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Postgraduate (Master's) Programme of Study
Business Administration (MBA)

Postgraduate (Master's) Dissertation

Communication and Effective Leadership in Healthcare

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Supervisor
Dr Michalis Socratous

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in Business Administration (MBA)
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Summary

Communication and effective leadership are of utmost importance in any organization, especially in healthcare section. The aim of this Master's dissertation was to explore Communication and Effective Leadership in Healthcare, especially when a new healthcare system such as GESY is implemented. This was achieved by following these research questions:

- Why communication and effective leadership are important in healthcare?
- What challenges hospital faced during GESY implementation?
- How COVID-19 affected GESY implementation and operation?
- What actions leaders performed during GESY implementation?
- In which extent healthcare employees are satisfied with their leaders' actions and decisions during GESY implementation?

The study was conducted with healthcare professionals, nurses, doctors and other staff members of the Apollonion Private Hospital with GESY scheme. The study aimed to learn the importance and the impact of leadership and communication in healthcare, identify and highlight areas where the hospital was lacking regarding those aspects during GESY implementation and changes were suggested in order to improve both hospital's actions and GESY system. The influence of COVID-19 pandemic during GESY operation was also examined.

A literature review on the communication and leadership in healthcare, GESY implementation, GESY challenges and leaders' actions during GESY was performed. Following the review, research method of the study was identified. The method was a quantitative research using questionnaire. Survey participants completed a 3-pages self-completion questionnaire that included closed-ended questions for demographics information and questions with a rating scale from strongly disagree to strongly agree regarding research questions. 110 questionnaires were collected, however only 106 were considered completed.

Data were collected and analyzed. Results of the study showed how important and vital are the effective leadership and communication in healthcare, especially when a new health

system is implemented during COVID-19 pandemic. Findings of the study showed that GESY has caused some significant difficulties that influenced hospital operation and that COVID-19 had affected both hospital and GESY system in many ways. Also, it was identified that hospital as well as GESY were lacking in some aspects regarding leadership and communication. Hence, some suggestions for improvements were made.

Περίληψη

Η επικοινωνία και η αποτελεσματική ηγεσία είναι υψίστης σημασίας σε οποιονδήποτε οργανισμό, ειδικότερα στον τομέα της υγειονομικής περίθαλψης. Ο στόχος αυτής της εργασίας ήταν να διερευνήσει την επικοινωνία και την αποτελεσματική ηγεσία στην υγειονομική περίθαλψη, ειδικότερα όταν εφαρμόζεται ένα νέο σύστημα όπως το ΓΕΣΥ. Αυτό επιτεύχθηκε ακολουθώντας τα ακόλουθα ερευνητικά ερωτήματα:

- Γιατί η επικοινωνία και η αποτελεσματική ηγεσία είναι σημαντικές στην υγειονομική περίθαλψη;
- Τι προκλήσεις αντιμετωπίσε το νοσοκομείο κατά την εφαρμογή του ΓΕΣΥ;
- Πώς η πανδημία COVID-19 επηρέασε την εφαρμογή και τη λειτουργία του ΓΕΣΥ;
- Τι ενέργειες πραγματοποίησαν οι προϊστάμενοι κατά την εφαρμογή του ΓΕΣΥ;
- Σε ποιο βαθμό οι εργαζόμενοι στην υγειονομική περίθαλψη είναι ικανοποιημένοι με τις ενέργειες και τις αποφάσεις των προϊσταμένων τους κατά την εφαρμογή του ΓΕΣΥ;

Η μελέτη διεξήχθη με επαγγελματίες υγείας, νοσηλευτές, γιατρούς και άλλο προσωπικό που εργάζεται στο Απολλώνειο Ιδιωτικό Νοσοκομείο με το σχήμα του ΓΕΣΥ. Η μελέτη αποσκοπούσε στην εκμάθηση της σημασίας και του αντίκτυπου της ηγεσίας και της επικοινωνίας στην υγειονομική περίθαλψη, εντοπίστηκαν και επισημάνθηκαν τομείς όπου το νοσοκομείο υστερούσε σε αυτές τις πτυχές κατά την εφαρμογή του ΓΕΣΥ και προτάθηκαν αλλαγές για τη βελτίωση τόσο των ενεργειών του νοσοκομείου όσο και του συστήματος ΓΕΣΥ. Εξετάστηκε επίσης η επίδραση της πανδημίας COVID-19 κατά τη λειτουργία του ΓΕΣΥ.

Πραγματοποιήθηκε μια βιβλιογραφική ανασκόπηση σχετικά με την επικοινωνία και την ηγεσία στην υγειονομική περίθαλψη, την εφαρμογή ΓΕΣΥ, τις προκλήσεις του ΓΕΣΥ και τις ενέργειες των προϊσταμένων κατά τη εφαρμογή του ΓΕΣΥ. Στη συνέχεια, προσδιορίστηκε η ερευνητική μέθοδος της μελέτης που ήταν ποσοτική έρευνα χρησιμοποιώντας ερωτηματολόγια. Οι συμμετέχοντες συμπλήρωσαν ένα 3-σελίδων ερωτηματολόγιο που περιελάμβανε ερωτήσεις κλειστού τύπου για δημογραφικές πληροφορίες και ερωτήσεις

με κλίμακα βαθμολογίας σχετικά με τα ερευνητικά ερωτήματα. Συλλέχθηκαν 110 ερωτηματολόγια, ωστόσο μόνο 106 θεωρήθηκαν συμπληρωμένα.

Τα δεδομένα συλλέχθηκαν και αναλύθηκαν. Τα αποτελέσματα της μελέτης έδειξαν πόσο σημαντική είναι η αποτελεσματική ηγεσία και επικοινωνία στην υγειονομική περίθαλψη, ειδικά όταν ένα νέο σύστημα υγείας εφαρμόζεται κατά τη διάρκεια της πανδημίας COVID-19. Τα ευρήματα της μελέτης έδειξαν ότι το ΓΕΣΥ προκάλεσε σημαντικές δυσκολίες που επηρέασαν τη λειτουργία του νοσοκομείου και ότι η πανδημία COVID-19 είχε επηρεάσει τόσο το νοσοκομείο όσο και το ΓΕΣΥ με πολλούς τρόπους. Επίσης, αναγνωρίστηκε ότι το νοσοκομείο καθώς και το ΓΕΣΥ είχαν κάποιες ελλείψεις στην ηγεσία και επικοινωνία. Ως εκ τούτου, έγιναν προτάσεις για βελτιώσεις.

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Special thanks to all the hospital employees who spend their valuable time to participate in this research by completing the questionnaire.

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Chapter 1 - Introduction

This chapter will present a background regarding communication and leadership in healthcare, the research problem, the research aim and questions and the usefulness of the study.

1.1. Background

As today's world is changing faster than ever before, companies' survival and success depends on many factors. Effective leadership is a core element for success and needs accurate communication as the flow of information has been increased and the interaction of individuals with other individuals has become more and more important. A leader is a well-trained individual who has the ability to take charge by all means, communicate and transfer information in an effective way, guide and encourage employees to work responsibly and ensure that employees' actions match company's goals, direction and vision (Luthra & Dahiya, 2015).

Effective leadership and communication are of utmost importance in any organization, especially in healthcare section. Both elements are necessary for effective patient care and safety, improving teamwork through hospital departments, encouraging healthcare professionals to work towards common goals, ensuring smooth and positive work environment for both staff and patients and dealing with any emergency or other issues that could arise (Alilyyani, Wong, & Cummings, 2018). Healthcare is a complex service system as there are many interacting parts as well as diversity in patients, clinical environments and on the required tasks in order to deliver high quality patient care. Also, all the healthcare providers are depending on each other for effective collaboration and a huge numbers of relationships between healthcare professionals and patients are developing every day. In addition, healthcare professionals need to follow a variety of regulations and standards and be up to date with technology systems.

1.2. Research problem

Scientific research and new insights has made a big difference in healthcare delivery and showed the path for better, safer, more effective and patient centered healthcare practice. This requires changes in practice and changes in healthcare systems. Cyprus healthcare system needed reformation, improvement in care and innovated changes of practice to offer universal coverage. In fact, Cyprus was the only EU country that had not implemented a national health care system until recently (Cylus, Papanicolas, Constantinou, & Theodorou, 2013).

The healthcare sector in Cyprus consisted of 2 separate sectors: public and private sectors, causing higher costs and duplication of healthcare infrastructure. Therefore, the implementation of a national health system – GESY - was essential for the provision of an efficient, lower cost and modern healthcare. According to (Petrou, 2015), GESY healthcare scheme was never implemented before (a new national health scheme was approved by law in 2001) due to political interests, administrative weaknesses, lack of regulatory and clinical guidelines, etc.

In June 2020, the private hospital that I work at, joined GESY system in phase 2 – inpatient healthcare and services. GESY came into force - phase 1 - in June 2019 where personal doctors and outpatient specialists' services were introduced along with pharmaceutical services and laboratory tests (GHS implementation, 2020). Effective leadership and good communication are definitely needed for healthcare system reformation, especially during COVID-19 era. GESY was an enormous change for the Cypriot healthcare world and was introduced to provide effective and most importantly affordable healthcare to all the citizens of Cyprus.

In the first few months of the implementation, the hospital faced many challenges in the application procedure. Innovation is not an easy task especially in healthcare practice. It needs a big effort to reach the desired result and sometimes mistakes are being made, some working methods may be inefficient or patients may feel unsatisfied with the service provider. As Grol and Wensing mentioned in their book ''this realization can become the

point of departure for a structured approach to realize improvements, using experiences and best practices from other places'' (Grol & Wensing, 2020).

All the hospital departments were performing changes in their practice every day in order to make the implementation more efficient for both patients and healthcare professionals. It was expected that problems would arise for which time was needed to sort out. The whole system changed, regulations have been changed and some clinical practices needed to be changed. An enormous percentage of patients that visited only the Public healthcare sector before chose to visit private hospitals for their healthcare service. Therefore, private hospitals had to deal with big number of patients every day in a period where COVID-19 pandemic was around. Meetings have been made for new strategic plans application and leaders of each department had a really difficult job to do; they had to define the problems, assess the variables that made the problem complicated, identify the best solution and communicate this solution to other employees. In addition, as the system was new, there were deficiencies and changes at various times where the hospital needed to be ready to adopt. It was a massive change and a great experience for all of us for being a part of the whole procedure. I also had the opportunity to work at UK NHS system - a system which was implemented by the Labour government in 1948 (Gorsky, 2008). The comparison between the two systems was unavoidable. However, NHS counts 72 years and is quite an impressive system that anyone could be proud to be part of it.

1.3. Aim of the research and research questions

The aim of this Master's dissertation is to explore Communication and Effective Leadership in Healthcare, especially when a new healthcare system such as GESY is implemented. This will be achieved by following these research questions:

- Why communication and effective leadership are important in healthcare?
- What challenges hospital faced during GESY implementation?
- How COVID-19 affected GESY implementation and operation?
- What actions leaders performed during GESY implementation?
- In which extent healthcare employees are satisfied with their leaders' actions and decisions during GESY implementation?

The target audience of this dissertation is healthcare and other professionals working at Apollonion Private Hospital with GESY scheme. The aim of this research is to learn the importance and the impact of leadership and communication in healthcare, identify and highlight areas where hospital is lacking regarding those aspects during GESY implementation and suggest changes in order to improve both hospital's actions and GESY system. The influence of COVID-19 pandemic during GESY operation will also be examined. In addition, references and comparisons with British NHS and other national healthcare systems will be performed where needed.

1.4. Usefulness of the research

This research is useful as it is the first time that GESY implementation at a Cypriot private hospital is examined. This research can provide information and develop our knowledge regarding the communication and leadership skills that Apollonion Private Hospital possessed, during the reformation. Areas that both hospital and GESY require improvements will also be recognized which could benefit the organizations. In addition, this study can enrich the literature as very few studies have been performed regarding Cypriot healthcare organizations.

Chapter 2 - Literature review

In this chapter literature review for communication and leadership in healthcare will be performed. In addition, references to GESY implementation, GESY challenges and leaders' actions during GESY implementation will be achieved.

2.1. Communication in Healthcare

The word 'Communication' has been derived from the latin word 'Communicare' which means ''to share'' or ''to be in relation with''. In addition, the relation with the words ''common'' and ''community'' (through Indo-European etymological roots) propose an act of ''bringing together'' (Cobley, 2008). Much of what means to work or function as a team or be a good leader associates with effective communication. Communication is valued at all stages of human life, is a part of our identity and a process through which human relationships exist and develop. Communication is all around us in every interaction and requires the existence of a transmitter, a receiver and the transmission or exchange of messages. The communication process starts when the transmitter identifies and encodes what it wants to convey (verbally or non-verbally) to the recipient and form a message. The information that contained in the message is ultimately encoded by the receiver. However, the message may not have the same meaning to both parties as there is a possibility that the transmitter/sender or the receiver encodes the information according to their own perceptions and needs at that particular time or the message may be altered during its transmission by third parties. Therefore, communication is a dynamic process where in order to have an effective and "clear" communication the transmitter must identify what the receiver can see or hear. The most dominant way of communication is verbal communication (which is what most people will think when they hear communication), however non-verbal communication through body language and behavior is very commonly used.

Communication as a concept is even more complicated in healthcare as it is a complex environment in which you need to coordinate various activities, perform interdisciplinary collaboration and effective decision-making, provide high quality services and promote interaction between healthcare professionals in order to achieve clinical and corporate goals. For the first time, the concept communication in healthcare was allocated a chapter in the United States of America's Healthy People in 2010 objectives, showing its great importance in the healthcare field (Rimal & Lapinski, 2009). According to (Sheppard, 1993), communication between the nurse (healthcare professional) and the patient is more than the transmission of information as it involves the transmission of feelings - healthcare professionals recognize these feelings and let their patients know that their feelings have been recognized.

Effective communication in healthcare is extremely important as it enables good relationship between the healthcare providers and patient and ensures patients overall satisfaction in the delivery of healthcare (Anderson, 2012) (Mitchell, Wynia, Golden, McNellis, & al, 2012) (Suter, Arndt, Arthur, Parboosingh, & al, 2009). Effective communication skills are particularly needed in an environment, such as the hospital environment where complicated procedures and examinations are performed - healthcare professionals need to continuously improve their communication skills in order to guide and instruct patients in an efficient way. According to (McCabe, 2004), nurses can communicate well with patients and deliver quality patient care when they use a patient-centered approach. Effective communication can make a difference in patients' treatment as patients will understand the information and guidance provided to them by the healthcare professionals. Communication enables good collaboration and mutual share of information between the staff and could really help in challenging choices. In addition, better communication with patients minimized medical malpractice suits. In a study conducted in 2010 it was mentioned that according to the Joint Commission on Accreditation of Healthcare Organizations, 60-70% of preventable hospital deaths are due to communication error (Murphy & Dunn, 2010). Another study performed in 2019, reported 2 cases where poor communication led to poor health outcome and to life threatening events for the patients (Tiwary, Rimal, Paudyal, Sigdel, & Basnyat, 2019). Conversely, good communication can benefit and improve patient's health outcomes as it

showed that it can influence patient's symptom resolution, emotional status, function and physiological measures such as blood pressure or blood sugar level and pain relief (Stewart, 1995). There are various ways to communicate in a healthcare environment as communication is not only the words we say. The way that we say these words or the tone of our voice or the messages conveyed by the way we move or talk are part of the communication process.

Effective communication, both interhospital - involves sharing information among multiple organizations/hospitals or sites; and intrahospital - involves sharing information among personnel within the same organization-hospital, is important for several reasons.

Active listening: It is really important to actively listen to patients; pay attention to what they say without interrupting, show interest and recognize their feelings, try to understand their perspective and way of thinking. Active listening ensures patient safety by minimized medical errors, reduces patients' stress and could really help on patients' treatment at a later stage. In addition, leaders must listen to their employees as it can solve work problems and reduce their anxiety. Active listening can be considered as an intellectual and emotional procedure – it is more than the physical process of hearing (Jahromi, Tabatabaee, Abdar, & Rajabi, 2016).

Verbal and non-verbal communication: Both verbal and non-verbal communication skills are necessary for development of trust between healthcare professionals and patients. It also facilitates communication between healthcare professionals. Verbal communication is the use of words and language to share and collect information from colleagues and patients. It can be face-to-face, over the telephone or through group meetings. It is not only about the words, but the complexity of the words used and the sequence of putting these words together to create the message. Non-verbal communication or non-verbal signaling is beyond words. Some descriptions of verbal signals are: physical contact, facial expressions, proximity to the encounter, eye contact, gestures, head movements, posture, appearance, orientation, prosodies (pauses on verbal communication) and paralinguistics (tone, speed, quality of voice). All these signals help to pay attention, get interest, convey messages and emotions and communicate attitudes (Hall & Lloyd, 1990). It is not surprising

that it has been mentioned that at least 90% of communicating process accounts to non-verbal communication and the remaining to verbal communication (Lapakko, 2007).

Written Communication: Plenty of hospital, health or patient information such as patient history, emails, medication prescriptions, forms of consent, instructions, radiology reports, medical questionnaires or public health information are in written form. Written communication is a method used a lot between the healthcare professional and patients or healthcare professionals and other hospital staff such as secretaries and doctors. Abbreviations and terminology are also used a lot in hospital environment. Information that is written needs to be very specific, concise and easy to understand to avoid errors, confusion or misunderstanding (Hamilton & Chou, 2014). For example, a medical questionnaire requires to be easy for patients to understand in order to write useful and correct information. A study in Spain has shown that consent forms were often written at a reading level requiring more than a university degree (Groene & Rudd, 2011).

Visual Communication: Numerical information, pictures or drawings are essential tools that facilitate communication of health information to patients. Visual communication could reinforce written or verbal forms of communication, as well. Visual communication is also used in patient care – recently used in patients diagnosed with a communication disorder known as aphasia (Elko, Velez, Corwin, & Keene, 2020).

Overall, effective communication between healthcare professionals and patients contributes to effective operation of the healthcare organizations and it is highly relevant to virtual areas of health and well-being which include disease prevention, health promotion and quality of life by empowering and engaging patients (Rimal & Lapinski, 2009). Communication is a vital component at every step of healthcare procedures and is the key for excellent patient care. ‘’Communications among group members can likewise be multidimensional, conveying not only direct information about patient care, but also conveying metamessages important to creating and maintaining interpersonal relationships, developing trust, evaluating one another’s knowledge or judgment ‘’ (Gorman, B., & S., 2003).

2.2. Leadership in Healthcare

Leadership is a complex concept and hard to define as it needs a multifaceted approach. (Stogdill, 1974), stated that “there are almost as many different definitions of leadership as there are persons who have attempted to define the concept”. In addition, (Bennis & Townsend, 1995) mentioned in 1995 that there exist at least 650 definitions of leadership in literature. This shows that leadership definition depends on researcher interest or demonstrates the need for better definition of this concept (Silva, 2016).

Leadership has be defined as ‘’the art of or process of influencing people so that they will strive willingly and enthusiastically towards the achievement of group goals.’’ (Koontz & Weihrich, 1988). (Bass, 1990) also mentioned at his work that ‘’leaders broaden and elevate the interests of their employees, when they generate awareness and acceptance of the purposes and mission of the group, and when they stir their employees to look beyond their own self-interest for the good of the group.’’ According to (Boles & Davenport, 1975), “Leadership is a process in which an individual takes initiative to assist a group to move toward goals that are acceptable, to maintain the group, and to dispose of the needs of the group”. (Silva, 2016), recently defined leadership as ‘’the process of interactive influence that occurs when, in a given context, some people accept someone as their leader to achieve common goals". (Kotter, 1990), demonstrates leadership as a process that ‘’help produce changes needed to cope with a changing business environment by establishing a direction for change.’’ Therefore, leadership comes in many forms or has different meanings but are all valid.

Leadership is essential in any organization to enhance and improve productivity, achieve organizational goals, knowledge sharing and job satisfaction, enhance decision making and build relationships (Rogers, 2012) (Al-Sawai, 2013) (Edmonstone, 2011) (Ferguson, Ashcroft, & Hassell, 2011). A leader directs the activities of a group towards a common goal. Also, leaders must provide guidance and psychological support to the employees to protect their mental health and well-being and meet job requirements (Greenberg & Tracy, 2020). Most theories of leadership were developed for the business field and then applied to healthcare sector, which can be considered as a limitation when considering leadership of healthcare professionals.

There are multiple theories than can be used in work environments such as healthcare which are 1) Great Man theory – leaders are born, not made, 2) Trait theory - leaders possess certain traits that cannot be learnt, 3) Behavioural theory – focus on how leaders behave, 4) Contigency theory – how leaders act depend on the situation, 5) Transactional leadership – leader motivates and endorse followers' compliance through reward or punishment and 6) Transformational leadership – leader inspire their followers through passion and enthusiasm , create vision to guide a change. Transformational leadership may be considered the most beneficial theory for healthcare innovation and improvement (Kumar, 2013) (Al-Sawai, 2013).

Effective leadership is certainly a priority in healthcare sector and occurs almost in any function. It is an essential component in every healthcare organization as it can contribute to the overall effective operation, quality, improvement and success of the organization. Healthcare field is characterized by constant reformations in order to deliver up to date, safe and high quality care to patients. Reformation goals need to be represented by changes driven by the organization leaders. These changes require to be performed at all levels of the healthcare system in order to ensure patients and healthcare professionals' safety and delivery of high quality care. Leaders should provide training and guidance to their team members for any possible upcoming changes or transitions. Failing of accomplishing a strong leadership when a system is implemented may lead to limited success (Grove, J.O., M., J., & Neailey, 2010). Healthcare systems consist of several professional diverse groups, specialties and different departments which may be in conflict with each other. Leadership could promote collaboration between departments, inspire everyone to work towards shared goals overcome diversity and other challenges (Dixon-Woods, 2012) (McCallin, 2003). In addition, a healthcare leader encourages their followers to work with zeal and confidence, reflecting their experience. Leaders also ensure that every patient's voice is heard and promote their staff skills, knowledge and continuous development in order to improve quality of patient care. They also introduce new innovative, effective and improved ways of working for the best possible service.

2.3. GESY implementation

Through the years, research showed that changes in healthcare systems are performed to lead to better, safer and more efficient health care. Cyprus healthcare system needed reformation and improvement in order to offer a modern healthcare with universal coverage as until recently the healthcare sector in Cyprus was consisted of public and private sectors which caused increased costs and duplication of infrastructure. As a result, GESY implementation was needed for lower cost and innovated healthcare. The hospital that I work joined GESY in phase 2 in June 2020.

GESY implementation timetable was as follows:
Phase 1: 1st of June 2019 – introduction of personal doctors and outpatient specialists, pharmaceutical services and laboratory tests. Phase 2: 1st of June 2020 – introduction of all remaining healthcare services, such as inpatient healthcare, clinical dieticians, occupational therapists, speech pathologists, physiotherapists, clinical psychologists, nurses and midwifes, the accident and emergency departments, ambulance services, dentists, palliative healthcare services and medical rehabilitation services. However, due to COVID-19 socioeconomic impacts, only inpatient healthcare was introduced in June 2020. The rest of the phase 2 services were postponed for later date (GHS implementation, 2020). For example, health insurance organization (HIO) announced the inclusion of dentists, nurses, physiotherapists, occupational therapists, speech pathologists, clinical psychologists and clinical dieticians in GESY (PIO, 2020).

During GESY application, changes needed to be performed. For example, in July 2019, restrictions and changes were applied to the following specialties: gynecologists-obstetricians, opthalmologists, neurologists, orthopaedics, cardiologists, urologists, dermatologists and otorhinolaryngologists as according to HIO abuses and peculation of the system were identified. For example, in cases not related with pregnancy, GESY covers only 4 visits per year per patient to gynecologist. Some restrictions for requesting diagnostic examinations are applied to some specialties. Modifications and restrictions in prescriptions of laboratory tests have also been applied to doctors by other health systems such EOPYY, the Greek National Organization for the Provision of Health Services. In April 2016, an appendix was published in the official journal of the Government of Greece

(Government Gazette) mentioning the numerical limit of prescription of laboratory tests for each specialty (EOPYY Prescription Limit, 2020). EOPYY launched its operations on 1st January 2012 and has experienced several reforms. Therefore, it is expected that more and more reformations and changes will be performed during GESY operation.

Healthcare services offered by GESY are healthcare Services offered by Nurses, Midwifes, Clinical Dieticians, Clinical Psychologists, Speech Pathologists, Occupational Therapists and Physiotherapists, Inpatient Healthcare Services, Preventive Dental Healthcare, Rehabilitation Care, Home Care, Accident and Emergency Department, pharmacies, labs and Ambulance Service (GHS HEALTHCARE SERVICES, 2020). NHS – national health system of UK - among the aforementioned services also offers opticians, sexual health services, depression, alcohol addiction and stop smoking services which are not available through GESY at the moment (NHS UK, 2020). However, NHS is operated since 1948, therefore it is expected to be better established and cover more services.

The main financial source of GESY is through Contributions – payroll tax. The Contributors' categories are employees, employers, state, self-employed, pensioners, income-earners, government officials and persons responsible for the payment of remuneration to government officials. The following table (Table 1) shows the contribution rates for each category.

Table 1: Contribution rates

Contributors Categories	First Phase (As of 1/3/2019-28/2/2019)	Full Implementation (As of 1/3/2020)	Explanation
Employees (Public and Private Sector)	**1,70%**	**2,65%**	On their salaries
Employers (Including the State as an Employer)	**1,85%**	**2,90%**	On the salaries of every person employed by them
State	**1,65%**	**4,70%**	On the salaries of the employees, the remuneration of the self-employed and officials and on pensions
Self-employed	**2,55%**	**4,00%**	On their remuneration
Pensioners	**1,70%**	**2,65%**	On their pension
Income earners (e.g. rent, interest, dividends)	**1,70%**	**2,65%**	On their income
Government Officials	**1,70%**	**2,65%**	On their remuneration
Persons responsible for the payment of remuneration to Goverment Officials	**1,85%**	**2,90%**	On the remuneration of the Government Official

Another source of GESY funding are co-payments and personal contribution I and II. Co-payments: Table 2 below shows the co-payment contribution for the healthcare services paid to healthcare providers. These co-payments are applied to minimize abuse of the services provided or to face the overconsumption of them, following the corresponding French system. Each beneficiary has a maximum annual amount of co-payment to protect low income individuals or individuals who need increased healthcare.

Table 2: Co-payment contribution for the healthcare services paid to healthcare providers

Healthcare Services (Note 1)	Amount of Co-Payment € (euros)
Per pharmaceutical product	**1.00**
Per medical device or medical supplies	**1.00**
Per lab test or group of lab tests * (note 2)	**1.00**
Per visit to a nurse or midwife	**6.00**
Per healthcare service performed by a specialist doctor in radiology/diagnostic radiology	**10.00**
Per visit to allied health professionals	**10.00**
Per visit to a hospital to receive healthcare services in cases of accidents and emergencies	**10.00**

Note 1: No co-payment is paid in cases where the healthcare services are provided within the context of inpatient healthcare.
Note 2: The total maximum charge per category of lab tests is ten euro (€ 10)

Personal contribution I and II: If a person visits an outpatient specialist without a referral from personal doctor needs to pay a personal contribution I as follows (Table 3). No co-payment is paid for the same visit.

Table 3: Personal Contribution I

Healthcare Services	Personal Contribution I Amount € (euros)
Outpatient visit without referral from Personal Doctor	**25.00**
A female beneficiary who has attained the age of 15 and visits an Outpatient Specialist in Gynaecology/Obstetrics,	**No charge**
A beneficiary who is serving his compulsory military service in the National Guard of the Republic and holds a referral by a military doctor referring him to an outpatient specialist	**No charge**

Personal Contribution II: it is paid when an individual select a more expensive pharmaceutical product than the one covered by GESY. The contribution is equal with the difference in price between the two products. Co-payment or Personal Contribution I is

also paid with personal contribution II. Furthermore, the HIO will set the annual budget covering each segment of healthcare providers considering proper consultation. This budget will be allocated to the 12 months of the year and will be available to the healthcare providers (GHS FINANCING AND GLOBAL BUDGET, 2020).

