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HEALTH REFORM IN ROMANIA**

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The Impact of Public Health Care Services on the Patients' Perception as Regards the Health Institutions Brand on the Background of the Health Reform in Romania

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Abstract

The impact and responsibility the health care organization, in present case the health care unit, have on patients are special. This is due to the fact that the health care units provide intangible and non-measurable services. Therefore, the responsibilities of the medical care, as well as the impact the services have on patients are, in turn, difficult to be measured. With the progress of the Romanian health care and the emergence of the private medical care providers, the reputation of a medical doctor, medical care unit, respectively, acting in public or private domain, works as a fancy label in the eyes of the consumers. Unlike other types of services, the health care services and the medical doctor, irrespective of the field of specialization are assessed by consumers only from the point of view of their perception. Only few of consumers have the necessary competences to perform an objective evaluation. The particularity which adds value to the hereby work consists exactly of the difficulty to perform a measurable analysis. This paper aims to identify the impact of public health services in Romania has on patients and on the perception that they have to fund medical institutions in the reform process.

Keywords: health care services, brand health care institutions, brand, health care system, public health care system, health reform.

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Introduction

The Romanian health care system is currently under double pressure. On one side, the reform should be implemented in order to adjust to the frame and requirements imposed by the European integration at all levels and by the patients who are becoming aware of their health care selection on reputation criteria. On the other side, the reform necessity is generated by the evolution of the medicine itself and of the society in general, and of the modern management systems in various public sectors, which also configure the change trends which take place in other developed countries. The choice the patient makes as regards the medical doctor or the (public or private) health care unit results from the satisfaction degree of other patients on first consultation or their own perception from the second consultation forward. On the background of the free choice the patients make as regards the medical doctor or health care unit, the attention is drawn on the staffing deficit in the health care domain (mainly, because of the flux of professionals in the health domain and partially, because of the actual policy of blocking the positions), and on the poor professional training of a part of the staffing involved in the patient's care. As a result, there are great variations as regards the medical practice and clinical results and last but not least, poor technical equipment.

Literature review

As the Romanian official institutions, especially the National Commission for Accreditation of Hospitals emphasizes (Comisia Națională de Acordare a Spitalelor, 2010), the continuous unallowable losses generate large costs for the entire society. The losses are caused mainly by the non-performing or inefficient medical technologies or health care services; great variations as regards medical practice and results, uneven access to health care services, correlated to private health insurance and last but not least the dissatisfaction from the patients towards the services and the large waiting times for receiving such services. Under these aspects, the quality of the health care service becomes a priority for the public or private health care providers, managers, patients, third party payer and for the government institutions/ organizations that may influence the quality of services by granting or non-grating funds or by the policies applied to this end. Because the cardiovascular diseases are the leading cause of death in Romania, we have chosen to apply the study to a pediatric cardiology section within the sole Emergency Clinical Hospital of Iasi which serves the entire region of Moldova. We assume that the success of the cardiovascular intervention is an important success indicator of the general health care system. The standard rate of death caused by cardiovascular diseases in Romania at the level of 1212 for both sexes (194 to 100

000 inhabitants) is well below the rate of the countries with similar income (330 to 100 000 inhabitants) even though the country achieves limited progress as regards the results of the EU member states (Banca Mondială - Regiunea Europa i Asia Centrală, 2012). A very important aspect that contributes to this situation is the economic crisis, which in the opinion of many researchers has a prominent effect on health services (McKee *et al.*, 2012; Kaitelidou& Kouli, 2012; Albreht, 2011; Androniceanu& Drăgulescu, 2012; Lusardi *et al.*, 2015).

On the other side it is worth emphasizing that the migration of the medical doctors from Romania influences the impact the health care system, especially the public one, has on the patients. As per the data recorded in 2009, in Romania there are 221 medical doctors for 100 000 inhabitants. This average is significantly lower than the EU average (324) and than the average in the states that adhered to EU in 2005 (EU -12). In fact, among all EU-12 states, only in Poland there are fewer medical doctors than in Romania. In comparison with the other EU-12 states, Romania also stands below the average as regards the average of the medical nurses although the difference is not astonishing (Banca Mondială - Regiunea Europa i Asia Centrală, 2012; Dragomirșteanu *et al.*, 2013; Galan, 2006; Gerlinger& Schmucker, 2007; Garcia- Perez *et al.*, 2007; Tjadens *et al.*, 2012; Veillard *et al.*, 2013; Reibling, 2013; McMichael, 2009; Reeves *et al.*, 2014; Azambuja *et al.*, 2013).

