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Research on Management Capacity of Medical Units for Addicts to Deliver Quality Services in Time of Crisis

Armenia ANDRONICEANU[1]

Abstract

Drug trafficking and consumption are global phenomena strongly influenced by a multitude of social, economic and cultural factors. The process of globalization, characterized by the free movement of people, goods and capital and the development of new information and communication technologies, has led to new challenges in the spread of the drug use phenomenon worldwide. These changes of the international economic environment have influenced Romania too through a warring increase both in the amount of diversified drugs on the market and the number of the drugs users, especially in Bucharest. As a result, most specialized medical units and their managers face big difficulties in managing the phenomenon. The paper approaches the phenomenon from the management perspective of the medical units specialised in the evaluation and treatment of drug users. The aims of the research have been to find out the main weaknesses of the management of medical units and their causes, the main factors and variables with major influence and to formulate a set of improvement recommendations. The work is based on a mixed-type research methodology that includes qualitative and quantitative methods, such as the questionnaire, in-depth semi-structured interview, causal analysis, factorial analysis, SWOT analysis, and diagnostic analysis and STEP analysis. The results can be of interest to researchers and managers of specialized medical units as well as to the managers of other similar organizations and specialized institutions from the central and local administrative levels who are directly involved in the policy process regarding the drug phenomenon in Romania.

Keywords: management, addicts, drugs, medical services, crisis.

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Introduction

Drug use was, is and will remain a problem of all modern societies. Although it seems to be a paradox, in almost all countries, there are phenomena of social, economic and cultural marginalization of drug users, which lead to a tense social climate. (Newcomb, Chou, Bentler & Huba, 1998).The reality is showing the fact that the prospects of educational development and social integration of young drug users are not effective enough. Thus, most young drug addicts become confused and their state of anxiety, stress and uncertainty is emphasized and determines them to continue using drugs (McKay, Murphy, McGuire, Rivinus & Maisto, 1992)

Unprecedented extent of the production, transport and consumption of drugs worldwide shows the necessity of changing the way of approaching these phenomena. The transformations that are taking place and the speed with which they influence consumer behaviour and market create major difficulties for national and international specialized organizations in eradicating the phenomenon. Recent studies and surveys show that most of these organisations are often exceeded by the complexity of problems. (Boys *et al.*, 2000). That's why they should step up their research to discover the causes of the problems and to be able to design innovative strategies for intervention. (Boys *et al.*, 1999). Developed countries make considerable efforts in this regard continuously adapting their strategies, as you will read below. Unfortunately, the results did not meet their expectations. Since the economic crisis began, various strategies have been designed inside and outside the European Union space. Their main aim has been to reduce drug consumption phenomenon. Some examples are the drugs strategies in the United States of America, Russia and Australia. It is interesting to notice the strategic differences in approaching the same phenomenon and their constant concern for acting more effective. The current U.S. drugs control strategy includes a new approach of the drug phenomenon. Thus, drug use is mainly seen as a public health problem and the demand for drugs is acknowledged as the first cause of the drug problem in this country. The strategy puts an emphasis on prevention, treatment and recovery from addiction and addiction treatment. The last strategy against drugs includes drug-related diseases in the conventional medicine. That means they will be addressed as other chronic illnesses.

Another example is the first Russian strategy in the area of drugs for the period 2010-2020. This document is based on the recognition of illegal drug consumption growth and its role in spreading infectious diseases. The Russian strategy focused on improving the instruments specific to the monitoring process and data collection. An interesting example is the Australian strategy in the area of drugs for the period 2010-2015. This document has the widest scope of application covering all psychoactive substances capable of causing health problems and addiction: alcohol, tobacco, illegal drugs and other drugs (Wibberley & Prince, 2000). Risk

minimization is the general approach in the framework of this strategy (Sadava, 1975).

On the whole, the strategies in the area of drugs pose a certain convergence at the international level. The drug problem is found primarily at the local and national level, but is a global problem, which requires an approach in a transnational context. (Johnston, O'Mally & Bachman, 2000). According to our view, the drug phenomena can be approached both theoretically and practically from different perspectives: policy, managerial, cultural, economic and social. In this paper we focus on the managerial approach at the local level. In this context, we believe that Romanian specialized organisations in drug treatment should be prepared to manage the new and complex problems determined by the drugs polyconsumption or at least to be able to keep under control an extremely dangerous phenomenon for the young population and the Romanian society as a whole (UNICEF, 2013). It requires increased management flexibility and highly professional managers able to deal with a large diversity of new medical and administrative issues. (Plumb, Androniceanu & Abăluță, 2003).

The research study presented in this paper focuses on the way in which specialised Romanian organizations from Bucharest are managed and on how they could become more effective in fighting drug users' health problems. The Romanian medical organizations are strongly influenced by the economic and financial crisis and they have to be able to deal with a variety of threats and constrains. Based on the results of this research, we think they can face these challenges if their managers understand what is going on and why and have the ability to find out new ways to solve problems of an unprecedented complexity and diversity (Androniceanu & Drăgulănescu, 2012).

The state of art on drug consumption phenomenon in Europe and Romania in time of the economic crisis

The European landscape

In the early 1990s, the European Union adopted the eight strategies or plans of action in the field of drugs. The first two European plans on drugs included actions that have targeted the reduction of both supply and demand of drugs, as well as drugs consumption. The concept of an integrated approach that treats both items at the same time appeared for the first time in the plan drawn up for the period 1995-1999 (Androniceanu, 2009).

The strategy adopted in 2000 was described as having both an integrated and balanced approach, and assigning a similar weight policy intervention to reduce demand and supply of drugs. One of the most important strategic changes of the last two decades strategies was the introduction of risk reduction objectives in the

chapter related to demand reduction. Analysis of the action plan implementation was introduced in 1995, but only in the framework of the drug strategy for the period 2000-2004 was strengthened evaluation as an integral part of the EU approach against drugs consumption. Since then, all EU strategies and action plans in the field of drugs have been subject to assessment and its results serve as guidance for future policy documents. For the first time in the last five years, the new EU policy framework in the area of drugs has been based on an external evaluation of the previous strategy. Even so, the statistics show that it is still a lot of work to be done at the management level of the national and international specialized organizations.

Statistics show that at least 85 million European adults have consumed illegal drugs at some point in their lives, representing a quarter of the adult population of Europe. There is a considerable diversity in levels of drug consumption during life reported in Europe, from about one-third of adults in Denmark, France and the United Kingdom to fewer than one in ten in Bulgaria, Greece, Hungary, Romania and Turkey. The population of Europe consumes about 360 kilograms of cocaine. Official reports of European organisations show that about four million Europeans use cannabis every day or almost every day. (European Monitoring Centre for Drugs and Drug Addiction, 2013). The city of Amsterdam occupies the first position with an average of over 1.5 kg of cocaine per day to 1,000 inhabitants. Average consumption is carried out in the cities of Barcelona, London, Milan and Paris with 0.5-1 kg/day. The number of heroin users is increasing in countries such as Estonia, Lithuania, Austria and Romania. Nearly 40% of those who inject this drug are younger than 25 years. (European Monitoring Centre for Drugs and Drug Addiction, 2013). These data show the magnitude of the unprecedented production and consumption of drugs in recent years. In spite of the fact that the economic crisis was supposed to limit the growth of the phenomenon, official statistics show otherwise. Representatives of European organizations and the Governments of the Member States have begun to examine more deeply the causes and have tried to identify effective strategies adapted to the current complex economic and social context (European Union, 2012).

