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Full Length Research Paper

Perceptions of key figures on the capacity of the Romanian healthcare system to address population needs

Constanța MIHĂESCU-PINȚIA[1,2], Rodica PAMFILIE[2], Aurelia ȘTEFĂNESCU[3]*, Narcis COPCA[4] and Marian Vladimir CONSTANTINESCU[5]

[1]National School of Public Health, Management and Professional Development, 31 Vaselor Street, Sector 2, 021254 Bucharest, Romania.
[2]Faculty of Commerce, Bucharest Academy of Economic Studies, Romania.
[3]Faculty of Accounting and Management Information Systems, Bucharest Academy of Economic Studies, Romania.
[4]"St.Maria" Clinical Hospital, Bucharest, Romania.
[5]Faculty of Dentistry, "Carol Davila" Medical University, Romania.

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Difficulties of Romanian healthcare system generated by "Semasko inheritance", a decision making process not properly substantiated, inadequate administration of resources, continuous change of regulations, health reform discontinuity, poor endowment of many health facilities and migration of medical personnel, within the low economic development in comparison with EU and country potential, have a significant impact on health services utilization and consequently, on population health status. Although social health insurance fund increased 10 times during 1999 to 2008, its positive effects on health system and health status can hardly be noticed. Within this context, our research questionnaire-based, aims to investigate the opinion of key persons from all relevant actors, regarding Romanian system capacity to respond to healthcare needs of population. Although population perception on healthcare has been studied many times in Romania, there was a lack of research among key professionals in order to produce skilful opinions and competent recommendations. This study started with a synthesis of main approaches and findings published on this subject. Most respondents reasoned the limited responsiveness of Romanian healthcare system to specific needs by: poor achievement of system functions, relative adequacy of reforms to necessities, under-financing, excessive politicization, poor management, inefficient use of resources, improper health infrastructure, medical personnel dissatisfaction, etc. Respondents identified areas for priority action and proposed alternative solutions to currents problems, shaping a new managerial model for the health system. We think that grading the Romanian healthcare system with a six in average by key respondents, confirms the discrepancy in structure and quality between the health services demand and supply, representing a useful tool for redefinition of reforms according to real needs and expectations.

Key words: Healthcare system, responsiveness, healthcare needs, health services supply, Romania, key persons.

INTRODUCTION

Health is an essential component of well-being with major socio-economic implications, but also the subject of a strategic market of a great extent. Healthcare services and relationships generated by their resources and processes compound complex systems; their study within cultural model and socio-economic development, is of an increased interest worldwide. Healthcare system mission resides in evaluating, promoting, preserving and

*Corresponding author. E-mail: stefanescu.aura@gmail.com.

Table 1. Romanian health indicators compared to EU averages, 2009.

Indicator	Romania	UE
Population of 0-14 years (%)	15.1	15.6
Population aged under 64 years (%)	14.9	17.2
Life expectancy at birth (years)	73.8	79.7
Health adjusted life expectancy (HALE)	63.5	71
Total fertility rate (average no. of children per woman)	1.4	1.57
Abortions per 1.000 live births (%)	522.6	228.7
Maternal mortality (maternal deaths per 100.000 live births)	24	6.3
Infant mortality (deaths per 1.000 live births) (%)	10.1	4.3
Standardized death rate (deaths per 100.000 inhabitants, all causes, all ages)	959.5	618.4
Smokers among population >14 years old (%)	20.2	26.1
Tuberculosis incidence per 100,000 inhabitants	97.2	13.5
Syphilis incidence per 100,000 inhabitants	18,7	3.7
Mental disorders incidence per 100,000 inhabitants	1,149.7	867
Physicians per 100,000	225.8	330.5
Hospital beds per 100,000	640	528.9
Total hospital discharges per 100	25	17.7
Total health expenditures as % of GDP	4.7	9
Total health expenditures per capita ($ PPP)	665	2,877.5
GDP/person ($ PPP)	11,917	29,729

ameliorating the health status for individuals and groups, thus improving their quality of life. Despite the impressive amounts spent in several healthcare systems, nonmedical determinants (as biology/heredity, life style and environment factors) contribute to the health status up to 80%, according to World Health Organization (WHO) studies.

Regardless of healthcare type and characteristics, citizens are always interested in how the system responds to their expectations and requests as perceived needs. After measuring provision and quality of care, responsiveness has been included among core assessment criteria for health system performance used by the WHO (World Health Organization, 2000). As mentioned by Letkovicova et al. (2005), responsiveness relates to non-clinical dimensions of health outcomes regarding how persons are treated during their contact with healthcare: dignity, autonomy, confidentiality of information, clear communication, prompt attention, access to social networks, basic amenities and provider choice (both professional and organization). Rice et al. (2008) have clustered all the aspects of responsiveness into two groups: human rights and client orientation.

Beside subjective opinions of the patients, inherently influenced by specific factors and informational asymmetry, the healthcare system has to respond to healthcare needs of given population. In Europe, health consumer perceptions are studied next to health services utilization since 2005 in European Consumer Health Index (ECHI) on basis of 38 indicators selected for six criteria: patient rights; e-health; waiting time for treatment; health outcomes; access to and coverage of public health services; drugs. According to this ECHI, Romania got only 489 points and ranked 32 out of 33 countries in 2009, in comparison to leaders Netherlands, Denmark and Island with over 800 points (Björnberg et al., 2009). Although being an EU member since 2007, most of Romanian health system characteristics and outcomes range far from EU averages (Table 1).

