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Caring at a Distance: A Model of Business Care, Trust and Displaced Responsibility

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Abstract

This paper advances an ethic of care for sustainable tourism. The study develops an original business care model that captures the dynamic interrelationships between care, responsibility and trust in corporate philanthropy. The model provides a novel perspective on how responsible business practices are formed across distance by shedding light on the different layers of responsibility and trust that characterize business-stakeholder relationships. The model is evaluated using the example of tour operators' engagement in the Education for All project in Morocco. Findings show that tour operators' commitment to caring at a distance becomes part of shared, displaced and performed articulations of responsibility. While performed responsibility acknowledges the embodiment of care, displaced responsibility shifts the responsibility to select, perform and/or oversee acts of care to stakeholders in destinations. Shared responsibility requires attention to the ways in which meanings and practices of care are co-constructed in corporate philanthropy with trust functioning as a central driver of these processes.

Keywords

Business-stakeholder relations, corporate philanthropy, ethic of care, responsibility, tour operators, trust

Introduction

The complexity and undefined nature of ethical concerns in tourism is accompanied by a conflict of value positions expressing different ethical discourses (Grimwood, Yudina, Muldoon, & Qiu, 2015; Macbeth, 2005). This study draws on philosophical insights from care ethics to advance a relational understanding of tourism ethics, widening and connecting the scope of concern from the local to the global level. Debates of responsibility have been omnipresent across these levels, but "'[r]esponsible' especially in tourism suffers by virtue of a dysfunctional or non-existent theoretical or conceptual basis" (Fennell, 2008a, p. 223). A discourse of tourism impacts has prevailed without a deeper appreciation of what good and bad mean and how these understandings are integrated into wider moral frameworks (Fennell, 2015). Reflecting this, Caton (2012) has called for a moral turn in tourism. This moves away from a focus on morality as expressed through different types of tourism toward an exploration of ethics as innate to the tourism venture itself.

Hultsman (1995, p. 556) describes a tourism ethic as "foundational and articulated notion of what tourism professionals collectively accept and tacitly understand as being principled behaviour." However, this is tantamount to a Western-centric understanding of what 'principled behavior' ought to be. Instead, this study adopts a way of thinking about ethics as derived from and practiced through relationships, in which values of good and bad are in constant dialogue to recognize differences and tensions of care and negotiations thereof. As Conradson (2011, p. 456) suggests, the extension of "care is a moral and ethical issue, for it reflects our recognition of the needs of others and the value we assign to their livelihood".

More specifically, this research explores to what extent and in which ways businesses and society can co-construct shareable interpretations of responsibility (Lawson, 2007; Popke, 2009). This requires an understanding of how practices of responsibility are negotiated, in order to extend care

to distant others. Indeed, while care has figured more prominently in writings on specific forms of tourism, such as social tourism (see e.g., Minnaert, Maitland, & Miller, 2006), medical tourism (see e.g., Whitmore, Crooks, & Snyder, 2015) or volunteer tourism (see e.g., Mostafanezhad, 2013; Sin, 2010), overall, limited attention has been given to the role of care in tourism spaces and organizations. This study advances an understanding of care as a core value of business ethics that simultaneously connects organizations with distant geographies.

The macro-environment of care is characterized by the gradual shift of responsibility from the public to the private sector. This is consistent with the corporate 'transnationalization' of responsibilities. Visions of responsibility in tourism are usually market driven extending the confines of privatization in the process (Fennell, 2006; Mostafanezhad, 2013). Corporate Social Responsibility (CSR) discourses intersect with the idea of a self-regulating tourism market. This accounts for an ethic based less on "rights and obligations and more on a vocabulary of responsibility, compassion and care" (Clarke et al., 2007, p. 242). One way that companies have acknowledged their increasing responsibility to society is through their engagement in corporate philanthropy. This reflects a wider voluntary engagement of corporations in other-regarding acts of care. Philanthropic care relations, however, also entail asymmetrical power relations (Novelli, Morgan, Mitchell, & Ivanov, 2016), which interweave with tourism "geographies of compassion" (Mostafanezhad, 2013).

While an ethic of care for distant places is increasingly regarded as key for sustainable tourism, the literature on care and the ethical foundations of responsible business practices in tourism is limited. This study fills this gap and furthers the debate in three main areas. First, it expands current conceptualizations of corporate philanthropy through the development of a business care model that captures the dynamic interrelationships between care, responsibility and trust in philanthropic

engagements. Secondly, it contributes to current understandings of responsible business practice by shedding light on the different layers of responsibility that characterize business-stakeholder relationships. This provides "a more nuanced spatial view of […] stakeholders' positions in, or responses to" (Coles et al., 2013, p. 134) corporate philanthropy in tourism. Thirdly, and distinctly from the existing literature, this paper highlights the centrality of trust in care relations and conceptualizes its role in enabling responsible business practices across distance. Trust provides a foundation for the ethical engagement with stakeholders and this paper explores the opportunities this affords for different forms of (dis)engagement between tour operators and local communities.

In order to present the key original contributions, the literature review examines first the concept of care, responsibility and trust through the lens of distance. Secondly, the methodology guiding this research is presented. Thirdly, findings on caring at a distance in three main areas of performed, displaced and shared responsibility in tourism practice are critiqued. The final section concludes and indicates potential areas for future research.

Care as Practice

Different scholars have provided comprehensive reviews of the literature on ethics in tourism (see e.g., Fennell, 2006; Hall & Brown, 2006; Lovelock & Lovelock, 2013). These studies, however, seldom address the deeper features characterizing the practice of care. This research attempts to elaborate on the underdeveloped conception of care in business ethics by exploring its potential as a moral framework for philanthropic business practice in tourism. Different notions of what 'good' and 'bad' and variations thereof mean influence the practice of care at a distance, rather than preceding particular forms of (dis)involvement. Dominant moral frameworks, however, do not provide satisfactory answers to how to address distance apart from impartiality. Care is not

impartial. Rather, it is a modality of being responsible and it transforms care in the process, including those participating in care practice (Mol, 2008). The moral relevance of distance hence becomes negotiated in practice; it is never stable nor rendered passive, moving away from a rationalist perspective of human choice. In doing so, distance is recognized as an inherent aspect of responsibility functioning through relationality, instead of viewing distance as evoking indifference (Barnett, 2005).

