setbacks occasioned by crises such as wars, terror attacks, natural disasters, epidemics, pandemics and other emergencies threatening the safety and security of destinations (Adongo et al., 2021). Most often, disasters and crises are restricted to regions, subregions, countries and districts which often ignite destination-specific response and recovery measures but coronavirus disease 2019 (COVID-19) appears different. The novel coronavirus pandemic has touched almost every nook and cranny of the globe – severely impacting the travel and tourism industry (Gossling et al., 2020). By mid-March 2020, 146 countries had reported COVID-19 cases. Accordingly, big virus “super-spreading” events (e.g. ski destination Ischgl in Austria) have been linked to large numbers of confirmed cases globally (Anderson et al., 2020). The European Centre for disease Prevention and Control [ECDC] (2020) predicted that by April 2020, infection rates had spiked through local transmission with about 2 million confirmed cases in more than 200 countries. Due to the lack of a vaccine against the virus or a drug for treating those who are sick, countries resorted to the use of non-pharmaceutical approaches such as border closures, self-quarantines, social distancing, wearing of personal protective equipment (PPE), closure of schools/universities, business shutdowns and cancelling of events all aimed at controlling the spread of the virus.

The United Nations Conference on Trade and Development (UNCTAD) (2020) revealed that the pandemic has disastrous health, economic and social consequences on businesses in Africa, especially on the micro, small and medium-sized enterprises (MSMEs). That with almost 90% of businesses being MSMEs and employing 60% of all workers, a registered drop of 1.6% aggregate working hours in the first quarter and a likely drop by 9.6% in the last quarter of 2020 could collapse many small businesses. Relative to Ghana and the tourism sector, the United Nations report (2020) indicated that the pandemic has hard hit the Ghana Tourism Federation (GHATOF) comprising travel agents, hotels, tour operators, caterers and other ancillary businesses. Specifically, the industry lost nearly USD170 million due to the closure of the airport and other borders, low occupancy in hotels and the closure of attractions.

While bigger businesses may recover faster because of well-planned and documented crisis management and recovery strategies, small and medium-sized enterprises (SMEs) may find it difficult in that regard (Faulkner (2001). Hospitality and tourism researchers have mostly examined crisis and disaster management strategies used by larger-scale firms and destinations – overlooking small-scale ones in developing destinations and importantly, the role of governments and personal beliefs in that respect. This skewness is reflected in the fact that guidelines on disaster/crisis preparedness and recovery strategies for the hospitality and tourism industry tend to focus on destinations and large firms that often have the necessary resources and technical capacity to implement them (see Mitroff, 2005; Ritchie, 2004; Faulkner, 2001). Again, the current wave of research conducted so far in the industry – around COVID-19 – appears to have ignored its impact on small and medium-sized tourism and hospitality enterprises (SMTHEs) as well as their coping and post-recovery measures.

Consequently, given the peculiarities that typify SMTHEs in Africa including lack of adequate resources, use of informal risk management strategies such as beliefs and reliance on social capital and government institutions (Dayour et al., 2020b), we elect to examine how small and medium-sized hospitality and tourism operators (SMHTOs) in Ghana are managing the COVID-19 crisis by answering the following research questions: what coping strategies are employed by hospitality and tourism operators in Ghana amidst the COVID-19 crisis? What post-crisis recovery plans are in place to deal with the impact of COVID-19? How do personal beliefs and state institutions affect the management of the COVID-19 crisis in
Ghana? We explore the answers to these questions by adapting the general crisis management framework proposed by Fink (1986) and Pearson and Mitroff (1993) as the conceptual basis for the study.

This study will bridge the literature gap on how SMTHs manage crises, the decisions they take and why they take them. The study responds to Faulkner’s (2001) suggestion that the usefulness of disaster/crisis management frameworks needs to be determined through an analysis of actual tourism disasters/crises. This study will contribute to the literature in terms of the linkages between the findings and prescriptions of existing frameworks. What is more, destination management organisations such as the Ministry of Tourism (MoT) and the Ghana Tourism Authority (GTA) will be informed about the nature of assistance required by small hospitality and tourism businesses in managing their crises and thus help to streamline their response and support to SMTHs towards recovery.

2. Literature review

2.1 Tourism and infectious diseases

The hospitality and tourism industry and pandemics are bidirectionally linked in a cause-and-effect manner (Adongo et al., 2021). The industry is both the main contributor to disease spread and a recipient of its consequences. Research has amply established the crucial role that industry plays in the incidence and acceleration of diseases, especially infectious diseases. Travellers exposed to pathogens may become ill themselves and may, in case of contagious diseases, also contribute to the disease spread while travelling and upon returning home (Poulos et al., 2018). The emergence, re-emergence and spread of epidemics and pandemics such as the “Spanish” flu of 1918–1919, Asian’ flu (H2N2) of 1957, the “Hong Kong” flu of 1968, severe acute respiratory syndrome (SARS) in 2002–2003, “Bird flu” in 2009, Middle East respiratory syndrome (MERS) of 2012, Ebola of 2013–2014 and COVID-19 have partly been attributed to the ever-increasing travel and tourism industry activities aided by other factors such as climate change, globalisation, urbanisation, global transport networks and food chains (Adongo et al., 2021; Gössling et al., 2020; Wu et al., 2017).