In the summer of 2013 the Chairman of the European Monitoring Centre for Drugs and Drug Addiction stated that: “we do not have a clear vision of the market and of the drugs consumption dynamic”. He drew attention to the need for a new approach to the problem of drugs in the countries of Europe: “instead of focusing on individual substances, we must adopt a holistic approach to drugs. Reducing the presence of a drug will cause consumers to take other drugs” (European Monitoring Centre for Drugs and Drug Addiction, 2013). As we can see, the policy makers at the high political level are increasingly convinced that there is a real need for major strategic changes and a new strategy in the area of drugs consumption. That means that they have recognized their limited managerial capacity to deal with the complex problems of drug consumption and the urgent

need to have a new European strategy to address this issue. Although EU strategies over the last two decades have been permanently adapted to changes related to this phenomenon, the results were not as expected. The current European context will be marked by the new EU drugs strategy for the period 2013-2020, in which the European Union reaffirms its commitment to a balanced approach based on the evidence of the drug problem (European Commission, 2012).

The Romanian context

Since the beginnings of the economic crisis, in Romania have been registered significant increases in the quantity of drugs that entered, were in transit and have been consumed by the population. The drugs consumption by young people has had an unexpected increase too. The statistics show that in 2013 have been registered 600,000 consumers, who purchase daily approximately 14 kilos of narcotic drugs plus those who consume weed (National Anti-Drug Agency, 2013). In reality, the number is much higher. This means that the drug business in our country is producing at least 500,000 Euros a day and is growing each month. Romania is one of the EU countries with the highest prevalence of increases in prohibited substances consumption (UNICEF, 2013). In just three years, the percentages have increased from 1.7% in 2010, to 4.3% in 2013. Statistics show that over 11% of pupils respectively 150,000 children and approximately 25% of the students have consumed at least once prohibited substances (UNICEF, 2013). Significant increases have been recorded in the consumption of weed and marijuana. There has also increased the consumption of cocaine, heroin and injecting drugs. Because of that, in 2013, Romania was declared the outbreak of HIV (UNICEF, 2013). In early 2013, the Romanian police structures for combating organized crime have seized 230, 68 kilograms of drugs including 78, 25 kilograms of high risk drugs (Anti-Drug National Agency, 2013). In addition, the onset of drugs use has decreased from 16 to 14 years. Romanian and foreign researchers and consultants have suggested to the Romanian authorities to fund national programs for the parent's education in order to be able to help their children in difficulty and need due to drug use, alcohol and cigarettes (Cojocaru, Cojocaru & Ciuchi, 2011). During the period of crisis there have been few national programs addressed mainly to children treatments not to parents' education.

One of the major changes in the segment of drug consumers in Romania in the last two years was the increase in the number of young drug users. In the year 2012, the first study conducted among students from eight Romanian university centres was completed. According to its results, stands a higher prevalence of drug use over the life of 23.2%, including all types of illegal drugs and tranquilizers (administered without medical prescription) and new substances with psychoactive properties sold under the name of ' legal highs ' weed or plant. Most consumed illegal drugs are the cannabis (20.9%), followed by ecstasy,

hallucinogenic mushrooms, ketamine, cocaine, LSD and amphetamines (UNICEF, 2013). As experts assert, the effects on young people's health are particularly serious. Compared to previous years, in 2012, there has been an increase in deaths indirectly related to drug use.

In 2011, there were assisted 3362 people in outpatient and inpatient system, of whom 2168 for illicit drugs and weed consumption. The main types of substances for which assistance has been applied for are BBQ sauce, hypnotics and sedatives, heroin and cannabis (UNICEF, 2013). In 2011, the proportion of cases admitted to treatment for opiate consumption registered the second value of the total number of cases. In 2013, the consumption of drugs a day is about 14 kilograms, of which 12 kg is heroine consumed. As it can be seen, Romania is rapidly becoming a consumer comparable to Western European states. In recent years, the increasing number of consumers is due to the appearance of new substances with psychoactive properties on the Romanian market, which initially were sold without restriction. The statistics show that 50% of the consumers are young people located in Bucharest and the rest of them live in other cities.

The increasing number of young drug consumers in large hospitals creates numerous difficulties, mainly due to new cases complexity. For example, in the Centre for Drugs Consumers Sf. Stelian from Bucharest, over 1,200 patients are hospitalised every year. Only during the first eight months of 2012, 995 cases were assisted in this Centre. The age of those who practice poly-consumption of drugs went down to 14 years (Androniceanu, 2012). In 2012-2013, the cases have become more and more serious, because it appeared poly-consumption meaning drugs and weeds. As the officials asserted, these substances give some psychic manifestations resembling schizophrenia, psychomotor agitation, increased aggressiveness and self-harming effect against others, auditory hallucinations and visual state of paranoia and high anxiety. In such a context, the hospitals and treatment centres for drug users from Bucharest and surroundings face several difficulties in dealing with such problems. Through this research we intend to know if specialized hospitals in Bucharest and surroundings dispose of the necessary managerial capacity to provide quality medical services for all patients.

Statistics and research results so far show that medical institutions in Romania know a critical limit in respect of the management capacity for dealing with the problem of drug abuse by young people. In these extremely complex crisis conditions, a contextual and causal analysis of management capacity of medical units specialized in health care for drug users become absolutely necessary. Through the research study conducted during the Summer of 2013, have been identified the main weaknesses of the medical units, their causes and the main changes needed at the micro and macro level in order to get an effective management of the medical units for drugs consumers. The research results on the drugs consumption up to now prove that the involved Romanian institutions have limited managerial capacity and an urgent need for an adaptation to the

particularities of the development of the drug phenomenon. These organizations do not appear to be sufficiently prepared to deal with a diversified and increased number of cases.

In October 2013, the Romanian Government approved the Anti-drug Strategy of Romania for the period 2013-2020, as it was proposed by the National Anti-drug Agency (ANA). It is necessary to ensure coordination and integration mechanism of intervention in drug issues laid down in the EU's strategy in this field and to meet the specifications of the new Romanian context (Anti-Drug National Strategy, 2013). Based on these major and particularly serious issues raised above, but also on the idea that they exist mainly due to limited managerial capacity of the organizations involved at European, national and local levels, this paper presents part of the research results obtained.

Research on the management capacity of the hospitals and medical centres for drug consumers from Bucharest and surroundings

As was pointed out in the above section, Romania is on one of the first places in Europe regarding the rapid growth of drug use by young people. Bucharest occupies the first position in the country in terms of number of young consumers. On the basis of the data available, those collected through the studies undertaken by other researchers (UNICEF, 2013; ANA, 2013) and also on the data generated by this research, we aim to provide a better understanding of the fact that these situations exist mainly because of the numerous difficulties and problems at the management level of Romanian administrative and medical organisations. They all have urgent need for an ample and consistent process of reengineering in order to become able to deal with such complex and diversified forms of the drugs phenomenon in Romania.

