

Health and Care Services during the Longstanding Financial Crisis in Greece

Fountouki A¹, Kosmidis D^{2*}, Provias G³, Theofanidis D⁴

¹M.Sc, Ph.D(c), Department of Nursing, International Hellenic University, Thessaloniki, Greece.

²M.Sc, Ph.D, RN, Kavala General Hospital, Kavala, Greece.

³B.Sc, M.Sc (c), RN, Diavata Refugee camp, Thessaloniki, Greece.

⁴M.Sc, Ph.D, Department of Nursing, International Hellenic University, Thessaloniki, Greece.

ABSTRACT

Introduction: Health services today refer to all services providing medical care, prevention, and overall treatment. In Greece, health service structures consist of the public Greek National Health System, other public services outside the public sector, and a wide range of private sector healthcare services.

Objective: The aim of this critical review is to elaborate on the provision of healthcare services during the decade-longstanding financial crisis in Greece and explore further the factors that influence healthcare provision.

Methods: A scoping literature review was performed on the MEDLINE, CINAHL, and Web of Science databases using terms related to the healthcare system and austerity measures in Greece. Original, peer-reviewed research published from 2000 to 2020, were included in this scoping review.

Results: We identified a total of 37 articles that met our inclusion criteria. Results were further analyzed and critically discussed via five exposed subcategories, i.e. demographic, economic, social, cultural, and epidemiological factors.

Discussion: Greece's public health system provides free access to low-cost health care for those who contribute to Greek social security, plus their families and retirees. It is also free for those in need of emergency care. Yet, a closer look into the demographic, economic, social, cultural, and epidemiological factors that influence healthcare provision, reveals complex interactions between these elements. Furthermore, Greece's longstanding economic austerity has impacted considerably on prompt healthcare provision.

Conclusion: This review may help to identify key factors that influenced changes made to our national healthcare system in response to dire economic circumstances and austerity. The current Covid-19 pandemic has revealed significant lessons for the healthcare systems globally as well as in Greece as serious shortcomings in healthcare provision have been exposed. Although Greece does not have a particularly advanced healthcare service, and despite still being in the midst of an economic recession its healthcare system responded relatively well to the pandemic. Yet, more efforts should be made in Greece and elsewhere to enhance health policies and to implement health reforms in order to develop sustainable and more flexible healthcare services for all.

Keywords: Healthcare, System, Austerity, Greece.

Address for Correspondence Author

Dr. Kosmidis D; M.Sc, Ph.D, RN, Kavala General Hospital, Kavala, Greece.

E-mail: kosmidis_gr@yahoo.gr

Crossref Doi: <https://doi.org/10.36437/irmhs.2021.4.2.D>

Introduction

Survival is a basic inner instinct that also influences our demand for adequate health services. However, our perceptions of health have changed remarkably over the years. More than a century ago, it was common to consider healthy those who were not ill or had no apparent disability. Yet, after World War II, attitudes had changed and the World Health Organization stated that “Health is the state of complete physical mental and social well-being and not just the absence of disease or disability”. Furthermore, in 1956, the same organization supported the need for health services, not just for therapeutic treatment alone but for prevention, rehabilitation, and the promotion of health status and overall wellbeing (Kühn & Rieger, 2017).

Health services today consequently refer to all services providing medical care, prevention, and overall treatment. In Greece, health service structures consist of the public Greek National Health System (GNHS) other public services outside the GNHS, and a wide range of private sector healthcare services (Theofanidis, 2017).

The international literature contains many empirical studies as well as econometric

approaches to assess the demand for health services. As a result of most studies, demand is influenced by many factors such as demographic, economic, social, and epidemiology-related issues. All these components have an impact on the search for and use of health services and are discussed below.

Aim: The purpose of this critical review is to elaborate on the provision of health and care services during the decade-longstanding financial crisis in Greece and explore further the demographic, economic, social, and cultural factors that influence healthcare provision.

