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The Management of the Human Resources in the Public Health System: The Complexity and the Euro-Global Socio-Economic Challenges

Alunica MORARIU[1]

Abstract

Through this paper we intend to accomplish a complex approach on the public health system, mainly in terms of human resources, in the context of the multiple socio-economic factors which interact with it. We based this intercession on the Europe - 2020 Strategy and operated the necessary connections in relation to the characteristics of the local system. We assert, referring to the Romanian state that one of the most important challenges of the health system derives from the legislative system, hence, the immediate adoption of the specific regulations by the Parliament represents an imperative requirement. The whole world is facing increasingly complex challenges and health is the most valuable asset of every human being and of each structure, organization, community through its human resources and development potential. Prevention is the solution to be adopted in our Euro-global approach on sustainable development. To successfully face the global challenges of both of the European area as a whole, as well as for each individual Member State, the European Union needs to exploit to its full potential the workforce, ensuring to all its citizens equal access and opportunities to the labor market, quality public services and hence, to health and quality of life.

Keywords: strategy; public health; medical services; staff management; development of skills; occupancy; quality of life.

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Overview of health from the perspective of the socio-economic Euro-global factors

In the context of the European Strategy - 2020, the European Union initiative mainly aims at refocusing the policies on research, development and innovation towards climate change, energy and resource efficiency, health and demographic change, the challenges our society is facing at the beginning of the 3rd millennium. The EU initiative - oriented towards an „Innovation Union" implies the sustainable and favorable growth of inclusion - an economy with a high rate of employment, ensuring economic, social and territorial cohesion.

To successfully face the global challenges of both of the European area as a whole, as well as for each individual Member State, the European Union needs to exploit to its full potential the workforce, ensuring to all its citizens equal access and opportunities to the labor market, public services and hence, to health and quality of life.

In order to keep to the record of Europe's priority concerning the favorable growth of inclusion, seconded by realities such as the aging population and the increase of the global concurrence, Europe must act in the following ways (Europe – 2020 Strategy): (1) the employment rate in a context where the available workforce is declining, an effect that occurred not only as a result of the demographic change but also because of the global financial crisis and of the migration of the young population under the principle of the free migration of people; it is expected as a major risk for the unemployed to lose ground on the labor market; we also take into account the evidence stating that approximately two thirds of our employed population currently holds a job, compared with 70% in the U.S. and Japan; among European families, young people, women and the elderly have been severely affected by the crisis, contributing to the rise of the unemployment rate and hence, to the decrease of the quality of their lives; (2) lifelong skill development**,** considering the fact that approximately 80 million people have low or basic skills; the more educated people are usually the beneficiaries of lifelong learning opportunities; it is projected that, by 2020, 16 million jobs will require high qualifications, while the number of jobs that require low skills will drop by 12 million; to ensure workers a long active life (together with the implementation of the retirement policy at a more advanced age), it is necessary to offer them the opportunity to acquire and develop new skills throughout their lives and, at the same time, to ensure their access to quality public health services in order to facilitate the effectiveness and efficiency of the activity of the individual; (3) fighting poverty is nowadays more than necessary, given the fact that anterior to the crisis, approximately 80 million people were threatened by the poverty phenomenon, 19 million of which were children and 8% of the employed individuals

did not earn enough to escape poverty which especially affected the unemployed individuals.

It is a well known fact that the lack of jobs and skills necessary to human resources to develop activities required on the labor market leads to poverty, which is one of the factors that affects the quality of life favoring health decay and leading to the decrease of human physical and mental health indicators. The actions of this European priority concerning the favorable growth of inclusion will require (as set by the Europe 2020 Strategy itself) for each individual state and for all states in an integrated manner, to modernize and strengthen the employment, education and training strategies and policies, as well as the health and social protection systems, by increasing the participation on the labor market, reducing the structural unemployment and enhancing the social corporate responsibility among the business community.

