



AALBORG UNIVERSITET

MSc Thesis

**Working as a Doctor In a Refugee Camp: An Interpretation of
Greek Doctors' Motivation and Navigation in the Temporary
Refugee Camp of Kara Tepe II in Lesbos, Greece**

**Masters of Sciences (MSc) in Development and International Relations with
specialization in Global Refugee Studies**

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Abstract

This study explores the reasons why Greek doctors chose to start and continue working in the Kara Tepe II temporary refugee camp in Mytilene until the end of their contract, the ways in which they navigate this demanding work environment, and the correlation between the doctors' motivations and narratives. Interpretive methodological analysis was chosen to analyse the data as this approach focuses on interpreting people's lived experiences. The data of this study is collected through five semi-structured online interviews with doctors working in the Kara Tepe II refugee camp. The study is divided into four sections of analysis: the first part presents the motivations of the doctors before and after their work engagement in the camp. In the second part, the narratives of the doctors are analyzed in relation to the themes of pointlessness, their role as more than doctors, the Covid-19 perceived as a policy and the working conditions that emerge from their interviews and relate with the research topic. The third part presents the relationship between the motivations and the narratives of the doctors, while the last part explains the way that the navigation strategies emerge through their narratives. The results of this study suggest that the way that doctors form their narratives is influenced by their motivations which are dynamic and change through their work experiences. They also propose that specific navigation strategies emerge from doctors' narratives. The conclusion of the analysis suggests that individuals' motivations are highly likely to influence the way they navigate within their working process in the refugee camp.

Keywords: Greece, Lesbos, doctors, motivations, narratives, navigation, refugee camp, Kara Tepe II, Covid-19, futility, working conditions

Table of contents

List of abbreviations	7
Introduction	8
Purpose and statement of the problem	8
Research question and sub-questions	9
Significance of the study	10
Outline of the thesis	11
Historical background	12
A humanitarian crisis in Lesbos	12
Refugee camps in Lesbos	13
NGOs	14
The Greek national health system	16
Locals' responses	18
Literature review	20
Methodology	24
Focus	25
An important alteration to the research	26
Research approach	27
Bracketing	29
Collection of data	30
Snowball Sampling	30
Homogeneity	31
Interviews	32
Participants	34
Ethical considerations	36
Interpretative Phenomenological Analysis	37
Theoretical framework	37
Motivation	38
Self-determination theory	40
Narrative identity	43
Motivation - Narrative - Navigation	45
Analysis	46
Analytical design	46
Motivations	48
Interviewee A	49
Interviewee B	51
Interviewee C	53

Interviewee D	54
Interviewee E	56
Conclusion on motivations	57
Doctor’s narratives	60
“It is something pointless”	61
More than doctors	66
Pandemic as a policy	73
Working Conditions	76
Relation of motivations and narratives	79
Narratives and navigation strategies	83
Discussion	86
Interpretation of the findings	86
Limitations	90
Future research recommendations	92
Conclusion	93
Bibliography	95

List of abbreviations

AMKA	Social Security Registration Number
COVID-19	2019 Novel Coronavirus
EMT	Emergency Medical Team
EU	European Union
IPA	Interpretative Phenomenological Analysis
NGO	Non-Governmental Organisation
NPHO	National Public Health Organisation
PAAYPA	Temporary Aliens Provisional Insurance and Health Care Number
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organisation
BBC	British Broadcasting Corporation

1. Introduction

Purpose and statement of the problem

The aim of this research is to identify the reasons why Greek medical staff have been employed in the refugee camp of Kara Tepe II and the way that they have navigated within the working environment of the camp. The experiences of doctors will be investigated during a period in which the world has been impacted by the outbreak of the Covid-19 pandemic. However, pandemic will not be the key factor based on which this study will be elaborated, since after the collection of the data and according to participants' sayings, Covid-19 was one of the issues that has influenced doctors' work at the camp but not the main and only one. The area where the research was conducted has been decided considering Lesbos the place that has initially responded to the refugee crisis in Europe, by hosting a large number of refugees until today (Pallister-Wilkins et al., 2020). The situation for humanitarian employees working with refugees in Lesbos was precarious even before the outbreak of the Covid-19 pandemic (ibid.). Specifically, Covid-19 appeared during a period when the humanitarian sector in Lesbos was facing an important lack of staff, since many NGOs, mainly international ones, left after the "pogroms" that have been operated by far-right groups in the island¹. These in combination with the inhumane living conditions that refugees have to face in the temporary camp of Kara Tepe II have attracted the interest of the research group. The new refugee camp has been described by the participants as a space where someone can see so much misery, a different working place, where there is a constant effort from the employees to relieve an extreme number of patients every day (Interviewee C). According to participants' sayings, the conditions "are awful"

¹ <https://www.rte.ie/news/world/2020/0304/1120264-lesbos-greece-turkey/>

(Participant D, p.27) and the refugee camp missed a large amount of medical equipment and medicines, which limited their professional skills, while the lack of support from the public hospital had as a result the entire burden to be on the medical staff working in the camp. Since fieldwork in the refugee camp was not possible during the period that this research has been conducted, participants' words were the main source of information in relation to their working conditions and the atmosphere in the refugee camp. Based also on the inductive type of this research, the constant pressure that employees express to feel, during the interviews, in regards with the stressful and demanding working environment had led to the formation of the current research topic. Being within a period of a global pandemic, the data collection was based on semi-structured, via the Zoom app, interviews with Greek doctors, while the whole searching, contacting and interviewing process lasted from the beginning of February until the middle of April 2021. A qualitative analysis of the collected data will serve to investigate the reasons that drove doctors to engage in work at the refugee camp and the ways they express their experiences in this working process, while by using the methodological tools of Interpretative Phenomenological Analysis, a deep exploration of the doctor's sayings will take place.

Research question and sub-questions

The aim of this study is to answer the research question: Why did doctors decide on working at the temporary refugee camp of Kara Tepe II and how did they navigate within these working conditions? The main question has been divided into four sub-questions which will help to structure the analysis and are the following:

- What are the motivations of doctors to start working at the refugee camp of Kara Tepe II?
- What are the narratives that they use to describe this working process?

- What is the relation between the motivations and the narratives of doctors?
- What navigation strategies arise through the doctors' narratives?

Significance of the study

This study seeks to elucidate aspects of a refugee crisis that have not been examined before. As it will be presented later in the chapter of the literature review, while there is an adequate number of studies concentrated on the experiences of refugees and asylum seekers², few have been written regarding the experiences of humanitarian workers, and especially of medical staff employed in the refugee field. Additionally, there is no preliminary research that explores the motivations, narratives, and navigation strategies of doctors that work at a refugee camp and particularly at the specific temporary camp of Kara Tepe II in Lesbos. Thus, the significance of this research relies on the in-depth understanding of the reasons why individuals choose to work within the refugee field and if these motivations influence the way that they construct and interpret their stories regarding their personal experiences. Furthermore, the investigation of the data will provide insight into the daily challenges faced by doctors in the refugee camp of Kara Tepe II as well as how they perceive these challenges, while the results of this study may generate new questions in regards with different variables that relate with the refugee field. Thus, this study could be useful for organisations working in the refugee field to become aware of the factors that influence the motivation and psychological and physical well-being of their medical staff. It could shed light on various measures that organisations should take to prepare professionals for working in camps and to create a suitable working environment. In addition, the

² The terms “refugee” and “asylum seeker” are used in this research according to the official definitions that are written in the International and Greek law.

study will provide insight into how specific policies of national authorities affect the work of medical staff in refugee camps.

Outline of the Thesis

This study will start with a description of the humanitarian refugee crisis in Lesbos and the appearance of non-governmental organisations in the island. There will also be a reference to the public health system of Greece and what changes have been established in regards with refugees' access to the public health sector. It will continue by presenting previous literature that has been used as an inspiration on the formation of the research topic, identifying study gaps and giving information on the topic from similar research that has taken place in the past. The methodological tools for the data collection and analysis will be explained in the next chapter. Later, an introduction of the two theories on which the analysis of this research will be based on will take place, presenting the self-determination and the narrative identity theories and the ways that will be used in relation with the topic of this research. In the end, there will be a presentation of the main findings, explaining the relation between the motivations and the narratives of the doctors employed in the camp as well as elaborating on the strategies of navigating they express through their narratives.

2. Historical background

In the historical background chapter, a summary of the events that took place during the last years of the refugee crisis in Greece will be described concerning the role of health workers working with refugees in the Kara Tepe II camp which is located in the island of Lesbos. A reference is made to the general refugee crisis and the consequences it brought to the island of Lesbos, with a focus on the challenges that health workers had to face in their working process in the camp under the influence of various political, social as well as global health changes that have taken place in the recent years. This chapter provides the context into which the subject of this study is set, giving the relevant facts about the chosen topic of why medical staff began to work in the refugee field and the ways they navigated the process of being a doctor in a temporary refugee camp.

A humanitarian crisis in Lesbos

Based on the United Nations High Commissioner for Refugees (UNHCR) report, in 2015 about 660.000 refugees and migrants arrived in Europe, with forty-five percent of them landing in the Greek island of Lesbos (UNHCR, 2015). Generally, since 2014 around one million refugees have arrived in the Greek islands seeking international protection. While Greece was “on a heel of an ongoing sovereign debt crisis” that started in 2008 (Digidiki, 2016, p.3), the massive influx of people appeared as an additional challenging circumstance for the country. Lesbos was in an emergency situation as it counted the highest number of arrivals per day (Skleparis, Armakolas, 2016, p.171), while the construction of Moria camp to accommodate these arrivals, until their

asylum application was processed, was the beginning of a never-ending process of survival, both from the refugees' side and from the humanitarian factors that worked on the ground during those years.

Refugee camps in Lesbos

The camp located in Moria, where most of the refugees and migrants were initially settled, used to be one of the largest camps in Europe³. It has been described as “an open-air prison” (Human Rights Watch) while British Broadcasting Corporation (BBC) characterised it as the worst refugee camp in the world⁴. Even though the area was capable of hosting around 3000 people, during the summer of 2020, almost 20.000 refugees and asylum seekers were residing in this facility⁵. The area was not considered suitable to accommodate so many people, while the unsanitary⁶ conditions and lack of proper hygiene infrastructure was a hard aspect for the doctors who were struggling to provide adequate medical care to the residents of the camp.

In September 2020 the camp of Moria destroyed by a huge fire leaving thousands of people on the street with some of them⁷ being transferred to the mainland, while others moved to a temporary⁸ settlement known either as “Moria II”, “Mavrovouni” or “Kara Tepe II”⁹. The transferring of the people, under the presence of the Covid-19 pandemic, has been supported by the World Health Organisation (WHO) which in collaboration with the National Public Health Organisation (NPHO) have established an Emergency Medical Team (EMT) in order to cover the

³ <https://www.theguardian.com/world/2020/sep/09/thousands-need-aid-after-fire-destroys-europes-largest-refugee-camp>

⁴ https://www.youtube.com/watch?v=8v-OHi3iGQI&ab_channel=BBCNews

⁵ <https://aegeanboatreport.com/monthly-reports/>

⁶ <https://www.theguardian.com/global-development/2020/jan/17/moria-is-a-hell-new-arrivals-describe-life-in-a-greek-refugee-camp>

⁷ <https://www.theguardian.com/artanddesign/2020/dec/02/aftermath-moria-refugee-camp-fire-photo-essay>

⁸ <https://www.theguardian.com/global-development/2020/oct/07/moria-20-refugees-who-escaped-fire-now-living-in-worse-conditions>

⁹ <https://www.infomigrants.net/en/post/27851/moria-2-0-the-new-lesbos-refugee-camp>

primary health needs of the refugees and asylum seekers, and to take the appropriate measures for the prevention of a possible spread of the virus. The old structure of Kara Tepe, that used to be next to the newly constructed camp and hosted about 600 vulnerable families, closed under the government's decision during the first week of May 2021¹⁰ and as a result, a number of them had to be transferred to the newly constructed camp known as Kara Tepe II.

The conditions were discouraging, especially for the medical staff employed at the new camp, who could only provide primary medical care¹¹, while most of the patients' cases were caused by a combination of factors, such as the cold weather and the location of the camp. The area where the camp is located used to be a military training ground next to the sea and not a suitable place for someone to reside in tents or makeshift shelters. So, the duties of doctors, who had to treat illnesses caused by the fact that people were living in such conditions, seemed challenging and have drawn the attention for further research, deepening into the ways medical staff experienced this working process (Pallister-Wilkins et al., 2021).

NGOs

Local residents and tourists were those who initially provided humanitarian assistance to refugees and migrants, such as water, food supplies, health care and transportation to the registration camps (Digidiki, 2016, p.16). As the situation on the island was getting urgent, international volunteers, either independently or as organisations, arrived on the island to assist the newcomers. In March 2015, there were eighty - one NGOs operating in Lesbos - a large number compared to the small size of the island - of which only thirty six were registered and

¹⁰ <https://ohf-Lesbos.org/en/general/closure-of-kara-tepe-push-backs-and-transfers/>

¹¹ <https://www.cadus.org/en/article/the-crew-talks-about-their-work-Lesbos>

worked in close coordination with the local authorities (Digidiki, 2016, p.19). In February 2016, the Greek Parliament established a new law (4368/16) which minimized the role of volunteers and minor civil society actors in newly constructed refugee camps (Skleparis, Armakolas, 2016, p.179). Even though, since the beginning of the crisis, the appearance of different international and national NGOs helped to support the different local initiatives formed to handle the refugee crisis, their operation on the island has met several barriers. These came as a result of the locals' complaints about a large number of them creating more issues¹² than solutions on the field. This attitude towards the NGOs did not stop there but has grown after events taking place during the first months of 2020. Following the big demonstration in Lesbos¹³ with the motto "We want our islands back" a lot of locals harassed, intimidated and acted violently against employees of different organisations, health workers being among them¹⁴. In combination with the hostile environment created by the locals, NGOs were also in front of a new regulation established by the Greek authorities. In accordance with this, stricter requirements were imposed on organisations that wanted to operate in Greece, minimizing their independence, since all NGOs that were actively working in Lesbos had to be officially registered¹⁵ with the authorities. Many NGO employees have characterized this law as a "crackdown on NGO workers and volunteers"¹⁶.

These circumstances led a number of them to withdraw and leave the island, influencing the work of the remaining staff, who had to constantly offer their services into an environment threatened by the fear of the Covid-19 outbreak. The access to healthcare services of refugees

¹²

<https://www.theguardian.com/global-development-professionals-network/2016/jan/05/refugees-in-lesbos-are-there-too-many-ngos-on-the-island>

¹³ <https://www.aljazeera.com/news/2020/2/15/aid-workers-face-growing-hostility-on-lesbos>

¹⁴ <https://rsaegean.org/el/chronologio-ton-epitheseon-kata-tis-allilegyis/>

¹⁵ <https://www.dailysabah.com/europe/2020/02/05/greece-orders-all-ngos-to-register-in-aegean-islands>

¹⁶ <https://www.forbes.com/sites/freylindsay/2020/12/09/greece-has-intensified-its-crackdown-on-refugee-ngos-with-a-new-confidentiality-law/?sh=1aaf42fd61d1>

and asylum seekers residing in the island of Lesbos mainly relied on the presence of NGOs (Pallister-Wilkins et al., 2021). The newly constructed refugee camp, ill-equipped and with limited access to water and electricity, could not be considered a safe space for someone to quarantine in order to protect itself and others from a highly contagious virus such as Covid-19¹⁷.

The living conditions in Moria and afterwards in Kara Tepe II, as well as the problems caused by the geographical restriction of the refugees due to the pandemic, resulted in inadequate health care and a constant stress situation within the medically oriented NGOs, as doctors, who were restricted in the provision of primary health care, were not able to properly help people with serious chronic diseases or treat cases caused by the living conditions in the camp. This is further elaborated in the analytical chapters that refer to the perception of Covid-19 as a policy and the “sense of pointlessness” doctors feel as a consequence of their inability to change the current situation and bring a positive change on their patients’ lives.