The burden of these diseases on the well-being of travellers and hospitality and tourism-related businesses, especially SMEs, was equally enormous. These range from a steep decline in business traffic such as passenger traffic, attraction visitations and hotel occupancies and their associated revenue and job losses, hospitalisations to mortalities. Nevertheless, studies on the impact of diseases on economies and businesses are scarce with the most common being McKibbin and Sidorenko (2006). This study projected the global economic cost of the Spanish flu to be 12.6% of global gross domestic product (GDP). McKibbin and Fernando (2020) also hinted that the Hong Kong flu would reduce global GDP by around US$ 2.4 trillion. An analysis of ongoing COVID-19 has so far shown that the pandemic has accounted for over 6 million infections and 300,000 deaths worldwide and the hospitality and tourism industry is the worst hit amongst all the major economic sectors. Current scenarios project that global international tourist arrivals are estimated to decline between 58 and 78% for the year, valued between US$910 bn to US$1.2 trillion in export revenues from tourism depending on how the crisis and travel restrictions unfold (UNWTO, 2020). Unemployment figures have increased significantly, with 100–120 m direct tourism jobs in danger, with enormous implications for livelihoods (UNWTO, 2020). These projected impacts may vary amongst the various subsectors (i.e. airlines, travel agencies, attraction sites, hotels and restaurants) of the hospitality and tourism industry and destinations depending on their level of exposure, recovery strategies and resilience. Hinson and Newman (2020) further observed that small businesses in the industry were more likely to be impacted more by the measures put in place by governments to control the
spread of the virus. Therefore, it is important to understand the nature of SMEs in terms of their characterisation, as well as their crisis management capabilities in order to provide a basis for the analysis and discussion of results in this study.

2.2 Classifying small and medium-sized enterprises

SMEs are recognised as essential conduits for economic growth and sustainable development (Ramukumba, 2014). They are linked with new job creation, income distribution, poverty reduction and export promotion. The literature is unsettled about the definition of what SMEs are based on the different criteria such as revenue, number of employees, net worth, amongst others (Dayour et al., 2020a). While Osei-Assibey and Boateng (2012) maintain SMEs are firms with no more than 30 employees, the United Nations Development Programme (UNDP) (2015) recognised small-scale firms as those that employ between five and 20 workers and medium-sized enterprises as those that manage between 21 and 99 employees. Contrarily, the Ghana Statistical Service (2017) classifies small-scale businesses as those with fewer than ten employees and medium and large-sized businesses as those with more than ten workers. Besides, the National Board for Small-Scale Industries (NBSSI) (cited in Oppong et al., 2014) defines SMEs as organisations or businesses that employ no more than nine employees and have a net value less than 10 m Ghana cedis (US$1.8 m). Following Dayour et al. (2020a) and Dayour et al. (2020b), we adopt Osei-Assibey and Boateng’s (2012) definitional criterion to select SMHTOs for this study.

2.3 Small and medium-sized enterprises and crisis management

In general terms, a crisis is defined as “an unpredicted and adversely-oriented occurrence which has the propensity to result in unfavourable outcomes” (Shrivastava, 1993, p. 25). Thus, supported by both internal and external stakeholders, crisis management concerns a systematic process of detecting crisis signals, preventing and preparing for potential damage as well as recovering and learning from the occurrence, be they positive and adverse impacts (Pearson and Mitroff, 1993; Mitroff, 1988). The extant literature demonstrates that SMEs are more vulnerable to different crises and often find it more challenging to detect, prevent and manage them. According to Herbane (2013), SMEs have low formal crisis management plans and insurance to cater for some of the cost resulting from the operational outage. Dayour et al. (2020a) found that SMHTEs in Ghana are reluctant to use insurance as a risk hedging strategy, relying on families and friends and informal savings (Susu) as coping strategies. The SME operators characterise risk as a dyad: a growth vulnerability paradox (i.e. risk reduction is perceived as a function of growth and diversification) and risk elastic (i.e. financial uncertainty is reduced by eschewing growth opportunities) (Herbane, 2010). Often, elements such as limited time and financial resources with which to respond to a crisis as well as the loss of control are issues that typify the severity of a crisis for SMEs’ managers and owners (Herbane, 2010). Runyan (2006), learning from Hurricane Katrina, did not only confirm the general lack of research on crisis management by SMEs but also their inadequate preparedness, higher susceptibility and reliance on local and central government agencies for support. The study also found that these issues precipitated financial and psychological burdens on owner managers (OMs) of such facilities. Herbane (2013) also observed that SMEs are at the lower end of crisis management because of inadequate support to develop their skills and expertise to prepare, manage and implement business continuity plans. Consequently, it becomes timely to understand how SMEs deal with crises in terms of occurrence, recovery and resolution (Pearson and Mitroff, 1993; Fink, 1986).
The crisis management framework

The literature is replete with models and frameworks on crisis and disaster management, some of which are more general and others more specific to a particular context such as destinations, events (i.e. terrorism, economic downturn, etc.) and large organisations. Figure 1 depicts a general crisis management schema comprising four different phases: detection, occurrence, recovery and resolution. At the stage of detection, early warning signs are communicated. This allows firms to assign key persons, allocate resources and strategies to take action. At the occurrence phase, the crisis inevitably occurs, bringing both tangible and intangible impacts (trauma) and effort is required to reduce the effect to cope with the intensity of the crisis. At the recovery phase, organisations try to restore usual business operations by enacting specific procedures in that regard. Finally, the firms learn through a review of the crisis management to guide similar future events. Though this framework appears applicable to a broader scope of entities (i.e. firms and destinations), the stages appear generic as they may be other hidden subtleties within the phases. This is because the nature and convolution of crises differ as do the responses (Ritchie et al., 2004); hence, the need to further evaluate and refine the framework, using different crisis management situations. 

