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PUBLIC HEALTH, NATIONAL HEALTH SYSTEM IN GREECE DURING THE ECONOMIC CRISIS AND SATISFACTION OF CITIZENS FROM THE SERVICES PROVIDED

А В Т О Р Е Ф Е Р А Т

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The dissertation consists of 211 standard pages (along with tables in the third chapter and bibliography). Structurally, it consists of an introduction, an exposition in three chapters, and conclusions. The literature used is a total of 236 sources. In support of the analysis, tables, and figures are given.

The internal defense of the dissertation has taken place on the 9-2- 2021 at 9 AM via MSTeams due to Covid-19 restrictions. The committee members of the Department of Public Administration of Sofia University "St. Kliment Ohridski" and the author participated in the internal defense of the dissertation.

The materials on the defense are available to those interested in the Department of Doctoral Studies and Academic Development at Sofia University "St. Kliment Ohridski", Sofia.

CONTENT OF THE DISSERTATION

I. Abstract

One of the most important and demanding areas of operation of any modern and socially aware state entity is the health sector, a sector that internationally faces a triple challenge: a) the demand of the global community (society, organizations) to provide equal health care to all citizens; b) the ever-increasing cost of providing health care services; c) the need to introduce and implement new technologies based on their efficiency and cost-effectiveness (Souliotis et a a l., 2016).

Recently, studies concerning the effects of the economic crisis on the health system and in particular on the health of Greek citizens have increased significantly. At the same time, the voices of politicians and scientists are intensifying, who believe that the source of all the bad texts in the field of health is the voting and implementation of memorandum laws. Nevertheless, everyone could agree that the Greek health system had significant fiscal and structural problems long before the economic crisis and the imposition of memoranda, which became even more apparent during the current period of the COVID-19 pandemic (Giannopoulou & Tsobanoglou, 2020).

Subject of the study

The subject of observation is the Greek healthcare system and specifically the Greek hospitals in order to identify the problems it faces, whether it satisfies patients and in general what can and should be changed so that all Greek citizens enjoy equal rights in health. The subject of my research is limited to the management of the health system in Greece, as an element of the policies implemented by the government, regarding the satisfaction of Greek citizens with the services provided.

The main goal of this dissertation is to measure patient satisfaction from Greek hospitals, based on literature review, secondary analysis of data and empirical research of the conditions in a particular hospital. The specific objectives are the study of the problems that hospitals face today and the way patients are being treated, both in terms of waiting and in terms of material and human.

Reasons that led to the study of this topic

Modern societies, including the Greek one, are characterized by widespread social and economic inequalities. The social factors that cause these widening inequalities also affect the health sector, resulting in significant health inequalities

both at the level of societies and among individuals. Most studies focus on the interpretation of these inequalities based on socioeconomic factors that affect health status and the supply and demand of care.

At the same time, in the current context, special attention is paid to the consequences of the economic crisis, which inevitably deepens inequalities in health and care, primarily distressing groups most affected by the recession, such as the unemployed and low-income people in general. On the occasion of this view, the present study attempts to examine whether Greek patients, according to their personal experience, are satisfied with the Greek healthcare system.

Methods of Analysis

The present dissertation consists of a theoretical and an empirical part of research. In order to conduct the theoretical part, a bibliographic review of articles, studies and books on the subject was carried out. The theoretical analysis is achieved within the framework of public administration theory, and especially leadership theory. In this context, the literature on the management of health systems has been revised.

Through the critical review of the existing literature, the subject came to the main **hypothesis** of the dissertation that effective governance and organizational justice increase patient satisfaction and are a key indicator of the quality of the health care system as a complex measure of both medical outcomes, but also of the human dimension of care, general illness and continuous improvement of the environment.

Limitations of this dissertation

The limitations of this dissertation are that it does not clarify the major problems of modern health systems, but specific issues: problems that hospitals are facing today and the way they provide their services to patients, both in terms of waiting, but also from the lack of materials and human resources.

In detail, the introductory includes the main hypothesis, the object of the study and the observation, the methodology used, and the limitations of the study. The first chapter focuses on health models. The second chapter focuses on organizational justice and the third chapter presents the research studies that have been developed on the subject under study. The conclusion presents the results of the research and main conclusions of the study are summarized.

II. STRUCTURE AND CONTENT OF THE DISSERTATION

CHAPTER 1

TOWARDS UNDERSTANDING HEALTH SYSTEMS MODELS.

In this chapter, are analyzed the differences among the health system models - the liberal, the public and the mixed health system. Each of them has the same purpose which is to ensure and improve the health of the population of a country. The social justice and the John Raw's theory is also analyzed in this topic where the John Raw's theory deals with the way in which a society of inequalities could take fairer forms while maintaining its freedom.

Important starting point is the presentation of the categories of analysis understood as: (following Erkutlu, 2011):

Distributive justice: In this form, participants recognize how just the organization is in distributing the results. Based on the specific form, those who feel unjustified, show high levels of stress and less productivity. It is linked to the problem of "fair pay".

Procedural: This form recognizes how impartially justice is delivered. In this particular form, the focus is on who is involved in the distribution process and thus gives everyone the opportunity to correct procedural errors.

Interpersonal: This form focuses on how fair others are.

Informational: Informational studies how correct the information is for making a decision. Organizational justice is based on the inputs and outputs of the employee. Inputs are effort, skills, experience and outputs are the fees, the recognition, the promotion (Jones & Ryan, 1998).

The idea of organizational justice comes from the equity theory (Adams, 1963, 1965), which assumes that judgments of equality and inequality come from comparisons between self and others based on inputs and outputs. Inputs refer to what a person perceives (e.g. knowledge and effort), while the results are what an individual perceives to come out of an exchange relationship (e.g., pay and recognition). The benchmarks on which these inputs and outputs are evaluated may be internal (older selves) or external (other people) (Greenberg & Colquitt, 2013).

- Employees' perceptions of organizational justice
- Employee performance and organizational justice
- Leadership Behavior and Organizational Justice
- Leadership Behavior - Organizational Justice and Work Behavior

Another central issue in the analysis is the presentation and comparison of the models of Healthcare Systems in the light of healthcare public policy and new public management of the health sector.

A Health System is the way in which the resources used in the health sector are organized to meet needs and improve the health of the population. The health system is organized at various levels, starting from the primary level of care and moving through the intermediate level at the central level (local-provincial-regional). Health systems are divided into liberal, mixed and national. Liberal health systems support the organizational framework of health care provision in the price system, which shapes the health services market (such a system is used by the US). Mixed health systems are based on the social security and sickness funds (most European countries use such health systems). In national health systems, the state has direct control over the production and distribution of health services and there is free access and use without charge to these services (Mills, 2014).

