Healthcare enterprises and public policies on COVID-19: Insights from the Greek rural areas

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Abstract
Despite the difficulties, entrepreneurship met the socioeconomic challenges by providing solutions to rural areas during the COVID-19 crisis, while healthcare entrepreneurial activity has been adapted to the changing conditions. The Greek rural areas’ healthcare enterprises suffer the consequences of the public policies on COVID-19 as their activities have been affected, their turnover has decreased, and liquidity problems have arisen. Entrepreneurs believe that the announced state and European support will help them overcome the implications. However, some of the support measures that have a loan rational will bring enterprises with bank loans to a halt. Indeed, entrepreneurship in rural areas faces multiple problems that they are trying to overcome during the COVID-19 crisis. Uncertainty, insecurity and health scare prevailed. Despite the problems, the enterprises showed resilience and did not cease their operations.

KEYWORDS
COVID-19, crisis, entrepreneurship, healthcare, rural areas

JEL CLASSIFICATION
I18; I11; M10; R11

1 INTRODUCTION
The primary healthcare system aimed at the residents of the Greek rural areas is based on the public structures of Rural Health Centers of the National Health System and the rural practitioners. It also relies on private healthcare enterprises as well as social health enterprises. Regional health centers since their establishment until today are understaffed facing shortages of medical, nursing, and administrative personnel along with infrastructure, financial, and organizational problems, resulting in a low level of satisfaction of rural residents (Abel-Smith et al., 1994; Economou, 2010; Kontodimopoulos, Moschovakis, Aletras, & Niakas, 2007; Mitropoulos, Kounetas, & Mitropoulos, 2016; Mitropoulos, Mitropoulos, & Giannikos, 2013; Sbarouni et al., 2012; Simou, Karamagioli, & Roumeliotou, 2015; Sissouras, Mitropoulos, & Gounaris, 2000). This permanent reduction of rural health centers has resulted in rural residents turning to private healthcare companies (Tountas et al., 2011). Rural practices are also degraded, mostly staffed with medical school graduates obliged by the state to serve in rural areas for about 1 year before taking a specialty (Economou, Kaitelidou, Karanikolos, & Maresso, 2017). As a result, medical staff in rural areas, especially in remote areas, is inadequate, and these areas lack comprehensive and reliable public health services (Vardiampasis et al., 2014). Rural residents of 51% pay themselves their healthcare costs turning to health services offered by the private sector or they are forced to make informal payments to public sector doctors (Tountas et al., 2011). In Greece, there may not have been large-scale privatizations of the health sector. The state cannot provide high-quality health services (Liaropoulos, Siskou, Kaitelidou, Theodorou, & Katostaras, 2008; Siskou, Kaitelidou, Papakonstantinou, & Liaropoulos, 2008), and the private sector found fertile soil to grow (Tountas, Karnaki, Pavi, & Souliotis, 2005). This situation explains why private healthcare services are more popular among rural residents (Tountas et al., 2011).

The economic and monetary crisis of 2009 and the crisis of the COVID-19 pandemic found the residents of the Greek rural areas to be...
highly dependent on private health companies for health issues. The crisis of 2009 had a severe impact on the healthcare system of the rural population (Anthopoulos, Kaderis, & Petrou, 2017; Apostolopoulos, Newbery, & Gkartzios, 2019). The quality of healthcare provision deteriorated during the crisis (Chantzaras & Yfantopoulos, 2018; Kotsiou, Srivastava, Kotsios, Exadaktylos, &ourgoulainis, 2018) as the recession led healthcare to a crisis (Kotsiou et al., 2018). Cuts in funding for the health system were so great that rural areas were deprived of basic equipment necessary for the rural population’s care (Lionis et al., 2009; Oikonomidou et al., 2010; Rachiotis et al., 2014). On the other hand, private healthcare enterprises in the rural areas as well as social health enterprises showed resilience to the crisis (Apostolopoulos et al., 2019; Steiner, Farmer, & Bosworth, 2019) and were able to cope with social phenomena such as poverty and marginalization (Apostolopoulos et al., 2020; Lages, Marques, Ferreira, & Ferreira, 2017; Macaulay, Mazzei, Roy, Teasdale, & Donaldson, 2018; Millar, Hall, & Miller, 2016).