A study presented in the Romanian Bioethics Magazine, shows that the social status impact on the access to the medical care services is higher in Romania in comparison with the average in the European Unions (Olaru, 2013). The authors emphasize on the necessity to apply integrative policies which converge with the policies in the social assistance system and decentralized management of the local communities (Botezat, 2011). Anderson (2004) mentions the deteriorating health condition in the ex communist countries and the decreasing quality of the health care services. The author mentions some of the causes that generated the above-mentioned effects: very poor quality of the health care services before 1990, under-funding or unsuccessful self-funding after 1990 (Anderson, 2004). According to Alber & Kolher (2004), Mărginean *et al.* (2006), Bedrule Grigoruță (2013), the factors that had a positive influence on the Romanian population health condition are: introduction of new medical treatments, improvement of technology, modernization of health care system, access to new medical information, experience exchange, development of private health care services (Alber & Kolher, 2004; Mărginean *et al.*, 2006; Bedrule Grigoruță, 2013). The low level of the preventive education as regards the health maintenance and care determined, with the switch to market economy and rapid modernization, the emergence of new risks such as alert life style, food, dissemination of poor scientific content information, publicity as regards some medicines or diets, exposure to such temptations as tobacco, substances with drug-similar effects, etc (Cross& MacGregor, 2010; Crump&Sugarman, 2010; Gavrilovici *et al.*, 2013; Androniceanu, 2014;

Iliescu&Carauleanu, 2014; Platt, 1992, Olson & Windish, 2010; Nakanishi, 2014; Folayan *et al.*, 2014). The health condition satisfaction is closely associated with the assessment of own health condition and existence of a chronic disease or disability. The persons who negatively assess their own health condition are less satisfied as regards their own health. The persons who declared a chronic disease or disability have a lower degree of satisfaction as regards the health condition (Anderson, 2004). The health satisfaction is also related to factors determining the health condition: sex, age, education level, occupation and income level (Anderson, 2004; Mărginean& Precupețu, 2008; Anderson *et al.*, 2009, Bedrule-Grigoriu, 2013, Balan *et al.*, 2014; Mairean *et al.*, 2014; Gyergyay *et al.*, 2015; Boys *et al.*, 2000; Zuger, 2004; Vermeire *et al.*, 2000; van Dulmen, 2007).

Objective and methods

The case study bases on the results obtained from the questionnaire. The sample group comprised persons of female sex, mother of a child, at least, women aged 18 – 49, living in both rural and urban areas, with different level of instruction, persons who called upon the family medical doctor at least once in the last three months and the specialist medical doctor at least once in the last six months, irrespective of specialization or location (private medical office, state or private hospital). The questionnaire was applied within June 2012 - June 2013 in the cardiovascular section of the Emergency Clinical Hospital “Sf. Maria” of Iasi, the only children hospital in the region of Moldova and in the private medical office “Sanatatea 2000”. 1485 questionnaires have been declared valid. The structure of the sample group is indicated in Table 1.

Table 1. *Structure of the sample group*

		Number of respondents
Study	Primary	7
	General	25
	High school	36
	University	32
Origin	Rural	46
	Urban	54
Incomes	Low	13
	Average	75
	Above average	12

Case study

This case study is relevant mainly because it was conducted in the sole Emergency Clinical Hospital in Moldova region, which serves the whole geographic area in the north – east of the country and secondly, because the respondents are persons, parents or attendants who applied for medical services in the last 24 months in the Emergency Clinical Hospital “Sf. Maria” of Iasi or in the private medical office “Sanatatea 2000”. The majority of the respondents visit every 2 or 3 months at least one of the above-mentioned medical units (Table 2).

Table 2. *How often did you applied for medical services in the last 24 months?*

		Monthly	Bi-monthly/ quarterly	Once every 6 months	Once a year	Acc. to necessities	I did not requested
Study	Primary	4	3	5	1	5	0
	General	5	11	0	1	4	0
	High school	7	10	2	2	3	2
	University	3	5	3	1	2	1
Origin	Rural	11	15	8	3	11	0
	Urban	8	14	2	2	3	3
Incomes	Low	7	1+2	5	1	5	1
	Average	10	16	9	3	9	0
	Above average	2	3	6	1	0	0

As regards the extend to which the respondents are satisfied with the quality of the medical services, in general, disregarding the diagnosis, the responses are affirmative as shown in Table no 3, irrespective of the living area, studies or income. The responses to this question are validated throughout the questionnaire by means of specific questions and are detailed by sectors. Essentially, we mention that the first impression on the health care system from the side of the patients is a positive one.