According to Phelps (2016: p21), the health system is defined as "all the components - subsystems that are in constant interaction and interdependence with each other as well as with the environment (of the system) in order to achieve the purpose of its existence, which is the preservation and the promotion of the health of the population". Another definition given by the above authors to the health system is "the grid of government interventions that regulate the way in which services are provided, the relationships between care providers, doctors and hospitals. These different arrangements define the protection method upon which the effectiveness of healthcare and the proper functioning of healthcare services depend" Phelps (2016: p21).

The health system consists of three subsystems that interact with each other and depend on each other. These three subsystems are (Sloan & Hsieh, 2017):

1. The health status of the population and its evolution

2. The production of health services

3. The production of expenditure coverage.

The purpose of a health system is to ensure and improve the health of the population. The health system is a basic institution of the state and has the ultimate aim of ensuring and improving the level of prosperity and quality of life of the population. In order for the purpose of the health system to be achieved, some objectives should be set regarding the production of the health services to meet the health needs of the population. The objectives should be identified with clear criteria and for this reason health indicators (for health status assessment) and supply indicators (for production and distribution of health services) should be used to measure them (Bowling, 2014). The text discusses some of the main characteristics of the health care system, based on the work of García-Moreno et al., 2015), and (Louis et al., 2016):

1. Availability of the health services: The system offers its services to the population 24 hours a day without any time restrictions.

2. Accessibility of the health services: Every person, regardless of socio-economic status, has the right to use the health services.

3. Continuity of the service offer: The system offers its services not only at the stage of treatment but also before and after the onset of the disease.

4. Equality in the use of services: Equality has two conceptual definitions. The first concerns the equal treatment (horizontal equality) and the second concerns inequality of treatment among non-equal persons (vertical equality).

5. The organizational focus of the system: Each health system gives importance to the development of a particular type of healthcare service that acts as a focal point around which the health system develops. Some systems focus on secondary care (hospital-based system) and thus focus on disease treatment, while others focus on primary care and emphasize on the prevention and post-treatment rehabilitation.

The main factors of production according to Economics are land, labor and capital. Their effective action is due to the guidance of the actions of two additional factors, technology and management. Based on these two factors, the

1990s in Greece were characterized by a particularly intense mobility in state reform. This reform situation was called “Administrative Reform”, which, as mentioned, had already begun in the early 1980s in Western European countries, known as the New Public Management (Karkatsoulis, 2004, p. 22). The New Public Management can be defined as a set of policies of the respective governments between state, market and civil society that aim to modernize the public administration in order to be able to respond to the ongoing global and local economies and social and political developments. Its basic principles are quality, efficiency, effectiveness and economy and are considered complementary to the principles of legality and equal opportunities (Karkatsoulis, 2004, pp. 41-42).

An important methodological aid for the effectiveness of the New Public Management reform programs in health is the establishment of actions and programs with the ultimate goal of establishing regulation, improvement of primary health care, better coordination of health benefits and effective administration. The desired result can be achieved after the precise identification of the problem that needs to be solved, and the choice of the solution, with the lowest implementation costs in the economy and in the market (Kostagiolas, Kaitelidou & Hatzopoulou, 2008, pp.71, 72). It is also necessary to seek maximum transparency throughout the implementation of the action as well as to increase the collectiveness of human resources at all levels of the healthcare sector, both in the decisions to be taken and in the processing and implementation of decisions (Karkatsoulis, 2004, p. 137)

According to Karkatsoulis (2004), the following are considered as actions that compose the themes of the New Public Management at a theoretical level: the reform of the structures with the aim of improving the services provided to the citizens; the measurement of results and performance of teams and individuals based on performance indicators; the control over public spending on the basis of efficiency and effectiveness; the utilization of human resources based on knowledge; the utilization and use of modern technologies and information technology in the application of e-government; the management of results through indicators and targets; the transparency as the main tool for decision making. The above actions of the New Public Management are followed by all

EU Member States, and more generally by all developed countries of the world through administrative programs reform. The degree of maturity and success of these programs varies from country to country, but the important thing is that administrative reform programs worldwide contain several of the above actions (Karkatsoulis, 2004, p. 45)

The analysis of such a field as healthcare and its segments as the satisfaction of patients with hospital care presupposes the understanding of these problems in the spirit of John Rawls's theory of justice. John Rawls in his book "A Theory of Justice" advocates a free, fair and politically viable society. He deals with the way in which a society of inequalities could take fairer forms while maintaining its freedom. He argues that it is up to the individual will to create such a society, provided that the physical and social predispositions that intrinsically affect each individual are exceeded. According to the principles of liberalism, the individual has the "right" and also the means for the ideal "new state" (Wolthuis, 2017). His famous experiment is considered, in which he leads the reader to a just society. He calls this experiment "original position". It is about a state of affairs where its members are equally represented as ethical persons, without being affected by random circumstances and factors. He challenges everyone to imagine a society exactly the way they want it, but without knowing what position one will assume in it. Thus, justice for him is exactly what we choose when negotiating behind the veil of ignorance. The participant in the experiment is asked to decide on the future of the whole society based on the variety of risks (Miele, 2017). In short, the essence of reasoning is that if he creates a world of total inequality and injustice, where some are at a disadvantage over others, this would entail the risk of finding himself in the lower strata, experiencing the injustice he "built".

In the theory of justice, Rawls deals with the idea of justice as fairness in a liberal society. The sensitivity of issues related to health care and citizens' satisfaction with the received health care in hospitals suggest that they be placed in the framework of this theory of justice. The principles of justice are seen as the subject of prime agreement in an initial situation. To this end he constructs a thought experiment. He selects a portion of rational individuals who are interconnected in different ways and each driven by their own ends and seeks the principles of justice in them. The behaviors of these people are determined by their choices and interests. The outcome

that will occur effortlessly between them will lead to a state of equilibrium, an original position, where any agreement that will be "concluded" will be characterized as fair (Soh, 2017).

That is why the principles that govern each agreement must be fair. Rawls made a hypothesis that the people involved in the endeavor would be behind the veil of ignorance. They could not know, when legislating, whether they were the rulers or the ruled. Also, they would not know how their judgments and choices could affect them individually, but would evaluate them by general criteria, that is, they would attempt to make an assessment of whether these solutions would benefit the whole. None of the participants could be aware of the position they would take in the society themselves, nor the socio-political and economic conditions that would prevail, and nothing else that might affect them, such as gender, color, religion, ethnicity (Gališanka, 2019).