The global crisis erupted in December 2019 due to the COVID-19 pandemic has been having major negative consequences for all enterprises (Gates, 2020; Ligouri & Pittz, 2020; Winston, 2020). The political, economic, and social environment has changed placing a burden on healthcare systems (Kuckertz et al., 2020). Especially since March 11, 2020, when the World Health Organization spoke of a pandemic, governments have taken measures to address the spread of the COVID-19 virus in the community, which went so far as to a complete ban of movement (Kraus et al., 2020). The supply and demand of goods and services were disrupted (del Rio-Chanona, Mealy, Pichler, Lafond, & Farmer, 2020; Muellbauer, 2020). In order to address the spread of COVID-19 in the community, the Greek authorities took many restrictive measures that reached a lockdown with substantial social, economic and health implications.

This empirical research comes to investigate the implications of public policies on COVID-19 for the healthcare enterprises in the Greek rural areas and contribute to ongoing discussion about the impact of COVID-19 crisis (Phillipson et al., 2020), entrepreneurship in disadvantaged areas (Maalaoui, Ratten, Heilbrunn, Brannback, & Kraus, 2020), and trends in healthcare enterprises (Apostolopoulos et al., 2020). The aim is to expand the academic discussion on the above pillars when, at the same time, the policy implication can cause a strategic change in policy design.

Section 2 presents the literature review on entrepreneurship and COVID-19 in rural areas following this introductory section. Section 3 focuses on the methodological approach. Section 4 shows the data analysis, while Section 5 unfolds the findings. Section 6 discusses the findings. The last Section 7 concludes.

2 | LITERATURE REVIEW

Surveys conducted in the first 8 months of the COVID-19 pandemic showed that rural entrepreneurship experienced problems due to measures to prevent the spread in the community. At the same time, they demonstrated the need to monitor the impact of the COVID-19 pandemic on rural enterprises’ operation and take measures to support them as the pandemic simultaneously affects health systems, governments, and enterprises (Rowan & Galanakis, 2020). Research by Phillipson et al. (2020) has shown that rural enterprises need support measures to meet demand and supply challenges due to the effects of the COVID-19 pandemic. At the same time, it points out that impact monitoring should be continuous and long-term since enterprises recover at different rates. During the first phase of COVID-19, Italian farmers sought cooperation with volunteers and the social economy, or the third sector, in order to address its effects, including social enterprises (Mastronardi, Cavallo, & Romagnoli, 2020). Research by Lucaci and Nastase (2020) examining the rural business environment in Europe during the first phase of the COVID-19 spread found that the pandemic negatively affected the lives of rural residents and the business activity of these areas.

The accompanying social distancing measures taken to prevent the spread of COVID-19 have made telehealth development by health providers even more urgent for rural residents (Hirko et al., 2020). The need for a rapid upgrade of telehealth for rural residents was also reflected in Nagata’s research (2020). Studies examining rural public health systems in countries that are degraded, such as India’s health system, have shown that the private health sector has not responded to the COVID-19 crisis and in many cases has not followed the protocols for the treatment and control of the spread of COVID-19 (Sundaramaran & Ranjan, 2020). The crisis created by the COVID-19 pandemic, according to Ratten’s research (2020), must be analyzed from the point of view of creating social value in the business perspective. In times of crisis, governments largely support small enterprises, whether they operate in urban areas or in the rural areas, with loans and grants to withstand and overcome the crisis without these policies always being effective.