Co-payments are also used in other health systems such as NHS – UK and EOPYY-Greece. NHS is primarily funded by the government through general taxation, supplemented by National Insurance Contributions. Another source of funding is through co-payments as patients in England pay a prescription of £9.15 per item. In 2010-2011, England raised £450m with prescription charging which accounts to 0,5% of the NHS resource budget (Harker, 2012). In addition, there is a dental charging for dental treatment. In England, patients may pay £23.80 to £282.80 for dental treatment depending on the band course of treatment (Dental Costs, 2020). In addition, there are additional chargers for specific optician services, wigs and fabric costs (NHS costs, 2020). EOPYY is financed by the state budget, social insurance contributions and private payments. Co-payments are also used either in the form of percentage rates on the total cost (i.e. 25% of the cost of pharmaceutical products, 15% of clinical tests) or the in the form of fixed rate per visit (Karakolias & Polyzos, 2014). Chronically ill patients, pensioners or pregnant women may pay reduced co-payments or purchase pharmaceutical products free of charge (Niakas, 2013) (EOPYY FAQ, 2020). In France, there is a flat charge (la franchise medicale) of 0.50 per box of medicine and per paramedical procedure. In addition, medications are reimbursed on a rate which vary depending on the medication's recognized ‘’medical benefit’’. For instance, there is 100% reimbursement rate for drugs recognized as costly and irreplaceable, 65% reimbursement rate for drugs with major or significant actual benefit, 30% reimbursement rate for medications with moderate actual benefit and certain compound preparations and 15% reimbursement rate for drugs with limited medical benefit and homeopathic drugs and compound preparations. The flat charge is deducted from the reimbursement made for a specific medicine. For example, for the purchase of one item of medication priced at €20 which is reimbursed at a rate of 65% by the French health care system, l’ Assurance Maladie will reimburse €12.50 (65% of €20 = €13 - 0.50 = €12.50) (Assuré, 2020).

GESY has also friendly to use website portal. Its homepage is divided into beneficiary portal and provider portal (GHS Cyprus, 2020). Other healthcare systems have accessible platforms such as EOPYY which also offers on its homepage visible options for beneficiary and provider (EOPYY, 2020).

NHS UK is operating for more than 70 years. In 2018, an analysis has been performed by Health Foundation, Institute for Fiscal Studies, The King's Fund and the Nuffield Trust to examine how good NHS is at 70. Analysis showed that comparing with similar countries NHS has both significant strengths and weaknesses. It has been found that one of NHS strengths is the provision of equity and access in care to its participants and the protection of them from financial suffering when they are ill. Conversely, analysis found that one of NHS main weakness is its overall healthcare outcomes. It had been found that the mortality rate of people treated for cancer, stroke and heart attacks is higher than the mortality rate in comparable countries. However, NHS is performing really well in managing long term conditions such kidney disease or diabetes compared to other healthcare systems (Dayan, Ward, Gardner, & Kelly, 2018). I had the opportunity to experience NHS system as both a university student and qualified professional. NHS has given me essential skills, incomparable and unique professional experience, significant qualities and values, professionalism and a work mentality that really make a difference in my everyday interaction and service with all stakeholders. NHS is always seeking higher standards and offer more services to its participants. For example, the implementation of the National Health Service Abdominal Aortic Aneurysm Screening Program which resulted to lower prevalence of abdominal aortic aneurysm in 65-year-old men than expected from the literature (Davis, Harris, & J, 2013). NHS can be considered as good example for GESY as it exists for more than 70 years. However, GESY can exist in a more improved way and be financially viable learning from NHS insufficiencies, such as its recent financial crisis. A health system cannot survive long under huge financial pressures. In 2015-2016, NHS presented with an aggregate deficit of £1.85 billion. In addition, there is continued fall in the values of sterling after UK left EU which raise warnings for a major economic shock. This will further impact NHS and could result to spending cuts, staffing cuts and could pose risks to patient healthcare (Dunn, McKenna, & Murray, 2016).

2.4. GESY challenges

The implementation of a national health system is a complicated task requiring research, organization, effort, monitoring and evaluation. Ghana has implemented its own national health system (national health insurance scheme) in 2003 in an effort to minimize inequalities in healthcare system. Ghana made a big effort to make national health system work but faced a lot of challenges especially in funding, coverage, governance and participation. Less than 41% of the population has been enrolled to the programme. In addition, corruption and political intrusion has affected the system. Therefore, this example demonstrate the direct impact of leaders when a health system is implemented. However, Ghana's experiences must be learnt by other countries, especially the ones with similar cultural and economic status in order to implement successfully their own national health system. Despite the several challenges faced, Ghana has managed to provide access to healthcare to poor and underprivileged people (Christmals & Aidam, 2020).

GESY has also faced numerous challenges during its implementation. One of its biggest challenge was COVID-19 pandemic. This health crisis had showed for the first time that healthcare and economy are inseparable. ''*On day one, there were two people with it, and then there were four, and then it was sixteen, and you think you've got it in front of you. But next it's two hundred and fifty six, and then it's sixty five thousand, and it's behind you and above you and all around you. In thirty steps, it's a billion sick…*'' (Contagion Best Quotes, 2011). This was mentioned in Contagion movie in 2011, illustrating how fast a virus can be spread around the world. Cyprus reported its first two COVID-19 cases on 9 March 2020 (the last EU member to confirm a case) and were these people who returned to Cyprus from abroad, one from Italy and one from the UK. Cyprus effectively controlled COVID-19 first wave as authorities implementing measures - social distancing, travel restrictions, school, university, shops and entertainment areas closures, contact tracing, targeted testing, use of mask by general population, telework where possible or separation of staff - have managed to control COVID-19 spread significantly (Quattrocchi, Mamais, Tsioutis, Christaki, & al, 2020). However, it has affected GESY and other healthcare systems operation and workflow, hospital's procedures and examinations, caused cancellations of scheduled surgeries and appointments, physical and mental exhaustion of staff, major financial costs as well as various restrictions (Arora, Chivu, Schram, & Meltzer, 2020)

(Davies, et al., 2020) (Secosan, Virga, Crainiceanu, & Bratu, 2020) (Ramsey, Yang, Vadamalai, & Mustafa, 2020) (Ehrlich, McKenney, & Elkbuli, 2020) (Bettinelli, Delmastro, Salvato, Salini, & Placella, 2020) (Adam, Zahra, T., Khare, & Harky, 2020). However, how COVID-19 specifically affected GESY implementation and operation will further be examined at a later stage through our research. COVID-19 is a large-scale health challenge that affected and still affects the whole population and the healthcare systems around the world. COVID-19 has managed to reveal numerous limitations in healthcare systems globally.

In United States, COVID pandemic caused deep financial losses for providers due to the unexpected increase of demand for health services. In addition, it further showed the racial and ethnic disparities in the healthcare system and the inadequate care for people of color. Approximately 20% of US counties are disproportionately black and they accounted for 52% of COVID-19 cases and 58% of COVID-19 deaths nationwide (Millett, Jones, Benkeser, Baral, & al, 2020). Furthermore, coronavirus pandemic revealed a crisis in US public health system (Blumenthal, Fowler, Abrams, & Collins, 2020). US population is approximately to 4% of the total world populations, but it has approximately 19% of total COVID-19 deaths and 24% of COVID-19 cases as of January 2, 2021 (these percentages have been calculated through worldometer website for total cases reported until 2nd of January 2021) (Worldometer Coronavirus, 2021).

In Italy, coronavirus pandemic showed that Italian healthcare system wan not suited or ready to respond to this dramatic outbreak. The high mortality rates observed in Italy are partly caused due to the shortage of ICU (intensive care unit) beds and ventilators. In addition, Italian health system lacked both of adequate community response and synchronized and timely response mechanisms (lack of communication) that would enable fast actions against pandemic (Pasquariello & Stranges, 2020). In addition, it lacked of protocols in retirement and nursing homes that would stop external widespread of pandemic to residents (Volpato, Landi, & Incalzi, 2020).

Other countries such as Greece, Iceland, New Zealand and Singapore have managed to respond during the first outbreak of coronavirus pandemic at an early stage and managed

to contain the spread and protect their healthcare systems. According to Fouda et al, the overall health tools and measures used by 4 countries have been proved useful for early detection of cases and prevention of further spread. Specifically, previous experience with pandemic in Singapore and early and strict policy interventions as well as testing and tracking strategies used by the countries compound the successful response to COVID-19 pandemic. These actions illustrate efficient leadership and communication approaches by the 4 countries (Fouda, Mahmoudi, Moy, & Paolucci, 2020).

Other challenges faced during GESY implementation was bureaucracy, time consuming procedures, shortage of staff and shortage of consumables, insufficient training and noticeable change in patients' behavior. Doctors have complained on the past for too much bureaucracy in healthcare (Giard, 2010). US providers have been spending billions of dollars in healthcare administration and in their charges include a hidden charge to cover their administrative costs (Himmelstein, Campbell, & Woolhandler, 2020). Insufficient training could negatively impact patient care and result in patients' dissatisfaction. Delays might be observed due to the increased turnaround time following surgery due to decontamination (Wong, et al., 2020). In addition, staff who receive insufficient training may lack in communication and be not productive therefore causing delays in service delivery. Also, they are not confident with their provision service and this may result to instable working environment and tension and frustrations with their leaders or other healthcare professionals (Gesme, Towle, & Wiseman, 2010) (Foronda, MacWilliams, & McArthur, 2016). Staff shortage is highly associated with increased workload (Carayon & Gurses, 2008) and shortage of consumables may result to suboptimal intensive patient care (Netshisaulu, Malelelo-Ndou, & Ramathuba, 2019).

NHS UK also suffers by the shortage of staff despite being one of the largest employers in UK. For example, UK has 278 doctors per 100,000 below the EU average of 347 doctors per 100,000. In addition, the British health system has been challenging to meet the needs of ageing population and the increased costs of care (Cylus, Richardson, Findley, Longley, & al, 2015).

Other healthcare systems have encountered challenges such as Netherland who challenged to maintain affordable healthcare, Germany who challenged with inequalities due to division into statutory and private health insurance and Spain who challenged with financial needs and maximum waiting times (Kroneman, Boerma, & Van den Berg, 2016), (Busse & Blümel, 2014), (García-Armesto, Abadía-Taira, Durán, Hernández-Quevedo, & al, 2010).

2.5. Leaders' actions during GESY implementation

The first weeks of GESY implementation were very challenging and several problems arose which leaders needed to overcome. Leaders took some actions in an attempt to implement GESY as smoothly as possible and to cope with the aforementioned challenges that the new system brought. Some of leaders' actions are described below:

Current situation evaluation: Several meetings have been scheduled before the implementation of GESY where leaders were informed about GESY system (platform, concept, rules, protocols, examinations), discussed current situation and identified changes that needed to be done as statistics predicted that there will be a significant increase in workload.

Priority setting: Leaders identified and prioritized tasks considering each department uniqueness and needs, including short and fast training for the staff (as the decision to join GESY was taken a few days before implementation), negotiations for new equipment and medical supplies from vendors, new systems for faster and more efficient management of the higher volume of expected patients and employment recruitment.

Budgeting: estimation of costs regarding human resources, medical supplies, medical equipment and pharmaceuticals for each department was also performed by the finance department. Cost estimation scenarios were estimated for short, medium and long term.

Implementation and monitoring: A plan was developed including steps for GESY implementation. Continuous monitoring and evaluation were performed for corrective

actions when challenges and problems arose to improve the overall quality (Dixon-Woods, 2012). Coronavirus pandemic added a lot of pressure to the system itself.

Communicate, communicate and communicate during change: Leaders had to effectively communicate new information and rules to employees for fast application. In addition, sometimes they involved teams in some aspects of the implementation as feedback and suggestions from employees were also vital (McCallin, 2003) (Luthra & Dahiya, 2015). Transformational leadership was seen to be used in some occasions where leaders worked with their teams to identify changes, encouraged and inspired their employees to create change.

Leadership is vital in any health system and a core element for success. NHS recognizes that and provides a platform that any healthcare professional can enroll aiming to advance their leadership skills. Platform statement is ''developing better leaders, delivering better care'' (NHS Leadership Academy, 2021).

Challenges faced and leaders' actions during GESY will further be identified and discussed when our research will be performed. Furthermore, in which extent healthcare employees are satisfied with their leaders' actions and decisions during GESY implementation will be recognized. In addition, areas where GESY is lacking regarding leadership and communication will be identified and suggestions will be made.

Chapter 3 - Methodology

This Chapter will describe all the steps undertaken to address the aim of the Master's dissertation

3.1. Research method

The methodology used for this dissertation is quantitative research using questionnaires (survey design). This methodology was chosen in order to generate knowledge and create understanding about GESY implementation and performing leadership actions by asking people who were directly involved. This methodology enables us to gather a large amount of data, measure variables and look at relationships between the variables or identify trends.

The questionnaire will include closed questions to collect quantitative data and to allow the responder to process quickly. This method minimizes bias and makes research more scientific. Quantitative research provides data that are precise, consistent, reliable and numerical and is often seen as a more accurate and valuable method than qualitative research since fewer variables are involved as data relate to close-ended information. In addition, quantitative research data are relatively easy to analyze. A survey using questionnaires provide a simple, easy and cost-effective way to collect a large amount of data in a short period of time. Responsive rate could also be increased due to the anonymity factor. All questionnaires will be structured in the same way and will include the same questions.

However, using questionnaires has some limitations such as the reliability of answers as the researcher cannot control if respondents provide valid and accurate answers or cannot follow-up on any answers already provided. Also, it cannot provide evidence for respondents' emotions and feelings. This research will be a cross-sectional study as the

survey will be conducted once (Byrne & Humble, 2007) (Sukamolson, 2007) (Grafton, Lillis, Malina, & al, 2011) (Watson, 2015) (Goertzen, 2017) (Queirós, Faria, & Almeida, 2017).

3.2. Study population

A questionnaire will be given to healthcare professionals, nurses, doctors and other staff members of the Apollonion Private Hospital who experience communication and leadership actions during GESY implementation. The participants share some characteristics as they are all employees of Apollonion Private Hospital but differ regarding their experience with GESY. The sample is chosen using non-probability sampling (where sample selected based on researcher's subjective judgment) and more specifically convenience sampling method since the sample is working with shifts. This method of sampling accompany some limitations since results cannot be representative for the general healthcare population. In addition, variability and bias cannot be measured (Acharya, Prakash, Saxena, & Nigam, 2013). The sample includes both males and females between the ages of 18-65. Healthcare professionals, doctors and other staff working at different departments with different duration of employment were invited to take part in the questionnaire in order to maintain a common institutional context.

3.3. Measures

Survey participants completed a 3-pages self-completion questionnaire that includes closed-ended questions for demographics information and questions with a rating scale from strongly disagree to strongly agree regarding research questions in order to extract the most important information needed from participants to draw conclusions and conduct this research successfully. Survey using questionnaires was considered a convenient research measure for this study as it enables the researcher to have control on how the data will be collected. In addition, the researcher defined the questions on the questionnaire with the aim to get objective answers. Other benefits of using questionnaires is their easy and low distribution, fast collection of data and the quick analysis using statistical software. The questionnaire provides the opportunity to search for statistically significant differences or trends in the dataset. Furthermore, this type of research can be considered repeatable for future reassessments. Face-to-face interviews was another

considered option, however, it is time consuming, limits sample size and the quality of data received is highly dependent on the interviewer who is inexperienced in the case of the presented Researcher. The questionnaire was prepared and organized carefully in order to facilitate and increase the response rate. The Researcher attended to use language and words that are understandable to the sample. Clear instructions were given at each part of the questionnaire. The eligibility of questionnaire was also examined with my supervisor and a small group of colleagues.

The questionnaire is separated into three parts. The first two parts include 5-scale questions with response options of ‘’1-strongly disagree’’, ‘’2-somewhat disagree’’, ‘’3-neither agree nor disagree’’, ‘’4-somewhat agree’’ and ‘’5-strongly agree’’. A rating scale was chosen as it is a universal method of collecting data, hence easy for someone to understand and answer the questions. It also simplifies data collection and analysis, minimizes bias and survey drop-out. The statements included on the questionnaire were generated by a performed in-depth literature review on communication and effective leadership in healthcare, as well as from Researcher hypothesis and personal experience during GESY implementation. In addition, the overall Researcher professional experience in healthcare setting in Cyprus and abroad enriched the questionnaire statements. Furthermore, informal group discussions with other healthcare professionals showed shared concerns and opinions with the Researcher.

The first part of the questionnaire represent statements for the following research questions:

- Why communication and effective leadership are important in healthcare?
- What challenges hospital during GESY implementation?
- How COVID-19 affected GESY implementation and operation?

The second part of the questionnaire represent statements for the following research questions:

- What actions leaders performed during GESY implementation?
- In which extent healthcare employees are satisfied with their leaders’ actions and decisions during GESY implementation?

The third part of the questionnaire includes demographics information, such as age, gender, education, marital status, current job role, employment status, years of employment at current job and nationality. The questionnaire will be written in both english and greek languages as the current study is in english, however most of the sample are Greek speakers. Both english and greek questionnaires will be included as appendices in this study. Table 4 shows some examples of statements included in the questionnaire for each research question:

Table 4: Questionnaire parts in relation to research questions

Research question	Statements
• Why communication and effective leadership are important in healthcare?	- Enable effective decision making and addressing of problems - Build better relationships among healthcare providers - Increase employee engagement and creates a productive workforce
• What challenges hospital faced during GESY implementation?	- Bureaucracy - Insufficient staff training by GESY representatives - Restrictions and inadequacies in service provision to patients
• How COVID-19 affected GESY implementation and operation?	- Restricted the number allowed appointments per day - Continuous disinfection of the premises resulted in delays – time-consuming procedures - Delay to the introduction of services such as physiotherapists, dentists etc. in GESY

• What actions leaders performed during GESY implementation • In which extent healthcare employees are satisfied with their leaders actions and decisions during GESY implementation	- My leader correctly evaluated needs and necessary changes to be implemented during the 1st phase of GESY - My leader prioritized the recruitment and training of staff - My leader communicated effectively to the team new information and procedures regarding GESY, for fast application - My leader encouraged the team to implement the proposed changes - Overall I am satisfied with my leader's actions for GESY implementation

3.4. Research process

Permission was sought from the hospital's director to involve hospital staff into the research. The research aim and objectives were expressed as well as the study measure which is the distribution of questionnaires to the hospital staff. Hospital's director offered his informed consent for the research to be proceed. The questionnaires were prepared and a short written introduction was attached explaining the scope of the research and highlighting that the participation is voluntary. The researcher firstly discussed with all departments' leaders informing them about the current study. Subsequently, the researcher and leaders informed staff about the research and the completion of questionnaires by emphasizing that the participation is voluntary and anonymous. The questionnaires were distributed at the beginning of February and 20 days period was given to staff in order to complete the questionnaire on their own convenient time. A box was placed at the reception of radiology department where each participant from every

department could leave the questionnaire once completed. Therefore, the questionnaires were collected in such a way (randomized) that could not be traced back to the individual that participate it. At the end of the allowance period, all questionnaires were collected by the researcher in order to distinguish the fully and correctly completed questionnaires and start analysis of data.

3.5. Data analysis

Completed questionnaires were distinguished and data were analyzed using both tools from Microsoft Excel and SSPS (Statistical Package for Social Sciences) software. Data were coded prior transfer to SPSS. SPSS is a comparably easy-to-handle software that allows researchers to perform statistical analysis, manage data and create various visuals, such as density charts (Verma, 2012).

3.6. Reliability and validity

Reliability refers to the consistency of a study measurements. For this study, Cronbach's α test will be used to test internal consistency of this study. If α is higher than 0.7, then is considered acceptable. Validity refers to the extent to which a concept is accurately measured in a quantitative study (Heale & Twycross, 2015). In order to achieve validity a pilot test was performed – questionnaire (study measure) was sent to 4 colleagues who were asked if questionnaire statements reflect what is anticipated to be measured in this study.

3.7. Research ethics

Research ethics is a concept that has started with the aspiration and aim to protect people that are involved in research studies. It is about what is ethically right or wrong. There are some definite moral considerations in questionnaire research such as confidentiality, anonymity and voluntary participation to conduct the questions. To ensure compliance with research ethics, this study was performed with the following principles: truly voluntary, anonymous and confidential participation, right to withdraw the participation at any time without prejudice and informed consent of the participants (information about the research was firstly given to all the participants). In addition, Researcher consider

current study as beneficial to society and if there is any cause to believe that this research may be harmful to anyone, it will be terminated (McKellar & Toth, 2016).

Chapter 4 - Results

In this Chapter, results are presented and illustrated in order to answer the research questions. 110 questionnaires were collected, however only 106 were considered completed

4.1. To identify why communication and effective leadership are important in healthcare

For this section, 10 statements were included on the questionnaire and the results are presented on the table 5 below, including percentages, the mean value and the standard deviation of each answer:

Table 5: Participants' answers on statements for communication and effective leadership in healthcare

Communication and effective leadership in healthcare:		**Strongly disagree**	**Somewhat disagree**	**Neither agree nor disagree**	**Somewhat agree**	**Strongly agree**	**Mean value**	**Std Dev**
1	Enable effective decision making and addressing of problems	**1,9%**	**0,9%**	**7,5%**	**27,4%**	**62,3%**	**4,47**	**0,83**
2	Enable mutual share of information	**0,9%**	**1,9%**	**7,5%**	**31,1%**	**58,5%**	**4,44**	**0,79**
3	Enable the effective operation of the organization	**-**	**3,8%**	**9,4%**	**20,8%**	**66%**	**4,49**	**0,82**
4	Allow the communication and achievement of the goals set by the organization	**-**	**4,7%**	**8,5%**	**29,2%**	**57,5%**	**4,396**	**0,84**
5	Allow the provision of high quality services to patients	**-**	**7,5%**	**11,3%**	**28,3%**	**52,8%**	**4,26**	**0,94**
6	Build better relationships among healthcare providers	**0,9%**	**5,7%**	**6,6%**	**36,8%**	**50%**	**4,29**	**0,89**
7	Build better relationships between healthcare providers	**0,9%**	**5,7%**	**12,3%**	**31,1%**	**50%**	**4,24**	**0,94**
8	Increase employee engagement and creates a productive	**1,9%**	**3,8%**	**13,2%**	**19,8%**	**61,3%**	**4,35**	**0,98**

9	Improve the overall experience of the patient	**0,9%**	**3,8%**	**9,4%**	**38,7%**	**47,2%**	**4,27**	**0,86**
10	Moderate conflicts among healthcare providers as well as conflicts between healthcare providers and patients	**2,8%**	**4,7%**	**11,3%**	**37,7%**	**43,4%**	**4,14**	**0,99**

As table 5 shows most participants are somewhat agree or strongly agree with the above statements regarding effective communication and leadership in healthcare. The level of disagreement is low on these statements as well as the neither agree nor disagree selection. The mean values on all statements are above 4 showing a high level of agreement. Each statement will be further analyzed below.

Figure 1 shows the frequency and the percentage of the responses and the responders' level of agreement for statement 1. Specifically, 27,4% of participants (29 out of 106) somewhat agree and 62,3% of participants (66 out of 106) strongly agree that communication and effective leadership in healthcare ''enable effective decision making and addressing of problems'' with mean value of 4,47. Only 1,9% selected strongly disagree option. The responses indicate that many healthcare professionals in Cyprus recognize that many problems could arise in a complex healthcare environment and quick effective decision making is a trait needed to be performed by their leaders. This agrees with literature (Rogers, 2012).

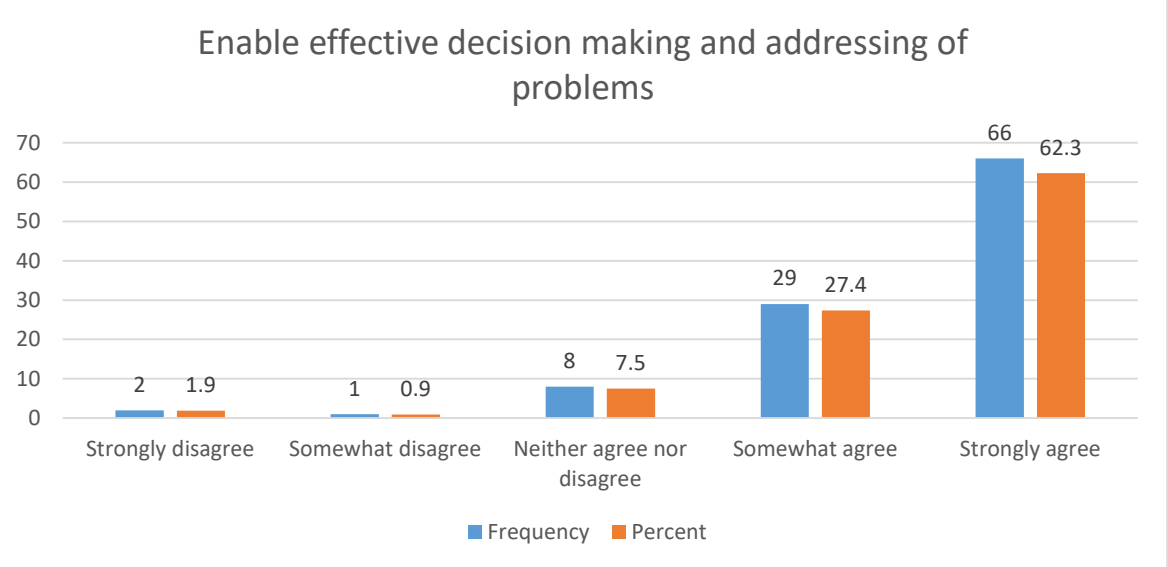

Figure 1: Enable effective decision making and addressing of problems

Figure 2 shows the frequency and the percentage of the responses for statement 2 of the questionnaire and the responders' level of agreement. 58,5% of participants strongly agree on what already exists in literature that communication and effective leadership ''enable mutual share of information'' (4,44 mean value). Only 1 out of 106 participants strongly disagree with this statement. As mentioned in literature, collaboration encourages dialogue between individuals and enables the sharing of information and knowledge though effective communication and collaborative leadership which can help in challenging choices (Al-Sawai, 2013).

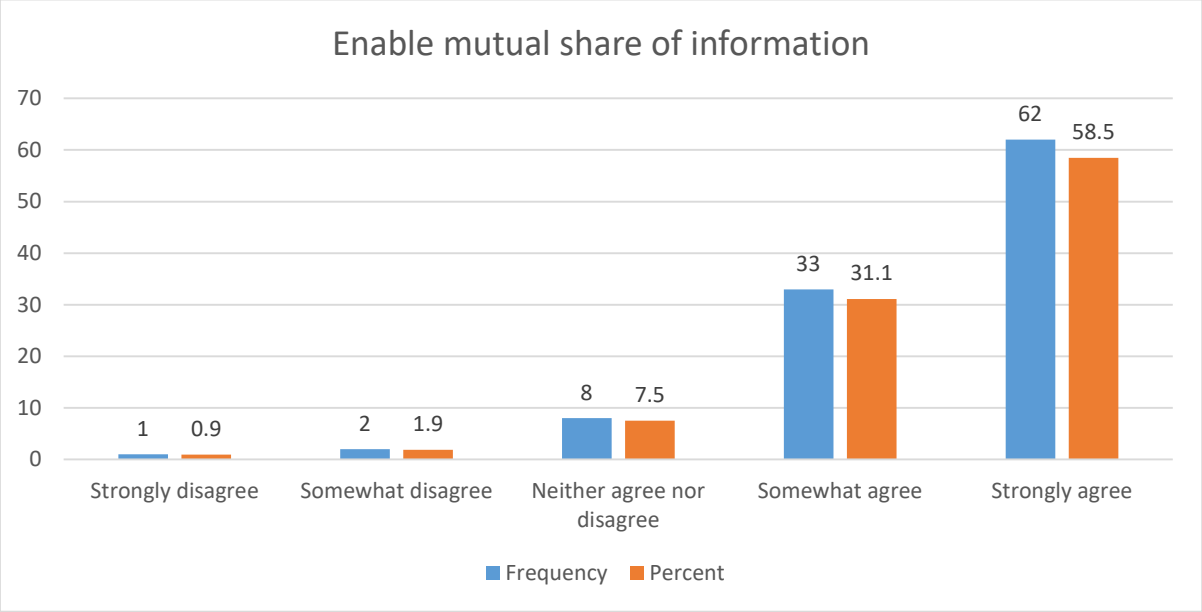

Figure 2: Enable mutual share of information

Figure 3 shows the frequency and the percentage of the responses for statement 3 of the questionnaire and the responders' level of agreement. 70 out of 106 participants respond that they strongly agree with the statement that communication and effective leadership ''enable the effective operation of the organization'' with mean value of 4,49. No participant selected strongly disagree option. As Rogers (2012) mentioned "The more complex the system, the less efficient its operation". This emphasizes the importance of new effective leadership and strong leaders within healthcare settings that enable effective operation of organization (Rogers, 2012).