An overview on indicators denotes how Romania differentiates with respect to European space by poor health outcomes especially for demographic fall, life expectancy, infant, maternal and general mortality, tuberculosis incidence, abortion rate, frequency of avoidable hospitalizations and deaths. Statistics also indicate an alarming incidence of pulmonary diseases and cardiovascular deaths (National Center for Health Statistics, 2010). This situation could be partly explained by the communist past, but major causes are related to low standards of life, life styles, poor level of information and an obsolete healthcare system partially responding to population needs and expectations. Consequently, Romania ranked 99 in the world on WHO health system performance assessment (2000), after most of the countries in the region (World Health Organization, 2000).

Detailed analysis of Romanian health system within the context of quick post-communist transition, accomplished by Vladescu et al. (2008), has emphasized recent degradation of several aspects of population health, despite its comparability to western Europeans in the 1960s and many health reforms. Another study showed

that 11% of total deaths in Romania are induced by avoidable causes (Vladescu et al., 2010) added to a high percentage of avoidable morbidity (including hospitalized morbidity) and burden of diseases, both phenomena that should be further studied in detail.

Dragomiristeanu and Mihaescu-Pintia (2010) have highlighted the need for a modern mechanism of collecting and reporting high quality data and evidences in Romania within a comprehensive system of indicators for all health system components and tasks, able to provide decision makers, European / international health organizations and general public with reliable information.

A national study on population perception regarding the corruption and direct payments in healthcare indicated that: half of respondents think that health system reform moves to a wrong direction; 20% mentioned corruption as the main problem of healthcare system; although 83% declared to be against informal payments, over 25% of healthcare users recognized they practiced informal payments to medical personnel of hospitals and 20% of users had to borrow in order to pay for the hospital services received; only 13.5% agreed with copayments but only at low levels, while half of the respondents do not relate this measure to decreasing corruption in the system (Farcasanu, 2010).

First official document recognizing the importance of health policy and healthcare oriented to specific needs and making recommendations accordingly, was the Presidency Commission Report for public health policy analysis and elaboration in Romania, titled “A health system focused on citizen’s needs” released in 2008 (Vladescu et al., 2008).

Stefanescu et al. (2011) studied the measurement and application of performance concept at the level of public institutions in EU health systems. Results revealed the concern of EU member states for evaluating performance, but information dissemination is limited in the absence of explicit and exhaustive requirements. United Kingdom, Sweden and Denmark are to be mentioned among the countries transparently presenting multiple information about their health system performance, while former socialist countries (Romania, Bulgaria, Latvia, Hungary, Czech Republic, Slovenia, etc.) do not publish these indicators on their key institution websites. Deficiencies in measuring the results and performance of Romanian public hospitals suggest the application of a standard model for assessment.

Findings of a recent study on opinion of Romanian hospital managers about the role of internal audit disclosed that internal audit position is staffed in less than 25% public hospitals; 73% of managers believe that audit is valuable for the institution through internal control, 57% - by risk management and 19% - through corporative governance; 73% of hospital managers believe that internal audit generates added value by decreasing or eliminating unjustifiable expenses; 69% think that over 50% of deficiencies identified by internal audit in the hospital are prevented afterward; 85% consider internal audit as a managerial partner for improving hospital performance (Turlea et al., 2011).

Although there is a lot of research on health system performance based on population perceptions, competent opinion of key persons have been much less studied. Along with typical data and studies for needs assessment, we also hold the vision of technical key persons appropriate for documenting strategic decisions in healthcare area. Within this context, the research objective of our research was to investigate key person’s opinion on Romanian health system capacity - in terms of resources, policies, supply, utilization and outcomes - to respond to current healthcare needs of the population, objectively assessed.

METHODS, SAMPLE AND RESPONDENTS

A complex self-administrated questionnaire has been elaborated, starting from Donabedian model structure-process-outcomes (Donabedian and Bashshur, 2003) and 2000 WHO conceptual framework for assessing health system performance (World Health Organization, 2000) within a qualitative study. Instrument comprises 35 questions structured as follows: identifying health services needs for decision process; fulfilling system functions, demand-supply relationship on healthcare market and general performance; patient and medical staff satisfaction; main problems of healthcare system, their causes and proposed solutions; priority areas for intervention; health information sources used by decision makers and population; socio-demographics.

Questionnaire has been applied on a theoretical purposing sample of key persons of three decision levels from main health institutions and provider groups of Romanian health system: Ministry of Health (MoH) and its district public health authorities (DPHA), MoH specialty commissions, National Health Insurance Fund (NHIF), district (DHIF) and parallel public health insurance funds, medical schools, College of Physicians (CoP), Parliament Health Commission (PHC), National School of Public Health, Management and Professional Development (SNSPMPDS) and public health institutes, public hospitals, private clinics and health NGOs. 160 subjects (32%) have been selected from around 500 main decision positions of these institutions according to their public organizational structures, in compliance with representativeness and proportionality principles aiming relevant professional and managerial expertise. The response rate of 82.5% is considered good, given the changes and austerity measures applied before the study.

Gender distribution was balanced, with 49.2% women - mainly from age group of 50 to 55 years and 50.8% men mainly 55 to 60 years old. Youngest respondent was 33 and oldest 72 years old, on a general average of 49.5 years (Figure 1).

Only 15.1% respondents were in age group 33 to 40 years, mainly hospital department heads who usually also practice in private sector, while 37.9% were between 40 and 50 years old and 47% were 51 to 72 years old (Figure 2). This age distribution unfolds a consistent conversance of the healthcare system in evolution.