This logic of analysis also leads to the question of inequalities and principles of the healthcare system management (HSM), considered in the context of policy networks and stakeholders in the healthcare. Due to the fragmentation of health insurance, there are many inequalities in terms of access and burdened financing of health services. Moreover, due to the coexistence of many health services such as the National Health System, insurance institutions, local governments, but with different organizational and administrative structure, there is a provision of uncoordinated services.

In addition, the misallocation of human resources at all levels of health has created a hospital-centered Healthcare System (Kane et al., 2014). Another problem is the absence of a family-physician which has created an uncontrolled access for citizens to the Healthcare System for hospitalization without restrictions. Furthermore, the misallocation of healthcare professionals and, in general, the lack of planning have led to the oversupply of physicians, to the lack of certain specialties, and to a shortage of nursing staff. However, in addition to the shortage of healthcare staff, there is a problem with administrative executives and managers who are not adequately trained, so that modernization of the administration and the improvement of the efficiency and effectiveness of the Health System units are hindered. Then, the fact that the skills of some notable workers are not recognized as there is a lack of pay and scientific incentives

causes a negative influence on the level of human resources satisfaction (Ericson, 2015). In addition, there is a qualitative deficiency of the Health System as there is a lack of a system of certification of procedures and functions, a lack of quality assurance institutions, a lack of a mechanism for applying clinical protocols, a lack of clinical control programs, a lack of a system for analysing citizens' satisfaction parameters, a lack of a control and counteraction mechanism of unethical behavior and finally absence of training programs for the healthcare professionals on patients' rights and respect for citizens.

Lastly, the private spending on health is focused as an important issue. With a brief review, it seems that private spending reaches 47% of total spending and is twice the average of European countries (Hunter et al., 2017). This respectable amount is capable of presenting the problems that citizens are experiencing, such as inequality in healthcare delivery and access, the lack of medical staff, the limited availability of healthcare services and much more as mentioned above. It is perfectly understandable that the Health System faces several organizational and operational problems due to the country's urbanization of its citizens, the healthcare professionals and its geomorphology (Meeks et al., 2014).

The analysis of Health system models are considered in their three forms following the concept of Wager, Lee & Glaser (2017).

The Liberal Health System

The liberal health system is based on the full freedom of physicians and patients and operates with market forces and with minimal state intervention. This system is governed by private health insurance and health coverage falls to the personal and free choice of everyone, since everyone decides freely whether or not to insure themselves. Everyone freely chooses whether to be insured to private insurance companies individually, by choosing the package of insurance services they think satisfies them the best and which they can afford or be insured through their employer who pays the full amount of the premium. Those who choose to stay uninsured (poor, unemployed, etc.) are required to pay from their personal income the expenses each time they use the health services (Reich & Shibuya, 2015).

The Public Health System

The public health system is considered to be the opposite of the private one and is based on social solidarity through equal coverage of the needs of the population regardless of gender, age, occupation and socio-economic status and is achieved through increased state intervention. In the public system, the state ensures a minimum level of healthcare for all citizens, with intense intervention. The production factors may be owned by the state, the insurance funds or private individuals (Shi, 2016).

The public systems are subdivided into those funded by social security (Bismarck model) and those funded by the state budget (Beveridge model). In fact, none is funded by only one source. It could be said that there are public schemes funded mainly by social security or mainly by the state budget (Jiang, 2018).

In the first case, the social security system is represented by various insurance funds, which fund the scheme through employers' and employees' contributions, and play a major role in the system. Therefore, the bulk of health expenditure comes from insurance funds. This model emphasizes the right of everyone to choose ways to meet their health needs through social security, paying the required amount (contributions).

In the second case, the system is funded by the state mechanism (taxation) or local taxation, and the production factors belong to the state. This model is based on the principle that health is a public good rather than an individual right and that is why the state is obliged to provide the necessary health services (Mandl, Mandel & Kohane, 2015).

The Mixed Health System

The mixed system is a combination of the private and the public system. This system is mainly based on social security, serving the principle of social justice through collective coverage of the population funded by contributions calculated according to each individual's financial capacity. State interventionism is decisive because, in addition to the role of a central designer, the state complements financially the social security gaps by ensuring that its citizens have access to a minimum number of health services. In this system, the

factors of production, the method of payment, the production and distribution of services belong to a variety of owners (Green & Clarke, 2016).

The categories of the analysis presented in this way are the basis on which an analysis of the peculiarities of the **Greek healthcare system** is made. It provides care through three levels, the primary, secondary and tertiary levels of health care. The primary level of health care focuses mainly on the prevention of diseases while the secondary and tertiary focus mainly on the treatment of diseases (Knaul et al., 2015).

The hospital is a medical and social institution aimed at health rehabilitation through medical and nursing care services for patients in order to preserve and promote health through the practice of preventive medicine and to promote medical science through medical research and education of the health professionals.

Hospitals are distinguished according to the type and geographic area at university, regional, prefectural and local, depending on the incidents that they treat in general and specific, according to their body and legal form to legal persons of public law and legal entities of private law and depending on their strength and size in large (300 beds and up) and small (30-300 beds). Hospitals are organized and operate according to their organization. The issuing and modification of the organization is based on the legislation in force, by joint decision of the ministers of the government, finance, health and welfare, following the opinion of the hospital's board of directors and the PESY's agreement, in whose district the hospital has its headquarters. The hospital's organization refers to its legal form, its name and headquarters, the total number of beds and their distribution in the sectors, sectors and departments of the medical service, the structure of the nursing service, the administrative service and technical service and their responsibilities, the hospital staff, the posts according to the sector and the classification of posts (Kaitelidou et al., 2016).

The main financing source for the Greek Public Hospitals is the annual subsidy from the State Budget and from the Public Investment Budget. The Hellenic Statistical Authority (ELSTAT) published statistics for the year 2018 for the financing of Health expenditures, at National level, based on the Health Accounts System (SLY 2011) manual of the Organization for Economic Cooperation and Development (OECD). The total funding for the current Health Expenditures in terms

of Gross Domestic Product (GDP) in Greece for the year 2018 amounted to 7.72% of GDP compared to 7.97% in 2017. The dissertation presents detailed data on the percentage of total funding of GDP expenditure according to the European System of Accounts 2010 (ESA 2010), for the years 2014 to 2018.