Table 3. *Are you satisfied with the quality of the health care services?*

		Yes	No
Study	Primary	6	1
	General	24	1
	High schol	35	1
	University	30	2
Origin	Rural	45	1
	Urban	50	4
Incomes	Low	12	1
	Average	73	2
	Above average	10	2

Table 4 translates into images the answers to the question regarding the situations in which the patients confronted with problems or difficulties. The majority of the respondents affirmed that they encountered no difficulties. This study bases on the responses provided by the patients of the pediatric cardiovascular section of the “Sf. Maria” Hospital of Iasi. The respondents who consider that they encountered difficulties have in common the following variables: urban area, high school or university degree, low income.

Table 4. *Have you ever encountered difficulties when applying for medical services?*

		Yes	No
Study	Primary	0	7
	General	1	4
	High schol	0	6
	University	1	1
Origin	Rural	0	6
	Urban	3	51
Incomes	Low	2	11
	Average	1	74
	Above average	1	11

The respondents who encountered difficulties when applying for medical services were asked to further respond to some questions related to this aspect. Therefore Table no 5 shows the main difficulties perceived by the patients when applying for medical services. The most common barrier for the highly educated persons refers to the poor organization of the health care system, in general. The persons coming from the urban areas or the persons with above-average income pointed to the lack of information that slows down the medical process, while the persons with low income complained about the indifference or incompetence of the medical staff.

Table 5. Which of the following difficulties did you encountered when applying for health care services? (multiple-choice answer)

		Disorganization	Lack of information	Distance	Indifference	Incompetence	Extended period of waiting
Study	Primary	0	0	0	0	0	0
	General	0	0	0	0	0	100
	High school	0	0	0	0	0	0
	University	100	0	0	0	0	0
Origin	Rural	0	0	0	0	0	0
	Urban	0	66,6	0	0	0	33,3
Incomes	Low	0	0	0	50	50	0
	Average	100	0	0	0	0	0
	Above average	0	100	0	0	0	0

As regards the solving of the problem leading to defective or difficult access to health care services, the majority of the respondents called upon two variants: the persons with a high school diploma insisted or addressed personal requests, while the persons with a university degree addressed themselves to the higher management levels. As shown in Table no 6, the patients coming from the urban area also call upon acquaintances or even address themselves to the National Health Insurance Fund in order to solve their health-related problems.

Table 6. How did you solve the problem? (multiple-choice answer)

		Addressing the boss next higher	Addressing in another court	Insistence/entreaties	Complains	Bribery	Call people we know
Study	Primary	0	0	0	0	0	0
	General	0	0	100	0	0	0
	High school	0	0	0	0	0	0
	University	100	0	0	0	0	0
Origin	Rural	0	0	0	0	0	0
	Urban	0	0	0	0	33.3	66.6
Incomes	Low	0	0	100	0	0	0
	Average		0	0	0	0	0
	Above average	0	0	0	0	0	100

Figures 1, 2, 3 show the responses provided by the respondents on the satisfaction degree with regard to some hospital-related aspects during the hospital admission. The majority of the patients declared themselves being satisfied with the hospital admission system. The patients are also satisfied with the competence of the medical staffing of the “Sf. Maria” Hospital of Iasi. As regards the safety of the health care services 83% from respondents are satisfied. The majority of the persons who declared themselves unsatisfied come from the urban area, have low or above-average income and a high school diploma, at least.

