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Abstract

This article sheds light on the scarcely mentioned term ‘accidental tourists’ which refers to individuals who travel overseas for other purposes than leisure seeking, and actually engage in recreational and tourist activities after their arrival at the destination. In this regard, this exploratory study examines the experiences of medical volunteers as accidental tourists who provided primary healthcare assistance to refugees hosted in the VIAL refugee camp in Chios Island, Greece, during the European refugee crisis. Primary data were collected with the use of in-depth interviews and non-participant observation. The interview questions focused on medical volunteers’ tourist and recreational activities undertaken in Chios Island, as well as on their perceptions of the political aspects of humanitarian aid. The findings of this study indicate that medical professionals as accidental tourists placed emphasis on the stressful working environment, and tourism was merely a welcome side-effect. Additionally, the concept of accidental tourism is further elaborated regarding the theoretical implications of this study. Practical implications as well as policy recommendations for refugees’ individual autonomy are also discussed.

Keywords: European refugee crisis; accidental tourism; medical volunteering; humanitarianism

1. Introduction

International volunteering concerns a variety of aid services mainly offered to developing economies of the Global South, which usually refers to development education programs that transfer technological expertise and skills (Brown, 2018). In this regard, Dolnicar and Randle (2007) reveal that most common areas of aid comprise social welfare, health, peace movements, environmental conservation, human and animal rights, gender equality, sports, recreation, culture, labor unions, political parties as well as religious organizations. However, international volunteering in the context of recent refugee crises (Cavallo & Di Matteo, 2021; Chtouris & Miller, 2017; Hoque, et al., 2021; Knott, 2018; Simsa et al., 2019) remains largely unexplored and therefore it comprises a topic that needs further research. In 2015 slightly more than one million refugees and immigrants arrived in Spain, Italy, Malta, Greece and Cyprus, while in 2019 this number decreased to 123,663 (UNHCR, 2021). The majority of these refugees and immigrants arrived in Greece in 2015 (861,630 or 83.46% of the total arrivals) creating thereby a major humanitarian crisis (see Figure 1). Consequently, a plethora of NGOs recruited international volunteers to assist the refugees and immigrants (Dijstelbloem & van der Veer, 2021). Nowadays, the humanitarian crisis is expected to increase after the Taliban takeover of Afghanistan and the Afghans attempt to leave the country (BBC News, 2021), making this study more useful and valuable.

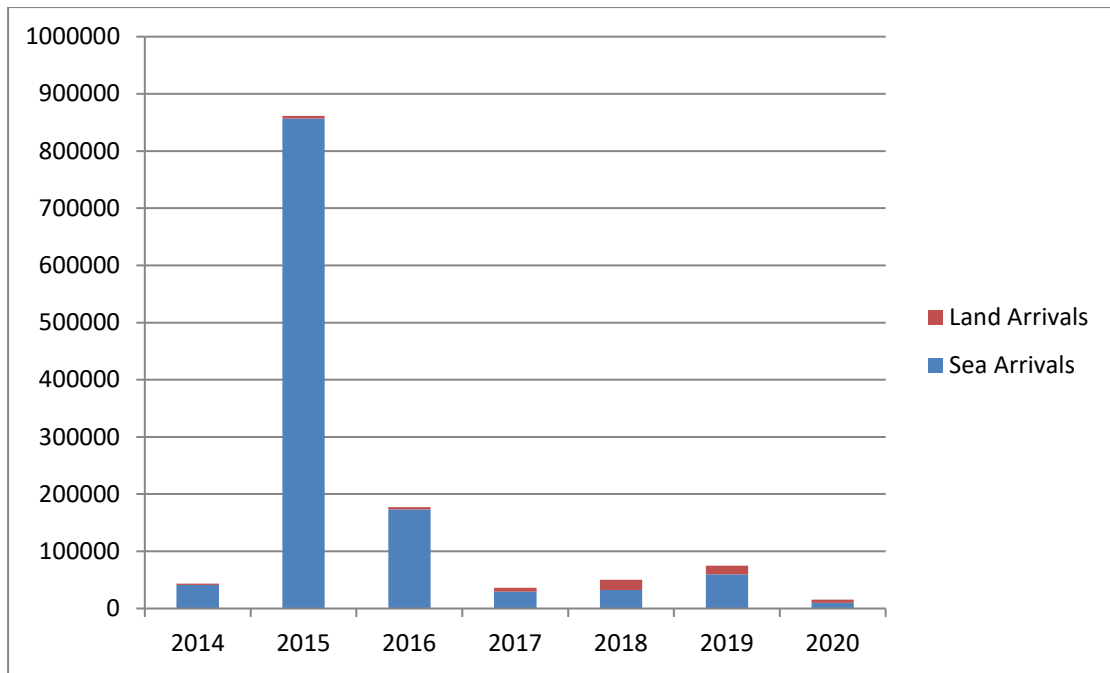


Figure 1: Refugee arrivals in Greece, 2014-2020. Source: UNHCR (2021).