Professional experience of respondents in the health system was 23.77 years in average (maximum 48 years, biggest frequency in percentile 75) (Figure 3). Sample included 8 economists and 123 physicians from all medical specialties - 75% senior physicians and one MD who also studied economics; 20% are also faculty members: 17 professors (including one academician and one deputy dean), 4 associate professors, 4 lecturers and 2 assistants,

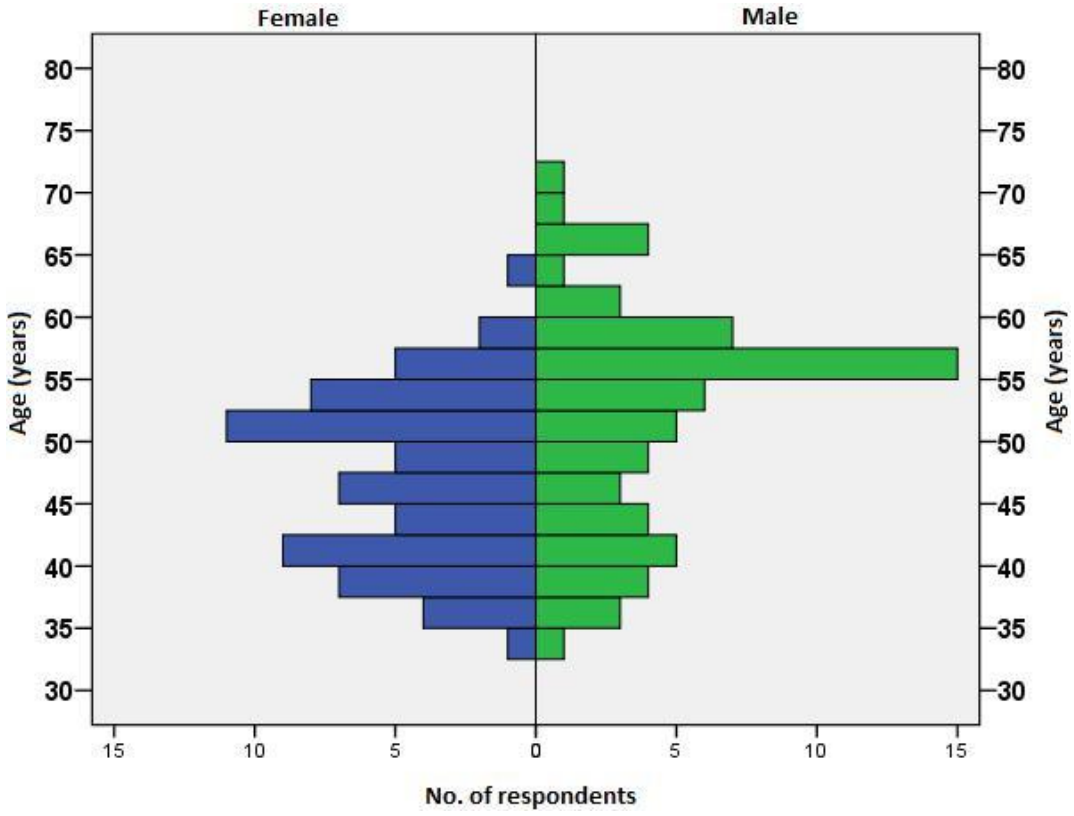

Figure 1. Gender and age distribution of respondents.

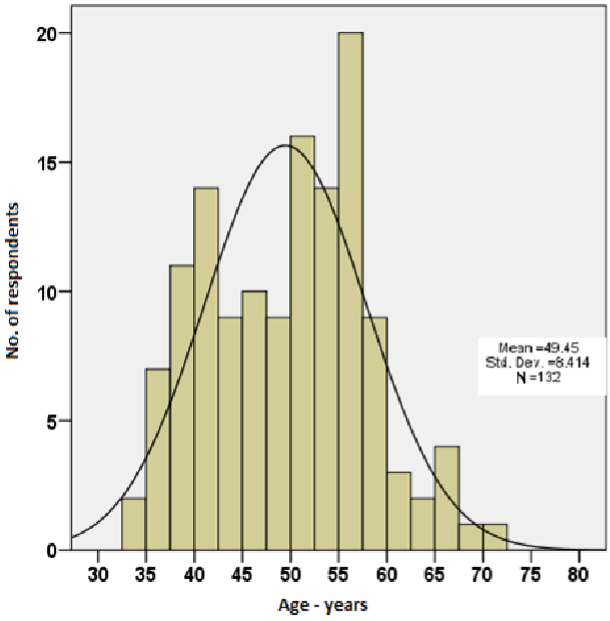

Figure 2. Age distribution of respondents.

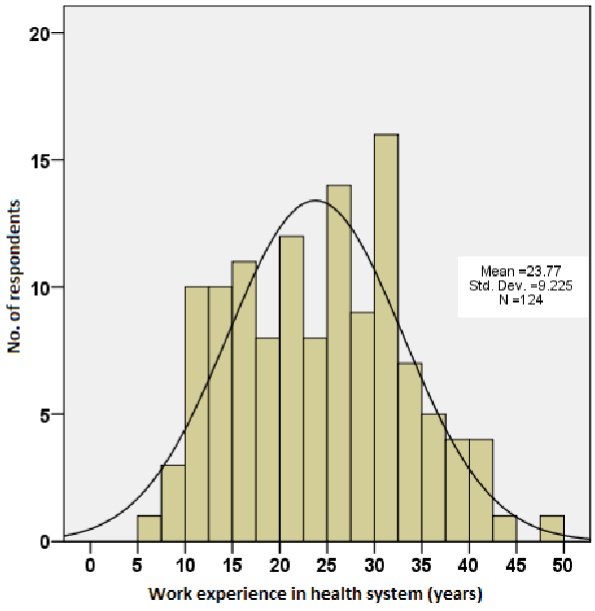

Figure 3. Distribution of respondents by professional experience in the health system.