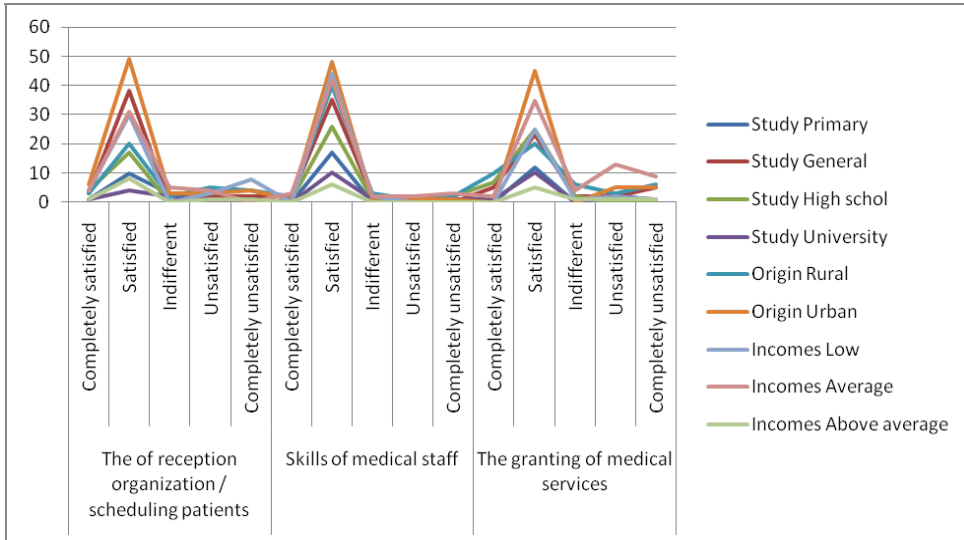


Figure 1. The satisfaction degree as regards the spectrs: reception/ organization/ scheduling patiens, skills of medical staff and the granting of medical services

The majority of the respondents are satisfied with how the medical staffing behaved and assessed them as polite and ready to meet the patients’ needs. As regards the availability of the medical doctor to provide information on the treatment, the majority of the respondents have no opinion. This may be due to the fact that the medical doctor has implicitly provided explanation to the patient with regard to the cause, treatment and method of administration or, to a much lesser extend, that such explanation are not accessible to the sampling group of our panel.

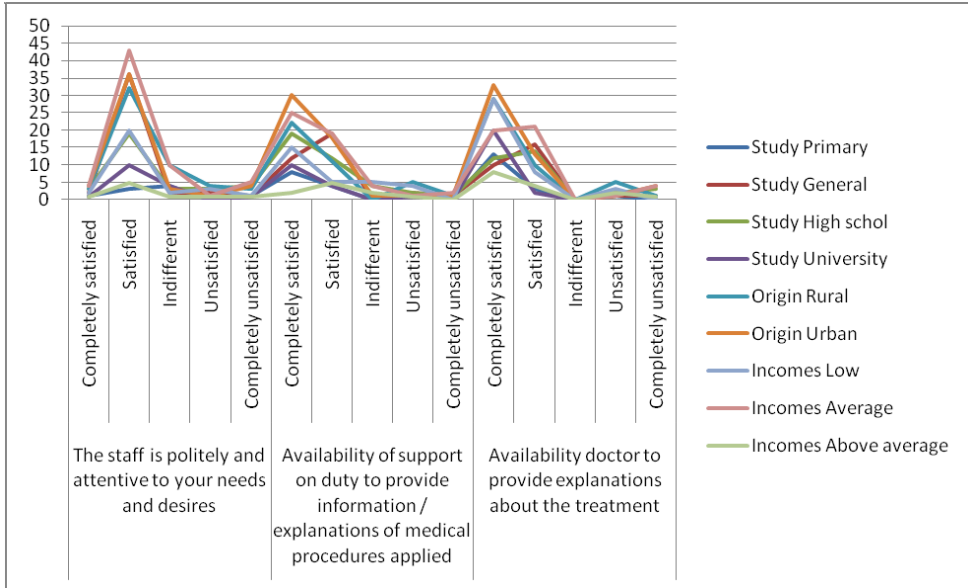


Figure 2, The satisfaction degree as regards the following aspects: the staff politely, availability of support on duty to provide informations and availability of doctors

The majority of the patients are satisfied with regard to how the treatment is being administrated (by treatment administration we refer to medical procedures only). A large part of the persons who benefited from the health care services in the Emergency Clinical Hospital “Sf. Maria” have not been satisfied with this aspect. The causes may be various starting from a distorted perception on the minimum limit as regards hospital accommodation up to the reference to the accommodation provided by the private hospitals in Moldova region (in the case of the persons with above-average income).

In the same range of comparison between the private and state hospitals, Figure 4 shows the answers with regard to the degree of consent to the statement that there is a difference between the private and state hospitals, moreover, that the difference is a huge one. The answers focus on the total consent in this regard. The second statement with which the patients confronted is related to the possibility and willing to come back, in case of need, in the same medical unit. The answers are also oriented to the full consent.