In the case of the COVID-19 pandemic crisis, research by Haefele, Hobson, and Storr (2020) has shown that policymakers must enable entrepreneurship to operate unimpeded during the crisis. At the same time, regulations that hinder business activity should be suspended or removed. On the other hand, rural residents are sensitive to the COVID-19 pandemic, especially toward the elderly and those in need of care (Peters, 2020). They are concerned that the rural areas have fewer doctors, lack of mental health services, that there are limitations and barriers to telemedicine and a large percentage of residents are uninsured (Peters, 2020).

3 | METHODOLOGY

3.1 | Research strategy

The entrepreneurship research lacks diversity in methodology (Neergaard & Ulhøi, 2007; Wiklund, Davidsson, Audretsch, & Karlsson, 2011). Until the beginning of 2000, it was mostly quantitative entrepreneurship research that had been conducted (Gartner & Birley, 2002; Ucbasaran, Westhead, & Wright, 2001). Since 2000, the majority of studies on entrepreneurship have been conducted with qualitative research. Qualitative research has a positive contribution and creates fruitful results in entrepreneurship (Javadian, Dobratz,
A perception has been developed that quantitative research methods cannot answer certain questions related to the nature of entrepreneurship (Gartner & Birley, 2002) and fails to identify what unforeseen factors may exist, risking missing the wealth of data that entrepreneurs themselves can provide (Ali & Birley, 1999). Research by Van Burg, Cornelissen, Stam, and Jack (2020) has shown that specific qualitative research methods are more appropriate for understanding entrepreneurship’s unique, volatile, and natural characteristics. The contemporary international literature considers the qualitative approach as the most effective to analyze the range of business activities (Dana & Dumes, 2015; Drakopoulou-Dodd, McDonald, McElwee, & Smith, 2014). Karatas-Ozkan, Anderson, Fayolle, Howells, and Condor (2014) argued that specific important issues in entrepreneurship could only be addressed through qualitative research. The qualitative research approach, as it seeks to evaluate experiences, meaning and interpretations (Tuli, 2010) are more appropriate for entrepreneurship issues. Qualitative research attempts to explore the perspectives, experiences and interpretations of entrepreneurs and their environment (Denzin & Lincoln, 1994), and this is a crucial element to be highlighted in the research. Business barriers and difficulties in developing business in transitional environments are better approached and explored, according to Doern (2009), with qualitative research methods and strategies. Such a transitional and challenging environment was the business environment that was formed during the COVID-19 period with its public policies to address it.

The first studies on COVID-19 concerning entrepreneurship were carried out using a qualitative research method (Kraus et al., 2020; Kuckertz et al., 2020). Based on the above and following the literature trends on entrepreneurship, we chose qualitative research to examine the implications of public policies on COVID-19 for healthcare enterprises in the Greek rural areas. We have used individual semi-structured interviews that are considered adequate and effective and are widely used in academic journals (Apostolopoulos et al., 2019; Farmer & Kilpatrick, 2009; Herrity, 2017; Sbarouni et al., 2012; Steiner & Aterton, 2015). Semi-structured interviews contribute to objectivity and reliability (Kallio, Pliitli, Johnson, & Kangasniemi, 2016; DeJongkkheere & Vaught, 2019) as they create a flexible discussion framework (Patton, 1990). They allow the researcher to explore aspects of business action (Qu & Dumay, 2011).

### 3.2 Sample characteristics and applied approach

Sampling in qualitative research is based on the principle of appropriateness and adequacy (Morse, 1994; Morse & Field, 1996) with a small sample so as not to lose the subjective and individual characteristics (Moser & Korstjens, 2017; Polit & Beck, 2017; Polit & Hungler, 1999). We followed this practice in our research. By taking the above into account, 16 private healthcare companies were selected whose headquarters are in the rural areas, at the administrative regions of mainland Greece: Peloponnese, Western Greece, Central Greece, Attica, Thessaly, Epirus, Western Macedonia, Central Macedonia, and Eastern Macedonia (Table 1).