The provision of medical care has been noticed by Dolnicar and Randle (2007) among the most common activities undertaken by international volunteers. The refugee crisis has put enormous pressure on local healthcare systems which were in great need for medical assistance (Chatzea et al., 2018), and as Tsartas et al. (2020) explain first aid provision was the main subject of many NGOs and volunteers operating in the Greek islands of Chios and Lesbos. Some authors e.g. Cavallo and Di Matteo (2021) consider this phenomenon as volunteer tourism because volunteers are combining the provision of unpaid work with tourist activities. The same authors reveal that in the case of Lesbos, Greece, its perceived destination image was among the reasons that volunteers preferred it instead of another European destination hosting refugees.

Godfrey et al. (2015, p. 112) consider medical volunteer tourism as a niche form of volunteer tourism undertaken by “medical practitioners, medical students, or others who have an interest in medicine, and who are volunteering overseas in a medical setting”, but their main motivation lies in tourism rather than in healthcare provision. Actually, Godfrey et al. (2015) do not consider medical volunteers, whose

primary motivation is the provision of healthcare, as medical volunteer tourists, but merely as international volunteers. They also define that the term medical volunteer tourism places emphasis on the important role of tourism activities in medical volunteers' motivations and experiences. However, their definition ignores cases of medical volunteers who actually show an interest in recreational offerings and engage in tourist activities after their arrival at a place, without being initially motivated by leisure and recreational purposes. These volunteers spend money for related services such as accommodation, food and beverage, transport, cultural and recreational services, which evidently are measured in the Tourism Satellite Account as revenues of tourism consumption (Frechtling, 2010). Therefore, such phenomena are obviously related to accidental tourism despite the fact that volunteer work remains the main focus of the trip.

In this regard, international medical volunteering is worthy to be further explored because of the following special attributes:

- a) It mainly concerns short-term volunteering lasting from several days to a few weeks (Cavallo & Di Matteo, 2021; Green et al., 2009; Godfrey et al., 2015; Knott, 2018; McCall & Iltis, 2014; McLennan, 2014).
- b) Regardless the priorities set by volunteers (healthcare provision, engagement in solidarity activities or attainment of work experience) they undertake tourist activities (Godfrey et al., 2015).
- c) It primarily refers to first aid assistance because medical volunteers are either unskilled youths (usually undergraduate students) or professionals who cannot provide high quality services due to resource limitations (lack of operation rooms, medical devices and equipment etc.), (Chatzea et al., 2018; Godfrey et al., 2015; McCall & Iltis, 2014; Stanley, 2021).

More specifically, international medical volunteering has been criticized for having negative impacts on local healthcare professionals because "community members may stop seeking treatment from local providers and wait for the next round of free care" (McCall & Iltis, 2014, p. 289). Additionally, funds used for accommodation and travel costs of young medical volunteers (who usually provide

low quality healthcare services because they are untrained) could be invested in local medication or medical equipment production (Green et al., 2009). On the contrary, humanitarianism is not absent in international volunteering, and there is an altruistic tendency among many volunteers who help people who suffer, e.g. NGOs and medical volunteers who are helping vulnerable refugees.

Most studies on international medical volunteering consider mainly volunteers who are students and are inexperienced and unskilled youths (Green et al., 2009; Godfrey et al., 2015; McCall & Iltis, 2014; Stanley, 2021). In contrast, this study explores the experiences of medical professionals (many are highly qualified and experienced medical practitioners) as volunteers, as well as their engagement in the European refugee crisis. Because of the exploratory nature of this study, qualitative research methods were employed, such as in-depth interviews and non-participant observation. In addition, the literature review addresses international medical volunteering in the context of the European refugee crisis of 2015, as well as theoretical developments and empirical findings of humanitarianism and volunteering.

Most studies in this field have been undertaken in Lesvos. As a result, the impacts of the refugee crisis on Chios Island have been examined to a lesser degree, despite having received a large number of refugees (Cavallo & Di Matteo, 2021; Dijstelbloem & van der Veer, 2021; Knott, 2018; Tsartas et al., 2020). Thus, Chios Island was selected as the case study regarding the interrelationship between international medical volunteers and the refugee crisis. Therefore, medical volunteers under study are perceived as accidental tourists who provide healthcare services overseas and at the same time undertake tourist activities, which were not initially planned. The study continues with the methodology section which focuses on data collection and analysis, followed by the findings and conclusion sections.

2. Literature review

2.1. Accidental tourism

The term 'accidental tourist' became widely known through Tyler's (1985) homonymous novel, in which the protagonist is a travel writer who hates traveling (Haskins & Rancourt, 2017). In one of the early studies Vaughan and Booth (1989) explored the economic impacts of the arts and tourism in Merseyside, UK, and proposed that arts could be integrated in a tourism development context to attract more tourists and extend the tourism season; otherwise arts would only function as accidental tourism magnets.

Despite these early references of the term, the concept of accidental tourism has been scarcely explored in the tourism literature. From the limited publications which refer to the term, it is evident that the concept can be explored from two perspectives. From the supply side, accidental tourism is unintentionally developed in places without any tourism planning. This was the case of an urban design project at Hobart's port in Tasmania, Australia which according to Picken (2010) was initially not designed for tourism development, but gradually it contributed to it. In more detail, Picken (2010) referred to the Zero Davey Boutique Apartments which opened in 2004 at Sullivans Cove waterfront in Hobart. The former was planned to become a part of the surrounding scenery without the intention to promote tourism, but actually it gained media attention and nowadays Sullivans Cove has become a focal point for tourists. As Picken (2010, p. 249) supports in the case of Sullivans Cove, 'a unique topography' has been generated which accidentally developed to become a successful tourist destination.