4 researchers; 38% of respondents defended their scientific doctorate. Decisional level of study participants were 5.3% (7 men) highest positions in the system - health minister, secretary of state, HIF president, vice-president and general director, CoP president,

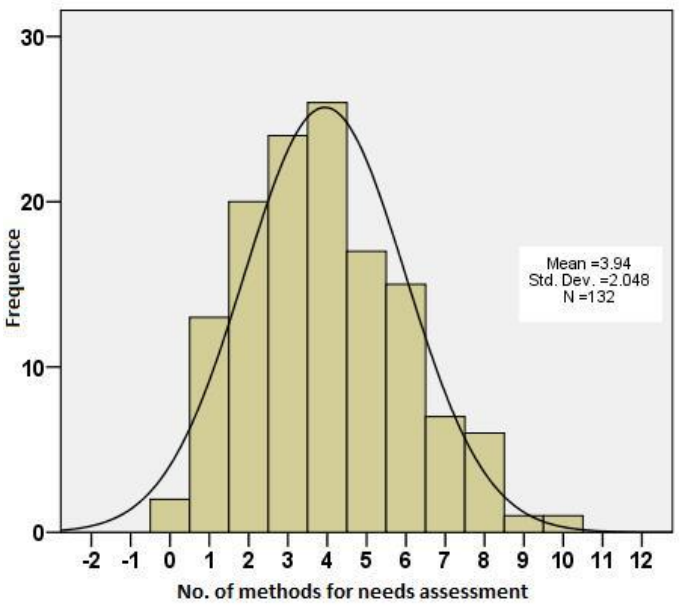

Figure 4. Distribution of opinions about methods used for health needs assessment.

all of them with rich managerial experience. Directors of MoH and DPHA departments represented 13% of respondents, while 30.3% were hospital and PH managers; deputy directors, medical and R&D directors from hospitals represented 32% of the total; the rest (33 persons) were medical coordinators. Given the cluster sizes and varying range of experience in different managerial positions, cluster analysis was considered not relevant for study purpose. One third of respondents have coordinated reform or research projects and studies, adding experience and skills to their profiles. Managers of private clinics represented 8% of total sample, while few respondents also practice medicine abroad. 17% were administrative board members of main institutions in the health system, 23% participated as experts in health commissions of MoH and CoP. 15.2% of the respondents are independent experts in Romanian and international research or consultancy projects, while 20% also mentioned other managerial positions.

FINDINGS AND DISCUSSION

Regarding the methods used for assessing healthcare needs of Romanian population, most respondents have mentioned more than one (up to 4 methods) in average from the list, as follows: most frequently, longitudinal analysis of health services utilization - selected by 20% of respondents; longitudinal analysis of socio-economic indicators - by 18.2%; longitudinal analysis of demographics - by 15.2%; economic analysis of health services and programs - 13%; problem solving - 11.4% (Figure 4).

Methods seldom used are literature review - 10%; population and professional survey - just once; needs assessment studies - 5.3%; patient satisfaction measurement - 4.5%; 23 respondents (17%) specified other methods: politic and economic interests (7%), empiric estimations (7%), pressure from interest groups and media, EU priorities. Answers reveal an inadequate approach of needs by health decision makers, confirmed by the inopportunity of some recent reforms or discontinuity of others, inadequate utilization of several public health resources and services, patient dissatisfaction, and media criticism.

Opinions of the study participants regarding the degree to which the *nee*ds are the basis for strategy, policies, interventions and fund allocation for different types of medical services and products, were:

i. In primary healthcare, to some extent - 43.2% respondents, to a little extent - 34%, not at all - 11 respondents (8.3%), to a great extent - just 13%. Despite several protests of family doctors, hospital specialists criticize the level of primary care as poor, reflected in a large number of avoidable emergency calls and visits to the hospital;

ii. In ambulatory specialized care, to a little extent - 41% of respondents, to some degree - 38%, not at all – 14.4%, while just 6% - to large extent;

iii. For dental care, half of respondents notify that criterion is not met at all, 35.6% - to a low extent and only 13.6% - to some extent;

iv. Instead, ambulance and emergency services seem to meet the criterion of needs (to some extent according to 38.6% of respondents, to a great extent – 35%, to the utmost extent – 10%, to little extent – only 16.5%); these findings are backed by a considerable appreciation of general public especially for the mobile emergency service for resuscitation and extrication (SMURD);

v. Acute hospital services are based on needs just, to some extent according to 47.3% of respondents, to little extent - 22.1%, not at all - 6.1%, to great extent - 17.6% (furthest - only 7%). Answers could be linked to the hospital-oriented healthcare in the system visible on high demand and hospitalization rate.

vi. Adequacy of chronic and rehabilitation hospital services towards population needs is achieved just to a little extent said 51.5% of respondents, to some extent according to another 25%, or even not at all - 16%;

vii. National health programs are centered on needs to some degree – assessed 48% of respondents and to great extent - 26%, while to little extent - 17.4% and not at all - 4.5%;

viii. Compensated and subsidized drugs are needs-oriented to some extent according to 46.2% of respondents, to a little extent – 22.7%, not at all – 8.3% and to a great extent – 19%;

ix. Prosthesis, orthesis and medical devices meet the needs on a small scale, said 57% of respondents, to a certain degree said other 28%, or not at all - 9%;

x. Half of interviewed think that current *medical homecare* does not cover the needs at all, 38.6% - to little extent and other 10% - to some extent. These findings indicate