Later, Faulkner (2001) proposed a tourism disaster management framework (TDMF) for analysing crisis management, especially at the destination. Accordingly, a crisis management goes through a pre-event stage (detection), when disaster emergency strategies are put in place and possible occurrence strategies examined. Crisis communication and monitoring are crucial elements of this phase. At this stage, the disaster could be avoided or its impact may be reduced before it reaches the prodromal stage when the occurrence of the event is inevitable and emergency strategies need activation. At the emergency stage (occurrence), the impact of the disaster is felt requiring action to protect people and their belongings. Following this, the immediate recovery needs of the affected people (in the short term) are addressed by restoring services and normal community life. Items that cannot be resolved quickly in this phase are taken up as long-term recovery measures, where some “post-mortem” and self-analysis are conducted. Last is the resolution phase, where a review is undertaken on causes and effects to learn from the crisis. Though Faulkner’s framework appears comprehensive and suitable for analysing complex crises/disaster management, it is arguably more tailored towards explaining disasters/crises at a broader destination level. Moreover, these formal guidelines may be challenging to follow as an unpredictable crisis can happen and do happen like COVID-19. The affected people have to act without recourse to any such prescribed schemas.

In examining various crisis management frameworks, the least attention is devoted to assessing their applications in Africa. Therefore, this current study adapts the general crisis management framework (see Figure 1) to guide the analysis and discussion of results. Unlike the other frameworks which are specific to different crisis/disaster situations such as terrorism and avalanches, the general crisis management framework is more amenable to different crisis situations either at the destination or within an organisation, though modifications are required to lessen the broad schematic abstraction in the framework. Additionally, unlike the prevent, prepare, respond, recover (PPRR) and mitigate, prepare, respond, recover (MPRR) frameworks which end with the recovery phase of a crisis management, the general crisis management framework by Fink (1986) and Pearson and Mitroff (1993) is cyclical and does allow for an organisation to include what has been learned from a crisis into its organisational philosophy. Nonetheless, though the detection stage in the general crisis management framework cannot be applied to the context of COVID-19 because

![Diagram of the general crisis management framework](image_url)
of the macro and unpredictable nature of the pandemic, the rest of the stages in the framework offer a broad basis under which the subtleties of crisis management by SMHTOs could be presented and discussed. Thus, examining COVID-19 crisis management based on this framework provides the basis to generate more tailored measures to support the coping and recovery strategies specific to the pandemic and SMTHEs (Ritchie et al., 2004).

3. The methodology

3.1 Design
The research design that informed this study was phenomenology, which involves the studying of lived human phenomena within a social domain and more importantly, from the perspective of the participant (Titchen and Hobson, 2005). Phenomenology aims to gain an understanding of a phenomenon based on the perspectives of several individuals who have experienced it (Creswell, 2007). It allows the researcher to reduce various individual experiences to a collective whole. Thus, it answers the questions of “what” is experienced and “how” it is experienced (Creswell, 2007). Therefore, this study adopts this design to understand SMHTOs’ personal lived experiences of managing the COVID-19 impact on their businesses and the strategies they have in place for recovery. An in-depth analysis of personal experiences, perceptions and beliefs was crucial to not only gain managers/non-owner managers’ (NOMs) perspectives on their preparedness, COVID-19 impacts and coping mechanisms but also to compare the strategies for managing the COVID-19 crisis with existing prescribed crisis management frameworks (Filimonau and Magklaropoulou, 2020).

3.2 Procedure
Data were collected through a bricolage of sources: interviews via telephone and socially distanced face-to-face interaction as well as participant observation. The social distancing etiquette of at least 2 meters apart, use of a facemask, avoidance of handshakes, handwashing and use of hand sanitisers as recommended by the World Health Organization (WHO) were strictly adhered to in carrying out the face-to-face interviews. The face-to-face meetings allowed us to complementarily observe what was practically being done in the management of the COVID-19 crisis. For instance, the availability of hand sanitisers, “Veronica bucket” (i.e. a made-in-Ghana water dispensing bucket) for handwashing and health educational flyers were observed. In addition, this method afforded us the opportunity to discuss our findings based on our personal experiences of observing what was going on at the facilities visited relative to COVID-19 protocols in particular. The pictures as depicted by Plates 1 and 2 were some examples of the observation outcomes which were used to support the discussion of the data.

The data were collected from both OMs and NOMs of hospitality and tourism SMEs, using a purposive sampling technique. Managers were considered because they are mostly responsible for the day-to-day running of their firms in Ghana (Dayour et al., 2020b) as well as taking strategic decisions. OMs in this study refer to owners of facilities who also double as managers’ in-charge of the day-to-day running of the business, while NOMs refer to managers who do not own the facilities they manage and are more or less employees. Employing maximum variation technique (see Dayour, 2019), the managers of SMEs were selected purposively to reflect the diversity in the Ghanaian hospitality and tourism industry such as business type (see Table 1). The inclusion of the different business types (i.e. hotel, food and beverage [F&B], travel and tour [T&T] and souvenir trade) within the hospitality industry was essential to understand the differences and commonalities in their crisis-coping and recovery measures to make the appropriate recommendations. Urban areas including Accra, Kumasi, Cape Coast and Takoradi were included because they constitute major tourists’ hubs found in the middle and coastal belts of Ghana. Kasoa, Elmina and Moree, which are found in
the same location, were selected to represent peri-urban areas for the study. On the other hand, for the northern half of the country, while Tamale and Wa represented urban areas, Jirapa represented a peri-urban area.