The Greek national health system

Greece, as a reception country, has welcomed a great number of refugees with most of them being in need of primary or secondary medical support. Despite the fact that doctors were confronted with many difficulties during their work, such as lack of medical equipment and supplies, as well as communication issues due to the language barriers and the lack of interpretation services, they tried to assist the refugee and migrant population in all their powers (Digidiki, 2016). Even though refugees and asylum seekers had the right to access primary healthcare, as well as pharmaceutical and hospital care on their arrival to Greece, they came

¹⁷ <https://reliefweb.int/report/greece/new-camp-worse-moria-thousands-living-abysmal-conditions>

across with a lot of bureaucratic barriers in relation to the national health system (Kotsiou et al., 2018, p. 7). The delayed registration of the Temporary Aliens Provisional Insurance and Healthcare Number (PAAYPA), in combination with the cancellation of the social security number (AMKA) for refugees and asylum seekers, resulted in leaving thousands of vulnerable people in urgent need of medical assistance as well as the work overload of NGOs being the only available service for the provision of medical care (Pallister-Wilkins et al., 2021).

Serious long-term diseases but also mental health issues and infectious diseases which found the ground to develop in the camps have been considered by various NGOs as crucial threats¹⁸ for the maintenance of the well-being of the people residing there. Later, during the Covid 19 pandemic outbreak, these conditions led to a struggle by medical personnel, who proved understaffed (Pallister-Wilkins et al., 2020) and unprepared for a series of changes aimed at preventing and managing the possible spread of the virus in the Kara Tepe II. A number of medical cases were assigned to NGOs responsibility, as refugees had free access to the health care in the camps. This was caused due to the strict Covid-19 quarantine measures and the prohibition of people to move outside the camp. These conditions have placed significant pressure on the NGOs medical staff, who lacked the proper equipment and health infrastructure before any health event and were inadequately prepared to treat any other than primary medical cases¹⁹. The chapter of the analysis that deals with this issue contains doctors' narratives as well in regards with the way that Covid-19 has been used as a policy to keep refugees isolated and systematically exclude them from the rest of the world, restraining their rights for access to the public health system.

¹⁸ <https://www.doctorswithoutborders.org/what-we-do/news-stories/story/refugees-further-traumatized-conditions-greeces-moria-camp>

¹⁹ <https://www.cadus.org/en/article/the-crew-talks-about-their-work-Lesbos>

Locals' responses

As it is mentioned above, in the beginning of the refugee crisis, locals took care of the vulnerable people, providing them with food supplies and dry apparel or driving them to Mytilene where the reception center was located (Papataxiarchis, 2016). This initial behavior was characterized by solidarity, since there were people from around the globe travelling to Lesbos in order to welcome the refugee population and offer their help. The transformation of Lesbos into a hotspot²⁰, and the establishment of the EU - Turkey agreement in 2016 has encroached basic human rights, ignoring the consequences on those directly affected by the refugee crisis. Specifically, people on the move were trapped in the islands of northeastern Aegean Sea while the islanders inhabiting there had to manage the existence of a disproportionate number of refugees and asylum seekers.

Generally, since the beginning of the crisis different mobilisations have been taking place in the island initiated from different sides. Refugees, members of NGOs and collectives supporting asylum seekers have expressed their opposition to the European measures through demonstrations and hunger strikes²¹ while locals of Lesbos and the rest of the reception islands have been mobilised, demanding the evacuation of the camps as well as asking for “their islands back”²². The biggest strike that took place on the 22nd of January in the islands of Lesbos and Samos has been followed by pogroms created from islanders in their effort to take control of the two roads that lead to Moria camp, blocking the entrance to newly arrived migrants and NGOs employees²³. A few days later in February 2020 and after government's announcement regarding the construction of new closed centers in the islands of northeastern Aegean Sea, an order of

²⁰ https://ec.europa.eu/home-affairs/e-library/multimedia/publications/the-hotspot-approach-to-managing-exceptional-migratory-flows_en

²¹ <https://www.gulf-times.com/story/545551/Syrian-refugees-stranded-on-Lesbos-launch-hunger-s>

²² <https://www.dw.com/en/Lesbos-we-want-our-island-back/a-52151318>

²³ https://www.youtube.com/watch?v=y6pRE9bhMzq&t=651s&ab_channel=redfish

clashes has taken place between the riot police sent by the government and the islanders of Lesbos and Chios, who on their effort to support their land, were protesting against this decision²⁴. The conditions were more than unfriendly for the employees who had to face these behaviors and continue working during these difficult days. The inhabitants of Lesbos, feeling their anger at the Greek state and having learned of the opening of the Turkish borders, were directing their feelings against refugees and people working on the field. On the same month, locals have blocked the road that leads to Moria in order to prevent new arrivals reaching the camp²⁵ and have conducted checks and damages on NGOs and volunteers' cars while one of the reception centers²⁶ and two buildings of international²⁷ and national²⁸ organisations have been arsoned. Since the beginning of the pandemic the local's activities against the camps have reduced. This change on local's behavior came after the Covid-19 outbreak which have brought stricter restrictions for the refugees who had to confront with their limited movement in the camp of Moria, and later in the new construction of Kara Tepe II²⁹. In the meantime, NGOs operated in the new camp demanded the decongestion³⁰ of the island, as refugees' isolation could only worsen their mental and physical health, creating even more burdens for the provision of basic healthcare to the inhabitants of Kara Tepe II.

The derivation of the above events led NGOs staff working in the camp to face several challenging factors. These arise either from the living conditions prevailing in the area, where the refugees and asylum seekers live, or from the political changes that have altered the process of seeking asylum and have left a large number of people on the islands to the mercy of the existing humanitarian factors. All these aspects within a period of a global pandemic have brought

²⁴ <https://www.theguardian.com/world/2020/feb/25/police-and-protesters-clash-on-Greek-islands-over-new-migrant-camps>

²⁵ <https://refugeeobservatory.aegean.gr/en/refugee-crisis-greece-anger-and-foreboding-grow-Lesbos>

²⁶ <https://www.firefightinggreece.gr/2020/03/01/Lesbos-fotia-sto-kentro-ypodochis-stage-2/>

²⁷ <https://www.keptalkinggreece.com/2020/03/08/Lesbos-one-happy-family-center-fire-farrights/>

²⁸ <https://www.ekathimerini.com/news/251179/fire-destroys-refugee-ngo-s-facilities-on-Lesbos/>

²⁹ <https://www.msf.org/Greek-police-enforce-unwarranted-and-cruel-quarantine-moria-camp>

³⁰ <https://www.msf.org/eu-must-stop-trapping-people-greek-islands>

various challenges to the humanitarian field, and especially to the field of medical care for the staff who worked in the refugee camp of Kara Tepe II. Consequently, this research aims to explore the experiences of doctors working with refugees and their navigation strategies under a working environment that seems more than demanding, where the possibilities for adequate treatment and medical support requires a constant effort from their side.

3. Literature Review

Since the widely known European refugee crisis in 2015, various studies have emerged that address issues and cases related to refugees. Of great interest is that the literature already published seems to focus mainly on refugees' perspectives and experiences. This either focuses on different aspects of the mobility routes people follow (Hammar, 2014; Xiang, 2014; Casas - Cortes, 2015; Lemberg - Pedersen, 2013), the reasons for this forced mobility (Mezzadra, 2017; Bariagaber, 2006) or their experiences after arriving in a new country (Larsen, 2011; Worby, 2010). One part of this field that does not seem to be the focus of previous research is populations who are on the ground and intimately involved in the refugee field, such as volunteers or professionals who are on the front-line of refugee assistance.

Our attention will be focused on health workers who have worked or continue working with refugees and asylum seekers at Lesbos, as one of the welcoming islands of the Aegean Sea. The initial approach of how the research would be developed was placing Covid-19 in the centre of the topic. Correspondingly, the literature reviewed was in regards with the experiences of health staff facing periods of emergency, with some examples being: SARS – COV 1, HIV/AIDS and SARS – COV 2, in order to identify the struggles and coping strategies that correlate with

employment in such demanding circumstances. Most of these studies focus on the experiences of medical staff employed in hospitals as a workplace and have been the source of inspiration for settling on the present research topic. These studies highlight the importance of a supportive and well-organized working environment (Rodriguez et al., 2020; Giusti et al., 2020; Kisely et al., 2020; Tan et al., 2020; Ornell et al., 2020; Hughes et al., 2007) while others focus on the interaction with friends and family to maintain professionals' mental and physical well-being (Kisely et al., 2020; Cardozo et al., 2012; Chan, 2004; Tam et al., 2004;). The only found relevant study which deals with the potential impact of Covid-19 on a refugee camp in Bangladesh, states that a possible strategy for health workers in order to handle Covid-19 in the camp, would be the division of tasks among them, highlighting the emergent need for drastic and realistic planning for health provision (Truelove S. et al., 2020).

After conducting the interviews, Covid-19 found to have less impact than what was initially expected, so the main focus of the reviewed literature changed and additional literature, in regards with the general experiences, strategies and motivations of health workers, has been collected. Prior studies on this topic are mainly focused on the experiences of social workers, mental as well as medical health workers, and counselors working with refugees (Guhan, 2011; Robinson, 2013; Robinson 2014; Century et al., 2007; Bouki, et al., 2020), from which some have demonstrated the perceptions of staff regarding refugees' health culture (Zihindula, 2015; Hemono, et al., 2018; Kerbage et al., 2020), while Worabo et al. (2019) concentrated on their perspectives and experiences regarding work with the specific population and its needs. Generally, authors have recognized that work with refugees implies more demanding and complex working conditions (Soliman, 2011; Robinson, 2013), and professionals employed in this field appear to express various emotions, some indicating negative ones such as feeling

overwhelmed, helplessness, powerlessness, frustration, exhaustion, stress (Century et al., 2007; Soliman, 2011; Robinson, 2013) while among the positive ones are, feeling satisfaction (Bjereld, 2004), being stronger to set limits to the patients, gaining confidence as professionals and becoming well informed of the situation (Guhan, 2011). Robinson highlights (2014) the complex background of the front-line working environment mentioning the different factors that can create challenges in the work of a health worker working with refugees and asylum seekers. The impact that this type of work has on professionals has been studied and a large amount of information came into light in regards with their psychological well-being, such as diagnostic cases or symptoms of burnout, vicarious traumatization, stress, compassion fatigue etc. (Guhan, 2011; Robinson, 2013; Roberts, 2021). However, our aim is not directed on a psychological or physical diagnosis but to gain an insight into and interpret the narratives expressed by the doctors. A number of publications have looked at the motivations of doctors working in refugee camps (Bjereld, 2004), although there has been no research that has exclusively focused on the experiences of Greek doctors working with refugees in the Greek region. Motivation, as a topic closely connected with the work of front-line professionals working in conflict zones and/or with refugees, has been merely investigated in the past. Previous research has found a strong link between the motivation to remain at work and the general interaction among health workers, supervisors, and refugee patients. Teloni et al., investigating the working conditions of social workers working with refugees, talks about the importance of a good relationship between staff and refugees as well as colleagues to maintain their motivation for work (2020). Similarly, a study regarding the experiences of health workers employed in conflict areas in Uganda highlights as motivators the good relationship with the community, the appreciation expressed by the supervisors as well as the provision of opportunities for professional development through

work (Namakula, 2014). The existence of formal or informal supervision at work has also been mentioned in regards with frontline health workers' work performance (Robinson, 2013), and their maintenance on the field, contributing on their well-being and enhancing their motivation to work (Robinson, 2014), specifically when no other type of formal payment is offered (Alfaro-Trujillo, 2011). Besides the proper supervision and the training chances, Wurie and Witter refer to the feeling of being effective at work as one of the main motivating factors, underlining the personal and professional satisfaction that this effectiveness brings on health workers who have experienced work through and after conflict in Sierra Leone (2014). The positive feelings correlated with achievements at work such as gratitude and satisfaction help frontline health workers to keep on being motivated since they realize the change they bring on the field despite the difficulties they might face throughout work (Guhan, 2011). Additionally, in regard to the way they cope, Guhan highlights how health staff working with refugees and asylum seekers in the United Kingdom have become tougher in their attempt to cope with the front-line work demands and to not be emotionally affected by each patient's case (2011). The same research shows that social relations in and out of work and discussion of what is happening at the working environment with close friends and family has been used as one way of coping with the situation (ibid.). Besides social interactions, personal coping strategies, like emphasizing on the positive experiences at work, taking care of oneself and keeping a solution-oriented mindset are referred to by Mette as important techniques for maintaining well-being on the field (Mette et al., 2020). Reading the studies mentioned above, which highlight the emotions that health workers seem to express in relation to their experiences of working with refugees, as well as the motivational aspects and working conditions that influence their work performance, have been an inspiration for focusing on the reasons why doctors have chosen to employed in the

refugee field, analyzing the relationship that their motivations may have with the way they interpret their experiences at work. In the absence of previous research dealing with doctors working in a refugee camp in Greece and the relationship between their motivations and their narratives about the different work experiences, this research aims to concentrate on and approach this undiscovered topic in order to provide an answer to the question of why doctors work in the temporary refugee camp Kara Tepe II and how they navigate within this work environment.

4. Methodology

This chapter describes the research approach and design, as well as the methodological considerations and decisions made at each stage of the research process. It also explains some practical aspects of the interviews and the ethical considerations in relation to the chosen methodology, ending with a reference to the way of analysing the data and a description of the individuals that participated in the research.

Focus

This study focuses on the experiences of health workers employed in the temporary refugee camp Kara Tepe II which is located in Greece and specifically in the island of Lesbos. Lesbos has hosted a large number of refugees and asylum seekers and was the area where Moria, one of the largest refugee camps in Europe, was established. Moria camp was replaced by the site of a new temporary camp, the Kara Tepe II, after its destruction in September 2020. The reason why the specific camp was chosen for the purpose of this research is because it hosts the largest

amount of refugees in Greece, as there are about four thousand³¹ people inhabiting there, while its accommodation and health infrastructure, as well as the place where it is located, are considered unsuitable for people to live (Pallister-Wilkins, et al., 2021). These characteristics combined with the restriction of movement that has been imposed on the refugee population during the period of this study, have been some of the conditions within which doctors employed on the field had to handle. Diving into the ways that employees handle their experiences on the field and manage to navigate on it will be one of the main research aims, exploring as well the motivations that shaped their decision to work and remain at the new temporary camp.

The navigation of the doctors will be approached by reading and interpreting their sayings in regard to their work experiences in the analysis part. It will specifically be explored whether the motivations of the doctors are linked through a line of discrepancy or correspondence with the way they interpret their experiences based on the theories of self-determination and narrative identity. Taking into consideration that an individual's personality is reflected as a growing pattern of "dispositional traits, but also motivational, social-cognitive, and developmental characteristics" together with the narratives that each person creates in order to preserve a sense of purpose across its life (McAdams, 2008), this research will attempt to see through the analysis of the data, how the motivational factors for choosing to do this specific job are linked with the way they narrate their experiences and navigate within them.

³¹ <https://infocrisis.gov.gr/14193/apotyposi-tis-ethnikis-eikonas-katastasis-gia-to-prosfygiko-metanasteftiko-zitima-tin-04-08-2021/>

An important alteration to the research

At the time the focus of this research was discussed, the world was in the midst of a global pandemic and had to deal with the outbreak of the Covid-19 virus. As the Covid-19 pandemic was a challenging time for everyone, and especially employees occupied in front-line work environments, this virus was supposed to be the basic outline for the research, exploring how doctors navigate such an emergency health context within an already existing emergency situation. In addition, based on the literature review, researchers have previously focused on the experiences of health staff working in work settings such as hospitals during a pandemic, while less studies dealt with the difficulties of medical staff working in camps in such periods of crisis. However, after the interviews were completed, there was disorientation in the focus of our research as participants seemed to turn their attention to other issues, while the Covid-19 pandemic did not seem to be a primary hygienic concern for them while working at the specific facility. The quarantine period in the Kara Tepe II, as well as in the rest of Greece, which had started in March 2020 and continued, with some breaks, until the time of conducting the interviews, was generally a negative aspect in the lives of the health workers. However, it did not affect their work in a direct way, something that will be discussed later on in the analysis chapter. Based on the interviews, there were several aspects that made the refugee camp less than an ideal place for someone to be employed there. Following these shared views, an attempt is made to explore into their narratives, how doctors working in the camp navigate within their work process, and what factors contributed to the choice of this specific job.

