

Editorial

Clinical Governance and Integrated Healthcare in Greece: The Role of Nursing

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The concept of Clinical Governance (CG) has been developed internationally at very rapid rates over the last few decades at a theoretical, academic and practical level. Continuous improvement of quality in health services, clinical audit, implementation of evidence-based practice, risk management, patient safety, promotion of continuing education and human resources development, which are some of the elements of the CG, are presented as solutions to problems faced in the health sector.

Though the term “Clinical Governance” does not exist in philosophical texts, the notion of virtue as a necessary characteristic of managers and their virtuous action to serve the common good is a principle of ancient Greek philosophy. From this point of view, the concept of CG as a framework of policies and processes that improve the quality of the provided health care -and hence the happiness of individuals - is inherent both in ancient Greek political philosophy and in political action. The notion of virtue is found in the philosophical texts of Plato and Aristotle, where the governor and hence the governance do not seek to gain power but aim to the common good. Virtuous life is achieved in society through the combination of logic and virtue, and the ultimate purpose of human beings’ actions is the well-being and the well-acting which is “the perfect and self-sufficient good”. Finally, the ancient Greek philosophers supported that this process should not be performed in a fragmentary way but should be a habit. (Drelizioi, 2014).

All the above reveal that the concept of Clinical Governance has its roots in Aristotle's political ideas. A steady orientation towards a clear vision of healthcare organizations, using clinical guidelines and protocols, supporting education and training of health professionals for the development of ethical principles, the creation of appropriate “virtues”, attitudes, skills and the “addiction” to them are essential prerequisites for

providing the perfect and self-sufficient good, which is “excellent” health services. In the spirit of Aristotle, the term “quality assurance”, which suggested that quality of care could be guaranteed, proved to be utopian, so this term was replaced by the term “continuous improvement of quality”.

Actually, clinical governance combines administrative sufficiency with excellence in clinical practice. This combination needs a great change of the organizational culture in health sector in order to be achieved (Koukouritakis, 2012). The classic definition of CG remains that of Scally and Donaldson (1998). According to them CG is a framework in which organizations directly or indirectly related to health care provision are responsible for continuous quality improvement cultivating an environment in which excellence thrives. The common feature in most definitions of CG is the integrated health care (Koukouritakis, 2012). Integrated health care includes the patient's overall experience, which – in turn- includes coordination of diagnosis, treatment and rehabilitation, taking into account the environmental conditions (Lugon, & Secker-Walker, 1999).

According to Lewis et al. (2010) there are four categories of integrated care. The organizational one is described as a bridge connecting various organizations through the co-ordinated provider networks. The second one, which is called functional integration concerns mainly the back-office functions. The last two categories are the service integration, which refers to integration of different clinical services mainly through the establishment of multidisciplinary teams and the clinical integration, which refers to the use of shared clinical protocols and guidelines. In the framework especially of the last two categories of integrated health care, nurses should understand the importance of their role and should find ways

in order to maximize the effectiveness of nursing care (Bishop, 2009).

The individual integrated care models such as case management and individual care plans are some of the most well-known integrated care models (WHO, 2016). In all these examples of integrated care models it appears that the role of nurses is (or should be) upgraded since the role of health professionals without a medical background is important.

The different perspectives of integrated health care and its polymorphous nature cause great difficulties to assess it (RAND Europe, 2012). These difficulties are getting bigger due to the gaps of primary data related to health sector of the countries all over the world. These gaps do not allow an effective benchmarking among the countries' health systems. An initiative of WHO (2017) aims to fill these gaps and to measure health services delivery in the European countries. This initiative is called "WHO European Framework for Action on Integrated Health Services Delivery" and is going to be used as a tool for monitoring and assessing health services delivery, health policy priority areas and readiness of health services to respond to future health needs. Due to this, nurses should prove in a clear way the impact of their work on patients' outcomes. The use of internationally accepted classifications of nursing diagnoses, expected outcomes and interventions could be a tool for the development of "their own language", which would be used just by them, in order to survive "in a healthcare world that has always over emphasized the medical model" (Castledine, 2000).

All these evolving changes could be seen as an opportunity for Greek nurses to acquire a different and advanced role within their country's health system. Nowadays their role is limited, despite the high level of nursing education in the Greek Universities. Apart from the practical problems they have to deal with (such as a high proportion of patients per nurse, constant cuts in health budgets, more demanding patients, etc.), they also have to deal with issues such as practice based on evidence, use of protocols, development of nursing care plans based on nursing diagnoses etc. Employing a clinical governance framework to their practice and participating in the transformation of the Greek health system in an integrated health care system, seems to be the great opportunity for the Greek nurses to change

their status in the health and social sector. According to Castledine (2000) "without a clear mission statement nursing has no direction, is unable to articulate its purpose, goals and objectives, is aimless, lacks clearly defined prescribed boundaries and is subject to manipulation from outside forces". This period, while everything is changing in Greece –mainly due to the economic crisis– nurses should strengthen their position by revising their role. Some of the ways which it can be achieved are the following:

- A brief and clear statement about what nurses exactly do (or should do). The other health professionals and mainly the public must understand what Nursing Science means and therefore trust nurses. This issue concerns the various Greek nursing associations and unions, which are obliged to work together.
- Nurses should change step by step their culture and start taking risks. That means they should not be afraid to participate in decision making processes related health policy.
- Nurses should get involved in research activities more actively and stop facing healthcare quality improvement as a separate part of research (Kinney et al., 2012).
- National nursing associations should decide which nursing diagnoses and interventions classifications will be used in a global level in order to standardize nursing documentation "for making the contribution of nursing visible and quantifiable" (Mykkanen, Saranto, Miettinen, 2012)

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