

Greece: Finding the Finest Tools in Hospital Management for Change by Theodoros P. Dimopoulos



Today's Health-care System in Greece suffers from many "diseases". After five years of financial adjustment, Greek Healthcare officials and some important stakeholders are facing the challenge to co-lead the Greek National Healthcare System and Public Health towards a new era. The recent reality of the critical situation with the national economy is characterised by a private expenditure reduction that has led many people to overload public health structures - mainly large hospital units.

Another significant cause of overburden (which is directly related to high unemployment) is limited insurance coverage that, combined with the above-mentioned facts, adds more weight to hospitals than they can afford. This is in spite of the fact that hospitals enjoy most of the financial resources offered. Additionally, understaffed hospitals are also obliged to deal with the consequences of a lack of planning for a sustainable and efficient Primary Healthcare System. The absence of a prevention culture in which Greece has never consistently invested and the absence of a political and social consensus for a clear definition of a solution-oriented relationship between the private and public sector have also added to the crisis in the system.

These create something like a domino effect with consequences such as inequality and low accessibility faced by patients – and mainly the poorest ones. As a result, people realise that not everybody in the country has the chance to enjoy "privileges" such as freedom of choice, even though everyone strives for this.

Meanwhile, there is a debate. It's among those who are attached with steel discipline to a stiff economic-centred approach that ensures financial stability and sustainability at the cost of gaps in access and care and, on the other side, those who put cost handling and the necessary or sometimes "dictated" financial balance second to providing the service needed. Through doing this they often ignore serving interests that do not always stand on a high-moral basis.

What is necessary today in Greek Hospital Management? Managers who have bread in the political parties' bellies as a reward for their faithful services? Managers attached to a dogmatic and purely technocratic way of thinking without having the necessary flexibility and the proper adaptability for emerging social needs? Or high-expertise managers with well-developed leadership skills and a strong desire to implement the policies that patients need by being the tools needed for hospitals. Managers who embrace the change demanded and set up a solid relationship between hospital management and health outcomes.

Even though it may seem difficult for Greek NHS, to leave its diseases behind, there is no luxury today for bad choices, favoritism or what I call 'corporativism'. Maybe it's the right time for updating the current legal framework and for choosing experienced and driven co-leaders, with a proven high-level management education who will be under routine evaluation. Leaders who shall realise the importance of keeping numbers stable and, at the same time, who shall inspire healthcare workers with great values in each day's performance to aim at social benefit maximisation.

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Published on : Tue, 9 Jun 2015