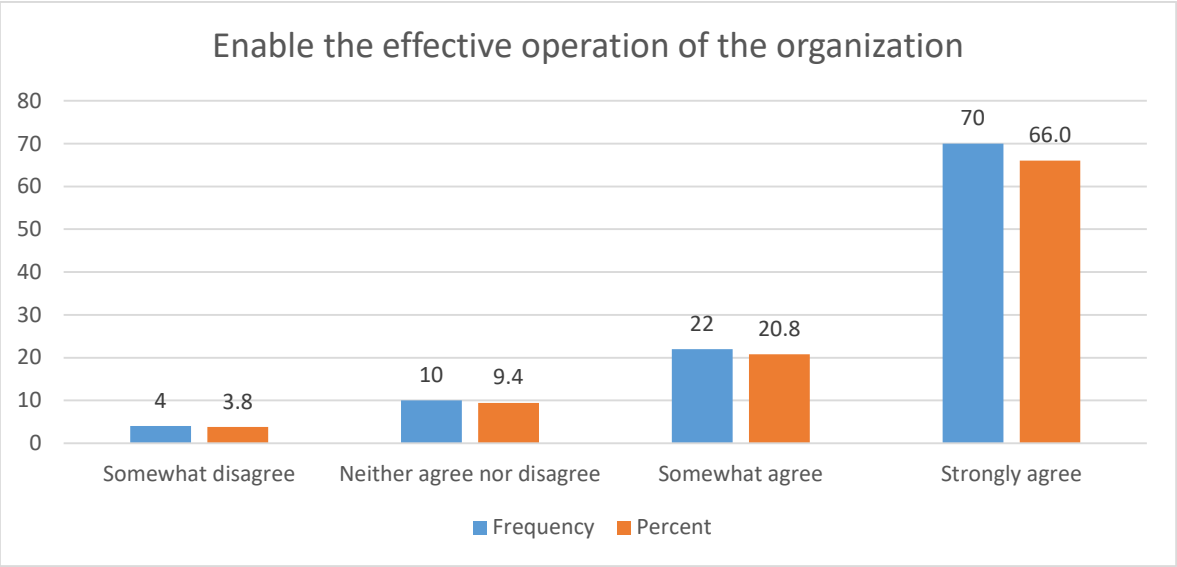

Figure 3: Enable the effective operation of the organization

Figure 4 demonstrates the frequency and the percentage of the responses for statement 4 of the questionnaire and the responders' level of agreement. Participants agree (4,396 mean value) that communication and effective leadership ''allow the communication and achievement of the goals set by the organization'' (57,5% strongly agree). No participant selected strongly disagree option. According to Al-Sawai, a leader (transformational) can communicate effectively their vision to their employees as a result people work more effectively if they have a sense of mission, for example by achieving goals set by the organization (Al-Sawai, 2013).

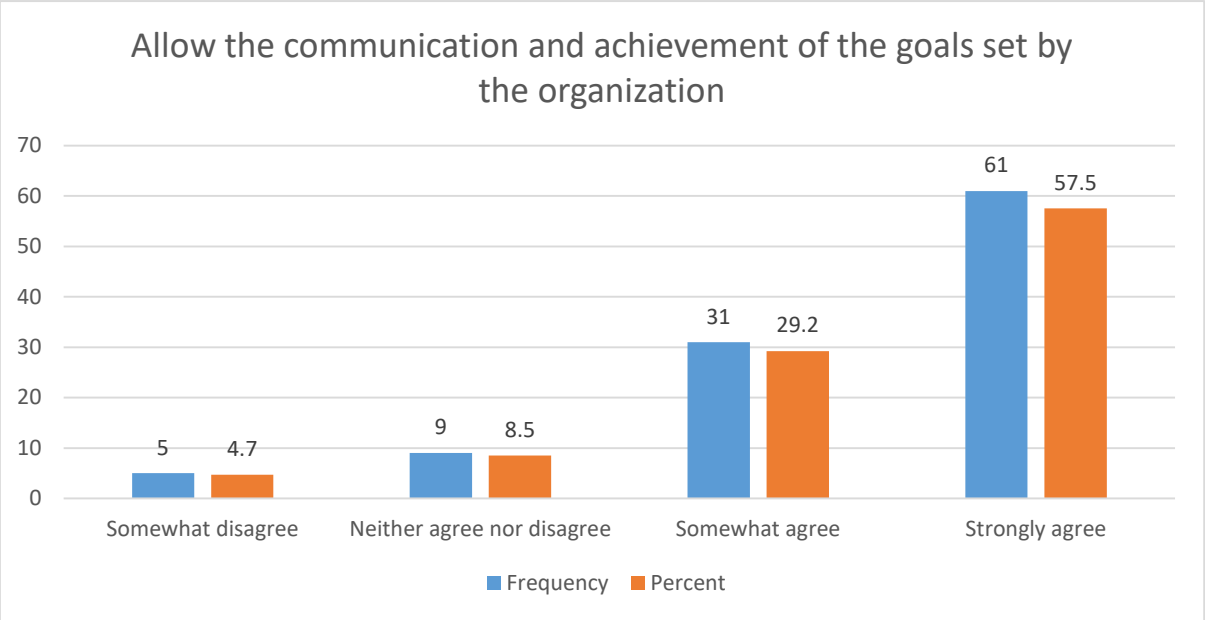

Figure 4: Allow the communication and achievement of the goals set by the organization

Figure 5 shows the frequency and the percentage of the responses for statement 5 of the questionnaire and the responders' level of agreement where 52,8% strongly agree and 28,3% somewhat agree that communication and effective leadership ''allow the provision of high quality services to patients'' (4,26 mean value). No participant selected strongly disagree option. Effective communication with patients ensures accuracy in healthcare provision and prevents errors (Mitchell, Wynia, Golden, McNellis, & al, 2012). As already mentioned, a patient-centred approach allows high quality patient care (McCabe, 2004).

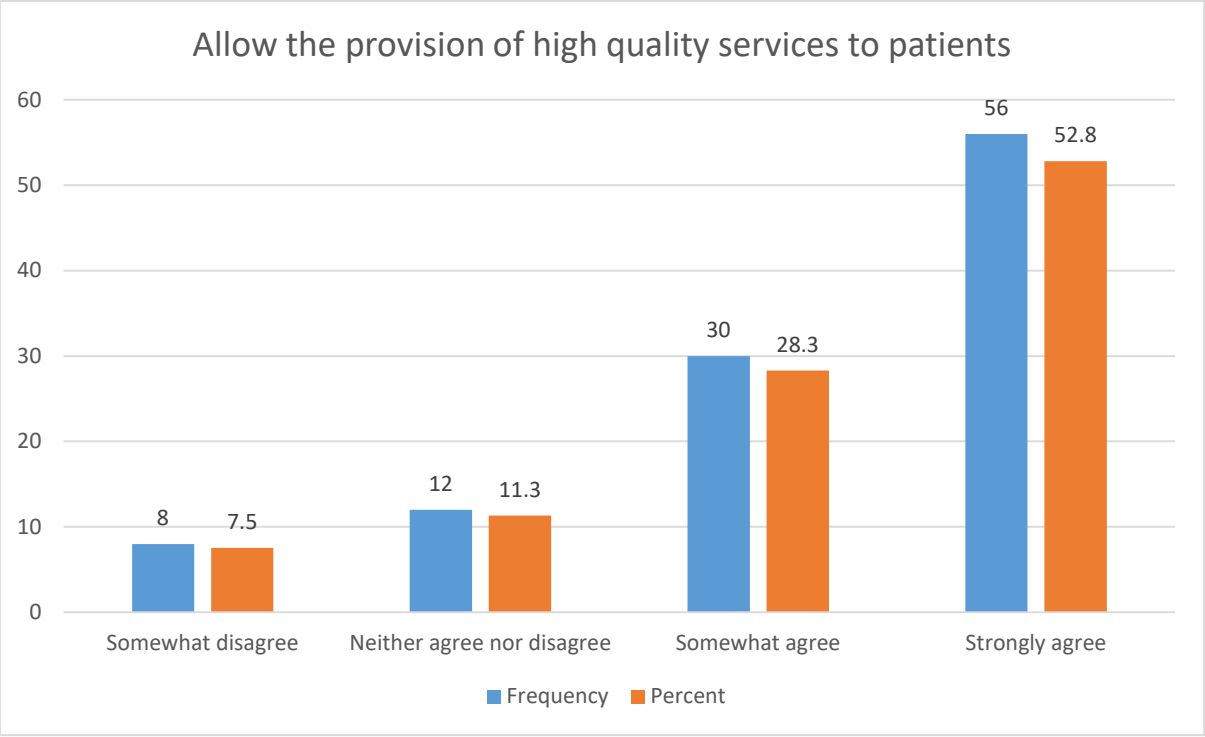

Figure 5: Allow the provision of high quality services to patients

Figure 6 and Figure 7 demonstrate the frequency and the percentage of the responses and the responders' level of agreement for statement 6 and statement 7 of the questionnaire, respectively. In both cases, 50% of participants strongly agree that communication and effective leadership ''build better relationships among healthcare providers'' as well as ''between healthcare providers and patients'' (4,29 and 4,24 mean values respectively). Only 1 out of 106 participants chose strongly disagree option in both cases. As it is very well written by Edmonstone, ''Leadership is based on building and rebuilding (or "making and mending") strong local dialogue and relationships with others'' (Edmonstone, 2011). According to Anderson, leadership is a relationship – and communication, collaboration

and dialogue within the workplace build relationships among individuals and propelling them forward (Anderson, 2012).

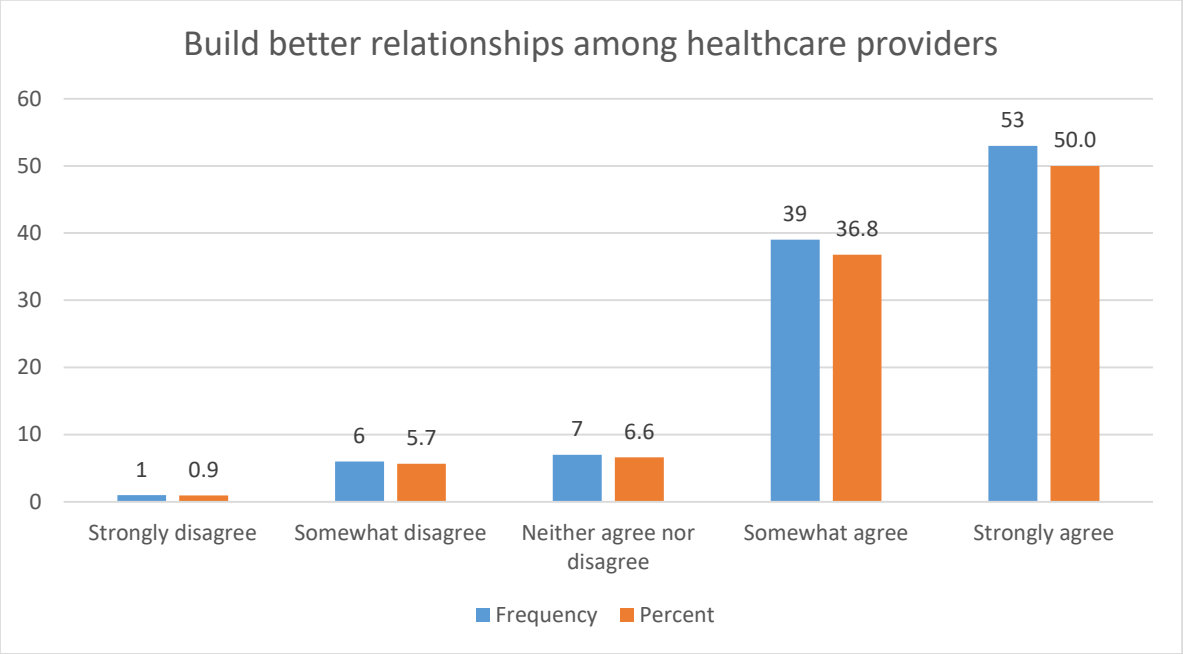

Figure 6: Build better relationships among healthcare providers

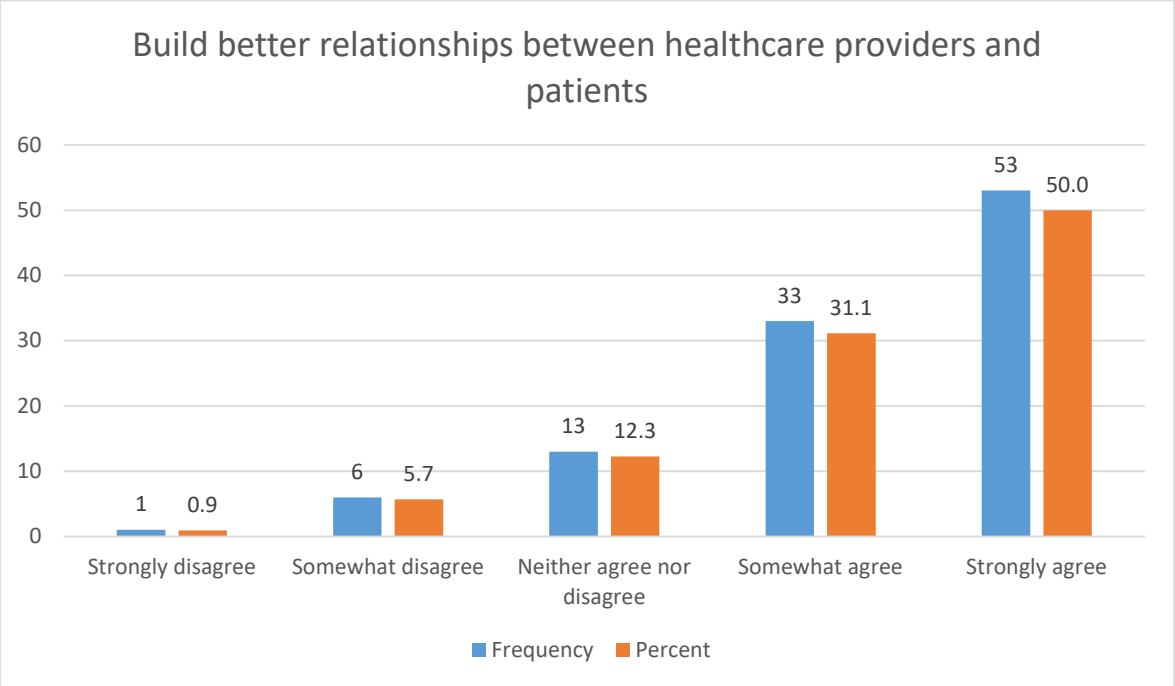

Figure 7: Build better relationships between healthcare providers and patients

Figure 8 presents the frequency and the percentage of the responses for statement 8 of the questionnaire and the responders' level of agreement. 65 out of 106 responders

strongly agree that communication and effective leadership ‘’increase employee engagement and creates a productive workforce’’ (4,35 mean value).). Only 2 out of 106 participants strongly disagree with this statement. As it has been mentioned in literature, communication among team members is a core function of a high-performing team which results to a productive workforce (Mitchell, Wynia, Golden, McNellis, & al, 2012).

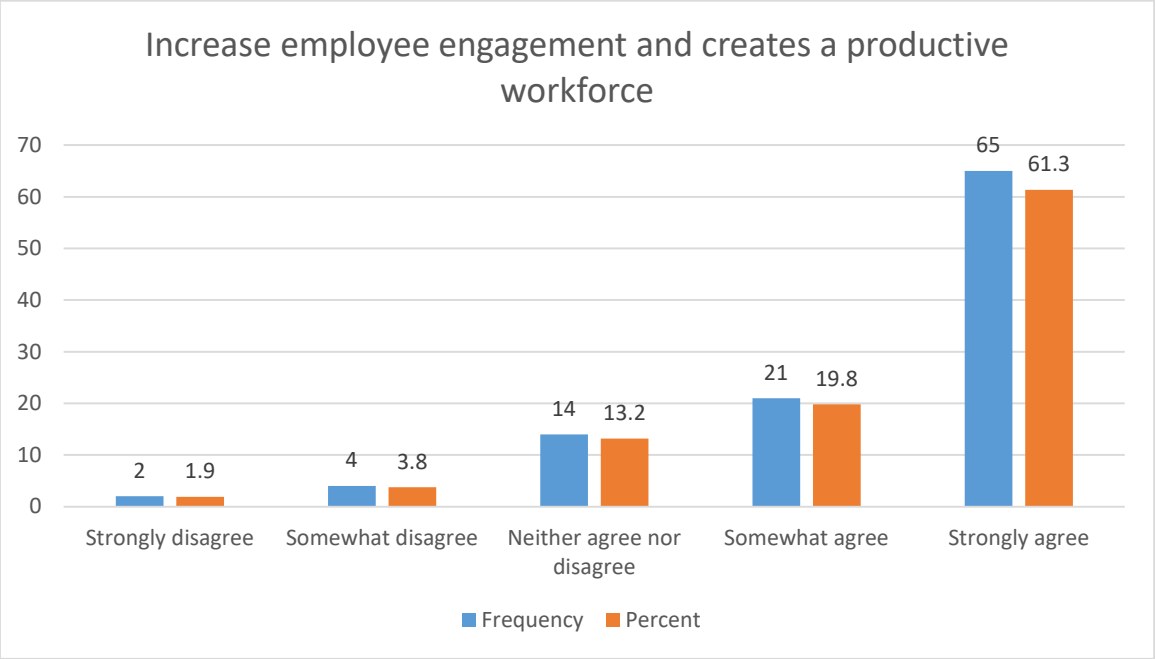

Figure 8: Increase employee engagement and creates a productive workforce

Figure 9 illustrates the frequency and the percentage of the responses for statement 9 of the questionnaire and the responders’ level of agreement. 38,7% of participant somewhat agree and 47,2% of participants strongly agree that effective leadership and communication ‘’improve the overall experience of the patient’’ (4,27 mean value). Only 1 out of 106 participants strongly disagrees with this statement. It has been found that effective communication is a vital competency which is highly linked to both provider and patient outcomes (Suter, Arndt, Arthur, Parboosingh, & al, 2009).

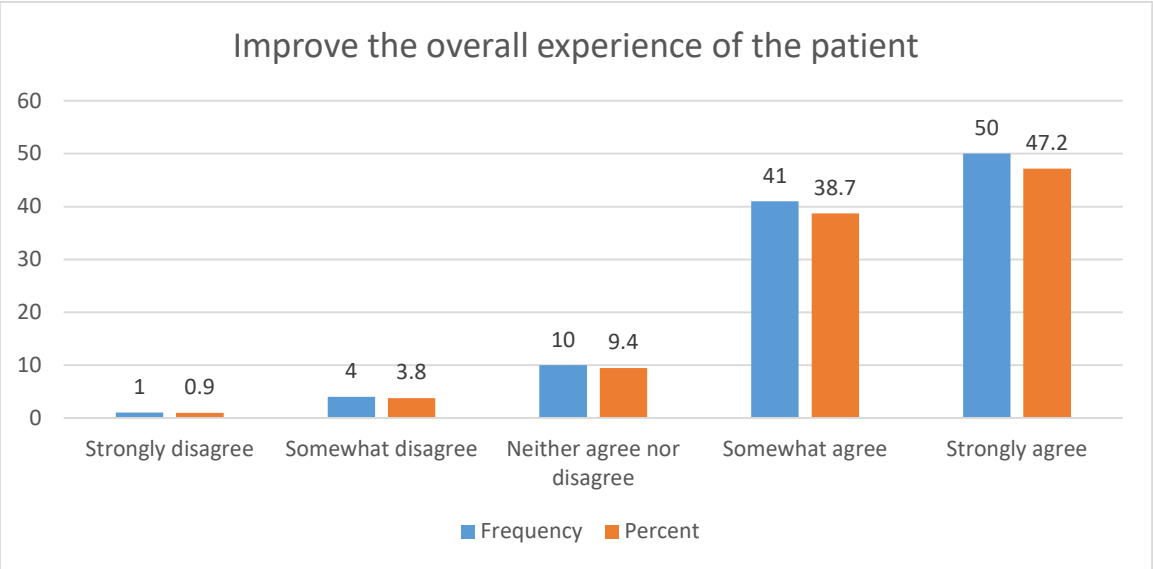

Figure 9: Improve the overall experience of the patient

Figure 10 shows the frequency and the percentage of the responses for statement 10 and the responders' level of agreement. 37,7% of participants (40 out of 106) somewhat agree and 43,4% of participants (46 out of 106) strongly agree that communication and effective leadership in healthcare ''moderate conflicts among healthcare providers as well as conflicts between healthcare providers and patients'' (4,14 mean value). Only 3 participants chose strongly disagree option. According to Al-Sawai, an effective leader in a healthcare environment must be able to perform conflict management and handle situations that involve conflicts with the aim to create a positive outcome for everyone involved (Al-Sawai, 2013).

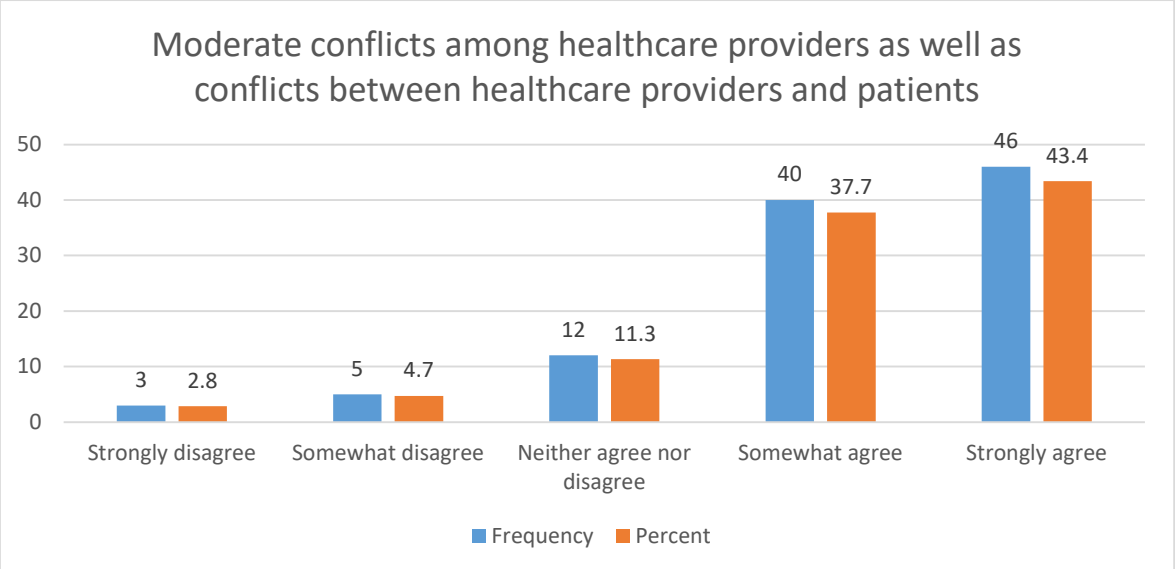

Figure 10: Improve the overall experience of the patient

The above results and the high agreement of the participants on the statements are of particular interest as researcher's goal to identify why effective communication and leadership are vital in any healthcare organization was achieved. Researcher has identified that effective communication and leadership enable effective operation of the organization and decision making, sharing of information, build better relationships and moderate conflicts, allow the achievement of organization goals and the provision of high quality services to patients as well as create a productive workforce.

4.2. To assess challenges faced by the hospital during GESY implementation

For this section, 11 statements were included on the questionnaire and the results are presented on the table 6 below, including percentages, the mean value and the standard deviation of each answer:

Table 6: Participants' answers on statements for the possible challenges that hospital faced during GESY implementation

During GESY implementation, the hospital faced the following challenges:		**Strongly disagree**	**Somewhat disagree**	**Neither agree nor disagree**	**Somewhat agree**	**Strongly agree**	**Mean value**	**Std Dev**
11	Bureaucracy	**0,9%**	**1,9%**	**7,5%**	**33,0%**	**56,6%**	**4,42**	**0,79**
12	Staff shortages	**1,9%**	**2,8%**	**7,5%**	**20,8%**	**67,0%**	**4,48**	**0,89**
13	Increased workload	**-**	**0,9%**	**1,9%**	**11,3%**	**85,8%**	**4,82**	**0,49**
14	Increased waiting time for appointments	**-**	**-**	**4,7%**	**17,9%**	**77,4%**	**4,73**	**0,54**
15	Change in existing as well as addition of new protocols and procedures	**0,9%**	**2,8%**	**16%**	**35,8%**	**44,3%**	**4,198**	**0,88**
16	Behavioral change of the hospital staff	**3,8%**	**14,2%**	**26,4%**	**27,4%**	**28,3%**	**3,62**	**1,15**
17	Patient behavioral change	**1,9%**	**0,9%**	**11,3%**	**27,4%**	**58,5%**	**4,396**	**0,87**
18	Insufficient staff training by GESY representatives	**1,9%**	**4,7%**	**15,1%**	**21,7%**	**56,6%**	**4,26**	**1,01**
19	Restrictions and inadequacies in service provision to patients	**0,9%**	**11,3%**	**33%**	**28,3%**	**26,4%**	**3,68**	**1,02**

20	Inadequate information to system providers and beneficiaries	**0,9%**	**9,4%**	**14,2%**	**34%**	**41,5%**	**4,06**	**1,01**
21	Shortages of consumables and medicines	**3,8%**	**7,5%**	**25,5%**	**35,8%**	**27,4%**	**3,75**	**1,06**

Figure 11 demonstrates the frequency and the percentage of the responses for bureaucracy and the responders' level of agreement. 60 out of 106 responders strongly agree and 35 out of 106 responders somewhat agree that one of the challenges that hospital faced during GESY implementation was bureaucracy (4,42 mean value). Only 1 responder strongly disagrees with this fact. It seems that healthcare professionals in Cyprus suffer from too much bureaucracy with GESY implementation despite the fact that is a more digitalized project compared to what existed before. Bureaucratic pain is well known in healthcare world (Giard, 2010).