All these measures can contribute to the rise of the living standards of the European families and quality of life of the European citizens. In the studies on the quality of life, health is one of the most important determinants, as shown in the Euro-barometer „Europeans and quality of life" (2000) when the participants in the study identified some of the most emblematic factors that have a major contribution to their current standard of living or can contribute to improving their living standards (Bălașa, 2007): (1) to be in a good state of health; (2) to have sufficient income to meet their needs and to lack worries and stress; (3) to have family members they can rely on at need.

An essential element that ensures the quality of life is precisely „having a good health" (Delhey, 2004), this factor is identified in studies in which European citizens participated. In the Euro-barometer 2002 research (CCEB and Standard Euro-barometer 52.1) the respondents were asked to name three of the most important factors that contribute most significantly to their quality of life, choosing three out of a list of 16 possible answers. Most of the Europeans chose the answer „to have good health" (Alber & Köhler, 2004).

In the spring of 2012, a new study on EU citizens' opinion on the most important element which determines the quality of life or happiness was carried out (Standard Euro-barometer 77), which led to the further acknowledgement of the importance of health. Thus, in the EU 27, for 44% of the respondents, health plays the most important role for the quality of their lives, for 13% the feeling of love, of affection, of belonging is the most important factor contributing to their happiness and for 11% work is the determinant factor. For the Romanian citizens, the values that contribute to their state of happiness suffer slight changes compared to the EU 27, as follows: health is also the most important in the opinion of 41% of the participants in the survey, 20% think that the financial security contributes primarily to ensure the quality of their lives, while 8% think that their work and the results of their work are the most important elements contributing to personal and family happiness.

Of course, the difficulties the EU 27 citizens/families might be facing, the more or less different cultural backgrounds, as well as their expectations in relation to current realities contribute to the placement of health, money, feelings of love and belonging to the family, group or community and work on leading positions in the top of the values favorable to the improvement of the quality of life.

We conclude that among all this value exists a justified interdependence, as it is almost impossible to advocate for the quality of life as long as one of them is absent. The placement of health on the first position by the EU 27 and by the Romanian citizens was a compelling enough reason to elaborate this paper, focused on both the public health systems as a whole, as well as on the human resources in the field. We believe that their dynamics and development could contribute to the achievement of the three objectives of the EU Health Strategy, namely: (1) improving health in an Europe affected by the aging of the population; (2) protecting the citizens against health threats; (3) advertising the dynamic health systems and new technologies.

The Romanian public health system in the context of Romania's integration in the EU

Through a specialized study that led to the Romania post-accession Strategy 2007-2013, a corrupt and inefficient public health system was identified. These features contribute to the undermining of the public trust within the provided public health services and the decrease of the social addressability (Busoi *et al*, 2013). Under these circumstances, we consider useful for this paper, an analysis and identification of the strengths and weaknesses, opportunities and threats in a SWOT analysis of the public health system in Romania (The Management of the Public Health System – Comparative Study, 2008).

In the context of European Union member states seeking to ensure access globally and equitably to healthcare for their citizens, Romania became concerned with improving its own healthcare system. (Vlădescu, 2004; Iliescu, 2013; Sandu *et al*., 2013). The studies and the papers consulted and to which I referred in this paper allowed us to identify the strengths of the public health system in Romania, which we subsequently present (Merciu & Mușat, 2013): (1) the Romanian health system aims to ensure the non-discriminatory access to a basic package of health services for insured people; (2) the presence in the system of competent and valuable specialists; (3) the existence of a relatively high share of young medical staff, trained in the spirit of the new requirements of the system; (4) the availability of the personnel in the system to work overtime; (5) the existence of active NGOs campaigning for public support through an effective public health system; (6) the increase of the income in the health system by attracting non-refundable EU

funding (however, we identify the need to continuously increase the incomes to meet the current needs of the personnel); (7) the family medicine became a specialty by law, primary medical care is therefore perceived as a priority in the health system; (8) the children, dependents, veterans and people with disabilities have access to free health insurance; (9) within the primary medical care, the patient has the right to choose freely the family doctor and preferred hospital;