The economic situation is characterized by a large and prolonged recession, high unemployment rates and extensive changes in employment relations, a situation which makes insurance contributions to EOPYY risky and precarious. The analysis led to conclusion that the need for adjustment is imperative. To do this, looking for a scheme that combines the number of employees of a company with the added value that it produces, may be an appropriate choice. In addition, based on the data available on the labor market, the majority of employees in the country work in small and micro enterprises. These companies, for the most part, are labor-intensive and bear the disproportionate burden of recession and insurance financing in relation to their turnover. Given the above, the need to adjust the model for calculating insurance contributions is imperative. To this end, two alternative forms of employment premium through the reduction of insurance contributions have been submitted to the relevant scientific dialogue. In one approach, it is proposed to do this by combining the number of employees of a company with the added value it produces and, based on the latter, to calculate the relative reduction of employers' insurance contributions. This relationship (per capita and based on added value) can arise after studying the technical data and the relevant figures and of course after negotiations. In the second approach, which points out the risk of creating low-paying jobs, if only the number of employees is used as an indicator of reduction of insurance contributions, it is proposed to formulate a contribution system based on the percentage of salary on the turnover of a company (Souliotis, 2019).

According to this model, both the creation of jobs and the increase of employees' salaries are "subsidized", regardless of the size of the company. In conclusion, the amount of insurance contributions for each company can be determined inversely proportionally and / or the cost of pay in relation to its total turnover, in order to stimulate employment and directly proportionally to the added value of the goods and services produced, in order to stabilize employment and ensure the payment of contributions. This measure is not expected to have an increasing effect on insurance contributions as a whole (to the extent that the recession and unemployment remain), but it can halt a further adverse development for small

businesses and ensure the stability of insurance contributions. This finding is reinforced by the fact that many small businesses are at risk of shutdown. According to the data of the General Commercial Register, the number of companies that are established has for a long time been less than the corresponding number of companies that are discontinued.

It is worth noting that the closure of a large number of small businesses contributes to the increase of (unregistered) unemployment, and consequently to the reduction of the insurance contributions of the self-employed. Consequently, the initial plan for the establishment of EOPYY needs a radical overhaul regarding the adjustment of the contributions to the former insured of the Public Insured Care Organization (OPAD), the Self-Employed Insurance Organization (OAEE), the Agricultural Insurance Organization and even the Agricultural Insurance. relevant provision for the coverage of the unemployed but also of the self-employed who do not have insurance capacity and who stop their work activity due to the financial crisis. This coverage can be done through EOPYY, with special programs that are supported and funded by the state. At this juncture, this finding is a critical component of social policy and the search for alternative sources of funding is urgent.

Other sources of finance are income from services provided to insured persons in insurance companies contracted with hospitals after approval of the Minister of Health and Welfare. In addition, there is the income from insurance funds for tests of their insured persons at regular outpatient clinics and the income from provided post-hospital care services and from rehabilitation and recovery facilities (Cheng, 2015).

According to Mitropoulos, Talias & Mitropoulos (2015) the capacity of the beds in each clinical area is defined in relation to the hospital's overall bed capacity. In general hospitals, the pathology section may have up to 45% of the total bed capacity, the surgical section up to 55% and the psychiatric section up to 10% of the total hospital bed capacity.

In special hospitals, 65% - 90% of the total capacity belongs to the section with the main specialty and the other sections share the remaining 10% on the basis of the proportion of general hospital sections. The above reference lies in the fact that the above is a typical system which does not differ in anything in its many years of existence.

One of the key points in the dissertation is the role of the economic crisis and

its impact on Greek healthcare. The financing sources of the health system are mainly divided into public and private sources. Public sources include taxation, where specifically direct and indirect taxes are applied at local, regional and national levels. Direct taxation includes income tax on natural persons, corporate income tax and real estate tax. Indirect taxation is applied to transactions and goods and is distinguished into the general one that covers the budget needs as a whole, such as value added tax (VAT) and special taxes, intended for specific purposes that apply to specific goods, such as alcohol or tobacco tax. In addition, another public source of funding for the health care system is the social insurance which, in relation to the private sector, has a large coverage of the insurance risk because its insurance base is not limited to the insured of an enterprise but includes large population groups (Atun et al., 2015).

Special attention is put on determinants and indicators of the healthcare system. The analysis considers the Total quality management systems as a modern model of governance that places the focus on the interest of organizations on quality. It is concluded that this is the strongest motivation for consumer preference. Its philosophy is contrary to traditional practices where quality focuses only on checking for finding and correcting errors that are different from "product or service expectations". The technique of total quality management introduces innovative ideas into the field of administration. The basic line of this technique is to shift the production process into the quality of products or services. The narrative dwells in detail on various aspects of the question of total quality management. Among them are dimensions of quality in regard to measuring it, appropriate indicators and its meaning.

One of the central notions in this dissertation is the understanding of *satisfaction* in regard to healthcare issues. For a long time the clinical outcome has been the sole criterion for assessing a patient's satisfaction from the point of view of physicians and other persons directly involved in health care. Excellent clinical results, increased and required levels of satisfaction, according to the above version. This view, of course, is seen as incorrect. Successful surgery or a correct diagnosis, for example, is an important determinant of the patient's satisfaction and subsequent preference for a particular hospital and a particular physician. But it is not the only factor that will determine the degree of patient satisfaction. It has even been argued that factors such as nursing staff and physician-patient interaction play an equally, if

not more important, role in shaping the degree of satisfaction with the clinical outcome. (Krowinski and Steiber, 1996; Labarere et al., 2001).

Assessing therefore how the patient-user of health services perceives the full range of services provided, as well as the determinants that influence satisfaction or dissatisfaction, is an extremely complex question in scientific research. It is outlined how difficult is to be able to identify all the elements that each of us take into account in order to evaluate everything that happens in our daily lives. As Ware (1983) says, everything in life contains to some degree elements of each person's subjectivity and the concept of satisfaction could not be an exception, and therefore satisfaction indicators record patients' personal - subjective evaluations. In order to include this item as a category of the analysis, the term "patient satisfaction had to be clarified. It is also argued that there is insufficient scientific attention to this issue, especially in regard to the healthcare problems.

What is important in the above definition is the link between satisfaction, expectations and values with the patient. The patient's experience of health care services is based on subjective criteria and a set of subjective values and expectations about what he / she considers to be the same ideal care and how the physician should treat it as a person. This grid of subjective values, expectations, and assessments depends, according to Pascoe, on the stock of personal experiences from past situations that the patient himself has experienced in the past (Wilkin D. et al., 1992: 17). It is also outlined that there is a basic disagreement about whether satisfaction is a process or outcome. Specifically, the definitions of consumer satisfaction have emphasized either an evaluation process or an evaluation process reaction.