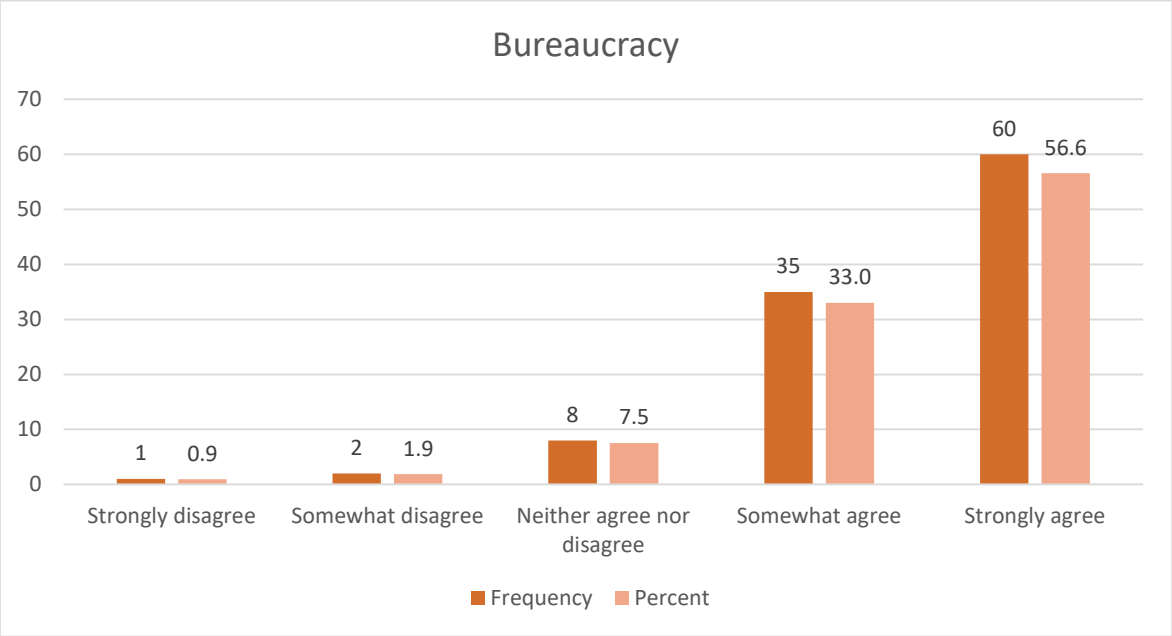

Figure 11: Bureaucracy

Figure 12 shows the frequency and the percentage of the responses for staff shortages and the responders' level of agreement. 67% of the responders strongly agree that shortage of staff was a big challenge for hospital (4,48 mean value). Only 1,9% strongly disagree and 2,8% somewhat disagree with this statement. Results indicate that GESY caused staff shortage, a challenge that UK healthcare system face (Cylus, Richardson, Findley, Longley, & al, 2015). Shortage of staff might happen because the hospital incorrectly evaluated the

number of staff required after GESY implementation or because the decision to join GESY was taken very quick and did not allowed the hospital to prepare properly.

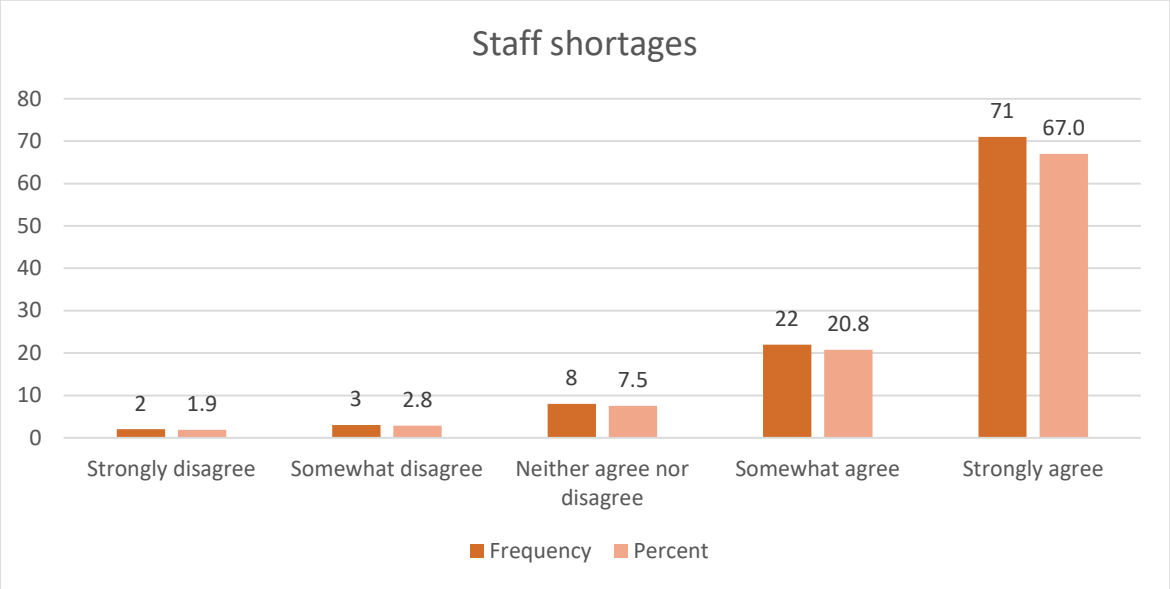

Figure 12: Staff shortages

Figure 13 illustrates the frequency and the percentage of the responses for increased workload during GESY implementation and the responders' level of agreement. 85,8% (91 out of 106) of responders strongly agree that during GESY implementation, hospital faced increased workload. None of the responders strongly disagree with the statement. The percentage of agreement (4,82 mean value) is very high which indicates that the majority of the staff faced increase in their workload. Staff might expected this to be happen as the hospital switched its services from private to GESY which attracted many people who only visited public hospitals. As mentioned previously, the healthcare sector in Cyprus was consisted of 2 separate sectors: public and private sectors. Literature recognizes that increase in workload is significantly associated with the staff shortage mentioned above (Carayon & Gurses, 2008).

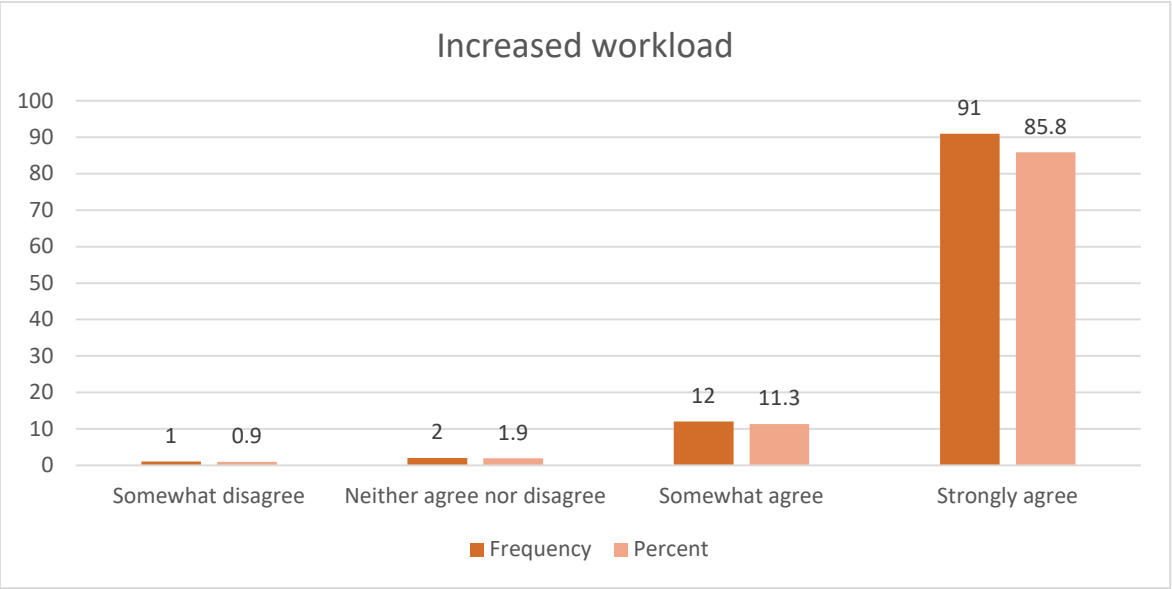

Figure 13: Increased workload

Figure 14 shows the frequency and the percentage of the responses for increased waiting time for appointments during GESY implementation and the responders' level of agreement. Once more the percentage of responders that agree with this statement is very high (77,4% strongly agree and 4,73 mean value). None of the responders disagree with this statement. Increased waiting time for appointments is strongly associated with the increased workload and possibly occurred due to the acquisition of new patients that require hospital's services. Increased waiting time is a known challenge faced by the Spanish healthcare system (García-Armesto, Abadía-Taira, Durán, Hernández-Quevedo, & al, 2010).

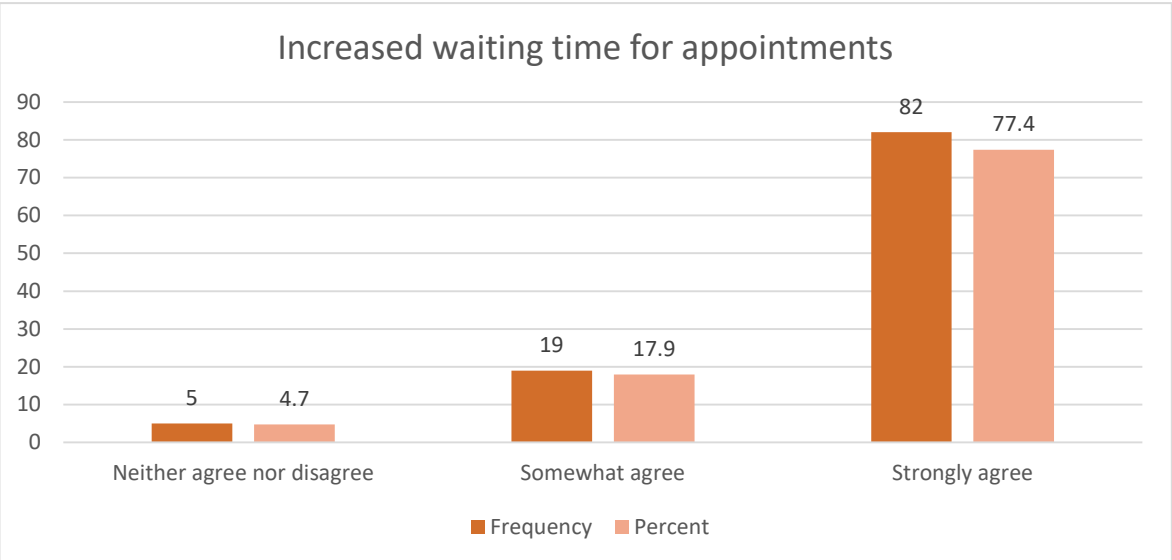

Figure 14: Increased waiting time for appointments

Figure 15 shows the frequency and the percentage of the responses for statement 15 of the questionnaire and the responders' level of agreement. 47 out of 106 strongly agree and 38 out of 106 somewhat agree that there was a change in existing and addition of new protocols and procedures (4,198 mean value). This was expected by the majority of hospital staff as hospital holistic operational cycle amended to adopt GESY system. Generally, there are various changes on GESY system and protocols as it is an ongoing implementation process which requires updates. EOPYY healthcare system is a significant example of the various reformations since its first launch (EOPYY Prescription Limit, 2020).

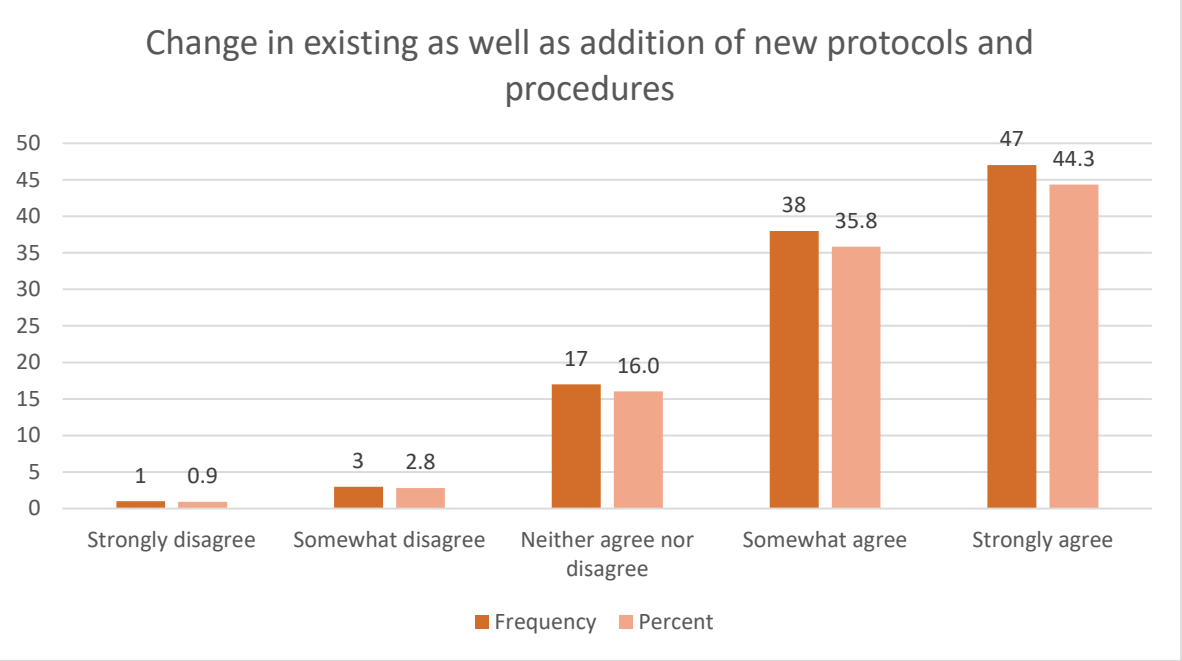

Figure 15: Change in existing as well as addition of new protocols and procedures

Figure 16 and Figure 17 demonstrate the frequency and the percentage of the responses for statement 16: behavioral change of the hospital staff and statement 17: patient behavioral change during GESY implementation and the responders' level of agreement. The responses for behavioral change of the hospital staff distributed similarly into neither agree nor disagree, somewhat agree and strongly agree (3,62 mean value) where the responses for patient behavioral change were mainly as strongly agree (4,396 mean value). This shows that the patient behavioral change was more noticeable to the hospital staff rather than a change on their colleagues' behavior. This might happen due to the increased waiting time for the appointments as a large number of patients has been acquired from public sector or due to patients' expectations that the services will remain as they were

when hospital was private. No relevant literature was found supporting if there is any staff or patient behavioral change when a healthcare system is implemented.

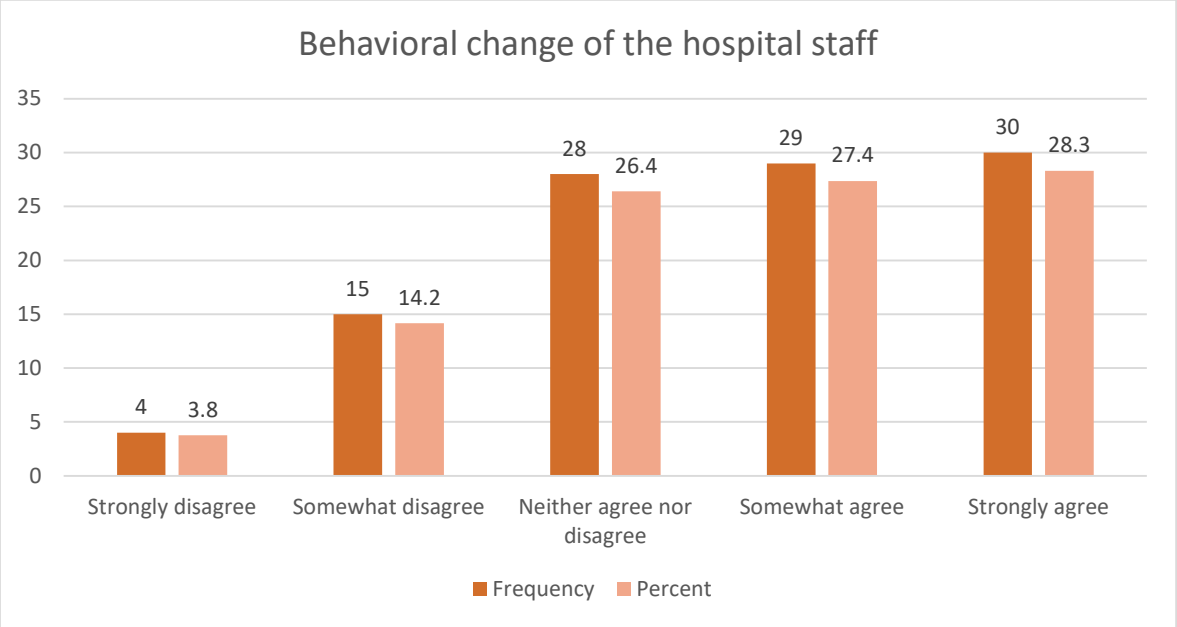

Figure 16: Behavioral change of the hospital staff

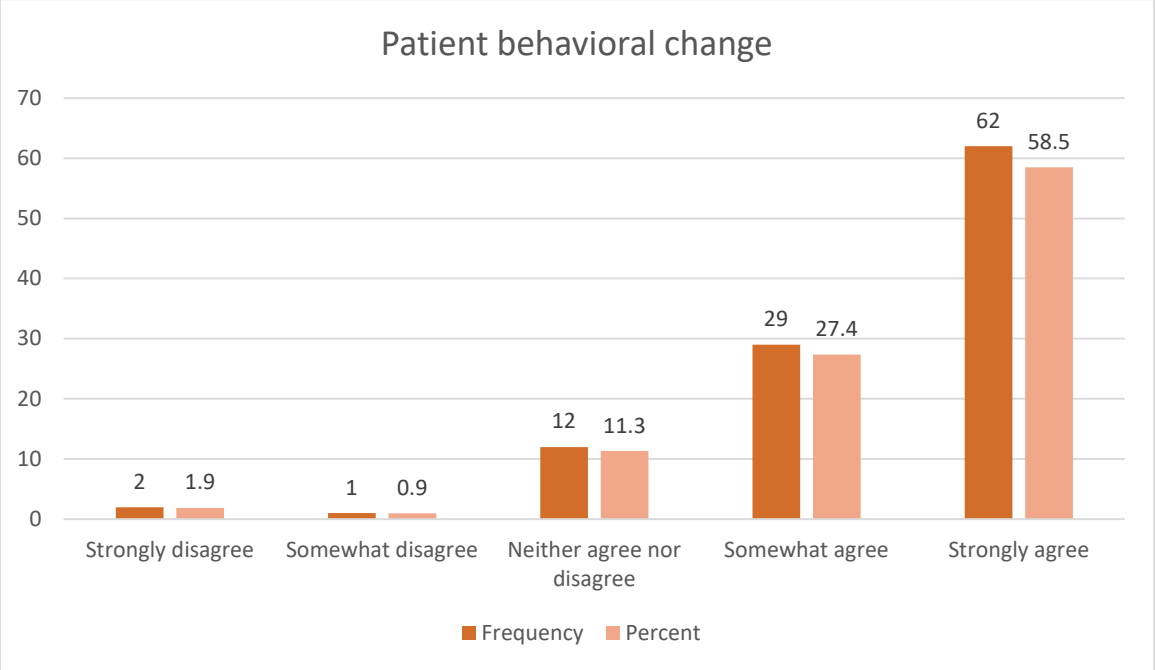

Figure 17: Patient behavioral change

Figure 18 shows the frequency and the percentage of the responses for statement 18 of the questionnaire and the responders' level of agreement. 60 out of 106 of hospital staff

consider the training that they had from GESY representatives as insufficient 4,26 mean value). Only 7 responders (2 strongly disagree and 5 somewhat disagree) disagree with this statement. This shows GESY'S unpreparedness to offer appropriate training and resources to hospital for smooth introduction to the system and services. Even though that GESY was being designed for years, at the time of implementation there was a clear lack of leadership, organization and communication skills. None supporting strategic plan or framework was identified or communicated to the staff to follow through. There is no evidence suggesting that this challenge was faced by other enormous healthcare reformations of other countries. However, aligned with literature, poor communication and leadership during an implementation in healthcare may result in limited success (Grove, J.O., M., J., & Neailey, 2010).

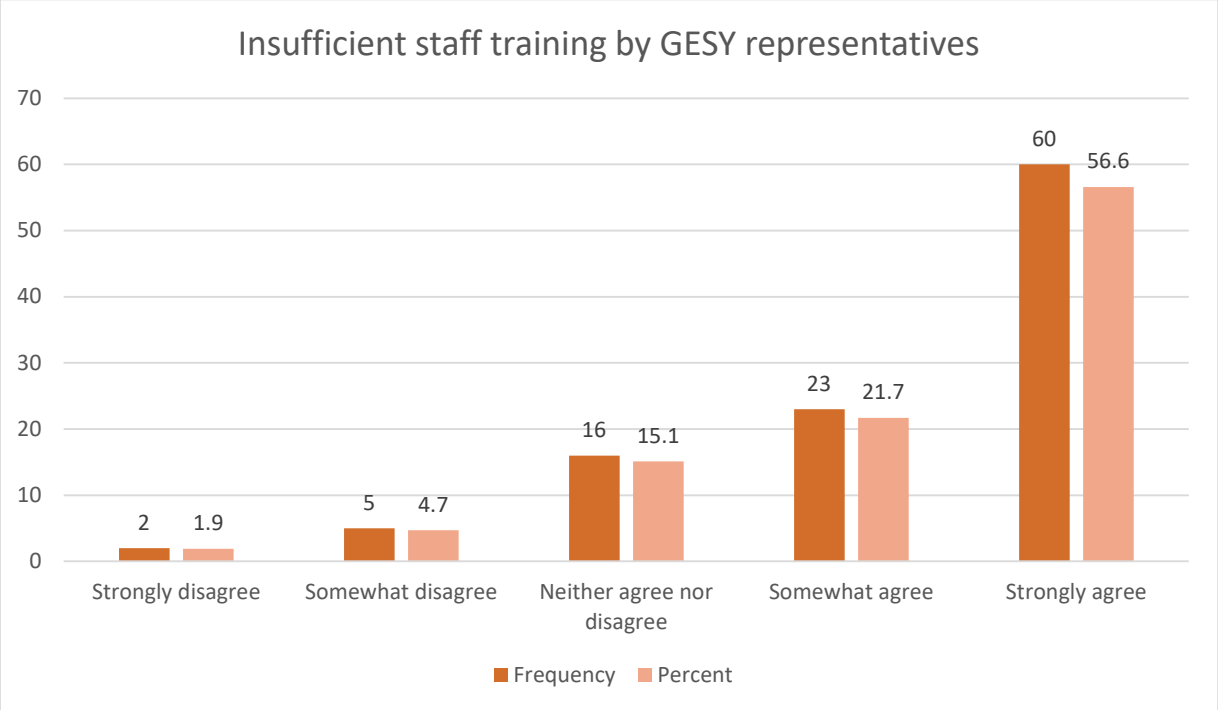

Figure 18: Insufficient staff training by GESY representatives

Figure 19 presents the frequency and the percentage of the responses for statement 19 of the questionnaire and the responders' level of agreement. Most of the responders neither agree nor disagree with this statement while 30 of them somewhat agree and 28 of them strongly agree. The results suggest that some of the responders are not confident if there are restrictions in service provision to patients and some of them agree and observe some restrictions to patients provided services (3,68 mean value).

Literature states that staff who is not confident with their provision service may create an unstable working environment or tension with their leaders or other healthcare professionals (Gesme, Towle, & Wiseman, 2010) (Foronda, MacWilliams, & McArthur, 2016). The idea when a healthcare reformation is performed is to provide additional services and benefits to patients (as seen with UK NHS). Therefore, this respond contradicts the idea of delivering quality healthcare services to beneficiaries as GESY aims.

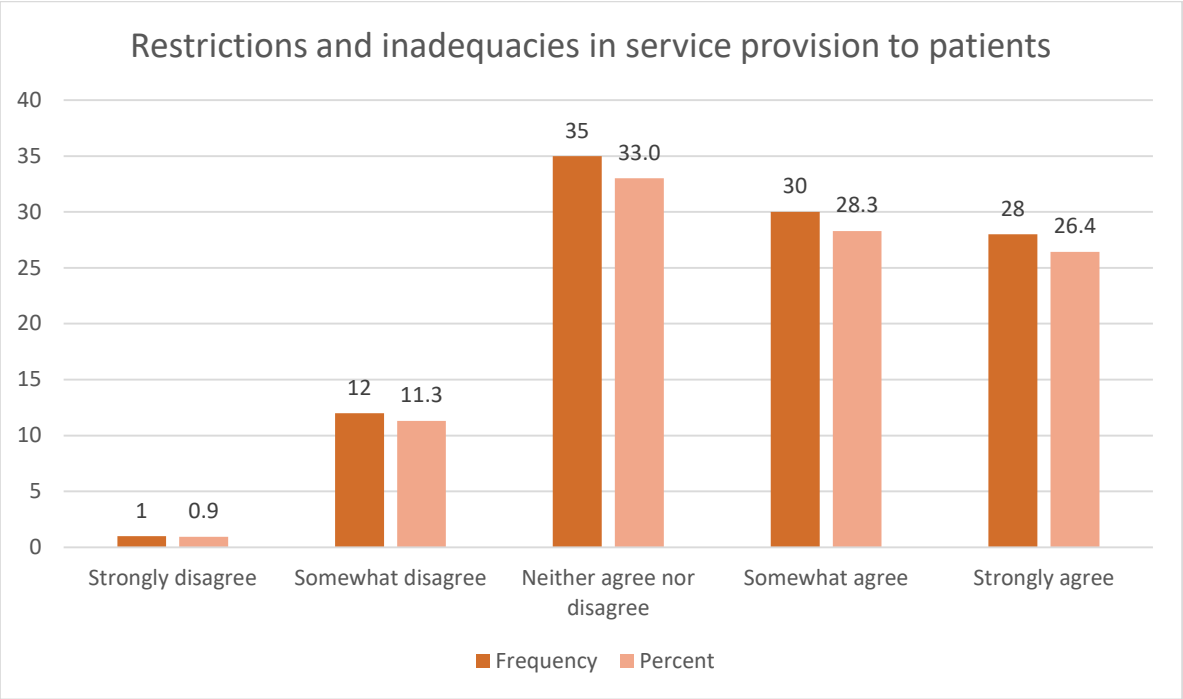

Figure 19: Restrictions and inadequacies in service provision to patients

Figure 20 displays the frequency and the percentage of the responses for statement 20 of the questionnaire and the responders' level of agreement. 34% of the responders somewhat agree and 41,5% of the responders strongly agree that information provided to system providers and beneficiaries was inadequate (4,06 mean value). Only 1 responder strongly disagrees with the statement. This point again highlights GESY'S unpreparedness to offer appropriate and adequate information to system providers and beneficiaries which may was due to the lack of leadership, organization and communication skills.

In the literature, it could not be found a similar example where inadequate information was provided to system providers and beneficiaries when a new healthcare system was

implemented. However, as mentioned above poor communication and leadership could result to limited success (Grove, J.O., M., J., & Neailey, 2010).

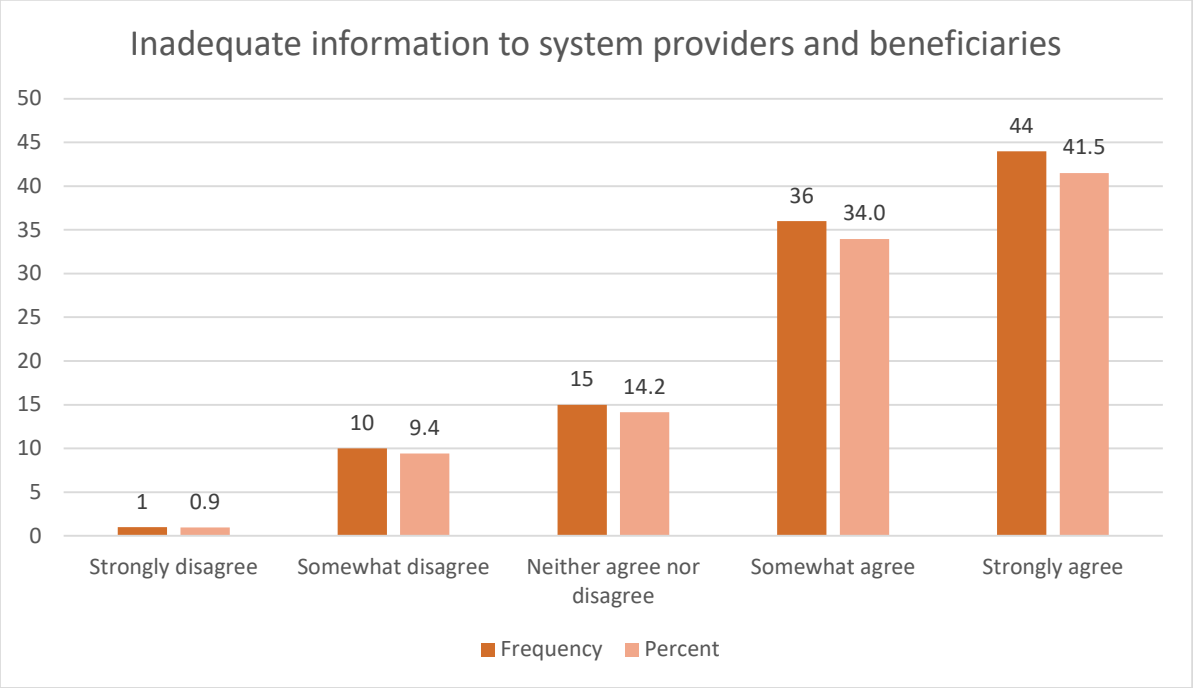

Figure 20: Inadequate information to system providers and beneficiaries

Figure 21 shows the frequency and the percentage of the responses for statement 21 of the questionnaire and the responders' level of agreement. 4 out of 106 strongly disagree, 8 out of 106 somewhat disagree, 27 out of 106 neither agree nor disagree, 38 out of 106 somewhat agree and 29 out of 106 strongly agree that there was a shortage of consumables and medicines during GESY implementation. Mean value of 3,75 indicates that hospital staff fairly agree that there was a shortage of medicines. This phenomenon (shortage of consumables and supplies) witnessed in other healthcare systems such as in South Africa where insufficient pharmaceuticals and material resources especially in ICU resulted in suboptimal intensive patient care (Netshisaulu, Malelelo-Ndou, & Ramathuba, 2019). However, this is not the actual case with GESY currently as the shortage lasted for a while.