The research methodology

This research aims to answer the following research questions: What is the role of management of the medical units for addicts in time of economic crisis? Which are the main difficulties faced by the managers in delivering qualitative medical services for an increased number of cases? What are the main weaknesses of the management of the organizations surveyed in conditions of crisis? What are the main changes needed in the short, medium and long term to improve the managerial capacities of the organizations surveyed in conditions of crisis?

In order to answer to these basic research questions, there have been used tools for data collection and analysis methods for processing them. The research methodology includes both quantitative and qualitative research instruments. For data collection, there has been used in-depth semi structured interview and the

questionnaire, and for the analysis there have been used the following methods: diagnostic analysis, SWOT analysis, PEST analysis. Some of the date collected and the research results are presented in this section of the paper.

The main activities developed by the specialized hospitals and the assessment and treatment centres are the following: (1) Provision of complex evaluation of patients according to the model of the biological, psychological, and social spheres; (2) Somatic complex examination detailed research through collaboration with the departments of internal medicine, endocrinology, surgery, or other specializations; (3) Psychiatric and psychological examination and laboratory diagnosis; (4) Social assessment of the situation with the identification of risk factors for relapse and support; (5) Detailed history of the active substances, by putting the human metabolites of drugs, the assessment of a possible poly-dependence; (6) Providing complex treatment for detoxification, both classic and substitute strictly individualized; (7) Psychological and psychotherapeutic support.

In order to meet both hospitals and NGOs leaders ' opinions as well as those of the medical assistance staff, there have been formed two distinct subgroups of respondents. According to that there have been developed two questionnaires. Some questions in the questionnaires applied to the managers ' group were similar to those addressed to the medical assistance staff. The questionnaire for managers was structured as follows: demographic data; managerial functions; factors and variables; financing mechanism; decision-making process, human resources policies; changes proposed. The questionnaire for medical assistance staff composed by psychologists, psychiatrists and medical assistants included the following sections: demographic data; activities carried out; work conditions; communication with management and with the patients; motivation; patient profile and changes proposed. The questionnaires have been sent to each respondent directly. Some of them have been retrieved directly; others have been scanned and sent by e-mail. The interviews have been scheduled separately with each of the 36 respondents. As a general rule, semi-structured in depth interviews have been conducted face to face, at the respondent's office, and the answers have been recorded directly from the operator, with due regard for the requirements relating to privacy and confidentiality.

The scope of the research

The scope of this research is to formulate recommendations for improving the management capacity of health organizations surveyed based on specific data collected and processed.

Research objectives

The research was carried out from February to October 2013 and had the following three coordinates, each of them with several specific objectives listed below.

a) Organizational capacity with the following specific objectives: (1) To identify the weaknesses of the management of medical assistance services for addicts; (2) To discover the causes and the economic, social, cultural or political determinants with impact on the quality of health services;

b) Organizational changes with the following specific objectives: (1) To formulate the necessary and timely management changes that can be implemented by anyone who is in charge in these organizations; (2) To identify changes that can be implemented by managers of other organizations or regulatory authorities.

c) Risk factors that have an influence on adolescent addicts in Bucharest, including the initiation of drug use with the following specific objectives: (1) To identify the main factors that cause young people to start drug consumption and the risks they are exposed to; (2) To know to what extent drug consumption by young addicts in Bucharest is influenced by economic, social and cultural factors and variables.

Research hypothesis

Based on the documentation I have performed, there have been formulated three research hypotheses. These are the following:

a) Hypothesis 1: the management capacity of the medical organizations for addicts is influenced by the managers ' behaviour, skills and knowledge.

b) Hypothesis 2: managers are more oriented on solving urgent organizational issues than on finding their main causes or ways for prevention.

c) Hypothesis 3: the motivation of the human resources is influencing the quality of the medical services for drug addiction.

The detailed structure of the sample

The sample has been composed of representative organizations: eight hospitals, two assessment and treatment centres and four non-governmental organizations from Bucharest and the surroundings. The option in this research has been for organizations with headquarters in Bucharest, mainly because the indicators of drug use by young people register high increases in the Bucharest area. Statistics show that half of young drug users in Romania are in Bucharest and the other half is composed of young people from the country's large cities such Iași, Cluj-Napoca, Constana, Timioara. (ANA, 2013). The random starting point for their

selection was the hospital psychiatric clinic. At the moment, over 200 people benefit from assistance in terms of medical, psychological and social services in medical centres coordinated by the Antidrug National Agency (ANA). The Obregia Hospital has about 86 patients under treatment in order to get rid of the drug addiction. However, the statistics centralized by ANA show that now in Bucharest, there are more than 19,000 problematic drug users, and the number is growing every day, compared to the year 2007, when they were estimated at 16.867 people (ANA, 2013). Non-governmental organizations are part of this sample because in Bucharest they have an important contribution to the process of assistance and treatment for drug users and develop an effective cooperation with other institutions of the Romanian state. Figure 1 shows the structure of the group of the organizations involved in the research. It is important to know that the sample mainly contains medical organizations specialized in the treatment and support for addicts from Bucharest, making it representative for Bucharest and the research results relevant on the topics studied.

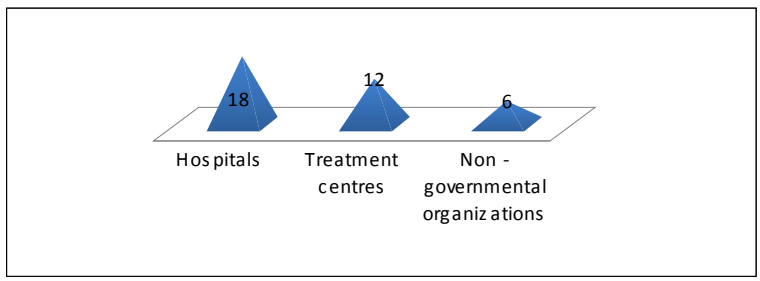

Figure 1. *The number and the type of organisations involved in the research study*

The research has been carried out on a sample of men and women in the total population having a maximum margin of error of +/-5%, at a confidence level of 95%. The sample was probabilistic with two-stratified levels, one for top managers and the other for medical assistance staff taking into account the number of the years working in the same organization.

The sample has been composed of 36 respondents which are divided in two subgroups, according to the criteria presented in figure 2:

- Subgroup 1- 20 managers: 10 managers of hospitals, 6 heads of clinics or treatment centres and 4 directors of specialized NGOs;
- Subgroup 2 - 16 medical staff directly involved in medical services in a direct relation with the patients: 8 psychiatrists; 6 psychologists and 2 medical assistants.

The respondents have been randomly selected, all respondents having at least two years ‘ seniority in the rank function. As it can be seen below, the structure of

the sample is balanced and appropriate to find answers to the research questions and to obtain relevant data and information for analysing and for the research hypothesis validation or invalidation.

