

Review Article

Greek Nursing under Austerity

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Abstract

Introduction: In the past year increasing concern has been expressed on the financial austerity measures imposed on Greece and its effect on public hospital patient care. The influence of this hardship on nursing delivery care is evident as even prior to this poor staff patient ratios caused shortcuts in care practice in order to save staff time.

Aim: The aim of this discussion paper is to critically examine the implications of austerity measures imposed on the Greek health care system with particular emphasis on its effect on nursing and care delivery.

Method: The aim was achieved through deploying five key parameters, which describe current nursing in Greece, namely: Nursing in austerity times, Nursing delivery care, Clinical nursing, Nursing rehabilitation and Policy implications.

Findings-Discussion: Clinical nursing skills can be often reduced to meet basic patient needs with nurses becoming more dependent on family and carers to take on simple routine nursing skills such as bathing and help with feeding. Within the public hospitals many nurses accept that the highly dependent patient may employ a private nurse. Also, the challenge of rehabilitation care has become more precarious. Therefore, there is a great need for restructuring health care, especially in the primary care sector such as home help, localized community care, brief hospital discharge support, home safety checks and other focused services.

Conclusions: Careful consideration of the effects of austerity must now be given in order to avoid a widespread health care crisis in Greece.

Key words: Greek nursing, Care models, Austerity

Introduction

A key function of the ward nurse worldwide is to organise daily clinical activities into an achievable and workable pattern to meet patients' needs.

On parallel, every nurse needs to establish effective professional relationships with co-workers in order for the health care team to reach a sound understanding of the interventions and activities to be performed.

However, when faced with severe health care budgeting restrictions and increased workloads, nurses need to exercise maximum adaptability in order to maintain professional standards within such turbulent and challenging conditions. This is particularly applicable to Greece where austerity was introduced in mid 2000s.

Aim

The main aim of this discussion paper is to critically examine the implications of austerity measures imposed on the Greek health care system with particular emphasis on its effect on nursing and care delivery.

Method

The aim was achieved through deploying five key parameters, which describe current nursing in Greece, namely: Nursing in austerity times, Nursing delivery care, Clinical nursing, Nursing rehabilitation and Policy implications. Facing the harsh reality of current health care in Greece is a pragmatic step towards overcoming difficulties. In this light, both key national and international literature were used in order to create a basis for debate concerning solutions rather than

formulating a narrative of unconstructive criticisms.

Findings-Discussion

Nursing in Austerity Times

The term austerity originates from the Greek “αυστηρός” (austērós) literally meaning harsh, severe. Yet, the semantics of the term which has corroded Greek public health services unfold that the social determinants of health, radically undermine the bargain inherent for the privileged few within previously lived western prosperity (Buchanan, 2013).

Ancient Greeks and Aristotle in particular thought that the right action is that which is practically best and that free people should live a flourishing life (Allmark, 2013). Yet, today, this seems like an antiquated idea in a contemporary fast-changing environment where prosperity can be easily threatened by austerity.

Patient in modern Greek is translated as: ‘άρρωστος’ or ‘ασθενής’. These words are derived from ancient Greek whereby ‘α’ denotes ‘lack of’, i.e. without ‘ρόμη’ - actual strength or without ‘σθένος’, i.e. mental or physical strength. The actual translation may reveal a deeper underpinning philosophical stance towards health or cultural conventions of illness and recovery. Still, a modern patient oriented health care service should be focusing on the patient as a health care user. In this light, the patient’s voice should be heard in order to shape services accordingly. Yet, a study by Lekidou et al., (2007) showed that Greek patients have trouble in locating doctors easily and complained about staff being impolit and somehow careless.

Today, Greek nurses in the public health care sector who have been enjoying the privilege of permanent working contracts and job stability are now under extra pressure to organise themselves and the few staff available for maximum efficiency. A further burden on the Greek nurse is to cope with the extra demands of family and friends of patients who often are inclined to spend much time at the bedside in support of their loved ones. Although their input may be of help to the ward nurse, unfortunately in many cases, their presence can be burdensome and non-constructive.

In recent years the Greek financial crisis has captured global attention especially as fiscal austerity has taken its toll on public hospitals and

other health services. The Minister of Health's directive for 2011 called for a 40% reduction in hospital budgets, but even today, many hospitals have not achieved this target (Kentikeleris & Papanicolas, 2011). The Greek health-care system (ESY), public and free at the point of delivery was established in 1983. Since then, various structural reforms have been planned to unify the public health care sector. Yet, early attempts in the 1990’s were never fully implemented and an ambitious reform in the early 2000’s was abolished after the change in government in the 2004 general elections (Economou, 2010).

Furthermore, chances of reforms were dashed with the evolving economic crisis since mid 2000’s (Economou, 2010). Since then, the system remains highly centralized, resource allocation lacks planning and coordination, managerial and administrative capacity needs improving while mechanisms for assessing needs and setting priorities remain poor.