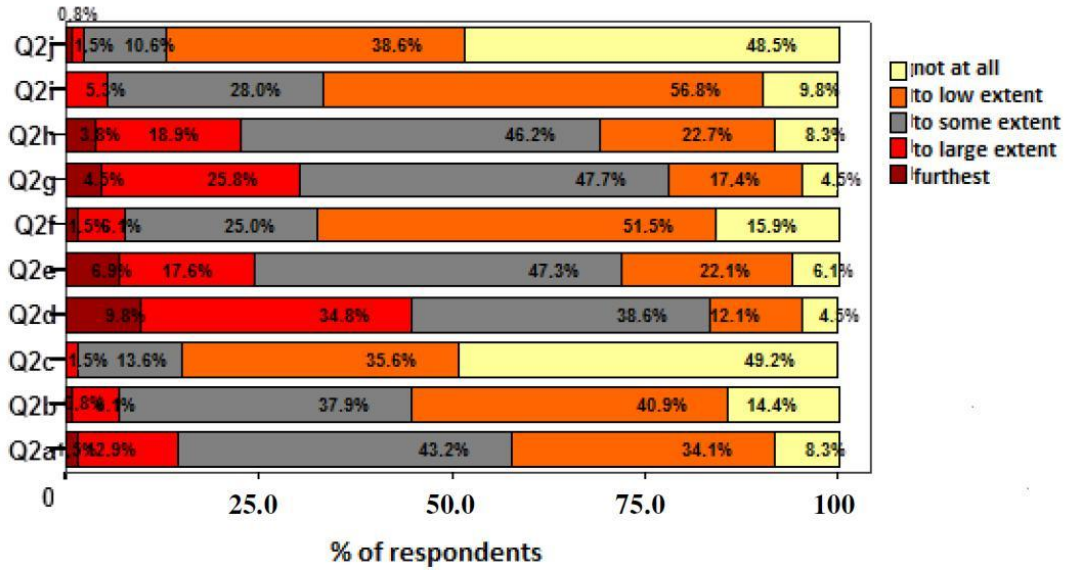

Figure 5. Distribution of opinions according to orientation of different health services, programs and products to the needs.

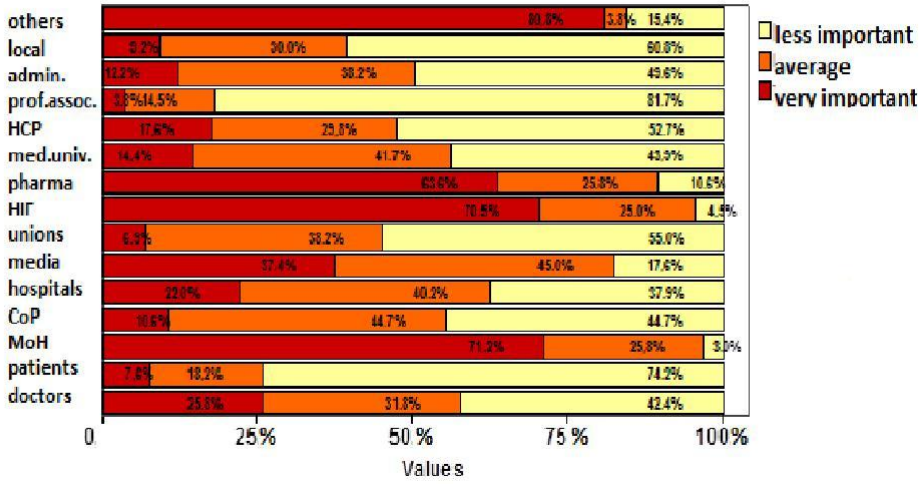

Figure 6. Importance of health system actors for respondents.

that services supply for chronic, elderly and disabled should be remodeled, so that continuity of their care will be covered at acceptable costs and quality (Figure 5).

According to respondents, the top of most important actors in the Romanian health system appears as follows: MoH (71.2%), HIF (70.5%) and business companies of pharmaceuticals, medical equipments, instruments, devices, health materials (63.5%). Unfortunately, patients are considered less important by 74.2% respondents, meaning that health system management is not patient-oriented in perception of key persons. Local public administrations are less important for 60.8% of respondents, despite recent decentralization. Surprisingly, doctors are perceived less important than other actors by 42.4% respondents, although 93.2% of them are physicians. Media is very important for 37.4% respondents and medium for 45% of them. Other actors as politicians, Ministry of Finances and Presidency, are also considered very important by 80% of key persons (Figure 6).

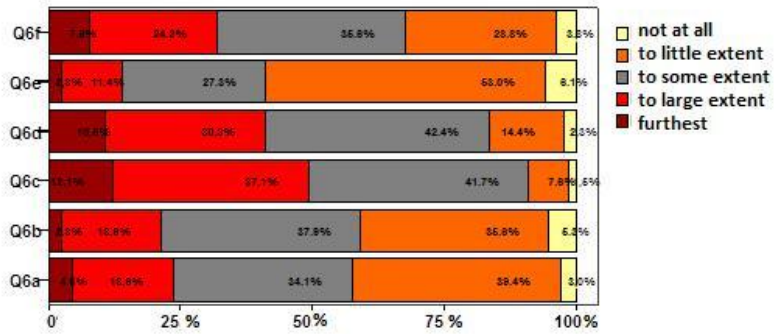

Figure 7. How needs are reflected by utilization of different types of health services.

Decision making process in Romanian health system is grounded by citizen's needs for health services, just to a little and some extent (47.7 and 39% of respondents respectively), or even not at all (10%).

Informed and evidence-based decision making within health system, to a little extent - according to 41% of respondents, to some extent - 34.1%, not at all - 20%, furthest - only 5.3%. Regarding the utilization of health resources, services and products on different levels of care in Romania, our study revealed:

i. primary care utilization reflects the needs to little extent according to 39.4% of respondents, to some extent – other 34.1% and to large extent – only 18.9%;
ii. using ambulatory specialized medical care is the reflection of needs to some extent in opinion of 37.9% of respondents, to little extent for other 35.6% and to large extent for 18.9%;
iii. ambulance services were better appreciated: to some extent - 41.7%, to large extent - 37.1%, furthest - 12,1%;
iv. different opinions were registered about consumption of *acute hospital services* dependent on needs: 42.4% - to some extent, 30.3% - to large extent, 14.4% - to little extent;
v. there is a discrepancy between utilization of *chronic and rehabilitation hospital care* towards increasing needs of aging population, consequently 53% of persons interviewed appraised this criteria to be complied to little extent, 27.3% - to some extent and 6.1% - not at all;
vi. different opinions were expressed about *compensated and subsidized drugs* according to the needs: 35.6% - to some extent, 29% - to little extent, 24.2% - to large extent; only 7.6% - furthest (Figure 7).