Methods: For the needs of this scoping review, MEDLINE, the Cochrane Library reference lists, and the Greek database IATROTEK, were searched to identify pertinent articles of relevance. Inclusion criteria were references published in English or Greek, within the last two decades. Two reviewers independently screened literature search results and abstracted data from chosen papers. Keywords were also used in combinations of the following terms: health, migrants, refugees, camps, Greece. This process is shown in Figure 1. Following this step, a descriptive analysis was conducted.

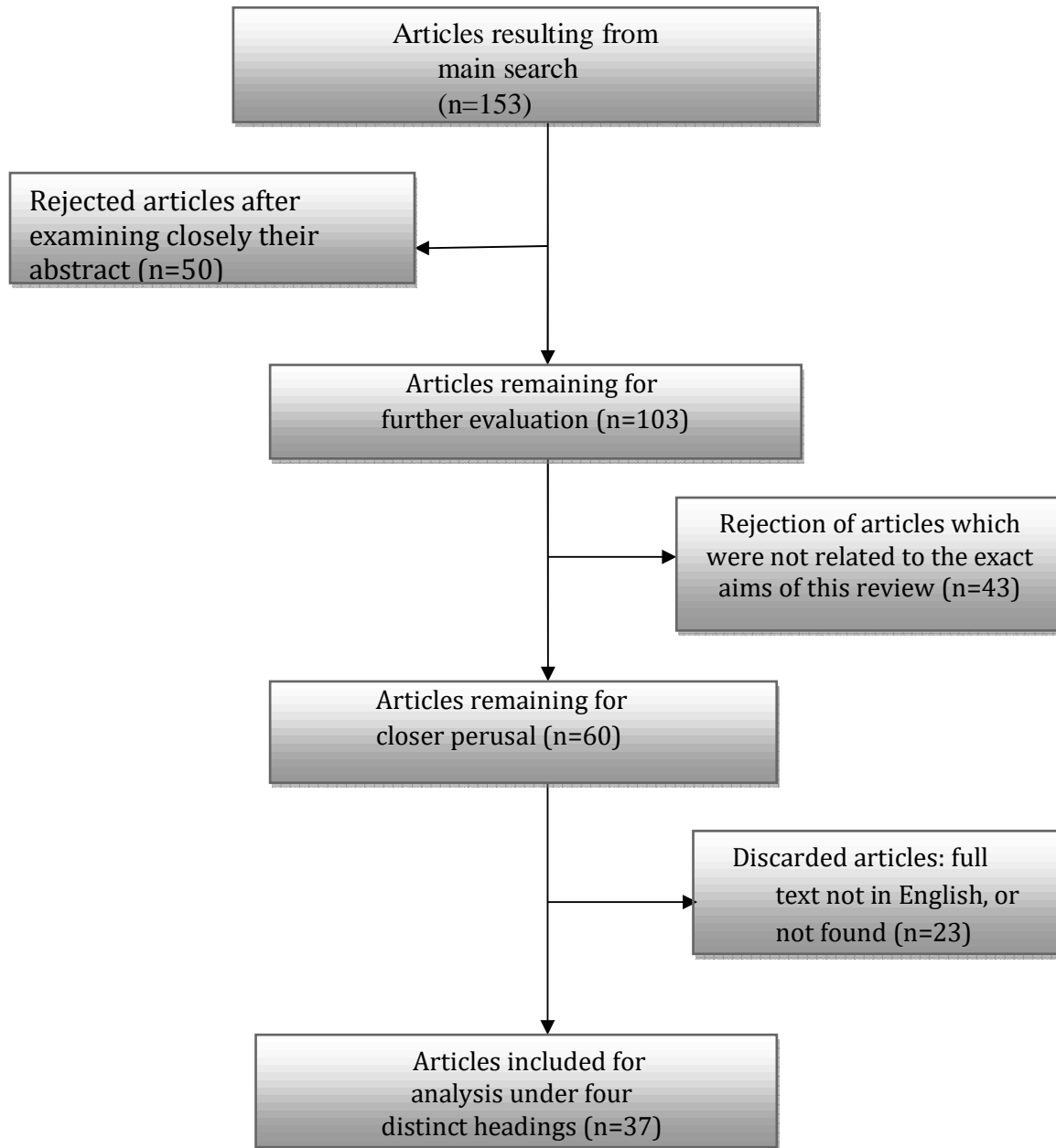


Figure1: Article selection process

Findings: Out of the 153 papers initially identified, 37 were finally selected for analysis. Moreover, it was deemed more practical to organize findings under four

headings i.e. demographic, economic, social, cultural, and epidemiological factors. These are presented hereafter in more detail.

Demographic Factors: Demographic aspects influencing the demand for health services mainly include age, gender, and the family status of individuals. While these are the most representative, there are also other confounding issues such as the number of financially dependent children, the number and health status of close relatives, place of residence, and distance from urban centers.

It is widely accepted that men and women broadly take different views of their state of health and therefore present with different demands for health services. Physical, mental, and social health can be influenced by the gender of the individual directly or indirectly and therefore is an important element influencing demand (Hay et al., 2019).

Caring for children and their relatives is mainly the responsibility of women, which may create higher stress levels leading to an increase in demand for health care services. Studies have shown that women consume primary care in a greater proportion than men as they pay more attention to their physical condition. Yet, pregnancy and motherhood create a greater demand for health services including conditions concerning infertility (Keil et al., 2020; Bertakis et al., 2000).

Men tend to self-assess their health status more than women, and the demand for health services appears to be reduced for them precisely for this reason. False concepts of manhood contribute to reduced demand, as men are expected to be self-sufficient and less vulnerable than women. Male stereotypes also have an impact on the