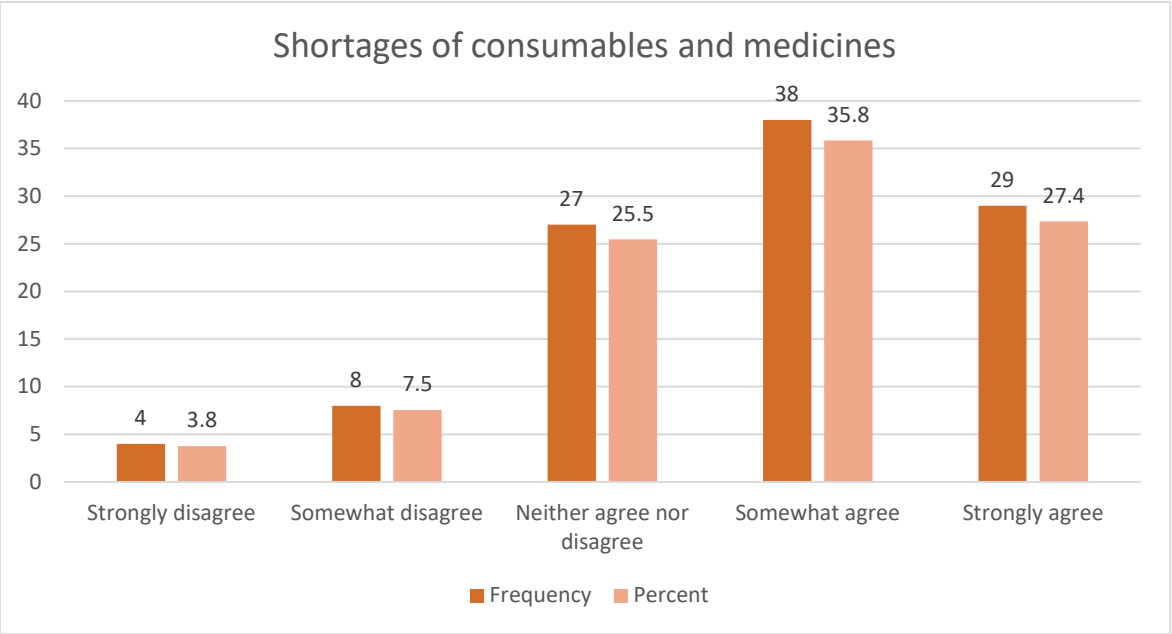

Figure 21: Shortages of consumables and medicines

The above results show that the most observable challenges that the hospital faced during GESY implementation were bureaucracy, staff shortages, increased workload, increased waiting time for appointments and patient behavioral change (mean value higher than 4,3). The challenge that affected the least the organization was the behavioral change of the hospital staff. Therefore, Researcher has successfully identified the challenges and the degree that these challenges affected hospital during GESY implementation.

4.3. To examine how COVID-19 affected GESY implementation and operation

For this section, 9 statements were included on the questionnaire and the results are presented on the table 7 below, including percentages, the mean value and the standard deviation of each answer:

Table 7: Participants' answers on statements for COVID-19 prevention measures and their affection on GESY implementation and operation

	The measures to prevent the spread of COVID-19 affected GESY implementation and operation as follows:	**Strongly disagree**	**Somewhat disagree**	**Neither agree nor disagree**	**Somewhat agree**	**Strongly agree**	**Mean value**	**Std Dev**
22	Restricted the number of allowed appointments per day	**16%**	**19,8%**	**16%**	**28,3%**	**19,8%**	**3,16**	**1,38**
23	Restricted the maximum allowed number of staff members per shift	**17,9%**	**12,3%**	**13,2%**	**36,8%**	**19,8%**	**3,28**	**1,39**
24	Affected the workflow	**7,5%**	**5,7%**	**11,3%**	**38,7%**	**36,8%**	**3,92**	**1,18**
25	Affected the operation of the organization	**6,6%**	**5,7%**	**7,5%**	**41,5%**	**38,7%**	**4,00**	**1,14**
26	Continuous disinfection of the premises resulted in delays – time-consuming procedures	**10,4%**	**16%**	**30,2%**	**27,4%**	**16%**	**3,23**	**1,21**
27	Cancellations in scheduled surgeries and appointments	**4,7%**	**10,4%**	**17%**	**40,6%**	**27,4%**	**3,75**	**1,11**
28	Major financial costs for the purchase of protective equipment for staff	**6,6%**	**3,8%**	**20,8%**	**32,1%**	**36,8%**	**3,89**	**1,15**
29	Psychological and physical exhaustion of staff	**3,8%**	**0,9%**	**4,7%**	**29,2%**	**61,3%**	**4,43**	**0,93**
30	Delay to the introduction of services such as physiotherapists, dentists etc. in GESY	**1,9%**	**0,9%**	**16%**	**34%**	**47,2%**	**4,24**	**0,89**

Figure 22 shows the frequency and the percentage of the responses for statement 22 and the responders' level of agreement. 16% strongly disagree, 21% somewhat disagree, 17% neither agree nor disagree, 30% somewhat agree and 19,8% strongly agree that COVID-19 restricted the number of allowed appointment per day (3,16 mean value). The results may suggest that each hospital's department affected differently by the COVID-19 measures. Probably, each department made their own arrangements in regards to their premises and waiting areas (2m distance, no of people allowed in each room at any moment) to comply with COVID-19 measures so the number of allowed appointments were restricted or not accordingly. What was expected was a clear restriction of the allowed appointments per

day due to the physical distancing restrictions to minimize the risk of COVID-19 transmission as seen in literature (Ramsey, Yang, Vadamalai, & Mustafa, 2020).

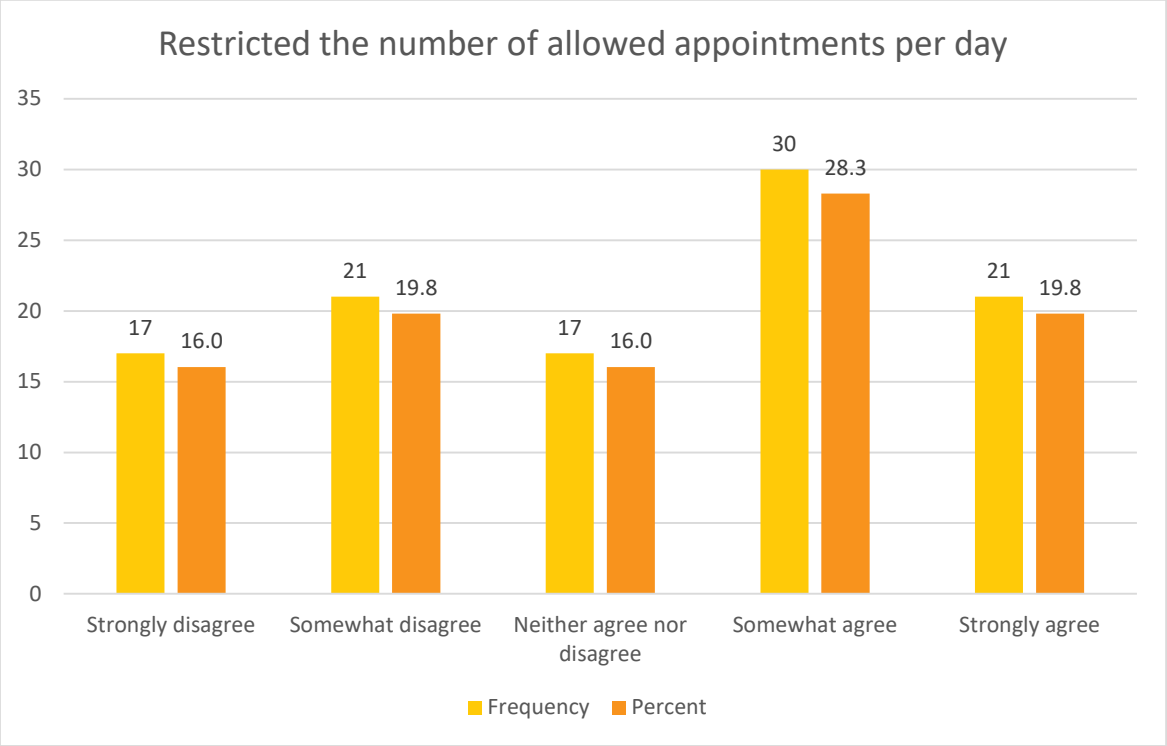

Figure 22: Restricted the number of allowed appointments per day

Figure 23 demonstrates the frequency and the percentage of the responses for statement 23 and the responders' level of agreement. 36,8% of responders somewhat agree and 19,8% of responders strongly agree that COVID-19 restricted the maximum allowed number of staff members per shift (3,28 mean value). However, there are some responders that disagree (17,9% and 12,3%) or neither agree nor disagree (13,2%) with the statement. Results show that indeed COVID-19 caused some restrictions to the staff members allowed to work per shift in the hospital due to physical distance restrictions and to minimize the transmission of COVID-19 among healthcare workers. This agrees with literature (Ehrlich, McKenney, & Elkbuli, 2020) (Arora, Chivu, Schram, & Meltzer, 2020).

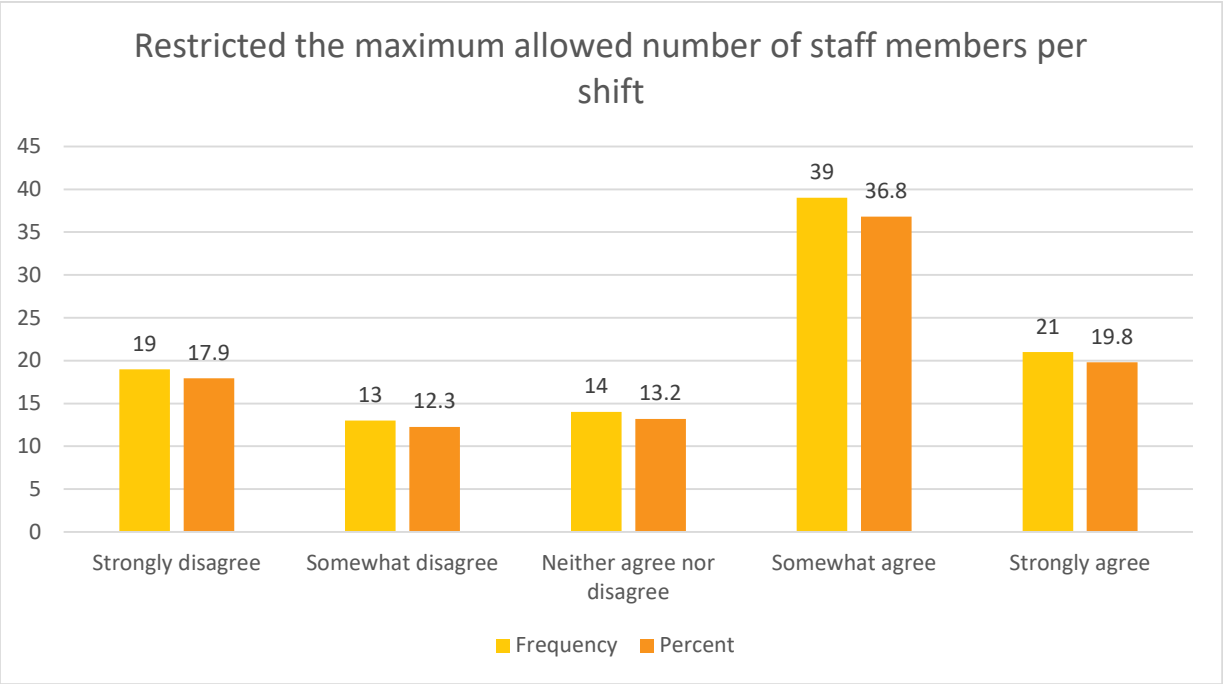

Figure 23: Restricted the maximum allowed number of staff members per shift

Figure 24 shows the frequency and the percentage of the responses for statement 24 and the responders' level of agreement. 41 out of 106 somewhat agree and 39 out of 106 strongly agree that COVID-19 measures affected hospital's workflow (3,92 mean value). Only 8 responders strongly disagree that the workflow was affected. Results indicate that hospital staff identify that hospitals workflow in Cyprus has been affected by COVID-19 measures as occurred in most hospitals around the world. A very interesting article explains how the workflow of an orthopaedic department in Italy has changed to cope with COVID-19 outbreak. Particularly, it highlights that various activities of the hospitals and departments have been changed, elective surgeries have been cancelled, hospital beds of Orthopaedic department were made available for COVID-19 patients and staff members were dislocated to COVID-dedicated wards (Bettinelli, Delmastro, Salvato, Salini, & Placella, 2020).

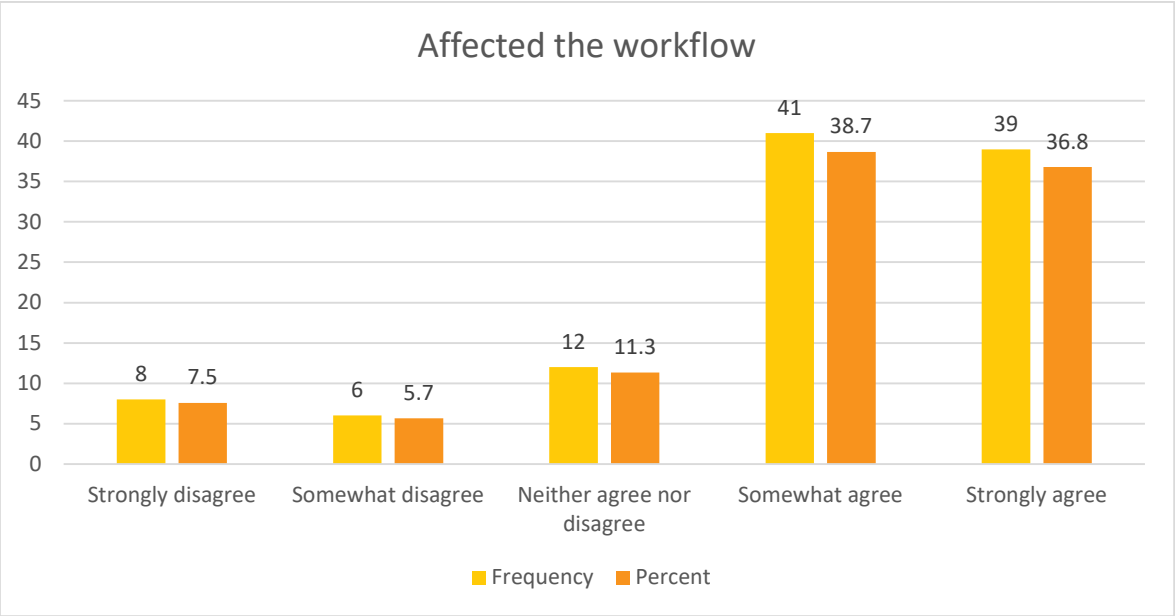

Figure 24: Affected the workflow

Figure 25 displays the frequency and the percentage of the responses for statement 25 and the responders' level of agreement. 41,5% of the responders somewhat agree and 38,7% of responders strongly agree that COVID-19 affected the operation of the organization. This strongly correlates with the previous point where it has been found that hospital staff agree that hospital's workflow was affected. It is expected that affection in workflow impacts the holistic organization operation.

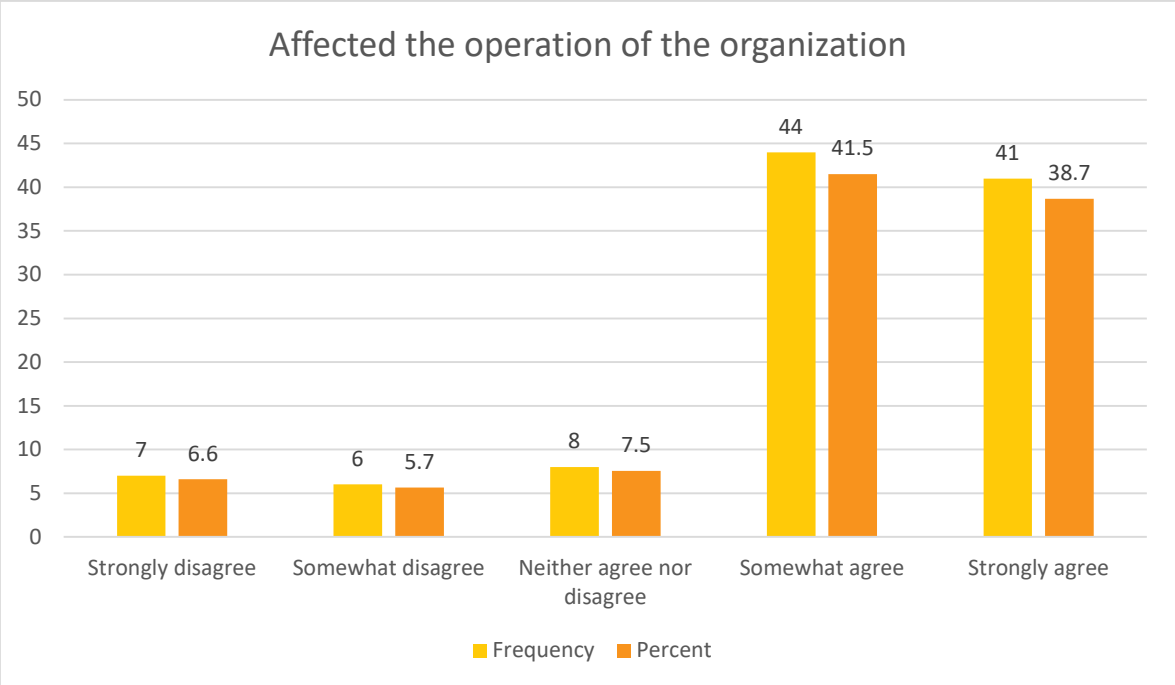

Figure 25: Affected the operation of the organization

Figure 26 shows the frequency and the percentage of the responses for the statement if continuous disinfection of the premises resulted in delays and the responders' level of agreement. Most of the responders (30,2%) neither agree nor disagree with the statement while 27,4% of responders somewhat agree (3,23 mean value).

Hospital staff identify that the continuous disinfection of the hospital premises somewhat caused some delays in some occasions but not in such a great degree. Delays might observed mostly in surgical rooms as already mentioned in literature – increased turnaround time following surgery due to decontamination (Wong, et al., 2020).

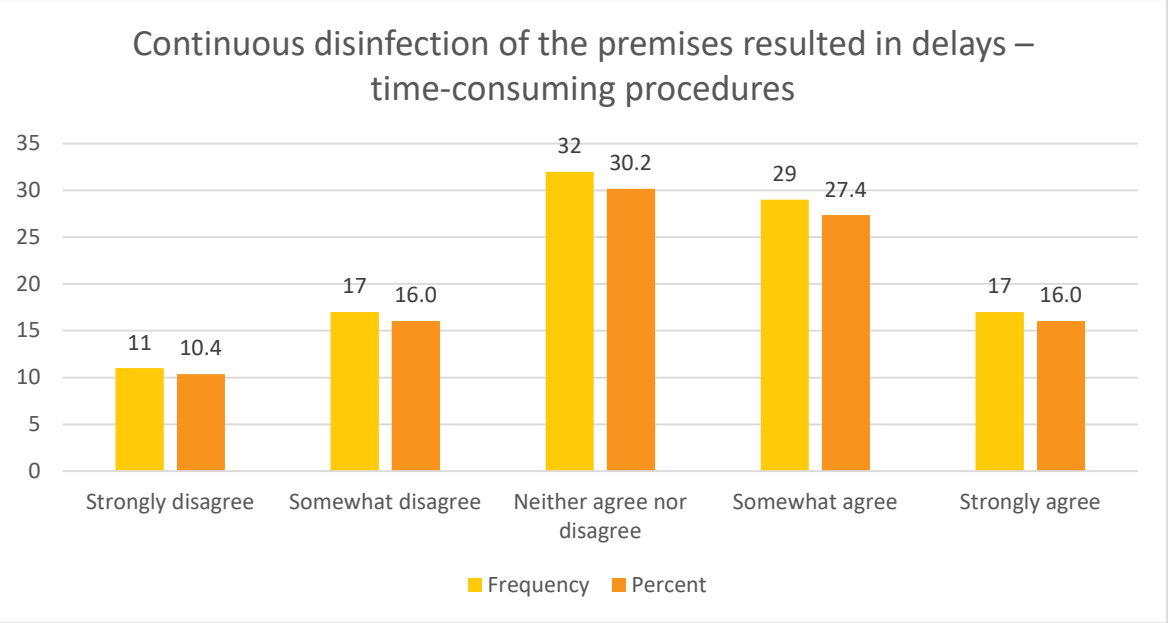

Figure 26: Continuous disinfection of the premises resulted in delays – time-consuming procedures

Figure 27 illustrates the frequency and the percentage of the responses for cancellations in scheduled surgeries and appointments during COVID-19 outbreak and the responders' level of agreement. 43 out of 106 somewhat agree and 29 out of 106 strongly agree that COVID-19 pandemic caused cancellations in scheduled appointments and surgeries (3,75 mean value). Only 5 of them strongly disagree with that. This statement also relates to the aforementioned restrictions on the allowed appointment per day. Responses of the staff indicate that possibly scheduled surgeries and appointments (especially the non-urgent) of the hospital were cancelled to minimize the transmission of COVID-19 which has also occurred in other hospitals around the world (Adam, Zahra, T., Khare, & Harky, 2020).

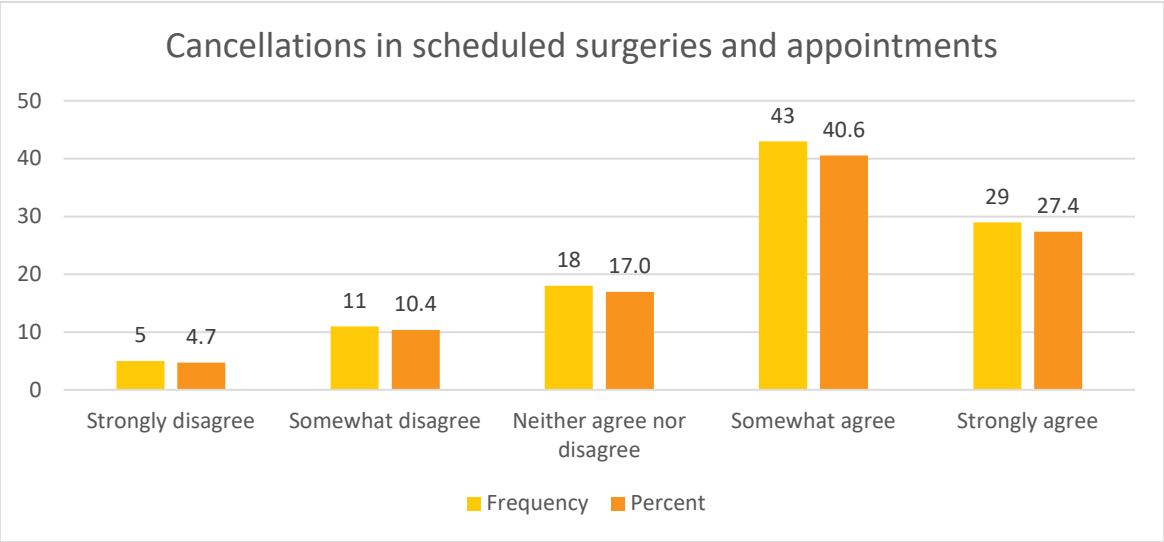

Figure 27: Cancellations in scheduled surgeries and appointments

Figure 28 demonstrates the frequency and the percentage of the responses for statement 28 and the responders' level of agreement. 34 out of 106 somewhat agree and 39 out of 106 strongly agree that protective equipment for staff caused major financial costs for the hospital. Only 7 participants strongly disagree with that. Hospital staff recognize the high costs that personal protective equipment (PPE) brought to the hospital as PPE is considered as a necessity to the staff for COVID-19 protection. This occurred in the majority of hospitals around the world, not only in Cyprus. For example, NHS 2019 budget for PPE was 147 million GBP in contrast with 2020-2021 budget which increased to 15 billion GBP (Davies, et al., 2020).

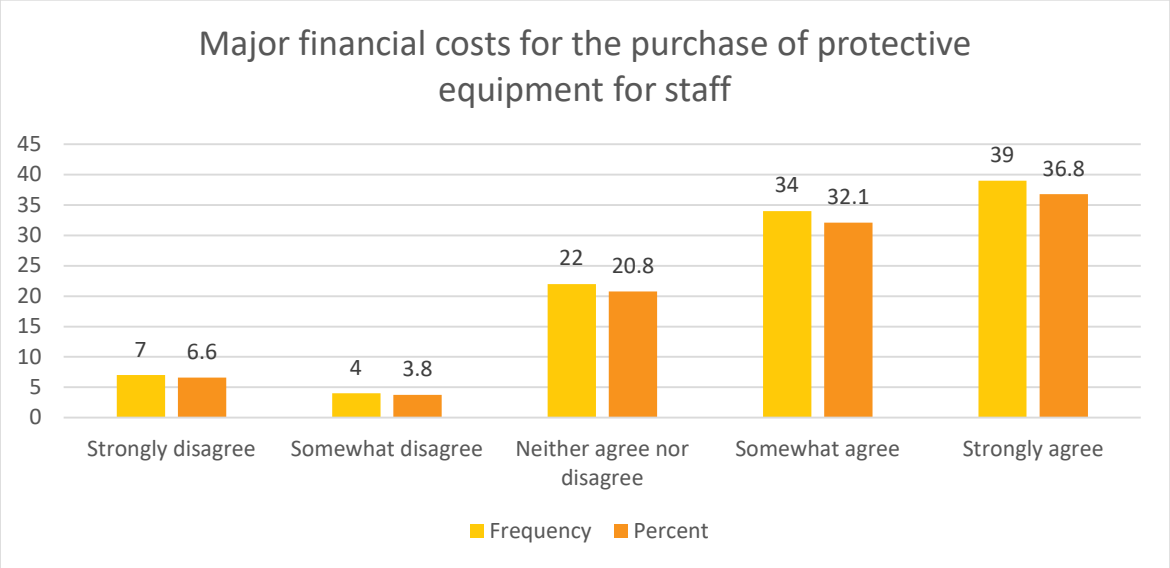

Figure 28: Major financial costs for the purchase of protective equipment for staff

Figure 29 shows the frequency and the percentage of the responses in regards to the psychological and physical exhaustion of staff during the COVID-19 pandemic. The results show that over 90% of the staff somewhat agree or strongly agree on this statement. Results show the impact that the pandemic had on the Cypriot healthcare professionals and other hospital staff. This occurred in other countries as well and as literature confirms impacts of the increased workload caused by the pandemic include traumatic stress, insomnia and exhaustion (Secosan, Virga, Crainiceanu, & Bratu, 2020).