The definition of patient satisfaction includes four ideas. Irritations, judgments of values, reactions and individual differences (Zimbardo and Boyd, 2015). The individual differences of the patient have to do with personality, values, beliefs, personal life and, above all, with past health care experiences. Thus, according to the above we have the following definition:

Patient satisfaction is theoretically defined as the patients' value judgments and subsequent responses to the stimuli they perceive in the health care environment before, during and after their stay in the hospital or their clinical visit. These value judgments and reactions are influenced by patient personality traits and past life experiences and health care (Bowling, 2014).

Chapter 2

GOVERNANCE, QUALITY AND SATISFACTION ON THE PART OF THE CITIZENS

The relationship between quality in health services & patient satisfaction is examined in a detailed way in the second chapter. According to (Moore et al., 2015), the basic concepts by which we can evaluate the purposes and operation of the hospital are adequacy, effectiveness, efficiency, acceptance of the medical care provided, and scientific and technical quality. The question of satisfaction is considered here through the categories of justice.

It comes first the idea of o*rganizational justice and citizen satisfaction*. While many researchers have attempted to identify design and performance aspects that significantly affect end-user satisfaction, it is argued that the management process involved in introducing such changes (e.g. a new facility or workspace) may be just as important if not more important for satisfaction. Finch (2004) suggested that customer satisfaction from facilities is determined not only by technical performance but also by a "complex set of exchange processes" such as effective communication and expectations management. However, in every organization there are uncontrollable variables and unforeseen changes that result in changes in deadlines and scarce resources. Thus, the further analysis is focused on the issue how organization managers can meet customer needs when both those needs and the environment in which they operate change so often? Uncertainties arise in (1) matching unforeseen space requirements with supply, (2) managing obsolete facilities renovation, (3) contradictory approaches of internal and contracted service providers, (4) addressing competing space and service requirements, 5) combining long-term strategy (e.g. neighborhood needs) with immediate requirements (e.g. arrival of new employees).

As the size of an organization increases, so does the complexity of the facility's strategy. Explaining to department managers that their needs have been incorporated into the strategic plan and will be fulfilled over the next four years has little impact when faced with the impending arrival of staff. So how can teams relax their clients in the meantime? Customer satisfaction can be achieved

by adopting a service rather than a technical approach to facility management, focusing on organizational justice and maintaining customer perceptions of justice. In particular, emphasis should be placed on procedural justice, as it is considered the most important form of justice in the provision of services.

At second place the attention is drawn to distributive justice. It refers to the allocation of resources (Homans, 1961) or to the perceived impartiality of the results an individual receives from organizations (Folger & Cropanzano, 1998). The results can be distributed on the basis of equality, need, or contribution (Leventhal, 1976), and individuals determine the fairness of the distribution by comparison with others.

Quality benefits for patients, health professionals, and insurance funds are outlined in regard to the central question of dissertation. It is said, that if quality meets customer requirements, then there are wide-ranging consequences. Requirements may include distribution, sustainability, availability, reliability and cost effectiveness among many other features. If we encounter a customer-to-supplier relationship that crosses two organizations, then the vendor will need to establish a "marketing" activity in charge of this task.

Within organizations, between internal customers and suppliers, the transfer of information on requirements is often insufficient to completely absent. Executives should be genuinely interested in the requirements of their clients; the secretarial manuscripts should always be legible and the information given to consumers be clear. Also, an important factor for providing the best services is the internal supplier-customer relationships that are the most difficult to manage in terms of establishing and delivering requirements.

Satisfying patient needs is another aspect of the quality benefits for patients, health professionals, and insurance fund. Following Stimson and Webb (1975), three categories of expectations were identified.

1. the expectations that lie in the so-called dark background, which are vague expectations as a result of accumulated learning by the individual in the process of treatment

2. expectations related to patients' interactions within health services (e.g. the degree of information provided by the attending physician) and finally,

3. expectations about the action a practitioner can take in relation to a patient's health problem

From the above types of expectations, the above authors consider the second type of expectations as more important. The theory of expectations, while being the most prevalent internationally, cannot be said to fully cover the concept of satisfaction. The degree of satisfaction is determined by expectations, but it also depends on the individual's experiences and whether they meet or exceed their expectations or are far from them. In other words, the individual suffers from the burden of sociological and psychological factors, as well as of his particular traits, which affect both his expectations and the way an experience is experienced. So, besides expectations theory, there are other factors that are related and obviously affect the degree of patients' satisfaction with the health care services provided to them. It is generally accepted that factors such as social status, gender, age, ethnicity, etc., play an important role in the evaluation of health services by the patient.

Briefly, *age* of the patient is perhaps the most important factor that has proven to influence satisfaction. There is large amount of data from a significant number of studies from different countries to support that older patients tend to be more satisfied than the rest of the population, which is demonstrated in the text. (Langen et al., 2005; Grogan et al., 2000; et al.). The issue seems to need more investigation into the reasons for this, although experience in the field has shown that older patients are more in need of support than any other patient due to their poor health in most cases. This results in them being more assertive in their assessments, expecting simpler things like a smile or a support phrase from the medical staff, as opposed to younger patients whose requirements are not limited to the above. The level of *education* has also been recognized as having an impact on a person's degree of satisfaction and on the form of their views and expectations recorded in satisfaction surveys.

The relationship between quality in health services and patient satisfaction is put in the context of the earliest philosophers' concept of the quality. Aristotle wrote about the nature of happiness and what is needed for people to have a "good life". For Aristotle, as with many philosophers since then, the primary aim was to achieve the highest status or "good" that circumstances permitted. The person who achieved this goal had the best quality of life (Robinson et al., 2008). The same is true for the patient. Therefore, the highest good for the sick should be life affirmation,

rather than involvement in adverse circumstances caused by the disease and its treatment. In modern medicine, more and more emphasis is placed on patients' view of what constitutes appropriate treatment and it is widely accepted that what constitutes a desirable outcome for the patient should not only be left to health practitioners, but should be taken into account. and patients' needs and desires. In the US, in 1990, the Institute of Medicine had included patient satisfaction, as an important element of the outcome of health care, in the definition of quality dimensions.

As for the science of nursing, its contribution was not fully recognized and in the recent past nursing care was applied in a formal and mechanical way. As a result, no emphasis was placed on setting objective goals and measuring results in terms of patients' health progress. The quality of nursing services was related to the nature of nurses and in particular to obedience and care reality, as illustrated by the literature and the first nursing codes. But the ever-increasing cost of services, advances in technology and the evaluation of medical care, population demands for improved quality of health services, and the need to recognize the work and supply of nursing, have influenced the way nursing is organized.

Wen and Gustafson proposed an interesting model of the direct relationship between health needs, satisfaction with care, and quality of life. Their research was particularly important and prompted a revision of the concept of 'needs assessment and satisfaction' (Mercouris, 1996). The basic concepts by which we can evaluate the purposes and operation of the hospital followed Moore et al., (2015) as adequacy, effectiveness, efficiency, acceptance of the medical care provided, scientific and technical quality.