The average duration of the interviews was 40 min. Due to the restrictive measures that were imposed to reduce the spread of COVID-19, the semi-structured interviews were conducted with the help of technology (Skype, Viber, and WhatsApp) and telecommunications. Moreover, international literature shows that data collected using the Internet and telephone and live collected data are equally reliable (Deakin & Wakefield, 2014; Lacono, Symonds, & Brown, 2016; McIntosh & Morse, 2015).

To facilitate and encourage free discussion so that all aspects of the research are brought out into the open, the research team moved around three thematic sections. The first one concerns the implications, both direct and indirect, of COVID-19 public policies for private healthcare enterprises of the rural areas. The second concerned the financial support measures for private healthcare companies of the rural areas to address the effects of COVID-19. The third one concerned the support measures for private healthcare enterprises of the rural areas in relation to supporting the economy of the rural areas.

### 4 DATA ANALYSIS

Data analysis was performed in Greek, mother tongue of the participants to ensure accuracy and reliability and reduce the risks of possible misinterpretations of words, concepts, and expressions (Maneesriwongul & Dixon, 2004; Temple & Young, 2004). Only the references used in the article have been translated into English (Van Nes, Abma, Jonsson, & Deeg, 2010). Semi-structured interviews were examined separately following an inductive strategy that provided continuous cross-checks concerning the thematic sections (Yin, 1994). An inductive approach to research questions was then used to highlight emerging topics and sub-topics (Giola, Corley, & Hamilton, 2013). Coding and creating categories (Table 2) have been described in detail (Krippendorff, 2018). There was a percentage weighting of agreement or non-agreement among the coding team (Hayes & Krippendorff, 2007). This strategy helped and facilitated comparisons between sectors (Strauss & Corbin, 1990).

### 5 FINDINGS

Findings were structured according to three emerging issues: Implications of COVID-19 public policies for healthcare enterprises in the rural areas; state and European financial support for healthcare enterprises to address the effects of COVID-19; and business support measures and strengthening rural economy.

#### 5.1 Implications of public policies on COVID-19 for the healthcare enterprises in the rural areas

All the companies surveyed stated that the implications of the measures taken to address COVID-19 were significant and affected their activities, reduced turnover, and caused liquidity problems. Only one company stated that it had not been affected:
My company has not been financially affected during the Coronavirus, I neither lost nor gained (R3).

The R3 Company operating in pharmaceutical care was differentiated from the other four of the same type of activity (R7, R8, R14, and R15) that were included in the sample and stated that they encountered problems suffered losses.

“I cannot say that we gained more profit when at the same time many people were left without work, movement of people stopped, all this has been an obstacle, we went backwards, the turnover did not increase, on the contrary, it decreased a lot during this period” (R7).

“There has been a downturn in the economic cycle and operating problems in all sectors” (R5).

In Greece, there is a general perception that the pharmacies operated in the rural areas and did not stop operating during the period of the lockdown imposed in Greece, were not affected by the public policy responses to COVID-19. Research has shown just the opposite. Of the five pharmaceutical companies surveyed (R3, R7, R8, R14, and R15), four stated that the implications of the measures taken to address COVID-19 were significant.

“Probably, there has been a misinterpretation, because I also live in the society, that the pharmacies were doing a brisk business, during that period.” This is not the case for two reasons. Firstly, because in the rural areas at that time, it was winter to spring, there was only the permanent population and, secondly, the people were terrified, they did not leave their homes, they did not move even for the necessary things” (R7).

Business owners attributed the decline in business activity to the fear that prevailed when the country went into lockdown, to the insecurity and the difficulty of traveling and the financial difficulties faced by the citizens who lost their jobs.

“When the first cases were announced, there was a great demand for people to have their exams because they thought they would close us. Then, there was no demand at all, people disappeared” (R12).

