Study over the Stakeholder's Proactive Attitude in the Decision-Making Process regarding the Reorganization of the Public Health System in Romania

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Abstract: *The paper approaches the public health sector changes according to the latest legislative regulations proposed for Romanian hospitals. The first part of the work offers a global view of these new normative acts package and its opportunity, considering both the current needs of the population and the external pressure of progressing in this field. The research is focused on measuring the stakeholders' involvement in this process, and their capacity of keeping objectivity high when they are directly influenced by new legal frame under discussion. The study focuses on knowing the orientation of the stakeholders towards: their awareness of the real necessities, their openness for change, their proactive behavior, and also their availability to get involved in the decision-making process. The research methodology is based on qualitative and quantitative methods used to collect and process the data obtained. The results presented and analyzed in the last part of the paper are interesting and useful for the decision makers and for the Romanian regulation authorities too. Also, the data base provides specific information for comparative studies in the future, between different institutions, or for the same institution after a certain period, analyzing the achieved progress. The paper concludes with some important and relevant findings for researchers and employees of public institutions in the field.*

Keywords: *public health; stakeholders; opportunity; change management*.

JEL*: *I13; I15, I18.

Introduction

Researchers from a variety of study fields concluded over a phenomenon which can't be questionable anymore: "knowledge revolution". If in the past people believed that wealth it is all about owning as many valuable goods as possible, today this perception has changed because the most important treasure for people must be their knowledge. So, societies evolved, leaving behind the material values and following the intellectual path, marking the entrance in a new period. Under these conditions "knowledge" must be understood as an accumulation of power, depending on each individual's capacity to process available information and to progress. According to these, a person's education, training and experience

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can support evolution or sometimes block it. (Ciobanu, Androniceanu, 2012). The social general interest is to sustain the continuous intellectual development of human resources and approaching a larger perspective it is absolutely inevitable not think at the national impact of this "knowledge revolution". A higher cognitive potential of a state population it generates sustainable development, but the awareness and appreciation of this concept don't ensure the implementation, only through continuous and consistent effort in this direction progress can be achieved. (Androniceanu, Drăgulănescu, 2012). The intellectual growth is facing a lot of difficulties, and one of the most important socio-economic obstacle, is the general health of the population.

Population represents one of the constitutive elements of a state, along with its territory and political organization, therefore defending and respecting the human rights and fundamental freedoms is a primary national concern guaranteed by the Constitution. The right to health is regulated through 34th Article, and according to it: "(2) The State shall be bound to take measures to ensure public hygiene and health. (3) The organization of the medical care and social security system in case of sickness, accidents, maternity and recovery, the control over the exercise of medical professions and paramedical activities, as well as other measures to protect physical and mental health of a person shall be established according to the law". The more developed the protection degree of physical and mental health will be, the stronger the population capacity to process knowledge stocks will get. (Androniceanu, 2012). The purpose is to achieve cognitive growth – which ensures a continuous improvement of the socio-economic efficiency. It is emphasized this way the crucial importance of the state's capacity to satisfy the health needs of its citizens, which of course like any need, are diversifying continuously.

The main purpose of the this paper is the identification and the analysis of the new changes that are being proposed for the Romanian health system, precisely there is a new legislative health project which targets the reorganization of some important structures and services of the specified sector in order to fulfill the reform promises. Since the early events of the '90s Romania was exposed to the pressure of reforming the political-administrative system, and the pressure intensified as the time passed. The health services were very much influences by the economic, social and legislative factors in the last two decades. (Plumb et al, 2003). The health system, just like any other social, economic or industrial sector encountered strong difficulties in the reform implantation process. The first democracy years were instable under various aspects: intensive social changes especially concerning the citizen's mentality and behavior; different capacity of the generations to adapt; opened boundaries; profound reorganizations of all the economic branches – all together leading to a chaotic socio-economic environment. (Androniceanu, Drăgulănescu, 2012)