From the demand side, research to date has ignored tourist experiences which are formed accidentally, regarding travelers who although are not motivated to travel for vacation purposes, actually engage during their stay in several tourist activities. This is evident in the ongoing debate about the definition of medical tourism, as it is supposed that the majority of medical tourists travel abroad for medical treatment and not for holiday purposes. While this might be confirmed in many cases, Lovelock and Lovelock (2018, p. 152) refer to the term 'accidental

tourists', by which they mean those individuals who were strictly motivated to travel for medical purposes, and whose "tourism experiences were 'accidental' as they were really unsought and unplanned and they did not expect to either have the desire to do 'touristy' things." Despite the fact that Lovelock and Lovelock (2018) consider medical tourism as a hybrid form of tourism, their addition is important as they not only consider travelers as tourists depending solely on their motivation, but also on their lived tourist experiences after their arrival at the destination.

Haskins and Rancourt (2017, p. 165) took a different perspective and referred to accidental tourists who visited war memorials. In particular they referred to "those would-be visitors who had not planned to attend a site of memory but ended up doing so because of the site's proximity to another existing attraction or daily route." Nevertheless, accidental tourism comprises an underexplored phenomenon in tourism studies, which requires additional research to gain deeper knowledge on those individuals who engage in tourist and leisure activities in an unplanned manner but contribute to tourism consumption of destinations.

2.2. Medical volunteering in the context of the European refugee crisis

The relevance between tourism and refugees has been studied before the recent refugee crisis. While the study of Russell (2003) revealed important aspects between tourism and the refugees it was mainly the European refugee crisis of 2015 that generated additional research insights on this phenomenon (Cirer-Costa, 2017; Cavallo & Di Matteo, 2021; Glyptou, 2021; Ivanov & Stavrinoudis, 2018; Knott, 2018; Pappas, 2018; Pappas & Papatheodorou, 2017; Tsartas et al., 2020; Zenker et al., 2019). The majority of these studies examined, among other things, the impacts of the refugee crisis on the accommodation sector of some Aegean and Mediterranean Islands (Cirer-Costa, 2017; Ivanov & Stavrinoudis, 2018; Pappas, 2018; Pappas & Papatheodorou, 2017). Zenker et al. (2019) explored the intentions of tourists from Austria, Germany, UK and the USA to visit destinations affected by the refugee crisis. The nexus between tourism and the refugee crisis has been studied in other places too, as in the case of Cox's Bazar, Bangladesh, which hosts a huge number of

Rohingya refugees, and where refugee aid workers altered the destination image of the city by having a great impact on the local economy (Hoque et al., 2021).

While Cavallo and Di Matteo (2021) characterized the refugee camps as enclave heterotopic spaces, other scholars considered these spaces as liminal EU territories with fewer civil rights for the refugees (Kandyliis, 2019; Papoutsis et al., 2019). The fact that these enclave heterotopic spaces are governed by other legislative and living conditions in relation to the host community (Papoutsis et al., 2019) reveals that volunteering is characterized by: "...the inadequacy of (or complete lack of) cooperation with local stakeholders and attention to locals' needs" (Cavallo & Di Matteo, 2021, p. 5).

Alternatively, Tsartas et al. (2020, p. 1322) found that volunteers and NGOs' staff contribute to tourism consumption and the local economy during their stay, and promote the destination through word of mouth. Nevertheless, a network of relations between international volunteers and local volunteers came up in the context of the European refugee crisis, something that indicates relationships between international volunteers and host volunteers (Dijstelbloem & van der Veer, 2021). However, Cavallo and Di Matteo (2021) as well as Glyptou (2021) noted an important negative aspect of the European refugee crisis on the destination image of Lesbos. Similarly, another study by Ivanov and Stavrinoudis (2018) concluded that Europe's refugee crisis of 2015 affected negatively the destination image as well as the hotel industry (in terms of operational performance) of four Aegean islands (Chios, Lesbos, Kos and Samos). Tsartas et al. (2020) highlighted the fact that Chios and Lesbos islands had been affected negatively by the refugee crisis during the years of 2015 and 2016 (in terms of international tourist arrivals) but recovered in 2017. However, positive impacts of international volunteering, such as solidarity with refugees are also evident (Straehle, 2020), and according to Chtouris and Miller (2017, p. 74), it can be perceived as the "new social volunteering" which together with the NGOs will act as a complement to the European migration policy for the social inclusion of the refugees.

International medical volunteering is usually criticized as being paternalistic and doing harm to the host communities while establishing dependency relations between medical volunteers and the deficient health care system of third world countries (Godfrey et al., 2015; McCall & Iltis, 2014; McLennan, 2014). In the case of the refugee camps in Europe, such dependency relations are not evident between international volunteers and the host communities, but mainly between volunteers and the refugees as individuals. A major difference between providing healthcare services in clinics of a developing country and in refugee camps of a developed economy is that refugee camps are a provisional solution. However, as Russell (2003) underlined in the case of the Kakuma camp in Kenya, while at first refugee camps were a temporary phenomenon they finally became a lasting situation with some refugees living in the camp for many years.