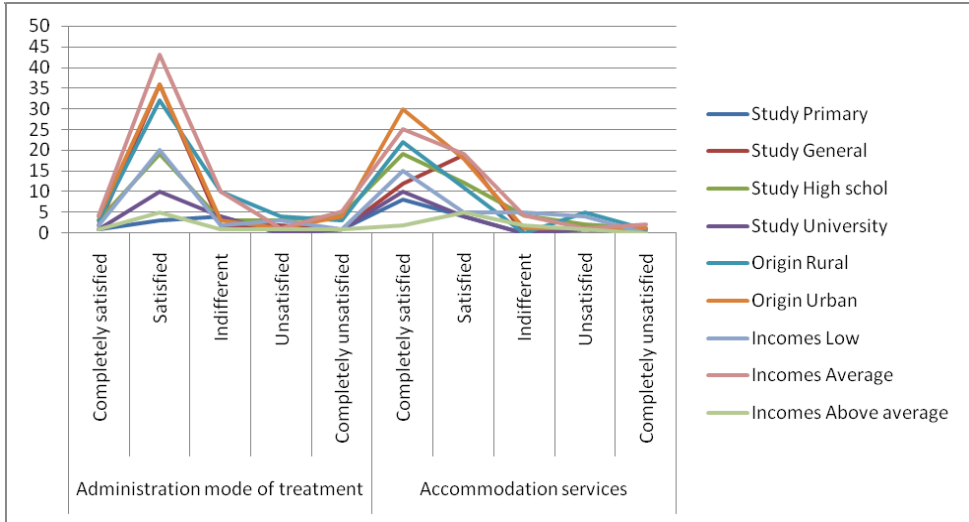


Figure 3. Satisfaction degree as regards administration mode of treatment and accommodation services

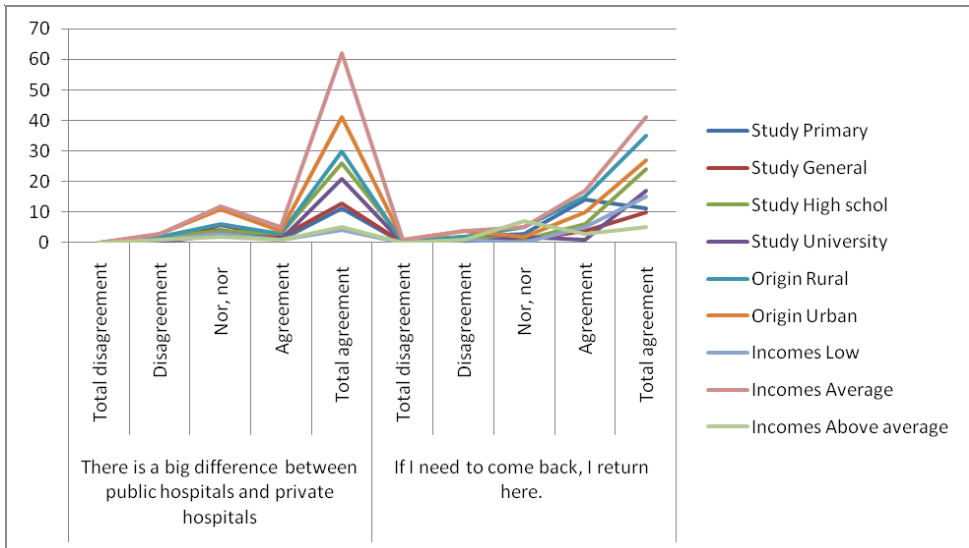


Figure 4. Degree of agreement to statements about the difference between government hospitals / private hospital and recommendation of hospital

Concerning the satisfaction degree with regard to the clarity and promptness of the medical information they requested, the majority of the respondents with low income, high school and university degree, irrespective of the living region have stated “satisfied” (Figure 5).

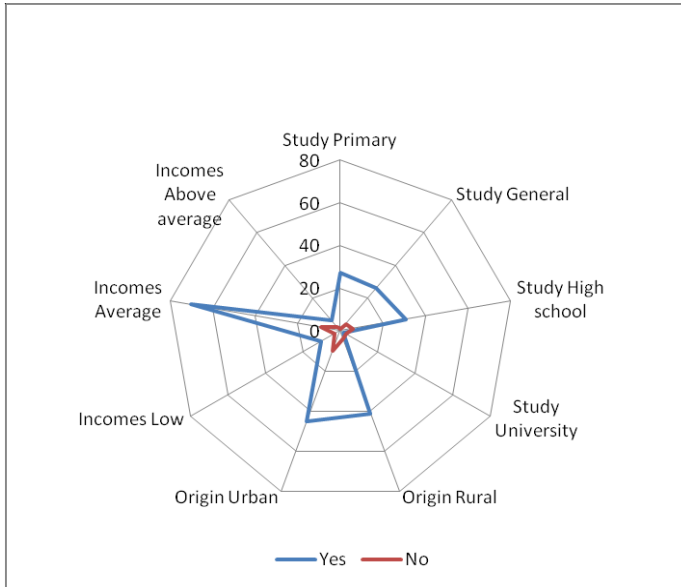


Figura 5. Degree of satisfaction with the quality and timeliness of information required