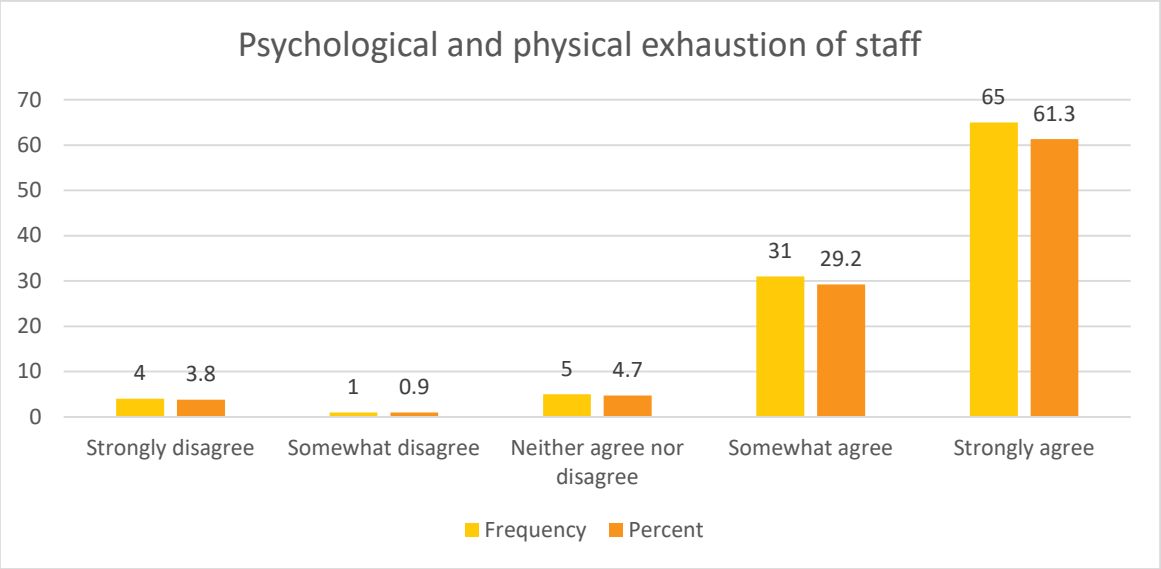

Figure 29: Psychological and physical exhaustion of staff

Figure 30 shows the frequency and the percentage of the responses for statement 30 and the responders' level of agreement. 36% somewhat agree and 47,2% strongly agree that there was a delay to the introduction of services such as physiotherapists, dentists etc in GESY due to the pandemic. Only 1,9% strongly disagree with that. This delay happened due to COVID-19 pandemic as Press and Information Office confirms (PIO, 2020).

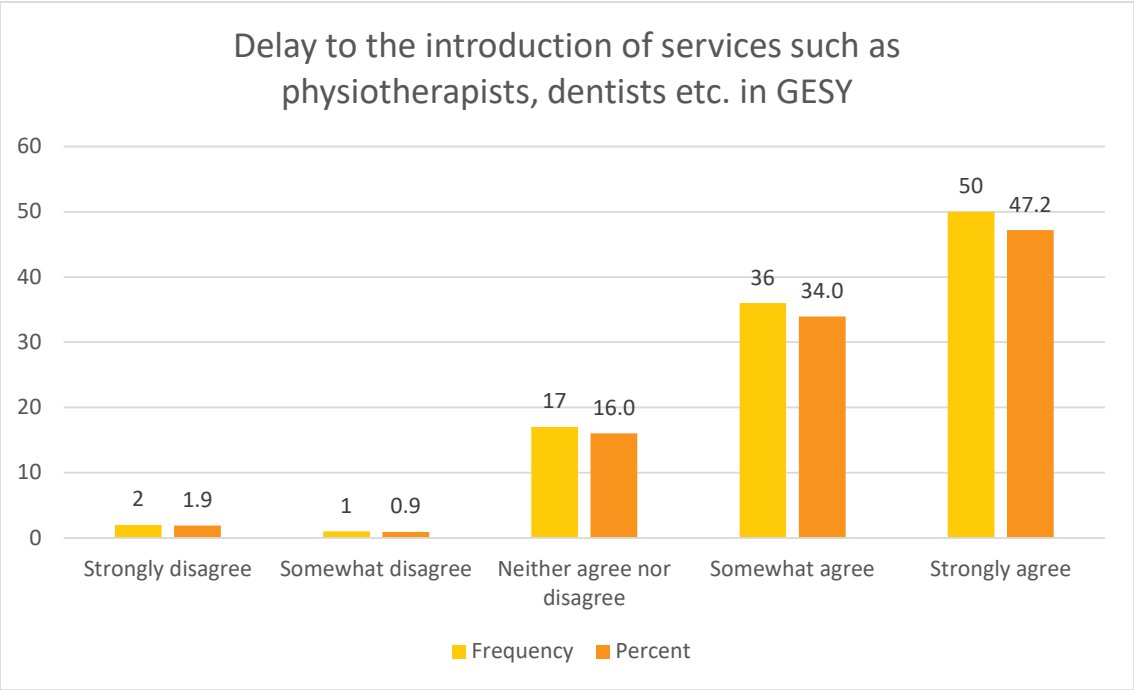

Figure 30: Delay to the introduction of services such as physiotherapists, dentists etc. in GESY

The above results show that the measures to prevent the spread of COVID-19 affected the workflow and the operation of the hospital, caused cancellations in scheduled surgeries and appointments, psychological and physical exhaustion of staff as well as major financial costs for the purchase of protective equipment for staff. In addition, measures restricted the maximum allowed number of staff members per shift and caused delays to the introduction of some services. On the other hand, continuous disinfection of the hospital premises caused some delays in some occasions (but not in such a great degree) while restrictions to the number of allowed appointments per day was not a clear challenge that hospital faced. Therefore, Researcher has successfully identified how measures to prevent the spread of COVID-19 affected GESY implementation and operation.

4.4. To identify leaders' actions performed during GESY implementation / To identify in which extent healthcare employees are satisfied with their leaders actions and decisions during GESY implementation

For this section, 10 statements were included on the questionnaire and the results are presented on the table 8 below, including percentages, the mean value and the standard deviation of each answer:

Table 8: Participants' answers on statements for their leaders' actions during GESY implementation and the extent that they are satisfied

Leaders' actions during GESY implementation / In which extent healthcare employees are satisfied with their leaders' actions and decisions during GESY		**Strongly disagree**	**Somewhat disagree**	**Neither agree nor disagree**	**Somewhat agree**	**Strongly agree**	**Mean value**	**Std Dev**
31	My leader correctly evaluated needs and necessary changes to be implemented during the 1st phase of	**6,6%**	**18,9%**	**35,8%**	**19,8%**	**18,9%**	**3,25**	**1,16**
32	My leader prioritized the recruitment and training of staff	**8,5%**	**27,4%**	**29,2%**	**17,9%**	**17%**	**3,08**	**1,22**
33	My leader prioritized the purchase of new equipment and other systems	**9,4%**	**24,5%**	**35,8%**	**18,9%**	**11,3%**	**2,98**	**1,13**
34	My leader undertook corrective actions when difficulties arose	**7,5%**	**23,6%**	**34%**	**19,8%**	**15,1%**	**3,11**	**1,16**
35	My leader worked with the team to identify problems	**10,4%**	**21,7%**	**34,9%**	**17%**	**16%**	**3,07**	**1,21**
36	My leader communicated effectively to the team new information and procedures regarding GESY, for fast application	**12,3%**	**27,4%**	**24,5%**	**25,5%**	**10,4%**	**2,94**	**1,20**
37	My leader encouraged the team to implement the proposed changes	**8,5%**	**24,5%**	**32,1%**	**20,8%**	**14,2%**	**3,08**	**1,17**
38	My leader provided guidance and psychological support to the team, to meet job requirements	**11,3%**	**29,2%**	**31,1%**	**13,2%**	**15,1%**	**2,92**	**1,22**
39	Overall I am satisfied with my leader's actions for GESY implementation	**8,5%**	**26,4%**	**34%**	**16%**	**15,1%**	**3,03**	**1,17**
40	My leader did their best to address the difficulties of implementing a new health system in conjunction with the COVID-19 pandemic	**8,5%**	**23,6%**	**31,1%**	**21,7%**	**15,1%**	**3,11**	**1,18**

Figure 31 shows the frequency and the percentage of the responses for statement 31 and the responders' level of agreement. 38 out of 106 responders neither agree nor disagree that their leader correctly evaluated need and necessary changes to be implemented during the 1st phase of GESY. 20 out of 106 strongly agree, 21 out of 106 somewhat agree, 20 out of 106 somewhat disagree and 7 out of 106 strongly disagree with that (3,25 mean value). The responses show mainly a neutral attitude or a fairly agreement of the responders on that statement. This might happen because most of the responders did not identify any effective evaluation actions or identified some actions from their leaders during the 1st phase of GESY implementation. This result is quite opposed to what was mentioned earlier that leaders of the hospital performed several meetings before the implementation of GESY where they have been informed about GESY system, discussed current situation and identified changes that needed to be done as statistics predicted that there will be a significant increase in workload. It was expected that these actions will be visible to hospital staff and will show mainly agreement to this statement. In addition, healthcare professionals in Cyprus recognize the importance of leaders' correct evaluation of needs when something new is implemented and as literature says leadership is a process that ''help produce changes needed to cope with a changing business environment by establishing a direction for change '' (Kotter, 1990).

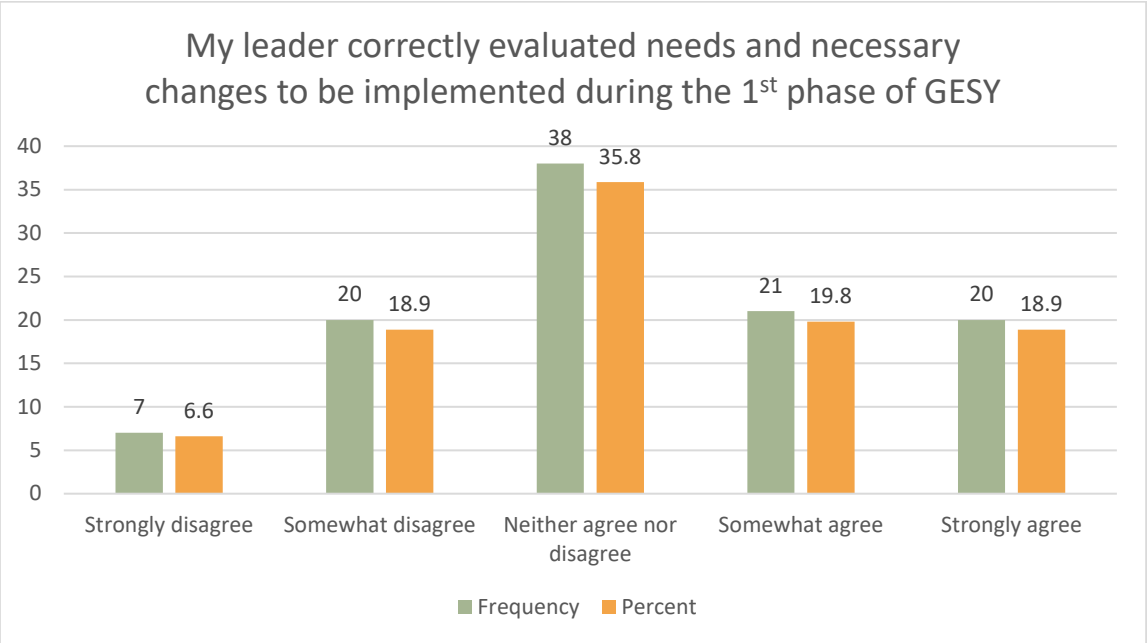

Figure 31: My leader correctly evaluated needs and necessary changes to be implemented during the 1st phase of GESY

Figure 32 and Figure 33 demonstrate the frequency and the percentage of the responses for statements S32 and S33 regarding leaders prioritizations and the responders' level of agreement. 29,2% of the responders neither agree nor disagree, 27,4% somewhat disagree, 8,5 strongly disagree, 17,9 somewhat agree and 17% strongly agree that their leader prioritized the recruitment and training of staff (3,08 mean value). In addition, 35,8% of the responders neither agree nor disagree, 24,5% somewhat disagree, 9,4% strongly disagree, 18,9% somewhat agree and 11,3% strongly agree that their leader prioritized the purchase of new equipment and other systems (2,98 mean value). Results show that most of the responders have a neutral stand or somewhat disagree that recruitment and training of the staff or the purchase of new equipment was a prioritization by their leaders. This opposed to what was mentioned earlier (priority setting) that leaders of the hospital identified and prioritized tasks, including training for the staff and negotiations for new equipment and new systems and employment recruitment. In addition, results contrasted with literature where leaders should provide training to their team members for any upcoming changes. Apparently, healthcare professionals of the hospital expected more actions by their leaders regarding staff training and equipment purchase in order to manage the increased workload that GESY brought.

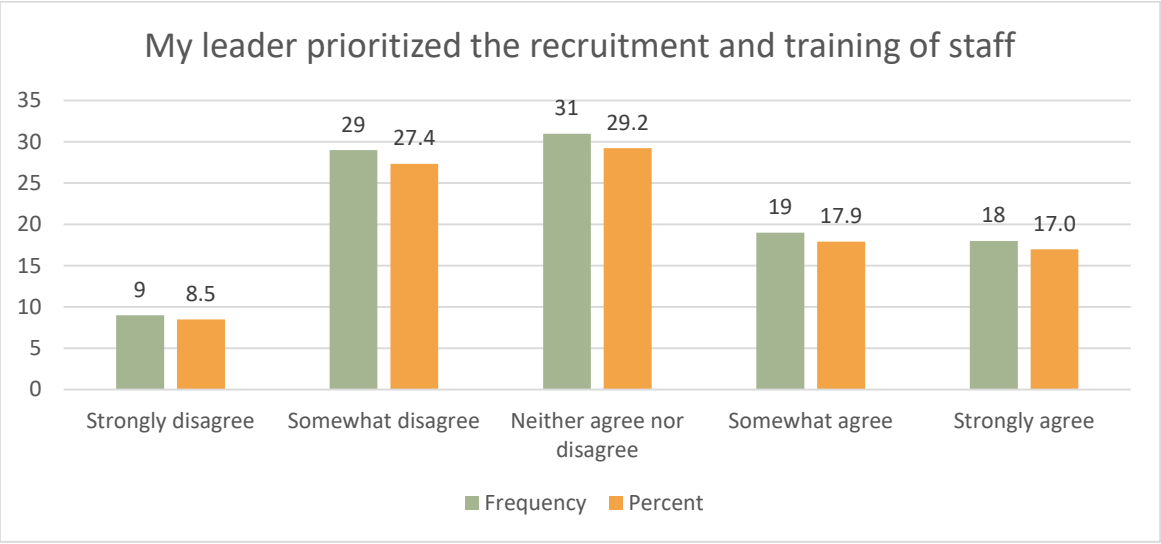

Figure 32: My leader prioritized the recruitment and training of staff

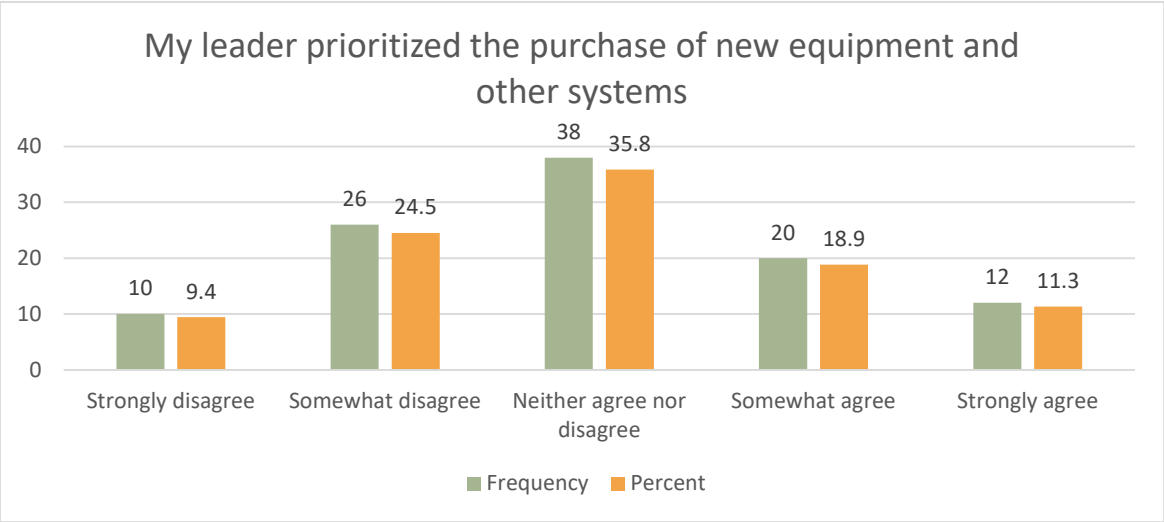

Figure 33: My leader prioritized the purchase of new equipment and other systems

Figure 34 shows the frequency and the percentage of the responses for statement ''my leader undertook corrective actions when difficulties arose'' and the responders' level of agreement. 34% of the responders neither agree nor disagree, 31,1% strongly or somewhat disagree and 34,9% somewhat or strongly agree (3,11 mean value). The results may suggest that the leader of each department handled the challenges differently. Some members of the staff recognized that their leader undertook corrective actions, some were neutral on that statement and some did not identify any corrective actions by their leaders. Generally, only 34,9% of the responders have a positive observation about their leader's corrective actions when difficulties arose which is a quite small percentage. Literature states that overcoming challenges and difficulties in healthcare could improve the overall quality (Dixon-Woods, 2012).

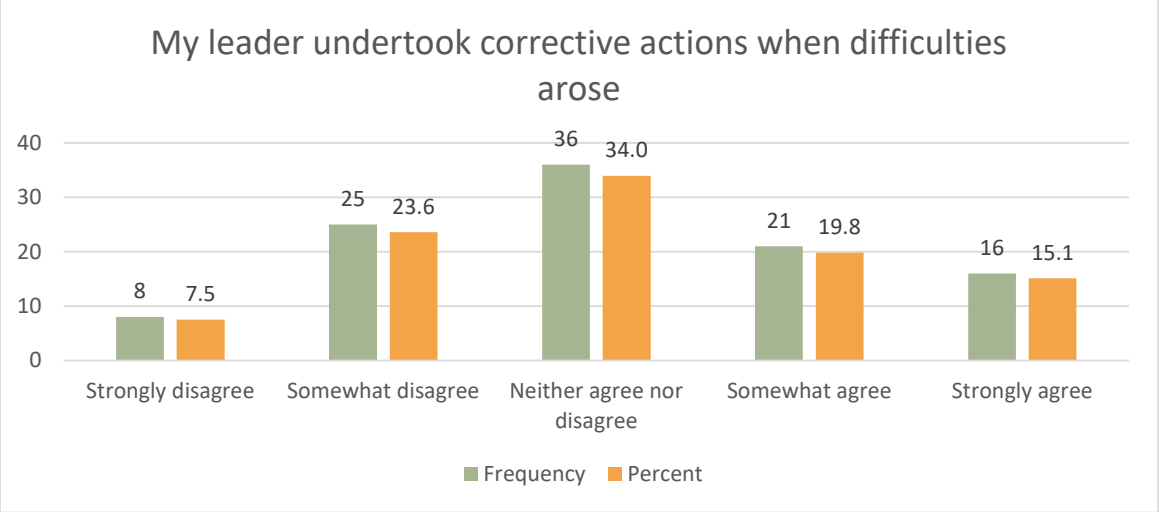

Figure 34: My leader undertook corrective actions when difficulties arose

Figure 35 presents the frequency and the percentage of the responses for statement ''my leader worked with the team to identify problems'' and the responders' level of agreement. 37 out of 106 responders neither agree nor disagree, 18 somewhat agree, 17 strongly agree, 11 strongly disagree and 23 somewhat disagree that their leader worked with team for problems identification (3,07 mean value). Responses may again suggest that the leader of each department acts differently as some staff has been involved in problem identification and some not. Literature supports that interdisciplinary leadership which assumes that all team members can share responsibility for problems, processes and outcomes is an approach that can be used in healthcare to forward improvements in patient outcomes (McCallin, 2003).

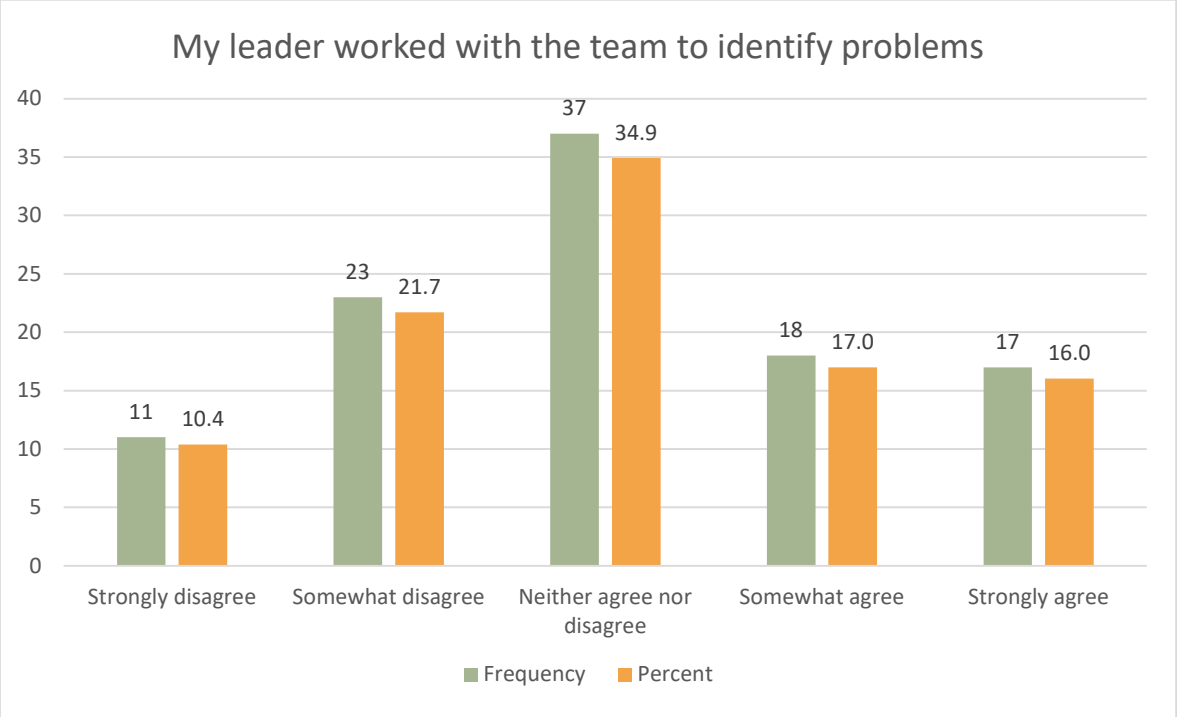

Figure 35: My leader worked with the team to identify problems

Figure 36 demonstrates the frequency and the percentage of the responses for statement 36 and the responders' level of agreement. 12,3% of the responders strongly disagree, 27,4% somewhat disagree, 24,5% neither agree nor disagree, 25,5% somewhat agree and 10,4% strongly agree that their leader communicated effectively to the team new information and procedures regarding GESY, for fast application (2,94 mean value). Results may again suggest that there is no homogeneity in performing leadership in each department. Most of the responders have a disagreement for this statement which is

contrasted with literature which states that an effective leader must communicate effectively and transfer new information to the staff for better performance (Luthra & Dahiya, 2015).

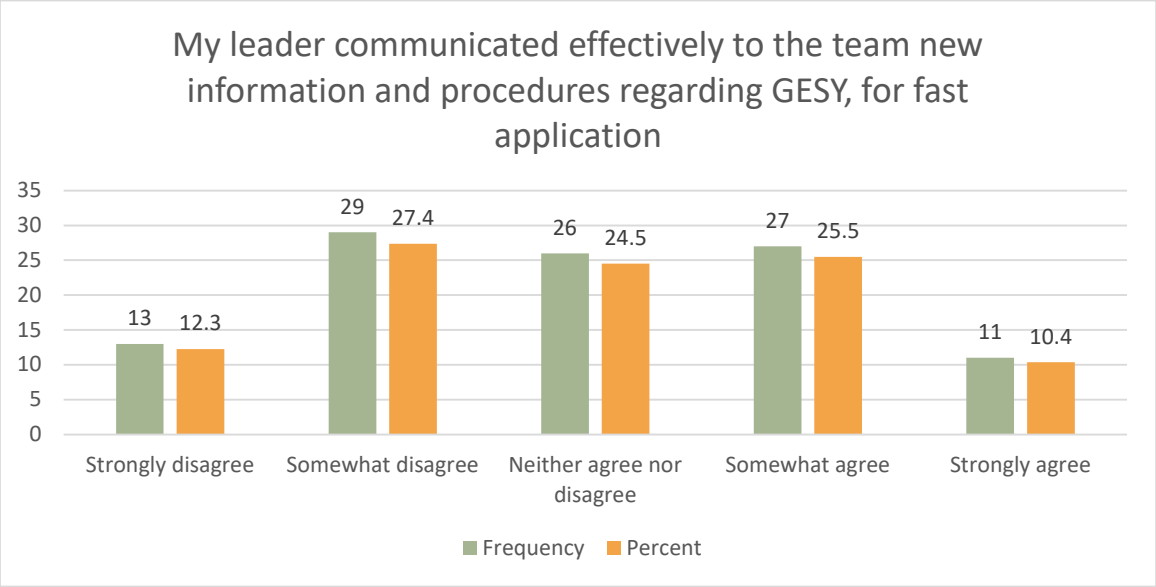

Figure 36: My leader communicated effectively to the team new information and procedures regarding GESY, for fast application

Figure 37 displays the frequency and the percentage of the responses for statement 37 and the responders' level of agreement. 9 responders strongly disagree, 26 somewhat disagree, 34 neither agree nor disagree, 22 somewhat agree and 15 responders strongly agree that their leader encouraged the team to implement the proposed changes (3,08 mean value). As suggested earlier, it is assumed that staff (depending on department) experienced different behavior and actions by their leader. A big percentage of responders either disagree or is neutral to this statement which opposed to literature which says that leaders must inspire their followers through passion and enthusiasm to implement and perform changes (transformational leadership) (Kumar, 2013) (Al-Sawai, 2013).