Frazer and Waitt (2016) highlighted another aspect regarding international volunteering, namely pain and suffering experiences of Australian volunteers who provided services in a village in the Philippines and observed the suffering of disadvantaged locals. Likewise, Chatzea et al. (2018) in their study conducted in Lesbos, during the European refugee crisis, found that many rescue workers (professionals and volunteers offering rescue and first aid services to refugees) suffered from self-assessed posttraumatic stress disorder (PTSD) and perceived burnout because of the stressful working environment. Thus, medical volunteers working in refugee camps are exposed to harsh and stressful occupational conditions something that affects, perhaps negatively, their desire for recreational and tourist activities.

2.3. Humanitarianism and medical volunteering

International volunteering is considered by some scholars as a product of neoliberal ideologies which fosters individualism (Schech, 2017; Stanley, 2021). It seems that it is based on the volunteers' need for self-exploration through helping the exotic poor of developing countries (Schech, 2017; Vrasti, 2013). The care for the 'Other' derives from volunteers' will to reconstruct their self-identity as being

dictated by modern (mainly western) lifestyle trends (Wearing et al., 2018). Popular humanitarianism comprises an inextricable part of modern lifestyle projected by celebrities (e.g. UNICEF Goodwill Ambassadors & Advocates) and adopted by international volunteers who post their humanitarian sensibility of care giving on Instagram, Facebook, Twitter, and other social media sites (Woods & Shee, 2021). In this respect, late modern humanitarianism according to Chouliaraki (2013, p.5): “manages both to turn the ever-expanding realm of economic exchange into a realm of private emotion and self-expression.” Chouliaraki (2013) calls this phenomenon as the ‘marketization of humanitarian practice’ which refers to the fact that many international organizations and NGOs are competing to receive funding in a fast growing sector.

While on the positive side humanitarianism tends to be helpful for the Global South through humanitarian aid, charities, and international volunteering, at the same time growth-oriented policies of Western and developing Asian economies rush for the mineral resources and fossil fuels of the Global South countries (Vrasti, 2013). Therefore, is it possible in this context that volunteers, who aim to change their self-identity by helping the poor, might promote social change? This seems to be quite difficult as international volunteers mainly engage in small-scale humanitarian aid projects with limited perspective and where seemingly well-being of hosts is their main focus (Butcher & Smith, 2010, 2015). Likewise, McGehee and Santos (2005) found in their study that many international volunteers realized a change in their beliefs and viewpoints after their volunteering experience, but concluded that social change is difficult to occur in host communities through international volunteering. In a similar sense, international medical volunteers are probably not able to foster social change in local communities, as their contribution is mainly focused on providing healthcare provision to local individuals. In this regard, it is crucial to explore the kind of help that is offered by medical volunteers to local communities as well as to examine their motivations.

2.3.1. Medical volunteers' helping behavior

Humanitarianism and altruism seem to be intertwined concepts, and volunteers who provide humanitarian aid to people who suffer (e.g. refugees) usually demonstrate altruistic behavior (Güntert et al., 2016). According to the literature, volunteers' altruistic behavior is defined as an action that benefits people who need help and are suffering (Frazer & Waitt, 2016; Paraskevaidis & Andriotis, 2017). Paraskevaidis and Andriotis (2017) identified two general motives of altruism, namely reciprocal altruism and pure altruism. The first refers to altruistic behavior which aims to receive something back, either tangible rewards (e.g. material gifts) or intangible ones (e.g. personal recognition), while the latter concerns giving to others without expecting rewards. In this regard, Godfrey et al. (2015) identified the intangible benefits of foreign language learning, cross-cultural experience and medical experience that medical volunteers gained from their volunteer work in Cusco, Peru. Likewise, McLennan (2014) refers to the improvement of professional skills, and recreational activities, and therefore besides providing humanitarian aid medical volunteers are interested in self-oriented rewards, something that indicates reciprocal altruism as one of their motivations.

According to the 'Intergroup helping as power relations model', proposed by Nadler (2002), helping behavior can be divided into dependency-oriented help, which concerns help offered in the form of a complete solution to someone's problem, while autonomy-oriented help concerns the provision of the correct tools to someone so that he/she will be able to solve the problem by him/herself (Becker et al., 2019). Radke et al. (2020) suggest that dependency-oriented help might be needed when refugees first arrive to a country, and are in great need to satisfy basic needs, but prefer autonomy-oriented help in the long-term as this enables their social inclusion. Once again, power relations are implicitly present, as the advantaged group (volunteers) acts as the donor and the disadvantaged group (refugees) as the recipient, and actually the donor has the power to decide which kind of help will be provided.

