

*International SOS*  
**Foundation**

KEEPING INTERNATIONAL  
BUSINESS TRAVELLERS HEALTHY,  
HAPPY AND ENGAGED  
AT HOME AND AWAY



# ACKNOWLEDGEMENTS

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# FOREWORD

Most successful global corporations are defined by three fundamental values: ethos, Duty of Care, and corporate social responsibility/sustainability. The ideal organisation has balanced these three themes, much like a three-legged stool, and enveloped them in a culture of health/wellness.

Today, a culture of health/wellness must include the recognition and support of those business travellers with behavioural health challenges: pre-existing or acquired. The demographics of the international business traveller is evolving to include more millennials who bring to the mobile workforce a variety of mental illnesses now considered to be epidemic in proportion. The stress of travel (inclusive of time changes and sleep deprivation), e-commerce, and an increasingly unstable world can combine to exacerbate any underlying and sometimes even suppressed mental illness.

Lewis, and her colleagues at Affinity Health have created an unprecedented academic overview of mental illness in this mobile workforce space by summarising the peer-reviewed literature, performing a survey of the “at-risk” population in multiple industry sectors, and conducting multiple interviews of relevant stakeholders that manage the business travellers.

Not surprisingly 61% of corporations surveyed had no resources for mental health support and 60% denied the existence of a wellness programme. At least half of those surveyed acknowledged that their mood suffered while on business travel. This data revealed that depression followed by stress and anxiety were the most common declared conditions. As anticipated, mobile workers with a history of mental illness, were most impacted by these aforementioned three conditions. More than three quarters of the respondents admitted that they worked more hours than usual when travelling which is most likely due to e-commerce. In fact close to 100% of those surveyed said that it was technology that enabled longer work hours when abroad. For multiple reasons,

risky behaviours were much more common in the mobile workers when compared to a sedentary, domestic cohort. Sadly a large majority reported, despite available technology, a less than usual connection with family/friends while travelling. Almost one-third reported emotional exhaustion which directly correlates with work-family conflict, stress, anxiety and depression.

The authors have taken these data, acquired through multiple research tools, and devised a best practices “corporate playbook” to mitigate against the evolution of mental illness in their mobile workforce. They emphasise the importance of organisations to recognise how and why business travel may be psychologically damaging to their business travellers. Absence of a corporate mitigation strategy, which begins with acknowledgement of the reality, will only perpetuate mental illness within the workforce, which results in, among other outcomes, absenteeism, and ultimately decreased productivity.

It has been previously published, in the academic literature, that those corporations that promote a culture of health (inclusive of mental health) can actually positively impact their stock value and in turn enhance their brand and sustainability reporting.



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# INTRODUCTION

Globalisation and international growth are now fundamental to the success of many large organisations. This has driven an increasing need for international business travel. For instance, data from the Global Business Travel Association (2016) demonstrated that the number of business trips in the United States rose from 488.1 million in 2015; to 502.8 million in 2016. In 2016 there were 9.2 million business trips to the UK alone; approximately 25% of all entries into the UK were classed as business visits (Office for National Statistics, 2017). Although recent advances in technology (such as Skype and conference/video calling) have enabled better global communication; this has not appeared to impact on the volume of international business travel. Data presented by the Economic Intelligence Unit in 2013 demonstrated that 75% of IBTs said that they had travelled the same (in number of days), or to a greater extent than three years ago.

The most common reasons for business travel, as cited by the Economic Intelligence Unit in 2013, were for meeting existing and potential customers, and attending conferences and networking events. However, despite international business travel being seen as essential for global business, and advantageous in term of career progression for employees, there is evidence that it can be deleterious to health. The majority of research in this area to date has focused on the physical health risk to the traveller, including frequent flyer radiation, infectious disease and illness and cardio-vascular disease risk markers.

International business travel has also been found to be associated with behavioural and psychological issues. These include jet lag, sleep disorders, stress and anxiety, increased alcohol consumption and dependence, exposure to poor nutrition, a lack of exercise (Rogers & Reilly, 2002) and obesity (Richards & Rundle, 2011; Rundle et al, 2017). Socially, it has been found to be related to a lack of opportunity to detach from work, absence from home, distance from support networks and issues with work-family conflict (Unger et al, 2016; Willis et al; 2017). Research (e.g. Donald et al, 2005) has found frequent travellers to make

three times as many claims for psychological treatment as non-travellers; and to have a lower psychological wellbeing, work-life balance and productivity than non-travelling colleagues (Icarus, 2006; Rundle et al; 2017).

Psychological ill health of employees has been shown unequivocally to have a direct and significant impact on organisational success, for instance through loss of productivity, absenteeism, presenteeism, and increased conflict and relationship strain within and outside of work. Therefore with the global economy and climate of increasing international business travel, it is imperative that organisations understand how and why business travel may be psychologically damaging, in order that they can both support IBTs (IBT) effectively and protect and sustain the success of the organisation.

This research is the first of its kind both to synthesise the existing literature on the psychological implications of international business travel, and to gather perspectives from experts (those who employ and work with IBT) and IBTs themselves.

The study will not only find out what the psychological implications of business travel are; but will start to unpick why it has this impact - by uncovering the organisational, social and individual factors that support and hinder psychological health in IBTs:

- Enable stakeholders who have a Duty of Care to their travelling workforce to make evidence-based adjustments and recommendations to their employees around the business travel
- Enable organisations to increase their awareness in their employees about the psychological implications of business travel and therefore mitigate risks
- Ultimately increase the safety, health, security and wellbeing of IBTs by understanding more about the psychological implications of business travel.

# METHODOLOGY

An evidence-based-practice approach was taken to the research, meaning that evidence was taken from a number of sources – academic literature, practitioner literature, the local context, experts and those affected (in this case IBTs) – and combine these to develop the most accurate picture on which to base recommendations. The flow diagram below demonstrates the stages of the research.

**Figure 1. Methodology Flow Chart**



# RESULTS: STAGE 1 & 2



## A. Outcomes of international business travel

From the systematic review of the literature, 21 studies emerged that related to the psychological implications of international business travel. Papers represented global perspectives on the issue with data taken from ten countries; and from a wide range of industry sectors and types of organisations. Most research conducted in this area has been qualitative (undertaking interviews with IBTs or their spouses), with only four studies looking at outcomes over time. A full list of the papers included within the evidence review, has been included in the Appendix.

The findings from the systematic literature review were combined with the results of the eight stakeholders. Combined findings showed that the psychological outcomes of International Business Travel identified fall into four categories: i) emotional outcomes; ii) family, social and work-life outcomes; iii) psychosocial/psychosomatic outcomes; and iv) job and travel related attitudinal outcomes. The diagram below summarises the findings from both the research phases. Outcomes from both literature review and interview are in white, from literature review only are in yellow and from interview only are in pink.

Figure 2. Outcomes



**KEY:** White outcomes are from evidence review and interviews • Yellow outcomes are from evidence review only • Pink outcomes are from interviews only





As seen in Figure 2, both the literature review and the interviews highlighted a wealth of (in the main) negative psychological outcomes associated with international business travel. The academic literature largely focused on the impact of business travel on the family/social aspects of the IBT, in terms of work life conflict and spousal/family relationships and separation, in addition to, and interacting with the psychological outcomes of stress, anxiety, depression and emotional exhaustion. Although predominantly negative, there was a clear cluster of IBTs who experienced significant psychological benefits from business travel. These were apparent in each of the four outcome categories. Emotionally, evidence demonstrated that some IBTs experienced a feeling of empowerment and freedom from travel and that this led to a feeling of vigour, energy and satisfaction. Within the job and travel related outcomes, there was evidence to IBTs seeing this element of their role as a real opportunity for them, to progress in their career, to gain fresh perspectives and learn from others, to travel and build international networks, and to experience the pleasure of closing deals and bringing in new business for their organisation. This may relate to the finding within the psychosomatic outcomes that some IBTs reported an adrenaline rush from the experience. As discussed above, the vast majority of findings pointed to the deleterious impact of business travel on the relationship with friends and family. That said, a small body of evidence found that some IBTs felt that the separation from loved ones actually improved spousal relationships and enhanced their relationship with their children.

Generally, the psychological outcomes that emerged from the two data sources (literature review and interviews) were very similar. That said, there was one clear difference that was notable to report. Within 'Emotional Outcomes', what strongly emerged from the interviews (but was not present at all in the literature review) was the outcome of risk taking behaviour as a result of international business travel, with interviewees reporting that IBTs felt when they were away that they had anonymity and a lack of responsibility: 'I never cease to be amazed by what we do when we cross borders. We behave as if no-one is watching. We take risks we wouldn't at home'. Interviewees described a variety of behaviours displayed by IBTs, as described in the following quotations: 'They would end up in situations....be frequenting maybe not the best areas or the best places. They would go to strip bars or certain unsafe locations, like neighbourhoods or areas...that can lead to them being robbed' and 'People just can't resist going to the red light district when they are in Thailand. The younger millennials can't resist trying drugs'.

The aim of this study however is not just to understand what the outcomes are, but rather to start to unpick why they occur, by uncovering the organisational, social and individual factors that support and hinder psychological health. The following sections seek to synthesise the findings from both the literature review and the interviews relating to this: firstly, by looking at the factors that hinder psychological health (those that contribute to the negative outcomes for the IBTs); and secondly, looking at the factors that can support and protect the individual from the potentially negative implications of business travel, and promote the positive outcomes of business travel.

## B. Factors hindering the psychological health of IBTs

### 1. Individual factors

#### LITERATURE REVIEW

Gender and childcare responsibilities were found to be factors affecting family and work-life outcomes. The evidence from the literature suggests that many of the differences observed reflect prevailing societal norms and expectations around gender. Female IBTs were found to still be expected to retain their responsibilities for childcare and household work before, during and after the business trip. This meant that female IBTs were found to be in charge of arranging family life, childcare and family schedules throughout their trip. Unsurprisingly therefore, children were found to be a significant stressor for female IBTs. This was not found to be the case for male IBTs.

Although male travellers reported feelings of separation and disruption to family life, they did not feel the burden of childcare and organisation. This was demonstrated by one study, which found levels of work family conflict to be consistent for men before, during and after the trip; but greater for females before and after the trip, reflecting their additional family and childcare responsibilities. Regardless of gender, the greater the parental responsibility held by the business traveller, the greater the level of work family conflict. Related to this was the finding that more negative family/social outcomes were experienced by those with younger children.

#### INTERVIEWS

Interviewees echoed the gender difference in experience of business travel and pointed to the fact that the current model of business travel within organisations was created from the assumption of travellers being male executives (with wives who held parental responsibility). Some interviewees called for the model to be revised 'We need to recognise the change in the business traveller population

in terms of gender and diversity and challenge our assumptions about what is 'OK'. A female interviewee expressed that, as a result of the gender imbalance, the focus on travel needs for IBTs was sometimes ill-advised and misunderstood (giving an example of guidance being given on appropriate clothing, as opposed to safety and wellbeing). Interestingly, one interviewee explained the impact of this on her manager's expectations of her: 'For my boss, travelling ... is all about freedom from responsibility and home stuff. He just doesn't get the idea of the emotional pull you might have as a woman to return to your children'.