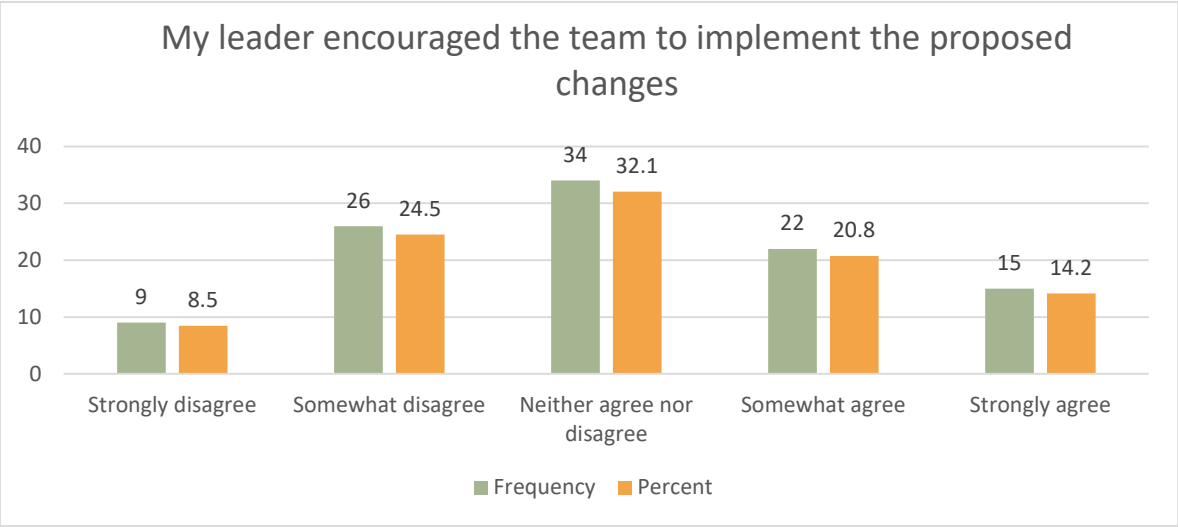

Figure 37: My leader encouraged the team to implement the proposed changes

Figure 38 shows the frequency and the percentage of the responses for statement 38 and the responders' level of agreement. Most responders somewhat disagree (31) or neither agree nor disagree (33) that their leader provided guidance and psychological support to the team, to meet job requirements (2,92 mean value). This might happened because leadership traits that Cypriot hospital leaders follow, may not embrace the guidance and psychological support to the team. However, as literature supports, leaders must provide guidance to the staff and emphasize how important their roles are and simultaneously provide psychological support to protect their mental health and well-being and meet job requirements (Greenberg & Tracy, 2020).

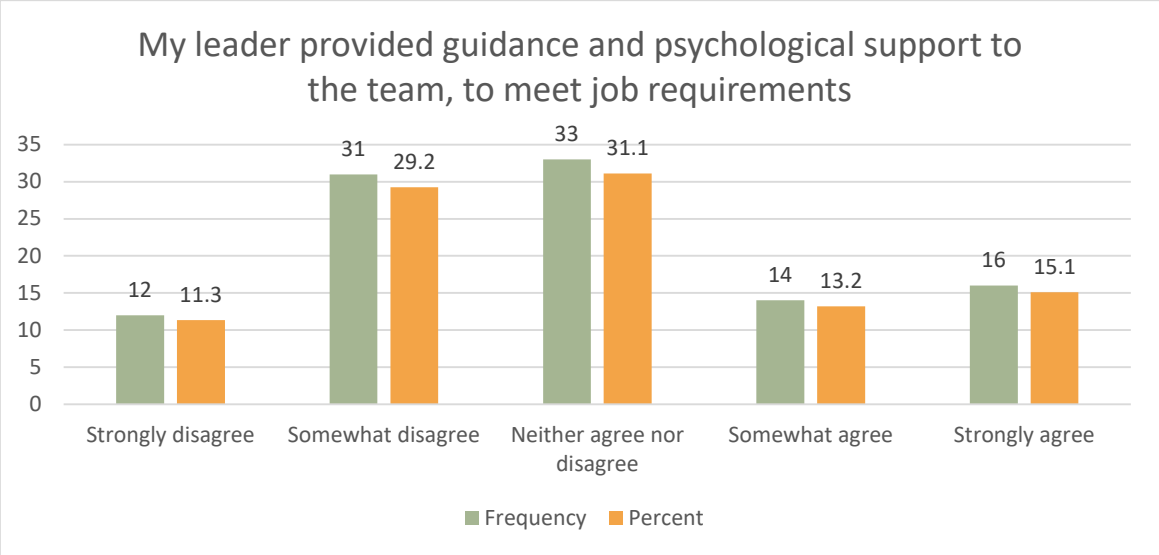

Figure 38: My leader provided guidance and psychological support to the team, to meet job requirements

Figure 39 presents the frequency and the percentage of the responses for statement ''overall I am satisfied with my leader's actions for GESY implementation'' and the responders' level of agreement. 9 responders strongly disagree, 28 somewhat disagree, 36 neither agree nor disagree, 17 somewhat agree and 16 strongly agree with this statement. The mean value for this answer is 3,03. Results show that hospital staff has mainly a neutral attitude or somewhat disagree with the statement. Therefore, there is a neutral to dissatisfied reflection to their leader's actions regarding GESY implementation. This may have happened due to the lack of experience of Cypriot healthcare leaders in such implementations. In addition, the unpreparedness and lack of guidance from GESY representatives as commented above may interfere leaders' judgment and actions. However, as literature supports, satisfaction with management – leaders is an important contributor to the overall job satisfaction (Ferguson, Ashcroft, & Hassell, 2011).

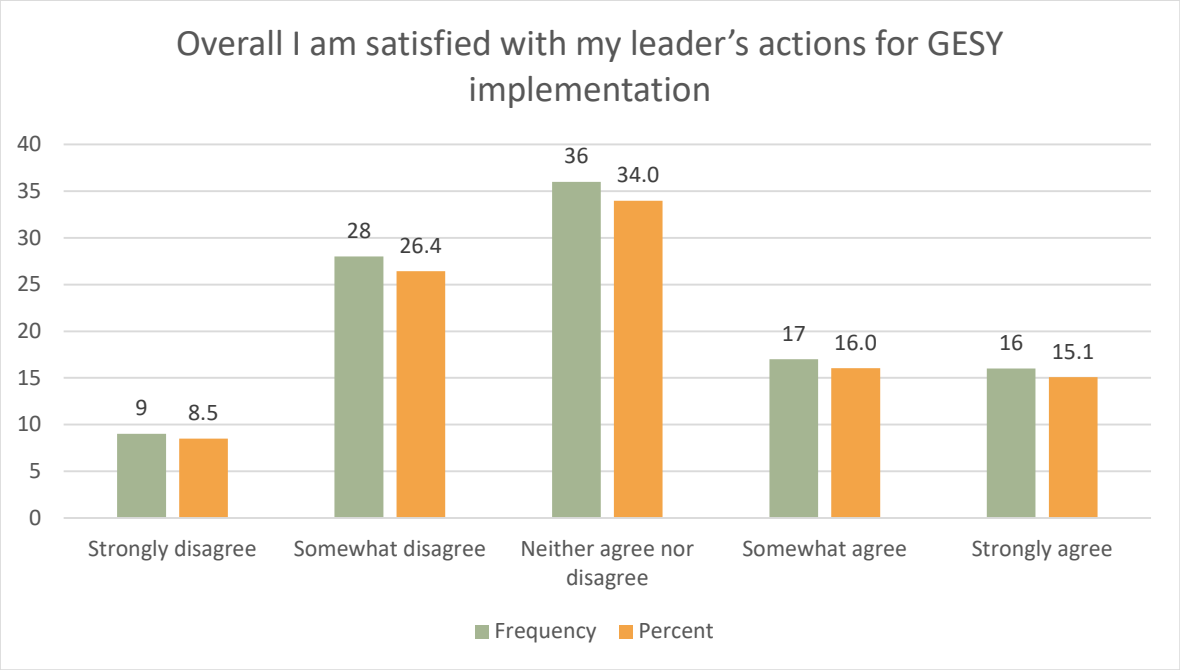

Figure 39: Overall I am satisfied with my leader's actions for GESY implementation

Figure 40 shows the frequency and the percentage of the responses for statement 40 and the responders' level of agreement. 31,1% neither agree nor disagree, 36,8% in total somewhat agree or strongly agree and 32,1% in total somewhat disagree or strongly agree that their leader did their best to address the difficulties of implementing a new health system in conjunction with the COVID-19 pandemic (3,11 mean value). Results reflect on what has been observed on most statements of this research part where it has been

suggested that the leader of each department acts differently. Subsequently, staff members either agree or disagree or are neutral that their leader did their best.

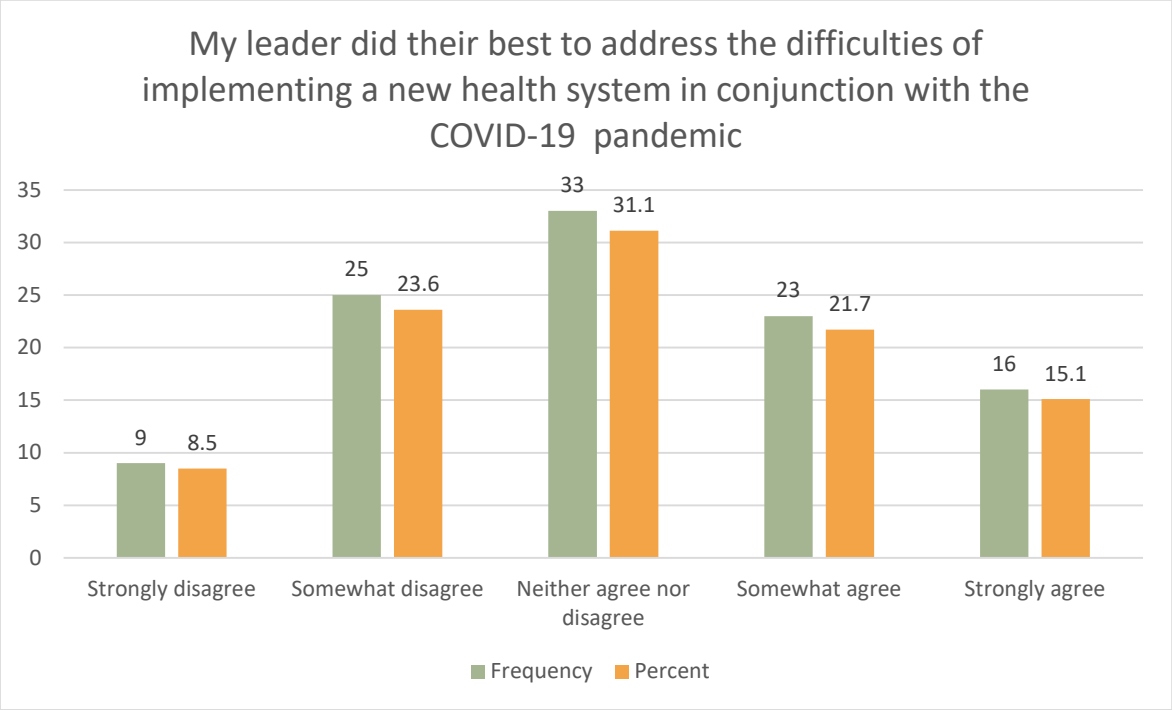

Figure 40: My leader did their best to address the difficulties of implementing a new health system in conjunction with the COVID-19 pandemic

The results on this part as well as the mean values of the statements that are around to 3 show some trend towards the neutral attitude regarding leaders' actions during GESY implementation. Results are neither encouraging nor discouraging regarding leadership actions of the hospital. In addition, it has been suggested that leader of each department acts differently or uses different leadership traits.

4.5. Demographic information

106 participants from Apollonion Private Hospital participated in this research. Figure 41 shows that 58 participants were women (54,7%) and 48 were men (45,3%). None of the participants chose ''other'' as answer.

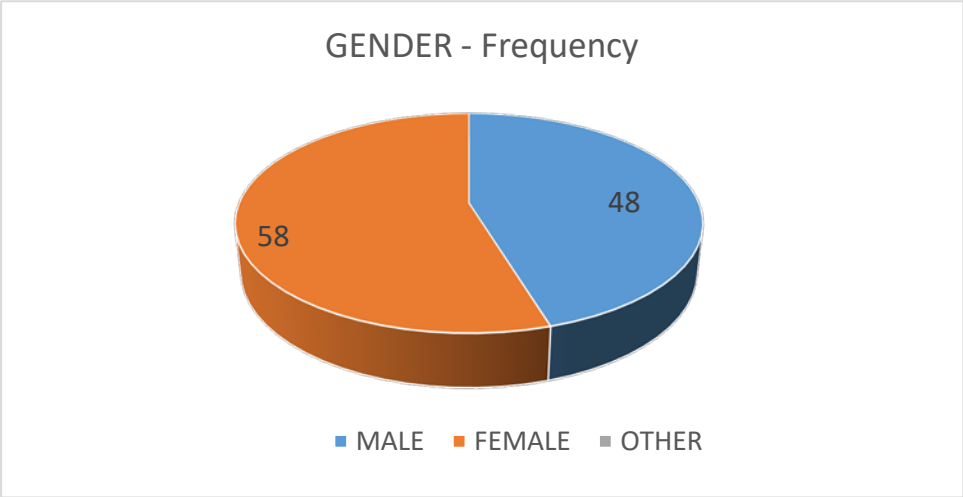

Figure 41: Gender

Figure 42 illustrates that 14 participants aged 18-20 (13,2%), 57 participants aged 26-30 (more than half – 53,8%), 18 participants aged 36-45 (17%) and 17 participants aged 46 or above (16%).

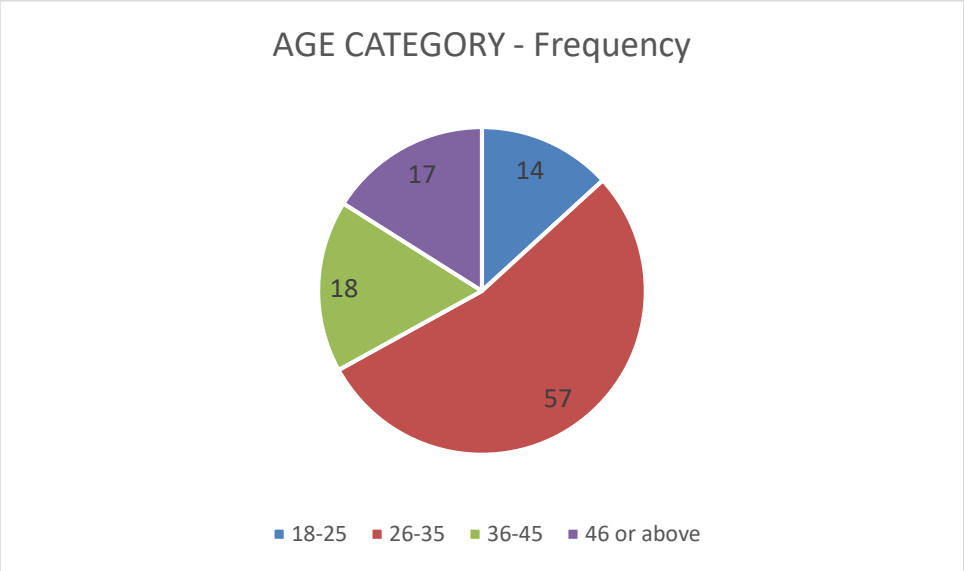

Figure 42: Age category

Figure 43 shows that 91 of the participants were Cypriot (85,8%) and 15 of the participants chose other as nationality (14,2%).

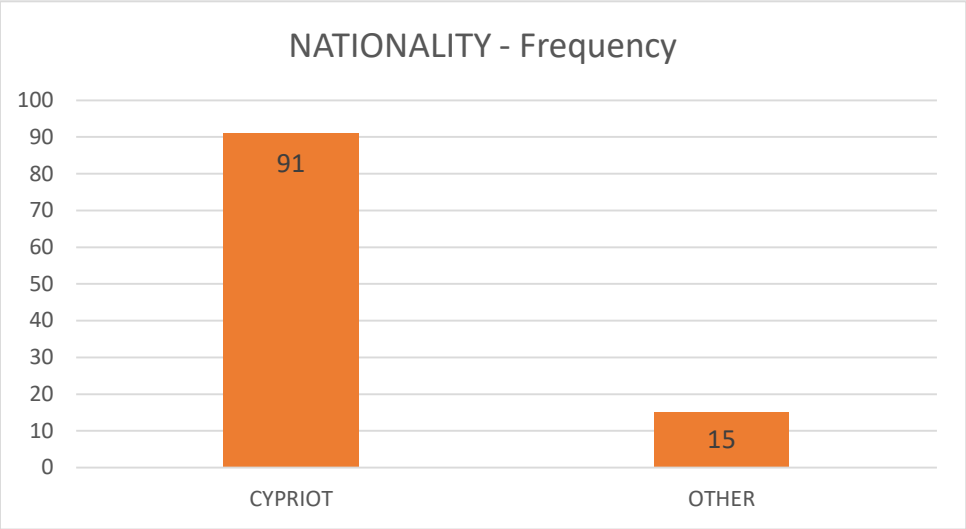

Figure 43: Nationality

Figure 44 presents that 3 of the participants were high school graduates (2,8%), 8 of the participants were college graduates (7,5%), 66 of the participants have bachelor's degree (62,3%), 8 of the participants have master's degree (22,6%) and 5 of the participants have doctorate degree (4,7%).

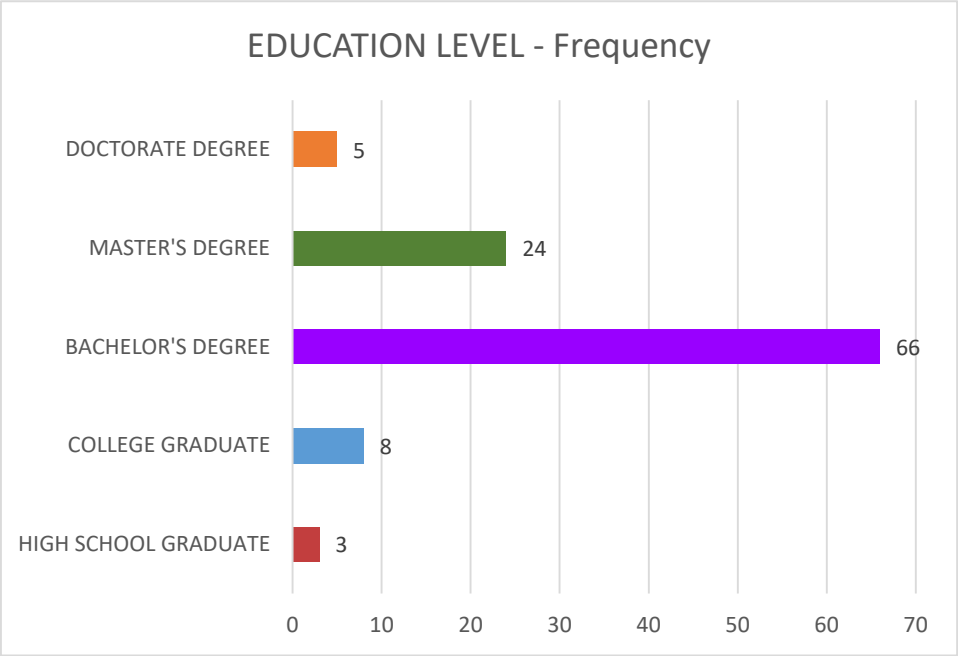

Figure 44: Education level

Figure 45 demonstrates that 59 of the participants were single (more than half - 55,7%), 42 of the participants were married (39,6%) and 5 of the participants were divorced (4,7%). None of the participants was widowed.

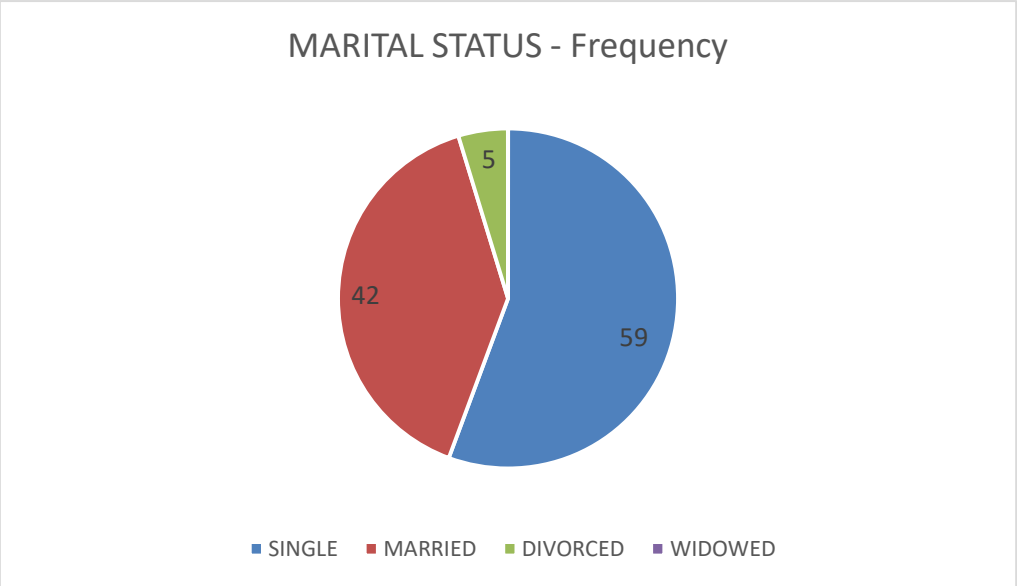

Figure 45: Marital status

Figure 46 shows that 11 of the participants were doctors (10,4%), 45 were nurses (42,5%), 27 were paramedical staff (25,5%) and 23 were other staff (21,7%).

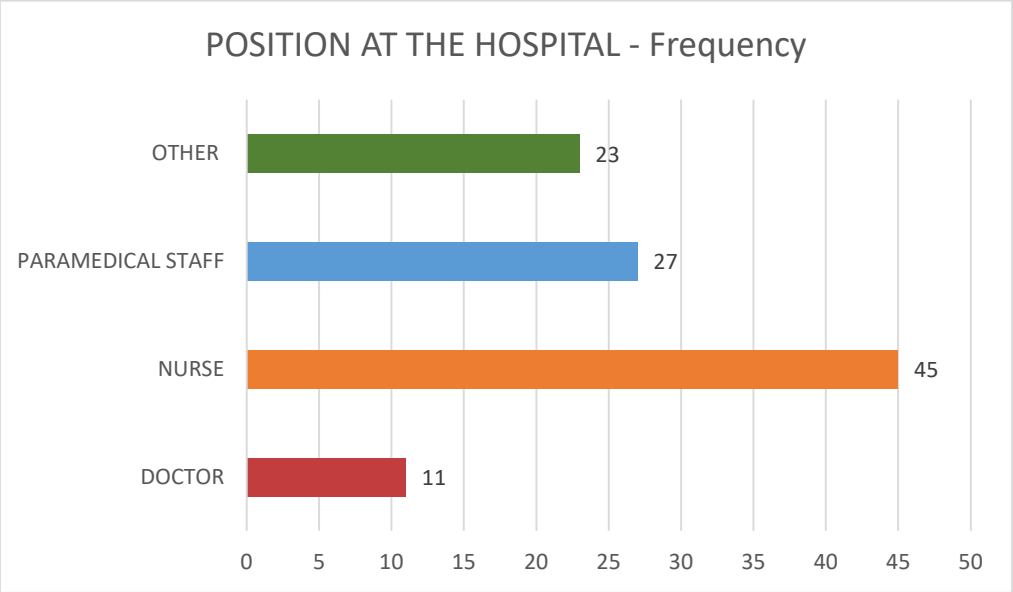

Figure 46: Position at the hospital

Figure 47 illustrates the number of participants (x-axis) and the duration in months (y-axis) that participants were working at the specific position at the hospital. For example, 12 participants were working for 12 months and other 12 participants for 18 months, 11 participants for 48 months, 7 participants for 18 months, 3 participants for 240 months and etc.

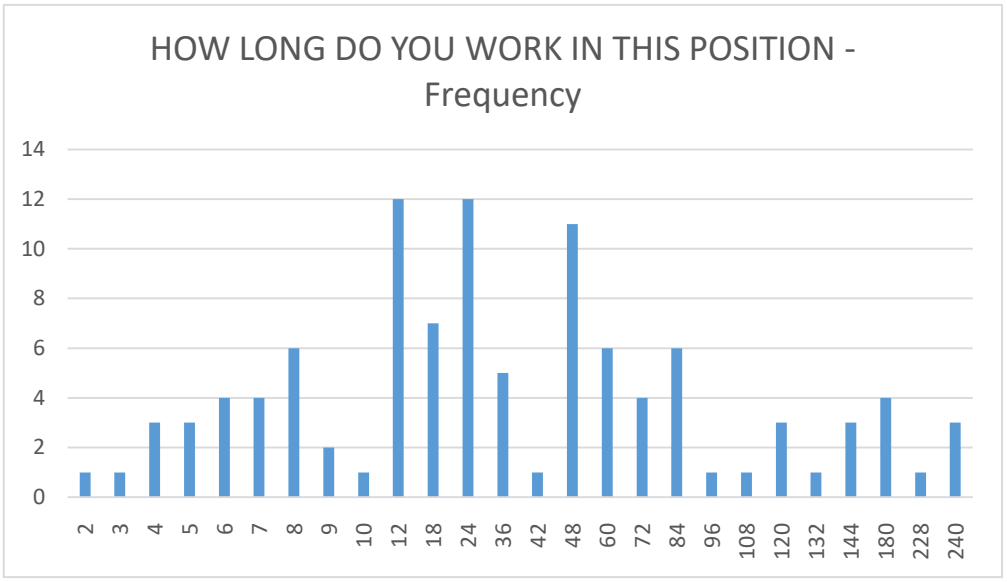

Figure 47: How long do you work in this position (duration in months)

Figure 48 presents that all the hospital members (106) that participated in the research were full-time staff.

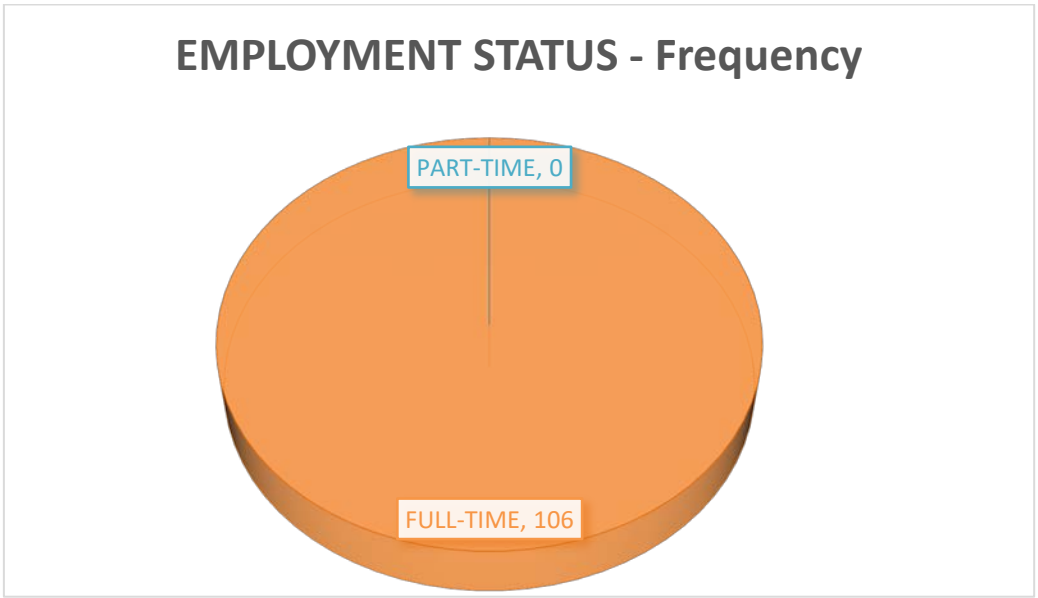

Figure 48: Employment status

Chapter 5 – Conclusions

In this chapter conclusions and main findings of the study will be summarized. Study's limitations and suggestions for further research will be discussed.

5.1. Study conclusions

By fulfilling the research questions set in Chapter 1, the aim of this Master's dissertation was achieved.

The research questions set in Chapter 1 were:

- Why communication and effective leadership are important in healthcare?
- What challenges hospital faced during GESY implementation?
- How COVID-19 affected GESY implementation and operation?
- What actions leaders performed during GESY implementation?
- In which extent healthcare employees are satisfied with their leaders' actions and decisions during GESY implementation?

To answer those research questions, questionnaires were distributed to doctors, nurses, paramedical and other staff members of the Apollonion private hospital. Findings and conclusions will be discussed below.

Regarding the 1st research question - to identify why communication and effective leadership are important in healthcare – responders show high agreement on the questionnaire's statements. Researcher has identified that effective communication and leadership in healthcare enable effective decision making and addressing of problems, mutual share of information and effective operation of the organization. In addition, it has been recognized that effective communication and leadership in healthcare allow the communication and achievement of the goals set by the organization, the provision of high

quality services to patients, build better relationships among healthcare providers or between healthcare providers and patients, increase employee engagement and create a productive workforce, improve the overall experience of the patient and moderate conflicts among healthcare providers as well as conflicts between healthcare providers and patients. These findings were expected since it has been identified in the past the importance of effective leadership and communication in healthcare world.