Although the healthcare reform in Romania has contributed to major improvements in this area, however, we have identified multiple weaknesses (Merciu & Mușat, 2013): (1) the existence of certain disparities regarding the access to health care for economic, ethnic, geographic reasons or the different quality of similar services; (2) the identification of a low level of awareness of risk factors and health protection, health care system, as well as the basic health services package offered to the citizens; (3) the multitude of factors (poverty, unemployment, occupation, residence environment, insurance status in the system of health insurance, degree of coverage with medical personnel) which reduce or limit the access of the citizens to the health services; (4) the absence of effective programs addressed to citizens living below poverty line and suffering from the disadvantages of the public health services (we refer to examples such as the farmers, the unemployed, the self-employed, the retired); (5) the list of compensated medicines is negotiated/supplemented/updated at too large intervals of time (several years) to the meet the needs of the citizens who find themselves unable to purchase the medication necessary to their conditions, and are forced to resort to hospital services even more expensive for the public health budget; (6) regional inequalities marked in the coverage of the population with health care personnel; (7) the differences identified in the health system in urban areas compared to the rural areas (specific facilities, the number of insured individuals, the large number of patients enrolled on the lists of family doctors in rural areas etc.).

We assert that the reduced motivational levers of the medical staff, leading to its inefficiency, together with the allocation and remuneration manner are other weaknesses of the health system.

Beyond the strengths and weaknesses specific to the internal environment of the system, we believe that Romania should strategically avoid contact with the factors considered to be threats to the field and to exploit each opportunity. Following we nominate some of the previously mentioned opportunities (Ciutan *et al*., 2012; Dumitru *et al*., 2011; Haraga, 2006): (1) the impact of the integration of Romania in the European Union on the improvement of the quality and efficiency in the field; (2) the access to non-refundable grants through various programs and projects designed to meet the needs of the public health system; (3) the possibility/opportunity to improve the training of the public health system personnel by training programs funded from non-refundable grants; (4) the major

social impact of the health field, which may give rise to arguments in favor of the adoption of public policies.

The current socio-economic instability, both in Romania as well as in the European Union and around the world, can give rise to multiple threats, among which we recall (Mihăilă, Florea, & Ionescu, 2007; Tufănaru, 2006): (1) the uncontrolled growth of the phenomenon of migration of the highly qualified specialists from the Romanian medical system to the more developed countries, where they are offered much more attractive work conditions and remuneration, endanger both the current public health system as well as the future one; (2) the increase of the awareness of the citizens-patients in relation to the technological development of the diagnostic and therapeutic methodologies will contribute to an increase of the expectations and demands for top medical services; in response to these challenges, the system must have the strings and tools to ensure the distribution of the resources in order to contribute to the efficiency required in the health system; (3) the increases of the aging population and of the workforce migration phenomenon contributes to the decrease of the young population active in the field and beyond; (4) the diversity of the EU health care providers and the free circulation of the individuals allow the „clients" of the health system to access the services from other Member States; therefore the quantitative and qualitative medical expectations of the „clients" can be influenced; (5) the public health system is affected by the excessive increase of the costs to cover treatments for rare and severe medical conditions or by the strategies and policies adopted by certain medical suppliers; (6) the lack of the necessary training and experience among representatives of the local administration in the matter of public health.