Research Approach

Due to the exploratory nature of the study, which aims at the exploration and deep understanding of the experiences, motivations and navigation strategies of doctors through their narratives, a qualitative research approach has been chosen to investigate "how an individual subjectively perceives and gives meaning to their social reality"³². Through qualitative research the researcher can describe and explain social phenomena by analysing thematic categories derived inductively from the collected data (Pope et al., 2000, p.114). Furthermore, using a qualitative research approach, ensures the ability to focus on interpreting and finding the meaning behind an individual's narratives and providing an accurate description of the phenomenon being studied. In order to interpret the narratives of doctors, the chosen qualitative research approach is Interpretative Phenomenological Analysis (IPA), which aims to the "in-depth exploration and interpretation of individuals lived experiences" (Smith, 2004, p.229; Groenewald, 2004, p.42).

The roots of Interpretative Phenomenological Analysis date back to 1931 when the German philosopher Edmund Husserl "conceptualised and theorised phenomenology as a way to understand the context of people's lived experiences" (Alase, 2017, p.10). However, Phenomenological Analysis was mainly developed in 1990 by Jonathan Smith and a team of health psychologists, following his research paper in which Smith discusses the importance of an approach that can "capture the experiential and qualitative" (Smith, 2009, p.4). Through this approach, an attempt is made to find the "meanings embedded in human experience" and identify the way a person perceives a particular phenomenon (Wagstaff, et al., 2014, p.2). Lyons

³² <https://www.simplypsychology.org/qualitative-quantitative.html>

and Coyle, similarly, support that people do not act passively, but interpret everything they experience according to their subjectivity, thus obliterating any objective reality (2007). Consequently, the present study aims to support and understand this subjective reality interpreting the interviewees' experiences, as they described them, in relation to the environment in which they work, and delving into the personal reasons why each of the participants chose to work in the refugee camp, and how they find their way through this work experience.

Accordingly, Interpretative Phenomenological Analysis is an efficient method to approach the data collected from respondents, since it has been characterised as a "participant-oriented approach", meaning that participants express themselves and describe the world as they perceive it through their own eyes and based on their own experiences, without any kind of "distortion or prosecution" (Alase, p.9, 2017). In this case, the interviewees were asked to describe their experiences while working in the camp of Kara Tepe II in Lesbos. Based on their personal perceptions and by highlighting their narratives of how they see the world, we gain insight into individuals' motivations for starting this work and their means of navigating while working. Additionally, it is further explored whether there is a relationship between their motivations and their narratives in connection to different aspects that characterise their work in the refugee camp. Thus, at this point, the aspects within and outside the work environment of doctors are explored by listening to the interview of each participant and examining the relationship, if any, between their narratives and the factors that have driven their motivation for choosing this particular job.

Bracketing

As Greek citizens who are interested in what is happening in Greece and keep up to date with the current events, the research team wanted to clarify and delineate their views and ideology regarding the topic of research. Before the start of the thesis, a research and collection of information about the situation on Lesbos was conducted. The findings were mainly articles that were directed against the Greek authorities and the state and spoke of an indifferent attitude from the European side. As participants in a refugee studies education, our interests and ideology are oriented towards a solidarity and humanitarian perspective, while our digital and physical social cycles seem to follow respective ideologies. These aspects were taken into account, as an attempt was made to keep a distance from any political, social or other kind of expression of normative opinion, both when contacting the potential participants as well as during the interviews. Also, the fact that the interviewees were doctors working in an NGO and a public health organisation was another factor that had to be taken into account in order to avoid any intention to share thoughts in favour or against the private or public health sector. The text used to contact the participants, as well as the information given at the beginning of each interview, were kept as neutral as possible to allow the interviewees to talk about their experiences in an unguided way, always keeping in mind to carefully present the research topic without referring to personal thoughts or ideologies. For the same reason, the initial questions to be answered, during the interviews, were the same for each interviewee. Also, the additional questions that emerged during the interviews, were selected based on what the interviewee had already said, taking care to phrase them as openly as possible, in order to maintain this neutral position.

Collection of data

Snowball Sampling

For the gathering of our data, it was initially planned to travel to Lesbos and visit Kara Tepe II to conduct the interviews in person. However, due to the Covid-19 restrictions and considering what is best in terms of safety, the first decision was discarded, choosing to follow the norms of modern times by conducting online interviews. In regard to finding participants for the research, a series of non-governmental organisations were contacted by sending emails or filling applications on their websites. However, a collaboration was not achieved since none of the contacted organisations replied positively. Taking also into account the law³³ that has been established in December 2020 regarding voluntary confidentiality, which states that all employees working in the camps in Greece are not allowed to publish any videos or pictures from inside the camps nor talk about what is happening in there³⁴, it was decided to informally approach people through snowball sampling. Thus, several potential interviewees were contacted through social media by using personal contacts, which would possibly be connected with people working in the specific camp. Based on this type of sampling, the participants who had already agreed to participate in the research were asked to provide their assistance by suggesting/asking other people to participate in the research³⁵ too. Being aware of the difficulty to approach and convince people to be interviewed, relying on social media as the only means of communication made the collection of data a challenging process. Although a satisfying number of interviewees

³³ [Υπουργική Απόφαση 23/13532 - ΦΕΚ 5272/Β/30-11-2020 - ΑΛΛΟΔΑΠΟΙ - ΟΜΟΓΕΝΕΙΣ - ΠΡΟΣΦΥΓΕΣ - ΠΟΛΙΤΕΣ Ε.Ε.](#)

³⁴ <https://reliefweb.int/report/greece/greece-s-new-confidentiality-law-aims-conceal-grave-violations-against-asylum-seekers>

³⁵ <https://research.oregonstate.edu/irb/policies-and-guidance-investigators/guidance/snowball-sampling>

was found, it has also been taken into consideration the possibility of the majority to express common beliefs regarding the topic, since among the interviewees some seemed to have a social connection.

Homogeneity

Our focus was to interview doctors employed in the Kara Tepe II during the Covid-19 pandemic considering the homogeneity of the sample in regards with their profession. The homogeneity of participants on an Interpretative Phenomenological Analysis is essential, since the researcher can better understand the overall perceptions among the participants' "lived experiences" and can capture and interpret the commonalities or dissimilarities of these experiences (Alase, 2017, p.10-14). Fortunately, it was achieved by collecting data from five doctors working in the camp of Lesbos. Three of them were employed at a non-governmental organisation, one had a contract with the same organisation, but mainly worked in an office operated by the public health organisation and the last one was also working at the public health organisation. The approach of interviewing a small number of participants was based on Wagstaff et al. who stated that one of the strengths of Interpretative Phenomenological Analysis is that "richly interpreted" data can emerge from a small number of respondents (2014, p.10). Specifically, Polkinghorne (as it is cited to Alase, 2017, p.9), has suggested that the number of participants in research in which IPA is used as a method, should fluctuate between five and ten. Similarly, Smith and Osborn have mentioned that the sample on phenomenological research should be "inevitably small" (Smith, 2004, p. 231).

Thereupon, we ended up interviewing five participants who were all working at the camp, and even though some of them were employed by a different agent, while the initial plan was to

concentrate on a specific organisation, we had to adjust to the limited possibilities of this kind of data collection process.

Interviews

The methodological tool found to be the most efficient for collecting the data was semi-structured interviews. For an interpretive phenomenological analysis, a semi-structured the interview is considered one of the most appropriate methods, as it is flexible and encourages “two-way communication”,³⁶ while it allows participants to express themselves and share their thoughts about the phenomenon being studied (Smith, 2004, p.232). Seventeen Participant-oriented questions have been designed for the purpose of the research (See Appendix C), functioning as a guide for the interviewing process. The questions were related to the investigated topic and a focus was given on the perceived experiences, motivations, and navigation strategies of the participants throughout their work at Kara Tepe II. During the interviews additional questions have emerged, since the responders highlighted new areas of discussion which, based on Alase (2017, p.9), are valuable and need to be investigated in-depth, since they derive spontaneously from the person, meaning that they are important for him or her³⁷.

The research team began contacting potential participants in February 2021. The interviewing process started in March 2021 and was completed in April of the same year. All interviews were conducted online and the research tool that was used was Zoom, defined as “a collaborative, cloud-based video-conferencing service that offers features including online meetings, group

³⁶ <https://fuelcycle.com/blog/a-quick-guide-to-semi-structured-interviews/>

³⁷ <https://fuelcycle.com/blog/a-quick-guide-to-semi-structured-interviews/>

messaging services, and secure recording of sessions” (Archibald, et al. 2019, p.2). Since the initial plan of traveling to Lesbos did not seem possible, online interviews served as a source for the collection of original data via the Internet (Salmons, 2012), while it was considered a convenient, cost-effective, and flexible method for both the participants and the researchers. An additional reason for choosing online data collection was that it ensured the elimination of any geographical limitations and possible challenges that could appear through the conduction of physical interviews (Archibald et al., 2019, p.2). Even though collecting data online has been characterized as simple and user-friendly, it can be proven challenging since different technical burdens associated with connection difficulties or video quality and reliability may arise (Archibald et al., 2019, p.4). Additionally, online interviews made it more difficult to observe body language - a critical factor for qualitative research - as only the upper body and face were visible during the interviews. Considering that the video call had two different locations and the chance of social interruptions was high, creating problems in the flow of the conversation,³⁸ it has been attempted to keep the interview process as smooth as possible by asking the interviewees to meet when they would be free of any activity and by using headphones which eliminate the outer sounds. Both interviewers were present during the interviews, in order for one to interact with the participant and the second, who was muted for the whole process, to keep notes and help the other interviewer in case of technical discrepancies. The duration of the interviews was approximately one to two and a half hours and all of them have been recorded under participants’ permission and awareness.

The interviews were conducted in Greek as both researchers and participants are from Greece and use it as their native language. This is considered an advantage because participants could

³⁸ <https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-019-0867-9>

feel comfortable during the interviews and better express themselves. Also, the fact that most of the participants were close to the interviewers' age seemed to enhance the creation of a casual atmosphere between them. In general, the language used for an interview during qualitative research can play a significant role in the collection of data, as it can also function as a barrier between the researcher and the participant. This is a common phenomenon in cross-language qualitative research in which the language of the researcher is different from the language of the participants and a translator needs to mediate³⁹. In this case, the interviews were conducted in Greek, but the project is written in English. Therefore, the interviews had to be translated in order to use them for the analysis. The translation of data can be a challenging procedure, as their meaning might be misinterpreted during the process of translation, losing its validity (Van Nes et al., 2010 p.313). In addition, there are times that a concept in one language can have another meaning, or it can be understood differently (ibid., p.314). Thus, an as accurate as possible translation of the interviews was implemented to preserve the validity of their content and attribute an interpretation that is close to the initial meaning.

Participants

One of the doctors' interviewees is 41 years old, married, and the father of two children, and lives on the island for almost 10 years. He has a contract with a non-governmental organisation working as a pediatrician at the camp and he also works at the public hospital of Mytilene in collaboration with the public health organisation. He also has his own office in a village on the island of Lesbos. Another interviewee is 25 years old who started working at the organisation in July 2020 with the termination of his contract in February 2021. He is an unspecialized doctor,

³⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2784094/>

and he did not have previous experience as his first job was at the refugee camp. He is doing his internship as a rural doctor on the island and lives together with a friend. The third doctor is 28 years old and lived on the island for almost three years. He worked for the same non-governmental organisation from September 2020 to February 2021, while before, he worked as a rural doctor at the public hospital of Mytilene. During the interviewing period, he moved to Athens to continue his specialization as a pathologist. Another interviewee is 28 years old and used to work at the hospital for three years, in which she completed the one-year internship as a rural doctor and two years of specialization as a pathologist. She then worked at the refugee camp for a shorter period, completing four months of employment at the non-governmental organisation. When the interview took place, she had just quitted her job at the camp and was waiting to move to Athens in order to continue working at a hospital there. The last interviewee is 26 years old and has worked as a doctor at the public health service operated in the refugee camp while she used to be an intern as a rural doctor in Mytilene. She lives with her partner and plans to do her specialization as a pediatric surgeon back in Athens in the future. She did not have any other experience, except for the one year of internship in the hospital.

During the course of the research, it was observed that some of the characteristics that emerged, such as the lack of experience of most of the participants combined with the young age of most of them, were quite interesting and important aspects of how respondents perceived the experience in their work environment, as well as the motivations related to this job and how they navigate this environment.

Ethical Considerations

Trustworthiness between the researchers and the participants is of high importance when qualitative data is analyzed. In the case of Interpretative Phenomenological Analysis, a relation of trust is necessary since the researcher attempts to get the insight of participants' responses regarding their experiences, which could be achieved if the participant would feel secure to share his/her deeper thoughts and experiences with the interviewer (Alase, 2017). Data confidentiality has been ensured during the period of the research by keeping all the collected information in a private computer, which needs a password to unlock, as any leak of information could put research participants at risk. Ethical research was based on the Ethical Guidelines of the Association of Internet Researchers (AoIR, 2019), in order to protect the participants from any kind of exposure. For the sake of clarity, on the first contact which happened via Messenger, the participants were informed regarding the topic of the research, its purpose, the data storage, and its usage. Moreover, a text of consent has been prepared (Appendix D), through which it was clarified that the participants were “fully aware of the purpose of the research and that they had totally understood their rights” (Bell, 2014, p.48). The consent was asked verbally and was recorded during each interview, while every participant confirmed to proceed on it. It was also agreed that interviewees' identities will stay anonymous in order to protect any personal information shared, while it was planned for the analysis, to refer to each participant using capital letters from the alphabet (ex. Participant A, B, etc.). Last, the names of the organisations in which the doctors work will remain anonymous, as this study focuses on the experiences of the individual rather than the organisation. Additionally, no permission was obtained from the organisations for the use of the data in public.

Interpretative Phenomenological Analysis

The approach adopted for analyzing the collected data was Interpretative Phenomenological Analysis (IPA). The first stage of the analysis was data coding. Data coding is a complicated process in which the interview recordings were repeatedly listened to, while researchers took notes on the transcripts focusing on keywords, phrases, and converging patterns that might be related to the research question (Alase, 2017, p.15). In a second step, the transcripts were thoroughly skimmed several times to find common themes related to the participants' motivations and narratives about their experiences by reviewing the previously highlighted phrases and trying to find the connection between them. Once this process was complete, the themes that emerged from the previous stage were listed and clustered, followed by accurate extracts from each interview, ensuring that any “redundancy”⁴⁰ was avoided.

All steps were repeated for every interview to ensure that by the categorization of the themes, the “core essence” of what the participants were saying was obtained (Alase, 2017, p.16). The findings derived from the analysis will be further elaborated in the discussion, after interpreting them based on the theoretical framework that will be presented in the following chapter.

5. Theoretical Framework

Reading this chapter, you get an insight into the theoretical concepts that have been employed for this study. For the purpose of the analysis, it was chosen to concentrate on two different

⁴⁰ https://www.youtube.com/watch?v=vHoR1WEWDL0&t=3507s&ab_channel=Dr.AnilBehal

theoretical concepts which are: the motivations that seem to hide behind participants saying in regard to their decision to apply for and work at the camp, and the narratives regarding their experiences which unravel the navigation processes that each of the doctors seems to follow at work. In order to examine the motivational factors that drove health workers on their decision to work in this field, even though they consider it an emotionally exhausting job, we will use the theoretical framework of motivation and, in specific, the self-determination theory introduced by Deci and Ryan (1985).