As discussed in the outcomes, a dominant theme from the interviews was around an increase in risk taking behaviour with business travel. Interviewees felt that typically the risk taking behaviour was indulged in by men, as highlighted by the following quotation 'Boys are away and boys will play' , and by younger and less experienced IBTs. It was also cited that individuals prone to overconfidence were more likely to risk-take. Finally, it was argued that this was experienced differently (both in frequency and type of behaviour) depending on the type of industry sector/organisation in which the business traveller worked.



An important theme, which emerged from the interviews, but not the literature review, was centred on underlying psychological vulnerability. Interviewees felt that the negative emotional outcomes of business travel could exacerbate underlying psychological vulnerabilities. There was a feeling that many factors contributed to this - from the stress of the trip, to the need to carry medication, to the change in climate, routine and social support. The following quotations illustrate this factor: 'They may be perfectly fine in the UK, but as soon as they get to an unfamiliar environment, it can be triggered'. 'Business travel exposes people in terms of what is already going on with them. If they are already experiencing underlying tensions or pressures, business travel will make this much worse'.

## 2. Social factors

### LITERATURE REVIEW

Social factors that contributed to negative psychological health outcomes included the need to exert additional effort socially to comply with cultural standards (such as using different table manners or styles of negotiation). Travellers also reported that the expectation of socialising impacted negatively on their ability to eat healthily, moderate alcohol consumption, and exercise sufficiently, and that this in turn contributed to low psychological mood.

### INTERVIEWS

Interviewees discussed the barrier of technology in terms of social time with the family. This reported that poor internet connection and the job itself meant that they had very limited time to speak. This increased their feelings of separation and guilt. Lack of spousal and family support emerged as a factor in the interviews, with spouses (typically female) reported as not being supportive/not wanting the traveller to leave, having to take on more family responsibilities when the traveller was away

and therefore becoming tired and frustrated with the traveller. As a result, on their return, it was reported that IBTs were asked to take on more responsibility (compensatory behaviours), which exacerbated the negative outcomes of the business trip.

## 3. Organisational/Job related factors

### LITERATURE REVIEW

The majority of factors found to contribute to negative psychological health outcomes such as stress, strain, fatigue and loneliness related to organisational or job factors. Although this category included travel related hassles, such as heavy security regulations and flight delays, the main contributing factors were found to relate to the increased pressure and workload associated with international business travel. One study found that high work load and pressure had a higher negative impact on psychological wellbeing than risk perceptions. IBTs reported working longer days which typically involved early mornings and late evenings and weekends, with little time to relax and recover. The increased workload appeared to come from a lack of work time regulations, difference in routine, lack of boundary between work and home and the knowledge that work 'at home' would be piling up while they were away. Despite technology being seen as a necessary resource for travellers, there was evidence that it could also contribute to stress by the expectation that work could be conducted at all times, in all places. A further factor related to travellers not having the opportunity to plan adequately for their trips (for instance getting little warning). Other important factors contributing to the negative outcomes of business travel included organisations not enabling travellers to exert control over their trips (for instance little warning or flexibility over travel dates), frequency of travel (number of trips), and duration of travel (number of days away).



## C. Factors supporting and protecting IBTs from the potentially negative implications of business travel

### INTERVIEWS

Results in this category were very similar to those found in the literature review, with the dominant issues being excessive workload and lack of work-life boundaries. Workload was cited as being an issue before, during and after a trip, as a result of the need to prepare for the trip, checking in with the office while away, and then returning to an accumulation of work on their return. The theme of lack of control also came up strongly, with interviewees reporting that they knew that travellers 'would prefer not to travel but had to' and 'felt powerless in the air travel experience'.

A theme that emerged from the interviews, but was not found in the literature review, related to safety. A number of interviewees felt that not only was travel generally on the rise, but that travel to high risk destinations specifically had increased, and that this contributed to anxiety and stress in travellers.

The double-edged sword of technology was also reinforced in the interviews, with stakeholders citing that it enabled the working day to be longer, disrupted recovery, enabled work to be undertaken over travel time (and therefore removed opportunities for rest) and created difficulties in switching off. One theme that emerged within the interviews was that of the impact of organisational culture, whereby the culture of the organisation was a barrier to the mental health of travellers. The destructive cultural traits interviewees described as 'superman', 'hero' and 'macho' cultures where travellers were encouraged to take on excessive schedules and were expected to dip in and out of time zones without complaint. Other aspects of unsupportive cultures included travellers not being able to voice concerns or struggles, or being mocked for doing so.

### 1. Individual factors

#### LITERATURE REVIEW

At the individual level, time management skills and planning were seen as crucial both to protect psychological health, and also to protect and support relationships with friends and family. A particular version of planning called preventive coping was found to be important. This is where individuals prepare for a stressful event that may or may not occur – for instance, before their trip, a business traveller might organise special family events for their return, knowing that their family relationships may suffer due to their absence. This technique was found to mitigate the negative implication of frequency of travel. Using travel time for rest and recuperation, on the understanding that this might be in short supply when at the destination, was also found to be helpful to some and was related to the idea of preventive coping.

As can be seen from the Table 1, the review found a number of positive psychological and job/travel related outcomes of business travel. It also found that the factors affecting whether positive outcomes occurred were almost unanimously to do with the individual – in other words, the way that the individual approached the role opportunity. The table is a summary of the individual characteristics that particularly link to positive experiences of international business travel.

Research found that it was important for travellers to take a balanced perspective so that they actively appreciated the uplifts (such as travelling in business class, and being in an international environment), as well as experiencing the nuisances.

**Table 1. Individual characteristics relating to positive psychological implications of business travel**

Feeling passionate about the job and engaged in their role	Enjoys travel and meeting new people
Having a self image that is congruent with their work identity (being themselves at work)	Strong social need to connect with others
Having a sense of adventure	High in internationalism (prefers to work in an international environment)
Enjoyment of unpredictability	

## INTERVIEWS

Although many of the interviews cited experience as a key protective factor, from the perspective of ‘you just get used to it’, others reported this was not the case. One interviewee reported that business travel remained psychologically damaging (after decades of travel) ‘I have been doing this for 20 years and I still cringe when I get on a plane’. Others reported that the positive emotional, psychosocial and job related outcomes of business travel were short-lived and only applied for the first few years of working as an IBT ‘You think you can do everything and you get on a roll and the adrenaline rises and lets you do it - but then it catches up with you and you crash. There is a cumulative negative impact of doing this on your mental and physical health’.

Interviewees talked of the benefits of maintaining routine while on a business trip, and of making the environment as ‘like home’ as possible. This ranged from stopping work at a fixed time, maintaining a standard exercise regime, and agreeing a time to speak to the family; to staying in accommodation that enables cooking and preparing of meals, and bringing their own pillow.

## 2. Social factors

### LITERATURE REVIEW

At the social level it was found to be important to have formal and informal international networks, both to provide vital information about the job and culture of the trip; and also to provide companionship

and emotional support. The importance and need for social interaction was found to be particularly strong for female travellers. Social support more widely was also cited as a key protective factor. IBTs would utilise this social support either as the norm while away, or as a contingency (for instance if children were sick and needed picking up from school). Corporate childcare facilities were perceived as useful sources of contingency but were found to be rarely used.

Spousal support was found to be pivotal to the positive experience of business travel. This was highlighted as being key both before the trip (for instance in the acceptance of the trip and mutual agreement of spousal responsibilities around the trip) and after the trip when IBTs often experienced role strain and overload with regards to parental responsibilities (with some referring to the need for compensatory behaviours, or extra efforts, following the trip).

### INTERVIEWS

In the interviews, spousal and family support were also cited as a key resource for IBTs. This was explained in terms of families accepting business trips as being a central part of the travellers role, and allowing the traveller time and space to recover on their return.

A pattern that emerged from the interviews was how key managers and colleagues were to the psychological wellbeing of IBTs. Consideration, respect and understanding were mentioned as particularly salient. For some, this was about the time spent

with colleagues on the business trip; 'If I am travelling with a colleague, I want them to respect my privacy and silence', and, for others, it was about colleagues having tolerance for individual differences and preferences when it came to leisure time. It was also felt that colleagues at home were key sources of support by respecting the business traveller's time availability and the need for downtime. Regular contact with managers was cited as being helpful for day to day issues, for periodic check-ins to provide and enable social contact, and for security reasons.

### 3. Organisational/Job related factors

#### LITERATURE REVIEW

At the organisational/job level (applying to both the home and 'away' organisation), factors that facilitated positive experience included organisations that took care of travel arrangements and provided support (including 24 hour), healthcare, social support and access to business class travel and lounges' and high quality hotels (for instance including gyms). It was found that where organisations had a restitution culture (encouraging travellers to take 'bleisure' time, meaning the ability to extend your trip, or time off in lieu to recover after a trip), IBTs had lower levels of work family conflict.

Finally, access to technology such as Skype and Facetime, though not without its issues (such as acting as a painful reminder of separation) was an essential tool by which to create a virtual presence and maintain contact with friends and family.



#### INTERVIEWS

Access to technology was also described in the interviews as not just an essential tool for the job, and for maintaining contact with friends and family, to help travellers feel safe (particularly mentioning mass notification software and emergency communications).

Interviewees not only mentioned access to healthcare whilst away, but also emphasised the importance of support around mental health and wellbeing. They talked about the need for an infrastructure around mental health similar to that for physical health – including, for instance, Employee Assistance Programmes, support lines and/or mental health support workers. In addition to those organisational resources provided during the trip, interviewees cited the benefits of 'seamless' organisational support in preparation for the trip, such as pick-ups to and from the airport and the creation of a checklist of everything the traveller needed.

The focus on mental health also extended to discussions of organisational culture, with interviewees suggesting cultural enablers to be: a general openness about mental health within the organisation and a cultural recognition of the link between wellbeing and performance.



A theme that emerged from the interviews was that of organisational policies and practices pertaining to international business travel. Only a few interviewees mentioned that there were clear policies on behavioural expectations while the traveller was away. These policies tended to include guidance on what to do when confronted with, for example, bribery, corruption and gifts, or managing personal safety. One interviewee discussed how expectations of IBTs were clarified in the induction process: 'We talk about what it means to be a business traveller with us...we are clear about what they can expect and what we expect of them'. Most, however were not aware of any policies or specific practices around behavioural expectations.

Interviewees also felt that provision of bleisure time was on the increase and had benefits. Some interviewees felt that it made the trip more attractive in providing travel opportunities and facilitating family time; others saw it as a way to facilitate cultural adjustment (if taken before the trip) or to provide recovery and recuperation (if taken after the trip). However, the vast majority of interviewees stated that there were no bleisure time policies, particularly around the provision of insurance, and that the decision to enable bleisure time was inconsistent and at the discretion of individual managers.