search for health services in terms of prevention and treatment. Moreover, unhealthy lifestyle behaviors mainly attributed to men such as smoking and drinking alcohol affect their health and increase demand for services. There is also a difference in information and health prevention between the sexes and between different ages. Men tend to be more interested in conditions such as prostate cancer, while women are interested in obesity, diabetes, but also mental health issues such as anxiety and depression (Griffith, 2015).

Discrimination is shown to be racial in relation to other factors affecting health and hence the further demand for services. In more conservative societies, the health of men is affected at large by their working conditions while women are mainly affected by their marital status. In these lines, it is widely acknowledged that men also have increased and earlier morbidity and mortality compared to women. Finally, it should be noted that the demand for health services for women is additionally affected by the attitudes and behaviors of doctors, the mentalities and behaviors of nurses, and the management cultural characteristics of each institution (Boz et al., 2015).

Age as a demographic factor influences the incidence of accidents as older people tend to suffer from certain incidents in combination with environmental factors such as a lack of safety measures at home or outdoors (e.g. in Greece, the main paradigm of urban infrastructure is to prioritize the young and fit with little consideration for an ageing population). The elderly are therefore a

group which seeks and uses health services more than any other age group in terms of medical emergencies, nursing care, and the consumption of medications. A prime example is the high consumption of cardiovascular and anti-inflammatory drugs used by people over 70 years of age which is also a worldwide phenomenon (Wongrakpanich et al., 2018). In parallel, children are also rate high for the consumption of health services. They are a population susceptible to infections, with frequent visits to pediatric services (Rathore et al., 2017).

Urbanization is another determining factor in the demand for health services and has been the focus of many studies. Although cities offer better opportunities for education and work involving income and thus better information and easier access to health services, they are also linked to environmental pollution, which has a negative effect on general health. All the above factors increase the demand for health services. However, those living in the countryside or the smaller Greek islands clearly have the disadvantages of a lack of direct and prompt access to sophisticated healthcare facilities (Petmesidou et al., 2014).