Motivation

The concept of motivation has been thoroughly discussed over the years, especially in relation to the workplace. Several theories have developed regarding motivation since Freud and McDougall talked about instincts and the irrational dynamics of motives (Steers et al., 2004). These theories were initially focused on the consequences of an action and how positive or negative reinforcement follows a particular behavior (Skinner, 1953), while later, with the recognition of humans as social beings, a number of theories emerged known as *content theories* (Steers et al., 2004). Maslow was the first to introduce the theory of the *hierarchy of needs*, which states that humans have five different categories of needs, namely the physiological, safety, social, ego, and self-actualization needs, which are satisfied with less or more priority, depending on their hierarchy (Pardee, 1990). Alderfer later added to Maslow's model the needs for existence, relatedness, and growth (1972), while McClelland challenged Maslow's categorization and espoused the *need for achievement theory*, which states that a person may simultaneously have multiple, competing needs driving his or her motives, emphasized that when a need is strong, it motivates the person to act to achieve its satisfaction (ibid.). While McClelland became popular

for his contribution to the research by defining the individual differences in people's motivational dynamics, Herzberg introduced to the field the *two-factor theory*, which acknowledged the existence of intrinsic and extrinsic factors that help create satisfaction and avoid dissatisfaction at work (Steers, 2004; Osemeke & Adegboyega, 2017).

In the following years, theorists seemed to turn to other perspectives and focused on the cognitive movements behind the processes that motivate people to choose a certain behavior at work (Vroom, 1964). Vroom was the first to apply a *process theory* to the workplace, which was extended by Porter and Lawler by adding the factor of individual differences (Steers et al., 2004). Locke and Latham (1991), who were influenced by the cognition-oriented theories and recognised motivation as a dynamic process, introduced the aspect of goal setting and supported that goals are consciously formed and drive human motivation in certain workplace behaviors. At a later stage, Shamir introduced the concept of self in the theoretical literature and went beyond several traditional theoretical concepts explaining how people are motivated to preserve their self-worth, self-esteem, and self-consistency while being at workplaces that enhance and ascertain the self-concept (Shamir, 1991 as cited by Chalofsky, 2003). Correspondingly, the theory of self-determination deals with the satisfaction of specific psychological needs and is presented as one that “uses concepts with a phenomenological or personal meaning for people” (Deci & Ryan, 2008, p.14). Considering that the participants of this research are active individuals who constantly interact with the environment and form their behaviors based on external or internal regulations, it will be examined how their decision to work in a refugee camp has been shaped, according to their sayings and personal motivations.

Self-determination Theory

For the first part of the data analysis, self-determination theory will be used in order to unwrap and identify the initial motivating factors that resulted in the decision of doctors to work at the refugee camp of Kara Tepe II. The theory supports that individuals are inherently growth-oriented and self-motivated to succeed since success is a way of personal recompense (Tassell & Flett, 2011; Deci & Ryan, 2008). However, it agrees that human motivation is divided into different types depending on the quality of the social context within which a person acts and the impact that this environment has on the person's activities (ibid.). This theory comprehends a theoretical meta concept, the "organismic integration", which relies not only on the existence of intrinsic and extrinsic motivation but divides extrinsic motivation on three different types based on the level of internalisation and integration of external regulations within oneself (Deci & Ryan, 2008, p.16). The theory is based on the initial division between autonomous and controlled motivation (Deci & Ryan, 1985) where autonomous includes intrinsic as well as identified and integrated extrinsic motivation, while controlled involves extrinsic motivation that is aligned with external or introjected regulations. Self-determination theory views motivation and human development as actions that involve the satisfaction of basic inherent psychological needs, namely, those for autonomy, competence, and relatedness (Deci & Ryan, 2000; Deci & Ryan, 2008). *Autonomy* reveals the need for choice and volition upon one's activity and is the need that, if covered, assures intrinsic or internalized extrinsic motivation. *Competence* is associated with a person's effectiveness in the completion of external activities and the reception of external outcomes, such as feedback or rewards as a consequence of these activities. *Relatedness* reflecting the need for connection with others, ensures psychological well-being, and together with competence are necessary aspects for the introjected motivation. In order for the process of

internalisation and integration to be implemented, individuals should feel that these three basic psychological needs are satisfied. Deci and Ryan (1985), supporting their statement that motivation is based on the main distinction between autonomous and controlled behavior, have created a self-determination continuum showing all the types of motivation that influence people's activities. Characterized by *non self-determination* the first on the continuum is *amotivation* which reflects the lack of volition to act. The least autonomous after *external regulation*, in the categorization of extrinsic motivation, is *introjected motivation*, in which merely a regulation is accepted without recognizing it as one's own. This type of motivational behavior is adopted in order to avoid feelings of guilt, shame, or negative judgment by oneself or others while the regulation comes from within the person. It is a type of control that is linked to the involvement of the ego and provokes feelings of pride and worthiness in case of success, while it is linked to derogation in the case of failure (Ryan & Deci, 2000; Deci & Ryan, 2008). In the case of *identified motivation* people accept the value of an activity and internalize it more than in the case of *introjected motivation*. This type of motivation is partly characterized by autonomy since people do not feel controlled to act but it can still be extrinsically motivated because the activity is not originated by personal enjoyment and satisfaction but from extrinsic dynamics (ibid.). *Integrated motivation* is located one level before intrinsic motivation on the continuum of self-determination theory and it reflects the full integration of the values aligned with behavior on one's sense of self (Deci & Ryan, 2008, p. 16). Self-determination theory assures that the basic psychological needs for autonomy, relatedness, and competence are important for motivation and for general well-being (Deci & Ryan, 2008, p. 18). Self-determination has been selected as a theory because it supports that the different kinds of interactions and experiences that people have within their social environments influence the

types of their motivations (Deci & Ryan, 2008). Similarly, this research investigates if participants' initial motivations, which are connected with specific needs, change or remain the same after being involved in the working environment.

Autonomy as one of the basic psychological needs has been studied in relation to different domains. The workplace is one of them, and previous research has indicated that autonomy supportive environments offer several important and positive changes both in favor of the employee and the employer (Baard et al., 2004; Deci et al., 2001; Breugh, 1985). In general, autonomy is the central need that characterises the theory of self-determination because it “involves acting with a sense of volition and having the experience of choice” and its existence reflects either intrinsic motivation or a level of integrated extrinsic motivation (Gagne & Deci, 2005, p.333). Based on self-determination the autonomy or control aligned with a specific behavior is identified by the level of internalisation within one’s personality of the external values, beliefs, or regulations that characterise this behavior (Gagne & Deci, 2005). Autonomy has generally been researched in relation to work environments within organizational settings with a direction towards intrinsic or integrated extrinsic motivation and the effects of their enhancement on the work settings (Gagne & Deci, 2005). Self-determination theory has been explored in regard to different domains of one’s life with the workplace being one of them.

The present research aims to identify the motivations that doctors follow on their decision to work in the refugee field without pre-considering the different types of motivations that prevail. Specifically, the first step of the analysis will be to elaborate a description presenting the shared thoughts of the participants in order to determine what motivated them to work in the refugee camp and if their motivations changed or remained the same during their engagement in the specific working environment.

Narrative Identity

According to McAdams (2008), humans from their nature tend to be narrators. They create and share stories regarding themselves, focusing on the details of specific events and periods of their lives, while at the same time they try to find the meaning behind their experiences. “The internalisation and evolving story of life which integrates a reconstructed autobiographical past and an imagined future and provides people with meaning and purpose in life constitute the narrative identity (McAdams & McLean, 2013, p.233; McAdams 2011, p.99).

As a concept, narrative identity first emerged in the social sciences in 1980, while the first completed theoretical model was proposed by McAdams in 1985 where research agenda regarding “examining the content and structural features of life stories” outlined (McAdams, 2011, p.99). By narrating stories regarding oneself, a person constructs his or her identity (McAdams & McLean, 2013). Narrative identity constantly evolves and “integrates elements of the self in both a synchronic and diachronic sense” as a person’s experiences change over time and through different social contexts (McAdams, 1985). Through narrative identity, people present to themselves and to others “who they are now, how they came to be and who and where their lives may be going in the future” (McAdams & McLean, 2013, p.233). Through their stories, the participants give an insight into parts of their personalities, while at the same time try to attach meaning and interpret their experiences in their working environment, within the framework of constructing a coherent and meaningful narrative.

According to McAdams (2008), narrative identity is influenced by an individual's personality. Personality is reflected as a growing pattern of *dispositional traits*, and *characteristic*

adaptations, which together with the narratives that each person creates within a context of time, place, social role, and culture preserve a sense of purpose across one's life (McAdams, 2008, p.248). Characteristic adaptations, such as “motives, goals, plans, strivings, strategies, values, virtues, schemas, self-images”, as part of an individual's personality, include aspects that refer to motivational, social cognitive, and developmental concerns (ibid.). It has been illustrated that there is a strong linkage between characteristic adaptations and an individual's life narratives (ibid.). This ascertainment is of high importance, considering that one section of this study concentrates on revealing doctors' motivations in relation to their choice to work at Kara Tepe II. Specifically, as one aspect of the characteristic adaptations, motivations play a significant role in the way people construct and narrate their stories (McAdams, 2008). It has been presented that individuals whose motives are intimately related to agency, incline to create personal narratives and life stories related to empowerment, achievement, and autonomy while people, whose motivations had a connection with intimacy, concentrated their narratives on love, communion, and belongingness (McAdams, 2011, p.101). This interrelation identifies a connection between motivations and the narratives that one is creating.

The theory of Narrative Identity also supports that individuals tend to construct stories that assist them to adapt to a specific environment so as to preserve their well-being and mental balance, especially when their experiences are related to negative facts. In their research, in relation to narrative identity, McAdams & McLean (2013) have identified seven different life story constructs that individuals use in their narratives. These *codings* are agency, communion, redemption, contamination, meaning-making, exploratory narrative processing, and coherent positive resolution (McAdams & McLean, 2013, p.234). In the present research, it has been identified that some participants construct their stories using exploratory narrative processing.

The exploratory narrative processing is associated with the degree to which individuals express their self-exploration within their story, for example by realizing that an experience was a life lesson for them, and according to narrative identity theory the more individuals explore themselves through their stories, the more are able to maintain their well-being and happiness.

The theory of narrative identity will be used to give an insight regarding the way that doctors who work at Kara Tepe II narrate their experiences within the working process, in an attempt to describe how they interpret their working environment and how they go through it. Later on in the analysis, it will be presented if and how their motivations and their narratives are interrelated. In regard to the way that the participants navigate in their working process, it has not been previously explored if there is an interconnectedness between the motivations, the narratives, and the navigation strategies that a person adopts. This interconnectedness is something that will be investigated through the processing of the analysis in the next chapters.

In general, it is important to clarify that the aim of this research analysis is not to justify the validity of the above theories. However, some parts of the theories will be used as a basis to examine the data of the current study. This will be explained in more detail in the next paragraph.

Motivation - Narrative - Navigation

After exploring the reviewed literature, a connection between the navigation, and the motivations and narratives of a person, has not yet been investigated thoroughly. The interconnectedness among the motivations, the narratives, and the ways of navigating is a theme that occurs through the analysis and it will be elaborated more in the part that deals with the discussion. It is considered that motivations and narratives are related to an individual's personality. As it was

previously mentioned, specific motivational concerns can lead to specific types of narratives, influencing both the content and structure of someone's narratives (Solano, 1999). The existence of a relation between motivations and narratives is already known, but how these are connected is what will be attempted to explore in this study. The narratives, as the way through which a person gives meaning to its experiences and actions and preserves its psychological well-being, is part of the theory of narrative identity that seems to connect with how doctors navigate in their work environment. Specifically, for the purposes of this study, it is considered that narratives that are consistent with doctors' values and past behaviors reveal specific navigational strategies. These strategies are formed in line with their values while their formation ensures doctors' psychological well-being. A description of the navigation strategies developed by the professionals to cope with the work experience in the refugee camp is detailed later in the analysis.

6. Analysis

Analytical Design

This part of the research aims at analysing the data that have been collected and thoroughly examined, in order to answer the research question: Why did doctors decide on working at the temporary refugee camp of Kara Tepe II and how did they navigate within these working conditions. Taking into account that a person's narratives in regard with his or her experiences are interrelated with the enhancement and preservation of his or her mental well-being, there is an attempt to see how narratives lead to the formation of their navigation strategies. To approach

the narratives of the doctors engaged in the refugee field, it will also be explored if it exists and, in case it exists, how the relation between the narratives and their motivations is formed, considering that motivations as adaptive characteristics of a personality, influence the way people narrate their life-stories in regard to their experiences. The main research question has been divided into four sub-questions in order to be answered in parts and these are:

- What are the motivations of doctors to decide and work at the refugee camp of Kara Tepe II?
- What are their narratives in regard to their working process?
- What is the relation between the motivations and the narratives of doctors?
- What navigation strategies arise through the doctors' narratives?

As a first step of the analysis, the motivations that the five participants have shared during the interviews will be described and a correlation between their motivations and their decision to work at the camp will be analysed. Their motivations will be separately described, referring for each participant to the factors that have played a significant role in choosing and staying on this specific job. In the next analytical part, listening to each participant's interview, and clustering their sayings in regard to the topic of the research, specific themes emerge. The clustering gave some interesting results since participants were talking about similar topics but interpreting them according to their own perspectives. The doctors' narratives have been categorised in four different chapters based on the frequency of referring to specific topics that according to the research team were relevant to the research question. Each of these chapters refers to a part of doctors' experiences and are the following: the feeling of pointlessness, their role as more than doctors, the Covid-19 pandemic perceived by them as a policy, and the working conditions in the organisation they worked at. The last unit of the analysis will conclude if there is a relationship

between the motivations of the doctors and the way they interpret their experiences, identifying their ability to navigate which arise through their narratives, giving an exact meaning to their choices, behaviors, interactions, and relationships and reflect on the way they experienced and coped within the environment. Specifically, it will not be intended to justify the validity of the theories used for the analysis, as it is already mentioned in the theoretical part, but to explore the collected data and continue with the formation of some conclusions in regards with the relations between the motivations, the narratives and the navigation strategies expressed by the participants.

Motivations

Through the analysis of the data, the various reasons that played a role in the decision of the five doctors to work in the temporary camp Kara Tepe II will be identified. The following analysis is divided into three distinct sections, beginning with identifying and attempting to understand the participants' attitudes towards specific referral concerns, events, relationships, and processes that allow for further understanding of the motivations that influenced their decision to work in the refugee sector. This part will be a descriptive presentation of each interviewee's motivational aspects and how these aspects are associated with their decision to work for an organisation at a specific refugee camp. The theory on self-determination refers to different types of motivations, depending on the factor of autonomy, relatedness, and completeness by which an action is characterised. The types of motivation that will be referred to in the part of the analysis and which participants express in the interviews are the ones driven by clearly external regulations, the introjected and the identified motivation. The last two belong in the motivations that are

driven by internalised external regulations, where identified motivation differs from the introjected on the level of internalisation of external values within one's self-concept (Deci & Ryan, 2008). In the next paragraphs, an explanation is given accompanied by examples from the experiences and motivations of the doctors.