## D. Summary of the factors impacting on the relationship between business travel and psychological experience of IBTs

Table 2 summarises the factors (both those that hinder psychological health and those that support and protect it) emerging from Stages One and Two. Outcomes from both the literature review and interview are in blue, from the literature review only are in green and from interview only are in pink

**Table 2. Factors and barriers to psychological health**

TYPES OF FACTORS	FACTORS THAT HINDER PSYCHOLOGICAL HEALTH	FACTORS THAT SUPPORT AND FACILITATE PSYCHOLOGICAL HEALTH
<b>INDIVIDUAL</b>	<ul style="list-style-type: none"> <li>• Having children (particularly young children)</li> <li>• Level of parental responsibility</li> <li>• Childcare/family organisational responsibilities</li> <li>• Risk taking behaviour</li> <li>• Existing psychological vulnerability</li> </ul>	<ul style="list-style-type: none"> <li>• Time management and planning skills</li> <li>• Preventive coping</li> <li>• Use of travel time to rest</li> <li>• Personality/attitudinal factors, including engagement with role, enjoyment of travel and adventure, seeing your work as congruent with your self image, preferring to work internationally, having a high social need and taking a balanced perspective</li> <li>• Experience of business travel</li> <li>• Maintaining a 'home' routine and making the 'away' like home</li> </ul>
<b>SOCIAL</b>	<ul style="list-style-type: none"> <li>• Expectations of socialising</li> <li>• Increased alcohol consumption</li> <li>• Decreased exercise and access to healthy food</li> <li>• Pressure to comply to cultural standards</li> <li>• Technology increasing perception of social distance</li> <li>• Lack of spousal/family support</li> </ul>	<ul style="list-style-type: none"> <li>• Having formal and informal networks</li> <li>• Having social interaction and support</li> <li>• Having spousal support</li> <li>• Having manager and colleague support</li> <li>• Regular contact with manager</li> </ul>
<b>ORGANISATIONAL/ TRAVEL</b>	<ul style="list-style-type: none"> <li>• Increased pressure and workload</li> <li>• Lack of opportunity to plan</li> <li>• Lack of control over trip</li> <li>• Frequency of travel</li> <li>• Duration of travel</li> <li>• Hassles like security regulations, flight delays</li> <li>• Technology enabling 24/7 working</li> <li>• Risk and safety perceptions</li> <li>• Lack of work/home boundary and routine</li> <li>• Traditional 'male' organisational culture</li> </ul>	<ul style="list-style-type: none"> <li>• Organisational provision of support such as travel arrangements, 24 hour support, healthcare, access to Business class flights and lounge</li> <li>• Encouragement of bleisure or time off in lieu</li> <li>• Access to technology</li> <li>• Support around mental health and wellbeing</li> <li>• Organisational culture of openness and mental health</li> </ul>





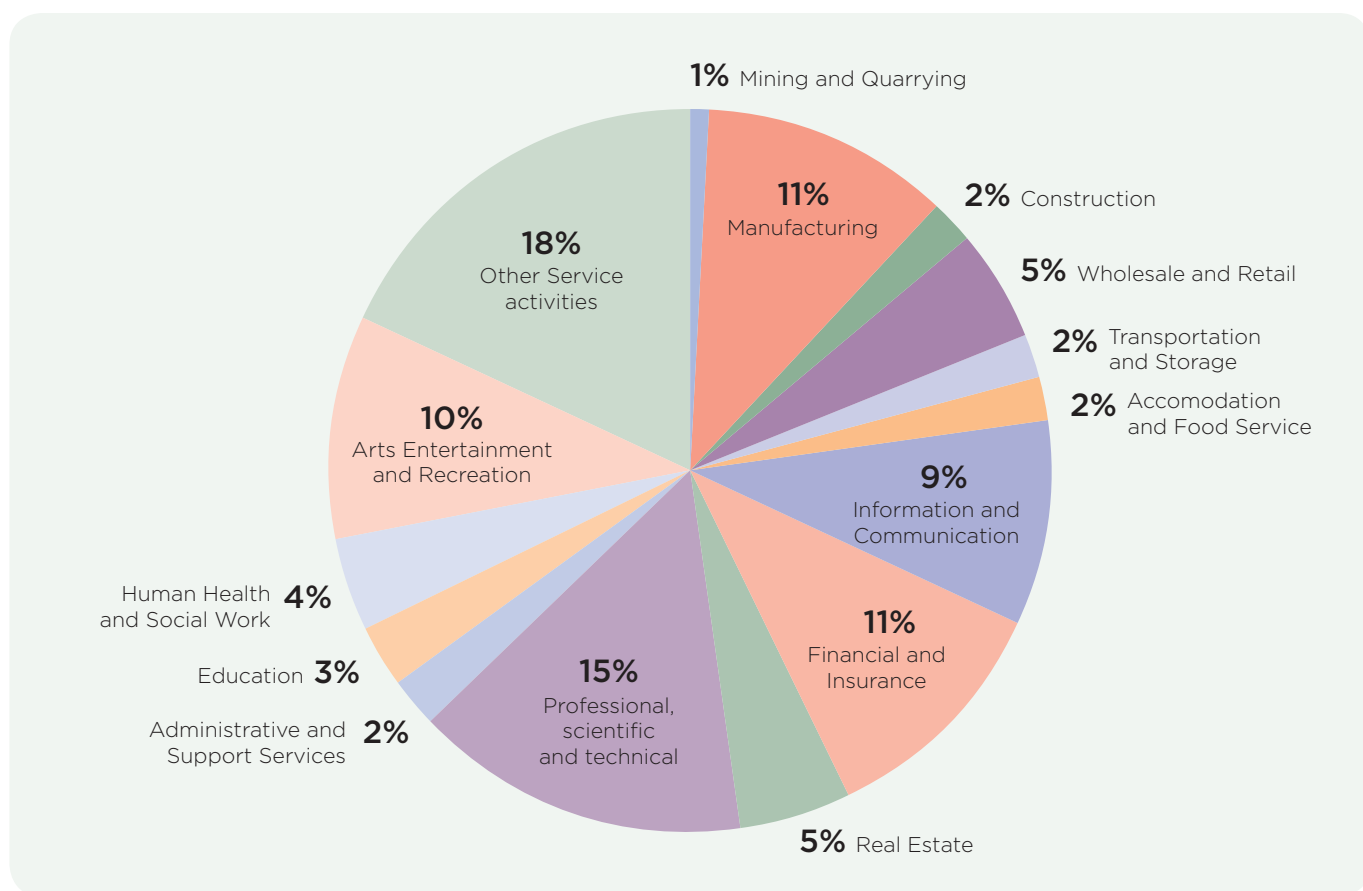
# RESULTS: STAGE 3

The results from stages One and Two were combined to create a model, setting out both psychological outcomes of international business travel, and factors affecting those outcomes, which was used to create a survey questionnaire. This survey was completed by IBTs. The majority of these participants were based in Europe (73%); followed by US, Latin America and Caribbean (10%); Australasia (10%); and the Middle East and Canada (5%). Most of the IBTs had Europe (53%) as the geographical area they most predominantly

travelled to, followed by; US, Latin America and Caribbean (24%); Australasia (13%); the Middle East (6%); Africa (3%); and Canada (1%).

A wide range of sectors were represented in the sample. The largest proportion of IBTs came from Professional, scientific and technical field (16%), followed by the Manufacturing and Financial and Insurance sectors (both at 11%). The following pie chart shows the full results regarding sector.

**Figure 3. Sectors represented in the sample**



In terms of the gender, relationship and parental circumstances of respondents, 51% (N=99) were female, 49%(N=94) were male and 1%(N=2) did not respond or preferred to not reveal their gender identity. 64%(N=124)

were married or in a civil partnership; 17% (N=32) were in a significant relationship; 19% were single/divorced/separated (N=36). 56% (N=108) of the respondents had children, whereas 44% did not (N=86).

**Table 3. Demographic data from survey**

DEMOGRAPHIC DATA FROM SURVEYS (n=195)		
DEMOGRAPHIC	RANGE	MEAN (AVERAGE)
Age	24 to 70 years	41 years
Days travelling for business per year	2 to 270 days	40 days
Years travelling for business	0 to 45 years	12 years
Times per year business travelling involve weekend travel	0 to 40 weekends	5 weekends
Number of business trips taken per year	0 to 100 business trips	13 business trips

As shown in the table above, the experience and extent to which the respondents in this sample engaged in international business travel varied greatly. On average, however, the participant had been travelling for business purposes for 12 years, spent 40 days travelling per year, and took over 13 trips per year, of which five would typically involve weekend travel. Respondents had an average age of 41 years.

Of those that responded, 12% (N=23) had a history of common mental health problems and less than 1% (N=1) had previously been diagnosed with a chronic mental health condition (such as bipolar, personality disorder or schizophrenia); 88% (N=169) had no history of mental health issues. This is broadly in line with what we would expect within the general population.



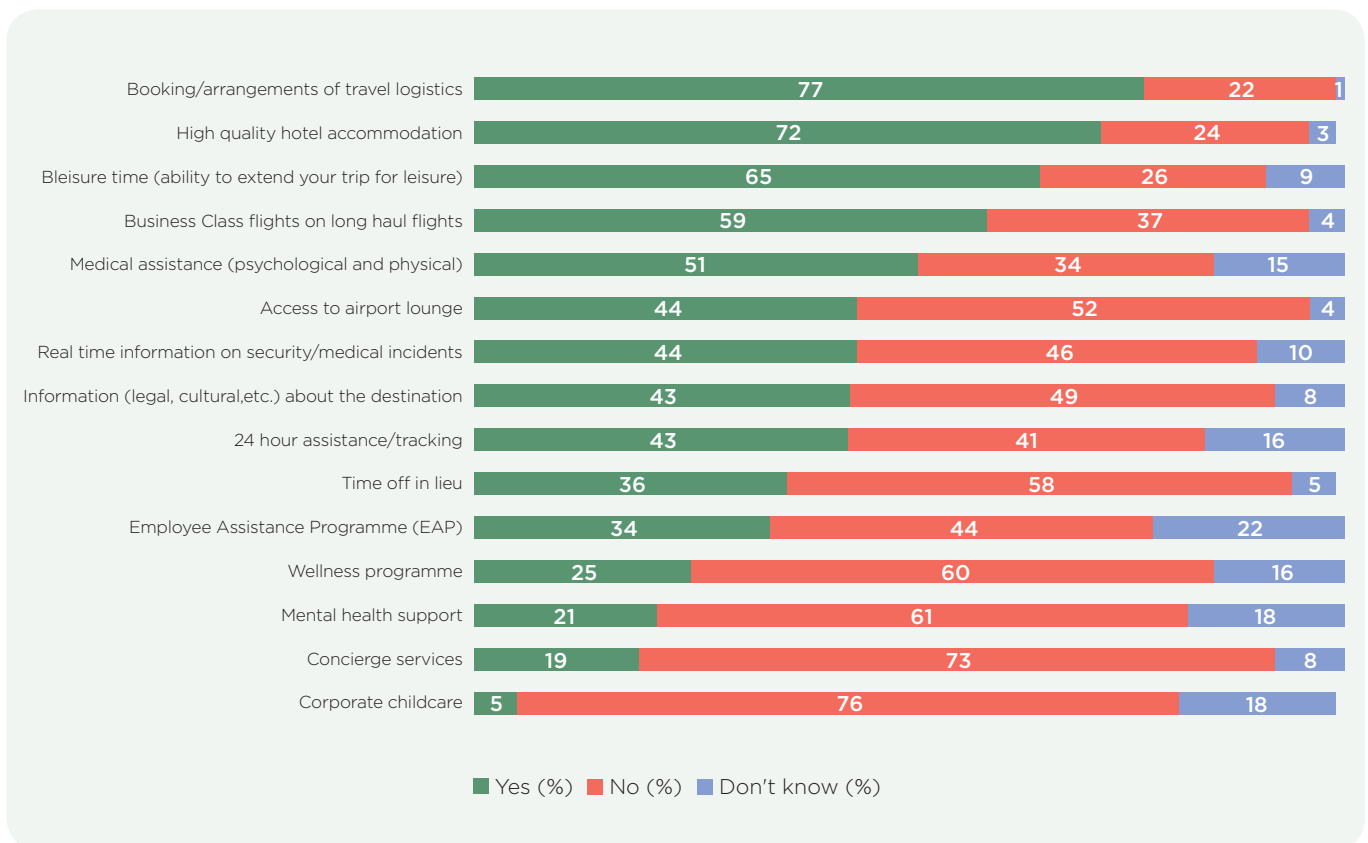
## A. Organisational support and provisions for IBTs

The majority of the IBTs surveyed reported that their organisation provided or enabled booking/arrangement of travel logistics (77%), high quality hotel accommodation (72%), bleisure time (65%), business class flights on long haul (59%) and medical assistance (both psychological and physical) (51%) as part of their role. However, far fewer were offered other support and provisions. Less than half were offered real time information on any security issue or tracking information (44% and 43% respectively).