The concept of care emerged in the 1980s based on a feminist understanding of emotive and relational morality (Gilligan, 1982). It complements the conception of morality as being rooted in rights and principles (Robinson, 2013) by embracing the notion of care representing a "social ontology of connection: foregrounding social relationships of mutuality and trust" (Lawson, 2007, p. 3). Social relations are understood as contextual, which allows addressing the power relations underpinning them. Its value-oriented approach emphasizes a morality that builds on the notion of attentiveness, responsibility and responsiveness (Tronto, 1993). The endeavor of this study, i.e., to emplace the meaning of care in business practice, is not without its critics. There exists widespread critique of the conception of a 'caring' organization and the extension of care relations into market transactions (Held, 2006; Lawson, 2007; Noddings, 2015; Robinson, 2013). The latter represents an imperfect substitute of institutional forms of care, as it hinges on the translation of geographies of care into everyday business practice. Recognizing these limitations, this research aims to focus on responsibility and trust as core values of care ethics, but an assessment of care from a social reproduction or welfare perspective is beyond the scope of this study.

To prevent an over-idealization of care this research follows the conceptualization of care by Tronto (1993), describing corporate engagement in caring action as a practice, rather than perceiving care as a disposition. Tronto (1993) specifies four elements of care practice: Caring

about, taking care of, care-giving and care-receiving. These elements are multidirectional, i.e., dynamically interconnected and mutually responsive. While ethics do not provide management tools or formulae (Smith, 2009) on how to address sustainability or how to take responsibility, caring about can be seen as a precondition for ethical caring (Tronto, 1993). Companies have to first recognize and acknowledge the need to care to engage in caring actions.

Positioning Care in Business Practice

Corporate philanthropy, as an expression of care, rests on a symbiotic relationship between self-interest and altruism forming the basis of ethical subjectivity (Barnett & Land, 2007). This approach has been termed 'enlightened self-interest' (Ryan, 2002), with Hall and Brown (2006) identifying it as one of the main determinants of socially responsible practice. This positions caring acts as strategic endeavors by combining the "potential role for caring ideals and actions in contributing to optimal ethical decision-making and the achievement of beneficial outcomes" (Simola, 2012, p. 475) at the corporate and societal level. Held (2006), however, argues that altruism does not form part of the ethic of care, nor egoism, as these are expressions of conflictual situations. Rather than seeing these as conflictual situations, it is through an engagement with these tensions that the values of businesses become articulated.

Corporate philanthropy is an emerging area of research in tourism (Coles et al., 2013). Especially in the tour operating realm research on corporate responsibility is limited (Van de Mosselaer, van der Duim, & van Wijk, 2012). This contrasts with tour operators strategic positioning in the market to mobilize demand (Kagermeier, 2003) and advance policies and sustainable actions (Budeanu, 2005) by drawing together a spatially diverse web of stakeholders. As highlighted in the World Travel Market (2014) Industry Report, the tourism business community recognizes the importance

of responsibility and this manifests, as large parts of the tour operating industry (particularly in the UK) are donating money to charitable projects (Tearfund, 2001).

Tourism shapes different views of caring at a distance, due to the nature of the business, which contributes to reducing cultural and physical distance. Nevertheless, there is no clarity or consensus on what responsibility or responsible tourism means. While some scholars view it as a way of doing tourism (Goodwin, 2011; Husbands & Harrison, 1996), others allude to the normative power of the concept (Grimwood et al., 2015; Sin, 2017). Again, others regard it as an oxymoron and are skeptical about the value and effectiveness of this approach (Hall & Brown, 2006; Wheeller, 1991). Regardless, a 'narrow business case' for responsibility often prevails (Coles et al., 2013). It is unclear to what extent such an approach will enable businesses to *come to care*.

Critics may argue that care is firstly understood as an economic responsibility within the corporate sector. Following Carroll's (1991) Pyramid of CSR it is expressed through the need to maintain the financial viability of businesses. This form of 'self-care' calls "into question the nature of the social, and the ways in which it is, or is not, figured as a site of collective responsibility and mutual regard" (Popke, 2009, p. 84). Carroll (1991) goes on to delineate different spheres of responsibility of businesses toward society. These range from caring for the organization through making profits and complying with legal requirements (i.e., economic and legal responsibilities), toward an increasing care for others (i.e., ethical and philanthropic responsibilities). Pro-active care for others cannot be met without maintaining the economic and legal responsibilities of the firm. However, the Pyramid of CSR has been widely critiqued for its bottom line approach and its limited ability to capture the complexity of the relationships involved in CSR (Claydon, 2011). Spence (2016, p. 36) proposes a more "vulnerable notion of" economic and legal responsibilities as "a responsibility of survival". She argues that the failure to maintain the economic viability of the firm can lead to

a wider loss of livelihood, apart from the corporate and personal losses entailed. In care, then, legal