Interviewee A

With regard to the first interviewee's motivations that influenced his decision to work in the refugee camp, there was no specific question that would have provided a relevant answer in the interview process. The initial topic was different, as it is explained in the methodology chapter regarding the alteration to the research, and a question about his motivations was not relevant at the time the interview took place. However, based on what Participant A said, there were some aspects that the researchers have identified as important in his decision to work in the camp. Participant A, a forty-year-old man who grew up in Lesbos and owns two private clinics on the island in parallel with his employment at the public hospital, stated that he had no previous experience of working in a refugee camp. However, he already had a contract with the public health organisation working with refugees, "...but because I have already been working at the hospital, in cooperation with the ****⁴¹(public health organisation) with refugees, for one and a half years, I would say that in their majority the population of the patients mainly consisted of refugees..." (Interviewee A, min.6 sec.35). When he was working in the refugee camp, and despite his contract with another NGO, Interviewee A told that he employed under the supervision of the public health organisation, which is responsible for providing primary health care to the residents of the camp: "I belong to the NGO but, they (NGO) assigned me to the ****

⁴¹ The asterisks symbolise the anonymity of the organisation to which the Interviewees refer during the interviews.

because it is the organisation originally responsible for primary health care in the refugee camp”. From his narratives, it appears that his decision to work in the camp did not come out of nowhere, as he already had experience working with the refugee population and the fact that the public health organisation runs the medical section in the new camp appears to be an additional motivation to choose this position. During the interview, he also mentions the financial aspect as one of the reasons why he took this job, saying that “... you leave the camp and you think I am done for the day because it is also the financial aspect, the fact that you get paid for it” (Interviewee A, min.21 sec.10). He also clarifies that there are different types of organisations working in the camp and mentions that:

“**** (the organisation he is employed at) is among the ones (organisations) that do a serious and responsible job... they do really good work and they are very well organised, there are translators for every language... that is an important help for us... I have a special room where the paediatric office is located, and it is appropriately structured for its work.” (Interviewee A, min.7 sec.07)

Listening to his interview, it is clear that he pays attention to the type of organisation in which someone works. He emphasises the importance of being employed by an agent that follows serious tasks, is well organised and supports its employees. He expressed his satisfaction with the working conditions and mentioned salary as one of the motivational factors for doing this. Thus, it can be said that one of the main reasons for choosing this workplace was actually practical and not determined by humanitarian feelings. His motivations were mainly extrinsic, identifying the financial factor as well as the existence of sufficient working conditions as important aspects for

choosing the specific work environment. However, he also described how helping the families who visit him at the camp gives him a sense of satisfaction, sharing that when he can not help them, he feels that he has failed “as a human, not only as a doctor” (Interviewee A, min.33 sec.45). In this way he expressed different types of motivations, some of which are oriented towards external regulations and others guided by more humanitarian feelings. It is observed that after engaging at the work with refugees, he shares that his efforts are oriented to support the families, sharing values that are aligned with a desire to help. This behavior can be connected with the type of introjected motivation, since the value of helping others does not derive from his own self-concept but is merely internalised and drives to feelings of failure or uselessness in case it is not satisfied (Interviewee A, min.36 sec.44). Since motivations are dynamic and change through our experiences, it can be said that the economic factor together with the feeling of failure for his actions, were considered both important motivational forces for him, taking them into account while thinking of the difficulties this job is aligned with or the support he could provide to his patients. Concluding, in regards with the first interviewee, his initial motivations have not been clearly referred to by himself, however an attempt was made to clarify the reasons for choosing this job based on some hints which have been formed after thoroughly listening to his interview.

Interviewee B

Interviewee B has lived in Lesbos for three and a half years, with the last four months being employed at the temporary refugee camp of Kara Tepe II. With no previous experience in the refugee field, she decided to work at the camp taking into account a number of factors. First of all, after working at the hospital of Mytilene for two years and since “the hospital was mostly for

Covid-19 cases but only for locals”, she decided to quit from the public sector (Interviewee B, p.7). Based on her desire “to also try this part of work at the camp” while waiting for her hiring in Athens, she thought that this was a good period to do it and get the experience of working in the refugee field (Interviewee B, p.6). The combination of the above mentioned has influenced her decision and can be aligned with her motivations to work at the camp. It is observed that these motivations derived from her personal need to gain a different experience than the one at the hospital and still be employed at the meantime until she gets hired to Athens. Thus, according to the theory of self-determination, her initial motivation is considered as introjected because her acts are tightly connected with the sense of doing something which allows her to feel useful, that is, work at the camp, as well as cover the chronicle period until the next job, while she is waiting. Since the contracts at the camp were short-term (Interviewee B, p.7), and even though she knew about the awful conditions that exist there through a friend, she went motivated and optimistic, “that somehow, something good will come out of this” (Interview B, p.3). This decision can be explained by the theory, which supports that in identified motivation a person internalizes the values, in this case of making a positive contribution and helping others, believing that her actions can change the lives of refugees. As a previous member of the “Initiative of Unspecialised Doctors of Lesbos⁴²”, which is a group of unspecialised health professionals who base their actions on solidarity, it has been observed that Interviewee B owns similar beliefs and acts in line with them (Interviewee B, p.6). After her engagement in the camp, it can be noted that identified motivation is the one that expresses her acts the most, as she presented her willingness to help refugees by any means and do something good for these people (Interviewee

42

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B, p.3; Deci & Ryan, 1985). The feeling of shame she expresses is not related to the intention of satisfying her self-esteem as a capable and supportive professional, but to the inhumane conditions in the Kara Tepe II and the “crimes” against refugees, as she refers to them, that took place there every day, while “nothing happens in order to change it” (Interviewee B, p.6). Her behavior seems to be driven by a conflation of internalised personal aspirations to bring a change in the “rotteness” that exists in the camp and other personal needs she initially planned to satisfy by taking this decision (Interviewee B, p.3).

Interviewee C

Interviewee C shares that after realizing that he had no alternative since “the two years of his work contract at the hospital of Mytilene were over”, he decided to start working at the camp. His personal desire to stay for a bit longer on the island in combination with the financial factor were the main reasons that made him work for an NGO. These can be identified as external factors affecting his motivation to work at the camp. He mentions, in several points of the interview, that his beliefs have nothing to do with the ideology hidden behind NGOs, separating himself from the agent he worked for and clarifying that in case of an alternative, he would never choose to work in the private sector (Interviewee C, p.23). The fact that he was working together with a friend was an additional reason for taking this decision, as he shares “I mean I had people (at work) who ok, I knew them...” (ibid.). The solidarity beliefs and actions expressed during the interview have also played an important role for the participant to work on the refugee field. He refers to the group of unspecialised doctors and shares that he was also a member while working at his previous job, describing how “many employees with political beliefs and ideologies which reflected solidarity to migrants...” were trying to help the patients from the refugee camp “...the

same way as any citizen, maybe a bit better.” (Interviewee C, p.24). He emphasises on the lack of solidarity that characterises the public health services describing how things were differently handled by him and his colleagues when he used to work at the hospital. This evidence expresses his general solidarity beliefs towards the refugee population even though he states that his initial motivations for starting the job at the camp were financially oriented. As it is concluded, Interviewee C decided to start this work, thinking more rationally than with a solidarity sense. He clarifies that the financial factors together with his willingness to stay more in the island were the external regulations that made him think of working at the camp, as work at an NGO was his only option. In the conversation with him, however, he is portrayed as a person who acts with humanitarianism and tries to help the refugee population - from his last work in the hospital of Mytilene to his present one in the camp. This reveals his identified motivations for actually engaging and continuing this specific work. Specifically, the contribution of doing something useful and important for other people’s lives is an internalised value that is aligned with his behavior during work at the camp.

Interviewee D

Interviewee D is a 25-years old man from Athens who moved to Lesbos a few days before starting to work at the camp of Kara Tepe II (Interviewee D). Even though he did not have any previous working experience, not only within the refugee context but also in relation to his profession “...practically my first job in general was at the camp, I have never worked before, I have done my internship...but I have never worked...” (Interviewee D, p.25), he states that “I knew that they needed a doctor, so I just applied and they hired me” (ibid.). Already informed

about the job requirements and conditions in the specific work environment, he decided to apply for the job, since a specialisation was not necessary for working in the department of primary health care and he “had already been toughened up at the idea of the camp” from a friend that was also employed in the field (Interviewee D, p.26). He shares that since he was waiting from the hospital of Mytilene to call him to work, his motivation for starting this job was “...clearly cynic...and..it was not characterized by any altruism” (ibid.). As a newly graduated and unspecialised doctor who was just waiting to be hired in the public health department of Lesbos and needing a short time job, he decided to choose the refugee field. This was the only option in the island that did not require him to have experience or a specialisation as a doctor (Interviewee D, p.29). He confesses that in the beginning of his work his decisions were not characterised by any altruism, but instead they were externally motivated by the economic factor, however, this changed during the working process. Living the work experience in a refugee camp is what made him change and started seeing things from a humanitarian perspective. He mentions how this work helped him to become aware of the serious conditions and difficulties faced by the people in the temporary camp and to focus on ways in which he could support them. Finally, he felt motivated to help even “ten people, that is enough...” as he realised how difficult it was to really help someone and change his or her life as long as this person continued to live in the camp (Interviewee D, p.28). His motivations for continuing working seem to have changed in comparison with the initial ones since he as well shares a dominant sense of responsibility, “I was also feeling that I cannot leave, because I had built something there during all this time and I was thinking what if I leave...” Interviewee D, p.30). Correspondingly, based on self-determination theory, his values of helping others and contributing in a positive way, are aligned with his identified motivations and his sense of responsibility and compassion that he felt

towards refugees and his work there. His lack of experience in combination with the fact that he considered himself as the only person that could help the people in the camp is what made him carry this feeling of responsibility for his work and contribution (Interviewee D, p.29).

Interviewee E

On the question regarding the reason why she decided to work at the Kara Tepe II camp, Interviewee E answers that due to the contact she had with the refugee population during her work at the hospital, she wanted “to try and work at the camp” in order to see how it will be and gain a different working experience (Interviewee E, p.37). She expresses her personal interest in regards with the refugee field, without referring to the financial factor or any other practical reason. According to her, someone with the profession of a doctor can easily be hired in the camp in Lesbos since “at the camp there are many working positions for doctors” both at the public health organisation where she worked and the NGOs that operated there. Being already in contact with a friend who was employed at the public organisation which works with the refugee population in the camp, she got informed about a working position for which she applied. It is observed that during the interview, she mainly focused on the altruistic part of her job, talking about the importance of communicating with the patients and trying to help or relieve them through any possible way (Interviewee E, p.43). Based on the working conditions that she describes, she would not choose to do this job for longer than six months, sharing that she wanted to see how it is to work at the camp and try to help as much as she could but the pressure and the incoordination that characterised her work environment have operated as inhibitory factors. In general, Interviewee E was motivated to work in the refugee field by a sense of

curiosity and the desire to explore a different working environment while she expresses that she was “thinking of it” while working at the hospital because she was helping patients from the refugee camp. She considers herself inexperienced in the refugee field and later explains that the conditions were different and that “the pressure you feel in the camp has nothing to do with the pressure you feel in the previous job. In the camp the situation is super stressful.”. However, she felt that she could generally handle it and shares that there were many ways to help someone, not only as a doctor, but also as a person who cares for others through her actions (Interviewee E, p.41). Her initial motivation is characterised by the satisfaction of personal needs such as the experience that she would gain through this process. After engaging though, her altruistic intentions and her willingness to help and bring a change to people’s experiences is connected with values that she has internalised and thinks are important. She acts in a specific way because she knows that this will bring her satisfaction, not for doing something good for herself but for positively contributing to someone else's life. Her motivations from being introjected, since she initially aimed on professional development, have changed to identified ones, after joining the refugee field, since her needs have given their place to the needs of others.

Conclusion on Motivations

As has been noted throughout the description of the participants’ motivations, it seems that their actions are initially driven by other than humanitarian-oriented regulations, when deciding on starting to work on the refugee camp. As most of the participants mention, the monetary or experience factors were the dominant motivational regulations for starting this job. Either because they had to find a way to support themselves while waiting for their hiring in the public sector (Interviewee C & Interviewee D), to have an additional income while they already work somewhere different (Interviewee A), or to obtain experience in the specific field (Interviewee B

& Interviewee E). It is worth to be mentioned that all the participants, except for the first, have temporarily moved to Lesbos in order to work as rural doctors, meaning that there was nothing to connect them with the island besides work. This is observed in the decision of Participant C to work at the camp in order to ensure his longer residing in Lesbos and in the case of Participant D who moved to the island only after he got hired from the organisation (Interviewee C & Interviewee D). It is notable that one of the five participants (Interviewee A) who appears to be in a different phase of his life than the rest, present as well different initial motivations. He emphasises on the organisation as an agent and the working conditions that will be provided to him while working than on the scope and the content of the specific job. This might be aligned with the fact that Participant A is more experienced than the rest and also a person who resides in the island, meaning that the job at the camp was neither a no alternatives option nor a bridging working period. Worth mentioning is also the way of learning about the job position, since in most of the participants' cases it was a word - of - mouth information from a friend with the same profession. Working in an environment together with a friend seems to be an important motivational concern in this case, with most of them mentioning that they have found the position through a friend who was already employed in the field. Additionally, the short length of the working period was taken into account by most of the participants, since as one of them shares "I said it is just four months, I can do and see how it will go" (Interviewee B, p.7). All these different factors have worked as initial extrinsic motivational forces for the participants' decision to take this work, since most of them had in mind external factors to be served through this working process. As the above chapters reveal, even though before the beginning of their employment doctors express different initial motivations that led their decision to be involved in the refugee field, their actions and descriptions during their work experiences in the camp

indicate different motivations, related to humanitarian values and beliefs. Specifically, they exert themselves and try in any way to be as supportive as possible towards their patients, and accuse the system for being indifferent for refugees' lives. Characteristic is the way that Participant D, while explaining the reasons why he chose to work at the exact job, underlines how his motivations have changed during the working process stating that “That was how I got into the job, but I did not go out with the same thinking. I really appreciated the time that I stayed at the camp...” (Interviewee D, p.28). He continues by saying that “it has a different meaning when you see it from the inside and you demand these things from the inside.” complementing that it is totally different when you try to help working in the camp and watching with your eyes how the system allows and enhances these unfair and inhuman conditions into which people live (Interviewee D, p.28). Doctors being “active and self-motivated” appear to have different motivations from the ones expressed before engaging in the refugee field (Deci & Ryan, 2008). The external regulations do not play such a crucial role while doctors describe their experiences in the camp. In contrast, different values appear and seem to become important for the participants. These values are summarized as trying for something good to happen, feeling compassion, feeling responsible, feeling shame for the current conditions in the camp and are internalized by the doctors, supporting their decisions to stay in the refugee field. However, it can be stated that both initial and after engagement to work motivational concerns have played a role in doctors’ decision to stay and work in the camp. This evidence will be considered important in the investigation of the relation between their motivations and their narratives that will follow.

Doctor's Narratives

In the second part of the analysis, an attempt will be made to answer the question: How do the doctors navigate in the working process? The narratives, as they are shared by the five participants, will be used to bring light on the ways through which they manage to navigate their work experiences. Based on narrative identity theory, individuals form stories about their life events in order to “make sense out of them...based on a selective reconstruction of the autobiographical past and a narrative anticipation of the future that serves to explain” (McAdams, 2011, p.235). By sharing their stories in relation to a large part of their working process, it will be aimed to further understand their behaviors towards the different aspects that constitute their work environment and to investigate how their motivations and the narratives they use to cope within the specific work correlate with each other, based on the theory of narrative identity.

Self-narratives of life events can give various information to a researcher regarding the way people recreate their experiences, as well as how they make sense of themselves, since “narratives are constitutive of identity in that how we make sense of our experiences and who we perceive ourselves to be are reciprocally related across development” (Adler et al., 2017, p.520). The research participants share their narratives and express their thoughts and views regarding different sections of their employment, talking about their relationships with the organisation in which they work, their co-workers, their patients, their experiences regarding the public health system, and their perspectives about public authorities. These narratives will be further elaborated in the analysis and a conclusion in regard to them and the participants' motivations will be formed in the end.