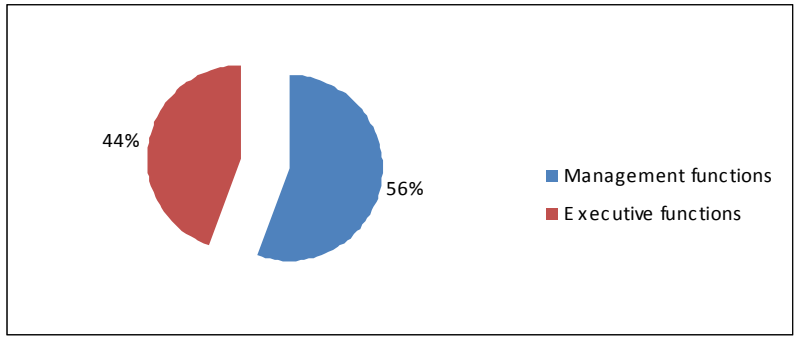

Figure 2. *The structure of the sample*

Analysis of the data and information obtained are significant for the population studied. Each group was approached separately and each respondent was contacted directly, while maintaining the confidentiality of the persons and opinions expressed.

The research results and data analysis

The results are presented according to the structure of sample and the content of the questionnaires and interview guides.

The subgroup of managers

One of the points investigated through this research process has been the strategic vision and organizational development. Concerning this issue, the results show that only 10% of the organizations surveyed have a coherent and comprehensive management strategy for the next three years. This can be noted as the first weakness of the organizational management that will be analysed further. More than half of the respondents (60%) said that their organizations have an action plan and they have a management contract. With regard to the action plan, 30% of them mentioned that they know it very well and contribute directly and effectively to its implementation. The remaining 30% stated that they signed a management contract when they were appointed on the management function and that is enough for now. During the individual interviews with the managers, there have been identified other causes of the absence of strategic thinking and strategic planning documents. Figure 3 contains the main arguments of the managers. As it can be seen below, nearly 60% of the respondents have argued that they have

acted in accordance with the legal requirements and with the requirements of the direct funders and are preparing only the documents the latter are asking for. They asserted that having a management contract and a budget is enough for the moment. They added that, other documents such as management strategies, plans, programs are not always needed (20%). The remaining 20% have mentioned other causes, such as: an insufficient number of specialized personnel for the development of management documents, the lack of time and money to develop them and the difficulties in implementing strategic documents for such a long period of time (3 to 5 years).

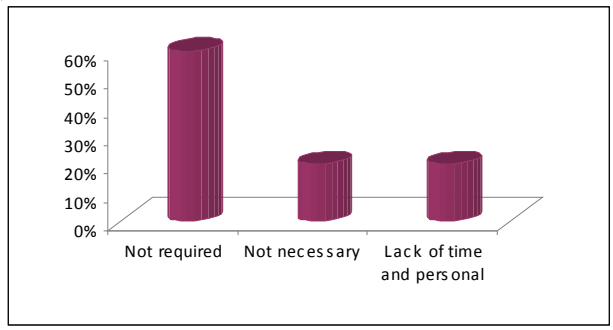

Figure 3. *Share of the main reasons*

Concerning the use of management time, it was found out that managers give priority to various activities, but more than half of their time is occupied by administrative and executive tasks. This is another weakness of the management of the organizations sampled. Figure 4 shows what are the main activities developed by managers along the management process.

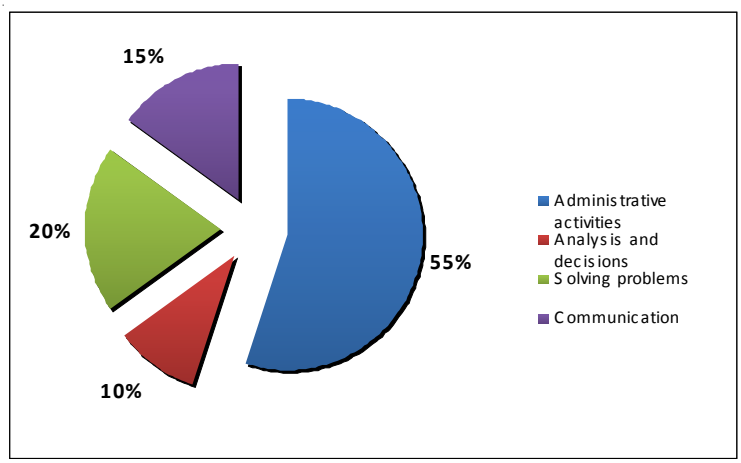

Figure 4. *The structure of manager's working time*

As shown in the figure 4, managers spend the least time for fundamental management activities, such as situational analysis and decision-making (10%). More than half of their time is occupied by administrative activities (55%). These activities are normally carried out by staff from functional departments. In normal conditions, these activities should be carried out by staff from the technical departments. This is another weak point of the management of these organizations. One-third of the manager's time is spent for communication and the organizational problem-solving. If engaging in communication is absolutely necessary and useful for any manager, the situation is different when we analyse the time spent for solving problems. Nearly a quarter of the managers ' time is spent for solving current problems, which under normal conditions should be solved by technical and administrative staff, mainly because they fit into the executive organizational level.

The fact that managers spend more than three quarters of their reserved management time for other administrative activities helps us to find out explanations for some major organizational problems such as: the decisions are often unfounded, unrealistic and unsustainable; the repetition of organizational problems; the specific analysis does not exist or are made at the elementary and formal level, etc. Loading the work programme of managers with administrative activities leads to the extension of the duration of their working day. Such behaviour of managers can have clear negative influence on both organizational development and quality of health services. Thus, we have found an argument supporting the first research hypothesis, namely the management capacity of the medical units is directly influenced by the manager's behaviour. Also, the quality of the medical services is directly influenced by the way in which the managers are doing their managerial work.

For a better understanding of the managerial profile of the respondent, a question about management functions has been included in the questionnaire and also in the interview guide. Figure 5 shows what the main functions of management are and how much they are known and used by managers.

We found out that 90% of them do not properly know which the management functions they have to implement are. Through the answers given to this question has been reconfirmed the hypothesis that most of the managers' time is not allocated to management activities. Most managers have correctly identified administration, like one of the management function. It should be noted that this is only one of the five management functions. The other four basic management functions are largely neglected by managers. During the interviews, we have learned that the other management functions such as: planning, coordination, motivation and control are implemented occasionally, mainly when the other stakeholders and factors require them. This is a very serious weakness for any organization and has a strong negative impact upon the entire organization. Only two managers have identified the correct content of all management functions.

During the interviews, the question have been addressed again and we were surprised to see that even the degree of knowledge about management functions is very low, managers are using other management functions too. They explained that in most cases such initiatives are determined by their empirical perception and current organisational needs.