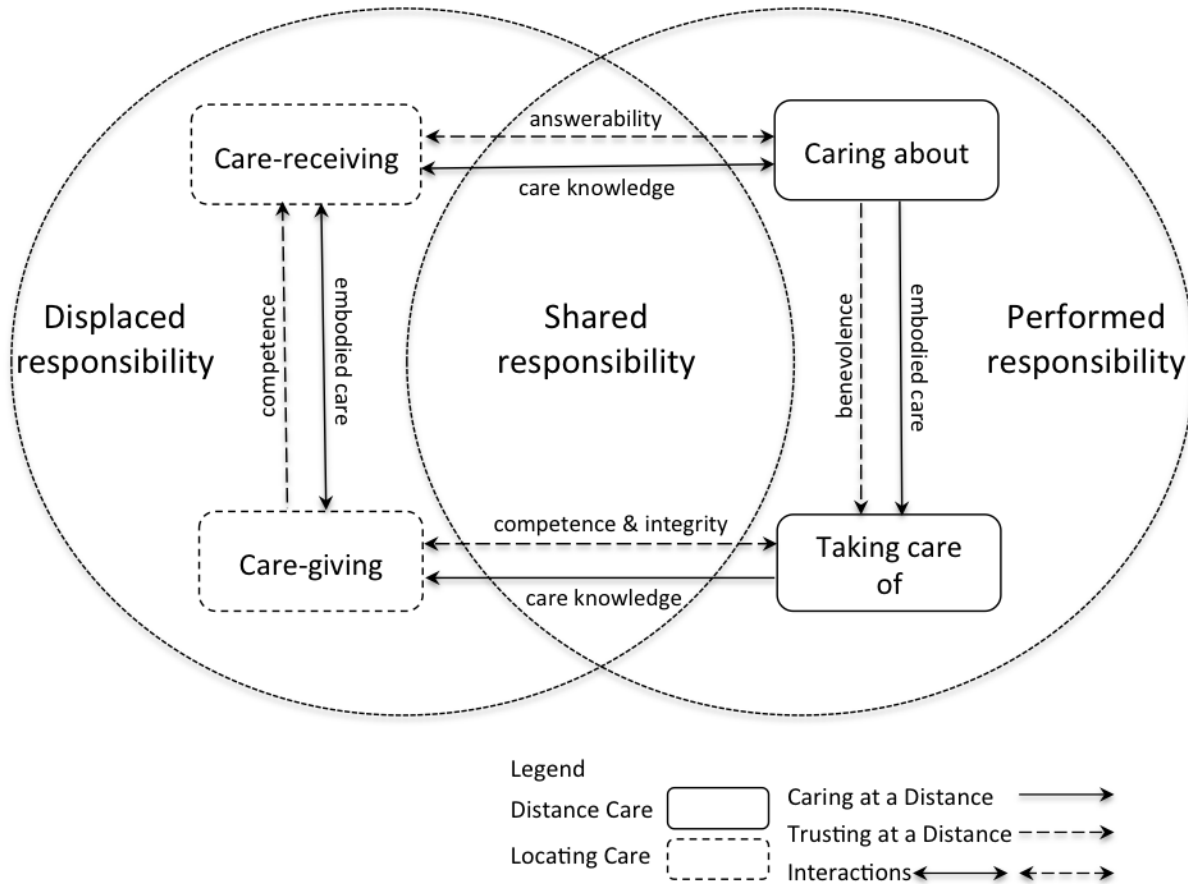and economic responsibilities entail a recognition of businesses *and* stakeholders as fragile.

Figure 1: Business Care Model

The Business Care Model introduced in Figure 1 presents a wider conceptualization of firms'

ethical responsibilities as they relate to philanthropy. The model builds on Tronto's (1993) concept

of care practice and integrates three main layers of responsibility underpinning the ethics of care

in organizations: *performed, shared and displaced responsibility*. This practice-based approach to

morality moves away from a binary view of ethics (Gibson, 2010) to explore how ethics arise, and

responsibilities become recognized, performed and shared in this process. The displacement of

responsibility is made possible through relationality and trust as key modalities of engagement.

Trust, whose foundations are based on competence, benevolence and integrity (Mayer, Davis, &

Schoorman, 1995), is enacted as part of care practice to facilitate caring at a distance by simultaneously trusting at a distance.

Instead of adopting a linear view of care that leads from caring about to care completion, the Business Care Model highlights the multi-directionality of care relations. This reflects a more dynamic understanding of responsibility in philanthropic relations. The modalities of engagement develop stakeholders' responsiveness across the care model enabling them to take responsibility at a distance based on mutual consideration (see Held, 2006). The relational understanding of care outlines a sense of responsibility at the collective level, which extends to the organizational sphere depending on the degree to which "the organizational context validates, harmonizes and promulgates this process" (Simola, 2012, p. 474). Reflecting on the model there is an assumption that economic responsibility and legal due diligence is embedded in the practice of the business. Locating care practice through the conception of care-giving and care-receiving, further allows a more critical perspective on the ways in which 'caring for others' is increasingly expected by society and integrated in the ethical dimension of responsibility.

Caring at a Distance

The embodiment of care in organizations is linked to the expression of "responsiveness to the human aspects of sustainable business practice" (Simola, 2012, p. 474). The affective dimension of care is crucial to "better ascertain what morality recommends" (Held, 2006, p. 12). This enables the development of shared understandings and affiliations that foster the extension of care over distance (Barnett & Land, 2007; Lawson, 2007). Caring ideals and actions contribute to different forms of *performed responsibility* that respond to the wider moral role of companies in society. Behaving responsibly while on tour and developing an ethic of care for distant places are increasingly regarded as key for sustainable tourism (Miller, Rathouse, Scarles, Holmes, & Tribe,

2010; Walker & Moscardo, 2016). However, the Business Care Model (see Figure 1) is not static and depending on changes in perspective and practice, as well as, context and time, different and/or additional ethical concerns become relevant.

By the very nature of tourism, which is not an end product that is purchased from a shelf, stakeholders have more insight to and opportunity to partake in the operational processes accompanying the performance of care. This indicates that corporate responsibility might take different forms in tourism compared to other industries, with stakeholder engagement being key to this process (Bohdanowicz & Zientara, 2008). *Performed responsibility* relates to a broader ethic of enactment where embodied acts of care form part of wider moral frameworks, which co-implicate the personal with organizational and societal perspectives. While this represents a long-term "process of negotiation and appraisal for all parties" (Coles et al., 2013, p. 134), it provides opportunities for emplacing distant care practice. Sin and Minca (2014, p. 97), however, caution against an uncritical approach to distant places as "waiting to be visited, and in need of care and protection to survive." Traditional approaches to philanthropy often do not take local conditions into account with their prevalent supply-led structure reinforcing existing power asymmetries (Novelli et al., 2016). Rather than viewing 'care-receivers' as passive, transformative care ethics strive toward negotiated forms of responsibility, disrupting unidirectional understandings of care in the process.