The American Academy Sciences Institute of Medicine defines quality as the extent to which health services increase the likelihood of desired outcomes for individuals and entire populations while being compatible with existing professional knowledge.

According to the World Health Organization, quality is the provision of diagnostic and therapeutic actions capable of ensuring the best possible health outcome, within the scope of modern medical science, which should aim to achieve the best possible outcome with minimal iatrogenic risk, as well as

maximum patient satisfaction in terms of procedures, results and human contact. Based on these definitions, it is clear that quality in health is the same as patient satisfaction by providing the necessary and effective services as well as cost control.

As mentioned above, quality is one of the basic concepts by which we evaluate the purposes, objectives and operation of a hospital. The evaluation of the quality of the health services is a stage which, together with the results of evaluations of the other concepts such as efficiency, effectiveness, etc., results in the overall evaluation of hospital health services (Surís et al., 2007). Quality refers to the degree of patient satisfaction through the completeness of the health services provided. Therefore, this satisfaction should be based on structural criteria (logistics, beds, personnel, nutrition), process criteria (actions for diagnosis, treatment), outcome criteria (evaluation of treatment outcome). Quality evaluation of hospitals is achieved on the basis of the above criteria. These criteria consider the short-term or long-term impact of medical care on improving, stabilizing or aggravating the patient's state of health.

Today, according to various evaluations, the quality of services provided by public hospitals, estimated with the above criteria, is low and does not meet the growing expectations of citizens. The problem has been persistent for more than ten years. To be able to demonstrate that a hospital has quality in its health services, quality should be certified by a certification body. Certification, a particular form of intervention, is the recognition/assessment by a dedicated external certification body that an organization, company or hospital meets the criteria set by the certification body itself. The ISO 9000 certificates are the most widely applied certification standards. The ISO 9000 certificates have been attributed to more than 250,000 companies worldwide. The Hellenic Organization for Standardization (ELOT) has the responsibility for the implementation of the institution in Greece, but with limited applications in the field of health services (Hoyle, 2006).

The quality is also a matter of certification process, which evaluates the degree of compliance of pre-agreed areas to specific criteria or standards. The analysis in the dissertation pays attention to these criteria being categorized into infrastructure criteria, process criteria, and result criteria. The evaluation is

carried out either by periodic inspections or by continuous monitoring. Periodic inspections are performed every 2 - 3 years, and continuous monitoring is performed with continuous clinical measurements and continuous indexing. Certification is recorded in a detailed evaluation report, often resulting in graduation. If, according to the findings, the criteria are met, a certification scheme is assigned; otherwise the organization is not certified. Certification issue is seen through the experience of the hospitals in the United States, where it has been established for over a century, and then expanded to almost the entire range of health services. Certification cannot in itself be a substitute for quality assurance, so it is treated as a complementary process that is part of the modern concepts of quality management. Unlike this example it is analyzed that there is no certification body in Greece, although the establishment of the Institute for Research and Quality Control of Health Services since 1997 has been legislated (Bowling, 2014).

Part of the findings in the dissertation are based on results from empirical researches**.** Heskett et al. (1994) report that Quality of work-life is something that is measured by employees' feelings about their work, their colleagues, the company, and according to a study conducted at the University of South Dakota (Vermillion, USA), where the relationship between Quality of Work-Life and Productivity as a whole in the organization was studied. Work commitment is defined by the following three favorable conditions that are: a) the workplace environment that helps employee engagement so as to feel safe in their work, b) satisfactory fee, c) development opportunities (Lau, 2000). The key objectives of an effective work engagement program are improved working conditions and maximum effectiveness of the organization. According to Swanson (1998), there is a positive relationship between human resources practices and organizational profitability. An increase in growth and profitability means that there are financial resources that the Management can invest in its employees, that is, to further strengthen their commitment, while increasing the profitability of the organization, and the engagement of employees. Another source for such data was the survey reported by Levering & Moskowitz (1999), which was focused on the top 100 companies in America and concluded that the criteria to rank in the list of companies that follow the philosophy of work commitment are salary,

opportunities, security, pride, justice & open communication, and friendliness.

Indeed, a survey of 500 service providers in the United States has shown a close relationship between management practices that underpin work engagement and profitability. Effective human resources development programs have been found to be vital to the survival of the organization and to gain a competitive advantage in the global environment. The relationship between management and employees has once again proved to be beneficial to both parties. Employees on the one hand feel secure and committed and become more efficient, and the management enjoys increased financial performance that makes it more competitive.

Measurements of patient satisfaction are in line with the overall existing consumer dominance in the service markets and of course with the modern reality of health services, where there is a market with its classic features, in particular fierce competition and customer-centricity, is now an undeniable reality.

From the above-mentioned definitions of health service quality, it follows that a key element in determining quality is the client-patient needs that the physician-provider must identify and approximate with appropriate strategies. Patient satisfaction is therefore an additional dimension of the quality of health services that health care stakeholders must take into account. It is a fact that in health services, the primary element of patient satisfaction is the good health outcome and restoration of health. In this sense, good medical practice combined with a good doctor-patient relationship contributes greatly to the latter's satisfaction.

Other types of research discussed in this chapter relate to the relationship between leadership and organizational justice. To the extent that the improvement in the field of healthcare is related to the decisions of the heads of different organizational units, the inclusion of the theory of leadership has an important place in the analysis. Leadership is not presented as a manifestation of bright personalities, but as such an interaction between leaders and followers within a given situation, in order to achieve goals and improve conditions. Special attention is paid to the relationship between transformational leadership and organizational justice based on research publications on these issues. One of the conclusions in this chapter refers to the leader in the organizational structure of a health unit and more broadly in Hospital

care, who has specific and key tasks in the administrative activity for planning and systematization of the group's areas of action.

CHAPTER 3

RESEARCH REVIEW

The analysis in this chapter is based on the results of a study conducted by N. Polyzos, Theodora Sinogeorgou, and Dionysia Mariatou. Its purpose was to measure the total satisfaction rate of patients from the HC's services. Conclusions stemming from this analysis are referred to recommendations for solving some of the outlined problems in the public hospitals. The e*valuation of patient satisfaction by Health Centers serves the* purpose to record the views and to subsequently measure the satisfaction of the users of primary health care services provided at a Health Center. The methodology of the research used was a structured questionnaire that was distributed in a random sample of 150 patients in April 2004. The questionnaire gathered information about patients' impressions of their visit to the HC, regarding the administrative and the rest of the personnel, the building and the accommodation infrastructure, the waiting time, the laboratories, the geographical location of the center, the medical specialties etc. The present research is presented in order to emphasize that after so many years there has been no significant improvement in the Greek health system.