TABLE 1 Characteristics of the chosen healthcare companies

| R  | Type of business                  | Business characteristics                                      | Area characteristics                                     |
|----|-----------------------------------|--------------------------------------------------------------|----------------------------------------------------------|
| R1 | Nephrology Center                 | It offers dialysis and hemofiltration treatments              | Lowland rural area of the Region of Peloponnese          |
| R2 | Mental Health Clinic              | Offers psychiatric treatment to psychogeriatric patients with dementia | Lowland farming area of the Region of Thessaly          |
| R3 | Pharmacy                          | Pharmaceutical care and consultancy                          | Mountainous and remote area of the Region of Peloponnese |
| R4 | Medical Clinic & Diagnostic Center| It offers medical and diagnostic health services             | Coastal lowland area of the Region of Attica            |
| R5 | Physiotherapy Services Company    | It offers physiotherapy and rehabilitation services          | Coastal lowland area of the Region of Epirus            |
| R6 | Sanitary Material Manufacturing Company | Company which manufactures hemodialysis and other sanitary material | Semi-mountainous rural area of the Region of Central Greece |
| R7 | Pharmacy                          | Pharmaceutical care and consultancy                          | Coastal lowland area of Eastern Macedonia & Thrace      |
| R8 | Medical and orthodontic services company | Provides medical and dental services and exports medical supplies | Lowland rural area of the Region of Epirus            |
| R9 | Hemodialysis Center               | Chronic dialysis unit                                        | Coastal lowland area of Western Greece                  |
| R10| Rehabilitation and Recovery Center | Provides rehabilitation and recovery services after fractures, strokes, and so forth. | Lowland rural area of Thessaly                           |
| R11| Pharmacy                          | Pharmaceutical care and consultancy                          | Farming area of Thessaly                                 |
| R12| Diagnostic and Microbiological Center | Provides microbiological and diagnostic health services | Lowland area of Thessaly                                 |
| R13| Diagnostic Health Center          | It offers medical and diagnostic health services             | Mountainous farming area of Western Macedonia           |
| R14| Pharmacy                          | Pharmaceutical care and consultancy                          | Lowland farming area of Central Macedonia               |
| R15| Pharmacy                          | Pharmaceutical care and consultancy                          | Rural, mountainous and remote area of Western Macedonia |
| R16| Psychiatric clinic                | Provision of health services to patients with psychological problems | Mountainous farming area of Eastern Macedonia & Thrace |

Source: Data processed by research team.
Our business activities were very much affected, 60-80% reduction in the financial sector, like most companies, this percentage is quite high that is why the state subsidised us at some point (R4).

So strong were the health scare, the insecurity, and the negative psychology that prevailed that a physiotherapy company we surveyed decided to close as a precaution for a while without the closure being imposed by law.

“For a month and a half, we were closed and did not operate the physiotherapy centre, without this being required by the regulations. I closed it on my own due to the general insecurity caused by the outbreak of COVID-19. Only in a few cases of patients which could not be postponed, the company operated.” (R5).

“There has been until today a reduction in people’s turnout due to fear-health insecurity, poor psychology and financial difficulties” (R5).

It is characteristic that despite the challenging environment that was formed for the companies, healthcare enterprises in the Greek rural areas showed resilience. Even those whose services were interrupted during the lockdown period by a government decision, with their reopening, they covered the losses they had suffered thanks to the increased demand.

“We were probably the only industry that, after the lockdown, quickly repaired the damage.” (R8).

The measures that companies were forced to take, such as their interiors’ configuration, visit only by appointment, longer waiting time, shortages of sanitary equipment and the transport cost of materials, negatively affected health services sales. For example, the transport of medicines in the rural areas was done by public transport, which during the lockdown period stopped, resulting in shortages of sanitary equipment, especially in remote areas. Courier services also multiplied the transportation cost of products.

“When you sell something that, for example, does not cost more than 200-300 euros, and 100 euros is the transportation cost, then you have a problem, and you need increased liquidity” (R8).