Tourism has a distinct capacity to dis/locate care relations across space, as noted in Whitmore et al.'s (2015) study of medical tourism. Care "is not provided in a linear fashion from care-giver to care recipient in a static place" (Whitmore et al., 2015, p. 17). This emphasizes the centrality of answerable/accountable relationships with those at the receiving end of care, as illustrated in Figure 1. The social organizing of care demands negotiation of multiple (and potentially conflicting)

interpretations of responsibilities of involved actors. These interpretations are grounded in the complexity of the everyday and are not restricted to host-guest relations.

> Current discourses and practices of ethical consumption […] run[s] the risk of obscuring other, non-consumerist frameworks for imagining what the tourism encounter is about and how we might shape that encounter into a space that better reflects our moral goals. (Caton, 2014, p. 21)

Shared responsibility reflects the variously connected logic of care (cf. Mol, 2008), in which those caring and receiving care are engaging in different forms of care to themselves and others including the relationship between them (see Figure 1). This does not imply homogeneity of ethical orientations (Fennell & Malloy, 1999), nor should these connections be limited to causal perspectives resting on attributions of guilt or liability. These responsibility discourses do not build a persuasive motive for assuming responsibility at a distance (Barnett & Land, 2007). Rather, this study frames moral dilemmas as issues of organizational practice, with the emphasis on relationality and trust as politics of negotiation overcoming parochial forms of care (Raghuram, 2016).

Trusting at a Distance

Trust, and the cultural mediation thereof, plays a key role in governance of sustainable tourism (Nunkoo, 2017). Trust is commonly conceptualized based on the expectations guiding relationships in organizational theory (Hosmer, 1995). The moral extensiveness of trust based on the expectation of reciprocity can foster mutual understanding among different actors in tourism. In other words, trust can serve to bridge different forms of distance, including cultural, emotional and geographical distance. This is illustrated in Scherle's (2004) study of Moroccan-German tour operators'

cooperation, which emphasizes how trust is played out and detected through inter-cultural communications. Dialogue and open discussion have been identified as useful tools to overcome inter-cultural conflicts in this setting (Hopfinger & Scherle, 2003), with trust further playing an important role in successful business relations (Roy, Hall, & Ballantine, 2017). This can be traced back to the relevance of trust in knowledge sharing. The extent to which trust is secured and inscribed in space hence is crucial to pursue shared objectives.

This also applies to firms' engagement in and selection of corporate philanthropic projects. A recent study illustrates the mediating role that trust plays in hotels' CSR practices (Palacios-Florencio, García del Junco, Castellanos-Verdugo, & Rosa-Díaz, 2018). While the CSR literature mainly focuses on consumer trust (Park, Lee, & Kim, 2014), trust also serves to share and/or displace responsibility between stakeholders involved in philanthropic projects. Trust becomes a vital conduit for the negotiation of care, as it fosters not only shared meanings of care practice, but also an amplified sense of responsibility within and beyond the organization (Murphy, 2006). Tourism businesses often struggle with the adoption and implementation of responsible management practices, due to lack of understanding (Sheldon & Park, 2011) and/or resource and time constraints (Frey & George, 2010). This influences tour operators adoption of a decentralized 'motivation and trust' approach to project engagement, compared to a centralized 'control' approach (Weibel & Six, 2013).

With responsibility being a primary moral value of care ethics, this form of ethical displacement raises the inherently interlinked nature of care and vulnerability. Vulnerabilities cannot be reduced to one party, as alluded to in the definition of trust as "the willingness of a party to be vulnerable […] based on the expectation that the other will perform a particular action" (Mayer et al., 1995, p. 712). Rather, they spread throughout care practices, alluding to the potential for shared moments

of vulnerability and responsibility to arise. The risk accompanying trust relations changes depending on the level of interdependence and cannot be viewed as separate to taking responsibility (cf. Su, Wang, & Wen, 2013). This study proposes the notion of *displaced responsibility* to account for the personal engagement of distant stakeholders in care practices (see Figure 1). This facilitates different forms of care, representing simultaneously a form of outsourcing of responsible action, as the responsibility to perform these acts is shifted to stakeholders in destinations. This can lead to a denial of responsibility, if responsibility is simply passed on without accountability (see Noxolo et al., 2012).

Sin's (2010) work on volunteer tourism emphasizes the asymmetry of power in care relations. This asymmetry is also present in business ethics, due to the specificity of roles and their entailed power positions. Organizations often have more power than stakeholders. Stakeholders' vulnerability is higher, if they are in a dependent/low-power position and/or if their participation is not voluntary (Greenwood & Van Buren III, 2010). Greenwood and Van Buren III (2010, p. 434) further argue "that vulnerable stakeholders involved in morally based co-operative relationships are reliant on trust and trustworthiness of the organization". Hence, trust becomes a key component of interdependency characterizing the social environment of care in tourism.

Thinking care relationally therefore involves a critical engagement with collective negotiations of responsibilities, which entail cultural exchanges at various spatial levels. Businesses engage in care practice through three main modalities: *performed, shared and displaced responsibility*. As shown in Figure 1, these practices are not exclusive (nor static) and overlap in the complex and ambiguous process of caring in tourism. While trust might not lead automatically to the acceptance and performance of ethical duties, it provides a foundation for the ethical treatment of stakeholders (Greenwood & Van Buren III, 2010). The methodology guiding this research is now presented.

Methodology

Following an interpretive ontology embedded within a feminist subjectivist epistemology, this study transcends a unidirectional view of care by including a range of stakeholders involved in different elements of care practice in the research process. This framework highlights the co-production of knowledge (see Letherby, 2003; Ramazanoglu & Holland, 2002) and adopts a case study strategy that draws together the remote spaces and presences of tour operators and local stakeholders in the negotiation of care. In doing so, it allows transcending dominant ethical imperatives, while emphasizing the role of situated knowledges in meaning making processes. The case study is positioned within the context of tour operators' philanthropic involvement in destinations, identifying the Education for All (EfA) project as the main case of the overarching study. The findings presented form part of a wider study that explored capacity building and empowerment processes in the EfA project and the effects thereof on community development (see Authors, Eger et al., 2018).