Today it is absolutely necessary a visible and substantial progress, it has been reached a limit, and sensitive topics like fighting corruption and improving

efficiency must materialize. "It wasn't paid enough attention to the implementation process of the new changes, elements of the pluralist paradigm specific to economies in transition and also to reforms (like administrative decentralization, the increase number and share of the stakeholders in the decision-making process) countered in reality the bureaucratic paradigm" (ORS, 2012:5) – this is why the health reform since the beginning had to face difficult impairments. The general uncertainty of the socio-economic environment generated: dysfunctional fundament of the reform, the ignorance and unawareness of the real public needs, the intensification of corruption phenomena – all these aspects conducting to a continuous aggravation of the problems and to the "disappointment" of the international organizations. (Androniceanu, Abăluţă, 2009)

Another major problem of the health reform was the resistance to change, generated by the low implication of the stakeholders in the decision-making process and the misalignment of the reform objectives with the proper incentives. Any interested part in the reform effects should participate in an appropriate measure to the decisional process, to express and to sustain their own opinion. Although this preoccupation of the stakeholders for the results it exists, the majority has a bigger availability to accept the effects, and to adapt to situations the way they are, instead of cultivating their initiative and proactive attitude in the health major areas.

1. The context

The reconstruction of the health legislative framework represented a national priority and in 1993 was elaborated a law project adopted by the Senate in 1994 and promulgated by the President in 1997, becoming at that time the first important turning point of the healthcare sector. The period between the elaboration time and moment when the Health Insurance Law 145/1997 came into force, affected the measure opportunity. Until the legal effects, the healthcare sector was severely affected, and that period (1990-1997) it is known for the unsafe medical services provided to the population and the demographic decline especially in 1996 – the year when mortality reached the most alarming level until today, and the birth rate the minimum point of the decade. The healthcare system reform was at that moment focused over two main problems: the financing of the system and the primary medical assistance. The main improvements were: free access to medical services, paid medical assistance, national healthcare coverage, responsibility transfer towards the Counties Health Departments or Romanian College of Physicians, free choice of the doctors, the introduction of the "family doctors" and the establishment of the private healthcare sector. These changes had an alert rhythm and their implementation did not record the long expected results, it actually generated confusion and distrust, encouraging an extremely difficult phenomenon like corruption.

The legislation continued to change in the next years, in 2002 and in 2006, taking complexity and diversity to high levels, but without clearing each stakeholder responsibility. The gaps are even more obvious in case of malfunctions, when the involved parts tend to absolve themselves from any competence especially if the problems are about finances. The overlapping responsibilities often generated conflicts between authorities, the consequences affecting the medical services quality.

The economic recession affected the National Found, and these imbalances connected with the international pressure, forced the Romanian authorities to reduce de differences with the EU. In this order, in 2012 started the construction of a new institutional framework for the healthcare system, meant to bring significant improvement. From this point of view The Ministry of Health represents the central authority, responsible with the planning, regulation, monitoring and controlling of the healthcare system. The ministry implements the healthcare politics and finances the emergency medical assistance. The Health Departments of the 41 Counties and the Public Health Department of Bucharest are disconcerted public services, which ensure an increase transfer of administrative and financial responsibility to the local level. There are also functioning 41 Health Insurance Houses subordinated along with the one from Bucharest to The National Health Insurance House.

The Romanian healthcare sector faces many and difficult problems, and the responsibility lacunas of the involved parts determined a lack of results and an increased financial consumption. In these conditions it must not be forgotten that there were other European states which encountered similar deficiencies and tested different solutions. Therefore, benchmarking is the proper way for exchanging know-how. A full understanding of this concept can help authorities get smarter. Benchmarking is actually about progressing using examples, about keeping the health system "open minded" and aware of its external opportunities and threats (Androniceanu, Ivan, 2012). The EU states have a deeper preoccupation for the healthcare sector, and of course for their citizens, reflected through high levels of investments in this sector – focusing on raising the capacity to face more promptly and opportune challenges like: increased incidence of disease, demographic aging, proliferation of unhealthy social behaviors, etc.