Concerning the administrative side of the medical process, especially the attention the sample and personal data have been collected and recorded, the persons coming from the urban area, with high school and university diploma and average income are satisfied with this aspect (Figure 6).

As regards the assessment of the professionalism of the staffing our panel got into contact with, most of them stated that the persons who provided health care during hospital admission period are indeed professionals. As shown in Figure 7, most of the above-mentioned respondents come from the urban area and have average or above-average income.

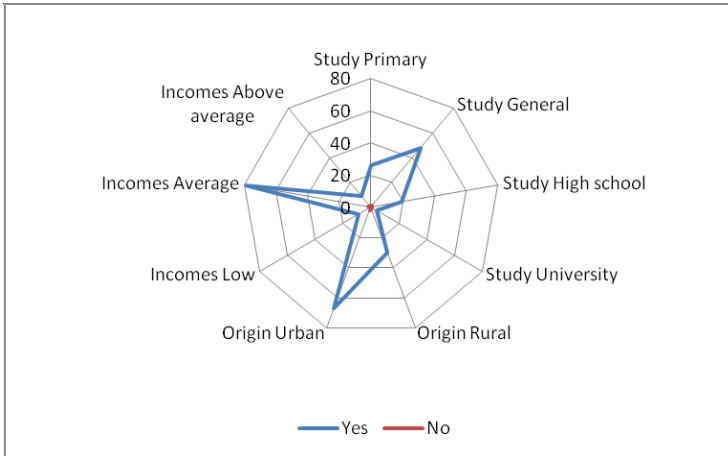


Figure 6. *The satisfaction degree regarding the attention on harvesting and processing samples*

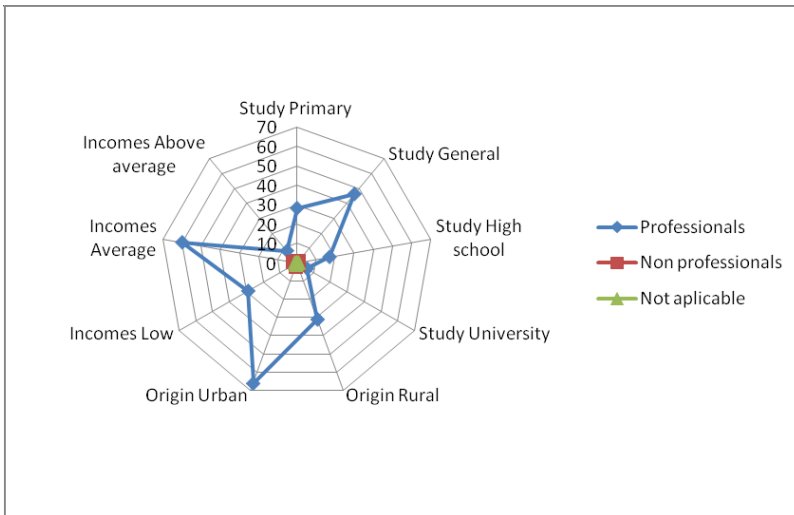


Figure 7. *Appreciation of professionalism of medical staff*

Another way to assess the impact of the health care services provided by the Emergency Clinical Pediatric Hospital of Iasi, cardiovascular section, on the population is to survey their opinion as concerns their recommendations related to the above-mentioned hospital.

With the assumption that the impression on the patient is a positive one and the patient is willing to recommend the hospital to an acquaintance of his/ her, and pursuing the results in Figure 8, we come to the conclusion that most of the respondents would recommend the hospital to an acquaintance. The respondents who provided this answer have average or above-average income, come mainly from the urban area (the difference between urban and rural area is insignificant) and have attended the primary, middle school and high school.