To recruit participants, we relied on the administrators’ incharge of hospitality and tourism business associations’ WhatsApp platforms for the contact list of operators and referrals. We also directly contacted some operators whose contacts were in our possession based on previous engagements. In all, 135 contacts were obtained reflecting different businesses and locations. These were further grouped to have at least five operators from each business category and locations as above. This reduced the number to 60 respondents.

We, then, sought the consent of these operators, with 25 of them agreeing to participate in the study. Subsequently, we scheduled the interviews at the convenience of respondents. The interviews were conducted by the researchers using a semi-structured interview guide. The choice of semi-structured interviews was due to its flexibility and significant interpretative power which provides researchers and informants with the flexibility required to adapt their ideas and views (King and Horrocks, 2010). The interview guide was made up of four sections. The first section guided an introduction of the research study to potential respondents regarding its core objective and ethics-related issues and informed consent. The second section had variables probing into a brief background of the enterprise. This section also elicited information on operators’ knowledge and information about COVID-19 and its impact on businesses. The third section examined their crisis-coping strategies. The last part delved into issues about recovery measures and the role of state institutions amongst others in that regard. The crisis management phases in Faulkner’s (2001) TDMF and Hosie and Smith’s (2004) MPRR framework largely guided questions in the last two sections. The themes in these frameworks helped us to develop more context-relevant questions and probes as the interviews progressed.

Though, 25 operators agreed to participate in the interviews, 20 successful interviews were achieved based on data saturation. With the permission of interviewees, telephone interviews were recorded with a call recorder application, while face-to-face ones were tape recorded. After the discussions, the key take-away points were rehashed for the interviewees
to confirm or make edits. This helped to enhance the validity of the data. Interviews lasted between 45 min and 1 hour with data collection spanning between April and June 2020. All interviews were conducted in the English language because most of the respondents understood and spoke basic English.

3.3 The data analysis

Interviews were manually transcribed and analysed thematically. A thematic analysis was used to find, analyse and report patterns from the interviews (Braun and Clarke, 2006). This was done by becoming familiar with the data, coding the data, searching for themes, recognising relationships (i.e. axial coding) and refining themes (Saunders et al., 2016). More specifically on data coding, we read through transcripts to highlight relevant material and attached brief comments leading to descriptive codes. This was followed by cluster descriptive codes, where we interpreted the meaning of clusters relative to our research questions. The interpretive codes were then applied to the data set. Lastly, key themes were derived from the data set by considering interpretive themes from a conceptual stance of the

Plate 2.
A poster of precautionary measures for guests and employees at a two-star hotel.
This resulted in the construction of the framework which represents relationships between the levels of coding in the analysis as depicted in Figure 2. To ensure data reliability, inter-coder/rater reliability was performed using Cohen’s kappa statistic in SPSS (O’Connor and Joffe, 2020; McHugh, 2012). In doing so, a total of 32 codes and a data transcript were given to two independent raters for them to cross-check whether the codes generated by the researchers were reflected in the transcript. The number 1 (yes) was scored for codes present in the transcript and 0 (no) for those absent. The scores generated for codes by the raters were imported into SPSS, vs. 22, to calculate for inter-rater reliability, using the kappa statistic. A value of 0.637 was generated, indicating there was substantial agreement (see Landis and Koch, 1977) between the raters in terms of how the codes were reflected in the transcript. Furthermore, the “member check” was used to validate the results by contacting three of the respondents to confirm whether the results are reflective of their responses (Dayour, 2019). The outcomes of these two procedures gave the impression that the data were reliable and valid. Also, excerpts of the interviews conducted and relevant literature were also used to support the discussion of findings. As per Table 1, pseudonyms (P1, P2, P3...etc.) were used to mask the actual identities of respondents whose personal views were shared in the study.

<table>
<thead>
<tr>
<th>Type of business</th>
<th>Location</th>
<th>City/town</th>
<th>Designation</th>
<th>Gender of respondent</th>
<th>Age of respondent</th>
<th>Pseudonym</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Two-star hotel</td>
<td>Urban</td>
<td>Accra</td>
<td>NOM</td>
<td>Male</td>
<td>36</td>
<td>P1</td>
</tr>
<tr>
<td>2 Two-star hotel</td>
<td>Urban</td>
<td>Accra</td>
<td>OM</td>
<td>Female</td>
<td>55</td>
<td>P2</td>
</tr>
<tr>
<td>3 Two-star hotel</td>
<td>Urban</td>
<td>Accra</td>
<td>NOM</td>
<td>Female</td>
<td>44</td>
<td>P3</td>
</tr>
<tr>
<td>4 Two-star hotel</td>
<td>Urban</td>
<td>Kumasi</td>
<td>NOM</td>
<td>Male</td>
<td>33</td>
<td>P4</td>
</tr>
<tr>
<td>5 One-star hotel</td>
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<td>Tamale</td>
<td>NOM</td>
<td>Male</td>
<td>56</td>
<td>P5</td>
</tr>
<tr>
<td>6 One-star hotel</td>
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<td>Tamale</td>
<td>OM</td>
<td>Male</td>
<td>42</td>
<td>P6</td>
</tr>
<tr>
<td>7 One-star hotel</td>
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<td>Elmina</td>
<td>OM</td>
<td>Male</td>
<td>50</td>
<td>P7</td>
</tr>
<tr>
<td>8 One-star hotel</td>
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<td>Elmina</td>
<td>NOM</td>
<td>Male</td>
<td>34</td>
<td>P8</td>
</tr>
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<td>Jirapa</td>
<td>OM</td>
<td>Female</td>
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<td>P9</td>
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<td>NOM</td>
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<td>P11</td>
</tr>
<tr>
<td>12 Budget hotel</td>
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<td>Moree</td>
<td>OM</td>
<td>Male</td>
<td>45</td>
<td>P12</td>
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<td>13 T&amp;T</td>
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<td>Wa</td>
<td>OM</td>
<td>Female</td>
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<td>Moree</td>
<td>OM</td>
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<td>OM</td>
<td>Male</td>
<td>38</td>
<td>P20</td>
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</table>
4. Results and discussion