Study Setting

The EfA project was established by a European tour operator in 2007. The business has been operating tours in Morocco over decades, which made its director aware of the gender gap in access to education. From this concern grew the idea to establish boarding houses for girls from remote villages of the High Atlas Mountains to facilitate their access to the state schooling system. While the care model is fluid, the age of the girls and local gender dynamics in the Berber villages demand a sharper separation between caring about and the process of care-giving. The project provides a mostly-female environment, with approximately 30 girls, aged 12 to 19 years, staying in each boarding house. The EfA project functions through a collaborative structure, which assigns a high degree of responsibility to the housemothers. They are responsible of managing the boarding

houses on the ground, while also taking care of the girls' well-being and academic development. The project is mainly funded through tourism and all three European tour operators interviewed for this study are supporting the project. Two of them provide mainly financial support, while the founding tour operator is involved in the overall management of the project and the organization of fundraising activities, such as the yearly cycling event 'Marrakech Atlas Etape'.

Data Collection and Analysis

The researcher conducted six-months fieldwork in Morocco engaging with participants through participant observation and qualitative semi-structured interviews (Coffey, 1999; King & Horrocks, 2010). Situated knowledges were co-constructed in dialogical encounters and informed by being a participant-as-observer. The interviews focused on respondents' participation in and knowledge of the EfA project and corporate philanthropic practices in their business and community. The semi-structured approach to interviewing allowed exploring emerging topics (Longhurst, 2010), providing respondents with an increased influence on and space for shaping meaning-making processes (Bryman, 2008). Figure 2 outlines the respondents interviewed for this study along the care model.

The fluid co-production of knowledge draws attention to the identity and positionality of the researchers. The primary research position is occupied by white, middle class, highly educated, relatively affluent individuals. In the research setting, most community members are Berber and speak Berber, having no or relatively low levels of education and limited resources. The extended field visit and the authors' sensitivity to cultural differences, developed through working together with different cultures across the world, allowed establishing rapport with local stakeholders. Local translators functioned as important gatekeepers in this process, facilitating communication from Berber and Moroccan Arabic to English. The use of translators enabled meaning-based

interpretations (Esposito, 2001), but added to the complexity of multiple subjectivities encompassing this process. Reflexivity was assured by maintaining a field diary (see Coffey, 1999), a practice which also encouraged researchers' critical self-awareness.
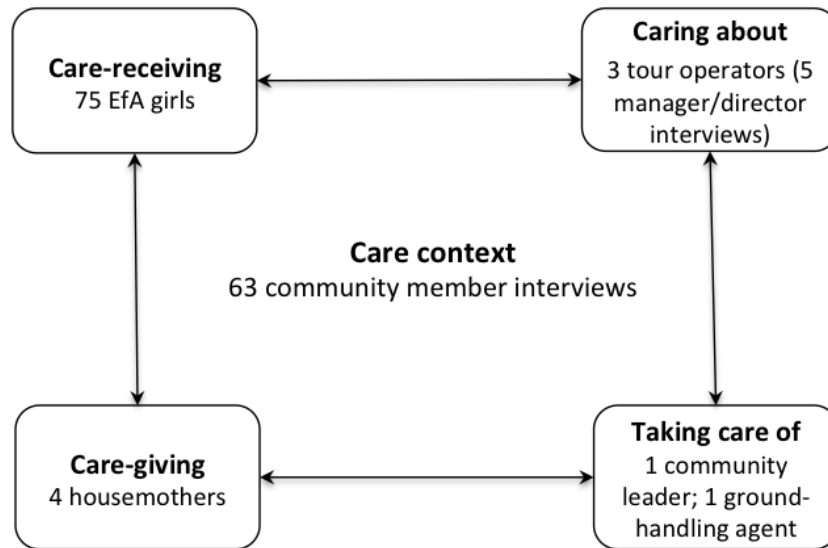

Figure 2: Interview participants across the care model

The data were analyzed employing the three-staged thematic analysis approach of King and Horrocks (2010). In the first stage the data were descriptively coded followed by the second stage of thematic coding. This process was supported by a qualitative data analysis software, NVivo10. In the third stage, overarching patterns were identified by grouping associated themes and sub-themes together, developing them into more conceptualized representations of care practice. The use of acronyms and pseudonyms ensured anonymity of research participants. Tourism actors are identified by their role (e.g., as director), with tour operators (TO), EfA staff and girls further being classified by number (e.g., TO1, Staff1, Girl1). Community members are identified by pseudonym.

The triangulation of sources and methods added rigor to the analysis and supported the development of the conceptual case (Guba & Lincoln, 2008). The trustworthiness of findings is ensured through providing thick descriptions whose credibility is rooted in the analytical rigor

applied in the iterative coding process. The qualitative design of the study also entails limitations. In particular, the specific sample underpinning the research limits the transferability of findings to different contexts, though, still providing scope for theoretical generality (Ridder, Hoon, & Baluch, 2012). Attention now turns to the discussion of the main themes that emerged in the analysis of care practice.

Caring and Trusting at a Distance

The complexity underpinning care practices in tourism is characterized by tour operators having "multiple homes" (Coles et al., 2013, p. 134), across which they are increasingly supporting philanthropic projects as part of their responsible business practices. "[W]e talk about responsible tourism as in that sort of projects, different projects we do, who come under responsible tourism" (Manager, TO1). Tour operators heightened flexibility allows them to "be more effective in altering traditional tourism structures" (Erskine & Meyer, 2012, p. 339). Caring, in this context, can take different forms with the following sections outlining three different layers of responsibility underpinning this practice, i.e., *performed, displaced and shared responsibility* (see Figure 1). These are not mutually exclusive and rather overlap, with tour operators engaging in a range of care practices. These include donating money to specific projects or foundations, such as the Travel Foundation in the UK, or supporting a specific cause on a worldwide scale. Caring action can also be outsourced by paying others for the performance of care. This raises questions not only about donors' motivation, but also about available capacities and resources to support these projects and associated issues of transparency and accountability.