In addition, human resources have always been one of ESY’s fundamental flaws, as an oversupply of specialist physicians coexists with an undersupply of general practitioners and nurses (Sapountzi-Krepia et al 2006). Thus, the prolonged economic crisis in the country has created severe staff shortages in public hospitals so nurses are forced to accept tiring and challenging work environments in order to meet patients’ increasing needs. A uniform model of care which might serve both nurses and patients alike is yet to be found in contemporary Greece!

Thus, today, despite several ambitious attempts to reform the Greek health care system, it still has not achieved optimum allocation of trained staff and rational financial distribution according to specific geographical needs. Furthermore, health care policy makers have not been able to focus effectively on key priorities such as developing primary health care, public health and health promotion with the aim to reducing the demand of hospital services and therefore overall expenditure per se. In addition, any effort to reform the ESY so far has failed to incorporate nursing management, despite the fact that nurses are key stake holders in the link between the health services and the patient (Notara et al, 2010).

As in all hospitals in Greece there is a shortage of qualified nurses and this has been particularly noticeable in the past few years with the

economic crisis. The interviewees unfailingly mentioned this problem and commented that staff shortages led the Greek HCPs to forced compromise with patient centred care. Many nurses complain that there is less time for providing general nursing care which is increasingly taken over by the patient's family or friends who assist with feeding, providing drinks, toiletry support and offering reassurance and comfort. Nevertheless, many doctors and nurses, within their tight work schedule, struggle to meet such individual demands of their patients. This is common for night shifts and weekends and the practice is widely accepted by permanent HCPs who at large value the 'extra' help. It should be clarified that due to insufficient nursing staff in Greece, it is permitted by law for patients to have a family member or private nurse at the patient's bedside to provide care, but not a private physician. Families and carers of stroke patients often resort to this supportive nursing service despite the extra cost (Gioldasis et al., 2008).

This practice is clear evidence of inadequate staffing which raises issues of accountability. Nevertheless, family members often take considerable responsibility playing the role of a private nurse, often with no nursing experience whatsoever. Unfortunately, there is no regulation as to who is responsible overall as private nurses or family cannot be held accountable.

According to the Universal Declaration of Human Rights, public healthcare should be extended to the whole population in conditions of effective equality. Furthermore, geographical and social imbalances should be overcome, based on a comprehensive approach to the healthcare system. These core ethical elements and humanitarian principles should be considered before carrying out changes that might harm the health of patients. In addition, options and alternatives that are less likely to have a detrimental effect on equity and healthcare should be weighed up accordingly (Molina-Mula & De Pedro-Gómez, 2013).

However, recent findings by Aiken et al., (2014) flash a red light for the Greek government and European policy makers as their Pan-European study shows that when nurse staffing is cut in order to save money, patient outcomes can be adversely affected. The authors found that an increase in a nurses' workload by one patient increased the likelihood of an inpatient dying within 30 days of admission by 7%. Yet,

investing in nurse education can be very beneficial; the study also showed that for every 10% increase in nurses with a bachelor's degree a decrease in patient deaths by 7% in a 30 day post admission period could be achieved.

Currently, Greece appears to be the most severely afflicted European country in terms of health care delivery as there are worrying signs of increases in several infectious diseases, including malaria. Furthermore, the greatest concern relates to HIV infections, which have risen markedly in recent years, with the epidemic concentrated among a growing number of intravenous drug users (Danis et al., 2011; McKee et al., 2012).

Nursing Delivery Care

Worldwide, the evolution of the nursing delivery care systems is in line with the development of nursing management thought which again is a reflection of prevalent social values, management theories and the economic context of any given era. Well-established models and methods of delivering nursing care and their sequential order from the traditional to the most advanced are as follows:

- total patient care delivery,
- functional assignment,
- team nursing,
- primary nursing,
- case management,
- case method,
- total patient care,
- progressive patient care and multi/inter disciplinary team care being the most updated.

Each method poses certain advantages and disadvantages and therefore it is quite common in practice to use a combination of models, or an adjustment of a particular model according to the specific needs of a setting.

In Greece however, the functional assignment model has been prevailing as it is the most appropriate for understaffed health care systems. Earlier isolated attempts to introduce alternative models of health care delivery have failed as these have been met with resistance to change. Furthermore, many nurses consider the implementation of protocols and pathways as

industry inspired and inappropriate for health care.

As revealed in a recent qualitative study of nursing roles and input in stroke care, contemporary Greek public hospitals mainly follow a task-oriented model of care delivery whereby ward managers or their deputies delegate staff each day with specific tasks such as medication administration, feeding or attending to the patient's hygiene (for the whole ward) alongside their other miscellaneous duties. For example, a ward manager of a busy medical ward, mentioned that she would allocate tasks each morning according to ranking and years of experience and this would be a respected 'trend' on the ward.

Yet, in this context, nurses tend to work on 'isolated' tasks, creating a scenario which is the antithesis of teamwork. Therefore, the current working ethos environment does not promote the interdisciplinary attitudes and implementation of care pathways as now recommended globally.