The overall findings of the research show a high total satisfaction rate of 71.1% from the HC's services. More analytically, starting with the degree of satisfaction of citizens - patients from the doctors, 79% reported that they were satisfied and 20.9% that were not satisfied with the doctors' knowledge and skills. Regarding the satisfaction of nurses and paramedical staff, 63.7% responded that they were satisfied, while in terms of treatment the satisfaction rate was significantly higher with 81.9%. The satisfaction rate with the administrative and other staff was 86.4%. Regarding the building infrastructure, 63.5% expressed their satisfaction to the question about the safety of the building, while their satisfaction with the HC's location was 93.5%. Regarding the laboratories, patients' satisfaction rates were as follows: 61.7% from the

radiology lab and 70.8% from the microbiology lab. Finally, the lowest rates concerned the adequacy of medical specialties, since only 19.8% said they were satisfied, while 35.3% said they were neutral and 44.8% were dissatisfied. The sample of the research includes 220 patients in total. More specifically, most of them are married, males and own a bachelor's degree. The majority of the are from 31 to 40 years old, with a health insurance and lives in a city. The questionnaire is consisted of 4 chapters. The first one analyzes the demographic characteristics of the participants and contains 6 open-ended questions. As for the second chapter, which refers to the patients' experience in the hospital, it is consisted of 6 close-ended questions in total. The satisfaction of the provided services is analyzed through the third chapter, with the use of 15 Likert type question, which accepted answers from 1 to 7. Lastly, the participants' opinions about the hospital's improvement over the last year are presented on the fourth chapter, via 2 close-ended questions.

In conclusion, it follows from the above that the patients were quite satisfied with the operation of the Health Center. Finally, the majority responded positively to questions about their satisfaction with doctors, nurses, treatment, administrative and other staff, which shows that the HC has several positive points regarding its operation. These results however can not be considered as satisfaction with the entire results of the healthcare system. Nowadays, the Health System presents many problems that lead it to be ineffective and inefficient towards clients-patients and that contribute to the provision of non-quality health services.

The inefficiency and inefficiency of the hospital is due to specific factors. Such factors are the lack of satisfaction of the human potential that it employs (the Burn Out Syndrome is often not observed due to its unsatisfaction), the patient's failure to provide them with health services or how they are treated by medical and nursing staff. In addition, an important factor is the non-existence or non-use of Total Quality Management Systems, which is partly responsible for non-quality health services. Other factors include: the scarcity of financial, material and human resources, the lack of specialized personnel, the lack of retraining of existing staff, etc.

All the factors mentioned above lead to the need for hospital assessment to identify the causes of hospital inefficiency and general health, to be corrected

and able to provide quality health services equally and universally to the citizens.

Furthermore, when it comes to the satisfaction as for the doctor, the patients are mostly moderately satisfied with the efficiency of time the physician spend on the examination, but they believe the willingness of the doctor to listen about their health and the information provided about their health status were probably bad. In a moderate level they place their satisfaction as for the trust of the physician's diagnosis, the explanations-instructions given for the treatment and the respect the doctor had towards them. Also, they are moderately satisfied with the politeness of the nurses and their willingness to reply to their questions and with the time for payment and politeness and willingness of the secretariat personnel. Lastly, the majority of the participants agree that there has been a very good upgrade to the Outpatient clinic of the hospital in relation to one year ago.

An applied effect of the research concerns the hospital of Kalamata, which has not been recently studied in terms of patient satisfaction. At the same time, the theoretical part of the dissertation focuses on the theory of John Rawls, which has not been extensively studied in the Greek literature. The present dissertation can be a trigger for further studies especially at this time that the world is experiencing the Covid pandemic and the health system is a priority of the state. In fact, today more than ever the need to strengthen the health systems of each state is highlighted.

The dissertation concludes with recommendations for solving the problems in the Public Hospitals.

One of the key ways to build a relationship of trust between users and healthcare professionals is undoubtedly to measure patient satisfaction. At the same time in this way the prestige and reliability of the service is increased, and it also helps to identify the problems, to document the results and the levels of performance. On the other hand, the usefulness of such measurements is strongly criticized as arguments are made that patients do not have the proper knowledge to assess what they want since this is not always what they need, and other times, they are not honest, either because they are dependent on doctors and the hospital or because their psychological and physical condition affects their judgment. In an effort to address the negative aspects of satisfaction measurements, the introduction of quality management systems has been proposed, which will enable the improvement of both the quality of care provided by health systems and patient satisfaction. In this context,

it is deemed necessary to establish the operation of a “Quality Office” in all Greek hospitals. Quality is a matter of culture and not a simple application of indicators and procedures. It is a continuous, systematic and organized effort, both collective and individual. The aim is to continuously improve both health professionals and services and at the same time to highlight the pioneers and the capable, but mainly to support those who need to improve as soon as possible. The operation of such health assessment systems will contribute to the dual activation of the entire health care provider, but also of the patients. The organizational structures recommended for an effective Quality Management Office are the following: i) Quality management committee; ii) Quality department; iii) Quality manager; iv) Organized information system; v) Connection with the broader context of the organization. The Quality Office should be independent and should have the responsibility of quality management in the organization. Usually, the head of the Quality Office is the hospital manager. The head of the Quality Office will have the title “Quality Manager” and the office will be staffed by the Quality Assurance Coordinator and the Secretarial Support. The Quality Office should be in charge of collecting and analyzing the appropriate data to determine the suitability and effectiveness of the quality system of the hospital as well as to identify the possibilities for its improvement. Data are analyzed based on patient satisfaction, compliance with patient needs and expectations, characteristics and trends in patient care services and procedures. Its responsibilities will also include the application of appropriate methods of measurement and monitoring of processes, the planning and control of processes needed to achieve quality system improvements. Regarding the people who will make up the Quality Office, the Quality Manager will be responsible for the implementation of the quality management system in the hospital unit, the continuous monitoring of its implementation through the information from the analysis of the quality indicators and the undertaking of possible corrective actions. The Coordinator is a person directly responsible for guiding and coordinating the activities of quality programs throughout the organization. The Coordinator should have at least two duties: to train the hospital staff and to observe the evolution of the quality system. Quality Liaisons are the ends of the network with the mission of monitoring the implementation of procedures, identifying quality problems, raising the awareness of employees on quality assurance issues and their participation in internal quality system inspections. Significant changes still need to be made in the structure of

hospitals. The cyclical working hours of health providers would be beneficial to abolish, as this exhausts staff and prevents them from devoting themselves to the proper conduct of their profession. Based on the analysis of this dissertation, it is possible to come with certain recommendations regarding the fact that daily hospitalization expenses do not cover daily hospitalization costs (basic principle); the importance of reduction of operating costs, i.e. medicines and consumables, mainly to reduce the daily cost of hospitalization that increases their contribution to a deficit; the insurance funds should pay their obligations within the specified period and not later, because this contributes to the creation of a secondary deficit; and finally, reducing costs should not affect the quality of the services provided to patients.