Economic Factors: It is clear that in times of a longstanding economic recession, such as the one facing Greece, increasing unemployment and significant cuts to pensions and social benefits can have a truly detrimental effect on stress levels and overall negative effects on health. Thus, underprivileged sections of society have therefore faced the brunt of loss of basic material necessities such as adequate food,

heating, and general living capacities (Laliotis et al., 2016).

The economic crisis also increases the rate of uninsured work and occupational insecurity (Karanikolos & Kentikelenis, 2016). The struggling economic situation directly affects health levels and this is portrayed as a great impact on health indicators such as life expectancy, equal access to health services, increased morbidity and mortality. In Greece, for example, those on low incomes report dissatisfaction with their healthcare needs being met due to economic reasons and these have increased notably since the beginning of the financial crisis in 2008 (Tsiligianni et al., 2013).

Similarly, those in part-time employment during the pandemic have become more vulnerable in their access (or have to wait longer to receive the necessary) care (Souliotis et al., 2016). The high financial healthcare costs also affect people with disabilities in Greece who already have to deal with long waiting lists and transportation difficulties (Economou et al., 2017). Those with chronic conditions are equally affected by severe financial constraints in their efforts to gain access. The economic situation of an individual is determined by the total income of the individual or the household to which he or she belongs. Yet, with regard to income from work or other income sources, where this is low, there may be not enough to cover for healthcare needs, and so the demand for free, public, and yet prompt, high-quality health services is further increased (Kaitelidou et al., 2016).

Several studies have examined factors that have the most profound effect on health. The findings suggest that income and wealth have a stronger influence on health outcomes, especially in relation to other individual social-economic and demographic characteristics. Hence, economic inequalities can explain a large proportion of health discrepancies and disadvantages (Arcaya et al., 2015). The demand for health services does not follow in a linear mode the change in income of the individual. However, an increase in income-related insurance cover increases the demand for and consumption of health services sometimes beyond the National Health Care System capacity in Greece (Karakolias & Polyzos, 2014).

Social Factors: Social criteria, such as income, social inequality, prejudice, and social specificity, discriminate between different social groups in terms of access and the health resources they receive. Early morbidity and, by extension, higher mortality rates appear to rise in social groups of lower societal sectors. Although this distinction is more of a primary health issue, it is also a major problem in terms of improving national health status and eliminating social discrimination.

The educational level of the population, in addition to equipping them with the means to improve their daily lives, also provides them with knowledge of health issues and the use of health services in a prudent way in terms of prevention, diagnosis, and treatment alternatives. It is noted that those who receive at least higher education tend to be informed by means of broadcasts, articles, and studies and show greater interest in health and living standards than those of

lower educational levels. They also tend to adopt a healthier lifestyle and develop improved self-care mechanisms. (Zajacova & Lawrence, 2018).

At the same time, research shows that the consumption of health services is increasing in populations with a higher education level. However, in the long term, this should lead to a more preventive approach and thus a reduction in health service consumption and an overall improvement in general health. In addition to the level of education, a person's occupation and work conditions also play a major role. Furthermore, improving one's financial situation to make daily lives sustainable may enable them to meet their daily needs easily but does not necessarily improve health status. For example, sedentary life at work is becoming a major public health issue compounded by a sedentary life at home. In addition to the economic needs of the individual, work can also meet their emotional needs, by providing a more secure social identity. This has a profound psychosocial effect and may act as a means of social respect and acceptance (Tzafalias, 2014).

As a rule of thumb, in Greece, the individual socio-economic position is determined by the professional situation of the individual and by the nature of their work. While previous studies had an emphasis on accidents at work, newer studies tend to focus more on stress at work and related health conditions. The relationship between working conditions and their effect on physical and mental disorders has been investigated thoroughly worldwide (Oakman et al, 2020; Mänty et al, 2015).