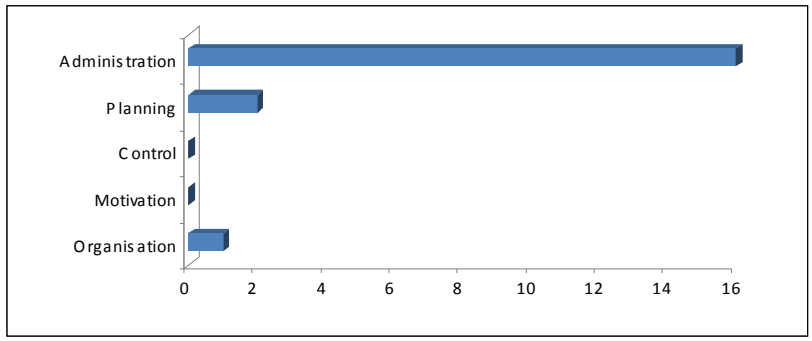

Figure 5. *Main functions performed by managers*

Thus, we can see another weak point of the management of healthcare organizations for addicts: the low level of manager's knowledge. It is obvious that these managers don't know how to exercise some managerial functions they do not even possess theoretical knowledge about. It is clear that there is no way for them to know how much the management functions can help them in their work. In fact this weak point identified through this research shows that many of the managerial issues which come under the competence of managers are not and cannot be solved as long as most of the organizations are managed empirically. Through the interviews some explanations were identified. Some of them are shown in Figure 6 and explained below.

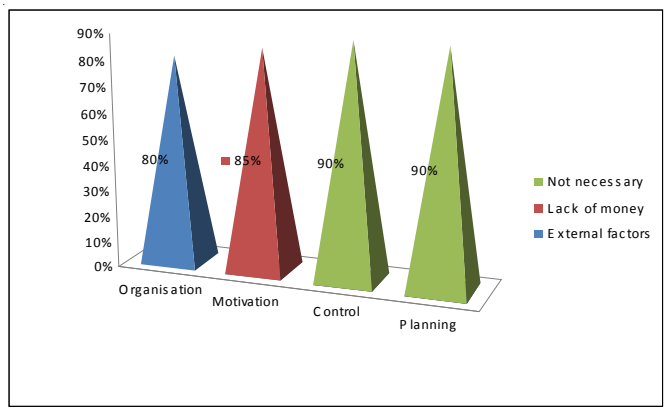

Figure 6. *Main reasons mentioned by managers for not performing other managerial functions*

As seen in the figure above, 80% of managers have said that most activities related to their organizations are required by rules and regulations. Their role is to implement them only. A similar view they have related to motivation as a function of managers. Most managers (85%) have declared that, motivation is a function that cannot be applied by them, primarily because their organizations do not have the financial resources to motivate human resources. They explained that medical staff has fixed monthly salary and they do not have extra financial resources for a better motivation. Regarding control and planning, the majority of the respondents consider that they are not necessary, mainly because each employee has experience and a high professional level of expertise.

Of course, these are empirical perceptions, but they stress once again the need of managers for an effective and consistent training in the management of public institutions. This situation explains part of the complex problems faced by managers, doctors and medical staff and of course by patients. The consequences are extremely serious as shown in the statistics, some presented, even through this work.

Another aspect studied in this research process is the time used by managers for causal analysis and for the prevention of the repetitive problems. In Figure 7 can be seen that almost 70% of managers said that their maximum concentration in management process is on how to solve the problems that arise every day, not on the causes that are generating them. Almost 20% of them spend time to identify and analyze the main causes which determined the problems. Unfortunately, only 10 percent of the managers are focused on prevention of the problems or on the new ways in which some problems could be avoided.

During the interviews, managers of hospitals, clinics and public centres explained the fact that they think that other organisations such as the police, schools, NGOs and international organisations are able to carry out activities for the prevention and avoidance of drug use among young people. But the question of our research was referring to the organizational problems and poor manager's initiatives for preventing or avoiding them. Another explanation was related to time and money. Managers explained that the time and money of the organizations they manage are limited for medical services. They do not have money for prevention of the drugs consumption which is or should be managed by other organizations. Another explanation was referred to the fact that the complexity of the cases addressed has increased in the last years and they have to spend more money for a large variety of medical services.

Figure 7 draws attention to other interesting results, which confirm the second research hypothesis according to which the managers of the organizations surveyed are more oriented on problem solving then their prevention.

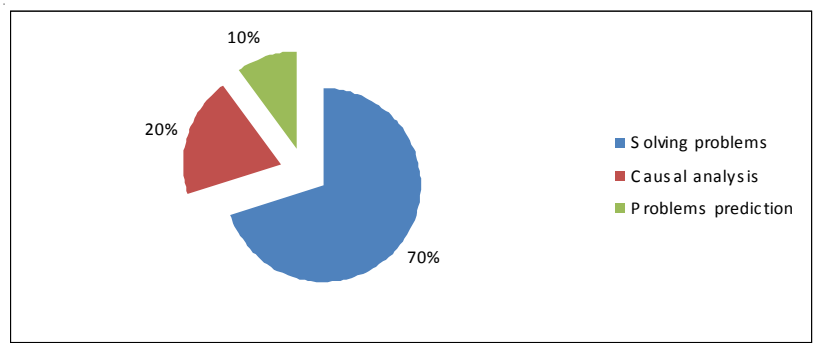

Figure 7. *Activities that managers are concentrated on along the managerial process*

During the interviews we have tried to understand what their arguments for such concentration on solving process are. We have learned that most of the current problems are very complex and need time and a lot of documents for solving. The other issues depend on the decision makers or donors from outside the organizations. A part of the managers have stated that some causes of various problems are even determined by external factors. There was a very small percentage composed by two NGOs managers who focus on prevention and/or avoidance of the organizational problems. Related to them we try to know why their way of dealing with the organizational problems is different than the majority. During the interviews we have learned that according in their view; the time and money spent for prevention are always lower than the costs needed for solving complex issues. They underlined the idea that prevention of drug consumption among young people is much chipper then the cost of the treatment of drug young consumer.

Figure 8 presents other interesting results which show that most reasons of complex problems of the medical units and NGOs are of financial nature, followed by other political, legislative and administrative factors.

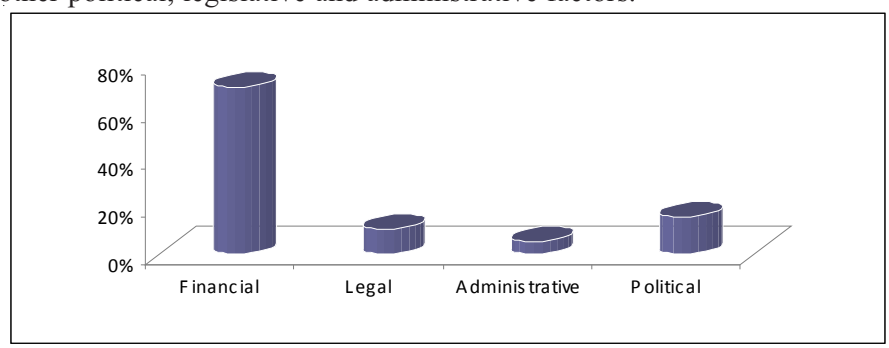

Figure 8. *The main reasons of the managerial problems*

The responses obtained during the interviews have revealed that the underfunding of the health services for drug consumers in recent years has had major negative impact on the quality of the medical act, such as: reducing the number of beds for drugs consumers, closing centres and even hospitals, failure to obtain assistance for all cases addressed; lack of investment, significant reduction of the amount of money allocated to emergency medication for institutionalised patients etc.