Additionally, NGOs and volunteers' helping is provided in a specific political context as they cooperate with government authorities and operate under specific regulations (Knott, 2018). Even the refugee camps are sites: "where asylum seekers and refugees are monitored, supervised, and subjected to biopolitical power by state and nonstate actors" (Rozakou, 2012, p. 568). Therefore, some volunteers might be motivated by pure altruism to help the vulnerable refugees, but they do not have the ability to shape the context in which the aid is offered. This might lead to misunderstandings between the volunteers and the refugees as for example Knott (2018, p. 356) pointed out about the camps in Chios Island: "Many recipients of volunteers' 'services' saw these organizations as part of the machinery keeping them in this state of purgatory at the border, despite volunteers' desperate attempts to explain 'we are here to help'." Consequently, both humanitarianism and altruism are evident in medical volunteers' efforts, but there are several restrictions that prevent the provision of autonomy-oriented help to refugees.

3. Methodology

Qualitative research was considered appropriate, based on the fact that international medical volunteering, coupled with the European refugee crisis, remains an unexplored topic in tourism research. Therefore, this exploratory study aims to examine medical volunteers' perceptions of the recent European refugee crisis as being experienced in Chios Island which is at the forefront of this crisis. A combination of in-depth interviews and field notes collected through non-participant observation has been employed in this study (Andriotis, 2010, 2016; Marshall & Rossman, 2011).

According to Tjora (2006, p. 430) interviews and observations are interactive research methods: "The interview provides leads for the researcher's observations, while observations suggest probes for interviews." One of the authors resided in hotel apartments in a village in Chios Island close to the city of Chios, where medical volunteers stayed from one to ten weeks between September 2017 and mid-January

2018. Besides the in-depth interviews which took place in English, the author had social encounters and held several conversations with medical volunteers about their thoughts, experiences and difficulties faced in the VIAL refugee camp. The period of the study was considered suitable since the flows of the refugees decreased in 2017 and the impacts were evident with the establishment of two refugee camps in Chios Island (Souda and VIAL) and numerous volunteers who traveled to the Island to provide assistance.

Purposive sampling was employed to select respondents, addressing the criterion of being medical and healthcare professionals who traveled to Chios, to provide voluntarily unpaid services in one of the two refugee camps. Thirteen respondents who met the criteria, nine females and four males, agreed to participate in the study from the 20 approached by the author during the aforementioned period. Their age ranged from 30 to 70, of whom eight were physicians, three midwives, one was a nurse, and another one a medical interpreter. Regarding their working status, 11 were employed and took a leave of absence to travel to Chios, one was retired and one unemployed. All of them were recruited by the same NGO (based in the United States of America) which is specializing in medical care assistance, and was active in Chios Island from 2016 to 2018. Moreover, 12 medical volunteers were citizens of countries of the Global North (United States of America, United Kingdom, Canada, Norway), and one was from Israel, which geographically belongs to the Middle East, but is regarded as a developed economy that belongs to the Global North (Kranz, 2019). Regarding ethical issues of the research, interviewees' anonymity and confidentiality was ensured. Interviewees were asked to give their consent to publish some of their quotes in the study.

Semi-structured interviews were used in order to avoid results based on classifications decided a priori and to adopt flexibility while studying the facts in the research setting (Marshall & Rossman, 2011). The same logic was adopted while observing the volunteers' interactions and keeping field notes. The interviews lasted from 30 minutes to 90 and were written in the author's notebook. Research questions were focused on medical volunteers' tourist and recreational activities, on their feelings and experiences while providing help to refugees, and their

perceptions of humanitarian aid. Data saturation was reached when the aim and the objectives of this study were addressed and the last two interviews did not add any new insightful information, but confirmed the findings of the previous interviews (O' Reilly & Parker, 2013).

Thematic analysis was employed to describe and interpret medical volunteers' experiences and activities undertaken during their stay in Chios Island, as well as to "unravel the surface of [experienced] 'reality'" (Braun & Clarke, 2006, p. 81). The latter was very meaningful to reveal medical volunteers' thoughts and ideas on the underlying political aspects of international humanitarian aid provided to refugees. The collected data were read several times to identify meaningful features and ideas and repetitive data were removed to gain understanding of respondents' perceptions. Next, data with common content were collated to codes, and then codes were collated to emerging themes. Coding was performed manually to gain a deeper insight of the studied phenomenon, in contrast to qualitative data analysis software programs which heavily rely on keywords (Kozinets, 2015).

Trustworthiness of the study was enhanced by member checking and triangulation. The first method was applied by sending a summary of the results to two interviewees asking them to check the accuracy of the findings, as suggested by Marshall and Rossman (2011). These interviewees validated the study results and made a few minor comments which were addressed in the study. Method triangulation was achieved with the use of two different research methods applied in the study, namely in-depth interviews and non-participant observation (Decrop, 1999). These two methods provided deeper insights on the primary data by comparing the collected data from the in-depth interviews with the field notes taken from observations on volunteers' interactions with other persons during their stay in the village close to Chios city.