Other factors affecting health are the characteristics of work, for example, working hours, nightshifts, or heavy manual labor. In this context, even the hierarchical position may increase stress levels. In addition, it should be taken into account that the workplace arena has been exacerbated dramatically in recent years by the longstanding global recession and related rising unemployment levels. Thus, the increase in unemployment has led to an increase in the incidence of mental health conditions such as depression, clinical anxiety and stress, and other psychomotor symptoms together with a marked increase in alcohol, other substance abuse, and self-medication.

Another equally important effect of the Greek decade of recession is the increase of households with near-zero or zero income. This phenomenon has led to a corresponding increase in bankruptcy of many (previously) affluent households, which in turn has created devastating circumstances affecting health. Thus, unhealthy living and dietary patterns, compound both physical and mental health and promote inaccessibility of health services due to a reduced insurance capacity (Kondilis et al., 2013). In addition to unemployment as such, mental disorders also occur in people who have the fear of possibly losing their existing job.

Furthermore, the family plays a very important role in shaping mental and physical health. In combination with age, gender, and social class, relationship difficulties at home may lead to a variety of mental disorders, especially in children. In addition, situations such as childhood diseases, problematic family relationships, the low educational level of parents, low

family income, possible separation or divorce, and the death of a loved one also influence overall health status in early childhood. In Greece, a comprehensive and seamless social protection network may limit some negative effects on health, especially in children. This seems to be difficult to implement in countries that struggle financially and almost unattainable in countries with entrenched economic problems (Chantzaras & Yfantopoulos, 2018).

Cultural Factors: The concept of demand for health services is not the direct result of provision but is a more complex issue also linked to recipient religious and cultural factors and habits. Different lifestyles such as high-rise urban living, secluded lifestyle preferences, and lack of personal space contribute to poor lifestyle patterns and ultimately poor healthcare-seeking decisions. These lead to greater difficulty in defining preventive self-care attitudes and responsibilities making it harder to improve patient forecasting and treatment (Papakosta et al., 2014).

Religion, which, in addition to being a reference point of moral and spiritual support, also influences the mainstream culture of health treatment in Greek orthodox society (Fouka, 2012). For example, in the Orthodox Christian religion, there is an embedded tradition of pre-Christmas, Easter, and Fifteenth-August fasting from certain foods which includes mainly abstinence from animal-related products and in some cases even olive oil (Karras et al., 2017).

Innate health dimensions may affect demand. For example, women in contemporary

Greece are still the main cares for the family and especially for its older members. However, when nurturing for long periods, they may not give high priority to seeking prompt medical services. Furthermore, in certain isolated communities women may not seek prompt medical assistance without the husband's authorization. In addition, religious restrictions may prohibit early exit from the home after childbirth (Tsiligianni et al., 2014).

It can be seen that tradition is another powerful health determinant and thus an extension of demand. In this context, every person has his or her way of perceiving and managing health and disease. Tradition is one that affects all phases of human life, as is how every human being treats disease and pain. For example, in isolated cases, some modern Greeks will consult 'traditional healers' or questionable spiritual 'healers' to deal with extremely complicated health issues, especially when orthodox medicine is limited in terms of an effective treatment (Hionidou, 2016).

Epidemiological Factors: Epidemiological factors relate to the health level of the general population and how these may affect health demand each time. A typical example is a current crisis in the COVID-19 pandemic and the problems in meeting the demand for health services that have arisen. Examples include marked shortages in ICU beds, postponed surgery, access to therapy for other critical conditions such as trauma or cardiac complications, and chronic serious conditions such as cancer (Giannopoulou & Tsobanoglou 2020). Therefore, although the current pandemic has challenged health services globally, it is important to take these

determinants into account so that the supply of health services can effectively meet increasing demands.