The discussion of results was underpinned by the general crisis management framework (see Figure 1). This study identified six phases in the COVID-19 crisis management amongst SME operators in Ghana: awareness, combating the spread, coping mechanisms, short-term/immediate and long-term recovery measures and lessons learned (see Figure 2). It is important to establish that the COVID-19 pandemic was a unique macro issue, which went beyond the operational control of the hospitality and tourism industry. Given that it was practically impossible for businesses to prepare for the emergence of this pandemic, this study focussed on the occurrence, recovery and resolution phases of their crisis management. Furthermore, the recovery (i.e. short and long terms) and resolution stages were pre-emptive as firms did not go through the full cycle of the recovery at the time of data collection.

4.1 Occurrence

The occurrence stage of the pandemic is the point of “no return” when the crisis becomes a reality and impact reduction is the main objective (Fink, 1986). It is also the stage when the impact of the crisis is experienced by many and measures taken to safeguard people and property (Robert, 1994). Accordingly, a containment of consequences is crucial at this stage. Primarily, the emergency phase of the pandemic in Ghana was characterised by general restrictions introduced by the government including partial lockdowns, social distancing, border closers and bans on social gatherings which had an impact on social interactions, events and businesses in general. These notwithstanding, the Government of Ghana in the effort to minimise the impact of the pandemic on businesses and life in general, relaxed the restrictions on critical and essential services provided by F&B outlets, transportation, banks and medical facilities. For instance, while restaurants were permitted to provide take-out and food delivery services, transport systems (i.e. local airlines and commercial cars) and open-air drinking spots were allowed to operate under strict protocols. For this part, we examined how the business operators became aware of the pandemic, their reactions, the impact of the pandemic on their operations, their coping strategies as well as the role of state institutions and personal beliefs in that regard.
The findings highlight the importance of the media and state institutions in crisis awareness creation amongst hospitality and tourism businesses in Ghana. The awareness phase, which occurred during the outbreak of the pandemic, was typified by the gathering of information from various sources such as social media, local and international television networks as well as state agencies. Almost all operators heard about the pandemic via social media, international television (TV) channels like the British Broadcasting Corporation (BBC) and Cable News Network (CNN) and word of mouth amidst mixed reactions. While most believed the pandemic was a reality and causing mortalities and havocs to lives and businesses in other parts of the world, others did not believe or expect the pandemic to catch up with Ghana. For those who thought they were at risk, management put in place some measures to prevent or minimise the spread at their workplaces. For instance, not only were employees informed about the outbreak in Ghana but they also observed protocols such as social distancing, use of hand sanitiser and regular handwashing. Operators also believed the warning messages about the virus because of the involvement of major state agencies like the GTA, the Ministry of Information (MoI) and the Ghana Health Service (GHS) in the dissemination of such messages. SMHTOs were more sensitive to and trusted the information gathered from such sources; hence, they took more reactive actions in that regard to safeguard and protect their employees and clients. The results demonstrate that communication and monitoring systems as indicated in the TDMF were mirrored within this stage as operators were found to be keenly monitoring information flow and also engaged in sensitising their employees and guests on possible preventive measures. The following excerpts sum the views of respondents:

...we just heard from the media and international news that a particular virus which started in China was spreading [across the entire globe]...but we thought that it was one of those viruses that happen in other parts of the world, we did not think it would attack us in Ghana. You know Ebola could not come to Ghana...We later heard it was spreading to other parts of Africa too.[At that time] it did not affect the business in any way until various governments started calling their citizens back home. I started educating my employees on the virus when the Ghana Tourism Authority (GTA) came up with their measures. We also practised [and are still practicing] regular handwashing, using hand sanitisers and nose masks...it increased our cost of operations, but I needed to protect my employees and guests (P17).

...it was somewhere in March this year that the government announced about a confirmed COVID-19 case in Ghana which got everyone terrified because you do not know who has the virus. What is more worrying is that so many people are contracting the diseases and the media is filled with information about how people are dying in other parts of the world...The GHS is constantly updating us on what is going on and also telling us what we can do to reduce the spread of this deadly virus and I think people should listen and keep the protocols so that we can fight this together (P14).