Perhaps more concerning was the lack of provision in terms of mental health support for IBTs. Only 1 in 5 (21%) were offered mental health support, 25% a wellness programme and 34% an EAP.

Finally, and given the wealth of evidence regarding the deleterious impact of business travel on family life, it is worrying that only 5% of respondents worked within organisations that provided corporate childcare.

**Table 4. Summary of organisation provisions and resources for IBT**



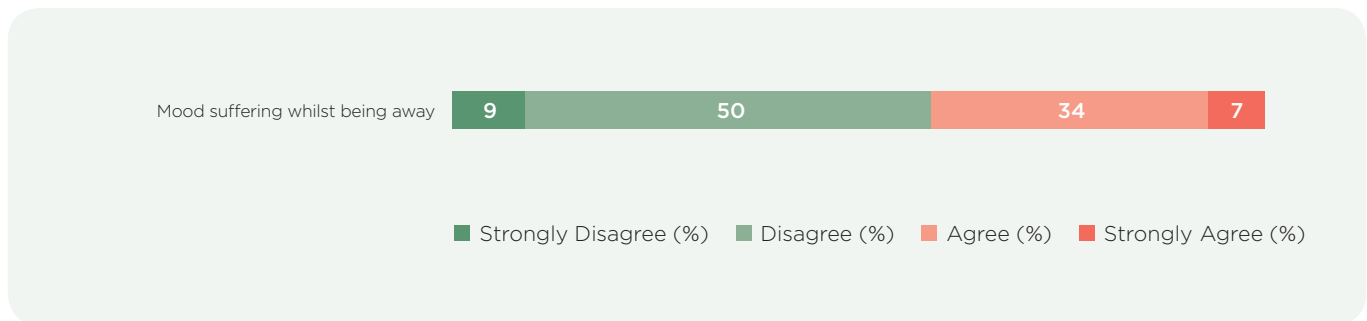
## B. Psychological implications of business travel

### 1. Emotional outcomes

#### NEGATIVE OUTCOMES



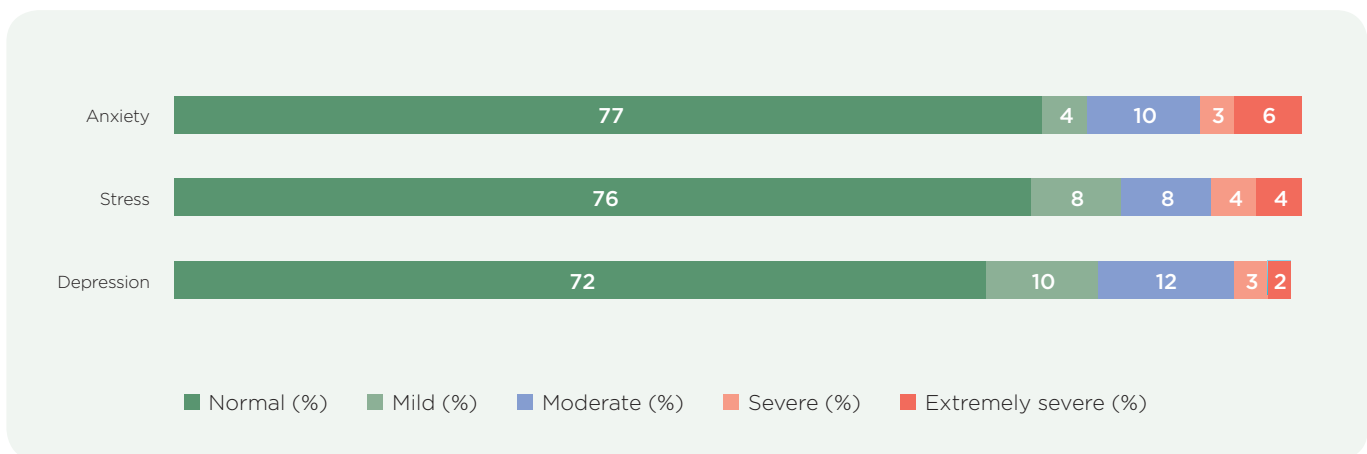
**Table 5. Mood suffering while being away**



41% of the respondents reported that their mood suffered while being away on business trips.

There were no significant difference in mood scores between males and females or between those IBTs who had children and those who had none.

**Table 6. Common mental health measures (Anxiety, Stress, Depression)**



Around a quarter of international business travel respondents (23% and 27%) experienced mental health issues which were more prevalent than normal, ranging from “mild” to “extremely severe”. These

categories were based on norm data provided by the authors of the instrument. This particular questionnaire has been validated and is widely used within mental health services.

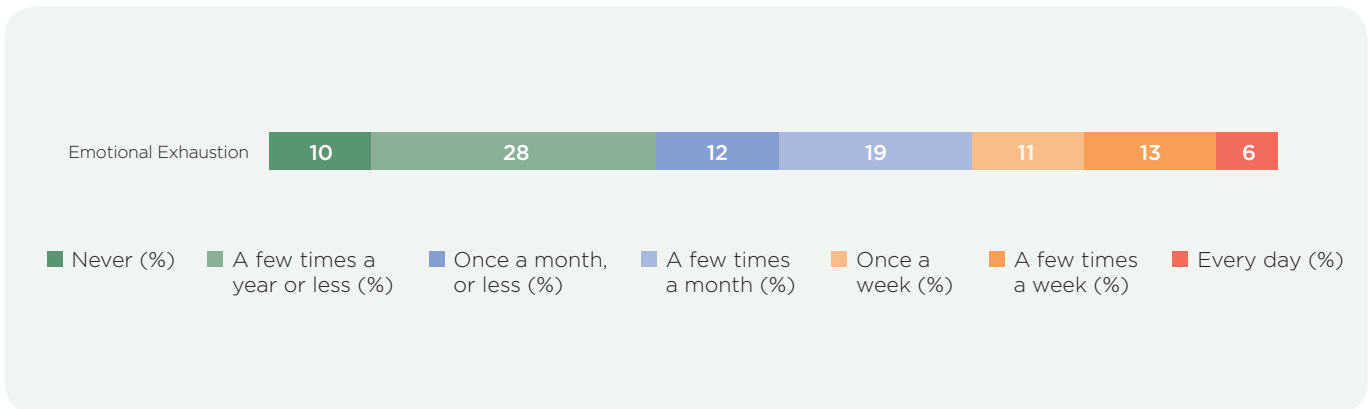
Depression was the most commonly experienced mental health issue (27%), followed by stress (24%) and anxiety (23%). 9% of IBTs presented with severe/extremely severe levels of anxiety and 8% presented with severe/extremely severe levels of stress.

International business travel respondents who had a history of a common mental health disorders (such as anxiety and depression) presented with significantly more mental health issues than those who had no such

history; suggesting that business travel could exacerbate any pre-existing vulnerability in terms of mental health.

Interestingly, international business travel respondents with children reported lower levels of depression and anxiety, in comparison with those who did not have children. Levels of reported stress however were broadly similar for those with and without children.

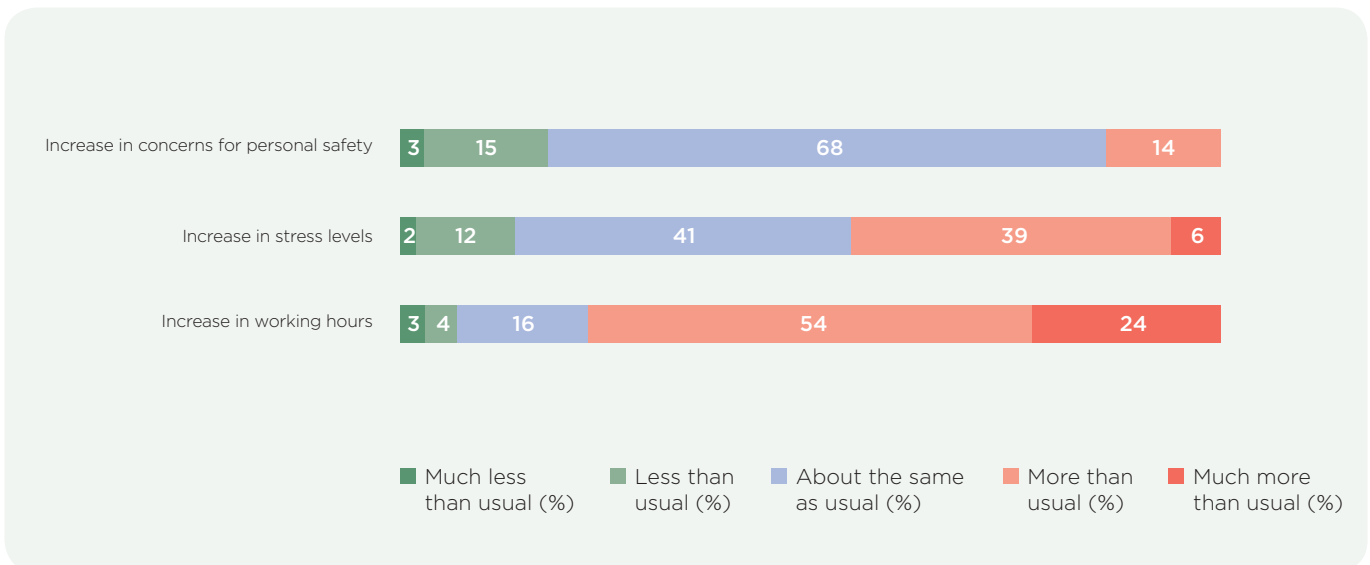
**Table 7. Emotional exhaustion**



Out of the IBTs who responded, nearly one third (31%) experienced emotional exhaustion, a core feature of burnout, on a weekly basis. This ranged from once a week (11%), to a few times a week (13%) to a daily basis (6%).

Female respondents showed, on average, significantly higher levels of emotional exhaustion than males. International business travel respondents without children, showed significantly higher levels of emotional exhaustion than the ones who had none.

**Table 8. Psychological strain**



Over three quarters of respondents (78%) reported that they worked more hours than usual when travelling, with 24% saying that they work much more than usual. Furthermore, nearly half of the participants (45%) stated that they experienced an increase in stress levels as a consequence of business travel. It is important to note, that longer working hours and increased stress are contributing factors to strain and emotional exhaustion.