Discussion

A supply is considered to be the willingness and ability of the provider to produce and offer different quantities of goods or services at different prices over a given period of time. Under this light, supply of healthcare refers to the provision of services offered by health providers, such as doctors, nurses, pharmacists, and more in both public and private hospitals and other health care organizations. These are influenced by factors such as the adequacy of human resources, the amount of material resources available, the current epidemiological model, and socio-economic circumstances. This means that in major cities, specialized medics are far more numerous as a direct result of intense urbanization and thus in ever-growing demand. Thus, in large urban centers where the population has a better educational background and is more affluent, the supply of healthcare services also tends to increase. Another supply determinant can be considered to be the epidemiological model of urban centers, which have to be equipped with extended public health structures at all levels of care (Simou & Koutsogeorgou, 2014).

However, urban centers have been hit by the strict financial measures imposed by «Troika's» (i.e. the International Monetary Fund, European Commission and the European Central Bank) restrictions with a view to rationalize expenditure and reduce healthcare costs. As a result, some health structures were merged or closed, human resources, medical consumables and

medicines were diminished (Grigorakis et al., 2017).

The current COVID-19 pandemic is a burden on health systems worldwide. The rapidly growing demand for health care facilities and healthcare workers threatens to leave some health systems too extensive and impossible to operate effectively (Theofanidis, 2020). Thus in order to support the Greek health system, the Ministry of Health has recruited more health professionals and increased the number of beds in intensive care units.

Hence, the supply of health services has increased by the influx of human and material resources (Fountouki et al., 2020).

In Greece, medical personnel enjoys a particularly high status, so besides their clinical duties, they also influence overall patient management. However, the doctor, especially in the public sector, does not always make decisions based on optimum health outcomes, but rather on economic or other organizational circumstances often resembling a demand-inducing health paradigm (Petmesidou et al., 2015).

Public spending on health issues is largely determined by the corresponding demands. This phenomenon particularly flourished when the economic situation in Greece was seemingly on the rise, with pharmaceutical and paramedical companies increasing their profits from the extended consumption of their goods and services. Yet, following that affluent era, there has been a 'rebound phenomenon' in Greece, particularly in the mid-years of the crisis imposed by "Troika", when perhaps over-rationalizing health expenditure has led to levels of

dissatisfaction amongst the great majority of service users (Zavras et al., 2016).

The phenomenon of 'predatory' healthcare demand can be reduced, if not eliminated by measures taken by the State such as the control and reduction of health services which do not seem essential for the population. Yet, within an effort to change the healthcare system, there is an embedded risk of creating social inequalities in the access to high-quality health services (Carroll, 2017).

Conclusions

Greece's public health system provides free access to low-cost health care for those who contribute to Greek social security, plus their families and retirees. It is also free for those in need of emergency care. Yet, a closer look into the demographic, economic, social, cultural, and epidemiological factors that influence healthcare provision, reveals complex interactions between these elements. Furthermore, Greece's longstanding economic austerity has impacted considerably on prompt healthcare provision.

Yet, the crisis has also provided an opportunity for introducing greater system integration along with strict cost containment and control measures shifting partial costs to patients. A number of factors that have been taken into account when facilitating reforms were based on the country's specific circumstances.

The current Covid-19 pandemic has revealed significant lessons for the healthcare systems all over the world as serious shortcomings have been exposed. Although Greece does

not have a particularly advanced healthcare service, and despite still being in the midst of an economic recession its healthcare system responded relatively well to the pandemic. Yet, more efforts should be made in Greece to enhance health policies and implement health reforms in order to develop a sustainable and more flexible healthcare service for all.

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How to cite this Article: Fountouki A, Kosmidis D, Provias G, Theofanidis D; [Health and Care Services during the Longstanding Financial Crisis in Greece](#); *Int. Res. Med. Health Sci.*, 2020; (4-2): 28-40; doi: <https://doi.org/10.36437/irmhs.2021.4.2.D>

Source of Support: Nil,

Conflict of Interest: None declared.

Received: 17-2-2021; **Revision:** 14-4-2021; **Accepted:** 16-4-2021