


February 2023

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### Recommended Citation

Braun, A. (2023). Voluntourism on the Camino de Santiago – How iteration changes motives, stakeholder interaction, and reintegration of hospitaleros. *Journal of Global Hospitality and Tourism*, 2(1), 99-113. <https://www.doi.org/10.5038/2771-5957.2.1.1022>

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### Revisions

Submission: Oct. 10, 2022; 1st Revision: Dec. 13, 2022; 2nd Revision: Dec. 19, 2022; Accepted: Jan. 24, 2023

# Voluntourism on the Camino de Santiago – How Iteration Changes Motives, Stakeholder Interaction, and Reintegration of Hospitaleros

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## Abstract

Hospitaleros who volunteer in the hostels along the Camino de Santiago have, to the best of our knowledge, not yet been examined, from the perspectives of voluntourism and pilgrimage research. This article aims to give an insight into a unique form of volunteering based on 32 interviews with hostel wardens conducted between 2017 and 2021. The results indicate that – while hospitaleros primarily indicate interpersonal motives for their service – the voluntary work serves as a kind of “substitute drug” to satisfy the longing for and dependence on the Camino. With increasing iterations, (1) the strength of the personal motives seems to increase and (2) the relevance of interpersonal motives to shift away from the pilgrims, and towards neighbors around the hostel. After returning home, the hospitaleros suffer – like pilgrims – from the so-called “Camino Blues”, which complicates the acclimatization in their daily routine.

**Keywords:** pilgrimage, voluntourism, hospitaleros, hostel warden, Camino de Santiago

## Introduction

For the past 20 years, the Camino de Santiago (Way of St. James) has been experiencing a veritable revival (Amaro et al., 2018; Farias et al., 2019; Nilsson, 2018; Romanelli et al., 2021). With the growing number of pilgrims, most of whom arrive in Santiago de Compostela either on foot or by bicycle, the interest of researchers in the phenomenon of pilgrimage has also increased. A temporary peak was reached in 2019 with 347,578 people receiving pilgrimage certificates from the Pilgrims' Office in Santiago de Compostela (Oficina del Peregrino, 2020). As in many other areas of the tourism industry, the number of pilgrims fell sharply in 2020 due to the coronavirus pandemic, the associated restrictions on travel, and the temporary shutdown of large parts of Spain. A slow return to the previous pilgrimage volume is expected from 2022/2023 onwards (cf. Di Giovine, 2020; Korstanje, 2020; Olsen & Timothy, 2020).

Previous research has improved our understanding, especially concerning pilgrims and their underlying motivation. Recently, Amaro et al. (2018) confirmed previous findings, according to which spiritual motives seem to play a far more important role than religious ones. Furthermore, the results suggest that the motives are strongly influenced by the factors age, gender, and type of pilgrimage. Interestingly, at least in terms of motives – i.e., the desire to connect to nature and one's deeper self – atheistic and religious pilgrims seem to have more in common than one might think (Farias et al., 2019). It turns out that pilgrimage is not so much an expression of a revival of a traditional religious practice, but rather a new form of tourism that foregrounds the search for meaning and self-fulfillment (Nilsson, 2018).

While the demand side is well illuminated, the supply side remains largely unexplored. This is even more astonishing because the rising number of pilgrims has led to the development of increasing differentiation of hostels, bars, and restaurants. This economic development is assessed differently: on one hand, as a threat to the authenticity of the Camino (González, 2018), and on the other hand as a temporally recurring pattern of Middle Ages, Renaissance, and Postmodernity (Cova et al. 2019). Using the example of Santiago de Compostela, Fernández et al. (2016) demonstrate how the reinvention of the pilgrimage boosted tourism development and changed the character of the city.

An important pillar of the pilgrim infrastructure are the public hostels, led either by the municipalities along the Camino de Santiago or by associations originating from Spain, Germany, France, or Italy. A special feature of these facilities is that they are usually run by volunteers, known in Spanish as hospitaleros (derived from the Spanish word 'hospitalidad' for hospitality). Characterized by the fact that their work (1) is usually temporary (often delimited to their holidays) and (2) remains unpaid (apart from a small re-compensation), hospitaleros represent a unique form of volunteer tourists.

Based on the concept of volunteer tourism, this paper aims to address the following three main questions: (1) What are the underlying motives of the hospitaleros for their work in the hostels? (2) What are the various interactions between hospitaleros and stakeholders (including pilgrims, host community, and operating associations)? (3) What challenges are hospitaleros faced within the acclimatization after returning home?