15% of the respondents reported that they were more concerned about their personal safety when they went abroad for work.

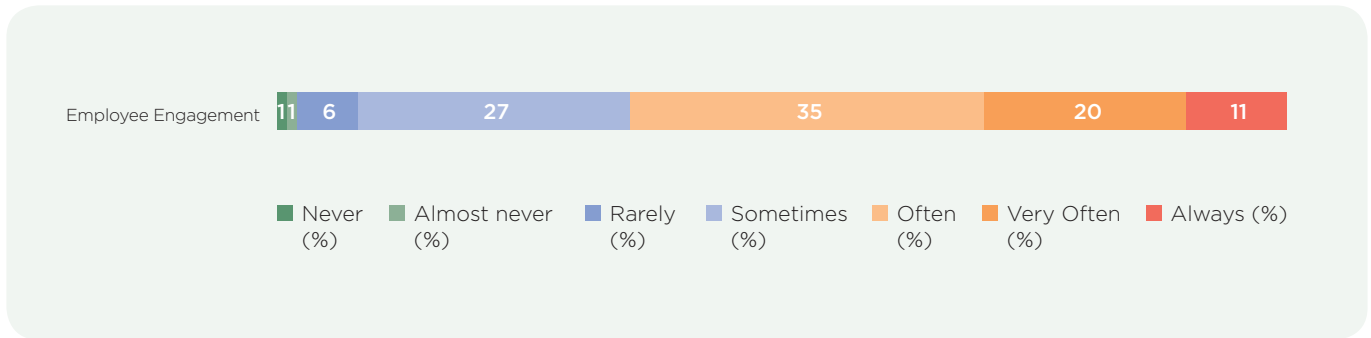
There was a significant, positive relationship between change in concerns for personal safety and age, suggesting that older IBTs were more concerned about safety when abroad.

There were no significant differences on these three measures between males or females, or between those who had children and those who had none.



## POSITIVE OUTCOMES

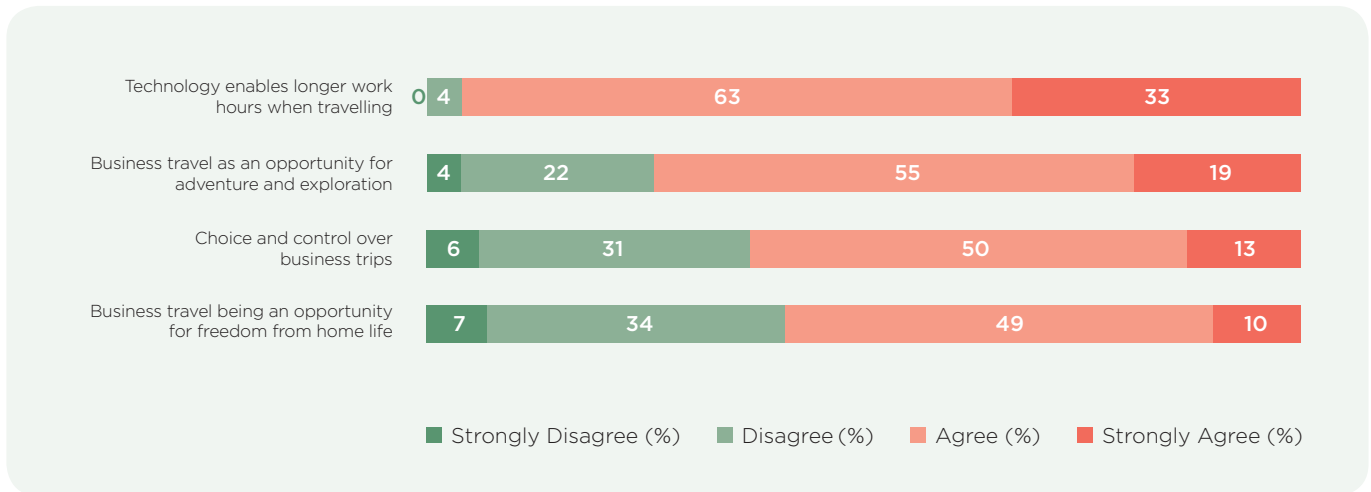
**Table 9. Employee Engagement**



67% of the IBTs surveyed reported feeling engaged with work, ranging from “often” to “always”. Only a few (8%) reported that they rarely to never were engaged with their work. International business travel respondents who had children reported higher levels of employee engagement overall than those who had none.

There was a significant, negative relationship between employee engagement and age, suggesting that younger IBTs were more likely to have higher engagement levels.

**Table 10. Technology, control and business travel experience**



Of the IBTs surveyed, 96% said that technology enabled longer work hours when abroad. 74% responded that they saw business travel as an opportunity for adventure and exploration; international business travel respondents who had no children, scored significantly higher on this question than the ones who did have children. Slightly fewer (59%) international

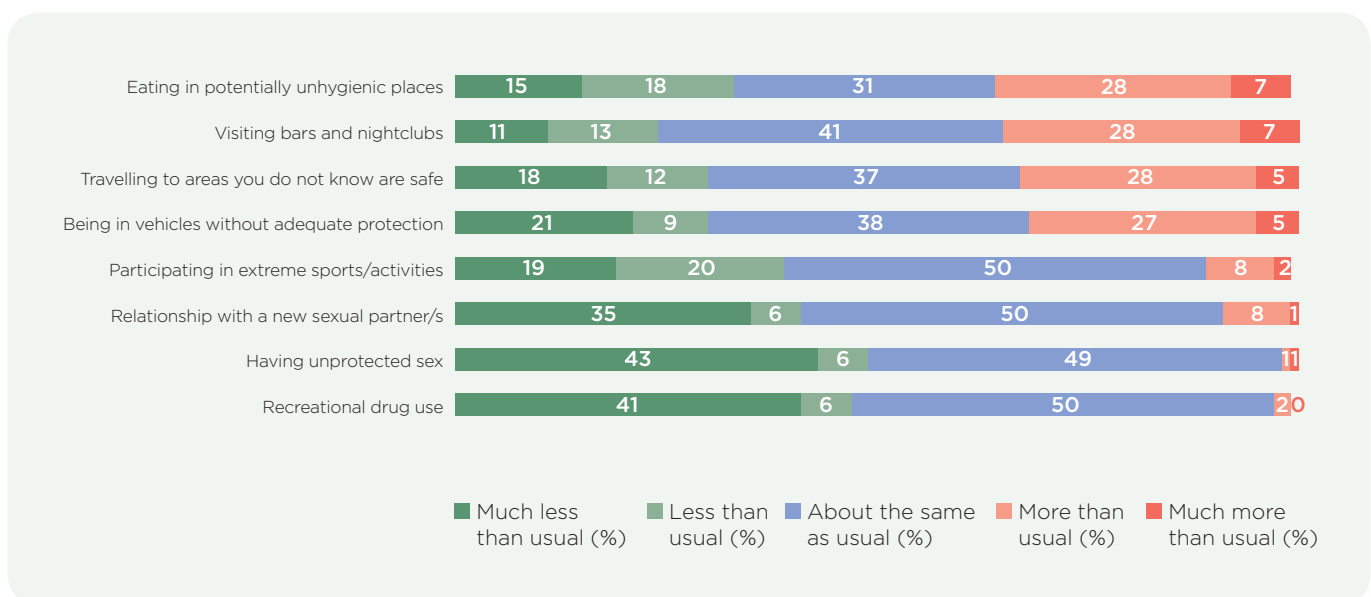
business travel respondents reported that they saw business travel as an opportunity to enjoy freedom from home life. There was a negative, significant relationship between feeling free and years travelling, suggesting that it is primarily novice IBTs who feel free when being away on business trips.



Control over business travel has in previous research been found to mitigate negative outcomes, such as work-family conflict. However in this survey, 37% of respondents reported that they did not have sufficient choice and control over their business trips. Participants with children scored significantly higher on this question indicating that they

had more control, than those who had none. This indicates that perhaps the work-life balance needs of those with children are more visible and therefore considered more by the organisation (and requested more by the IBTs) – and therefore that this group are provided with more flexibility and choice.

**Table 11. Risk behaviours**



## 2. Risk behaviours

In the interviews, it was suggested that IBTs were more likely to engage in a number of risky behaviours when away than at home. Table 11 demonstrates the described behavioural changes in this group.

Around a third of international business respondents (between 32% and 35%) were either ‘more’ or ‘much more’ likely to engage in a number of risky behaviours than when at home: eating in potentially unhygienic places, visiting bars and nightclubs, travelling to unsafe areas and travelling in vehicles (such as cars, motorbikes, mopeds and tuk tuks) without adequate protection. Nearly one in ten travellers (9%) were more or much more likely to start a relationship with a new sexual partner/s than at home. 2% were more likely to have unprotected sex and 2% were more likely to use drugs than at home.

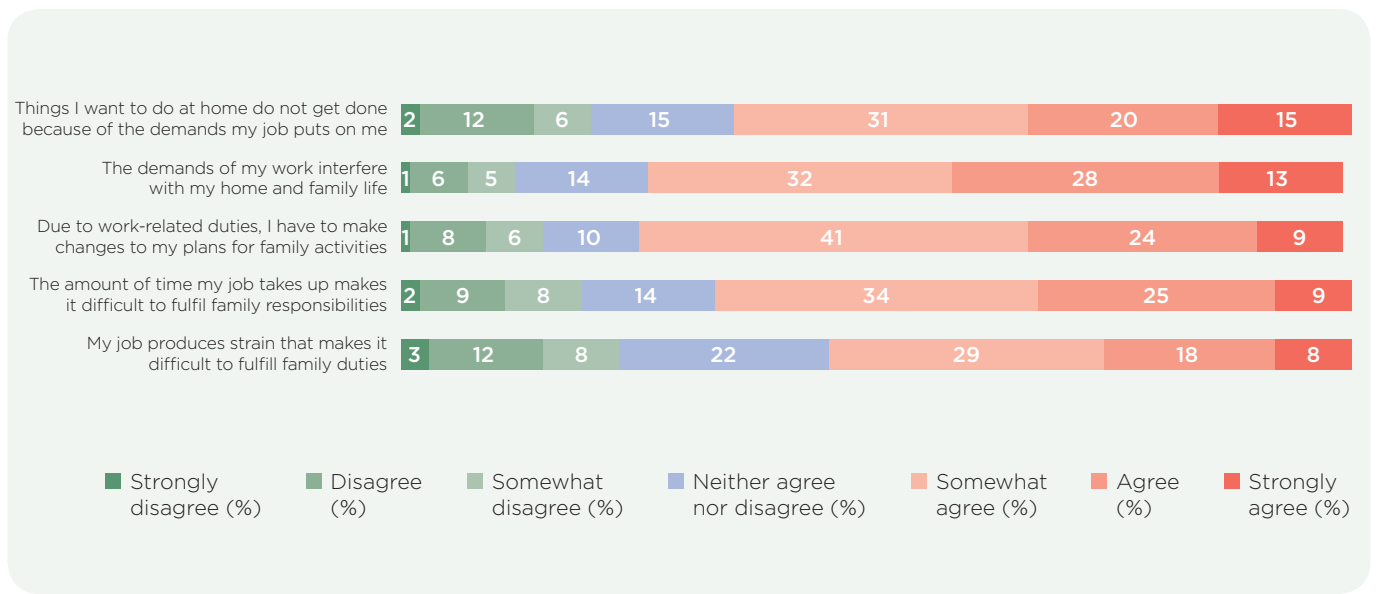
Age had a significant, negative relationship with risk behaviours overall, suggesting that younger IBTs were more likely to take risks. With regards to gender differences, male IBTs were significantly more likely to visit bars and nightclubs than females were. No other significant gender differences were found for the remaining risk behaviours. There were no significant differences in risk taking between international business travel respondents who had children and those who had none. However, among those who had children, IBTs who took less parental responsibilities than their partner, were significantly more likely to visit bars and nightclubs than those who shared equal responsibility or those who took the majority of parental responsibility. There was no significant difference between the two latter groups regarding visiting bars and nightclubs.