The high level of agreement encourages the healthcare organizations to invest on their staff leadership and communication skills in order to provide an effective, efficient and innovative contemporary healthcare system. According to the researcher's experience, most Cypriot healthcare systems are lacking from strong leaders and efficient communicators resulting to deficient operating healthcare environment. Healthcare environment is very complex and demanding where accomplishing an efficient operating system is very challenging and difficult. Certainly, staff and leaders' training, research and references to other successful healthcare systems could provide abundant information that will benefit and advance the Cypriot healthcare system. Therefore, this research is another proof for all the Cypriot hospitals that effective leadership and communication is vital within their organizations, especially when a new system such as GESY is implemented.

Regarding the 2nd research question – to assess challenges faced by the hospital during GESY implementation – Researcher has identified that the most noticeable challenges that hospital faced during GESY implementation were bureaucracy, staff shortages, increased workload, increased waiting time for appointments and patient behavioral change. Other challenges that hospital faced were the insufficient staff training by GESY representatives, the inadequate information to system providers and beneficiaries and the change in existing as well as addition of new protocols and procedures. Researcher also has identified that the behavioral change of the hospital staff, the shortages of consumables and medicines and the restrictions and inadequacies in service provision to patients have challenge the hospital to a lesser degree than the aforementioned.

These findings are very important as it is the first time that challenges brought by GESY to hospitals were examined. Findings show that GESY has caused some significant difficulties

that influence the hospital's operation. Some of these difficulties such as bureaucracy, patient behavioral change, shortages in medicines and changes in protocols cannot be fully overcome or be controlled by the hospital. In addition, the hospital did not prepare or organize efficiently to accept GESY as staff shortage was one of the most observable faced challenges. Furthermore, results identify that GESY did not provide inadequate information and guidance to both hospital and beneficiaries for that enormous change. Despite, they have been planning and preparing this healthcare system implementation for years, findings of this study show that Cyprus is still struggling to implement something efficiently and smoothly, especially for healthcare which is vital for Cypriot citizens.

However, findings of this study can provide information to both hospital and GESY system to try and tackle these challenges. For example, GESY could increase and improve its training programs and invest on their representatives to give efficient guidance to both providers and beneficiaries. In addition, GESY can proceed with changes to their system and operation procedures to eliminate bureaucracy and other problems. On the other hand, hospital could examine hiring of new staff to balance increased workload between shifts.

Regarding the 3rd research question – to examine how COVID-19 affected GESY implementation and operation – Researcher has identified that COVID-19 has influenced GESY in many ways. The pandemic affected the workflow and the operation of the organization, caused cancellations in scheduled surgeries and appointments, generated major financial costs for the purchase of protective equipment for staff, led to psychological and physical exhaustion of staff, created delay to the introduction of services such as physiotherapists, dentists etc. in GESY and restricted the maximum allowed number of staff members per shift. In addition, researcher has identified that restriction to the number of allowed appointments per day and the continuous disinfection of the premises which may have resulted in delays and affected GESY operation to a lesser degree. Regarding the results for the restriction to the number of allowed appointments per day, researcher observed the same percentage of responders to strongly agree and somewhat disagree (19,8%) with the statement where the hypothesis that each hospital's department made their own arrangements in regards to their premises and waiting areas (2m distance, no of

people allowed in each room at any moment) to comply with COVID-19 measures may be the case.

Results showed that GESY was very fragile to cope with COVID-19 pandemic. Nevertheless, this phenomenon was observed in other healthcare systems around the world as the pandemic has placed them under enormous pressure and has stretched them beyond their limits and capacity. Undoubtedly, efficient communication and leadership in healthcare was needed to overcome this crisis. However, the pandemic has served as a catalyst to health systems to make significant changes in their operations such as develop collaborations to address challenges, become more robust, rethink how their healthcare is being delivered and ensure that they have the necessary resources to improve patient care and faced any challenge across the road.

Regarding the 4th and 5th research questions - to identify leaders' actions performed during GESY implementation and to identify in which extent healthcare employees are satisfied with their leaders actions and decisions during GESY implementation – Researcher has observed that all the statements had a mean value around to 3 which could show a trend of the responders towards the neutral attitude regarding leaders' actions during GESY implementation. In addition, it has been suggested by the researcher that the leader of each department acts differently or uses different leadership traits as responses on most statements were distributed towards somewhat disagree, neither agree nor disagree and somewhat agree. Overall, there was a neutral to dissatisfied reflection on the statement if they are satisfied with their leader's actions regarding GESY implementation and they agree or disagree or are neutral to the statement that their leader did their best to address the difficulties of implementing a new health system in conjunction with the COVID-19 pandemic.

Results suggest that hospital was lacking in some aspects regarding leadership and communication. Some of hospital leaders did not manage to evaluate correctly needs and changes needed to be done during 1st phase of GESY or prioritize recruitment and purchase of equipment or undertook corrective actions when difficulties arose. Furthermore, some of them failed to communicate effectively to the team new information and procedures regarding GESY, for fast application or encourage them to implement proposed changes or

worked with the team to identify problems or support them psychologically. Certainly, efficient communication and leadership in healthcare is vital when a new health system is implemented and when a crisis such as a pandemic is gaining full momentum. Therefore, the hospital must invest to create a dynamic leadership team in all departments that will be able to communicate effectively and cope with any emergency.

This research is very important as it is the first time that a Cypriot hospital is studied for implementing a new healthcare system as well as weaknesses of the hospital were identified regarding GESY implementation and COVID-19 pandemic. Undoubtedly, hospital illustrated some leadership blind spots which were crucial to the implementation of a new health system and to cope with the pandemic around the corner. In addition, GESY as a system has its own issues in leadership and other areas which broad many difficulties to the hospital. Despite, they have been planning and preparing this healthcare system implementation for years, findings of this study show that Cyprus is still struggling to implement something efficiently and smoothly, especially for healthcare which is vital for Cypriot citizens. The CORE to overcome these obstacles is the efficient leadership and communication and this applies to the hospital as an organization, GESY as a system and Cyprus as a country. Therefore, suggestions that are made to improve both hospital's actions and GESY system are to enhance their leadership and communication skills. For example, as mentioned above they can both invest on their leadership teams and representatives by performing trainings and seminars. In addition, the hospital could improve its facilities and equipment to create a faster and more efficient provision of services and hire new staff to balance the increased workload and to decrease the waiting time for appointments. GESY can proceed with changes to their system and operation procedures to eliminate bureaucracy and other problems. In addition, both hospital and GESY can refer to other national health systems such as NHS and observe how they have been evolving through the years, what changes or mistakes they made and what benefits they offer to beneficiaries. However, GESY can exist in a more improved way and be financially viable learning from NHS and other health systems' insufficiencies. To conclude, both hospital and GESY must perform changes in their operation and reconsider how healthcare is delivered to address future challenges and crisis.

5.2. Study's limitations and suggestions for further research

The main limitations of the study are:

- Method of sampling used in this study accompany some limitations since results cannot be representative for the general healthcare population.
- Sample was small - 106 participants from one private hospital, therefore results cannot be representative for the Cypriot hospitals or Cypriot healthcare employees.
- COVID-19 was another obstacle to this research as some employees were either unable to attend due to COVID-19 sick leave or work overload.
- A mixed method design (combination of qualitative and quantitative research) could provide more precise and more detailed data. Hence some information may be missed.
- The collection of primary data could be performed through in-person interviews to avoid any deviations from the instructions for questionnaires completion and to better observe the participants and collect more information regarding their understanding, personal views and feelings towards the questions.

In order to improve this research is suggested that this study is performed to more hospitals in Cyprus that implemented GESY system, ideally in COVID free period where more participants could be involved. The research must involve more healthcare employees – bigger sample - in order to have more general and robust view regarding leadership and communication in Cypriot healthcare. Also, this research could be advanced if interviews or other qualitative method was used in combination with questionnaires in order to collect more precise data and understand participants' personal views and feelings regarding the observed differences on the answers. Finally, more statements could be added to the current study for future research in order to collect more information and create further conclusions.

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Appendix A

QUESTIONNAIRE

Dear colleagues,

It would be highly appreciated if you could spare a few minutes of your time to fill the following questionnaire for the conduct of my research entitled ''Communication and Effective Leadership in Healthcare''.

The aim of this research is to learn the importance and the impact of leadership and communication in healthcare, to identify and highlight areas where hospital is lacking regarding those aspects during GESY implementation and to suggest changes in order to improve both hospital's actions and GESY system. The influence of COVID-19 pandemic during GESY operation will also be examined. This research is conducted for the acquisition of Master degree in Business Administration of the Open University of Cyprus.

Your contribution to the successful conduct of the research is extremely important. The questionnaire is anonymous, confidential and the results will be used strictly for the statistical analysis of the survey. Participation is voluntary.

Thank you in advance for your participation and time.

Kind Regards,

Christina Siamptani

<u>Part A:</u> Please circle a number per line that corresponds to your degree of disagreement/agreement with the following statements

	Communication and effective leadership in healthcare:	**Strongly disagree**	**Somewhat disagree**	**Neither agree nor disagree**	**Somewhat agree**	**Strongly agree**
1	Enable effective decision making and addressing of problems	**1**	**2**	**3**	**4**	**5**
2	Enable mutual share of information	**1**	**2**	**3**	**4**	**5**
3	Enable the effective operation of the organization	**1**	**2**	**3**	**4**	**5**
4	Allow the communication and achievement of the goals set by the organization	**1**	**2**	**3**	**4**	**5**
5	Allow the provision of high quality services to patients	**1**	**2**	**3**	**4**	**5**
6	Build better relationships among healthcare providers	**1**	**2**	**3**	**4**	**5**
7	Build better relationships between healthcare providers and patients	**1**	**2**	**3**	**4**	**5**
8	Increase employee engagement and creates a productive workforce	**1**	**2**	**3**	**4**	**5**
9	Improve the overall experience of the patient	**1**	**2**	**3**	**4**	**5**
10	Moderate conflicts among healthcare providers as well as conflicts between healthcare providers and patients	**1**	**2**	**3**	**4**	**5**
	During GESY implementation, the hospital faced the following challenges:	**Strongly disagree**	**Somewhat disagree**	**Neither agree nor disagree**	**Somewhat agree**	**Strongly agree**
11	Bureaucracy	**1**	**2**	**3**	**4**	**5**
12	Staff shortages	**1**	**2**	**3**	**4**	**5**
13	Increased workload	**1**	**2**	**3**	**4**	**5**
14	Increased waiting time for appointments	**1**	**2**	**3**	**4**	**5**
15	Change in existing as well as addition of new protocols and procedures	**1**	**2**	**3**	**4**	**5**
16	Behavioral change of the hospital staff	**1**	**2**	**3**	**4**	**5**
17	Patient behavioral change	**1**	**2**	**3**	**4**	**5**
18	Insufficient staff training by GESY representatives	**1**	**2**	**3**	**4**	**5**
19	Restrictions and inadequacies in service provision to patients	**1**	**2**	**3**	**4**	**5**

20	Inadequate information to system providers and beneficiaries	**1**	**2**	**3**	**4**	**5**
21	Shortages of consumables and medicines	**1**	**2**	**3**	**4**	**5**
The measures to prevent the spread of COVID-19 affected GESY implementation and operation as follows:		**Strongly disagree**	**Somewhat disagree**	**Neither agree nor disagree**	**Somewhat agree**	**Strongly agree**
22	Restricted the number of allowed appointments per day	**1**	**2**	**3**	**4**	**5**
23	Restricted the maximum allowed number of staff members per shift	**1**	**2**	**3**	**4**	**5**
24	Affected the workflow	**1**	**2**	**3**	**4**	**5**
25	Affected the operation of the organization	**1**	**2**	**3**	**4**	**5**
26	Continuous disinfection of the premises resulted in delays – time-consuming procedures	**1**	**2**	**3**	**4**	**5**
27	Cancellations in scheduled surgeries and appointments	**1**	**2**	**3**	**4**	**5**
28	Major financial costs for the purchase of protective equipment for staff	**1**	**2**	**3**	**4**	**5**
29	Psychological and physical exhaustion of staff	**1**	**2**	**3**	**4**	**5**
30	Delay to the introduction of services such as physiotherapists, dentists etc. in GESY	**1**	**2**	**3**	**4**	**5**
<u>Part B:</u> Please circle a number per line that corresponds to your degree of disagreement/agreement with the following statements						
Leaders' actions during GESY implementation / In which extent healthcare employees are satisfied with their leaders' actions and decisions during GESY implementation		**Strongly disagree**	**Somewhat disagree**	**Neither agree nor disagree**	**Somewhat agree**	**Strongly agree**
31	My leader correctly evaluated needs and necessary changes to be implemented during the 1st phase of GESY	**1**	**2**	**3**	**4**	**5**
32	My leader prioritized the recruitment and training of staff	**1**	**2**	**3**	**4**	**5**
33	My leader prioritized the purchase of new equipment and other systems	**1**	**2**	**3**	**4**	**5**
34	My leader undertook corrective actions when difficulties arose	**1**	**2**	**3**	**4**	**5**
35	My leader worked with the team to identify problems	**1**	**2**	**3**	**4**	**5**

36	My leader communicated effectively to the team new information and procedures regarding GESY, for fast application	**1**	**2**	**3**	**4**	**5**
37	My leader encouraged the team to implement the proposed changes	**1**	**2**	**3**	**4**	**5**
38	My leader provided guidance and psychological support to the team, to meet job requirements	**1**	**2**	**3**	**4**	**5**
39	Overall I am satisfied with my leader's actions for GESY implementation	**1**	**2**	**3**	**4**	**5**
40	My leader did their best to address the difficulties of implementing a new health system in conjunction with the COVID-19 pandemic	**1**	**2**	**3**	**4**	**5**

***PART C:* DEMOGRAPHIC INFORMATION - Please tick the appropriate box**

GENDER:

☐ MALE ☐ FEMALE ☐ OTHER

AGE CATEGORY:

☐ 18-25 ☐ 26-35 ☐ 36-45 ☐ 46 or above

NATIONALITY:

☐ CYPRIOT ☐ OTHER

EDUCATION LEVEL:

☐ HIGH SCHOOL GRADUATE ☐ COLLEGE GRADUATE ☐ BACHELOR'S DEGREE

☐ MASTER'S DEGREE ☐ DOCTORATE DEGREE

MARITAL STATUS:

☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED

YOUR POSITION AT THE HOSPITAL:

☐ DOCTOR ☐ NURSE ☐ PARAMEDICAL STAFF ☐ OTHER

HOW LONG DO YOU WORK IN THIS POSITION: _____

EMPLOYMENT STATUS:

☐ FULL-TIME ☐ PART-TIME

Appendix B

ΕΡΩΤΗΜΑΤΟΛΟΓΙΟ

Αγαπητοί/ές,

Θα το εκτιμούσα ιδιαιτέρως αν μπορούσατε να αφιερώσετε λίγα λεπτά από το χρόνο σας για να συμπληρώσετε το ακόλουθο ερωτηματολόγιο με σκοπό τη συλλογή πληροφοριών για διεξαγωγή της έρευνας μου με τίτλο ‘’Επικοινωνία και αποτελεσματική ηγεσία στην υγειονομική περίθαλψη‘’.

Στόχος της έρευνας είναι να διερευνηθεί η σημασία της καλής επικοινωνίας και αποτελεσματικής ηγεσίας στην υγειονομική περίθαλψη, να εντοπιστούν τομείς όπου το νοσοκομείο υστερεί σε αυτούς τους τομείς κατά την εφαρμογή του ΓΕΣΥ και να εισηγηθούν αλλαγές για βελτίωση τόσο των ενεργειών του νοσοκομείου, όσο και του συστήματος του ΓΕΣΥ. Επίσης, θα μελετηθεί και η επιρροή της πανδημίας COVID-19 κατά τη λειτουργία του ΓΕΣΥ. Η έρευνα αυτή διεξάγεται στα πλαίσια εκπόνησης διπλωματικής εργασίας για την απόκτηση μεταπτυχιακού τίτλου σπουδών στη «Διοίκηση Επιχειρήσεων» του Ανοικτού Πανεπιστημίου Κύπρου.

Η συμβολή σας στην επιτυχή διεξαγωγή της έρευνας είναι ιδιαίτερα σημαντική. Το ερωτηματολόγιο είναι ανώνυμο, εμπιστευτικό και τα αποτελέσματα θα χρησιμοποιηθούν αυστηρά και μόνο στα πλαίσια της στατιστικής ανάλυσης της έρευνας.
Η συμμετοχή είναι εθελοντική.

Σας ευχαριστώ πολύ εκ των προτέρων για τη συμμετοχή και το χρόνο σας.

Με εκτίμηση,

Χριστίνα Σιαμπτάνη

<u>ΜΕΡΟΣ Α:</u> Παρακαλώ κυκλώστε ανα γραμμή τον αριθμό που αντιστοιχεί στο βαθμό διαφωνίας/συμφωνίας σας με τις παρακάτω προτάσεις

Η επικοινωνία και η αποτελεσματική ηγεσία στην υγειονομική περίθαλψη:		**Διαφωνώ απόλυτα**	**Μάλλον διαφωνώ**	**Ούτε συμφωνώ, ούτε διαφωνώ**	**Μάλλον Συμφωνώ**	**Συμφωνώ απόλυτα**
1	Επιτρέπουν την αποτελεσματική λήψη αποφάσεων και αντιμετώπιση προβλημάτων	**1**	**2**	**3**	**4**	**5**
2	Επιτρέπουν την αμοιβαία ανταλλαγή πληροφοριών	**1**	**2**	**3**	**4**	**5**
3	Επιτρέπουν την αποτελεσματική λειτουργία του οργανισμού	**1**	**2**	**3**	**4**	**5**
4	Επιτρέπουν την γνωστοποίηση και επίτευξη των στόχων που έχουν τεθεί από τον οργανισμό	**1**	**2**	**3**	**4**	**5**
5	Επιτρέπουν την παροχή υπηρεσιών υψηλής ποιότητας προς τους ασθενείς	**1**	**2**	**3**	**4**	**5**
6	Δημιουργούν καλύτερες σχέσεις μεταξύ των επαγγελματιών υγείας	**1**	**2**	**3**	**4**	**5**
7	Δημιουργούν καλύτερες σχέσεις με τους ασθενείς	**1**	**2**	**3**	**4**	**5**
8	Αυξάνουν τη δέσμευση των εργαζομένων και δημιουργεί ένα παραγωγικό εργατικό δυναμικό	**1**	**2**	**3**	**4**	**5**
9	Βελτιώνουν την ολική εμπειρία του ασθενούς	**1**	**2**	**3**	**4**	**5**
10	Μετριάζουν τις συγκρούσεις μεταξύ των επαγγελματιών υγείας καθώς και μεταξύ επαγγελματιών υγείας - ασθενών	**1**	**2**	**3**	**4**	**5**

Κατά την υλοποίηση του ΓΕΣΥ, το νοσοκομείο αντιμετώπισε τις ακόλουθες δυσκολίες:		**Διαφωνώ απόλυτα**	**Μάλλον διαφωνώ**	**Ούτε συμφωνώ, ούτε διαφωνώ**	**Μάλλον Συμφωνώ**	**Συμφωνώ απόλυτα**
11	Γραφειοκρατία	**1**	**2**	**3**	**4**	**5**
12	Ελλείψεις στο προσωπικό	**1**	**2**	**3**	**4**	**5**
13	Άυξηση φόρτου εργασίας	**1**	**2**	**3**	**4**	**5**
14	Άυξηση αναμονής στα ραντεβού	**1**	**2**	**3**	**4**	**5**
15	Αλλαγή υφιστάμενων και προσθήκη νέων πρωτοκόλλων και διαδικασιών	**1**	**2**	**3**	**4**	**5**
16	Αλλαγή στη συμπεριφορά του προσωπικού	**1**	**2**	**3**	**4**	**5**
17	Αλλαγή στη συμπεριφορά των ασθενών	**1**	**2**	**3**	**4**	**5**

18	Ανεπαρκής εκπαίδευση του προσωπικού από εκπροσώπους του ΓΕΣΥ	**1**	**2**	**3**	**4**	**5**
19	Περιορισμούς και ανεπάρκεια στη παροχή υπηρεσιών προς τους ασθενείς	**1**	**2**	**3**	**4**	**5**
20	Ελλιπής ενημέρωση στους παροχείς και δικαιούχους του συστήματος	**1**	**2**	**3**	**4**	**5**
21	Ελλείψεις σε αναλώσιμα και φάρμακα	**1**	**2**	**3**	**4**	**5**
Τα μέτρα για παρεμπόδιση εξάπλωσης του COVID-19 είχε επηρεάσει την υλοποίηση και λειτουργία του ΓΕΣΥ ως εξής:		**Διαφωνώ απόλυτα**	**Μάλλον διαφωνώ**	**Ούτε συμφωνώ, ούτε διαφωνώ**	**Μάλλον Συμφωνώ**	**Συμφωνώ απόλυτα**
22	Περιόρισε τον επιτρεπόμενο αριθμό ραντεβού ανά ημέρα	**1**	**2**	**3**	**4**	**5**
23	Περιόρισε το μέγιστο επιτρεπόμενο αριθμό μελών του προσωπικού ανά βάρδια	**1**	**2**	**3**	**4**	**5**
24	Επηρέασε τη ροή εργασίας	**1**	**2**	**3**	**4**	**5**
25	Επηρέασε τη λειτουργικότητα του οργανισμού	**1**	**2**	**3**	**4**	**5**
26	Οι συνεχείς απολυμάνσεις των χώρων προκάλεσαν καθυστερήσεις - χρονοβόρες διαδικασίες	**1**	**2**	**3**	**4**	**5**
27	Ακυρώσεις σε προγραμματισμένες επεμβάσεις και ραντεβού	**1**	**2**	**3**	**4**	**5**
28	Υπερχρέωση του συστήματος για την αγορά προστατευτικού εξοπλισμού για το προσωπικό	**1**	**2**	**3**	**4**	**5**
29	Ψυχολογική και σωματική εξάντληση του προσωπικού	**1**	**2**	**3**	**4**	**5**
30	Καθυστέρηση στην ένταξη υπηρεσιών όπως φυσιοθεραπευτών, οδοντιάτρων κ.α. στο ΓΕΣΥ	**1**	**2**	**3**	**4**	**5**
<u>ΜΕΡΟΣ Β:</u> Παρακαλώ κυκλώστε ανα γραμμή τον αριθμό που αντιστοιχεί στο βαθμό διαφωνίας/συμφωνίας σας με τις παρακάτω προτάσεις						
Οι ενέργειες των προϊσταμένων κατά την εφαρμογή του ΓΕΣΥ / Σε ποιό βαθμό οι επαγγελματίες υγείας είναι ικανοποιημένοι με τις ενέργειες και τις αποφάσεις των προϊσταμένων τους:		**Διαφωνώ απόλυτα**	**Μάλλον διαφωνώ**	**Ούτε συμφωνώ, ούτε διαφωνώ**	**Μάλλον Συμφωνώ**	**Συμφωνώ απόλυτα**
31	Ο/η προϊστάμενος/η μου είχε αξιολογήσει ορθά τις ανάγκες και τις αλλαγές που χρειάζονταν να γίνουν κατά το πρώτο στάδιο εφαρμογής του ΓΕΣΥ	**1**	**2**	**3**	**4**	**5**

32	Ο/η προϊστάμενος/η μου έδωσε προτεραιότητα στη πρόσληψη και εκπαίδευση προσωπικού	**1**	**2**	**3**	**4**	**5**
33	Ο/η προϊστάμενος/η μου έδωσε προτεραιότητα στην αγορά καινούριου εξοπλισμού και άλλων συστημάτων	**1**	**2**	**3**	**4**	**5**
34	Ο/η προϊστάμενος/η μου εκτέλεσε διορθωτικές ενέργειες όταν προέκυψαν δυσκολίες	**1**	**2**	**3**	**4**	**5**
35	Ο/η προϊστάμενος/η μου συνεργάστηκε με την ομάδα για εντοπισμό προβλημάτων	**1**	**2**	**3**	**4**	**5**
36	Ο/η προϊστάμενος/η μου κοινοποίησε αποτελεσματικά νέες πληροφορίες και διαδικασίες που αφορούσαν το ΓΕΣΥ, για γρήγορη εφαρμογή	**1**	**2**	**3**	**4**	**5**
37	Ο/η προϊστάμενος/η μου ενθάρρυνε την ομάδα να εφαρμόσουν τις προτεινόμενες αλλαγές	**1**	**2**	**3**	**4**	**5**
38	Ο/η προϊστάμενος/η μου πρόσφερε καθοδήγηση και ψυχολογική υποστήριξη στην ομάδα για διεκπεραίωση των απαιτήσεων της δουλειάς	**1**	**2**	**3**	**4**	**5**
39	Συνολικά είμαι ικανοποιημένος με τις ενέργειες του/της προϊσταμένου/ης μου για υλοποίηση του ΓΕΣΥ	**1**	**2**	**3**	**4**	**5**
40	Ο/η προϊστάμενος/η μου έκανε το καλύτερο δυνατόν για αντιμετώπιση δυσκολιών που επέφερε η εφαρμογή ενός νέου συστήματος υγείας σε συνδυασμό με τη πανδημία COVID-19	**1**	**2**	**3**	**4**	**5**

<u>ΜΕΡΟΣ Γ:</u> ΔΗΜΟΓΡΑΦΙΚΑ ΣΤΟΙΧΕΙΑ - Παρακαλώ βάλτε ένα √ στο αντίστοιχο τετραγωνάκι

ΦΥΛΟ: ☐ ΑΝΔΡΑΣ ☐ ΓΥΝΑΙΚΑ ☐ ΑΛΛΟ

ΗΛΙΚΙΑ: ☐ 18-25 ☐ 26-35 ☐ 36-45 ☐ 46 και άνω

ΕΘΝΙΚΟΤΗΤΑ: ☐ ΚΥΠΡΙΑΚΗ ☐ ΑΛΛΗ:_____

ΜΟΡΦΩΤΙΚΟ ΕΠΙΠΕΔΟ:

☐ ΑΠΟΦΟΙΤΟΣ ΛΥΚΕΙΟΥ ☐ ΑΠΟΦΟΙΤΟΣ ΚΟΛΛΕΓΙΟΥ/ΣΧΟΛΗΣ ☐ ΠΤΥΧΙΟ

☐ ΜΕΤΑΠΤΥΧΙΑΚΟ ☐ ΔΙΔΑΚΤΟΡΙΚΟ

ΟΙΚΟΓΕΝΕΙΑΚΗ ΚΑΤΑΣΤΑΣΗ:

☐ ΑΓΑΜΟΣ/Η ☐ ΠΑΝΤΡΕΜΕΝΟΣ/Η ☐ ΔΙΑΖΕΥΓΜΕΝΟΣ/Η ☐ ΧΗΡΟΣ/Α

ΘΕΣΗ ΠΟΥ ΚΑΤΕΧΕΤΕ ΣΤΟ ΝΟΣΟΚΟΜΕΙΟ:

☐ ΙΑΤΡΟΣ ☐ ΝΟΣΗΛΕΥΤΗΣ/Α ☐ ΠΑΡΑΪΑΤΡΙΚΟ ΠΡΟΣΩΠΙΚΟ ☐ ΑΛΛΟ:_____

ΠΟΣΟ ΧΡΟΝΙΚΟ ΔΙΑΣΤΗΜΑ ΕΡΓΑΖΕΣΤΕ ΣΕ ΑΥΤΗ ΤΗ ΘΕΣΗ: _____

ΕΡΓΑΣΙΑΚΗ ΚΑΤΑΣΤΑΣΗ:

☐ ΠΛΗΡΗΣ ΑΠΑΣΧΟΛΗΣΗ ☐ ΜΕΡΙΚΗ ΑΠΑΣΧΟΛΗΣΗ