To answer these questions, a total of 32 interviews were conducted between 2017 and 2021. All data were subsequently analyzed. The results suggested that especially the repeated commitment not only changes the motives but also has an impact on the interaction with the different stakeholders and the reintegration after returning home.

The remaining article is structured as follows: In the next section, the concept of volunteer tourism is presented and related to the work of hospitaleros on the Camino de Santiago. Then, in section three, the methodological procedure - namely the procedure for data collection and evaluation - is described. Section four presents and interprets the results. The article concludes with a summary and outlook.

## **Conceptual Framework**

This section aims to present the concept of volunteer tourism and to relate it to the work of hospitaleros on the Camino de Santiago. It will be shown that the voluntary work of hostel parents is a special form of volunteer tourism because of the prerequisites, the degree of autonomy, and the frequency of the work assignment.

### ***On the Concept of Volunteer Tourism***

Volunteer tourism is becoming increasingly popular (Lyons & Wearing, 2012; Wearing & McGehee, 2013). This may also be related to the fact that this form of travel is charged with terms such as 'alternative', 'genuine', 'ecological', 'sustainable' and 'responsible'. With its predominantly altruistic stance, volunteer tourism claims a certain moral superiority over conventional mass tourism (Godfrey, 2018; Broad & Jenkins, 2008). Some researchers see volunteer tourism as a subtype of ecotourism (Wibowo et al., 2018; Gray & Campbell, 2007), while others classify it as alternative tourism (Lee & Zhang, 2020; Rogerson & Slater, 2014).

In recent years, different approaches to defining the term volunteer tourists have emerged. What they have in common is that it refers to individuals who offer support in social, environmental, or economic projects while on leave in an organized manner and of their own free will (Brown, 2005; McGehee & Santos, 2005; Stebbins, 2009). In the same vein, various approaches have been undertaken to capture, differentiate and classify the motivational structures of volunteer tourists (Andereck et al., 2012; Chen & Chen, 2011; Grimm & Needham, 2012). At its core is the basic question: 'Why do people travel?' and the less easily answered question of how volunteers differ from 'normal' tourists.

Question No.1 can be answered with the widely accepted pull and push approach, whereby push factors refer to the tourist motivation per se and pull factors to features of the destination (Chan & Baum, 2007; Dann, 1997). Gray (1970) applies the terminology 'sunlust' and 'wanderlust' to describe push and pull motives respectively. From a socio-psychological point of view, Crompton (1979) distinguishes escapism, exploration, and evaluation of self, relaxation, prestige, regression social interaction, and cultural motives (such as novelty and education) as driving motives (see also next section).

The answers to question No. 2, i.e., the difference between normal and volunteer tourists, mainly revolve around the distinction between the concepts of self-interest and altruism (cf. Wearing & McGehee, 2013). More recent research suggests that the initially assumed purely altruistic attitude is sometimes overridden, but is not necessarily displaced, by more self-serving motives, such as the opportunity to travel, to socialize, and to acquire certain skills (Demir & Saribas, 2015; Hollas et al. 2022; Stebbins, 2009). These findings suggest a certain intersection between volunteers and normal tourists.

From an action-related perspective, volunteer tourists can be characterized according to three perspectives: The activity (1) is deliberately voluntary and intrinsically motivated, i.e., pursued without the intention of profit (inner perspective), (2) is not compensated by a financial return and designed to help others (outer perspective), and (3) takes place during free time and in a non-familiar environment (contextual perspective).

### ***On the Concept of Tourist Motivation***

The literature offers various approaches to the question of the motivational structure of tourists and their potential for growth and change: In the travel ladder theory, Pearce (1988) describes tourists' motivation as a hierarchical structure of relaxation, stimulation, relationship, self-esteem and development, and fulfillment, following the logic of Maslow's hierarchy of needs (Pearce & Lee, 2005; Williams & McNeil, 2011). Plog's (1974, 2001) typology approach assumes that travel preferences differ according to the desires of individual tourists. He divides tourists into allocentric (adventurous: eager for adventure, prefers the exotic), psychocentric (dependable: security-oriented, prefers the familiar), and midcentric tourists (in between these two polar types) (Jeon et al., 2018). In Dann's (1981) pull-push model, push factors are described as the intrinsic desires of an individual traveler that lead to travel decisions, while pull factors are described as those that lead an individual traveler to consider the attractiveness of a destination defined by its material resources, environment, facilities, events, etc. (Caber & Albayrak, 2016).