“It is something pointless”

Most of the participants when they were asked to describe a common day at work, they ended up talking about a feeling of futility. This feeling derives from different events and each of them share their experiences in relation to it. Participant A expresses emotions of weakness and uselessness when he cannot help a family with a kid to travel to Athens for a serious health issue. He states that: “You feel even worse when you manage to send the kid to the hospital of Mytilini and...they decide that the kid needs to be transferred to Athens...they (authorities) do not let them travel as their asylum has been rejected...” (Interviewee A, min.33 sec.50). He expresses this futility because, even though he tries and sends the kid to be examined by someone in the hospital of Lesbos, their asylum status does not allow the family to travel to Athens and he cannot do something to change this situation, he knows that it is not under his control. Participant B, sharing her thoughts regarding a day at work, says that “you cannot do that many things at the office, you have some first-aid medicines...since these people (refugees) can only get health service at the camps...nothing could be done for their health, only basic things” (Interviewee B, p.1). She mentions that since in the hospital of Lesbos doctors “do not really care to help, the process usually blocks somehow” (Interviewee B, p.2), and this, according to her, will continue happening, transforming the efforts of the doctors to help into something “pointless” (ibid.). She also highlights that besides the hospital stance towards refugees, the living conditions in the camp is an additional factor that creates these feelings. She connects her attempts to offer primary health care, using only the limited medical equipment that is available at the doctor’s office, with the living conditions that refugees have to handle in the camp. Young refugee women with pain on their waists due to the cold weather and the hard living conditions, is one of the examples that she chooses to describe how this feeling of futility is part of her everyday work

environment. The interviewee explains that by giving painkillers to them, the problem will not be solved, "...it is just temporary...I cannot talk about health since they live in this camp, we cannot solve it (their health issue) if the whole situation will not change. It is pointless." (ibid.). It will just relieve them, by temporarily taking the pain away, but without bringing an effective solution to their health problems, according to her. Regarding more serious health cases that initially should be transferred outside the camp, or to Athens, she states that "they are blocked in ten different spots, from the exit of the camp to the entrance of the hospital" forcing refugees to reach out for help at the camp which justifies the general atmosphere of this "vicious circle" (ibid.). In cases such as "dizziness, headaches, loss of appetite...", she again emphasizes that are symptoms aligned with the conditions in the camp complementing that "in the camp, nothing is possible to happen" (Interviewee B, p.3) and adding that even visiting the psychologist will not help them since these people will keep on residing in the same living conditions. However, she recommends the visit to the psychologist since there is nothing else to do as an alternative to relieve them from their symptoms (ibid.). Similarly, Participant C expresses this sense of pointlessness, mentioning that the work experience at the camp creates this feeling that you do "a hole in the water" (Greek idiom which means: the effort we make for something, but in fact we do nothing) (Interviewee C, p.12). As an explanation to this feeling, he compares his experience while he used to work at the hospital with the work experience at the camp, highlighting that when employed at the hospital "you were feeling...that you do something effective and this changes the life of the person that you helped...the meaning of being a doctor, from a humanitarian perspective." (Participant C, p.11). In contrast, while working at the camp, he states that the kind of support he could offer as a doctor was very limited. He agrees with the Interviewee B, mentioning that the only way for the residents of Kara Tepe II to overcome many

of their health problems would be to evacuate the camp since “many many problems come from the conditions they live in” (Participant C, p.23). This is the reason why he supports that his medical intervention on their health issues did not provide them with any effective solutions, adding that the heavy workload was making doctors’ attempts to treat people’s issues harder, as he describes “you can not properly check seventy people in seven hours” (Participant C, p.12). Last, he states how the behavior of some of the other NGO employees and policemen in the camp enhanced the sense that whatever he was doing for the refugees was pointless. Even though he was providing them with the necessary medical paper with his signature to justify their visit to the hospital, someone later would prohibit them from leaving the camp. He specifically says that “It was annoying that even though they had this paper, no one would help them, I would not care even if I had to write fifteen papers for them to get out, if these papers would help them...” (Participant C, p.15). Participant C portrays the environment into which he works, explaining why it is connected with a sense of doing something that is unfruitful, and relates this feeling with the large volume of work which makes his effort to help harder. He considers the living conditions as one of the reasons why many people have health issues and blames the presence of the police and the other NGOs for operating as a burden on his attempts to help his patients (ibid.). He expresses his view regarding the work at the camp by comparing it with his previous job at the hospital and underlining how the two environments differ in relation to the sense of doing something to bring a change in someone's life. In accordance with this sense of futility, Participant D draws a similar comparison between the old camp - set up for vulnerable people - of Kara Tepe and the new facility in which he worked, highlighting how much easier it was in the old camp to do something for a person and bring about change, and how difficult it was in the new camp of Kara Tepe II, where “no matter how much you would try, you would not achieve a

thing” because the public health sector was the one that controlled the health system in the camp (Interviewee D, p.26). The living conditions, which were the main cause of the health problems of the refugees living in the camp, were also mentioned by Interviewee D. He stated that a therapy for their health problems would only be more effective if the current living conditions would change. He then refers to the way that organisations worked in the camp as something “rot”, describing that while there were people suffering he “was doing...literally nothing...”, adding later that there were people with serious problems such as cases of deportation and the only thing that employees like him were doing was to “...just provide him (the refugee) painkillers for the flu...” (Interviewee D, p.28). With the above statement he explains that the kind of support that doctors were offering at the camp, which was limited in the primary health care, was shallow compared to the issues that refugees had to face. He underlines the unfruitful work environment by characterizing it as something “rot”, something that is non-flowing and which does not bring any effective change to the people that need it, expressing that being “part of this rottenness” is what annoyed him the most (ibid.). Interviewee E was also working at the camp but in the public sector which was responsible for the primary health care of the refugees. She was responsible for the emergency cases and the provision of primary health care to the people that NGO workers could not handle, and she was also doing some shifts in the quarantine department, where all the positive cases were isolated for two weeks. While she describes how the workplace at the camp was, she seems to approach her narrative from a humanitarian perspective, focusing on the communication with the patients and her in any possible way attempts to help them. She also expresses that the work there was pointless and made her tired, “you try and try constantly to get something done and you can not do anything” because the hospital and the government put so many obstacles in her way. She could not adequately care for

people with serious health problems who needed to be taken to the hospital in Athens for treatment or further examination (Interviewee E, p.39). This sense of futility was also expressed when she returned home, and it made her feel this pressure and guiltiness even after work. She shares that when people “are waiting from you to do something for them” but she can do nothing to help them in a proper way, especially the cases with chronic diseases, she feels that there is no reason to continue working (Interviewee E, p.40). The feeling of not being able to actually help someone has driven her to thoughts of quitting, as she states, “But there are days that I feel that I will not stand it, this must be over. I have to quit. I cannot experience this futility...” (Interviewee E, p.41). The pandemic has exacerbated an already difficult situation in which doctors are trying to find a way to offer their help. The obstacles to accessing the public hospital in Lesbos or Athens are now even greater than before. This affects their work because the only action they can take is to provide basic medical care to relieve their patients’ condition while they wait for something to change. This constant waiting not only affects chronic illnesses, but also cases that were originally easy to treat, but now simply become chronic. She describes how this situation affects her work by saying “you lose the point”, there is nothing she can do because “the problem is deeper, it is more serious...it is about this futility...but since he is a refugee and there is a pandemic, you can not solve it. You just end up giving painkillers.” (Interviewee E, p.44). She also highlights that as employees at the public sector, they receive a lot of pressure from the NGOs operating in the camp, to check many cases everyday which “in the end becomes a quantity that acts against the quality” (ibid.). Her effort to see as many cases as possible does not bring the desirable results which are to “communicate well with the cases...to help people, to meet them, to talk to them...”, which would make her feel good and satisfied with her work.

Participants' experiences take place in an environment where many obstacles dominate their efforts to help and provide medical or non-medical solutions to the refugees who turn for help to them. These obstacles, consisting of either the living conditions, the public health system, the public authorities or the heavy workload in combination with the pandemic, are presented as the main sources of futility, creating a sense of pointlessness in their working process. They present these obstacles like “blocks” or “stops” (Interviewee B & Interviewee E) that have been raised against the NGO employees and the refugees and compose their way of explaining the events that they experienced, while they stand across these blocks, trying to help their patients even under these circumstances. Their willingness to give more than what their profession demands, portrays their role as more than health workers who, being in this work environment, can offer any kind of service that would relieve the refugees and make them feel better even if it is a temporary relief. The different narratives in regards with this topic will be elaborated in the next theme category which describes doctors as more than what their profession defines, referring to their agency and continuous effort to act in order to help their patients in a formal or informal way.

More than Doctors

A common sentiment expressed by all participants is the feeling of not only being a professional, but also a person trying to make a difference through their job position. There is a general understanding that this experience is not considered a typical job for most of them. Participant A explains that it is a really challenging situation when the patients ask you to “...lie...and act contrary to the Hippocratic Law...” in order to help them leave the camp. He describes that

“parents want you to verify that their kid has autism, epilepsy, because they hope that with this (doctor’s paper) will have a better future” (Interviewee A, min.18 sec.35). He is ethically questioned if his decision to “stay objective” and not help them by acting illegally is right or wrong (Interviewee A, min.18 sec.16). His willingness to help and give meaning to the people’s lives comes in contrast with the professional principle of being objective, keeping a distance from altruistic motivations. His ethics as a professional and his values and beliefs as a human are in conflict, since talking later about the inability to transfer serious health cases in Athens hospital, he says that “In these cases what should I feel...as a human, what if it was my child?”. Personal experiences and aspects of someone’s life are aligned with the formation of motivational forces that reflect on his or her acts and thoughts (Deci & Ryan, 2008). Participant A tries to keep a distance from the refugees’ problems and act according to his medical responsibilities, however, his inability to help his patients, which are kids facing serious health issues, makes him think on a personal level, and put himself in the parents’ shoes. At this moment he separates himself from his role as a doctor, being a parent who would do anything to save the life of his child. His way of interpreting these experiences changes according to the kind of role that he represents each moment, fluctuating between his role as a doctor and the one as a human-parent. Accordingly, when asked how she would characterise her work at the camp, Participant B responds that she “did not experience it as a job...it was mostly an effort to relieve them (the refugees) from something...”. She explains that the constant crowdedness and the extreme number of health cases that doctors were called to treat every day into the challenging conditions of the camp, has transformed the typical work of being a doctor into a non-stop effort to help them (the refugees) in any possible way. She presents herself not as a doctor but as a person who tries to support her patients, seeing them as people who are treated unfairly by the

system which makes her feel sad and angry. She can not separate her feelings from the work environment. This is described in her sayings when a patient whom she has sent to the hospital has not been allowed the entrance:

“I was probably swearing on the phone, on whoever answered me, obviously a mistake from my side, but I was really angry, I had anger, so much anger, without even knowing who this anger is, basically I know, I was angry, sometimes sad, or frustrated but basically angry.” (Interviewee B, p.6)

Her anger is so great that she ends up talking badly to someone on the other end of the line without knowing who she is talking to, someone who probably works in the public health sector. She takes it personally and acts on her feelings, which she can not control and handle professionally. These feelings seem to derive from the obstacles that interrupt her personal goal to bring something good to people's lives. It is observed that her motivation to try and do something good is reflected in her sayings and characterises her behavior not only as a doctor but mostly as a person that wants to act with goodness since she gets attached to the patients' cases and relates on a personal level. This is also noted in the fact that she develops relations with the people in the camp explaining that “I will miss some of them...and for now I will not know what they will do...because I was also seeing them every day, and some young kids that were coming to the office...” (Interviewee B, p.4). She refers to the positive side of doing this job, since being in regular contact with some of the residents of Kara Tepe II, she had the chance to meet new people, create bonds and feel nostalgic about their relationship now that she has left the camp. This nostalgia portrays that she was encountering this work not only as a professional but also as a person who wanted to take as many things as possible from this experience. As she describes “I think it is a life experience, it has to give you so many things...you see what is happening and I

directly saw it...” (Interviewee B, p.4). Interviewee C describes work in the camp in a similar way to Interviewee B. As he says: “you do not feel you work there, it is a bit pressuring, more stressful the environment...” (Interviewee C, p.11). He mentions that a lot of his work was related to administrative tasks, such as writing medical releases for people who needed to visit the hospital. He also used to “...informally helped them (the refugees) ...” by handing out these medical papers to people who just wanted to exit the camp in case the police stopped them since there was a restriction of movement during the pandemic (Interviewee C, p.15). Thus, his role was not limited to that of a doctor, as he tried to help in different ways, either formally or informally. He thinks that the informal help he offered through his contacts from the hospital, easing the process of booking an appointment or reaching out to an available doctor, was the only effective way of actually helping the refugees. He did not believe that their health problems would be solved if they were offered treatment, since living conditions were, in his opinion, the reason for most of their problems (Interviewee C, p.23). There were people from the camp with whom he had a friendly relationship: some of them passed by his office just to say hello to him, a man who was coming by with his cat because he had helped him through a veterinarian friend, another woman who invited him to her tent for tea, a man with whom he had smoked a cigarette together (Interviewee C). All these interactions show that he had more than a doctor-patient relationship with the people in the camp as he was something more to their eyes, someone they (the refugees) could feel comfortable talking to. His willingness to meet and discuss with these people and not just do his medical duties and then leave is worth noting. As someone driven by the motivation of solidarity and interest in helping the refugee population (see chapter on motivations), Interviewee C expresses his "nostalgia for the people left behind" and shares that he will not miss the job, “...but the people, the refugees, and the coworkers” (Interviewee C,

p.23). This experience was more than just a job. As a place where there was “so much misery”, he had the chance to meet people who he will remember now that “the circle (of this work experience) closes” (ibid.). Interviewee D thinks that a person to choose to work in the refugee field, needs to “be characterised from a kind of self-sacrifice”. He explains this statement saying that what he received from his experience was a sense of high personal responsibility as he was “the first who would care...”, in contrary to the health services of the camp as well as the public health which did not seem to actually help the refugees (Interviewee D, p.29). He would feel guilty in case he has decided to leave the camp thinking “what if I leave and then all these things will be lost” (Interviewee D, p.30). These emotions of responsibility portray a young and inexperienced professional who, carrying all the weight of the work on his back, appears unable to leave his patients unsupported, and leaves only after he makes sure that his work will be continued by someone else (ibid.). It is also interesting how much dedication he shows to his patients and how much he tries to help them, saying that “...I will come back home, and I will have to study...I had to because otherwise no one would do anything about it.” (ibid.). His dedication to work hard even if he did not have any support on this, to help the residents of the camp, usually by undertaking irrelevant medical field tasks shows as well the altruistic motives of his behavior. As he describes, “...I would mostly do tasks that had nothing to do with my job as a doctor...because I could not do anything else, to reduce the price from 30 to 20 euros, it was something useful for a lot of people...” (Interviewee D, p.34). He considers administrative tasks as the only way he can help these people since he can not help them by only applying his medical skills. Primary health care, for most of the participants in the research, is not a proper kind of help that would bring a change to refugees’ lives, since they will continue residing in the awful unhygienic conditions in the camp. That is why Interviewee D, tried to help by doctoring

their medical history, in case someone had an asylum interview, or by booking them doctors' appointments (ibid.). His duties went beyond those of a doctor, and this was a personal choice because he wanted to find a way to help these people rather than do nothing. The interpretation of working in the camp, under such unfriendly conditions for a doctor, shows how his motivation changes from cynicism to a sense of solidarity, after he joins in the work in the new camp, as it is mentioned in the chapter on motivation. Last, he also underlines how through this experience he had the chance to "get an alternative perspective of the whole issue" (Interviewee D, p.28). He describes that this work has contributed to becoming more awake and aware of how difficult the conditions are for those living in a refugee camp, expressing no regret for working there and appreciating what he has learned through this working process (ibid.). He feels it was a different work experience through which he discovered a more altruistic part of himself and realised that working at the camp required a deeper commitment than just being a doctor. It is observed that the participants express themselves in a way that serves the construction of a coherent narrative. Interviewee E talking about her role as a doctor employed in the refugee field, she states that it was a pressuring situation which she had to find ways to handle. She expresses that being "responsible for so many people" (Interviewee E, p.43) was a challenging process but she was feeling well by seeing the whole work as a way of "helping people, meeting them, talking to them..." (Interviewee E, p.40). Being optimistic was a way for her to manage her feelings at work, by always trying to find a solution to her patients' problems as she explains "even what he had lived, to be able to understand the problem and help him to find a solution. Suggest things...in order to get his mind off the thing (that makes him suffer)." (Interviewee E, p.43). Her work duties are located outside the doctor's sphere as she is not limited in providing her medical services but also tries to find a way to make the people feel better and does things in order to

bring a change into their life. Indicatively, she says that in case someone asks your help to leave the camp, because he or she suffers within these living conditions, you either “...discuss it and accept that this is happening, or you try to find a way to help this person” (ibid.). According to her, being in this position means that you should try to discuss thoroughly with the patients in order to detect their problems and do whatever is necessary in order to help them. She as well interprets the work at the camp in a more humanitarian way, sharing that she feels good when communicates well and shows that she cares for the people (Interviewee E, p.40). The purpose of her work is to be supportive in every way and to deal with her patients with empathy. Her initial motivation to work in the camp, as described in the chapter on motivation, could be aligned with her interpretations regarding the work experiences, as from the beginning of the interview she expresses her interest and personal desire to work with the refugee population except for her willingness to gain experience in the refugee field.