Rating the level and quality of different types of resources of the Romanian health system:

i. for its general infrastructure, system is considered poor by 44% of respondents, very poor by another 32.6% and average by 22%;
ii. for the medical equipment: average - 47.7%, poor - 31.1% and even very poor - 9.1%, observing differences among medical specialties and regions. Actually, efforts for medical endowment of health facilities in Romania done during last years were visible in the answers;
iii. instead, for its human resources, health system is well appreciated by 23.5% respondents, average – by 44.7%, poor – by 15.2% and very poor – 12.1%; periodic studies among patients indicate their constant appreciation for the medical personnel, consolidating in a way the opinion of key persons;
iv. regarding financial resources allocated, health system is considered very poor by 50.8% of respondents, poor by other 32.6% and average by only 15.2% of them. Although health under-financing is always pleaded by decision makers, no effective measures have yet been taken to decrease informal payments and corruption, improve collection of health insurance contributions, increase public allocations for health and control efficiency of their utilization, introduce private health insurance and copayments;
v. Romanian healthcare system is criticized also for IT&C resources by most of personalities interviewed: very poor by 26.5%, poor - 37.1 %, average - 26.5%, good - only 7.6% (Figure 8).

About how health system functions are fulfilled, opinions are rather disadvantageous:

i. planning is considered inadequate by 62.8% of respondents and partly adequate by 28%;
ii. resource generation and allocation are perceived unsatisfactory by most decision makers (65.2%) and partly adequate to other 31.8% of them;
iii. regulation is seen as partly adequate by 54% respondents and inadequate by 33.3%, while just 8.3%

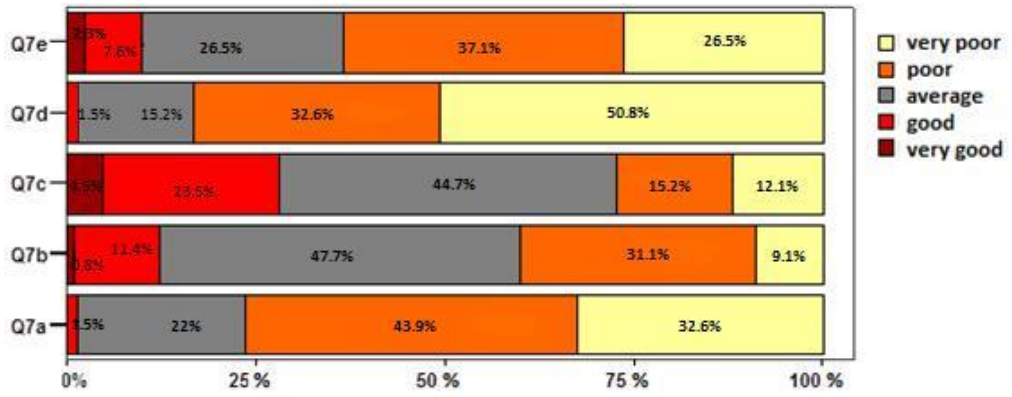

Figure 8. Assessing different types of resources of Romanian health system.

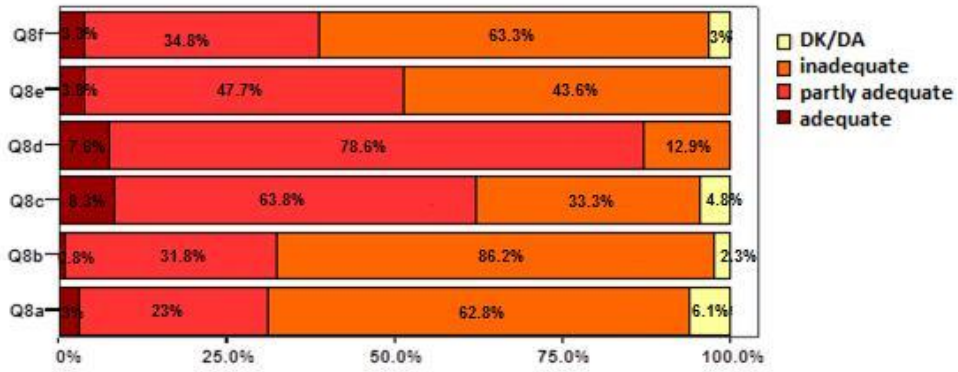

Figure 9. Assessing the achievement of Romanian healthcare system functions.

consider it adequate;

iv. health services provision is appraised partly adequate according to most of decision makers (78.6%), adequate by 7.6% respondents, while 12.8% - inadequate;

v. health administration and management are quoted inadequate by half (48.5%) of respondents and partly adequate by another 47.7%;

vi. monitoring and evaluation are considered inadequate by 58.3% of respondents and just partly adequate by other 34.8% (Figure 9).

Reforms of Romanian health system in regard to specific needs are considered in part adequate by half of respondents and unsuitable by the other 47.7%. Difference of opinions is observed between highest decision level and implementation levels, as well as by their age perspective.

Correlation between public healthcare supply and population needs is appraised partly adequate to the needs by most respondents (73.5%) and inadequate by other 20.5% of them. By contrast, private health provider healthcare supply is considered partly adequate by 60.6% respondents and adequate by 23% of them. However, role and weight of the two sectors are so different; comparison is justified for their competition in quality and choice.