### ***On the Phenomenon of Hospitaleros***

Public and ecclesiastical hostels are among the first and therefore oldest facilities on the Camino de Santiago. The hostel in Roncesvalles, for example, was founded in 1127. With the increasing number of pilgrims in the last 20 years, the offer of accommodation has become more and more

diverse. In the meantime, the Camino de Santiago is spanned by a dense network of approximately 800 facilities, which can be roughly divided into public, ecclesiastical, and private hostels as well as guesthouses, private apartments, and hotels. The special feature of the about 200 public hostels is that most of them are run by local, national, or international Camino de Santiago associations and operated by volunteers.

These hostel wardens, known as hospitaleros, collaborate free of charge in the operation, maintenance, and upkeep of the pilgrim hostels. The term hospitalero (in the feminine form hospitalera) derives from the Spanish word 'hospitalidad' for hospitality. With their voluntary commitment, they form the backbone of pilgrim care on the Camino de Santiago. Thanks to their unpaid commitment, the hostels can offer accommodation free of charge (usually a donation is requested) or for a fee of four to eight euros. The hospitaleros' tasks include welcoming and saying goodbye to pilgrims, cleaning the hostel, and maintaining the grounds.

The prerequisite for the activity is that they have already hiked on the Camino de Santiago, to have a better understanding of the needs of pilgrims and secondly to be able to provide competent information about the route and infrastructure. Interested parties can directly contact the hostel operators, who will organize the placement, preparation, and briefing of volunteers. Some Camino associations organize the on-boarding in the form of preparatory workshops, others as a kind of learn-while-you-work process. In some cases, an association membership is required for liability reasons (FEAACS, 2020).

### ***Hospitaleros as volunteer tourists***

To the best of our knowledge, hospitaleros have received no too little attention in previous research, neither from the perspective of voluntourism research nor from that of pilgrimage research. One of the rare exceptions is the recent article by Seryczynska et al. (2021), who, however, limit their review to commercial aspects of hospitaleros in the context of the coronavirus pandemic. The rather slow emerging consideration of (volunteer) hospitaleros in hospitality research is astonishing for two reasons: First, hospitaleros form an important pillar in the Camino de Santiago ecosystem with their volunteer work. They support the preservation and operation of many hostels rich in history and contribute to the overall experience of the Camino in their roles as motivators, comforters, confessors, and coaches for the pilgrims. Second, hospitaleros represent a worthwhile object of research. Due to their special task configuration, they form a distinct form of volunteer tourists. Most associations define "hiring requirements" (i.e., pilgrimage experience and knowledge of several languages), which limit the pool of applicants. Also, many hospitaleros volunteer repeatedly along the Camino, which makes their interaction with the host organization and communities more intense.

By applying the volunteer tourist concept to hospitaleros, the paper aims to address the following three main questions in an explorative, qualitative approach:

1. What are the underlying motives of the hospitaleros for their work in the hostels and how – if at all – do they change through repeated voluntary labor stint?
2. What are the various, sometimes repeating interactions between hospitaleros and stakeholders (including pilgrims, host community, and operating associations)?
3. What challenges do hospitaleros face in the acclimatization after returning home and how they evaluate their voluntary labor stint in retrospect?

In presenting the questions, the paper follows the structure in Wearing & McGehee's (2013) seminal literature analysis on volunteer tourism.

## **Methodological Approach**

In this section, data collection and data analysis are explained. The composition of the sample is also described.

### ***Data Collection***

This study takes a qualitative approach. Considering its exploratory character, semi-structured interviews were adopted as research method (Bryman, 2016). Interviews give the opportunity for a detailed investigation of the topic and an in-depth understanding of the context. For example, the interviewer can gain a better understanding of the interview content by paraphrasing or repeating questions, or by summarizing the answers given by the interviewees (Ritchie et. al., 2013).

The data collection took place between 2017 and 2021. 32 interviews with hospitaleros were collected using a semi-structured interview guide, either by telephone (22) or in-person (one at home and nine on the Camino). All interview partners had already worked at least once as a hospitalero/a in a hostel on the German, Spanish or French Camino.

In addition to biographical data, information was collected on the work and its characteristics, on the motives, on the interaction with different stakeholders (i.e., pilgrims, host organization, and residents), and the re-acclimatization at home. The questions were developed based on the volunteer tourism literature. The process of data collection was terminated when data saturation was reached. Saturation is reached when further interviews no longer provide additional and/or more in-depth insights into the object of observation (Saunders et al., 2018).