4. Results

4.1. *Traveling as a reaction to Europe's refugee crisis and as a form of accidental tourism*

One of the themes that emerged during the interviews was the strong effect of the European refugee crisis' media exposure on volunteers' decision to travel to Greece. The global media coverage of the refugee crisis caused by the Syrian Civil War, which started in 2015, acted as a motivational trigger for medical volunteers to participate in healthcare projects of NGOs operating in the North Aegean Islands (Greussing & Boomgaarden, 2017). For example, the humanitarian dimension of the refugee crisis was among the main topics that appeared in Austrian newspapers in 2015, revealing that European culture (and Western in general) still remains faithful to humanitarian values (Greussing & Boomgaarden, 2017). As a 36 year-old female physician from the United States quoted:

The media exposure played a role. There is turmoil in the Middle East. I saw the bombings and especially the suffering of the children.

Another British female physician (34 years aged) stated:

I think the decided lack of positive media coverage of the refugee crisis increased my interest in the area. It was through my own research that I feel I gained a full understanding of the crisis to feel motivated to participate in the project.

However, none of the respondents mentioned the attractiveness of the island as a destination among their motivations to travel to Chios Island. This might could be explained due to the fact that their main initiative was to provide medical assistance to refugees, and the decision to offer their services in Chios was not undertaken entirely by them but by the NGO which offered them some options of the places where they could travel. As two of the interviewees stressed:

I thought of going to Northern Kenya but then the project did not get its funding. I started looking for projects for medical volunteering and found an NGO which sent me to Greece (33 years old female physician from the U.K.).

I had no idea where I was going to be sent until 48 hours before. The fact that, the island was beautiful and welcoming was an added bonus (32 years old male physician from the U.K.).

Likewise, a 30 years old Canadian male physician revealed that:

I was not thinking to come as a tourist, but there was a need in Chios. It is a nice island, nice scenery.

Thus, Chios Island was not chosen for its beaches, nightlife or any other attraction, and tourism was not among the volunteers' main priorities, but merely a welcome side-effect. This finding is contrary to that of Cavallo and Di Matteo (2021), who found in their study that the perceived destination image of Lesbos was among the reasons that volunteers preferred it instead of another European destination hosting refugees. Nevertheless, the medical volunteers under study were not initially motivated to travel to Chios for leisure seeking, but during their stay they engaged in several recreational and tourist activities, something that classifies them as accidental tourists. In this regard, a 55 years old British female physician, who came together with her husband (who was also a physician), admitted:

We did not have any expectation about free time and see attractions. The unexpected bonus was the sea view.

Additionally, her husband commented:

It was not about tourism definitely, but as we are already here and we have some time we are going to see some attractions.

Tourism and recreational activities were usually undertaken at weekends and late evening, as for example a 63 years old male physician from Norway who was swimming in the sea next to the hotel apartment every evening, considering it as a refreshing experience. In two other cases, a 47 years old Israeli nurse was impressed from her visit to the Chios Mastic Museum and a 32 years old British physician admitted that he was eating in the lovely tavernas (local restaurants) every evening. Likewise, another respondent commented on her travel to Greece:

It makes it more interesting to see something new to learn about a new culture. It is a bonus I have seen the sun here (70 years old retired midwife from the USA).

Although visiting the island's attractions was not among the main priorities of the interviewees, it was obvious that they enjoyed the scenery. This was evident when they were sending pictures of the sunset and sea to their friends or posted images of Chios on the social media. Hiking, running, swimming, sightseeing, eating in local restaurants, as well as visiting towns and museums in the island, were among the common tourism and leisure activities undertaken by the volunteers. In the words of the 30 years old Canadian male physician:

Every day I run, I do meditation just to relax and to relieve the stress. It is more stressful here. I also went to see my sister who lives in Turkey.

Another revealing fact regarding tourism is that recreational activities were an antidote to the stressful conditions and experiences in the VIAL refugee camp, which are explored in the next section.

4.2. Helping behavior, stressful and painful experiences

The medical volunteers provided mainly primary and emergency healthcare to refugees, except the medical interpreter who was in charge for the communication between them and the patients. Besides facing patients' bodily pain volunteers witnessed first-hand psychological distress of refugees in this heterotopic enclave space (Cavallo & Di Matteo, 2021). The fact that refugee camps are governed by restrictive regulations and that refugees are hosted in such settlements, obviously has affected their emotional state. Accordingly, medical volunteers' emotional well-being was affected and confessions of empathic pain were among the usual topics of conversations volunteers held after work. The following two quotes are enlightening about volunteers' feelings:

I feel frustrated sometimes, because I think that I can treat their disease but I can't solve their problem. A lot of patients come in, they believe

that if they continue to complain they will get a house outside the camp, but I can only treat their diseases (36 years aged female physician from the USA).

I think it is overwhelming when I come home and think about the situation and I am feeling sad. They are asking me to do something to get them out of the camp. It is hard to stay in this humbled place. I feel very sad and very grateful for what I have but I feel sad about them (44 years aged midwife from the USA).