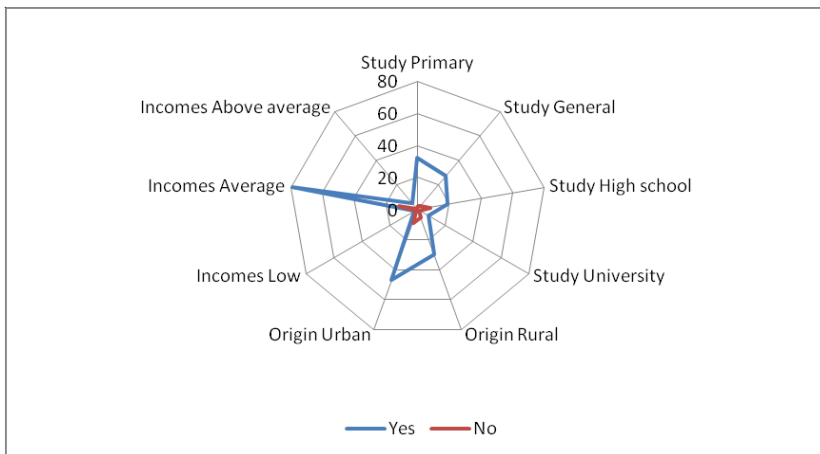


Figure 8. The extent which patients will recommend to another person to call upon the services of the cardiovascular section in the "Sf. Maria" Hospital

By means of this questionnaire we also wanted to find out the first impression a patient experience when entering a cardiology section. To this end, one of the questions of the questionnaire refers to the selection by the patients of three words that best describe their first impression. By analyzing the answers and translating them into Figure 9, we notice that most of the respondents with secondary education chose *cleanliness*, *crowd* and *professionalism* (more than 95%), which adds categorical value to the public health care services. The majority of the respondents (98%) coming from the urban area chose *cleanliness* and *professionalism* and a *warm and secure feeling*. In contrast, only a few of the respondents (0,8%) said they experienced *poverty*, *misery* or *peace* when entering the hospital.

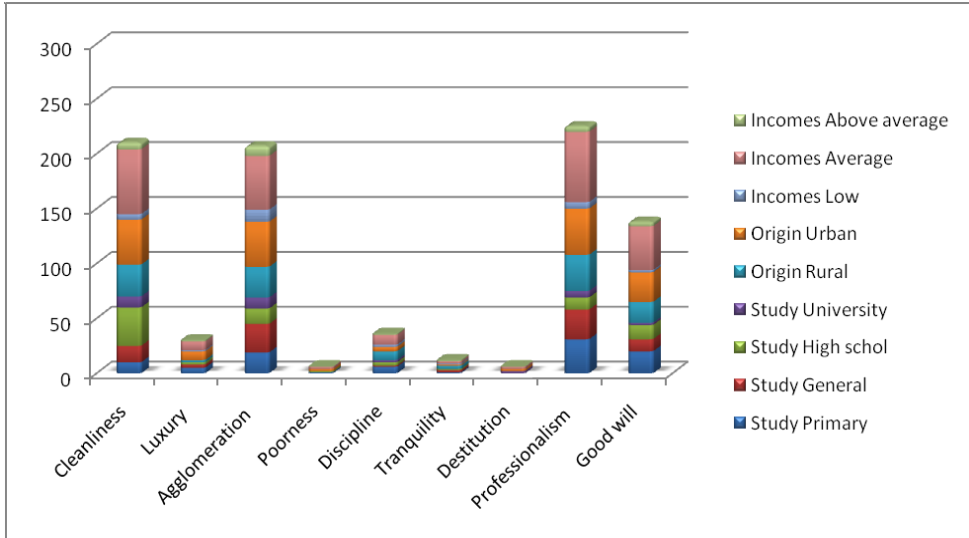


Figure 9. Description of first impression of entry into hospital unit

The impact on the patients' state of mind on the first encounter with the hospital is shown by means of Figure 10. The results confirm the previously analyzed answers: most of them experienced a positive impression on the cardiovascular section which meant to encourage them.