In this sector the profit gets a whole new meaning, it is more than the usual economic value and it can't be expressed that easily; the social aspects are more complex and their evaluation is more difficult. This difficulty comes out of the necessity to respect specific standards in satisfying the population's healthcare needs. Also ensuring the access to high quality health services and respecting the conditions of social equity represents a hard task and imposes a different approach of the efficiency objective.(Ciobanu, Androniceanu, 2012)

The figure 1 below shows a descending ranking of the EU states after the GDP percentage directed to healthcare sector in 2011 and also the level of this

indicator in 2000 so that it can be observed the progress registered during the targeted period.

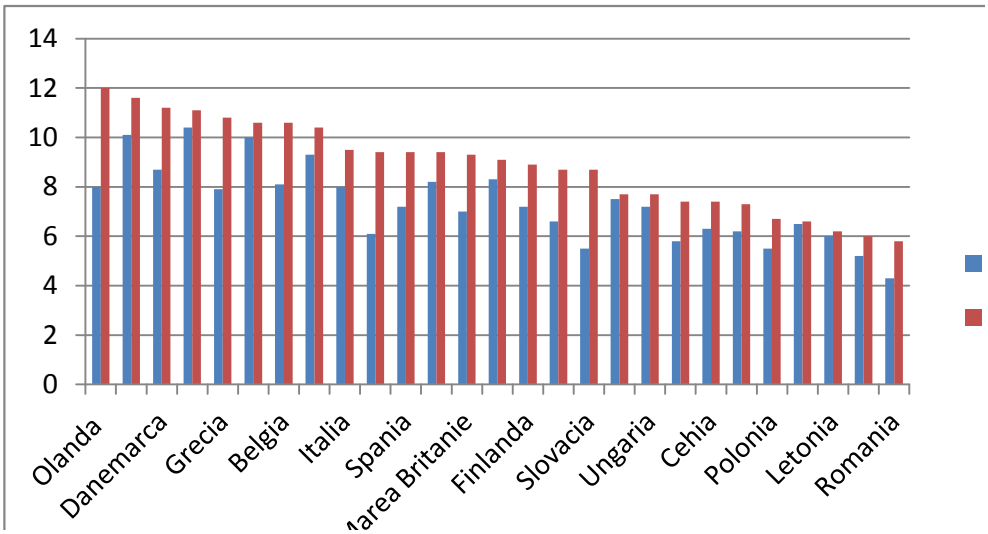

Figure 1. The evolution of public expenditure for healthcare (GDP percentage)
(*Source*: World Bank: http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS)

As it is noticeable Romania ranked the last among the 27 member states, because it assigned just 5.8% of the GDP, the initial value stopping at 3.7%. Netherlands is ranked the first, investing in this sector 12% of its GDP, a double value than Romania, the only country under 6%. Bulgaria directed 7.3% and it is for states ahead Romania, and Hungary 7.7%. Looking back in 2000 Romania still holds the last place, being the only state with a percentage under 5, exactly of 4.3%. The period of 11 years brought the most consistent progress for Ireland, because it registered an increase of 3.3%, followed by Slovakia with 3.2%.

In 2012 the budget for heath was 3.7% out of GDP, and this year 4.4%, values that ensured Romania's, the last position in EU. An international model turned out to be Moldavia, in 2000 was assigning to healthcare system 6.7% of the GDP, and in 2011 the rate increased to 11.4%, a remarkable progress which would place the country the third in the above ranking. With the support of international organizations, especially World Health Organization (WHO) and United Nation, The Chişinău Government offered a success model for the states in Eastern Europe, Latin America and Asia. Zsuzsanna Jakab, the WHO Regional Director for Europe, mentioned in 2012 that "if these reforms will continue, in a couple of years the Moldavian Republic will become an example even for the EU states". Despite the economic situation, the reform in Moldavia is statement of commitment and respect for the citizens. The impact showed a clear improvement of the

demographic indicators: an increasing life expectancy, a lower infant mortality rate, a lower mother mortality rate, etc.