Within this research is taking shape another weak point of management: insufficient financial, administrative and human resources compared to their needs. The results of the study show that in the organizations included in this sample there is a real need for more financial, human and material resources. Most of the organizations involved have limited capacity; the others lack the capacity to deal with the level of demand and the complexity of the medical problems of drug users. Poor level of financial resources makes impossible the hire of administrative and medical assistance staff and because of that all medical personnel is overburdened with tasks.

Another goal of the research has been to find out the main internal factors and variables, which affect the quality of the medical act. In Figure 9 are listed the main internal factors with an important impact on quality of the medical services.

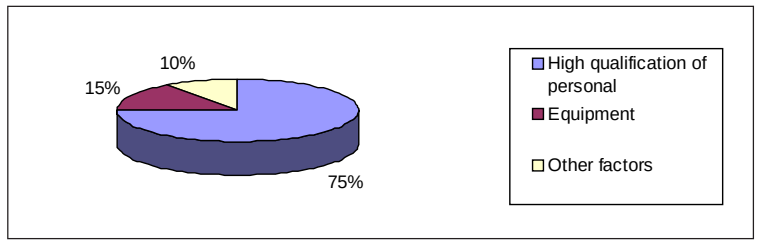

Figure 9. *The main internal factors that are influencing the quality of the medical services*

As the figure above shows, about 75% of managers have said that the main internal factor with direct positive influence on quality of medical services is the high professional level of doctors and other medical personnel. Only 15% of managers mentioned the material factor as having direct influence on the quality of medical services. They listed the following components of the material factors: spaces for consultations, investigations and recovery of patients, electronic devices and medical equipment. The other 10% have mentioned other internal factors such as: staff enthusiasm and passion, professional experience and cooperation during the medical act.

Another interesting aspect approached in the research process has been human recourses motivation. In the interviews more than 90% of managers said that they are not properly motivated. They explained that in the management process face many constraints, primarily financial constrains, some due to the economic crisis

or the others due to the government policies or the policy of the Health Ministry or the National House for Health Insurance. These situations make them and the medical staff to have many frustrations. Even so, most of the managers and the medical staff underlined their enthusiasm for the work they do and the fact that they are pleased to help young people in difficulty. From this finding detach the main argument to validate the third research hypothesis concerning the influence of motivation on the quality of medical services for drugs consumers.

Another important objective of the research has been to identify some conclusions and recommendations for improving the management capacity of the organizations and to increase the quality of medical services delivered to the drugs consumers. For this objective we have integrated such an open question in the questionnaire and then addressed it in the interviews too. In Figure 10 are presented the most important internal changes proposed by managers which were considered urgent and necessary for their organizations.

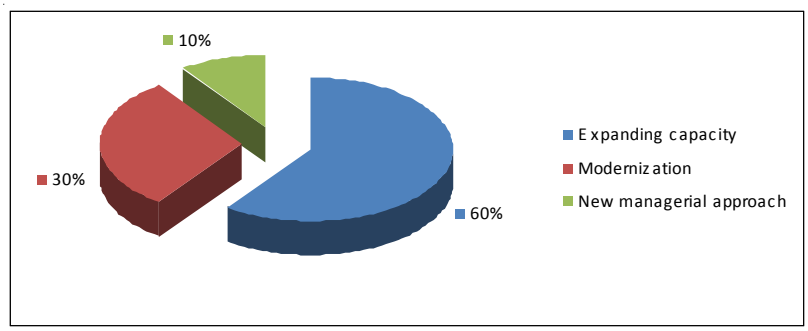

Figure 10. *Main changes proposed by managers*

We can see that 60% of managers consider increasing administrative capacity as a priority recommendation. They have proposed expanding areas for basic medical services and for specialized laboratories for treating patients and an increased number of medical and administrative staff. Other 30% have suggested modernization and new investments in medical equipments covered by new partnership projects financed by the Romanian government or co-financed by the European Union and other international organizations. The remaining 10% have even suggested a "new management model".

During the interviews we have sought to identify what it means in the manager's view a new management model. Some of the ideas are presented and explained in the section allocated for conclusions and recommendations. Each respondent has explained the proposals and has argued them in the interview. The majority of the group has argued their proposal based on the high level of demand for medical services for addicts, which has increased dramatically in recent years together with the high rate of rejection of patients due to the limited capacity of the medical units. Managers in the second group have explained that by upgrading

clinics and laboratories with modern medical equipments and new medication guides, the quality of the medical acts will be significantly improved. The third group composed of two managers of NGOs proposed a new management approach for the hospitals and centres involved. They have described the new system like a totally new one based on goals and budgets with a high degree of financial support from the National House of Health Insurance and Ministry of Health. They have also explained that the hospital's managers should be selected from inside and specially trained to perform in their management work. They should be encouraged and supported to find new solutions to the traditional problems of hospitals and to practice an innovative and proactive management style. According to their view the current management systems should be replaced as soon as possible and they are convinced that the new managerial approach will be effective and sustainable on the medium and long term.

The subgroup of medical staff

The answers of the medical staff in the second subgroup were based on a questionnaire with a few questions, some of them different from those for managers. The interviews with the respondents of this subgroup have contributed significantly to better understand and fix the management weaknesses discovered. The main issues investigated have been: factors that influence the quality of the medical staff work and of course the quality of medical services; the profile of young drugs consumers; the managerial and administrative capacity of the organizations to provide quality services; degree of human resources motivation and organizational changes.

In the first part of the questionnaire, respondents have been asked to present and explain the main factors and the causes of the problems they face. Figure 11 contains a selective representation of the factors and their impact. An elementary factorial analysis shows that there are four basic categories of factors which directly influence the work of medical personnel and the quality of medical services. The degrees of influence are marked by units on the vertical axis and are differentiated as follows: large (7-10 units), medium (3-6 units) or small (0-2 units).

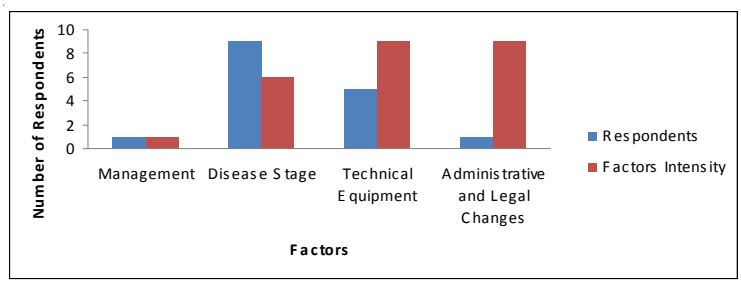

Figure 11. *Factors that are influencing the quality of medical activities*

The first position, with great influence on the quality of medical services, is occupied by legislative and administrative changes and by technical facilities meaning medical equipment, devices (6 respondents). On the second position with medium influence intensity are the disease stage and the complexity of the diagnosis (9 respondents). It is interesting to observe and to note the respondent's opinions related to the low intensity of the management factors. Very few respondents believe that the management of their organizations have the slightest influence on the quality of medical services.