Demand for health services reflects population needs to some extent in opinion of 62.1% respondents, one fifth - to large extent and 12.1% - to little extent (Figure 10).

In regard to health national programs towards population needs, most respondents (62.6%) consider them partly adequate, 18.3% - adequate and 13.7% - inadequate. Differences in these opinions are due to the medical specialty, professional experience and decisional level reached by respondents.

76.5% of respondents rate the decentralization level of

Figure 10. Adequacy of public and private health services supply to population needs.

the health system as incipient, while the rest of them (23.5%) opt for medium level; these findings could probably be explained by the manner of decision making, direction and consistency of health reforms, as well as poor communication of reform objectives and results - both expected and achieved.

Referring to patient satisfaction, 46.2% of participants believe patients are unsatisfied, 39.4% - somewhat satisfied, 7.6% - satisfied. Patient dissatisfaction is one of negative direct results of health system, as also showed by European health consumer index and many other patient surveys.

Satisfaction of medical staff was quoted worse by respondents: unsatisfied - 56.1%, very unsatisfied - 20.5%, somewhat satisfied - 22%. Professional dissatisfaction, disincentives and poor working conditions were invocated by the large number of doctors and nurses who emigrated last two years, employed in the private health system or quit practicing medicine despite the chronic deficit of medical personnel.

Input of public health (services, campaigns, interventions, programs, products) to health status and wellbeing of Romanian population in perception of respondents is considered to a little extent by 35.6%, to some extent by 34.8% and to large extent - only by 19%.

Most respondents (73.5%) believe that health system is influenced by external factors (economic, politic, social, etc.) - highly and other 24.2% - to large extent, thus highlighting the role of nonmedical determinants for the health status and health system.

As for the most important success of Romanian health system during last 15 to 20 years, key persons considered the following: health insurance system (18.2%); privatization and private health sector (16%); health reform regulation (9%); SMURD (8.3%); access to medical knowledge and technology (7%); certain clinical outcomes (6.3%); national health programs (5.3%); others (DRG system, system functioning despite several losses, family medicine, transition from Semasko to contractual model, drug compensation, etc.).

Among the problems of health system, key persons agreed with most of those 16 listed, as shown in Table 2. Among the problems, perceived importance of under-financing and politicization, in connection with defective resource utilization, were observed. Other problems identified (by 14.4%): medical staff migration and deficit, decreasing quality of medical education, regional inequalities in healthcare provision, lack of a long-term health strategy, health regulations issued by inexpert staff.

In opinion of key persons, the most important problem of Romanian health system is: under-financing and improper fund's use - 51.5% respondents; management - 16%; human resource issues (as deficit, training, payment, disincentive) - 15.2%; politicization - 14.4%; lack of vision, strategy, planning - 9.8%; corruption - 8.3%; others - 34.1%. In terms of under-financing, answers are correlative with options expressed to previous question, while politicization is considered the most important problem only by a low proportion of respondents, although health fund allocation is always a political matter handled on the highest state decision levels.

Causes mentioned here for the main problem identified, were incompetence and poor management (42%), financial problems (32.6%), politicization (26.5%), corruption (20.5%) and others. Interesting for qualitative analysis were also inequity in distribution of medical services irrespective to population needs; no adhesion to European values; inefficient monitoring of fund's use; unbalance between HIF contributors and beneficiaries; lack of quality and cost standards; excessive bureaucracy after Parkinson principle.

Among solutions proposed by respondents to those problems, most frequent were, highest professionalism and competence at decision level (48.5%); adequate financing and resources (30.3%); depoliticizing and fighting corruption (17.4%); decentralization and privatization (12.1%). Many respondents (60.6%) proposed other solutions: transparent public system and adequate evaluation, eliminating conflict of interests, objective criteria for professional and managerial performance, institutional autonomy, and standardization.

Many aspects of corruption and practical means of fighting it were particularly indicated in relation with problems, causes and solutions identified, even not using the term per se. Expert opinions about what should be essentially changed within Romanian healthcare system were: management and managers (33.3%); mind-sets and mentalities (27.3%); mechanisms of health financing

Table 2. Importance of main problems of Romanian healthcare system.

Problem definition	No. of respondent	Percentage
Under-financing	112	84.8
Excessive politicization	111	84.1
Inefficient allocation and administration of resources	102	77.3
Level and methods of payment for medical personnel	99	75.0
Health infrastructure discordant to the needs	98	74.2
Poor hospital conditions	96	72.7
Poor management of the system	95	72.0
Changing legislation, difficult to apply; bureaucracy	90	68.2
Ignoring current healthcare needs of population	89	67.4
Lack of standardization	80	60.6
Lack of reforms	76	57.6
Negative media campaign	72	54.5
Corruption and informal payments	68	51.5
Planning and organization of health services	66	50.0
Low competitiveness	63	47.7
Centralization	53	40.2
Others	19	14.4

Table 3. Appropriateness of reform proposals for Romanian healthcare system.

Action proposed	Relatively adequate		Necessarily adequate	
	No.	%	No.	%
Implementing patient copayments within public healthcare system	55	41.7	33	25.0
Private insurance schemes, parallel to social insurance	30	22.7	86	65.2
Competition between health insurance funds	23	17.4	82	62.1
Implementing medical practice guides and protocols	22	16.7	108	81.8
Standardizing healthcare processes and services in health facilities, accreditation	17	12.9	109	82.6
Controlling utilization of specialized health services	28	21.2	98	74.2
Encouraging primary care in rural and needs-oriented community care	17	12.9	111	84.1
Integrating health services	50	38.2	73	55.7
Decentralization, autonomy and privatization	37	28.0	84	63.6
Transparence of public funds allocated and spent for health	3	2.3	128	97.0
Changing payment system for health personnel - motivation	13	9.8	118	89.4
Controlling health expenditures from public sources	8	6.1	121	91.7
Efficient mechanisms on drug market	27	20.6	103	78.6
Periodic IEC campaigns for population	21	15.9	103	78.0
Evaluating outcomes and impact of national health programs	25	18.9	105	79.5
Evaluating and communicating results of health reforms	20	15.2	101	76.5
Periodic assessment and publication of health system performance	20	15.2	106	80.3

and resource allocation (19.7%); healthcare system structure (10.6%); legislation (8.3%); the entire health system (6.8%).