Synthetically, the major problems faced by the Romanian public health system are represented by: (1) the legislative instability; (2) the management system in the Romanian health field which lacks qualified managers and expertise to contribute to the development of the strategies, policies and action plans anchored in the realities of the health issues which are faced by the Romanian citizens; (3) the severe under finance of the health system can not ensure the effectiveness and efficiency of the public health field, nor satisfy the patients, while the implementation of the European health strategies under the conditions created by the insufficient financing represents a real challenge; therefore, a sustainable development of this system must prioritize the funding of the advertising methods of a healthy living and, implicitly, prevention of diseases; no doubt, the funding of the treatment for the patients currently suffering from various conditions is more than necessary, in tandem with the implementation of the prevention policies to help reduce future morbidity and to promote the increase of the human quality standards; the insufficient funding of the current public health programs requires an integrated analysis of the realities of the public health field and the compulsory financing of programs on short, medium and long term; (4) the medical services market in Romania, where the synchronization of supply and demand can not be

identified; it is the effect of the incoherence of the strategies, policies, action plans and the limited resources allocated for the public health system which affect the quality of the system; on the other hand, the available private health services offer patients state-of-the-art equipped health care units and establish a competitive environment on the market of such services; however, in the private sector, in a country where the value of the poverty indicator is high (in 2011, Romania was one of the three poorest EU countries, according to the European Statistical Office, 40% of our population was at the risk of poverty and social exclusion) the access to health services is limited or impossible for most of the social categories; (5) the personnel management of the public health system is affected by the lack of appropriate strategies and ineffective application or non-application of the human resource management specific procedures, whether we refer to the analysis and planning of jobs and recruitment and selection of personnel or to the assessment of the performance, motivation or continuous training. Further, we intend to turn our attention to the human capital in the public health system, perhaps the most important resource in the field.

Current human resource issues in the Romanian public health system

The human resource, regarded as one of the most important organizational resources, or even as the most important one, is influenced by several factors, including: (1) the economic crisis in Romania in the broader context of the global economic crisis; (2) the public health policies; (3) the educational system; (4) the more attractive working conditions offered in other EU Member States or outside the EU borders; (5) the density of physicians employed in the Romanian medical system is below the EU average; (6) the highly differentiated medical coverage between urban and rural areas and between different regions. The economic crisis in Romania in the broader context of the global economic crisis affects the value, the various categories of expenditure including the human resources and social security as a percentage of the public expenditure on healthcare which, after a consecutive annual increase (2002 -2006) currently records a decrease (2006-2011).

Table 1. - *Social security expenditure on health as a percentage of general government expenditure on health (RO) - %*

Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
%	81.9	81.9	82.9	84.2	86.3	84.5	83.4	80.8	79.9	79.9

Source: *World Health Organization,* Romania health statistics summary (2002 - 2011)

The density of physicians in the Romanian medical system is situated below the EU average as shown in the graphical representation of *Fig. 1*. Given the conceptual differences regarding the physicians among EU member states, there is no overall figure for the number of physicians in the EU-27, because the data are collected for three different concepts that are engaged in the member states, namely those of practicing physicians, professionally active physicians and licensed physicians. Our analysis is based only on the most reliable of these concepts, active physicians. Across those regions for which data are available, the highest ratio of practicing physicians per 100 000 inhabitants was recorded for the Spanish overseas region of the Ciudad Autónoma de Ceuta (941 in 2010), followed by Wien and Prague (the capital city regions of Austria and the Czech Republic); each of these regions reported a ratio above 650 physicians per 100 000 inhabitants. At the other end of the range, there were three regions in the EU that reported fewer than 150 physicians per 100 000 inhabitants in 2010; these included the Dutch regions of Flevoland and Zeeland, as well as the Southern Muntenia region of Romania (Eurostat - Health statistics at regional level, 2013).

Although the density of the medical personnel in Romania is very low in most of the regions, the specialists in the field are attracted to clinics in other states. According to MedPharm Careers, but not only (www.careersinwhite.com), in 2013 and in the previous years, the clinics in Europe (UK, Germany, Switzerland, France, Belgium, Norway, Sweden, Denmark, etc.) have recruited medical personnel (physicians, nurses, dentists and other health professionals) in Romania. MedPharm Careers shows that the European clinics motivate the medical personnel by offering salaries much higher than those offered in the Romanian system.