In addition, it is necessary to staff the hospitals with the required number of nurses and doctors, because without the human resources the proper operation of the hospitals is impossible. At the same time, the nursing staff itself should not rest but take care of its continuous training, through seminars and postgraduate studies. Nursing staff should not forget on the one hand that dealing with human care is a difficult and demanding issue and on the other that science is constantly evolving, and for this reason their studies on the subject of their work should be constant.

This study is useful for the state, public health officials and health professionals in order to take action to increase patient satisfaction in Greece by the national health system.

CONCLUSIONS

The aim of the dissertation was to examine the issue of satisfaction with the healthcare system and hospital care on the example of Greece. It was based on both secondary analysis of research results as well whether Greek patients, according to their personal experience, are satisfied with treatment in particular hospital. The theoretical background of the study analyzed the health sector in Greece from the point of view of organizational justice, leadership, quality and patient satisfaction. The process and the means of providing health care to the citizens are determined by the wider social, economic, political and cultural environment and of course by the social inequalities that are reproduced in it. With the significant assistance
of the sciences of planning and organization, healthcare services form a complex system, the form of which evolves based on political choices, social processes and the historical-cultural context that surrounds it. Based on the knowledge of planning and

organization, healthcare services form a complex system, the form of which evolves based on political choices, social processes and the historical-cultural context that surrounds it. Healthcare systems are complex and ever-changing entities. Implementing a commonly accepted and perfectly satisfactory definition of the healthcare system is proving to be a difficult task. However, the World Health Organization attempts to formulate a concise definition, identifying the system with all those activities whose primary purpose is to promote, restore or maintain health. Undoubtedly, inequalities between different socio-economic groups affect the health of citizens. Their mitigation, based on the prevailing perceptions of social justice, requires political interventions.

Then the second chapter presented patient satisfaction in terms of organizational justice and quality of health services. In the field of healthcare, patient satisfaction has emerged as an important indicator of the quality of care and has been used as a means to achieve, maintain and monitor it. Despite the widespread acceptance of the term, there are several differences in the interpretation given by healthcare providers and users. Health professionals tend to focus on professional standards and pursue quality primarily in terms of effectiveness. Patients, in turn, associate quality with clinical outcomes, communication skills, and attitudes of understanding by health professionals. Management, finally, interprets quality with indicators of efficiency, patient satisfaction, accessibility, and continuous improvement of services. However, the evaluation of the quality of care, which was traditionally based on the application of professional standards, increasingly integrates patients' perceptions into the measurements.

Finally, regarding the possibility of social justice in the field of health in Greece, it is worth mentioning that in modern economies, such as the Greek one, there is a great inequality in the distribution of income and wealth, resulting in the effective treatment of inequalities in health to constitute a major challenge. Income inequality is reinforced by market dominance, privatizations and the consequent shrinkage of social protection and the role of the welfare state in general. Income inequalities, therefore, tend to degrade the level of health of the population, primarily of the most vulnerable groups, while at the same time worsening the financial burden of the poorest households. This has the additional effect of further increasing inequalities in the distribution of the disposable household income. At the same time, the gap between the stated objectives and the implemented policies is a key element of the

reform frameworks that have been introduced. Thus, this topic continues to attract research interest, emphasizing the need for research aimed at improving the efficiency and equity-justice of healthcare systems, according to their declarations. It is necessary to further investigate the impact that healthcare systems have on inequality, poverty and living standards in general. This will help to develop effective policies to alleviate inequalities and poverty and, more generally, to improve the living standards of citizens and overall social well-being.

From the entire dissertation it is concluded that in order for patients to be satisfied with the healthcare system they must experience social justice and also receive quality health services. Patient satisfaction is multifaceted and is related to the overall performance of health professionals and the hospital and the individualized focus on each patient at a time. Moreover, even good hospitals need to be constantly improved because patients have higher expectations. The responsiveness of the healthcare services to social health needs is evidenced by the availability, accessibility, openness, and efficiency over time, regardless of spatial and economic constraints, in accordance with the principles of social equality, justice and acceptance.

III. SELF-ASSESSMENT OF DISSERTATION CONTRIBUTIONS

The dissertation links together the topic of the quality of healthcare (on the example of the Greek case as a focal point) with ethical concepts such as John Rawls' theory of justice, the role of satisfaction in managing various processes as well as categories of leadership theory. An in-depth study of literature sources in these areas has been made and central categories of analysis applicable to health policy topics and issues have been identified.

The dissertation proves that the category of satisfaction is an essential indicator for the quality level in the healthcare and hospital care system. Given this basis, the dissertation research has a significant practical contribution by hammering out particular proposals to improve the organization in this area, as well as to improve its individual components in order to have an immediate and sustainable higher quality

of health services. The concept of the necessity of establishing a “Quality Office” in all Greek hospitals is launched.

The dissertation successfully links the issue of the quality of healthcare and hospital services with the issues of fairness and satisfaction of all participants in the whole process of healthcare. It articulates the term "Provision of Health Services" which includes a variety of stakeholders, individuals and moving information. Maximizing patient satisfaction is proven to be one of the most important factors in certifying the quality of health services provided.

The projection of this idea into practice leads to the result that departments of the Health Institutions would have to cooperate and carry out patient satisfaction surveys at regular intervals in order to identify the problem areas and improve them in time.

PUBLICATIONS

Bempekidis E. (2019). *The problems of the Greek health system due to the economic crisis IN:* Conference papers, Third International Public Administration Conferencep 30 Years of Public Governance Political Reforms in Central and Eastern Europe: The Next Horizon, April, 11th, 2019, Sofia University Publishing House

Bempekidis E. (2020). *The health of the Greek health system and the challenges facing its users, IN:* В: Илиева, С. (Ред). Лидерство и развитие на човешките ресурси, Университетско издателство „Св. Климент Охридски“, София ISBN (online) 978-954-07-4979-2, *p.* 932-939

Bempekidis E. (2020). *Theory of Justice in Greek health system,* IN: Conference papers, Fourth International Conference of the Department of Public Administration, The Administrative Fairness, October 26th, 2020, Sofia University Publishing House