# Editorial

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This thematic issue focuses on duty of care obligations of employers to protect the health, safety, security and well-being of employees. Duty of care is an organisation's obligation to assume its responsibility for protecting its personnel from threats and risks when working around the world (Claus and Giordano, 2013). In the context of human resource management (HRM), it implies that organisations have developed disaster management frameworks, or at the very least engaged in crisis management planning, for events that could lead their employees into harm's way. This includes a range of threats that are man-made and/or exist in the workplace (e.g., chemical spills and aircraft crashes) as well as natural disasters (e.g., landslides, earthquakes, and tsunamis; Schneid and Collins, 2001). But, for the most part, employee duty of care incidents are not due to disasters but the result of illness and road accidents while on international work assignment (Claus, 2009).

As a result of globalisation, organisations (whether for profit, non-profit or governmental) have talent deployed all over the world as locals, international assignees and business travellers. This exposes the workforce to greater environmental risks in terms of health, safety and security that need to be mitigated and managed. This includes external risks such as assault, kidnapping, terrorism, hijacking, and robbery, and unpredictable events arising from illness, infectious disease, natural disasters, accidents, and medical emergencies (Claus, 2009; Henisz et al., 2010; Merlot and De Cieri, 2011; World Economic Forum, 2011). At any point in time around the world, employees are experiencing risks and threats that require duty of care attention from their employers. Indeed, in the past two weeks alone (as we have been finalising this special issue mid-2015) three very serious incidents have occurred resulting in the tragic loss of life of international travellers: (1) the Sabah earthquake in Malaysia which tragically killed nearly a third of Tanjong Katong Primary School's (Singapore) 37-person contingent of staff and students (including eight 12-year old students), who were climbing Mt Kinabalu as part of the school's annual leadership program (Chang, 2015); (2) the Middle East

respiratory syndrome (MERS) pandemic in South Korea that has led to the deaths of 22 people, with countries around the Asia-Pacific region now rolling out measures to prevent the spread of the disease which is aimed at protecting their citizens as well as international business travellers (*The Wall Street Journal*, 2015); and, (3) the 2015 earthquake in Nepal and its aftershock resulting in travel advisories to defer all non-essential travel to the Kathmandu valley and districts in Central and Western regions of the country (U.S. Department of State, 2015).

So far, major contributions to the field of 'employer duty of care' have come mainly from outside of HR and academia, for example, from the fields of training (Bensimon, 1998), tourism (Reisinger and Mavondo, 2005; Ritchie, 2004), hospitality (Chien and Law, 2003), medicine and occupational health (Patelet al., 2000; Peytremann et al., 2001; Druckman et al., 2012; Druckman et al., 2014), and law (Knauer, 2002; Meunier, 2007). A number of consulting reports and articles have also contributed to the duty of care debate, e.g., Brookfield Global Relocation Services (Aldred and Zipf, 2013), Santa Fe Group (Lockwood et al., 2014), Worldwide ERC (Williams, 2013), Business Review Weekly (Bleby, 2013), and International SOS (Claus, 2009; Claus, 2011). The latter 2011 Duty of Care Global Benchmarking Study is an important report because it is the first comprehensive study of an employer's duty-of-care responsibilities for workers on international assignments. The purpose of the study was to benchmark an organisation's duty of care practices with other companies from which they could then build and develop better practices to support their international assignees in terms of health, safety and security.

Within the international human resource management (IHRM) field, the topic of 'duty of care' nonetheless continues to receive scant attention (see Bhanugopan and Fish, 2008; Schneid and Collins 2001; Chew, 2004). This is despite that international assignee well-being is high on the corporate agenda of most organisations (Briscoe et al., 2012), and most particularly for those with assignee populations in dangerous and hardship locations such as Nigeria, Mongolia, Ukraine and Pakistan among others (Dowling et al., 2013). Very recently, some promising studies have begun to emerge that addresses duty of care for expatriates. Fee et al. (2013) propose a conceptual model of crisis management and apply it to the emergency evacuation of expatriates during crises. Their study categorises 'crises' into four distinct types of events: (1) medical emergencies including illness, infectious disease, and pandemics; (2) natural disasters such as earthquakes and fires; (3) irregular man-made crises such as kidnapping, civil war, and acts of terrorism; and, (4) regular man-made crises such as industrial accidents and non-work misadventures (road accidents, particularly with motorbikes). They contend that (p.247):

> *Evacuating expatriates incurs large direct and opportunity costs for firms, and can be traumatic for those involved … and that contemporary approaches to dealing with such crises are likely to be complex and of increasing importance.*

Merlot and De Cieri (2012) similarly explored the resource challenges for non-profit organisations in responding effectively to the 2004 Indian Ocean tsunami that impacted 14 countries over two continents. By focusing on operational matters in disaster and conflict zones, their study found that having more resources (volunteers, international aid) did not lead to improved performance in disaster management or organisational capacity. From a duty of care perspective, they further noted that (p.1305),