### 3. Family/Social/Work-life outcomes

#### NEGATIVE OUTCOMES

Family and social outcomes measures in the survey included work-family conflict and connection with family and friends.

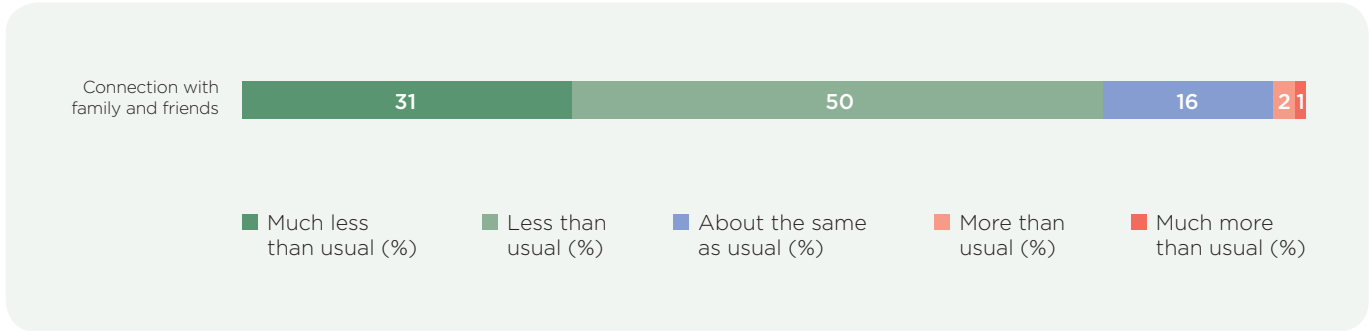
**Table 12. Work-family conflict**



67% of the IBTs sampled in this study reported experiencing work-family conflict. Respondents tended particularly to find that the amount of time their job takes up to make it difficult to fulfil family obligations

(74% agreed to this statement). 74% also reported that due to work-related duties, they have to make changes to plans for family activities.

**Table 13. Connection with family and friends**

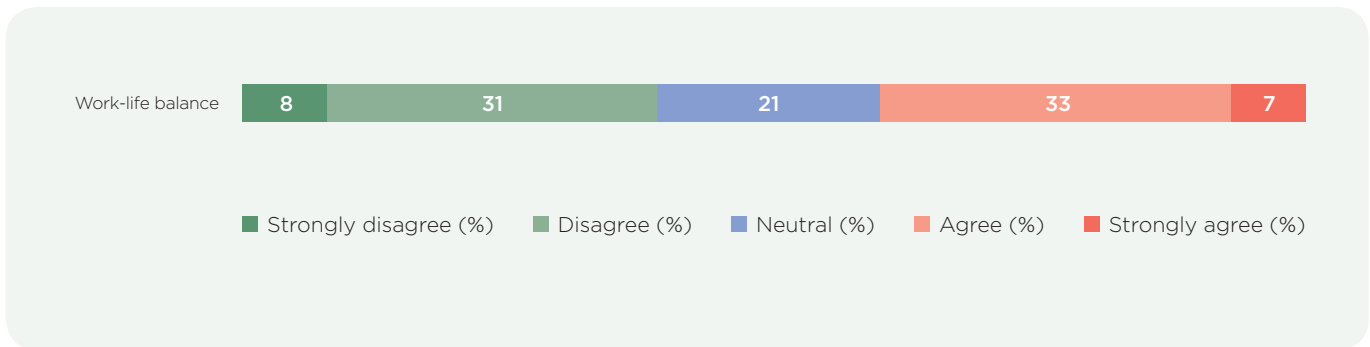


81% of international business travel respondents reported having less than usual connection with family and friends while away, with 31% having much less than usual.

No significant differences were found in responses to this question, between males and females, or between those who had children and those who had none.

**POSITIVE OUTCOMES**

**Table 14. Work-life balance**



Perceptions of work-life balance were divided among this population of IBTs. 40% reported having sufficient balance between their home and work-lives, whereas 39% did not believe so. 21% of respondents were potentially

undecided, responding “neutral”. No significant differences were found between males and females. Neither parental nor relationship status, were linked to different responses work-life balance question.

## 4. Psychosocial/ psychosomatic outcomes

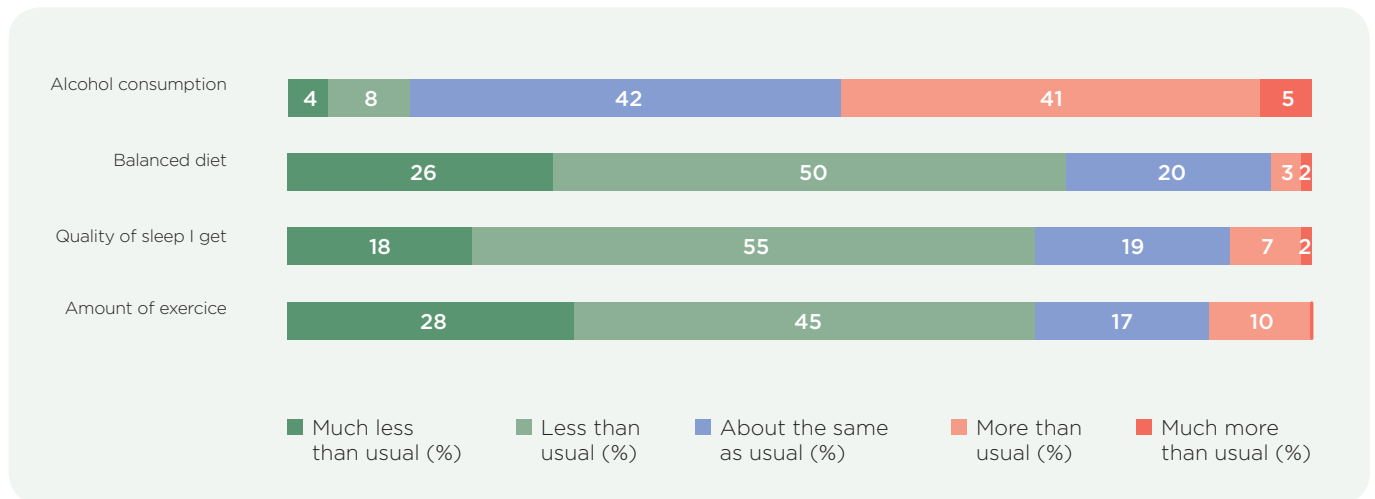
### **NEGATIVE OUTCOMES**

Psychosocial/psychosomatic outcome variables investigated included: changes in quality of sleep, alcohol consumption, amount of exercise and having a balanced diet.

The results showed that almost half of the sample (46%) consumed more alcohol when away on business than they would usually do at home. Meanwhile, factors that have been found to be potentially health promoting, were reported to occur to a lesser extent than usual, on work trips. Around three quarters of IBTs surveyed said that they were less likely to eat a balanced diet when travelling, less likely to exercise; and get poorer quality sleep (76%, 76% and 73% respectively). This seemed to be an issue for all IBTs - no significant differences were found whether they were male or female, or had children or not.



**Table 15. Physical health aspects**



### C. Factors affecting the relationship between business travel and outcomes

Statistical analyses were carried out to determine which factors showed a negative relationship with the different outcome measures (in other words which aspects of the travel were making the experience worse for international business travel respondents and which were making the experience better/protecting the IBTs from negative consequences).

#### 1. Factors worsening the experience of business travel for IBT respondents

Emotional exhaustion, which is a core element of job-related burnout, was found to have the strongest barrier association with work-family conflict; it was also significantly related to stress, anxiety and depression. This means that if IBTs are emotionally exhausted, they are more likely to also experience work family conflict, stress, anxiety and depression. This is important given that almost one in three respondents reported emotional exhaustion.

Increased working hours was negatively related to high quality sleep and contact with friends and family, meaning those who worked longer also missed out on sleep and social contact at home. On the other hand, working longer hours also appeared to have a protective effect, as it was associated with lower levels of all the risk behaviours. This could suggest that IBTs who have to work longer hours do not necessarily have the time to engage in high risk behaviour (such as visiting clubs and bars, travelling to unsafe areas and engaging in sexual behaviour).

Increases in stress levels were found to be negatively related to quality of sleep and positively related to work-family conflict. Increased alcohol consumption was found to be negatively related to high quality sleep. Therefore those IBTs who had increased alcohol consumption, and those who had increased stress levels, experienced lower quality sleep. Decreased quality of sleep was in turn related to higher levels of depression.

Interestingly, IBTs who saw business travel as an opportunity for adventure and exploration were also more likely to experience higher levels of anxiety, than those who did not.

Some of the factors listed in this section could be seen as protective factors, as they to some extent were negatively related to risk behaviours. For example, employee engagement found to act as a protective factor to all risk behaviours, such that were more engaged at work were less likely to undertake any risk behaviours. When exploring specific risk behaviours, those who felt that they had control over the trip were also less likely to start a relationship with a new sexual partner. IBTs who had support from their friends and families and who

felt more concerned for their own safety while being away, were less likely to eat in unhygienic places.

Specific organisational resources emerged as factors associated with lower levels of certain risk behaviours. For example, IBTs who had access to wellness programmes were less likely to drive/being transported in vehicles without adequate protection. Those who had mental health support available to them, were less likely to engage in unprotected sex.





## 2. Factors improving the experience of business travel for IBT respondents

Employee engagement was found to be the strongest protective factor for mental health, in as much as those IBTs who had higher levels of engagement had lower levels of both depression and low mood while being away on business trips. In terms of healthy habits, both exercise and quality of sleep were negatively related to increases in stress levels – meaning those IBTs that took exercise and enjoyed high quality sleep were less likely to suffer from stress when away.

Social factors also had strong links to employee wellbeing. Travellers who had supportive families and friends, as well as colleagues to whom they could disclose mental health issues, had higher levels of employee engagement (which, in turn, was associated with lower depression and low mood as mentioned above). The data also highlighted the importance of sufficient work-life balance, as this was found to have a negative relationship with emotional exhaustion.

Certain organisational resources were also found to be linked to positive mental health. IBTs who had access to real time information on travel destination were less likely to also experience stress. Furthermore, IBTs who had access to high quality hotel services, were also less prone to stress; and those who had access to business class travel/lounges reported better work life balance and better contact with friends and family.

The analysis also brought the relatively new concept of bleisure time recovery to the foreground. IBTs who had access to bleisure time were significantly less likely to experience anxiety. Organisational resources and culture also appeared to have implications beyond the individual IBT: having an organisational culture of openness about mental health was positively related to contact with friends and family.