Performed Responsibility: Embodied Ethical Concerns

One of the layers of responsibility that was emphasized in tour operators' conceptualization of and motivation to care, was a sense of *performed responsibility*. The embodied potentialities of care practice are rooted in ethical concerns, emotions and responsiveness to need, which Hosmer (1995) terms the moral content of business transactions. "[Y]ou have to believe in the project itself, in the goal" (Director, TO2). Tour operators in this study are motivated by altruistic intentions. Fenclova and Coles (2011) describe this behavior as corporate giving. Respondents follow a caring orientation of giving something back to destination communities. "It is putting something back into the communities that we travel through that is the most appropriate way" (Director, TO1). They are not gaining any direct benefits from supporting philanthropic projects; instead their main motivation is to benefit the projects, which expresses the moral aspects of attentiveness and responsiveness in care (Tronto, 1993).

> [W]e only hope that the project will benefit […] but it is absolutely not that it is benefitting us. […] It is just for helping out that is the main reason. (Director, TO3)

The act of giving has been central to studies of philanthropy in tourism (Novelli et al., 2016), with individual social consciousness representing a key determinant of firms' charitable giving. Altruistic reasons are much more prevalent than business reasons for this behavior (Garay & Font, 2012). Respondents emphasized that their motive to care is embedded in their feeling that these are 'worthy' or 'right' causes expressing a non-instrumental intent to care. "We do that, because we feel that it is something worth supporting in a particular area" (Director, TO1). "We more do it for what we think feels right" (Director, TO2). This practice foregrounds the role of individuals, often managers or directors, in taking decisions that shape tour operators' responsible behavior (Eger et al., 2017). Their understanding of moral values in care is developed through practice based on "a

sense *for* the other which is emotional, connected and committed" going beyond "an abstract and intellectually fascinated but often uncommitted sense *of* the other" (Cloke, 2002, p. 591). This is reflected in the following quote, where a respondent considers the possibility of donating money to larger charities instead of small local projects.

> Forget about all the time and effort that we spend in finding things and let's just somebody else do that. But then again, it's so anonymous. I would say no, let's just not bother at all. (Director, TO1)

Expressions of concern for others elevate the emotional aspect of caring about, a crucial feature of embodied care within organizational life (Simola, 2012). Self-identification with the needs (or plight) of others, such as the difficulty of female access to education in specific regions, supports an emotional reaction.

> I think perhaps in a Muslim country we feel closer to the girls than to the boys. I think that the girls in these countries they don't have that much opportunity. (Director, TO3)

Here, social and geographical distance is bridged through emotional closeness. The director identifies herself with the EfA girls, who potentially have less access to opportunities, due to their gender. Her emotional reaction is to 'feel closer' hence feeling the need to care. It further shows that individual responses can, in turn, drive organizational affiliation with tour operators' dynamic organizational structure providing opportunities for individuals to mobilize their personal desires through the organization.

Tour operators' sense of affiliation is reflected through the mostly long-term support they provide. This contrasts with the short-term nature of tourists' *performed responsibility* (Mostafanezhad,

2013). Referring to a local hospital in Uganda, a tour operator commented how they developed a sense of affiliation and mutual understanding based on past experience.

> [O]ur groups all used to go there, and the doctors used to give us a talk about what they were doing. […] after they looked after one of our staff we continued to help fund the project. (Director, TO1)

This alludes to the concept of care knowledge that connects caring about with care-receivers and/or care-givers, as shown in the Business Care Model (see Figure 1). Care knowledge is based on emotional ties arising out of the relationships and context individuals inhabit (Simola, 2012). These can, in turn, motivate feelings of care toward distant others, while allowing for different experiences and understandings to shape conceptions of social responsibility (Su et al., 2013). These assemblages are governed by implicit assumptions and discourses, which encompass the "roles, expectations, and norms for conducting business together" (Murphy, 2006, p. 431).

Tourists are increasingly forming part of these narratives, as they "act out 'care' and 'responsibilities' in travel destinations" (Sin, 2010, p. 984). The incorporation of philanthropic projects on tour serves to address tourists' concerns about their potential negative environmental and socio-cultural impacts. Grimwood et al.'s (2015) study shows how tour leaders legitimize different constructions of responsibility in this process. The opportunity to engage in alternative forms of consumption mitigates prevalent feelings of 'guilt' among tourists (Gibson, 2010), which alludes to the compassionate features of care (see Mostafanezhad, 2013).

> [T]he customers are keen on that, so they always ask you: 'We are tourists, do we have a bad impact on the environment or on local custom?' […] Then you say: 'No […] and as part of our itinerary we will be visiting a community work project, or cooperative.' (Agent)

Finding worthwhile projects for customers was described as the 'holy grail' by one of the tour operators resembling the growth of new forms of tourism as part of the responsible tourism agenda. Tourists are delegating their responsibility to the tour operator, while community projects are acting on behalf of the beneficiaries of care – the girls in the case of the EfA project. *Performed responsibility* hence takes precedence not only in its embodied potentialities to deduce care (i.e., how businesses come to care), but also in the performed act of caring. "[P]eople come to see another […] face of Morocco, to see how EfA helps these girls" (EFA, Girl75). The relationships of caring extend from the tourists to the girls with vulnerabilities, (delegation of) responsibilities and trust transpiring through all these relationships. These include corporate expressions of ethics in destinations, which are often based on notions of *displaced responsibility*.

Displaced Responsibility: Caring and Trusting Expectations

Longstanding (business) relationships and altruistic intentions function as foundational for trust (Fennell, 2006) and provide an impetus for action. Director (TO2) commented, "if we can do good in some place and we meet projects where we rely on the people behind them, we are always interested in participating. […] I trust [EfA management]." As aforementioned, this moves away from a centralized control approach toward a decentralized motivation and trust approach (Weibel & Six, 2013).

