

The Global Business Traveller – a Higher Health Risk

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Many companies require employees to undertake international travel as an essential activity in the global commercial market. Health effects of recreational foreign travel are well studied, but little data relates to the short term international business traveller whose *raison d'être* differs from the vacationer. They differ in destination and work performance. Business travellers are separated from families while abroad, experience cumulative effects of jetlag, travel-related trauma, exposure to unhealthy foods and may make multiple trips abroad annually. Business objectives demand the minimising of ill-effects of travel, but pretravel time constraints often make precautions and prophylaxis impracticable. Loss of productivity abroad, or on return, due to travel-related illness, can adversely affect the company employee financially.

Short Term International Travel and Morbidity

Travel related illness

Between 35% and 70% of short-term travellers experience illness abroad,¹⁻⁹ with traveller's diarrhoea most common, affecting 20- 50% of all travellers, with risk related to destination. Three main areas are: Low Risk (Western Europe, North America, Australia and New Zealand) Medium Risk (Middle East, Eastern Europe, Caribbean) High Risk (Mainland Africa, Southern Asia, South America).¹⁰ Economic expansion in India, now visit high risk areas.⁹ Expanding economies in Indonesia, India China and Middle East ensure that many business travellers visit high risk areas.

The morbidity experience of short term international businessmen is poorly recorded. Population studies include business travellers, but fail to analyse whether their experiences are different to tourists in the cohort.^{11,12,13} Similar types of morbidity might however be expected to exist as in those travelling abroad for work. One manufacturer discovered that 35% of employees suffered diarrhoeal illness while abroad,¹⁴ while with oil and gas workers, 76% of travellers experienced some form of illness overseas.¹⁵

Psychological morbidity

Psychological morbidity may be associated with recurrent international travel,¹⁶ the culture shock syndrome¹⁷ and rapid time zone transit. These can precipitate affective psychiatric disorders in those pre-disposed.^{18,19,20} World Bank employees who travelled internationally on business, as well as the expected excess of physiological morbidity, had higher rates of psychological morbidity than non-travelling counter-parts. Morbidity experienced was clinically significant and supported by significantly higher medical insurance claim rates for those conditions.²¹ The act of travel was associated with an increased level of self-reported anxiety among travellers, compared to when they were at home.

Follow-up study on risk factors for psychological illness attempted to define which potential stressors associated with international business travel were most significant to the travellers in contributing to subjective feelings of distress.²² Social and family concerns were significantly associated with travel stress (perceived negative impact of travel on family and social life). In addition, a heavy workload on return from a mission abroad was a significant factor as was sense of isolation and concerns about personal safety. Destination did not appear to contribute to subjective stress, nor did time-zone travel contribute to stress significantly, but a 39% response rate may not have been representative.²³

34% of respondents had a "considerable amount of stress" during their most recent business trip. Most commonly cited source was work-related activity overseas. However, when Canadian travellers were asked to rate worries and concerns associated with most recent international trip, high or extreme levels of worry were associated with leaving the family (34%), contaminated water (28%), contaminated food (28%). correlating with data in a UK study.³ Mild to moderate anxiety was also reported in personal security and crime, airline issues, tropical disease and being alone. (and 26% respectively.)^{49,31,34}

Worry about leaving family, is the stressor contributing most to feelings of anxiety in relation to business travel. A significantly high rate of psychological morbidity occurs among partners of frequently absent workers in oil workers and air crew.^{23,24} Global business travellers may have an accentuated awareness of problems left at home contributing to the level of anxiety and concern voiced. Job demands and effort reward imbalance may be causative risk factors in the development of psychiatric disease, adding possible confounding factors to studies linking international travel and psychiatric morbidity.²⁵