## D. Key messages and conclusions

Within the context of increasing international business travel, it is imperative that organisations understand how and why business travel may be psychologically damaging to their international business travel employees. This will allow employers and organisations both to support their international business travel employees and to sustain the success of their organisation. To help achieve this, the current research aimed not just to find out what the psychological implications of international business travel are, but to start to unpick why and how business travel affects IBTs, by uncovering the organisational, social and individual factors that both support and hinder psychological health. To answer these questions, a three-phase approach was taken: firstly a review of both academic and practitioner literature; secondly, interviews with key experts who employed IBTs; and finally, a large survey of IBTs themselves.

The literature review and interviews conducted in Stages One and Two of the project identified four categories of outcomes:

- **Emotional outcomes:** negative outcomes such as stress, anxiety, depression, emotional exhaustion, risk taking behaviour; and positive outcomes such as empowerment, freedom, confidence and satisfaction.
- **Family/social and work life outcomes:** negative outcomes such as separation from family, family conflict and reduced contact with friends; and positive outcomes such as improvement of family relationships.
- **Psychosocial/psychosomatic outcomes:** negative outcomes such as sleep difficulties, increased alcohol consumption.
- **Job and travel related attitudinal outcomes:** positive outcomes such as career advancement, joy of travel, learning and development.

These first two stages also identified a range of factors that either hinder psychological health or support and protect psychological health while undertaking international business travel. These can be grouped into three types:

- **Individual factors:** negative factors that hinder psychological wellbeing, such as having children, parental responsibilities, risk taking behaviour and existing psychological vulnerability; and factors that support or protect such as time management and planning skills, preventive coping, using travel time to rest, engagement with the role and other attitudinal factors, experience of business travel, and making 'away' more like 'home'.

- **Social factors:** negative factors such as expectations of socialising, alcohol consumption, reduced healthy behaviour, pressure to comply with cultural standards, technology increasing feeling of remoteness, and lack of spousal/family support; and positive factors such as networks, social interaction and support, spousal, manager and colleague support, and regular contact with manager.
- **Organisational/job factors:** negative factors such as pressure and workload, lack of control and planning, frequency and duration of travel, travel hassles, technology-aided 24/7 working, risk and safety perceptions, lack of work/home boundary, and 'male' organisational culture; and positive factors such as provision of support, encouragement of bleisure or time off in lieu, access to technology, support for mental health and wellbeing; and an organisational culture of openness and mental health.

The findings from Stage One and Two were used to create a model of both the psychological outcomes of international business travel, and factors affecting those outcomes. This was then used to create the Stage Three survey. The data gathered in Stage Three of the project corroborated and built on the findings from the literature review and interviews.

The table below is a summary of the key findings from the Stage Three survey in terms of the psychological implications of business travel. The columns denote where these outcomes are worse for a particular group or demographic of IBTs. For instance, international business travel respondents who did not have children had higher levels of mental ill health than those without children.





**Table 16. Summary of outcomes**

<b>SUMMARY OF OUTCOMES</b>	<b>GENDER</b>	<b>CHILDREN/ PARENTAL RESPONSIBILITY</b>	<b>AGE/ EXPERIENCE</b>
<b>EMOTIONAL</b>			
41% saw mood decline			
45% saw stress increase due to international business travel			
Approx 14 displayed more than usual levels of depression and anxiety		No children	
31% showed emotional exhaustion	Females	No children	
Mental health outcomes more prevalent in those with pre-existing mental health diagnosis			
78% worked more than usual during international business travel			
15% felt more unsafe when travelling			Older
67% were engaged with their jobs		Children	Younger
74 % saw business travel as an opportunity for adventure and exploration		No children	
59% saw business travel as an opportunity to enjoy freedom from home life			Less experienced
37% did not have sufficient choice and control over their business travel		No children	
<b>RISK BEHAVIOURS</b>			
Approx 1/3 were more likely to engage in certain risky behaviours such as eating in unhygienic place, travelling to unsafe areas and travel without adequate protection			Younger
35% were more likely to visit bars and night clubs than when being at home	Males	Less parental responsibility	
Nearly 1/10 were more likely to start a sexual relationship with a new partner			
2% were more likely to have unprotected sex than at home			
2% were more likely to use drugs than at home			
<b>FAMILY/SOCIAL/WORK-LIFE</b>			
67% experienced work-family conflict			
Approx 3/4 felt that it was difficult to fulfil family obligations due to job time constraints			
Approx 3/4 said that they needed to make changes to planned family activities due to work-related duties			
81% felt that they had less connection with friends and family than they would usually have			
39% did not believe they had sufficient work-life balance			

## PSYCHOSOCIAL/PSYCHOSOMATIC

46% consumed more alcohol than they usually do at home

76 % reported to eat less balanced than at home

73% said that their quality of sleep suffered as a result of business travel

73% took less exercise than they would usually do

The Stage Three survey also enabled the further exploration of the relationships between factors (such as psychological, psychosocial, organisational, behavioural and support and resource factors) and the psychological implications of business travel. The table below represents a summary of these relationships. The grey arrows mean that these factors make the outcomes for

IBTs worse/more negative; and the green arrows mean that these factors protect the business traveller, in other words those that make the experience better for the business traveller. For instance on the first line, this shows that those travellers who are emotionally exhausted are more likely to suffer from mental health issues and negative family and social outcomes.

**Table 17. Summary table of facilitators**

SUMMARY OF FACTORS	Mental health	Risk behaviours	Family/Social	Psychosomatic/ psychosocial
<b>PSYCHOLOGICAL</b>				
Emotional exhaustion	▼		▼	
Employee engagement	▲	▲		
Increased stress levels			▼	▼
Seeing business travel as opportunity for adventure and exploration	▼			
Feeling free		▼		
<b>BEHAVIOUR</b>				
Increased alcohol consumption		▼		▼
Increased working hours		▲	▼	▼
Good quality of sleep	▲			▲
Exercise	▲			

ORGANISATION	
Organisational culture of openness and mental health	▲
Ability to tell colleagues if mental health were to suffer	▲
SUPPORT AND RESOURCES	
Real time information on travel destination	▲
High quality hotel service	▲
Bleisure time	▲
Access to business class travel/lounge	▲ ▲
Wellness programme	▲
PSYCHOSOCIAL	
Work-family conflict	▼
Control over trip	▲
Family and friend support	▲ ▲ / ▼
Work-life balance	▲

Overall, the results of this research indicate not only that international business travel is associated with a range of negative and potentially damaging outcomes (together with some positive outcomes) but also that there are a number of clear factors to which this can be attributed. Many of these are factors that need to be addressed at the organisational level, for example, through policies and practices, culture, support services, job design, and practical

arrangements. Some of the factors will need to be addressed by the IBTs' manager, for example, through monitoring and support they provide for IBT team members. And some of these factors are ones that IBTs can address for themselves, in many cases with support from their manager, colleagues, family and friends, for example through planning, preventive coping, healthy activities, seeking support and adopting a balanced perspective.

# RECOMMENDATIONS



The recommendations in this section are drawn directly from the evidence gathered in all three stages of this research. They have informed the development of a toolkit of materials designed to enable organisations and employers; managers,

and the IBTs themselves, together with their colleagues, friends and families, to colleagues, to better support and protect the mental health of a population.

## A. Recommendations for organisations and employers

**Table 18.**

SUMMARY OF FACTORS	EXAMPLE
<b>POLICY AND PRACTICE RECOMMENDATIONS</b>	
<b>Create clear policies, behavioural expectations and practices around business travel that encompass individual differences</b>	These should include policies covering risky behaviour and practices. The recommendation is that these policies are developed in collaboration with various stakeholders in the organisation to ensure that they address and tackle the real issues (such as OH, HR, Travel Team, Health and Safety, Procurement). It is important that any policy or practice created is not 'a one size fits all' in the recognition that business travel affects individuals differently depending on many aspects of their self.
<b>Consider the role of the IBT in selection</b>	Recognise the impact of international business travel when selecting new employees into the role. Provide realistic role explanations to the new IBT and ensure that behavioural expectations are clearly articulated. Consider personal characteristics (such as enjoying unpredictability, sense of adventure, global orientation, enjoyment of meeting new people) which may decrease the likelihood of negative outcomes and therefore increase the resilience of the IBT.
<b>Monitor workload of IBTs</b>	The vast majority of IBTs work significantly longer hours when away on business. Consider the use of an IT monitoring system for the number of days travelling and checks to be put in place to prevent excessive travel and excessively long hours during travel periods.
<b>Monitor mental health of your IBT population</b>	It is recommended that mental health monitoring is included in pre- and post-travel health checks, in addition to the physical checks. This will encourage making mental health discussions to become part of the 'normal' conversation within the organisation. Ensure that any feedback surveys post trip include not just logistics but also feedback on mental health and psychological experience.
<b>ORGANISATIONAL CULTURE RECOMMENDATIONS</b>	
<b>Build an organisational restitution culture</b>	Encourage IBTs to build recovery and rest into their schedule whilst on the trip and after returning. Enable flexible work schedules so that IBTs can recover - which may include allowing them to work from home, take prolonged weekends and book bleisure time.
<b>Create an organisational culture of openness around mental health</b>	The aim of this recommendation is to reduce the stigma around mental health and create a culture where employees feel that the organisation cares about their wellbeing, and where they feel safe to disclose existing conditions, and talk to colleagues and managers if they are suffering from or at risk of mental health issues.

## SUPPORT SERVICE

### Review your organisational support resources to IBTs

This research has indicated a wide range of resources (such as high quality hotel, access to business class travel/lounges, real time information) that can protect the IBT against the negative outcomes of business travel. In addition, consider adding mental health support such as EAPs and wellness programmes to your offering. Use the checklist to identify any resources that you may not currently offer.

### Provide training and education to increase understanding of the impact of international business travel on health and family life

Training and education should be aimed at three groups:

- 1) the IBTs themselves to enable them to develop self management and preventive coping strategies, focused on both mental health and time management
- 2) Managers of IBTs in order that they can better support IBTs and recognise the vulnerabilities of some
- 3) The wider employee population in order that they can recognise and respect the impact of travel on the IBT; and be mindful of their workload and pressure

### Create local support networks

Focus on building infrastructure to enable there to be local support networks for IBTs when away. Consider the creation of an internal 'TripAdvisor' for travellers within the organisation to share experiences such as restaurants and places to go.

## JOB DESIGN

### Provide control and flexibility to IBTs

Enable IBTs to control their travel schedules as far as possible - the more choices, the more it is likely that balance will be achieved between work and home.

### Focus on building employee engagement in IBTs

Engagement was found to be one of the key protective factors against negative health outcomes for IBTs; therefore, initiatives to improve engagement are important. These could include travel benefits, but are likely to be more effective if the focus is upon improving the quality of the IBT's role, the way IBTs are managed and their progression and development prospects.

## PRACTICAL ARRANGEMENT

### Choose and organise hotels which support health promoting behaviours

Research demonstrates that the majority of IBTs reduce their exercise and consumption of healthy food when abroad - but that these two things can protect an IBT against negative mental health outcomes. Ensure that hotels where IBTs are placed enable health promoting behaviours such as having a gym and/or pool, and a range of health food choices.