> That goes back many years now. I know [EfA founder] from AITO, the Association of Independent Tour Operators. I have always been keen on the educational side of things and that project was ideal. (Director, TO1)

Trust, as a key driver (or mechanism) of ethical displacement, encapsulates an entrusting function – trusting at a distance (see Figure 1). This decreases the complexity of business transactions, as it

allows tour operators to rely on the expertise of others in selecting, overseeing and performing acts of care. "[W]e really trust our local agent" (Manager, TO1). Similarly, the ground-handling agent commented that tour operators usually support the philanthropic projects they propose, "because of course they trust our decisions" (Agent). This contrasts with Scherle's (2004) study of cooperation in Morocco, which shows that German tour operators were prone to taking on more responsibility to rely less on local partners partly due to perceived cultural differences. This study finds that tour operators are trusting at a distance by entrusting local parties with an increasing degree of responsibility, e.g., sharing decision-making power. This fosters the distribution of moral agency across the Business Care Model in Figure 1.

Competence represents a key element in the process of care giving (Tronto, 1993). It is based on domain knowledge that endorses the trusted party with the required skills to engage in care practice, further emphasizing the role of inter-cultural competence across the Business Care Model. "It's all from our experiences and from our local staff [...] and some of them are also originally from the local village" (Agent). In the case of the EfA project, local stakeholders play a key role in the daily management of the project. "[W]e have a contact with each girl that is the aim of EfA, […] if you provide for them, you have the good results" (EfA, Staff1). The housemother becomes the trusted entity, who gives care and reports project outcomes back to the tour operator.

> [T]he most important thing that the association gives to us, especially the housemothers […] that you are the responsible of the girls and the house. (EfA, Staff1)

Trustworthiness is understood as multidirectional in care practice. Values of integrity as well as benevolence, i.e., "the duty to care for the protection of others" (Hosmer, 1995, p. 385), are usually associated to managers' motivation to engage in corporate philanthropy. Here, however, these

value expectations also serve to gauge risk and trustworthiness of philanthropic projects/partners. This represents a dynamic reciprocal process.

> We trust our tour leaders in the enjoyments and in the safety of our customers and that trust extends into the other direction, as well. (Director, TO1)

This process is "deeply rooted in the culture of a society" (Nunkoo, 2017, p. 279), with local leadership taking a central role in project management (Iorio & Corsale, 2014). The trustworthiness of the community leader endorses the EfA project with public legitimacy.

> The hardest thing getting started was convincing the parents to send their girls. The first year we probably only had an intake of seven girls and we only had that, because the parents trusted the [community leader]. (Director, TO3)

While culturally mediated and extended forms of trust enable the dis/location of care practice, care participants are also made vulnerable by care (Whitmore et al., 2015). The expectations of a certain (moral) behavior or outcome correspond with the interests of the trusting party (Hosmer, 1995), in this case the tour operator. These do not always match the interests and outcomes expected by distant stakeholders. This reflects the multiple grey areas underpinning ethics and the ways in which different approaches to responsibility signify accountability (Grimwood et al., 2015). Accountable relationships, in this context, are proven through previous experience, integrity – "it just depends on how much they were putting into it, their integrity'' (Manager, TO1) – and secondary monitoring. The latter relies on feedback from tour leaders, agents or clients (Holden & Kealy, 1996), as exemplified below.

It is quite hard to keep up to date with all the issues and again, I think this comes a bit through trust with our local agent, if we were still supporting a project that was not really necessary anymore we would hope that they would tell us. (Manager, TO1)

Tour operators "are actually not very good in scaling the success" (Manager, TO1) with philanthropic outcomes being seldom monitored by donors (Goodwin, 2008). "[W]e have never received from EfA [or asked for] any results or information about the project" (Director, TO3). Negotiating these complex relationships between autonomy and responsibility without evaluation of progress and need for support can lead to inefficient allocation of funds.

When I suspect that there is a misappropriation, we change how we were giving the funds […]. It's quite distressing when that happens, but it's part of life. (Director, TO1)

Tour operators have limited control or oversight over the allocation of donations, as there is no "procedure or contract between us and the project. […] It's all about finding out while you go along, whether it's working or not. […] It's especially a human factor" (Agent). This raises the question whether the expectation of moral behavior is sufficient to account for potential risks and scandals that could ensue, if supported projects would be engaging in unethical and/or unsustainable practices. While there is a tendency toward "eschew[ing] traditional modes of accountability" in philanthropy (Novelli et al., 2016, p. 6), with trust emerging as key in this process, there is no policy for trust. The limited transparency accompanying these processes hence remains a critical and sensitive topic in introducing care ethics to the business realm and requires further investigation.

Shared Responsibility: Transcending Obligatory Care

With the ethical credentials of firms becoming increasingly important, organizations might be driven not only by their moral orientation (Fennell & Malloy, 1999), but also by the social obligation to care. The duty to care, however, can be termed an inferior motive to care (Held, 2015), as it does not foster a wider sense of *shared responsibility*. The latter represents a way of doing business, a modus operandi (see also, Bohdanowicz & Zientara, 2008), which facilitates a dialogical relationship between the different elements of care with trust being positioned as a central driver of these processes. This requires openness and communication, moving away from a language of individualism to develop shareable interpretations of responsibility (Caton, 2012; Milligan & Wiles, 2010).

> It is in average a work of collaboration with all the members […]. The president knows well what is happening in the houses, the housemother knows well what is happening in the community and that's what makes you want to work, […] to share. (EfA, Staff2)

Collaboration is central to the shared accomplishment of care, which alludes to the collective character of moral issues (Caton, 2012). Through this trust transfer, values of love (see also, love as responsibility, Fennell, 2008b) and relationality underpinning the ethic of care can be enacted in situ emphasizing an emplaced care understanding, while still being linked to distanced acts of care.

> [H]er sister [housemother] is like her mother in the house, because she takes care of the girls and she gives them what they need. (EfA, Girl50)

Shared networks of responsibility, which can entail both performed and displaced notions of responsibility as emphasized in the Business Care Model (see Figure 1), enable the dis/location of care practice (see Raghuram, 2016). *Shared responsibility* shifts autonomy, albeit a relational form of autonomy, to local stakeholders to take responsibility for caring acts.