Under the auspices of the presented facts in relation to the specialty literature and to the references, we conclude that the effect of these factors on the current public health system, while interacting with different types of resources, gives rise to negative effects on the human capital, such as: (1) the implementation of restructuring measures to reduce the activity and, hence, reduce the human capital; (2) the decrease of the funding allocated to human resources management; (3) the confusion of the staff; (4) the lack of motivation of the human resources; (5) the inefficiency; (6) the decrese of the quality of work; (7) the under financing of the educational system helps to lower the quality of the professional education; (8) the over-theorized character of the educational system; (9) the incoherence between the number of graduates and the number of specialized job vacancies on the labor market.

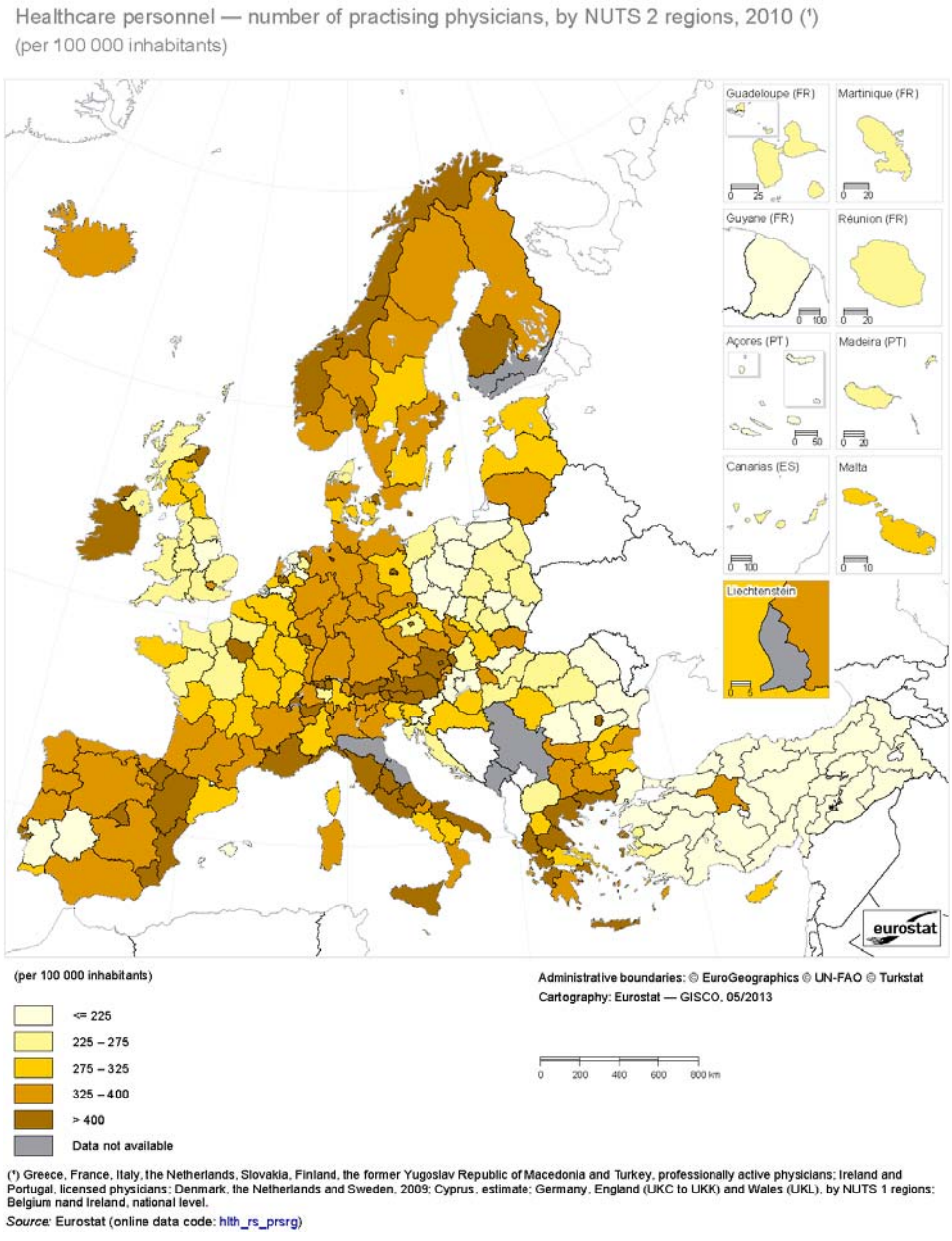

Figure 1. *Healthcare staff*
Source: *Eurostat*

To prevent/counteract such effects (which we have synthetically presented) and to confer the human resource the opportunity to contribute to the achievement of the objectives set in the EU Health Strategy, we consider, as a tool of the maximum utility to the Romanian system, the focus on the development of several possible solutions: (1) the reconfiguration and insurance of the stability of the juridical framework concerning the field; (2) identifying and increasing the volume of the financial resources by attracting alternative funding sources, preferably grants, for example, through an efficient implementation of the projects financed from EU funds etc.; (3) identifying alternative funding sources, especially addressing the undergraduate and postgraduate system which prepares specialists in the field of medicine at very high educational costs; (4) the identification/implementation of economic recovery measures at the national level; (5) encouraging the application of preventive measures and treatment of health disorders by cheaper and effective natural means; (6) the multiplication of the programs based on experience and best practices exchanges developed with foreign more developed and efficient health organizations aiming to develop and implement within the Romanian system action plans based on coherent policies.

Based on the results obtained in the studies we referred to above, as well as on ensuring stable jobs in the field for which they trained, the graduates need to feel motivated to accept the jobs and provide the results of their training for the population and health system of the Romanian state.