"Research in healthcare is an asceticism with no prospects for important discoveries, only the registration of certain progress at the level of resource accumulation and their effective use", (Cicea et al., 2010) – it must be underlined that financial allocation represents a basic operation of the healthcare reform process, and it is absolutely necessary an efficient use of the resources in order to obtain considerable progress. The public-private partnership projects could be an alternative for supporting the cost of new changes. (Androniceanu, Ristea, 2012). The financial support is crucial and "it is important to understand that resource allocation in the healthcare system must be done according to six key elements such as the capacity to generate the required income; equity; risk pooling; efficiency; quality of services; sustainability" (Cicea et al., 2011). In this sector the financial control requires special attention as the intense dynamics can often allow financial leaks affecting the equilibrium between the requirements of the population and the institutional and legislative framework.

The paper continues with the latest information about the health system, proposed in the Emergency Ordinance of 15.03.2013 regarding the organizational reconstruction of some major institutional components. Nowadays, news is consistent and has generated various reactions, mostly criticizing exactly the substantialism. Thus, it is proposed to set up: eight regional health authorities (having second credit release authority as leaders) that will have subordinated county public health offices, counting 34, (entity with no judicial personality) eight regional ambulance services (with leaders - tertiary credit release authority, which will have subordinated 33 county ambulance services). Also it will set up the National Agency for Procurement and Investment in Health, and the National Agency for Health Programs that will take over some tasks of the institutions proposed for abolishment.

Through these changes in the institutional framework was aimed in particular: "the elimination of redundant tasks, of the double structures, of parallelisms, in the purpose of enhancing performance in healthcare.(...) redefining the system components in accordance with performance management functions" (GEO no. 45/2013) - Emphasizing the decentralization level of the system, enhancing the transparency, a better coordination of the financial resources were the major directions in defining the managerial functions. "The Ministry of Health keeps the decision function, with all the functions and steps leading to it - assessment, planning, regulation and implementation control, etc. Regional structures are given functions of coordination, motivation, control and evaluation. For the counties and local level was kept the executive function", (GEO no. 45/2013).

The legislative project follows mainly the direction indicated in 2011 by the World Bank, which clearly expressed the need to modify the role of the counties authorities. At the same time, the amplitude of these regulations is

required by the exacerbation of the problems and by the need to overcome the theoretical background of the past reforms - which failed to lead Romania on a path of sustained progress in the health sector.

The reluctance to the reorganization of the health system is due to the large number of employees who will be laid off; it is estimated that nearly half of the county level staff will dismissed, the other half being directed towards the future structures. It is a sensitive consequence of the reform - the socio-economic interconnections are obvious because it can be approached strictly as an increase of unemployment, or on the contrary as a moment to streamline the system, to improve efficiency, through emphasizing the importance of the private sector and through superior training for the human resources who possess a great capacity for adjustment and professional reorientation. (Androniceanu et al, 2011). Health can't be isolated and treated outside society, so the consequences of such a project are felt deeply on many social and economic matters, which require a duplication of development efforts in various sectors depending on the degree of their intermingling.

A better functioning of the healthcare system's mechanism is a continuous concern for specialists, particularly in terms of identifying new methods or technologies to respond effectively to stakeholders expectations, for example, "the development of numerical-spatial routines is frequently required to solve complex community health problems. (…) Currently there is no decision support system (DSS) that is effectively able to accomplish this task and thus decision-makers are forced to improvise these steps with individual software applications" (Scotch, Parmanto, 2006). The article "Development of SOVAT: A numerical-spatial decision support system for community health assessment research" suggests SOVAT Spatial OLAP Visualization and Analysis Tool as a "novel system comprised of two core technologies: On-Line Analytical Processing (OLAP) and geospatial information system (GIS)" (Scotch, Parmanto, 2006). In this context progress refers to obtain an interface capable to process in the same time numerical and spatial information, developing modern and efficient routines for the decision makers.