“There were great difficulties with the supply of hygiene products, meaning that every day after having finished our work we tried to see what we would do regarding the antiseptics which were 3-4 days late, a week late” (R15).
During the lockdown period in Greece, rural healthcare enterprises operated with a deep sense of their social role.

“We tried as hard as we could to serve people, keeping waiting lists and lists for orders of hygienic products such as masks. We waited for the materials to arrive, but they were late. We kept calling, and five masks came, phone calls again and five more masks came and then another five and then phone calls again” (R15).

“We had the unique ‘health facility’ in the region that provided any primary care since as I have mentioned there was no local doctor so basically whenever anything arose people would come here to be served, and we did everything possible to serve them” (R7).

Among the problems that the rural healthcare enterprises consider to be major ones were the restrictive rebate and clawback measures imposed on healthcare enterprises before the COVID-19 pandemic crisis and their over-taxation.

“The problem of rebate, clawback and over-taxation for healthcare enterprises in the rural areas remains. The big problem is caused by the very high demand for health services that exist in urban centres” (R13).

Citizens’ problems with information on health issues were identified along with any information healthcare enterprises tried to provide.

“It was a big deal for us to serve and inform the people who came to our business, until late at night. We were in constant communication, on the phone, to inform patients and their families about the measures and what they should do. People were and still are scared” (R4).

5.2 | State and European financial support to rural healthcare enterprises to address the effects of COVID-19

Business managers in rural healthcare find it difficult to secure financial support, mainly because this is often provided in bank loans, which they want to avoid. Based on the experience from the effects of the financial and monetary crisis of 2009, all the companies that had loans found it difficult to survive.

“These are, in essence, loans to companies that are already, in most cases, in debt” (R3).

“I did not join any financial support from the state, at the moment I was not interested in any loan, we are trying to survive without them because we have the experience of the past” (R11).

Many health companies expressed doubt, questions, and resentment because they were not included in these support measures.

“We have never received any financial support. I had applied to join a program. Those who had been approved were few and only on a loan basis, nothing else has been offered” (R4).

“In most funding programs pharmacy companies were excluded, we only participate in a small program, TEMPE” (R14).

Healthcare business owners of the rural areas have been skeptical about the proper allocation and effectiveness of support funds.

“We will see how this goes because I have also applied, but they have not replied yet. They only told me that they are delays due to the processing of a high number of applications. I hope it will be done right this time” (R5).

However, there is a belief that if everything develops with planning, care, and transparency, enterprises could be helped.

“If we manage the money from the European Union properly, I think we will be able to overcome the problem that has arisen” (R2).

The rural healthcare business community believes that if the support measures are given on favorable terms without bureaucracy and other difficulties, they will help their enterprises to survive.

“They will help as long as they are given with objective criteria. I have submitted my application for this loan support on favourable terms like many others. Provided that the support comes fast, is approved and given. To support the companies which need them without difficulties or obstacles. Anything done in this direction will help” (R15).

5.3 | Support measures concerning business support and strengthening the rural economy

There are ambiguous perspectives on supporting enterprises and strengthening the rural economy. Some have low expectations for their enterprises to join an aid program or, due to lack of information, feel no support programs.

“I do not know of any business in the rural areas that have been given an aid except for some whose rent of the business building was subsidised. Rural enterprises, in general, did not have further support” (R11).

Others believe that business support programs will help in rural development.
“I believe that there could be an upgrade of the rural economy if the financing related to entrepreneurship goes well because everything is a chain” (R7).

“Financial aid helps business development” (R14).

At the same time, there is a reluctance regarding the support of their enterprises and the rural areas’ economic development.

“The rural economy could be strengthened as long as this money is properly managed. But let’s see if it happens because with all that we have experienced we are all a little cautious” (R2).

Others believe that the rural economy and entrepreneurship were hit hard, and it is difficult to overcome.

“I do not believe that companies like ours can have long-term viability under the current circumstances” (R6).

The most optimistic people hope that this will be reversed through support programs for their enterprises in the long run.