> [T]he discussion […] would be between the tour leader or our agents and the community. It is quite rare in this instance where you have somebody who is represented in the UK that is running the project. (Director, TO1)

This provides different opportunities for sharing responsibility and co-shaping understandings of responsible practice, with projects being partly conceived and managed at the local stage. "[T]he work in the house you can do all that you want […] you work with a big responsibility" (EfA, Staff1). This approach is strongly embedded in networks of responsibility, due to the collaboration between EfA staff members and involved tourism actors.

> [EfA committee member] has a good view on the accounts and the overall picture. He has worked in major [tourism] organizations and his wife has very close contact with the housemothers. (Director, TO3)

In another example, a tour operator shares the cost for the collection of litter with the ground-handling agent in an environmental project.

> We pay for the donkey and […] our local agent pays for the person who goes up there. It's shared responsibility basically and this happens every time we go up the Toubkal. (Manager, TO1)

However, the processes of negotiation underpinning the dislocation of caring acts often rely on the expectations of particular stakeholder groups, such as the local and corporate elite. This omits power disparities in bargaining positions and in access to representation and voice in negotiation processes (Greenwood & Van Buren III, 2010). As discussed previously, ground-handling agents and community leaders are often the first point of contact for tour operators in devising projects to fund.

> [A]lmost all that I do there up in the mountain starts with [community leader] and obviously, if he had objections [these] would have come from the local community, i.e., he passed them on. (Director, TO3)

These same social relations structure local inequalities (Sin, 2017), with the tourism industry in Morocco being described as highly male-oriented (Scherle, 2004). While there is a synergetic relationship between tourism and philanthropy, as "each one develops the other" (Abbud), these interdependencies can foster the illusion of common goals.

> The problem with the association is that it only benefits Imlil […] The responsible for the association only works with the people he wants to and the region he wants to. (Community member, personal communication)

This calls for a relational approach to care sensitive to power, paying attention not only to the motives for engaging in caring action, but also to the processes underpinning care practice. Following the work of Koehn (1998) and Noxolo et al. (2012) this study proposes a notion of answerability in care relations, in the sense that "people who are on the receiving end of care or trust or empathy […] can contest effectively the caregiver's, trustee's or empathizer's expectations" (Koehn, 1998, p. 4). This provides a wider connection between caring about and care-receivers supported by trusting at a distance (see Figure 1). This represents an important step in enabling spaces for negotiation and shared understandings of responsibility to emerge.

Discussion and Conclusion

This study responds to calls for a moral turn in tourism (Caton, 2012), drawing on the conception of care as a transformative ethic for business practice to examine corporate philanthropy. Building on Tronto (1993), it derives an original Business Care Model that unsettles the moral possibilities

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of business in society. The model captures the inter-subjective nature of corporate responsibility in tourism, which creates new forms and possibilities for caring and trusting at a distance. This links awareness of global issues with affective capacities and expanded responsiveness to ethical concerns (see Davidson & Milligan, 2004; Lawson, 2007). Care in business conduct requires responsible behavior that complies with and surpasses the legislated and expected duty of care of businesses.

More specifically, the model provides a conceptualization of the ways in which the meaning and practices of responsibility can be co-constructed in corporate philanthropy. This co-construction requires that businesses embrace the multi-directional nature of care relations to account for different perspectives, expectations and understandings of care. The model suggests that trust can provide the foundation for an ethical engagement with stakeholders in these processes. Yet, it does not preclude that power disparities distort the actual participation of stakeholders in the negotiation of care. Viewing care as a modality of being responsible requires a careful analysis of each element of care practice to account for the inherent vulnerabilities and interdependencies. The multidirectional care relations composing the model can serve to distribute moral agency among stakeholders and contribute to more sustainable business practices. However, this also bears the risk of diffusing responsibility, if the model is applied with the intention of limiting the accountability of individual firms.

While some scholars would regard business care as antithetical to ethical relations of unrequited concern for the other (Held, 2006; Lawson, 2007; Noddings, 2015; Robinson, 2013), this study posits that corporate philanthropy is based on a sense of ethical subjectivity (Barnett & Land, 2007). Tour operators' approach to corporate philanthropy acknowledges informal relationships, emotions and the complication of altruistic and business concerns. This form of enlightened self-

interest reflects a wider stakeholder perspective based on the interdependent web of relationships in which tourism businesses are able to operate. Their commitment to caring at a distance denotes the spatial extensiveness of care in tourism, becoming part of shared, displaced and performed articulations of responsibility. The empirical findings support Milligan and Wiles (2010) argument that caring about includes emotional aspects. However, it extends this further providing insights to how individual social consciousness can, in turn, drive corporate affiliations. While *performed responsibility* acknowledges the embodiment of care, *displaced responsibility* shifts the responsibility to select, perform and/or oversee acts of care to stakeholders in destinations. *Shared responsibility* requires attention to the ways in which care is experienced in relation to each other, being mutually discursive and embodied. Trust relations form an integral part of these processes enabling practice formations along the care model.

To date, there has been limited research on the philosophical foundations of responsibility in tourism, which emphasizes the significance of this study and its findings related to care and trust. Trusting expectations of (moral) behavior however also raise issues of accountability. *Displaced, shared and performed notions of responsibility* have different effects on signifying accountable relationships. The interactional accomplishment of care in tourism calls for further consideration of the role of trust in this context. Given the fundamental importance of trust in business care relations, a more fine-grained analysis of the interrelationship between trust and accountability is needed. This would provide a better understanding of the ways in which care behavior and trust is operationalized in tourism organizations.

Tourism provides a unique context for studying care as a transformative ethic, as it facilitates the dynamic interaction of care elements across the Business Care Model. The emphasis on 'shared' notions of care, however, does not imply unity or common goals. Rather, this study argues for an

increasing recognition of the interdependencies *and* vulnerabilities characterizing business-stakeholder relations in which trust functions as a driver of mutually negotiated processes of care. This simultaneously raises challenges in empirical research, as the conceptions of responsibility composing the Business Care Model are not static with notions of care and trust differing across cultures. This study encourages future studies to engage with and expand upon the complexities of the Business Care Model to gain a deeper understanding of the dynamic interplay between business ethics, responsibility and trust composing the multi-directionality of care in tourism.

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