In contrast, the team leader of a neurology ward (a consultant neurologist) implemented an interdisciplinary approach by ensuring close collaboration with nursing and other staff, including regular team meetings to plan and implement effective short term care in order to meet Disease Related Groups taxonomy and hospital management demands. Therefore, 'cross-fertilization' of evidence based ideas and practices were made possible.

Clinical Nursing

Nurses in Greek hospitals do not routinely use established scales and recognized tools for assessing patient needs and care outcomes. This is due to inadequate education and training in this field and severely restricted staffing: patient ratios which dictate that little more than base care can be delivered. In this respect, even basic services like bathing and personal hygiene are often delegated to family, carers or private nurses employed by the patient/family. In addition, many nursing staff depends upon and therefore especially appreciates the extra help offered by family members for help with feeding.

However, prolonged exposure to physical and emotional strain as experienced by Greek nurses particularly under the 5 year recent austerity working environments may lead to burn-out and detachment (Khamisa et al, 2013).

In practical terms and in the light of staff shortages, the routine use of assessment tools in routine clinical practice in Greece could be viewed as rather unrealistic. Thus, a more pragmatic approach for Greece and other countries with busy and understaffed health care services would be to use shortened assessment tools, validated and culturally adapted accordingly (Nye et al., 2012; Duffy & Dik, 2013). These would be useful in providing quick baseline assessment which could be used to assess patient progress and outcomes and to act as a means to point to areas where nursing focus should be placed (King et al., 2014).

Of further concern is that nearly 40% of hospitalized patients in Greece are elderly. Yet, services are not geared towards this patient population. However, this is not unique to Greece, as findings from Denmark (Palnum et al., 2008) show that older patients receive lower quality care in comparison to younger patients.

Nursing Rehabilitation

The nursing role and input in rehabilitation settings has been an issue of debate as it remains widely elusive (Burton, 2003). Studies have shown that with regard to rehabilitation, nurses consider many of the tasks as 'foreign' and have blinkered views of the nursing role, as they often focus on 'stabilising' a patient without a longer term perspective of recovery. In this light, Booth et al. (pp:466, 2005) comment that: *'tension exists between the notion of the nurse as providing an essential contribution to rehabilitation, with a unique role within the context of rehabilitation, and the lack of empirical evidence to support this'*. This is also evident in Greece where there is an elusive role in rehabilitation for Greek nurses.

Furthermore, in Greece public care is organized mainly in tertiary hospitals with little provision for community outreach. In the past, very long hospital stays meant that the system was 'abused' from within, as often patients were using the hospital as a hospice. Recent austerity has introduced shorter hospital stays and therefore rehabilitation within the hospital is viewed as a 'luxury' rather than necessity it often is. Unfortunately public rehab centers are very limited and often nursing staff can only value the effectiveness of private and expensive rehabilitation centres and often recommend them. Yet, in this respect, they seem to be unable to practice a holistic consideration of

rehabilitation on the ordinary hospital ward especially in the light of short hospitalisation, limited opportunities and resources (Theofanidis & Gibbon, 2016).

Furthermore, although treating abnormal physiological parameters such as elevated body temperature and blood pressure is being readily treated in routine public hospital settings, many care tasks like positioning or retraining of movement are often assumed to be the sole responsibility of other HCPs such as the physiotherapists.

Policy Implications

With the increased responsibilities and more sophisticated training of Greek nurses the time is now right for research and specialised nurses to be more actively involved in policy matters concerning care delivery in its widest sense. They might suggest ways to introduce improved social care delivery, preventive measures aiming at vulnerable population groups or other particularly innovative ways of helping patients within constrained resources (Souliotis & Lionis, 2003).

Another fundamental burden for the Greek ESY is the long established focus on the tertiary care sector which is expensive to maintain. Therefore, there is a great need for new structures, especially in the primary care sector such as home help, localized community care, brief hospital discharge support, home safety checks and other focused services.

Conclusions

In the current longstanding socioeconomic hardship prevailing in Greece, reforming the national health care system is necessary but current austerity measures need to be reassessed in the light of detrimental effects on health care professionals and patients alike. Therefore, implementing harsh cutbacks in public health expenditure is always tied with consequences on people's health and restructuring the health care system posse strong ethical implications.

It is now widely recognized that nursing in Greece today has been forced to customize nursing delivery methods in order to cope with complex health care realities. Still, besides the adverse socioeconomic climate, Greek nursing needs to find and follow a pragmatic pathway of optimum care delivery in order to avoid a widespread health care crisis! It is therefore

important to acknowledge that management models that enable the empowerment of nursing are more justified than ever before, because it is nurses who mostly defend positions of patient advocacy towards attitudes of greater commitment and participation.

In Greece today, there is growing concern not only of long waiting times but of more people failing to seek treatment even though they feel they need to, especially in a health care environment where out-of-pocket expenditures on primary care are already high.

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