During interviews we have found out that almost 90% of respondents believe that they have the largest contribution to the quality of medical services. This opinion was confirmed by the managers' subgroup also. Only 37.5% of respondents believe that the hospital management decisions greatly influence the medical services quality. The other 12.5% of respondents believe that patients contribute significantly to the success of the medical assistance services through their personal profile, education and professional features.

In Figure 12, there are presented the main causes that generate difficulties in the work of medical personnel.

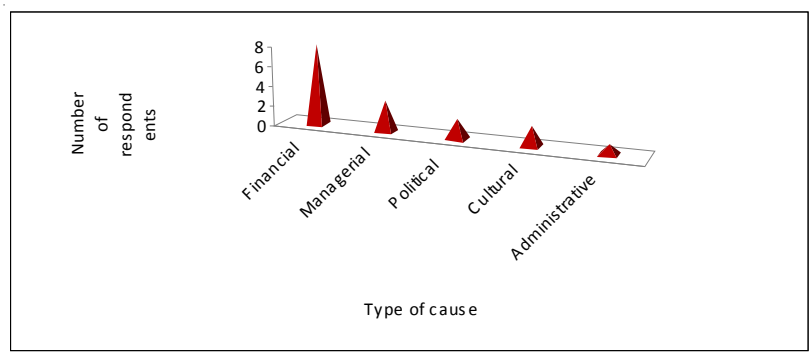

Figure 12. *Main causes considered by the respondents*

The results show that half of the respondents believe that the main causes that generate the medical problems are financial. The other 30% believe that the main causes generating problems are cultural, politico-administrative or legislative. Nearly 20% mentioned managerial causes. During interviews, respondents added and explained that the current ineffective cooperation between institutions regarding their work against drugs consumption is another cause of their current problems.

Regarding patients' profile, we have aimed to find out the main causes of a growing number of young consumers of drugs in Bucharest. Figure 13 contains our findings, as they have been identified by medical staff based on their own professional observations.

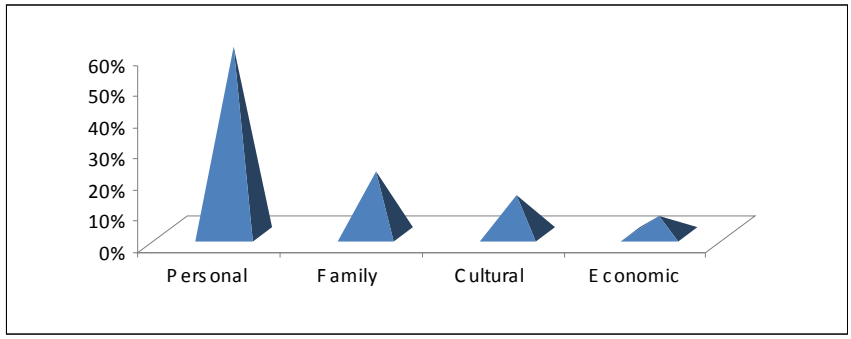

Figure 13. *Main causes of the drugs consumption based on the medical observations*

Regarding the profile of patients and the causes of drugs consumption, we have relied on our respondents' medical practice and their findings. Thus, they have found that in more than 62% of cases there are personal reasons behind drug use. The respondent explained that most young patients start using drugs because they have wanted and have known something about their effects. Only 38% of respondents have identified other cultural, economic and social causes of drug use.

More than half of respondents (56%) believe that the problems they have during medical services are determined by the advanced stage of the patient disease, its complexity and the extent of poly-drug use among young people. Only 31% of doctors and medical assistants have raised issues of technical and material conditions and limited medication. The other 13% of respondents have said that their problems have been caused by hospital management and political and legislative changes in recent years.

The medical doctors and medical assistants involved in this study have mentioned cooperation like a very effective way of solving medical problems. They have recognized that most of the difficulties they face are solved with the support of other colleagues (31.5%) and also with a direct involvement of the hospital management (18.75 %). In addition, the cooperation with the patients and their families is also very well appreciated by 25% of the respondents. The other 25% of the respondents have added the cooperation with other specialized organizations from Romania and abroad like an effective way for solving internal medical problems. The results are shown in Figure 14.

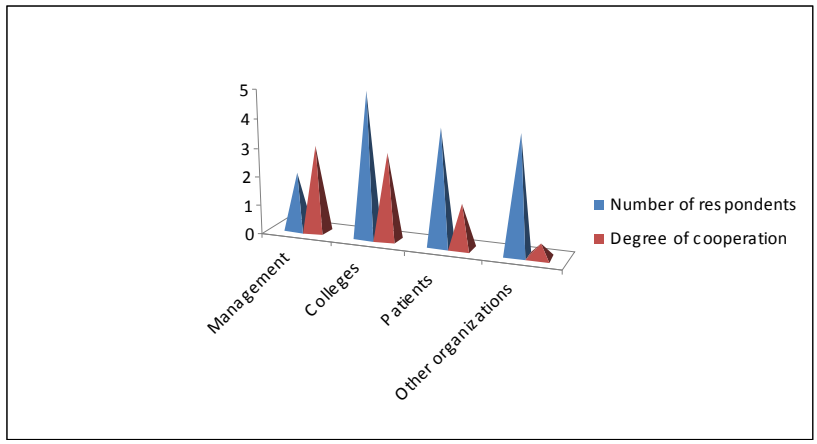

Figure 14. *Degree of cooperation during the medical assistance process*

The respondent has declared that there are several factors that influence the organizational capacity to deliver qualitative medical services. Nearly 70% of respondents believe that their professionalism is essential and influences it significantly. Far away in terms of contribution to the quality lies managers skills (13%), followed by administrative conditions appreciated as contributing to quality in the proportion of 17%. Figure 15 contains the main factors considered by respondents as having significant influence on the quality of their work.

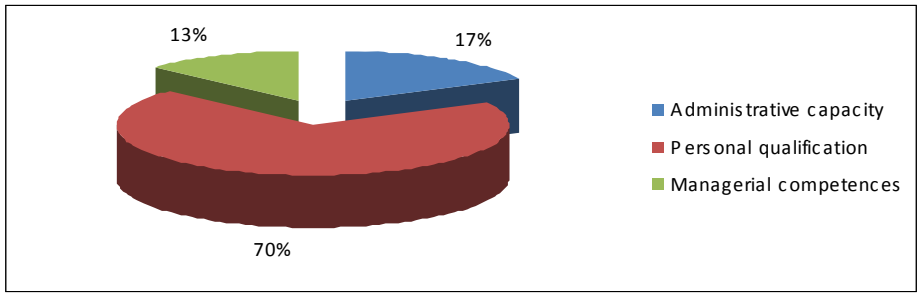

Figure 15. *The capacity of the organization for delivering qualitative medical services*

The respondents have underlined the low level of their motivation. Regarding motivation was mentioned several complain by majority. They underlined the need of a proper financial motivation system. During the interviews, we have noted the criticism of the medical staff regarding the standard costs of treatment services. They have also proposed more autonomy in the management of hospitals and significantly increased financial support for medical organizations; otherwise the medical units will face an increased number of untreated drugs consumers in Bucharest.

The last question addressed to medical staff was about the changes proposed by the respondents for improving hospitals management and service quality and for reducing the number of drug users in Bucharest. The main proposals have been selected and are presented below.