“Certainly, the rural economy will be helped by this aid this is in the right direction” (R15).

They consider that some public policies to address COVID-19 are horizontal and do not consider the rural areas’ specifics.

“Someone came for a COVID-19 test, and I took the test with reagents in the pharmacy I operate in my village for people being able to have it. Two days later we were informed by letter that we are not allowed to do it, so I sent it back because, obviously, diagnostic centres, whose majority are in urban centres, opposed to it.” (R15).

6 | DISCUSSION

Health and economic crises, such as the COVID-19 pandemic crisis, affect supply and demand (del Rio-Chanona et al., 2020), and create turmoil and problems in the global economy (McKibbin & Fernando, 2020). Public policies imposed to slow the spread of the COVID-19 pandemic in the community population so that healthcare systems withstand and do not collapse have created significant problems for enterprises (Kraus et al., 2020). According to Wenzel, Stanske, and Lieberman (2020) companies, as a strategic reaction against the crisis, respond either with cuts in their activities or with persistence or innovation or cease operations. These were the response strategies to the crisis of the COVID-19 pandemic from which healthcare companies of the Greek rural areas were called to choose. The research revealed that they denied shutting down their operations and chose one of the three previously mentioned crisis response strategies or a combination of them.

According to the research, the public policy measures taken in Greece to address COVID-19, created difficulties for the rural healthcare enterprises, for a short or long period of liquidity, forced them to reduce their activity and many of their provided health services. Their turnover and income have been reduced, and their investment plans have been suspended. Uncertainty, insecurity and health scare prevailed. Despite the problems, they showed resilience and did not cease their operations. These data are also found in other surveys that examine health and economic crises. Černohorský, Teplý, and Vrábel (2010) claim that the financial crisis of 2008 created liquidity pressures on companies, which is why liquidity support measures were implemented everywhere. Richey, Natarajarathinam, Capar, and Narayanan (2009) argue that in times of crisis, there are problems in the supply chain. Lai, Saridakis, Blackburn, and Johnstone (2016) showed that the crisis of 2008 had a deeper negative impact on small and medium-size enterprises, which, however, did not easily decide to reduce their staff and showed resilience during the recession. Uncertainty and insecurity in times of crisis were also reflected in the research of Smietanka, Bloom, and Mizen (2018) and Baker, Bloom, Davis, and Terry (2020).

The views of business owners on the effectiveness of business support measures announced by the Greek government and the European Union differ. Some believe that the measures if implemented immediately, will be useful for the survival of enterprises and the rural areas’ economic development. Some have objections and are concerned about the form of support announced because it contains the loan element. Having the experience of the financial and monetary crisis of 2009 when Greek companies with bank loan commitments were found in a difficult position, there is now reluctance for the business world to accept support in the form of loans. However, despite any reservations, they consider the business support measures necessary to withstand the effects of the COVID-19 pandemic.

7 | CONCLUSION

In the first phase of the COVID-19 pandemic and despite the public lockdown policies, the Greek rural healthcare enterprises have shown adaptability to the new critical environment. However, they have encountered problems in the supply of sanitary material with transportation and the shortages that occurred. There has been a great demand for specific protective materials and material that prevents the spread of the virus in the community that they could not cover. Their activities have been affected, their turnover has decreased, and they faced liquidity problems. However, they continued to operate with increased responsibility toward the rural areas’ healthcare consumer and community. Indeed, the managerial decisions were to ensure their enterprises’ sustainability and serve social needs no matter the cost.
The present research is not without limitations. It was carried out immediately after the partial lifting of lockdown measures in Greece when the COVID-19 pandemic crisis was ongoing not only in Greece and the landscape may be reshaped by the end of the pandemic. The resilience and adaptability to the crisis of these companies have not yet been fully assessed. However, the obtained results generate new research opportunities for comparisons with the period after the COVID-19 crisis. To this extent, future studies can investigate the impact on rural entrepreneurship from the public policies during and after the lockdown restrictions.

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