Priority areas of intervention for our health system for key persons were as follows: primary care, prevention and health education (41%); management of health services and healthcare system (26%); health insurance and financing system (22.7%); public health priority (22%), hospitals (19%).

Consequently, assessment of a set of proposals regarding the problematic health fields was also asked in order to value the expertise of key persons interviewed for future tailored reform and balanced development of the Romanian healthcare sector (Table 3, Figure 11).

Great majority (80%) of respondents considered necessary and appropriate action to health system as

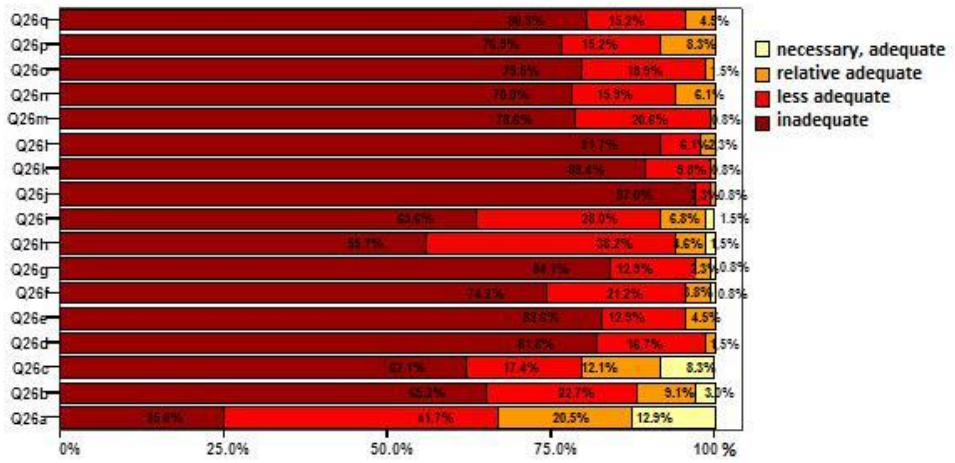

Figure 11. Assessing reform proposals for Romanian health system.

follows: transparent utilization of public health funds, controlling public expenses for health; changing the payment system for medical personnel; encourage primary care in rural areas and community services according to the needs; standardizing healthcare processes and services for all medical practice units and facilities, accreditation; implementing medical practice guidelines and protocols; periodic evaluation and publishing of health system performance; evaluating the impact and outcomes of national health programs. One third of the respondents disagreed with introducing co-payments within public system of healthcare, while only 55.7% of them thought that integration of health services would be necessary.

Information sources most used by decision makers in Romanian health system: health and general Romanian statistics (77.3%); specialized studies, analysis and reports by request (53%); media (49.2%); publications and data basis of international health organizations (41%); studies, reports, journals, secondary data basis (28%); other sources – informal, unscientific, oriented on politic or economic interests (17.4%).

Information sources currently used by general population in regard to healthcare as perceived by the key persons are: family and friends with no medical education - 91%, media - 88.6%, internet - 79.5%, medical staff - 67.4%, and booklets, posters - 30.3%, health authorities - 11.4%, literature - 4.5%; other sources (personal experience, etc.) - 2.3%. A high frequency of using media as information source both for population and decision makers health, instead of authorized sources, is to be noticed.

Inquiring about additional financial sources that could currently be appropriate for the Romanian healthcare system, participants expressed the following preferences: private insurance (83.3%), social assistance funds (72%), funds for education and research (64.4%), funds for regional development (62.1%), patient co-payments/ official direct payments (57.6%) and others (13.6%) - from local authorities, European public health programs, NGOs, donations, public-private exploitation of natural resources for health (for example, spa, mud, saline, etc.).

Romanian health system was graded by respondents with 5.88 in average, varying between 3 and 10, median=6 for SD=1.217. There is a direct significant correlation between age and grade, in terms of a relative indulgence of elder professionals. Poor general assessment corresponds to many negative aspects of the health system, observed and criticized by the key professionals, general population, patients and media.

Conclusion

Romania health system crossed serious transformations during the last two decades, generated by communism fall and transition to a modern democracy. Unprecedented increase of health funds through insurance system during period 1999 to 2008 did not induce a health improvement or an increase of patient satisfaction, despite several reforms and attempts to reach European standards. Along with analysis of relevant indicators and the other dedicated methods, study of expert opinion, by their cumulated professional and managerial experience, is a valuable resource for health system assessment and formulating future health policies, strategies, reforms and interventions. Results of this study provide relevant information for the process of

improving Romanian health system responsiveness to specific needs, through the precious personalities involved, their competent opinions, diagnostic of main deficiencies and exhaustive recommendations tailored to the national context.

Romanian healthcare system manages to respond just to a certain extent to current needs and expectations of the population, while facing mainly managerial, structural and financial problems. There are multiple causes and many alternatives, but applying Pareto principle turns out that fight against corruption, politicization, incompetence and inefficiency specific to health system now, along with an efficient use of available resources, motivation of medical personnel and professionalizing the health management, assert by their importance as a basis for modernization and sustainable development of Romanian healthcare system on long term. Further qualitative studies on patients, health professionals and decision-makers would be useful to augment this information and allow documented, evidence-based decisions for next health reforms.

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