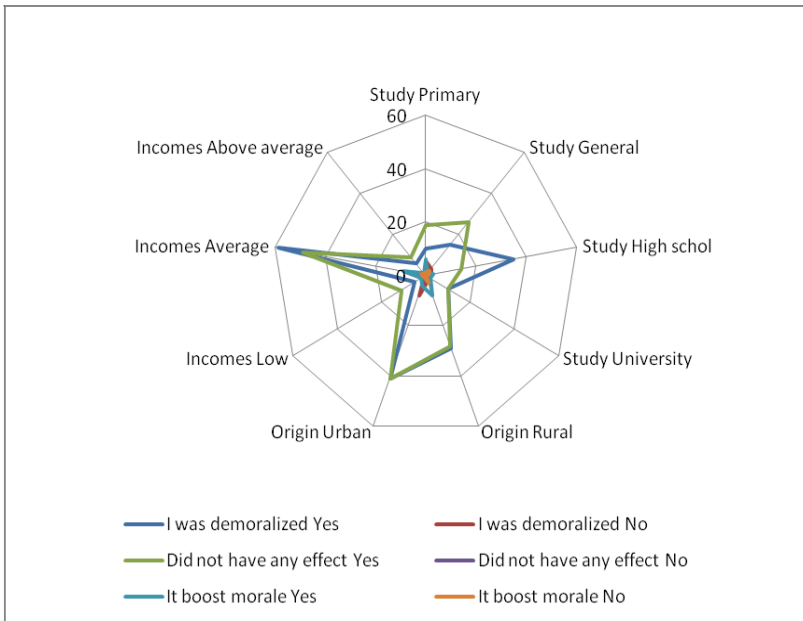


Figure 10. The impact of first impressions from entering the hospital on state of mind

Eventually, the respondents have been required to range some services provided throughout the hospital admission depending on the satisfaction degree. Therefore most of the respondents decided that the health care services provided by the medical doctors and nurses, in the Operating Room or Anaesthesia and Intensive Care, if the case may be, are satisfactory or very satisfactory. In contrast, such administrative services as general cleanliness, toilet facilities, accommodation and meals have been assessed as unsatisfactory and totally unsatisfactory (Figure 11).

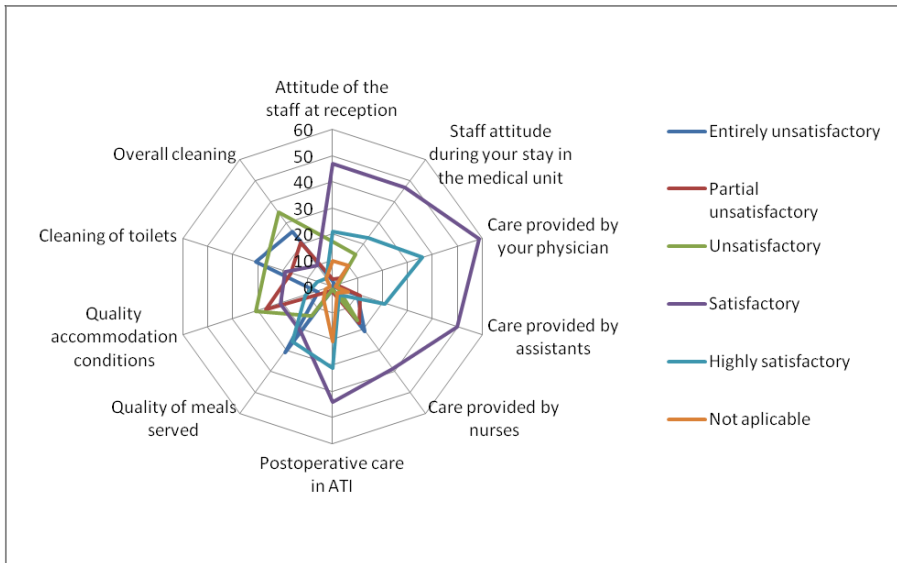


Figure 11. Rate the quality of the health care services on a scale from 1 to 5

Conclusions

Despite the fact that the perception of the patients on the Romanian health care system appears to be negative as per the conclusions presented in the specialty literature and reports issued by the state institutions, the questionnaire implemented in the Emergency Clinical Pediatric Hospital of Iasi "Sf. Maria" points out a positive attitude towards the public health care system. This fact bases on two equally important aspects: whether the institution (cardiovascular section of the hospital) is professionally managed or the reform is starting to pay off in Romania and to be perceived as helping the patients. Beyond the medical health insurance of the patients (private or public health insurance), the contributions to the health insurance fund (health care payers or free health insurance for children), some

patients complain on the difficulty to get health care services: most of the times the difficulty is solved by perseverance and by means of interventions on behalf of acquaintances. Generally, our study emphasize the fact that the patients state their satisfaction with the organization, competences of the medical and administrative staffing, but at the same time express their doubt as regards the safety of the health care services, which may origin, most likely, in the fact that some malpractice cases have been extensively propagated through mass media. The answers provided for in the questionnaire focus on the dissatisfaction of the patients with regard to health care activities related services such as provision of building with adequate technical equipment, quality of accommodation and meals.

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