These emotions of frustration, sadness and distress contribute to the understanding of the Otherness in a dual context. First, material inequalities between the privileged volunteers of the Global North and the refugees are realized and experienced through empathic pain. Obviously, volunteers are aware of the global material inequalities through historical knowledge and news reading, but first-hand knowledge of refugees' living conditions has had a greater effect on their beliefs. As McGehee and Santos (2005, p. 771) stressed in their study, many volunteers: "reported a heightened awareness of global issues as a result of the volunteer tourism trip itself." Second, there is a common language of emotions which reveals that pain is felt beyond national and cultural barriers. The latter confirms Frazer and Waitt's (2016, p. 187) finding of: "empathic pain that appeared to operate outside these dominant power structures." Volunteers experienced simultaneously how it feels to live in a developed western economy like they do, and how it is to live in such heterotopic enclave spaces as are the refugee camps. Additionally, some of them commented that receiving refugees' complaints about the living conditions in the camp, was not volunteers' fault and that they could not do anything about this. Thus, helplessness was another fact realized by volunteers, revealing that the glorified individualism of neoliberal ethos, which culturally promotes international volunteers as responsible global citizens, can only provide provisional solutions in such circumstances. This was mentioned by a 32 years old British male physician, who stressed the ineffective migration policies of Western countries:

I feel despair for the refugees and ashamedness for our response in Western affluent states. I have also felt sad that the healthcare we provide is not as efficient or as effective as I provide in London.

Despite the fact that many volunteers are critical to global material inequalities and are motivated to 'make a difference' in this direction, they are usually engaged in small-scale humanitarian projects with a limited focus (Butcher & Smith, 2015). In this regard, the confession of the 63 years old male physician from Norway is revealing about the limitations of individual efforts:

I have no illusion that I can save the world.

Volunteers often criticized in their conversations the lack of medical equipment stressing that this was an obstacle to provide higher quality healthcare assistance to refugees. The sense of impotence was evident in their conversations, and they usually tried to psychologically empower those refugees who were complaining while feeling distressed. For example, the 53 years old female interpreter from the U.S.A. commented:

We felt their helplessness, their distress and their struggles as if they were mine. I have concentrated on giving them words of encouragement and hope.

While helping behavior and emotional help were quoted by all respondents indicating a sense of altruism, the majority enjoyed the recreational activities undertaken in their leisure time and five of them quoted a different aspect of helping regarding self-oriented benefits. The following two quotes are indicating this viewpoint:

I see diseases here that I do not see in the U.S.A. This experience makes me more confident in my job (36 years old female physician from the U.S.A.).

As for my first posting in humanitarian work I hope it provides me with some experience to facilitate acquiring paid and more long-term work in a humanitarian setting (34 years old female physician from the U.K.).

Thus, reciprocal altruism was among their motives to provide assistance and besides gaining work experience other benefits, such as cultural immersion and tourism, were evident confirming the findings of previous studies that international volunteering entails altruistic as well as self-oriented motivation (Coghlan & Fennell, 2009). Another notable finding concerns the fact that tourists usually travel to destinations to relax and relief from stress, while in the case of this study the opposite happened. Medical volunteers were exposed to a stressful work environment in the VIAL refugee camp, confirming the findings of past research (Chatzea et al., 2018; Radke et al., 2020; Simsa et al., 2019).

4.3. Political aspects of international humanitarian aid

The political aspects of medical volunteers' helping were discussed thoroughly and they were skeptical about the humanitarian aid provided to the refugees. Some of them expressed concerns about the responsibility of Western countries and especially the European Union which should provide higher levels of aid. As the 63 years old Norwegian male physician quoted:

It is a lack of morality that Europe is not doing enough and left Greece and Italy face that alone.

Volunteers commented on the conditions inside the VIAL refugee camp and recognized the paternalistic aspects of helping displaced people. Despite confessions of feeling useful by providing assistance, problematic dimensions of international healthcare assistance was not overlooked but criticized. Thoughts on their specific role and their stay came also in question as can be realized in the words of this 65 years old midwife from the USA:

It depends upon how the aid is offered and provided. I have wondered whether sending individual volunteers on a short-term basis is the most beneficial and productive use of the resources that it takes to do that, or if it would be a better strategy to give the money directly to the refugees and let them spend it to better their lives as they see fit.

The fact that they perceived their medical services in the context of dependency-oriented help was evident in their responses as well as in their conversations. Many times they wondered if their assistance was effective enough to provide real solutions to refugees' problems or if it was merely provisional. The medical volunteers perceived the refugees as helpless people who are depended on volunteers' efforts, and some of them did not feel well by realizing this situation:

I definitely think that it is very important to help a country being sustainable. And it makes me feel bad to that I am a part of this problem. I am assuming that I know more and I do not like feeling paternalistic. I do not like to come here and tell anybody what to do and how to do it. I do not like that they cannot solve their problems without us. I did not see this that much in this refugee camp, but I am definitely guilty to contribute to this paternalistic culture (36 years old female physician from the U.S.A.).

Autonomy-oriented help would be the ideal form of help, but the restrictions and regulations within this liminal territory at the borders of the European Union do not provide the conditions for such help at this stage. This confirms Radke's et al. (2020) suggestion that dependency-oriented help is effective in addressing refugees' basic needs when they first arrive. However, the fact that the provisional solution of the refugee camps might turn into a long lasting situation was discouraging volunteers' hope, as they did not see any drastic measures from the European Union that could improve this situation. Several volunteers' thoughts were focused on the paternalistic nature of their assistance, admitting that they were incapable of providing anything more than emergency and primary healthcare services. By doing that, refugees' helplessness was not changing and this was a sorrowful realization, confessed by the majority of the volunteers.