4.1.1 The impact of the pandemic on businesses. The pandemic had a significant impact on not only everyday life but also on the hospitality and tourism industry, which willy-nilly depends on the free movement of people to places and face-to-face interactions. Some of the restrictions enacted and enforced by the government to curb the spread of the virus, especially the closure of the country’s borders put a strain on the operations and revenue generation amongst T&T firms and accommodation facilities because inbound visitors could not come into the country. However, in country, F&B facilities, transportation services (airlines and commercial cars) and accommodation were still in operation, though under prescribed protocols as stated above. In this section, we discuss how the various subsectors involved in the study were affected differently by these restrictions as a result of the pandemic. The T&T firms suffered sudden cancellations of bookings for international trips, depletion of contingency funds and sharp drops in revenue, leading to other challenges of...
defaulting in the payment of salaries and pension contributions and lay-offs. Similarly, the accommodation subsector suffered a shutdown of some facilities, drop-in room occupancy rate and attrition in revenues. Apparently, the majority of customers who patronise these service providers are inbound tourists and business travellers who come from outside the country; thus, the border closures and restrictions on large public gatherings, deprived hotels and T&Ts of their major patrons. Likewise, souvenir shop vendors who depend largely on the customer base of major attractions (that were temporarily shut down) around which they are located were also affected badly by the outbreak in terms of revenue generation. The following quotes echo the views of respondents.

... It has completely taken down the business as our revenue has dipped. We have lost many customers due to this situation. Our room occupancy rate has dropped from 83% in February 2020 to 15.7% as at April 15... it is still dropping and we may have to just closedown (P1).

... Most of what we do in the business is ticketing and reservation for people travelling in and out of the country... All our customers that have made reservations have cancelled all of them, which is understandable because they cannot go anywhere now. This has made it very challenging for us because our revenue has plummeted, and we have to think of other ways to keep the business from collapsing (P15).

On the contrary, though the F&B subsector also suffered low patronage (restaurants that are within hotels), this subsector appears to be quite resilient to the impact of the pandemic since domestic consumers continued to patronise such facilities albeit emphasis on take-out and delivery services. This gives credence to Gursoy and Chi's (2020) observation that almost all restaurants over the globe were asked to limit their services to take-outs. F&B set-ups operating within hotels appeared to have suffered low patronage when compared to others. This corroborates the observation made by Dube et al. (2020) that sit-down guests for restaurants dropped to zero in many countries as a result of social distancing and other restrictions on movement instituted by governments to curb the spread of COVID-19.

4.1.1.1 Coping mechanisms. The coping strategies used by operators relate to safety precautions meant to curb the spread of the virus and those meant to keep their businesses afloat during the heat of the pandemic. Concerned about the spread of the virus and in a bit to satisfy the safety protocols and operational requirements of government, all operators used the recommended measures to help stop the spread at the occurrence phase. Operators at this stage appeared to be more sensitive and worried about the risk of contracting the virus and observed the necessary protocols as laid down by experts and government authorities. Amongst the health-related measures initiated by operators included but not limited to temperature checks at facilities before entry, handwashing (see Plate 1), educative posters on COVID-19 (see Plate 2), wearing of nose masks, use of alcohol-based hand sanitisers and maintaining social distancing. According to Gursoy et al. (2020), such safety protocols are what customers expect from restaurants and hotels. Aside from these, hotel operators disallowed walk-in accommodation guests, practised enhanced disinfection of cutlery, deep cleaning of rooms after an hour of checkouts, used disposable equipment, decongested staff through lay-offs and shifts as well as used take-away services, amongst others. It was also interesting to note that some firms produced posters and flyers in collaboration with government policy implementing agencies like the GTA and the GHS to support the fight against the pandemic.

In terms of coping mechanism, SMHTOs used different approaches to bolster their businesses. It was also clear that operators used more than one coping mechanism to combat the impact of the pandemic on their businesses. These were grouped into marketing, alternative services, government support, cost reduction and other personal beliefs. For instance, some operators diversified their services to areas that were more resilient to the
impact of the pandemic. These findings are in line with those of Hong et al. (2012), who found that SMEs were focused on cost reduction and switching of the target market to contain the impact of a crisis. For instance, tour operators went into birth certificate and passport processing services as applications can now be processed online in Ghana. Regarding marketing, some operators used rigorous social media advertising such as WhatsApp and Facebook to inform potential customers that they were still in business. The use of social media marketing appeared to be common across almost all operators interviewed.

As most businesses experienced significant drops in revenues, support from government was considered a useful coping mechanism (Foo et al., 2020). For instance, some firms applied for tax waivers, pension payment exemptions and stimulus packages to support their businesses. Moreover, the Government of Ghana in an effort to reduce the burden brought upon its citizenry and businesses as a result of the outbreak provided electricity and water rebates. Accordingly, these supports have been useful in keeping small firms afloat. This corroborates He and Harris’s (2020) observation that governments around the world have instituted economic aid packages to ease the imminent pressure on businesses, especially the most vulnerable ones, such as small tourism and hospitality firms. Accordingly, these measures should encourage firms to uphold ethical business practices that meet their corporate social responsibility commitment to their various stakeholders. Furthermore, most firms have or are using other cost-cutting measures like lay-offs, termination of casual workers and contract staff, reduced remunerations, keeping of skeletal employees, engagement of employees without salaries for the period, compulsory annual leaves as well as total shutdowns as coping strategies (see Gossling et al., 2020).