Nearly 62.25% consider increasing the number of beds and medical personnel to be a necessary and urgent short term measure. Almost 19% (18.75%) have mentioned the need for a fundamental change in the approach of the drug phenomenon at national and local level with a focus on prevention, education, and monitoring activities. The remaining 18.75% of the respondents have proposed modernization of hospitals and massive investments in hospital and human resources.

Conclusions

The research conducted provides the basis for drawing conclusions about the main weaknesses of the management healthcare organizations for addicts from Bucharest, their causes and some proposals for necessary and urgent changes.

A first conclusion is that weaknesses in the management process are determined by a lack of strategic vision and organizational development. The managers of the most organizations surveyed are short-term oriented. This makes many organizational problems that require medium-long term for solving and consistent multiannual investment, to become difficult or impossible to solve. That also means a significant reduction of the organizational capacity to develop and adapt to the needs of new drug users profile and other challenges and constrains.

The second conclusion relates to the large share of time spent by managers with administrative daily activities, instead of organizational analysis and decision, which naturally are their responsibility. The time spent by managers for planning, analysis and organizational development is significantly reduced, mostly because it is consumed to solve current organizational issues. This view leads to the emergence of new organizational problems difficult to manage or aggravation of existing problems.

A third interesting conclusion refers to the importance of specific management activities and the time allocated by managers for these activities. The research shows an imbalance in the management process. Basic functions such as planning, coordination, and control, and evaluation, decision-making, causal and factorial analysis are listed as being of little time and less important. As the research results show, the imbalance along the management process is generated by a large share of daily administrative activities which occupy most of the manager's work day.

The fourth conclusion refers to the orientation of managers on solving problems in the management process and not on identifying and analyzing the causes which determine them. This approach makes a lot of organizational problems to recur and to even become permanent, and the automaticity in solving them can transform management activities in a daily routine.

A fifth conclusion drawn from the research shows that most managers mentioned underfunding as the cause of most organizational problems they face. If we make a correlation with the other conclusions of this research we can understand that there are other causes too. Some causes of organizational problems are generated directly even by managers through their organizational behaviour and leadership capacity.

The sixth finding relates to quality healthcare services. Managers believe that quality is due in most cases to the professionalism of medical personnel, other factors having an average or minimum contribution. A similar opinion has had the medical staffs who mostly appreciate as fundamental individual professional contribution to medical services quality. By reporting standards in this field, we can easily see that medical services quality is supported not only by medical personnel qualification and competence but also by many other factors such as management, regulations, decisions, financial mechanism, cooperation mechanism, standards, costs, etc.

A seventh conclusion drawn from the research relates to patient profile in recent years as it has been identified by medical personnel. They explained that the main causes of drug use by young people are: insufficient information, individual curiosity, lack of effective education from their families or the education system and the lack of effective mechanisms for information and prevention of drugs consumption at the local level.

The eighth conclusion drawn from the research refers to the fact that the financial resources are not sufficient most of the time. The majority has classified this issue as having a significant influence on their work and organizational development. But through this research have been discovered other weaknesses that can be addressed within these organizations in the shortest time and with less money.

Another conclusion refers to the medical factors that are supporting the process of solving problems along the medical process. Paradoxically, the main support referred to by medical personnel does not come primarily from hospital or treatment centre management, as we have expected, it comes from their colleagues.

The last conclusion is about a variety of changes proposed by the respondents. We have selected a few of them: major investment, proper motivation of the human resources, new managerial approach and more autonomy and organizational flexibility in dealing with the new patient profile.

Limits of the research

The results are representative for both subgroups, but cannot be generalized to the whole country. For a representative sample at the national level I would have increased the number of units and respondents. For objective reasons, I have made an option for a probabilistic stratified random method for sampling. The research findings are relevant for the management of the institutions involved in treating young drug users in Bucharest, and I think that the situation is not much different in other treatment centres and hospitals in the country. Although the questionnaires have been sent to all respondents and they all participated in interviews too, I felt that the time allocated was not enough to extend the discussion to other important aspect considered initially in order to obtain a larger database for the analysis. The estimated time to complete the questionnaire was approximately 10 minutes, and the interview did not exceed 15 minutes. Reduced availability of respondents limited the causal and factorial analysis to essential aspects related to the management process, quality of medical services and the patient profile. Other limitations are due to the fact that the research was conducted in a short period of time (February-October 2013), which integrated the respondents holiday period. It is possible that research has been affected by the openness and honesty of medical personnel, particularly on issues related to the management of the organizations. Even with these limitations, I consider that the results obtained are interesting and useful to understand that management of organizations is a very important factor which significantly influences organizational capacity of medical units investigated to deal with an increased number of patients with highly complex diagnostic and advanced stages of disease.

Recommendations

The recommendations presented in this section of the paper are based both on the data and information obtained during the research process and the experiences and good practices of other managers and doctors in the country and abroad. These take into account the recent changes that have occurred in Romania, the new national drug strategy and the last changes in the financing mechanism for drug's addicts. By 2013, the national program for drug addicts was conducted by the Health Ministry. The main objective of this program was to ensure accessibility, continuity and quality of services for people with disorders related to psychoactive substance use. Starting from this year, health care services for drug users are funded by the National House for Health Insurance.

The first recommendation is the development and implementation of a three-dimensional strategic management within the Romanian medical organizations. The new integrated management model proposed is built on three fundamental perspectives: managerial, professional and market. Managerial perspective is

based on causal analysis and criteria of structure, process and outcome. Professional perspective is based on specific standards of diagnosis, treatment regimes and standard costs. Market outlook is based on market factors, namely the supply and demand for health services as a result of marketing research about the market and competition. These three perspectives give managers the clear strategic vision necessary for an effective organizational development.

The second recommendation concerns the modernization of economic, financial and material internal subsystems according to the urgency and priorities through integration of a new monitoring and intervention instruments such as scorecard and dashboard.

The third recommendation concerns the development of an integrated investment long-term strategy to include at least the following components: increasing and modernization of spaces for treatment and procurements for new medical equipment, recruitment of new medical staff, training and motivation of human resources according to their performances and implementing of a complete and interoperable informatics solutions for the whole medical flow.

The fourth recommendation is to upgrade and diversify communication with patients throughout the medical process by integrating new applications like Customer Relationship Management and Customer Based Evidence and also Documents Management Application to find out risk factors, the application of medical protocols and administrative procedures adapted to the patient profile.

The fifth recommendation is to organise periodically training seminars, conferences and round-table discussions for managers and medical staff in order to update their professional and managerial knowledge and to learn from each other experiences.

The sixth recommendation is to have a systematic and comprehensive career plan for managers and medical personnel in order to motivate them according to their performances and quality of work.

The seventh recommendation is to implement a management by objectives and budgets in every medical unit and to apply extensively delegation of tasks, skills and responsibilities and participative management along the management processes for increasing management autonomy and sustainability.

Through this research results, we hope to convince the main stakeholders that there will be fewer problems in Romania with drugs phenomenon, if the managers of the specialized organizations at the national, medium and local level will be trained to cooperate effectively and will reconsider their way of managing organizations included in the medical network for drugs addicts.

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