### ***Data Sample***

The sample is composed as shown in the appendix. 13 interview partners are female and 19 male and on average 64 years old (minimum = 38, maximum = 80). 17 interviewees are Roman Catholic, 9 Protestant, 3 atheists (3 people did not specify). Each of the interviewees has walked the Camino de Santiago at least once (average = 5, maximum = 20) and has also worked as a hospitalero/a at least once. The maximum number of voluntary stints is 11 (with an average of 5 for all interviewees).

### ***Data Analysis***

In the study, a qualitative content analysis was applied. The data analysis involved inductive and deductive analysis methods, which increases the validity and reliability of the results. In the deductive analysis, categories and codes were derived from the literature, while in the inductive method, codes and categories and themes were obtained from the data. Categorization was done following Mayring (2014), and the coding itself was done using MAXQDA software.

One of the peculiarities of hospitaleros is their repeated service on the Camino. To clearly define the term "repeated" and analyze the possible changes in the structure of motives, interaction with stakeholders and reintegration into everyday life, the data material was rearranged: (1) The interviews were divided into the two subgroups, "less than 5 missions" and "5 or more missions", based on the reported number of missions as hospitalera/o (average: 4.9). (2) The statements within and between the groups – referred to as "type A" and "type B" respectively – are compared and evaluated.

## Presentation and Interpretation of Results

The presentation and interpretation of the results is done in the order of the research questions on (1) the underlying motives, (2) the nature of the interactions with different stakeholders, and (3) the return experience following the voluntary labor stint on the Camino de Santiago.

### *On the motives of hospitaleros*

One of the crucial questions is why hospitaleros sacrifice their free time, sometimes their vacation, to do service on the Camino, and what benefit and profit they derive from this activity:

Reciprocity is an overriding motive of the hospitaleros. Almost all interviewees describe in one way or another the desire “to give back something” (I-09/I-10/I-14) of what they themselves experienced as appreciation and support as pilgrims on the Camino. The experiences they themselves had as pilgrims – both positive and negative – left a profound impression and were the motivation for applying to become hospitaleros. Interview partners remember:

*"They woke us up at 4 o'clock in the morning with a music piece by Grieg to make it to Cruz de Ferro at sunrise (...) wonderful, I still get goose bumps just thinking about it or hearing the song" (I-10).*

*"There, we all sat together (...) at this long table. The hostel father had cooked. There was food, there was drink. And then he got out his guitar. We sang until we were hoarse." (I-13).*

However, hostel parents not always serve as role models: For two of the interviewees, negative experiences with hospitaleros were the reason to do it better themselves.

*"He was really mean (...), a super-religious one. He (...) beat us up because we had only walked 15 kilometers that day. And the night before we slept in a hotel. How dare we" (I-15).*

*"Nothing worked. Everything, the kitchen, the dormitory, the shower, was dirty. He was so badly organized, at some point, I simply looked for a bed myself" (I-14).*

However, the motive of wanting “to give back something” is overlaid by the strong incentive “to re-live something again” (I-11/I-18). 29 of the 32 interview partners have walked the Camino (or parts of it) more than once. The interview partners explain this repeated pilgrimage as a kind of “addiction” (I-23) and “virus infection”(I-24).

*"They can no longer live without the Camino, in whatever form" (I-29).*

The activity as hospitalero seems – to maintain the image – a kind of substitute drug. The work of the hospitalero is described as “a bit like a stationary pilgrimage” (I-17) who is “(...) constantly on the move without leaving the place” (I-15). Interaction with the other pilgrims makes the hospitaleros fellow pilgrims who experience the Camino community without the pilgrim typical disadvantages such as blisters, backache or slipped discs. However, this substitute is not always perceived as suitable equivalents:

*"I feel wistful every time I say goodbye to the pilgrims in the morning (...) and I always have to stay in the same place" (I-05).*

Others feel the fact of staying in one place as benefit. They do not walk with the pilgrims, the pilgrims rather come to them. While conventional pilgrims move in a rather consistent bubble that hardly changes over time – i.e., all walk about the same distance per day and meet at the latest in the evening in the limited number of hostels, hospitaleros are constantly confronted with new pilgrims every day.

*"When the last pilgrims are out, I am sometimes quite happy. And I look forward to the afternoon when the next ones come. New people again, new stories" (I-12).*

Two seemingly contradictory aspects can be derived from being a "stationary pilgrim", which the interviewed hospitaleros perceive as enriching or satisfying. On the one hand, they see themselves as an integral part of the pilgrim family on the Camino. They experience feeling of belonging and togetherness in a community of "like-minded people" (I-23), which is detached from the prevailing social conventions: "Pilgrim is pilgrim – no matter whether he works as a bricklayer or a professor" (I-10). And: "Then you address each other directly and are directly on a first-name basis" (I-20). On the other hand, the hospitaleros occupy a special position within the pilgrim family, which can probably best be compared to that of a mother or father.