Cost relating to the human resource was managed through a combination of lay-offs and non-payment of remunerations, which of course would have a long-run ripple effect on employees’ well-being. Lay-offs were quite common within accommodation facilities than the other categories of service providers due to low customer turnover. Also interesting was the fact that some operators could not think of any coping strategy than believing in their faith – corroborating Dayour et al. (2020a)’s study which found personal and cultural beliefs as a risk hedging strategy amongst SMTHEs in Ghana. The following excerpts sum up the views of respondents:

...The first thing we did was to look at the strength of our staff...We had a meeting because we thought of a possible close down or to lay some of our staff off. We have laid most of them off as we speak now in order to reduce cost. Even those who are available are not well paid, but we need to keep the place running. We are also grateful to the government of Ghana for reducing the cost of electricity and water and for providing small loans to support our operations at this critical moment (P10).

...We are really in difficult times; we have lost our customers because the Cape Coast Castle is no longer operating. Meanwhile, we need to feed our families and pay our workers which is very stressing this time. I heard some good news that we can apply for small loans and tax waivers from government in the coming months; I intend to take full advantage of these as soon as we are invited to do so... (p20).

4.2 Recovery: short term

The recovery stage is characterised by restoring businesses to normalcy. This was divided into immediate and long-term recovery measures as proposed by the TDMF. The immediate-term measures try to address the very pressing needs and challenges of the organisation in the aftermath of the pandemic for a quick resumption to normalcy. The long-term phase continues from the previous phase but aimed mainly at resolving issues that could not be resolved in the previous stage. As data were collected and analysed during the active/emergency phase of the pandemic, it is essential to emphasise that the recovery and...
resolution measures distilled from the analysis were not actuals but pre-emptive of what operators would do at those stages. This was necessary to understand the immediate- and long-term recovery measures being contemplated by businesses after the pandemic. These will also help the government and other state institutions to know the expectations of small businesses in that regard and what could be done to support their efforts and design and target their support to suit the recovery plans of the SMHTOs.

We found that some organisations had in place immediate recovery plans such as rehiring employees, disinfecting rooms, reminding existing customers about their operations, using rigorous advertisements and promotions to attract new customers, applying for small loans from government and banks, doing door-to-door sales, reinstating pending contracts, applying for tax waivers/holidays and reliance on personal beliefs. Many SMHTOs, especially hotel and restaurant operators were thinking of applying for tax waivers and loans from government and para-bodies in their efforts to recover immediately after the pandemic. This supports Dube et al’s (2020) view that most hospitality firms will require substantial financial support to restore business in the immediate aftermath of the crisis. Various governments and international organisations across the globe including the government of Ghana had declared their intentions to support businesses (Foo et al., 2020; Ioannides and Gyimothy, 2020), especially SMEs through fiscal incentives such as tax exemptions and deferrals as well as emergency economic reliefs to businesses through monetary measures such as special credit at reduced rates and loan schemes aimed at alleviating liquidity shortages (see Ioannides and Gyimothy, 2020). Others included social support systems such as exemptions and reduction of social security contributions, skills training and market rejuvenation initiatives. In most of Africa, such social initiatives, though useful, are more often fraught with nepotism and corruption as qualified beneficiaries must be of a particular political leaning before accessing such support (Asongu, 2013). Nonetheless, operators were hopeful that these support packages would be useful in resuscitating their businesses after the pandemic if there is fair access—devoid of political colourations and corruption. Below are some views shared by some respondents:

...We are thinking about doing promotions. For instance, reducing the cost of our food and accommodation services to customers because, if we do not do things that will attract the people and once COVID-19 is over and they come and things are the same, it might drive them away. We will also do recruitment because most of our staff have left and we need to fill that gap (p7).

...We have heard of the government’s plan to cushion businesses through small loans and tax exemptions among others. While this is a welcome news, you know how politics influence everything in this country so how sure are we that this will not benefit only party members and those who already have much influence in society? I hope the process will be inclusive so we can all benefit from this support; otherwise, we are suffering (p16).

4.3 Recovery stage: long term
In the long term, most organisations appeared not to have any concrete recovery plans except for a few that thought of diversifying their operations to reduce risk (Hong et al., 2012). For instance, operators that were into only accommodation facilities shared intentions of including F&B services since that seemed to be unaffected much by the pandemic. OMs of SME’s are noted to frame risk as a growth vulnerability paradox, where risk reduction is perceived as a function of growth and diversification (Herbane, 2010). In this regard, the intention of the accommodation managers to diversify into the provision of F&B services can be understood from the perspective that they perceive growth and diversification of their investment portfolios as an inherent risk mitigation measure. This is personified by the idea that by diversifying one’s service line, he or she will not only be growing but also spreading...
the risk, hence increasing the chances of survival and recovery in case of a crises. Also, T&T operators thought refo Hussing much of their attention on the domestic travel market since that will likely pick-up easily compared to the international market. As discussed before in the immediate recovery phase, some operators across the categories also noted they would be relying on government for small loans as well as its national strategy against such pandemics since they could not possibly think of what they could do on their own in the long term. The following quotes support the above arguments:

...For now, we are not so concerned long-term issues...we want to see how the business will return to normal soon after COVID, as for the long-term issues, we can think about that when things are okay. My friends who have restaurants appear to be doing well this time so we can also try to include that to our services but more importantly, government has to do much of the work by supporting us with loans (p12).