### Make the trip as seamless as possible for the IBT

Aim to make the travel process as simple as possible for the IBT by arranging travel including transfers and by providing the IBT (and potentially the family of the IBT) with a checklist of everything they need.

### Enable as much access to technology as possible

Ensure that IBTs have access to the best and fastest technology and consider providing personal calls free whilst IBTs are away.

### Demonstrate appreciation for the IBT's spouse and family

Recognise the impact on the wider family/social unit resulting from the IBT role. Demonstrate appreciation for this by providing the spouse/family with gift vouchers, and offer payment for extra childcare costs incurred. Provide spouse/family with information and contact details about the trip.





## B. Recommendations for managers

Table 19.

RECOMMENDATION	EXAMPLE
<b>CONTROL AND PLANNING</b>	
<b>Provide the IBTs with control over their travel</b>	Enable the IBTs to have control over their travel schedule (how and when), and to work flexibly around the travel period (at home, prolonged weekends, bleisure). The more choices the IBTs are given, the more likely they are to be able to create balance between home and work.
<b>Encourage planning</b>	Work with the IBT to develop a preventive coping plan, enabling them to plan for and mitigate adverse situations occurring as a result of travel - in terms of the individual, work and family situations.
<b>SUPPORT AND EDUCATION</b>	
<b>Prompt IBTs to consider their mental health</b>	Enable an open discussion about mental with your team members and work with the IBT to develop a personal coping plan in order that they can develop self management strategies to cope with the impact of frequent travel. Role model this openness around mental health by discussing your personal situation.
<b>Provide support to the IBT whilst away</b>	Frequent international business travel can be an isolating experience. Checking in regularly to see how the IBT is getting on will be helpful; as will organising and facilitating local social support for the IBT when they are away.
<b>Educate the non-travelling team about the pressures of IBT</b>	Communicate with the IBT's non-travelling colleagues in order that they understand the pressures of international business travel and the impact on the health and family life of the IBT. This will also encourage colleagues to respect agreed contact times and not add to the already heightened workload for the traveller.
<b>REVIEWING AND MONITORING IBT</b>	
<b>Monitor the workload of your IBT</b>	Research has consistently found that IBT involves significantly higher workloads than usual - which can impact negatively on the psychological health. Managers should regularly review the workload of the IBT, setting 1-to-1s to discuss workload and enable the organisation of tasks to monitor workload.
<b>Review the role of the IBT on a regular basis</b>	Recognise that frequent international business travel may not be sustainable for all employees and may be particularly deleterious to the health of some compared to others. Consider the whole person in this review - their family situation, gender, experience in the role and mental health. From a positive perspective, consider how you can enhance the role of the IBT in order to protect them against some of the more negative impacts - for instance their career prospects and enhancement and their engagement and passion for the role.
<b>Challenge the need for each trip</b>	Consider whether each trip is absolutely necessary and minimise the number of unexpected trips in order that the business traveller can have as much opportunity to plan as possible. Empower the IBT to push-back on any trips that they may not see as necessary/may not want to attend.

## C. Recommendations for IBTs and their support networks

Table 20.

RECOMMENDATION	EXAMPLE
<b>CONTROL AND PLANNING</b>	
<b>Invest time planning</b>	It has been shown consistently that planning is a key protective factor in terms of mitigating the psychological risk of international business travel and in reducing the pile up of work upon return.
<b>Take control of your business travel</b>	Having choice over when and how you travel is particularly key in reducing negative psychological implications of business travel. Discuss with your friends and family about the most suitable trip times and durations. Speak to your manager about any aspects of the trip you are not comfortable with and be prepared to refuse to travel if that is the right thing to do.
<b>MENTAL HEALTH AWARENESS</b>	
<b>Become aware of your mental health and the mental health of others</b>	Recognise the strain that international business travel can put upon you, your colleagues and your loved ones. If your mood suffers when travelling, take time to reflect upon what causes this and put in place ideas to address it – for instance if isolation or lack of social support are a key factor, build a social network of colleagues abroad, or arrange activities whilst on the trip to maintain social contact.
<b>HEALTH PROMOTING ACTIVITY</b>	
<b>Build in respite and recovery before, during and after the trip</b>	Use 'downtime' at the airport and on the plane to rest and recover rather than working. Whilst on the trip, build in and schedule downtime and relaxation into your time. Following the trip, take time to recuperate, either at home on leave, working from home or at the destination by taking 'bleisure' time.
<b>Increase health promoting activities</b>	It has been shown that business travel often results in IBTs taking less exercise, having low quality sleep, eating less nutritious food and drinking more alcohol. Many of these behaviours are associated with poorer mental health outcomes. By finding ways to ensure you eat and sleep better, and exercise more, you are likely to reduce the negative impact of international business travel.
<b>ATTITUDINAL/PERSPECTIVE</b>	
<b>Channel your feelings of freedom and adventure to exploring with local colleagues</b>	For some IBTs, international business travel provides a feeling of freedom and adventure. Rather than channelling this enthusiasm on risk taking behaviours such as travelling to unknown places, eating street food and visiting clubs and bars; consider engaging with your local support network and colleagues to explore and learn about the new destination.
<b>Adopt a balanced perspective</b>	Although international business travel can be stressful, it is useful to consciously focus on the positive aspects of travel (in addition to the negative). For instance, reflect upon the opportunity that the role provides to build an international network and travel; or it may be that it is on your international trips that you have the opportunity to do work that you enjoy, such as meeting colleagues, closing deals and making key decisions. Taking a balanced perspective will enable you get more enjoyment from your travel.
<b>COMMUNICATION</b>	
<b>Communicate with your family and loved ones</b>	Share the details of your trip with your family and loved ones, and have an agreement before the trip about how and when you will communicate. Express appreciation of your spouse's/ loved ones' contributions to your home life and recognise the additional stress and pressure imposed on you all by your IBT role. It is also helpful to consider bringing your loved ones on the trip with you if you can.
<b>Communicate with your travelling colleagues</b>	Discuss the way that you like to travel with any co-travellers and ensure that you have a level of understanding (such as respecting privacy and not talking to each other on the plane if that is what either of you wish). By acknowledging individual differences in the way we like to travel, conflict and stress will be reduced.
<b>Set expectations and communicate with your non-travelling colleagues and manager</b>	Give a clear brief to your colleagues and team so that they know what is expected of them while you are away and when and how to contact you. Share your workload and schedule and clarify your contact windows within this. Let your team know where you are at all times and what time-zone you are in.



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# APPENDICES



## A. Stakeholder briefing document

### RESEARCH PROJECT EXPLORING THE PSYCHOLOGICAL IMPLICATIONS OF BUSINESS TRAVEL

The necessity for organisations to operate globally has led to many employees becoming IBTs. IBT typically work long hours, in complex roles, away from their family and friends, and often in stressful, challenging or even dangerous conditions and environments. Evidence from organisations such as The World Bank, has suggested that the number of cases of psychological ill-health within this population has been increasing. Although much research has been conducted to look at the medical and physical implications of business travel, little research to date has focused on the psychological implications of this type of role. International SOS Foundation has commissioned Affinity Health at Work to conduct a research project to explore the psychological implications of business travel. The aims of this research are threefold:

- To enable stakeholders who have a duty of care to their travelling workforce to make evidence based adjustments and recommendations to their employees around business travel.
- To enable organisations to increase awareness in their employees about the psychological implications of business travel and therefore mitigate risks.
- To ultimately increase the safety, health, security and wellbeing of IBT by understanding more about the psychological implications of business travel.

The first phase of the research is an evidence review to understand more about the implications and both the protective factors and barriers associated with business travel. We would like to ask for your participation in the second phase of this research. In this phase, we will be interviewing key stakeholders within organisations that employ IBT to help better understand the context in which IBT work and travel and highlight potential risk behaviours.

### WHAT YOUR PARTICIPATION ROLE WOULD INVOLVE

We would like to interview one or two stakeholders in your organisation. Each interview, which could be undertaken face to face or by phone, will take approximately 45 minutes to one hour. In this interview we will be gathering information on your experiences of working with IBT, the context in which they work, and the risks and benefits for people in these roles. We will be also seeking to gain insight on any supportive processes and procedures that you have put in place within your business for these employees.

### BENEFITS OF PARTICIPATION

Early access to the outputs of this research including:

- White paper
- Toolkit including top tips for organisations and IBT, checklists and guides

### TIMINGS

- Interviews – November and December 2017
- Research outputs – Spring 2018

### CONFIDENTIALITY

All information collected will be anonymised and held confidentially. No feedback will be given to the wider organisation about the content of the interviews.

## B. Survey content and analysis

The survey employed in this research included both well-established academic scales and items that were designed for the purpose of this piece of research. The items that were designed by the researchers drew heavily on the review of published literature on international business travel and findings

from the stakeholder interviews (Stages One and Two). The survey (Stage Three) was made up of 31 items which all sought to tap into various aspects of international business travel. All scales had sufficient internal consistency wherever relevant, as per Cronbach's alpha (please see the table below). In other cases, single items were used in the statistical analyses.

TYPES OF ITEM/S	EXAMPLE	INTERNAL CONSISTENCY (CRONBACH'S ALPHA)
<b>Personal demographics</b>	Gender, age, sexual, orientation, parental status and responsibility	N/A
<b>Organisational and business travel related demographics</b>	Size of the organisation, geographical area, sector, business travel experience,	N/A
<b>Business travel provisions</b>	Access to business class flights, time off in lieu, corporate child care, mental health support	N/A
<b>Experience of business travel</b>	Changes in stress levels, working hours, level of exercise, perceptions of personal safety, risk behaviours (e.g. contact with new sexual partners, unprotected sex, drug use), planning, control over business travel, social support	<b>Risk behaviours: 0.838</b>
<b>Work-family conflict</b>	Job demands interfering with home and family life; job produces strains, making it more difficult to fulfil home related obligations.	<b>0.931</b>
<b>Emotional exhaustion</b>	Feeling emotionally drained from work, feeling tired when waking up in the morning	<b>0.909</b>
<b>Employee engagement</b>	Feeling bursting with energy, being enthusiastic about job, being immersed in one's work	<b>0.906</b>
<b>Work-life balance</b>	Having good balance between job duties and home life commitments	<b>0.925</b>
<b>Depression</b>	Inability to experience positive affect, feeling hopeless, downhearted and blue	<b>0.896</b>
<b>Anxiety</b>	Feeling close to panic, heart raising in the absence of exercise	<b>0.813</b>
<b>Stress</b>	Feeling agitated, tending to over-react to situations	<b>0.881</b>

A wide range of inferential statistical tests were used to analyse the data. ANOVAs, MANOVAs and t-tests were used to explore statistically meaningful differences in scores between demographic groups. Examples of demographic groups include gender, sexual orientation, parental status, relationship status and level of parental responsibility.

Multiple Regressions were used to identify which factors may be related to the outcome variables (emotional, social/family, psychosocial/psychosomatic and job

and travel related). Apart from helping to establish meaningful relationships between variables, Multiple Regressions also reveal the magnitude or strengths of those relationships. This can greatly help with recommendations and action planning when seeking to create most impact. Another advantage of Multiple Regression is that it takes into account a wide range of variables at the same time, testing for potentially meaningful relationships that may not be immediately obvious.