*"You are everything, you are mother, father, nurse, pastor (...)" (I-19).*

*"Sometimes you have to pound the table with your fist " (I-16)*

*"I see myself (...) as a super host. You are welcome without restrictions, you can relax, recover, rest (...) talk, cry, pray, laugh, sleep" (I-10).*

*"As a hospitalera, I am the mother of it all. I am a caregiver; I am a nurse, and I am a cleaner" (I-03).*

*"You are actually more or less busy all day long (...) doing something good" (I-25).*

This privileged role is perceived by the interviewees as both rewarding and exhausting: The fulfilment feeds off the gratitude that pilgrims show them. There is a saying among hospitaleros: You get back a thousand times more than you give. Even if the interview partners are bothered by the number, all agree with the basic statement.

*"You give a lot, and you get a lot more back" (I-31).*

*"This feeling of satisfaction, of appreciation and also of recognition of having contributed to something greater, that is such a feeling of well-being" (I-08).*

At the same time, the predominantly older hospitaleros experience the feeling of being needed and still being able to cope well with the tasks of a hospitalero. "I'm only 72 years old. I'm not going to sit around; I still want to do something meaningful" (I-18). The exhaustion results from the work that many hospitaleros consider difficult. Only two interviewees have a professional background in the hotel industry. None of them could imagine working in this field permanently: "It's a back-breaking job. I only do it on the Camino" (I-32).

Another source of exhaustion is unpleasant, albeit rare, incidents with upset pilgrims.



*"I once had trouble with an (...) pilgrim who pitched his tent next to the hostel and didn't want to pay the two, three euros place fee (...) and shouted that he would (...) write complain letter to the Vatican" (I-10).*

The interviewees emphasize however that incidents with pilgrims are the exception. Precisely because the pilgrims know that hospitaleros are not trained hoteliers and the costs of accommodation are usually not higher than 10 euros per night, the expectation is adjusted in terms of service and facilities.

*"The pilgrims know that we are not tourism professionals, not hotel managers, not running a spa. We do it the best we can" (I-13).*

*"I love the saying: A tourist demands, a pilgrim asks. (...) and then you could add: We, as hospitaleros, do our best " (I-17).*

In addition, points are repeatedly addressed that can be assigned to the motive of personal development in a broader sense – broadly defined as the aim “to learn something new” (I-31). One of these is intercultural competence. *"I notice that we tick differently, Germans, Spaniards, Italians, Koreans. I love that, always adjusting and always learning something new" (I-12).* The other is to approach people without prejudice: *"People have arrived and looked like the last bum. But you can't put anything past them. That was a professor from (...)" (I-06).* Two older hospitaleros who are already retired and live alone due to divorce or death of their partner, name the feeling of being needed and the possibility to go on holiday without being alone as motives (I-17/I-18).

In conclusion, the motives mentioned by the hospitaleros – i.e., reciprocity, experience, community, prestige, recognition, self-esteem, and development – largely correspond to those of other studies on volunteer tourists. However, there are also differences:

- Hospitaleros are less interested in experiencing something new. Rather, they want to relive what they have already experienced ("to re-live something again"). They are more concerned with passing on the experiences they had as pilgrims themselves on the Camino and re-living them as part of the pilgrim community.
- The feeling of being needed has a special meaning, among older hospitaleros. The age group of 65 and above represents most of the interviewees and – based on a subjective assessment – the majority of hospitaleros on the Camino.

The concept of "wanderlust" introduced by Gray (1970) not only fits perfectly to the object of study, but also to the underlying motivation of hospitaleros. They leave their familiar environment in search of something different, namely the once experienced community of pilgrims and the recognition for their activity. From the perspective of "sunlust", they work in the hostels because the Camino supports these two motives better than the home environment. In relation to inter-person (i.e., reciprocity and hospitality) and in-person (experience, community, prestige, recognition, development, and self-esteem) motives, the transition is fluid, and a clear definition of dominant motives is difficult.

The two subgroups formed along the frequency show slight differences between type A and type B hospitaleros. The motive "to give back something" seems to dominate in the type A group, while interviewees in the type B group tend to emphasize the aspects "to re-live something again" and "to learn something new". Type B hospitaleros, who are on average eight years older than those in type A, also emphasize the motive "to do something meaningful" to a

particular extent. However, the differences described cannot be sharply delineated based on the material collected.