From the above, it is concluded that participants tend to construct narratives that are coherent, in this case, with themselves as more than doctors. Their explanations of how their behaviors and feelings are formed during their work at the camp are aligned with the way they try to find the meaning behind their experiences (McAdams, 2008). This personal attachment and focus on the way of doing something good for the people reveals how they perceive their role in the camp, going beyond their title and being more than just a doctor. As McAdams describes, the narrative identity of a person is correlated with the experiences one has, which change within time and through different social contexts. Similarly, doctors appear to adjust their interpretations based on their experiences and the way these experiences and themselves change “in both a synchronic and diachronic sense” (McAdams, 2008, p.364). The lack of infrastructure and support from the organisations they are employed in and the public health system, in order to offer the necessary

medical services to the refugees, leads the interviewees to see behind their roles as doctors and find alternative passages to offer their help. The theme of being more than a doctor is expressed in five different ways, correlated with the personality of each doctor, and translated in the way each of them experiences the working process in the camp based on their lived and “reconstructed past and an imagined future” (McAdams & McLean, 2013, p.233). Some of them emphasize on the formal or informal types of help they can offer to the residents of Kara Tepe II (Interviewee A; Interviewee B; Interviewee D), while others express the importance of listening to them and trying to support them by discussing their problems or by creating a bonding relationship, a comfortable zone of interacting (Interviewee C & Interviewee E). Following, the next theme category is about their interpretations of the Covid- 19 pandemic, as a policy used by the authorities and the public health system against refugees.

Pandemic as a Policy

Considering that the initial focus of this research was to explore the experiences of doctors concerning their work at the Kara Tepe II during the Covid-19 pandemic, as it is mentioned in the methodology chapter, many of the interview questions focused on whether and in what ways the pandemic affected their work during this period.

After reviewing the data and based on the narratives of doctors, with zero number of Covid-19 cases in the camp (Interviewee A, min.13 sec.09), the pandemic did not appear to directly affect the work experiences of health care workers. Participant C states that “professionally the pandemic did not affect...it did not have a direct change” (Interviewee C, p.20). Even though

Covid-19 has not caused any direct issues on their work, affecting their social lives in a similar way as everyone else, participants interpret the pandemic as a policy used by the hospital of Lesbos, the general health system, and the public authorities in order to keep refugees isolated in the camp, “Pandemic is an excuse to exclude people from the hospital, to lock these people in the camp, to create a close camp” (Interviewee C, p.9). Most of the interviewees perceive the Covid-19 as an excuse for keeping refugees imprisoned. Participant C states that “...now with the pandemic they have this excuse...so they have a reason to exclude them” (Interviewee C, p.24). This interpretation derives from different situations they experienced during their work at Kara Teppe II. First of all, although there were no Covid-19 cases in the camp, refugees had to remain isolated and under the control of the police since “there is the fear that refugees are the means of transmission” (Interviewee C, p.24). Refugees had to constantly justify their exit from the camp. Participant C shares that a large number of people was asking him to give them medical releases in order to exit the camp, “a big part of my work tasks had to do with writing papers which mentioned that this person has to go to the pharmacy...or to the hospital” (Interviewee C, p.14). He also mentions that even though refugees had the medical release, there were times that the police did not allow them to exit the camp, ignoring the fact that they had a paper signed by a doctor, “I was giving them medical releases to visit a doctor in or out of the camp and this paper had no importance, it was a scrap of paper” (Interviewee C, p.15). Participant D similarly describes that “we had to send a kid to the pharmacy...and because we did not write the name of the mother on the paper, they (police) gave a fee to the mother” (Interviewee D, p. 32). Except for the constant presence of the police in the camp, there were police controls even outside of the camp as well as the hospital. Participant B describes that “in general during the lockdown... (the police) giving fines to refugees...the first block that they get is outside of the hospital...they say:

you do not speak Greek, go away, you do not have an appointment” (Participant B p.2). Instead of ensuring the safety of the people residing in the camp, police acted in the opposite way, restricting their movement on the island, and prohibiting their entrance in the public health services. According to the participants, the public health system had also used the pandemic as an excuse to refuse entry to many refugees. Participant B mentions that in the camp only primary health care could be provided and many of the patients, who had serious health problems could not be helped since, as she states “every other way is blocked, the hospital, the Greek social security number, in general, the exit from the camp...they are blocked, eee, in general during the pandemic...nothing could be done for their health, only basic things” (Interviewee B, p.2). Similarly, Participant E describes that “there is a stop because of Covid-19 from the hospital” while it is also very difficult for refugees to go to the hospital in Athens, since “they have blocked the movements to Athens because of Covid-19...the cases are just getting chronic, and they have to wait and wait until the pandemic is over” (Interviewee E, p.44). According to Participant B, the refugees do not receive any additional assistance even from the public organisation located in the camp, supporting that they “are excluded from the health system” (Interviewee C, p.24).

All in all, it can be concluded that the Covid- 19 pandemic had no direct impact on their work. However, the constant presence of the police in and outside of the camp and the refugees' limited access to the health system led participants to support that the pandemic was used as a policy to “imprison” the refugee population, further complicating their work. While Participant A mentions that the police checks in and out of the camp “is something good” (Interviewee A. min.13 sec.25) as they can reduce the transmission of the virus, for another participant this has caused many difficulties as Interviewee C explains that “the Covid- 19 pandemic made harder

my job because people could not move easily outside the camp” (Interviewee C, p.14). As refugees' access to the hospital was restricted, doctors' workloads were higher since more people visited their offices on a daily basis. The higher workload combined with the fact that only basic health care could be covered in the camp triggers negative feelings among doctors such as anger, pressure and a sense of futility, since they cannot adequately offer their services to the refugees. In particular, participant E mentioned that their work would be more efficient if the Covid-19 outbreak did not exist because “people could go easier to the hospital and chronic diseases would be treated there...we would not keep them in the camp with painkillers” (Interviewee E, p.44). Except for the pandemic, references to the working conditions in the camp have been made in regards with the challenging environment doctors had to face during their work in the refugee field.

Working Conditions

Participant A speaks positively about the efficient work of the organisation he is employed by, comparing it to other organisations that, as he says, “...seem to be driven by political or financial interests” (Interviewee A, min.7 sec.28). He relates the functionality of his organisation to the presence of translators, who are “an important support for them (the doctors) and are the lever that carries the system and makes it work” (Interviewee A, min.7 sec.54). Participant C refers to the rare presence of his supervisor and mentions that this is one of the main reasons why he stayed in this job explaining that “...I deliberately chose to work in the new camp because I was more independent” (Interviewee C, p.18). The fact that he was able to be autonomous, without

the presence of his supervisor was creating him a sense of freedom at work, allowing him to help refugees in formal but also informal ways (Interviewee C, p.19). Similarly, participant B employed in the same organisation mentions that “the communication with the boss was good...this was going well” (Interviewee B, p.8). In contrast, for Participant D, who had no work experience, particularly in the refugee context, the absence of a supervisor was making him feel stressful. He describes one incident during his work where he did not know how to handle the situation: “I did not know who to call at the public health organisation” (Interviewee D, p.32). At the same time, he explains that since there was no proper supervision, he had to work more hours “because there was not an attending doctor to ask for... I will come back home, and I will have to study” (Interviewee D, p.30). Similarly, Participant E points to the uncoordinated working conditions and the lack of doctors as a challenge for both her work performance and mental wellbeing. She describes a work environment that was “super disorganised” and “a constant mess” and states that more medical staff should be hired to manage these work demands (Interviewee E, p.39). As she explains, it was difficult to communicate with her coordinator as there was no set time or place where she could find her. She is dissatisfied with the work environment of the organisation and states that all these shortcomings add pressure to her already demanding work schedule (Interviewee E, p.42).

Many of the participants emphasised their relationship with colleagues. Participant B shares that she had a good working relationship with her colleagues and that together they tried to help the refugees as much as possible, “we had a good communication with each other, whatever someone could not do it there was someone else that could help” (Interviewee B, p.8). She also mentions that together with her colleagues they “experienced this futility, how difficult is the situation in the camp”, which reveals how important it was for her to work with people who

shared the same beliefs and could understand how she felt and what she was experiencing. Participant C also focuses a lot on his relation to his coworkers as a factor that helped him to cope with his demanding workload. He highlights how helpful was for him the presence of a translator in his office, with whom had a very good collaboration (Interviewee C, p.13), and he states that during this job experience he came closer with his coworkers and created a meaningful, bonding relationship with them (Interviewee C, p.23). Similarly, Participant D mentions that the good relationships with colleagues helped him stay motivated and go through the extreme working conditions. As he says, the cooperation with the coworkers “...was really nice and it was what made me remain sane all this time” as he had people around him who could acknowledge and appreciate his attempt to help refugees and who also tried with you, “you give and you take something...” (Participant D, p.36). Participant E, on the other hand, had a typical relationship with her work colleagues. When asked if she had spoken to anyone about the situation at the camp, she said that she had only done so with one person at work with whom she was also friends. She felt that her colleagues “are not so sensitive...They are cynical... they would not be interested in that kind of discussion” (Interviewee E, p.42), which underlines how important it is for her to be surrounded at work by people who share the same concerns and beliefs.

Regarding doctors’ narratives related to their colleagues, most participants emphasized on the importance they placed on the relationships with them in order to remain intact. According to McAdams and McLean (2013), people tend to construct narratives that help them adapt to an environment in order to maintain their well-being. In the participants' narratives regarding colleagues, it is noticeable that they speak with a sense of connectedness. Communion is “the degree to which protagonists demonstrate or experience interpersonal connection through love,

friendship, dialogue, or connection to a broad collective” (McAdams & McLean, 2013, p.234). Most participants spoke of a “meaningful relationship” with colleagues, referring to a good collaboration, shared beliefs, and understanding. Participant D mentioned that relation with their colleagues was one of the reasons he was able to remain “sane” and persist in this environment (Interviewee D, p.36). In contrast, it should be noted that participant E, who had no coworkers with the same beliefs, values, goals, and motives at work other than a friend of hers, found it even more difficult to cope with this work environment. She could not share the “weight” of the work and she could not also communicate well with them because, as she says, they did not really care about the situation in the camp, “...what can we do since it is like this...This is their answer to everything.” (Interviewee E, p.42).

Relation of Motivations and Narratives

According to McAdams (2008), motivational concerns influence the way that individuals narrate and interpret their life stories. Drawing on the previous analytical parts, where it has been explained why doctors have started and continued working in the refugee camp of Kara Tepe II and how they interpret their work experiences, this part will focus on the way that their motivations are related with the specific narratives. It will focus on answering the third sub-question “Is there a relation between the doctors’ motivations and their narratives? First the correlation between the motivations and the narratives of the doctors will be elaborated. As observed in the above chapters, participants’ motivations do change through the period of their work at the camp and this change seems to connect with the way doctors describe their personal experiences. This change also explains why doctors’ initial motivations do not present any

connection with their narratives within their work environment, since their descriptions seem to be aligned with the motivations that appear after their engagement in the work context. One of the main observations that results from the analysis is that the motivations that precede doctors' decision to work are different from the ones that follow their engagement in the specific work environment. Their initial motivations are driven by the main satisfaction of personal needs, such as financial needs or their desire to gain a different work experience. In general terms, after their engagement at the work in the camp, most of the participants' actions are characterised by motivations which are associated with values such as empathy, compassion, sense of responsibility, and willingness to help. These motivations are associated with the four described themes that have been previously developed. The internalised value of willingness to help in combination with the inadequate conditions, which do not allow them to practically help the refugees, is interpreted on the theme regarding the sense of futility. Doctors express that "it is pointless" to discuss about helping refugees facing different health issues in the camp, since several factors operate as obstacles in their attempts to offer appropriate and equal health care opportunities to their patients. Through this contrast between the doctors' willingness to help and the feeling of being unable to help (futility), the alignment between their motivations and the way of interpreting their experiences is validated. The interviewees' motivations which are correlated with internalised values of empathy, feeling of responsibility and bringing something good to one's life, are accommodated through each participant's narratives in regard to their roles as "more than a doctor". This can be seen through their daily actions at work as well as after work, as narrated by most of the interviewees and in which they express their emotions towards the refugees. They express feelings of empathy towards their patients, and nostalgia when referring to the people from the camp and the relations they used to have with them, while they

also share feelings of guiltiness when thinking of quitting. One of the participants, who shares different motivations based on external values that he has accepted but not internalised, interprets his role as more than a doctor, describing himself on the basis of the ethics that a doctor should follow, but also on the basis of the parental values that he has adopted (Interviewee A). Most doctors' motivations are aligned with values that have been internalised by their self-concepts, and this results in their personal involvement and dedication to offer help of any form, without being restricted in medical tasks. Although most of them state that Covid-19 cases among refugees are close to or even zero, the measures taken by the government and the attitude of public health services towards refugees on the island appear to consider refugee camps as places with a high risk of transmission. Although Covid-19 has not affected their work in the camp, as only a minimal number of cases have been found there, the restrictions placed on refugees by the government have significantly affected their work. This leads them to interpret Covid-19 as a policy aimed at isolating the refugees from the rest of the population and complicating their efforts to help them. Their internalised motivation to help and make a difference in the lives of refugees makes them present Covid-19 in this way, as they try to help according to their altruistic values, but the “stops” the system has put in place due to the fear of the Covid-19 pandemic have made their efforts even more difficult (Interviewee E, p.39). A different opinion is expressed by Interviewee A who, perceiving the appearance of the police in the camp as something which is “also good for the island”, shares that he is afraid of being infected by the virus in the camp and thinks that the restriction of movement is a necessary measure (Interviewee A, min.13 sec.25). Being motivated by extrinsic values which are aligned with his profession, he keeps an objective image of the situation, seeing Covid-19 measures as an efficient way of containing the virus in the island and not adopting an opinion on the issue. Last, it is observed that the motivation for

doing something good for the refugees influences the way of interpreting their working conditions. Participant C shared that the lack of proper supervision has given him the opportunity to work autonomously and offer additional help to the refugees. On the other hand, Participant D, describes how the lack of a coordinator has made his effort to help the people even harder. Their relationship with the coworkers is also described based on their motivation for helping the residents of the camp in any ways, explaining how working with people that have a similar mindset have helped them to cope with the general hardships and “stay sane” within the working process (Interviewee D, p.36). Participant A being motivated by extrinsic factors, focuses on the good working conditions of the organisation, sharing his satisfaction. He explains that working in an organised and well-structured organisation is really important for him, justifying the external motivations that drove him to do this work.

Drawing from the above, it is concluded that motivations and narratives are connected, as narratives serve the type of motivation that one’s behavior has been based on a specific time, place and social role. In this case doctors seem to serve their post-engaging at work motivations while describing their experiences in the camp. Motivations as characteristics which define the ways that people adapt to an environment, tend to change among one’s life preserving a sense of purpose across his or her life (McAdams, 2008). The initial motivations that are expressed before starting to work with refugees are different from the ones most of the doctors formed after their engagement, and are characterized by externalised values. These motivations seem to be aligned with the decision of most of the doctors to stay and continue working in the camp but not with their narratives regarding their altruistic actions during work. However, most of the doctors' motivations expressed in regards with their work experience, are characterised from internalised by oneself values, and are interrelated with behaviors that are important for them. These

behaviors and experiences during work have been differently formed into narratives based on each participant's personal traits, including motivations. Motivations work as the driving forces that draw doctors' narratives in regards with their experiences in the camp based on the specific time, place and role within which narratives have been formed. The conclusion of this chapter is that doctors' motivations influence their behaviors during work, but also their narratives in regards with these behaviors.