...I have no idea what to do in the long-term...let’s just pray this disease ends and never comes again to us. I hope the government of Ghana can support us for some time until our businesses get back to normal...I have no money currently to pay my workers and cannot even think of what I can do now let alone the future [chuckle]... (p8).

4.4 Resolution/lessons learned
In this stage, firms conduct reviews on causes and effects to learn from the crisis (Faulkner, 2001). Very few firms, especially the accommodation and F&B businesses, were thinking of taking stock or to review what has happened (right or wrong) to aid planning for new strategic directions if necessary. Most operators were not concerned about the resolution (and would do nothing) arguing that it is the government’s preserve to assess the damage caused by the crisis. Relying on government support vindicates the finding that tourism SMEs think it is the responsibility of governments, disaster and tourism organisations to prepare, respond to and manage crisis (Ritchie, 2004). For those operators that offered their views on what they would do, while those in the accommodation and F&B businesses had plans of diversifying their services, those in the T&T and souvenir businesses could not anticipate what they would do at that stage. This is echoed in the excerpt below:

...It will be difficult to forget what has happened for several years considering the manner in which most businesses got affected and are still struggling. But what can one do differently if something like COVID-19 comes back in the future? We will be helpless again because there is nothing an individual can do to prevent it from occurring or having less impact on your business. So, it is government’s responsibility to learn from this and protect us and not allow such diseases into our country (p19).

5. Conclusions
The study sought to understand how SMHTOs were managing the COVID-19 crisis from its occurrence to the resolution phase, as well as the influence of state agencies and personal beliefs in that regard. This makes this study one of the first studies in Africa to explore how SMHTOs manage crisis based on an actual event such as COVID-19. SMHTOs were heavily impacted by the pandemic, resulting in sudden cancellations of bookings, depletion of contingency funds and drops in revenue, leading to other challenges including lay-offs, defaults in the payment of pension contributions and taxes. The current study extends the general crisis management framework by distilling and including additional phases of crisis management and the specific activities carried by SMHTOs in managing the COVID-19 crisis. Accordingly, the study develops a COVID-19 crisis management framework for SMHTOs in Ghana with the following phases: awareness, combating the spread of COVID-19,
The study showed that SMHTOs have in place coping strategies in managing a crisis during the “occurrence phase” of the pandemic. Though measures including marketing, cost reduction, market diversification, dependence on government and personal beliefs were strategies used by firms across the sectors, T&T, F&B and souvenir operators appeared to also believe in their various faiths as a coping strategy. Regarding marketing as a coping measure, the use of social media marketing appeared to be common across almost all operators interviewed. On the use of “cost reduction” as a coping strategy, operators decision to keep some staff at post or reduce the remunerations of employees at the expense of their organisation reflects internal corporate social initiative (CSI) aimed at dealing with the afflictions that could result from the total lay-off of their employees (Hinson and Newman, 2020).

The study also found two kinds of institutional support for SMHTOs during the “occurrence phase” of the pandemic: the first relates to the dissemination of information on preventive measures and the sensitisation of SMHTOs on how they could operate amidst the pandemic. The second relates to assisting businesses to cope with the impact of the pandemic. The government was instrumental in providing stimulus packages to small businesses such as loans, electricity and water rebates as well as tax waivers, amongst others.

### 6. Theoretical implications

The study inimitably identified six phases of crisis management for SMHTOs in Ghana, namely, awareness, combating the spread of COVID-19, coping mechanisms, short-term/immediate and long-term recovery measures and lessons learned. Though this crisis management process is consistent with the schematic general crisis management process proposed by Fink (1986) and Pearson and Mitroff (1993), the findings offer more specific themes germane to COVID-19 that should make researchers, governments and policymakers think differently and adopt tailored strategies for supporting SMEs. This supports Hong et al.’s (2012) view that many crisis management frameworks are generic and require further modification to understand how specific organisations deal with the crisis. For instance, even though the general crisis management framework assumes that crisis management should go through detection through to resolution, the nature and scope of the COVID-19 pandemic could not have allowed any form of predictive measure or planning by businesses, therefore making the framework not applicable to every crisis situation.

### 7. Practical implications

The COVID-19 crisis management framework for SMTHEs as proposed by this study would afford governments and institutions that manage their activities (especially within the similar context of West Africa) to understand the specificities of how they manage crisis and how they could assist them in that regard. In other words, based on previous studies that indicate that SMEs in the industry face similar challenges in Africa, the transferability of the framework to a similar context is plausible. It is also critical for governments and industry management institutions to consider the capabilities and specific actions taken by SMHTOs during the crisis in the efforts to support their response and recovery strategies. For instance, it was evident that while most accommodation facilities and T&T service providers had plans to diversify their services in the long term, souvenir and F&B operators appeared to lack ideas, hoping that the government would lead the way in that regard. This requires that more attention be
paid to these categories of service providers in the effort to support them to recover from the impact of the pandemic. Importantly, small businesses should consider using suitable insurance policies as a risk hedging strategy to absorb some of the losses arising from such crisis.

8. Limitations and further research
Future studies may consider revisiting the last two phases of the crisis management process post pandemic. Furthermore, a comparative analysis of the coping strategies of SMHTOs and large-scale tourism and hospitality businesses during the pandemic could also bridge the gap on the need for tailored solutions to the impact of different crises. Finally, the monolithic approach (qualitative) used in conducting the research study means that these findings cannot be generalised. Also, future studies should consider a mixed methodology in a different setting to support the extrapolation of results.

References


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