### *On the Effects of Repeating Engagement*

Repetition is a unique feature of hospitaleros. In the data set, only three out of 32 interviewees have only worked once as hostel wardens. The following shows how repetition affects the interaction with stakeholders, such as pilgrims, host community, and operator associations.

Repeated service as hospitalera/o leads to a learning curve. Some interview partners describe how interactions with pilgrims have changed over time, from a kind of "one-fits-all" to a more pronounced understanding of and responsiveness to individual needs. This difference is exemplified in the two statements from interviewees, one with only one deployment (I-10) and the other with eight (I-01).

*"I was always on the spot, always approachable – it is important for me to engage in conversation with all pilgrims" (I-10).*

*"You notice very clearly who wants a conversation, who wants peace and quiet. I don't impose on them anymore. I let them come" (I-01).*

This difference in addressing the pilgrims seems to consolidate over time through both positive and negative experiences and the accompanying knowledge of not being able or willing to do justice to everyone. The initial uncertainty about what role they should take and what tasks they should perform ("*I was uncertain about what was coming up*" (I-14)) becomes, through repeated engagement, an understanding of what they themselves are capable of performing ("*I do it the way I want to, as best I can (...) I don't let everything get to me anymore*" (I-31)).

Repeated service also leads to the hospitalera/o experiencing how the Camino and the pilgrims, their structure, their motives, and their aspirations, have changed. The insider tip has now become a mass phenomenon. Religiosity has long since ceased to be the dominant motive for walking the Camino. The expectations of pilgrims are changing. In part, these developments are welcomed because they make the path "*more diverse*" (I-31) and "*less cramped*" (I-15).

In part, however, these changes are criticized:

*"Fifteen years ago, the most important question was: do you have hot water (for showering). Today: Do you have Wi-Fi, Internet" (I-17).*

*"The young people don't talk to each other anymore; they just sit there and look at and type into these small boxes" (I-18).*

One can interpret these statements as a kind of generational conflict (the average age of the type B hospitaleras/o is 67 years), one can also see in them a certain fear that the character of the Camino, so important for them, is changing and that they are in danger of losing the "to re-live something again" motive.

Repeated service leads to more interaction with the locals who live around the hostel. This seems to be especially the case if the hostel is in a small town. This fact is particularly evident in interviewee I-03, who completed seven of her eight services at a hostel in a small mountain village. "*I am part of the community*" (I-03). But other interviewees also report "*a warm welcome*" (I-27) from residents, "*get-togethers*" (I-29) with neighbors, and "*good friendships*" (I-16).

However, it is difficult to determine the causal relationship, i.e., the question of the cause-and-effect scheme, based on the available data. Does repeated service at a hostel lead to stronger interaction? Or is the stronger interaction with the locals the reason for repeatedly working as hospitalera/o in a particular hostel? Ultimately, both factors seem to positively reinforce each other and thus simultaneously provide another strong motive for type B to work as a hospitaleras/os.

The repeated service has also an influence on the perception of the host organization. These organizations, usually organized as associations, have as their primary objective to run the hostels during the pilgrimage season from April to October. They are responsible for the maintenance and upkeep of the buildings, the issuing of pilgrim passes, and the scheduling of hostel wardens during the season. Almost unanimously, and with few exceptions, the interviewees rate the support as "very good" (I-18) and "positive" (I-12). The sending organizations train the hospitaleras/os in preparation for their assignment, help with possible problems that arise on site, and in some cases grant a small compensation for the travel costs incurred. The perception of the association is particularly good if a responsible person is in regular, telephone contact with the hospitaleras/os on site and there is a local contact person on site who, for example, helps with repairs or gives tips for orientation on site.

The negative experiences, on the other hand, can be attributed less to the work as a hospitalera/o, but rather to the increased involvement in the association itself. This is exemplified by interviewee I-25, whose suggestions for more standardization and documentation of procedures in the hostel were not accepted by all members of the association. He has since withdrawn from the association and as a further consequence no longer works as a hospitalero.

In summary, it can be stated that, following Herzberg's two-factor theory, there are so-called hygiene factors (i.e., factors that must be present for dissatisfaction not to arise). These include, for example, preparation for service and an open ear for problems on site. The motivators (i.e., factors that have the potential increase satisfaction), on the other hand, include aspects such as the communication of a certain appreciation, for example through regular telephone calls or financial compensation.

### ***On the challenges of returning home***

Pilgrims often experience a sense of sadness, misunderstanding, and longing after returning home from the Camino. This state is called "Camino Blues" (Frey, 1997). A main reason that makes reintegration for pilgrims so difficult is because of the changes that takes place on the Camino (van der Beek, 2019). The question to be answered below is how hospitaleros experience re-acclimatization into their daily lives.