> *Disaster and war zones involve a great deal of confusion, lack of resources, lack of infrastructure, danger and highly traumatic situations (Lindenberg and Bryant, 2001; Edwards and Fowler, 2002; Stephenson and Schnitzer, 2006). There is often little availability of local skills, and few appropriately skilled expatriates prepared to work in such environments (Lindenberg and Bryant, 2001; O'Sullivan, 2010). Those who do work in such conditions leave, with reported turnover rates as high as 25 to 50% for emergency staff (Lindenberg and Bryant, 2001). Such difficult environments result in high levels of stress and trauma for the staff, requiring appropriate policy and support strategies in MNNPEs (Edwards and Fowler, 2002).*

Another important stream of research concerns international business and terrorism (Burke, 2008; Harvey, 1993; Suder, 2004; Czinkota et al., 2010, for example). Czinkota et al. (2010) recently developed a theoretical grounding for terrorism research and a comprehensive agenda for future research. Their research framework emphasises the effects of terrorism, organisational preparedness, company strategy and performance, global supply chain and distribution channels, and human resource issues. Bader (2014) further progresses the debate by analysing the antecedents of expatriate work attitudes in terrorism-endangered countries. He found that social support from co-workers as well as from the organisation itself is essential to maintain positive work attitudes among expatriates. Furthermore, expatriates' sensitivity to terrorism was found to be an important moderator of their overall attitude towards working in a terrorism-endangered location.

With this thematic issue, we integrate various facets of the legal, medical, security and social aspects of duty of care with the broader HR fields of talent management and global mobility. The four contributions in this issue reflect the broad scope of duty of care in terms of topics and include papers from researchers from different continents. We explore duty of care issues related to the legal context (Europe), security (South America), illness of international assignees (USA), and duty of care of the lesbian, gay, bisexual and transgender (LGBT) subgroup of globally mobile employees (Australia). While the focus is on international assignees, the international business traveller is a neglected but strategic human resource as well (Welsh et al., 2007).

The first contribution, 'Introducing a new set of guidelines to implement the "duty of care" of the EU institutions and agencies towards their internationally mobile workforce', by Andrea de Guttry, focuses on the legal context of duty of care for an international governmental organisation with over 2500 international assignees deployed in high or critical risk countries. It highlights the scope and content of duty of care according to recent international jurisprudence and illustrates how the European Union (EU) as a supranational organisation is implementing duty of care in terms of a safe and healthy work environment, adequate information concerning the specific risks, deploying staff with dignity, avoiding unnecessary injury and providing effective medical services and adequate training. The author also provides recommendations and guidelines for implementing duty of care for globally mobile employees in international governmental organisations like the EU.

The next contribution, 'Building psychological contracts in security-risk environments: evidence from Colombia and Mexico', by Jacobo Ramirez, Claudia Vélez-Zapata and Sergio Manuel Madero Gómez, focuses on the security of local employees and international assignees in high-security risk environments. Using the notion of the psychological contract, the authors examine the reciprocal obligations between employers and employees when their safety and security are at risk due to narcoterrorism.

Conducting qualitative interviews with managers and employees in eight firms in Mexico and Colombia – under difficult research circumstances – they provide an exploratory view of how HRM provides unconditional support and concern for the wellbeing of their employees (and their families) and plays a role in maintaining the psychological contract based on an implicit relational understanding.

The third paper, 'Medical requests for assistance from globally mobile populations: contrasting international assignees from different sectors', by Robert L. Quigley, Lisbeth Claus and Michael Dothan, focuses on the medical risks of international assignees. Using institutional theory and the resource-based view of the firm, they show how international assignees from different sectors (corporate, government and non-profit) have (1) different probabilities of receiving a specific medical diagnosis when they request assistance for a health issue while on assignment, and (2) how it produces different outcomes even when taking into account their gender, age and host country health risk.

The fourth paper, '"Oh, the places you won't go as an LGBT expat!" A study of HRM's duty of care to lesbian, gay, bisexual and transgender expatriates in dangerous locations', by Ruth McPhail and Yvonne McNulty examines the perceptions of LGBT expatriates in terms of the challenges they face and the duty of care provided by HRM in dangerous geographic locations. This case study of 13 LGBT expatriates shows the hyper diversity of the issues faced by these employees, the complexity of threats to their safety, and the barriers they encounter as international assignees in these dangerous locations.

With this thematic issue, the *European Journal of International Management* is showcasing the breadth of the health, safety and security issues that make up the duty of care obligation of employers when it comes to international assignment management and the role of HRM in mitigating those risks. By exploring a topic that is on the radar screen of global HR practitioners, the research contributions in this thematic issue are narrowing the research-practice gap in international HRM and augmenting the evidence-based knowledge of duty of care.

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