Narratives and Navigation Strategies

From the narratives of the doctors, it is observed that they are employed in a workplace that is associated with a heavy workload, as well as a lack of support from their organisation and the public sector which, as it is described, affects their work experience. Despite the difficulties they face on a daily basis, most participants choose to stay and work at the camp until the end of their job contract. The question that arises from the above is: in which way do participants navigate in such a working environment? This part of the analysis goes through participants' narratives in order to answer this question and elaborate on how they go through their workplace.

After analysing the data, it was found that most of the participants tended to distance themselves from the factors that lead to refugees being excluded from the healthcare system and society. Many of them expressed anger towards the government, the health system and the public authorities, which they blame for the difficulties faced not only by the refugees but also by them as employees at the refugee camp. The way they present themselves in their sayings reveals that their values and beliefs have nothing to do with those of the system. This observation is evident in their narratives regarding the Covid-19 pandemic, in which they accuse the system of using

the pandemic as a policy to imprison refugees, and in the narratives regarding the futility they experience as a result of constantly trying to help the refugees, but to no avail, as they are faced with “stops” from the system. It is observed that some of the doctors' feeling of “pointlessness” which is expressed during their interviews is related with the several obstacles the system raises in front of them. This feeling of not being able to help their patients in a proper way is not internalised by them, but is associated with the system, and it is not seen as a subjective failure, but as a failure of the system. It could be concluded that participants separate their values and beliefs from the ones of the system, considering it responsible for the situation that both humanitarian workers and refugees have to face in the refugee camp. In other words, it can be considered a navigation strategy, through which they externalise the structural failures and try to deal with the extremely hard-working conditions, avoiding a possible work-related burnout. They see themselves as active professionals who try to support their patients, disagreeing with the way that the public health system and the public authorities operate in relation to the refugee population. It is worth noting the different kind of responsibility that some of the participants feel in regard to their motivation to help others, which is internalised but does not connect with his medical skills or the system. Participant D feels responsible for his patients stating that “...I was also feeling that I cannot leave, because I had built something there during all this time...”, revealing his personal values because he is committed and strives to help others, separating this feeling from his duties as a professional (Interviewee D, p.30).

Aside from separating the self from the system, some doctors have been found to cope with their extreme working conditions through other navigational codes. As McAdams and McLean (2013) describe, individuals tend to construct stories that help them adapt to an environment, especially when their experiences within that environment are associated with negative facts, in order to

maintain their well-being. In the present study, some of the participants tell their stories in which they express a sense of connectedness related to the extent to which people focus on their relationships with others. Specifically, Participant D explains that having a good relationship with the coworkers was the reason for continuing and feeling sane while working in the camp. Similarly, participant C pointed out that he created “meaningful relationships” with some residents and co-workers he will never forget, sharing that it was one of the factors that made him happy during work. Participant E focuses a lot on the relation she had with the refugees and how important it was to maintain a good communication with them, since she was feeling happy when she could help the patients. Participants seem to narrate their stories focusing on feelings of intimacy and caring for others. Maintaining good relationships with others is of high importance for them while it functions as a strategy through which they navigate in their workplace and preserve their well-being.

According to McAdams and McLean (2013) individuals tend to construct their stories through an exploratory storytelling process, while the more individuals explore themselves the more they assure their well-being and happiness. Some of the participants narrated their stories using this exploratory storytelling process. That is, they attempted to explore themselves through their narratives, focusing on the positive outcomes of their experiences while working at Kara Tepe II. Their existence in the camp as “more than doctors” has helped them gain experience as professionals in an unusual and demanding work environment, but it has also helped them discover a more humanitarian side of themselves. Some of them portray their work in the refugee camp as a “life experience” (Interviewee B, p.9) from which they have gained a lot, such as their connection with the people in the camp. They had the opportunity to “get a different perspective on the whole issue” and became aware of the conditions into which refugees live (Interviewee D,

p.28). In addition, the lack of supervision that Participant D shares in regards with his work experience, reveals how he managed, even though it was his first job, to cope with the working demands of his position and discover his capabilities as a newly graduated doctor. It is also worth mentioning that most participants responded positively when asked if they would choose the same job in the future, despite presenting the negative impact of this working experience on them.

In summary, medical workers use navigational strategies to maintain their mental well-being by either separating themselves from the system or giving deeper meaning to their relationships with others and focusing on the positive outcomes of their experiences in order to adapt and cope with a challenging work environment.

7. Discussion

Interpretation of the findings

The purpose of this study was to investigate the reasons that drove Greek doctors to work at the refugee camp of Kara Tepe II and the way they navigated through this work process. The answer to the research question took place through the exploration of their sayings in regard to their working experiences. From the findings and according to self-determination theory, it emerged that doctors' decision to work at the camp was driven by external regulations, such as the monetary factor or to gain work experience. However, most of them changed while working with refugees in the Kara Tepe II, where internalised values of contributing and bringing a change to

others' lives guided their actions. Their narratives, which were divided into four distinct chapters: the sense of futility, their role as more than doctors, the Covid-19 pandemic perceived as a policy, and the working conditions in the organisation, provided interesting information about the ways in which doctors interpreted their work environment. These interpretations reveal how participants navigate in the work process, i.e., their disconnection from the system, the sense of community in the work environment, and the focus on the exploratory nature of this work experience.

By going deeper into the findings on the doctors' motivations and narratives, it is demonstrated that despite the sense of futility and the several obstacles that made their work at the camp harder, most of the participants stayed and continued working until the end of their job contract. This may result from a combination of the extrinsic regulations, since most of them decided to work at the camp for financial reasons, and the internalised values of identified motivation that have influenced their behaviors after engaging in the refugee field. Previous literature states that young professionals pay more attention to external factors in regards with their maintenance at a work position (Inceoglu et al. 2011). However, the present research indicates that values such as compassion, empathy as well as bringing something good to people's lives is an important part of young doctors' decision to stay at the specific work too. In a similar way, Tassel and Flett in regards with the motivations of humanitarian workers, highlight how initial external motivations change to internalised values and beliefs after a person's engagement at the work environment, focusing on the way that specific types of motivations influence our actions and decisions on specific domains of our lives, such as work (Tassel & Flett, 2011). Contrary to the research, regarding age and work motivation (Inceoglu et al. 2011) which demonstrates that older employees are less motivated by decent working conditions than younger ones, the oldest

participant in this study is driven by extrinsic motivations expressing satisfaction for the company's well-organised work environment.

The sense of futility felt by participants during their work process has been indicated in previous literature which states that professionals working in the refugee field express feelings of helplessness and powerlessness (Century et al., 2007). On the other hand, the positive aspects of working with refugees cited in previous studies (Guhan, 2011) include feeling well informed about the refugee situation. Similarly, this study shows how participants in their narratives regarding their roles as more than doctors, perceive this work as a life experience that has helped them become aware of the situation and equip them with knowledge on the refugee field.

Based on the analysis, doctors' motivations are presented to be aligned with their narratives. From the findings and based on the theories explained in the theoretical chapter, it is illustrated how doctors' narratives support their initial and, after engaging to the work, motivations, as well as how their motivations change in a dynamic way through their lived experiences and affect their narratives within this work process. This observation complements the theory of narrative identity, which supports that motivations of "power and intimacy" lead to particular narratives (McAdams, 2008, p.249). In line with the self-determination theory and considering motivations as dynamic factors which affect people's behaviors based on their personality and their lived experiences, it is suggested that different types of motivations can lead to differently constructed life-stories. As observed in the research, some of the participants, who were originally driven by financial factors and were not from Lesbos, described the work in the camp as a means which ensured their stay on the island. It is also worth noting that during work at the refugee camp, identified motivations informed by values such as goodness, empathy, and compassion led to narratives that express these values through various actions, depending on the personal

experiences of each participant. So, their extrinsic motivations seem to be one of the factors that impact their decision to stay at the refugee camp, however, their humanitarian and personal values are the ones which influence their actions and hence their narratives in regards with their work experiences in the refugee field.

An insight that emerges from the analysis concerns the relationship between motivations, narratives, and navigation. This research suggests that doctors' identified motivations are related to their navigational strategies based on the extent to which they uphold and support their internalised values. Specifically, their values of making a change, and meeting their patients with a sense of compassion and empathy seems to be reflected in their navigational strategies in the work process. Differentiating these values from the values of the system and externalising the inability to help the refugees, by considering it a failure of the system, is one of the navigational strategies that participants express in their narratives. In addition, the sense of connection with colleagues is expressed in terms of their shared values and beliefs, while the exploratory process, through which they understand this working experience, is a result and recognition of the obstacles that prevent them from acting according to their humanitarian values and offering their help to others. Along the lines of navigational strategies, Jackson et al. have similarly suggested that in order for nurses to cope and go through the difficulties of their work environment, they could enhance their personal resilience through identified practices which would help them to positively adapt to the job adversities (Jackson et al., 2007).

It seems of great importance to recognise the motivations and navigational strategies followed by Greek doctors working in the temporary refugee camp of Kara Tepe II as they attempted to cope with an unusual and tough work environment. Until now, there has been no literature dealing with this particular subject, while the large number of refugees inhabiting the refugee camp,

combined with the inadequate living conditions and within the outbreak of a pandemic, make the study of the specific field more than necessary. According to the participants' statements, the work of medical staff employed in the refugee sector, and specifically in a refugee camp, involves difficulties and needs that they did not face in their previous work at the hospital. The recruitment process as well as the training of medical professionals, before being employed for an organisation in the camp, should follow a line that adequately addresses the needs of the refugee population and is informed by the possible challenges of working under such conditions. This research brings interesting findings that need to be considered by organisations operating in settlements such as refugee camps and by medical professionals who would be willing to work in the refugee field. Finally, the emerging findings illustrate how the operation of the Greek asylum and health care system in relation to the refugees residing in the Kara Tepe II during the Covid-19 outbreak has affected the work of the doctors working there. It is described how much of refugees' health care has become the responsibility of the organisations operated in the camp, which prepared only for primary health cases, could not manage the needs of the patients. Based on the findings, it is proposed to introduce an alternative migration management that gives priority to refugees with serious health problems and takes measures to ensure the mental and physical health of refugees and asylum seekers in times of crisis, such as the period of a pandemic.

Limitations

It is plausible that several limitations may have influenced the results obtained from this research. The most important limitation lies in the fact that the present study was conducted during the Covid-19 pandemic, thus limiting the choices available for the methodological design.

Unfortunately, due to the Covid-19 restrictions, it was not possible for the researchers to travel to the island of Lesbos and visit the camp of Kara Tepe II, in order to observe the surroundings, discuss with the participants and perhaps with the refugees of the camp, and obtain a more critical stance towards the situation. Most of the information about the camp's environment and the doctors' working conditions was exclusively extracted from their testimonies and relevant preliminary local media.

Furthermore, the sample of this project was limited in several ways. First, although the snowball method was an efficient way for the researchers to access the population of this study, as there was no alternative way to find individuals for the interviews, on the other hand, it acted as a “sampling bias”, as the initial subjects introduced people who they already knew either from work or from outside of work. This may justify the reason that some of the participants share similar beliefs and experiences. Therefore, it is possible that the sample identified in the study represents only a small group of the rest of the population employed in the field. Thus, it cannot be ruled out that the limitations associated with the sample may have influenced the results of this study.

Finally, the change of the research topic should be mentioned as a different limiting factor. The interview questions and general discussion during the data collection were about the Covid-19 pandemic and the way that it affected the work of doctors in the refugee camp. However, as the Covid-19 pandemic did not emerge as a major theme in the doctors' statements, the initial research topic was changed to focus on the general motivations and experiences of the doctors working in the Kara Tepe II. It is important to note that this change may have influenced the final findings of this research and that the interview process would have yielded something different had the emerged topic been approached from the very start.

It is as well significant to remember that the results of this study derive from a specific group of medical staff working with refugees and asylum seekers in the particular refugee camp and during the period of a pandemic. Thus, the sample can not be considered representative for other populations or refugee settlements. Even though the sample was limited to a small number of people, the significance of the findings cannot be underestimated as they open up a new area that has not yet been explored and is worthy of in-depth study by future researchers.

Future research recommendations

From the discussion it results that further research should be done on how different motivations, extrinsic or intrinsic ones, relate with the construction of personal life-stories, expanding the connection between the theories of self-determination and narrative identity. Similarly, a different aspect that needs to be investigated in the future is the way that motivations and navigation strategies are connected. Even though an explanation arises from the above analysis, focused research on this specific relationship would bring more detailed findings in regards with how motivations affect the way people navigate within a challenging work environment. The limitation chapter brings an alternative route that researchers could follow to explore the same topic. Specifically, similar research could be conducted during a non-pandemic period in the same area and the specific refugee camp. It would be interesting to develop a comparative study and examine how different are the working experiences of professionals within or outside the lenses of a global pandemic. Another part for further investigation which arises from the limitations of this research, could be to contact both doctors who are employed in the camp and doctors after the end of their contract to examine potential differences on their narratives in regards with their work experiences. A future research proposal could also be to construct the

same research but in a different context and location, in order to explore the ways that cultural aspects affect the motivations and narratives in such a working environment. By observing the case of Participant A, who is an older and more experienced doctor compared to the other members of the staff, it would be of great interest to include age factors in the research and combine quantitative and qualitative methods to gain deeper insight into the relationship between demographic characteristics and professionals' motivations and navigation strategies. The various ideas for further research that have emerged from the reflections on this project indicate the possibilities for exploring a limited area of research and form the basis for a better and more in-depth study of a different part of the refugee field.

8. Conclusion

Everything considered, this study has directed its attention to the motivation, narratives and navigation strategies of Greek doctors working in the refugee camp of Kara Tepe II, located in the island of Lesbos. It is observed how doctors' initial motivations change into internalised values after their work engagement in the refugee camp, as well as how their motivations influence the narratives that people express while describing their work experiences. The financial need and the professional experience gained through this work seem to be replaced by feelings of empathy, altruism, and compassion after doctors' work engagement in the refugee camp. The daily interaction with the people residing in Kara Tepe II, as well as with their colleagues has driven them to think differently of their role in the camp and change the motivational concerns of their behaviors at work. This study aimed at understanding the

subjective reality of doctors' working with refugees in Lesbos, by interpreting their experiences. Their descriptions have drawn these subjectively formed experiences which reveal the ways that each participant perceives their motivations and construct their navigational strategies within the framework of a coherent and meaningful narrative.

These strategies which professionals use in order to deal with their work experiences and navigate within the working process are categorised under three different procedures. It is observed that most doctors separate themselves and their values from the system, focus on their connectedness with others, with whom they share the same beliefs and values, and explore themselves through their experiences by focusing on the positive aspects of the work process. Their navigational strategies indicate how individuals attempt to find ways to navigate through challenging situations that act as obstacles to their motivations, in order to be able to maintain a coherent narrative line of their experiences, and in this way ensure their psychological well-being. This study sheds light on another piece of the puzzle describing the situation of Lesbos, as a host island for thousands of refugees and provides an insight into how medical staff employed in the refugee sector deals with a working environment such as the temporary refugee camp of Kara Tepe II. This work experience was described by the participants not as a job, but as an ongoing effort to help, relieve and to make a difference that brings something good to the lives of refugees. This study helps to identify the challenges and difficult working environment in which Greek medical staff try to cope. It approaches doctors' working process by investigating the motivations and navigation strategies they use to preserve their sanity. Last, this research adds a new finding in the literature that needs to be further examined, indicating a close relation between the motivations of individuals, and the way they navigate within an environment, as it is expressed in their narratives.

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