The feelings of the hospitaleros on their return are ambivalent: For almost all interview partners, the end of the mission triggers melancholy ("*you fall into a small hole*" (I-19)), but also relief ("*finally peace again*" (I-32)). On the one hand, they miss the Camino, the impressions, and the pilgrims; on the other hand, they are also happy to be back home. A recurring theme seems to be, especially among type B-hospitaleros, that they are missing "*a piece*" (I-09).

Interviews conducted at the height of the Covid 19 pandemic in Europe also reveal a certain fear of loss. This fear seems to intensify with increasing age, and the related concern of no longer being able to perform the activity as hospitaleros due to physical infirmity.

*"You never know what will happen then during the year and who you will see again"*  
(I-28).

*"Every year (...) the question: is it goodbye forever?" (I-26)*

This feeling of grief is often accompanied by a certain form of “*not being understood*” (I-11). Not everyone in the personal environment can comprehend why hospitaleros sacrifice their free time or primal vacation to work unpaid in hostels.

*"I have a friend who totally condemns volunteering. For me, it is a luxury and I enjoy doing a job that I enjoy and that I don't have to live from - that I don't get paid for" (I-03).*

*"The others don't understand at all. Why you go, why you work as a hospitaleros; At first, I tried to convince them, in the meantime I let it go" (I-17).*

*"My cousin has a restaurant. When I tell him about it, he just looks at me in disbelief. Seriously? (...) On vacation? (I-13).*

But there is also the opposite reaction, expressed in the form of respect and recognition, on the one hand, because hospitaleros/as do as “*something exotic*” (I-10) or “*very important*” (I-03); on the other hand, because it is valued as a “*meaningful occupation*” (I-18) in the post-work phase.

*"From my children 100 percent support. They always ask, "Dad, are you going back to PPP – Papas Pilger-Puff (dad's pilgrimage whorehouse)? He just laughs his head off, and so does my daughter, that I have such a great hobby, that I'm not sitting at home watching TV, drinking beer, and getting a big belly, that I'm involved and I'm livening up as well" (I-07).*

Re-acclimation to everyday life usually takes a few weeks and seems to be facilitated by the prospect of serving in a hostel again the next year: “*Was good, let's do it again*” (I-29).

It is not surprising that especially type B hospitaleros, who have more intensive contact with the locals, also feel a stronger wanderlust and have greater difficulty reintegrating into everyday life at home. In some respects, their statements are reminiscent of dropouts from society.

*"Do you know how many times I thought I would just stay there, not come back to Germany" (I-03).*

*"Camino forever - that sounds incredibly beautiful. At some point a little house along the way, a few rooms, a few pilgrims now and then" (I-17).*

In summary, the activity as hospitalera/o conveys a certain ambivalence: in many aspects it shows parallels to the “*Camino Blues*” felt by pilgrims, among other things a certain form of sadness, a lack of understanding, and longing after returning home from the Camino. However, it is understood – see motive “*to re-live something again*” as a proven remedy against the “*Camino Blues*”.

## **Conclusion**

The aim of this paper was to study hospitaleros/as who volunteer in the hostels along the Camino de Santiago in the context of voluntourism research. For this reason, interviews were conducted and analyzed with 32 people who have volunteered at least once, in one case as many as 11 times, as hospitaleros/as in hostels along the Camino. To analyze how a repeated service impacts the structure of motives, the interaction with stakeholders and the reintegration into

everyday life, the data material was rearranged into the subgroups "type A" and "type B" based on the reported number of missions as hospitalera/o.

### ***Discussion of the main results***

Hospitaleras/os primarily indicate interpersonal motives, i.e., reciprocity and hospitality, as main reasons for their commitment. However, a closer look reveals that other, more personal driven reasons also play a role. In particular, the desire to relive the experiences they had as pilgrims and to be part of the pilgrim community again, albeit in a somewhat different role, are important motives. Looking at the two subgroups, type A is dominated by the motive of reciprocity, while type B tends to emphasize particularly strongly the aspects of re-experiencing and meaningfulness. In a way, the service as hospitalera/o can be understood as a substitute drug for a pilgrimage.

By dividing the sample in type A and B hospitaleras/os it can be shown that a repeated service also changes the interaction with the stakeholders, first the pilgrims and the residents around the hostels. While type A very much emphasizes the interaction with all pilgrims, type B is in some ways more selective in choosing which pilgrims they interact with. To some extent, this difference can also be explained by the changing structure of pilgrims over the past 20 years and a certain age difference between pilgrims and hospitaleras/os. Type B, on the other hand, maintains more contacts with the residents around the hostel. Thus, a slight shift from pilgrims to locals can be observed.