Most volunteers emphasized the dependency that is generated from humanitarian aid, rather than power inequality aspects of this aid. They mainly highlighted the fact that more international humanitarian aid is needed which could contribute to refugees' individual autonomy. However, they admitted that giving hope and offering primary healthcare is not enough to change those people's fate, realizing

that individualism cannot solve important social issues and global inequalities. Hence, it is under question if international volunteering has the potential to promote development in developing countries or merely operates in the context of global material inequalities.

5. Discussion

This exploratory study contributes to an unexplored sub-type of international volunteering, i.e. medical volunteering, and in particular to volunteers who provided healthcare services in a refugee camp. It also sheds light on the term ‘accidental tourism’ which refers to individuals who travel overseas without the intention for leisure seeking, but after their arrival at a destination they engage in tourist activities. Methodologically, this study continues the tradition of qualitative research adopted in relevant studies by combining in-depth interviews with non-participant observation (Cavallo & Di Matteo, 2021; Godfrey et al., 2015; Green et al., 2009; Knott, 2018; McLennan, 2014; Stanley, 2021). These methods were adopted due to the limited number of studies conducted on the nexus between international volunteering and the European refugee crisis (Cavallo & Di Matteo, 2021; Knott, 2018; Simsa et al., 2019; Tsartas et al., 2020).

The findings of this study indicate that medical professionals as international volunteers placed emphasis on their work, and tourism was a side-effect, and not a criterion to participate in the volunteering project under study. These results might be explained by the fact that all of them were professionals aged over thirty, and the need to provide assistance as well as to realize the critical situation caused by the European refugee crisis, was more important than the need to discover the destination and its recreational offerings. Thus, volunteering of medical professionals demonstrates different characteristics in relation to medical volunteers undertaken by youths and/or students, who display an equal or more intense need for adventures and tourism (Godfrey et al., 2015; Stanley, 2021).

In theoretical terms, this study contributes to the nexus between international medical volunteering and accidental tourism by interviewing exclusively medical professionals who were not motivated by recreational offerings of the place visited, in contrast to other studies in the field that mostly relied on students and youths (Godfrey et al., 2015; Stanley, 2021). As a result, findings of this study revealed that tourism was merely a welcome side-effect and not one of the primary motivations to travel, as usually concluded in volunteer tourism research (Coghlan & Fennell, 2009; McGehee & Santos, 2005). However, the fact that the medical volunteers under study actually engaged in recreational and tourist activities and contributed to local tourism revenues, by renting cars and bikes, eating and drinking at restaurants and paying tickets to visit museums, classifies them as accidental tourists.

A common used criterion to classify a tourism phenomenon as volunteer tourism is mainly the traveler's motivation to combine voluntary work with vacation purposes (Godfrey et al., 2015). But there seems to be a theoretical misperception that mainly the criterion of motivation is appropriate to classify tourism phenomena, by underestimating the criterion of experience which is of similar importance in tourism. However, in the case of accidental tourism under study, the criterion of motivation is absent and only the criterion of experience is addressed. Therefore, the concept of accidental tourism includes phenomena in which individuals travel overseas for other purposes than leisure seeking (e.g. medical treatment, business meetings, conference attendance etc.), but after their arrival at the destination they actually engage in recreational and tourist activities. Additionally, the interrelationship between international volunteering and the European refugee crisis is highlighted by revealing that medical volunteers' experiences are related to painful and stressful experiences, thus perceiving tourism and recreation as an antidote.

Practical and managerial implications of this study mainly concern policy suggestions regarding the kind of help that is provided to refugees and disadvantaged groups. While dependency-oriented help provided by volunteers is dominant in refugee settlements, projects of autonomy-oriented help might be organized by various local and international stakeholders and organizations in which

volunteers could participate. However, as mentioned in the results section, such projects are condemned to failure if they are entirely based on individuals' willingness to help, instead of entailing volunteering projects in EU policies.

The limitations of this study concern the fact that all medical volunteers were recruited by the same NGO and they offered their help in one refugee camp. Thus, comparisons between volunteers' experiences gained in different camps or different places would be substantial to further explore this social phenomenon by taking into account local conditions which usually vary. Another limitation pertains to the purposive sampling method employed in this study, which provides limited generalization as it comprises a non-probability sampling method. However, the results of this exploratory study "might help make sense of similar situations elsewhere" (Becker, 2017, p. 189), especially in case they are compared to relevant quantitative studies, which are based on larger samples.

In light of these tendencies, future research needs to further explore the concepts of accidental tourism and international medical volunteering in different contexts as well as to define their peculiar characteristics. The conclusion that the individualistic culture of international volunteering merely provides provisional solutions to such major humanitarian crises needs to be further substantiated. Additionally, research on accidental tourism and different types of traveling, e.g. business travelers, traveling artists, traveling football fans etc., seems to have great potential. Finally, the interrelationship between tourism and the refugees still remains under-researched, and the continuation of global refugee flows (e.g. the current Taliban takeover of Afghanistan and the Afghan refugee flows) as well as issues regarding their social inclusion will definitely comprise promising directions in tourism research.

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