Unhealthy lifestyle factors

Skipped meals, hectic agendas and odd working hours are a recipe for an unhealthy lifestyle. Poor self-rated health and obesity are associated with extensive business travel. Business travellers who spend the most time "on the road" tend to have higher rates of obesity and poorer self-rated health than those who travel less frequently. Extensive travellers had high diastolic blood pressure and lower high-density lipoprotein cholesterol levels compared with limited travellers. Researchers used data from medical records of more than 13,000 employees in a corporate wellness study which enabled them to link travel time with health. As frequency of travel goes up, how the individual feels about their health becomes more negative. Frequent travellers had worse outcomes on various health measures, than infrequent travellers including:

- mean body mass index (BMI) of 27.5, versus 26.1
- mean HDL level of 53.3 mg/dL, versus 56.1
- mean diastolic blood pressure of 76.2 mmHG, versus 74.6
- 26% greater likelihood of rating personal health as fair to poor.²⁶

Business travel can be hazardous to health.²⁷ 81% of business involves road trips done in cars, ensuring long periods of sitting and eating of high-calorie, high-fat foods in roadside service areas. A survey found that, besides sleeping, the number one activity business travellers enjoyed was spending time in a hotel bar or restaurant with colleagues, with many over-indulging in alcohol. Lack of sleep due to over-socialising and anti-social hours of travel stressed 54 % of business travellers.

Pre-Travel Health Advice

Prevention activities aimed at reducing morbidity should be based on sound epidemiological data. Pre-travel advice can be inappropriate²⁷ or incomplete^{28,29} and a significant number of travellers are ignorant of the health risks associated with travel. Medical professionals and specialist services have not escaped criticism.³⁰ Many business travellers leave home ill-prepared for potential health hazards.

Pre-travel preparation plays a part in the amount of and outcome of morbidity experienced. In a primary care setting, giving pre-travel advice did not reduce amount of diarrhoea experienced but it did significantly affect the outcome of the illness in reducing the need to seek medical advice when abroad and on return home. Those who had taken pre-travel advice were more likely to treat their illness themselves.³ Pretravel intervention encouraging behaviour modification to prevent travel related illness remains poorly studied.

Additional effort needs to be made by employers and health professionals at the pre-travel stage to educate businessmen about the best way to avoid and manage travel-related illness including sexually transmitted disease.³¹ For instance, failure to organise malaria prophylaxis is common in business travellers.

Nearly half of the cases of malaria treated in Aberdeen were in workers who had been abroad on oil-related business.³³ In the study population 30% had not taken malaria prophylaxis due to inadequate pre-travel advice, similar to rates in other studies. Several factors have a significant influence on compliance. A common reason is inadequate or wrong pre-travel advice.^{32,33} Travel medicine can only be a credible discipline if the relative benefits of interventions are demonstrated epidemiologically. Malaria prophylaxis is a highly cost-effective procedure.³⁴ Companies must be aware of the risks the health risks employees are likely to meet overseas and provide advice which is accurate, appropriate and provided timeously to allow time for vaccination and prophylaxis.

Conclusion

Business travellers are subject to stress and the cumulative effects of jetlag, travel related trauma and infection, lack of sleep, exposure to unhealthy foods and excess alcohol ingestion while working abroad.³⁵

Employers should recognise this and incorporate appropriate risk management protocols into formal employee management strategies. Health professionals should assess the special physical and psychological risks that can beset globe-trotting business people.²⁷

Business Travel Health Management

Health professionals should recognise that business travellers can be vulnerable and at higher risk than tourists and carry out health risk assessment.

Businesses should identify physical and psychological health risks to employees when abroad and seek to prevent them as for any other "safety at work" issue.

Pretravel arrangements should include conventional advice on risks pertaining to business travel, precautions and prophylaxis plus appropriate malaria prophylaxis and vaccinations should be encouraged. A health emergency kit including diarrhoea medication is a wise provision for the traveller.

Travellers should routinely make use of the hotel gym and swimming pool and seek healthy dining menus.

Allan Melrose a former nurse, has travelled extensively for business and pleasure.

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