Repeated service as a hospitalera/o, on the other hand, seems to have little or no influence on the interaction with the host organization. Conflicts arise primarily when, in addition to serving as hospitalera/o, other tasks are performed for or within the host organization. Host organizations are perceived as particularly positive if they prepare the hospitaleras/os for their task on site in a kind of onboarding, are in regular contact with the hospitaleras/os and offer a suitable support structure on site.

Like pilgrims, hospitaleras/os experience a "Camino Blues" that makes re-integration after returning from the Camino into everyday life difficult. Symptomatic of this is a feeling of being underestimated in one's surroundings, a sadness that the mission is over, and a longing for the Camino. Pilgrims like hospitaleras/os seem to experience transformative journey of self-discovery and self-invention on the Camino, which is difficult to transfer to everyday life at home. Ultimately, the service as hospitalera/o appears to be a good substitute drug for pilgrimage but leads to the same side effects as pilgrimage. This ultimately explains why most interviewees repeatedly return to the Camino.

### ***Theoretical and Practical Implications***

Previous research in the field of voluntourism has already made a valuable contribution to (1) a better understanding of volunteers' motives, (2) the role of volunteer tourism organizations, (3) the interaction with the host community, and (4) the reintegration at home (Wearing & McGehee, 2013). However, little is known about how repeated service affects these four factors. This article makes a first attempt to shed more light on this area.

From a theoretical perspective, it can be deduced that the four factors mentioned at the beginning are undergoing a shift, in some cases a considerable one. Neither the motives nor the multifaceted interactions with stakeholders are fixed. Rather, they seem to change, not with increasing interaction, but also depending on the age and experience of the volunteer tourist. A limitation in this context is the still comparatively small data set of 32 interviews. Future research - either in the context of hospitaleras/os or another setting - should further expand the

data set or adopt a quantitative approach to increase the number of observation points and thus the validity of the results.

From a practical perspective, implications for the host organization can be derived first and foremost. Host organizations should develop a suitable process to prepare volunteer tourists for their work in the field in an appropriate way. On site, volunteer tourists should be given sufficient freedom of action and scope for decision-making. However, safety mechanisms (e.g., in the form of regular feedback meetings) should be built in to provide advice and support to volunteer tourists in case of problems.

### ***Limitations and Future Research***

Like all research, this one is not free of limitations: On the one hand, the number of interviews (32) can still be expanded, especially since the sample was divided into two subgroups. In addition, the population of the sample is still very homogeneous in terms of age and nationality (only German hospitaleros/os were interviewed). Although 32 interviews were conducted the research could be enriched by a quantitative approach addressing aspects such as job satisfaction or job commitment in the context of hospitaleros/os and volunteer tourists. Moreover, further contributions could expand the scope of the study to include the perspective of the host organizations. In addition, other stakeholders, such as pilgrims and neighbors, could be included in the study in a kind of 360-degree feedback.

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## Appendix

No.	Age	Gender	Religion	No. of Pilgrimages	Times as Hospitalero/a	Type
1	71	female	protestant	5	8	B
2	71	male	protestant	2	3	A
3	65	female	protestant	1	5	B
4	70	male	protestant	2	4	A
5	66	female	catholic	15	5	B
6	65	male	atheist	3	4	A
7	75	male	atheist	5	2	A
8	61	male	atheist	5	3	A
9	75	male	catholic	2	2	A
10	44	male	catholic	3	1	A
11	51	male	catholic	1	6	B
12	38	female	catholic	2	1	A
13	45	female	catholic	4	2	A
14	41	male	catholic	3	2	A
15	40	male	non-denominational	3	1	A
16	64	male	protestant	3	6	B
17	68	female	catholic	3	7	B
18	72	male	protestant	2	6	B
19	68	female	non-denominational	4	3	A
20	73	female	catholic	3	10	B
21	73	male	non-denominational	1	5	B
22	76	female	catholic	6	6	B
23	69	male	catholic	9	5	B
24	70	male	protestant	5	5	B
25	60	female	catholic	4	11	B
26	80	male	catholic	17	4	A
27	64	female	catholic	2	5	B
28	72	female	catholic	20	7	B
29	73	male	protestant	20	8	B
30	70	male	protestant	5	8	B
31	64	female	catholic	2	6	B
32	59	male	catholic	3	6	B