Of course, in case the Romanian public health system offers a job to the graduate which the latter repeatedly, but with good reasons refuses, there may exist the possibility the graduate migrates to a job in another state; under these circumstances, our subject must contribute for a specific period, with a share/fixed-fee of the income, to the Romanian state budget (in addition, we point out that as long as the jobs offered by the Romanian state are, by far, less appealing than the ones from abroad, the Romanian state can not compel anyone to accept being stuck in a career that stalls the development of the individual).

Conclusions

The whole world is facing increasingly complex challenges and health is the most valuable asset of every human being and of each structure, organization, community through its human resources and development potential. Prevention is the solution to be adopted in our Euro-global approach on sustainable development (Alber & Köhler, 2004). But, unfortunately, the prevention can return the best results (both quantitative and qualitative) in medium and long term. Currently, we can not ignore the need for treatment procedures of patients suffering from more or less severe affections. Under these circumstances, the human resources in the field and their proficiency play a major role. However, the manner of

implementation of the planning procedures, initial / continuous training and management of the human resources involved in this field in general, as well as the terms of allocating the limited financial resources, give rise to undesirable social and economic phenomena. This leads to unjustified consumption and increasingly high costs for the health services.

Our concernment and intelligent activity aimed to improve the state of health in an aging Europe, the protection of the citizens against health threats, the advertising of dynamic health systems and new technologies will support the actual increase of the quality and standards of the Euro-global life. We must ensure access and equal opportunities for our citizens to these goals, without which democracy seems to be doomed.

As regards the Romanian state, one of the most important challenges for the health system derives from the law, where a new law is expected to be adopted by the Parliament for more than a year. The bill, which is still under public debate, aims at the transformation of the health system, heavily criticized for the poor quality of the provided services. We assert that on the legislative agenda, the human resources activating in the public health system must become a priority because their efficient action can add value to the system. Finally, the human capital can enhance the quality indicators of human life only if sustained in a strategic and integrated manner.

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