Decision-making process in the health sector is also approached in the article "Design of an information volatility measure for health care decision making" which spotlights the data volatility - "defined as the rate of change or variability in the values stored data. It follows that data that exhibit rapid and/or unpredictable changes are considered highly volatile, this riskier to use", (Tremblay et al., 2011). Therefore many decisions can be taken on the basis of data no longer valid, which has changed, and the expected effects of such measures will delay to appear or will not occur at all. The article proposes IVM - Information Volatility Measure – an instrument designed to complement business intelligence (BI) in the application in health sector. This kind of instrument is absolutely necessary because ignoring data variation affects the opportunity of decisions, and the proposed solutions are getting into force to late, the actual needs requiring new

measures. This is exactly what happened in the Romanian legislation too, for example "the Law no. 95/2006 was amended and completed not less than 23 times since its adoption (for times in the adoption year, and eight times in 2008)" (RAS, 2010).

It becomes clearly that the logic of decision-making should "be based on first analyzing the need and then evaluating the whole scope of alternative solutions, rather than first evaluating competing health technologies (comprising mainly new technologies) and then characterizing the need they might meet" (Shavit, 2009). Approaching a situation from the problem to the solution is logical, although in practice prevails the utilization of a technology just because it is perceived as innovation capable to meet any challenge, regardless of its nature.

2. The research methodology

This research is a response to the critical attitude manifested towards the new legislative regulations, and aims to measure the degree of involvement of the stakeholders in the decisional process regarding the reorganization of the healthcare system in Romania. This research endeavor follows the behavior of the employees in the institutions subordinated to the Ministry of Health, in terms of their active concern towards the environment evolution.

2.1. Main objectives of the research

Regarding the specific objectives of the research, these aim:
O1: knowing the employee level of awareness regarding the legislative changes in the health sector;
O2 appreciating the employee openness to the newest suggested solutions in the health sector;
O3: setting a diagnosis concerning the ability of employees to appreciate the necessity of the proposed changes;
O4: determining the extent to which employees exhibit a proactive attitude towards the new legislative changes.

2.2. The research hypotheses

For each mentioned objective, was developed a hypothesis, based on the information provided by the literature on the behavior of human resources in the public sector:
H1: most of the employees are not interested in the legislative changes in the health sector;
H2: the majority of the employees show resistance to the proposed changes in the health sector;

H3: the capability of appreciating the need of the proposed changes is affected by a high degree of subjectivity;
H4: over 95% of the employees do not manifest a proactive attitude.

In statistics it is proposed that an objective should have two hypotheses - null hypothesis (H0) and alternative hypothesis. The facts stated above fall into the category of alternative hypothesis, and at the end of the research shall be determined first if the null hypothesis is accepted or not. For the above mentioned objectives the corresponding null hypotheses are:
H01: no employee is interested in the legislative changes in the health sector;
H02: there are no employees showing resistance to the proposed changes in the health sector;
H03: no employee appreciates correctly the need for the proposed changes;
H04: no employee shows a proactive attitude.

2.3. The research sample

The targeted institutions of this research are: The Counties Public Health Departments and The Health Insurance Houses, but this stage has run in the Public Health Department of Bucharest.

Regarding the sampling process the first step was to determine the target group – the employees of five Offices and five Services organized in the Public Health Department. The sample size was 81 employees (nine of them refused to participate) distributed as follows:

- The Sanitary Approvals and Authorizations Office – 4;
- The Budget Office – 4;
- The Units Control and Health Services Office – 13;
- The Inspection and Risk Factors Control Office– 36;
- The Human Resources Service – 5;
- The Public Acquisitions Service – 2;
- The Medical Assistance and Healthcare Programs Service – 3;
- The Biostatistics and Medical Informatics Service – 4;
- The Accounting Service – 6.

2.4. The data collected and main findings

The data were collected by using a questionnaire with 13 questions. The main findings were organized and are presented below.

Question number 1 "Health legislation has frequently changed in the last years, how often do you inform about this?" aims to measure the level of concern of the staff in the healthcare system for legislative amendments, especially in recent years, due to the necessity of connecting the Romanian health sector to the European standards. The scaling method used for the construction of the question

is Likert scale (Table 1) and due to the fact that it has a favorable character each level corresponds to a numerical value as follows:

Table 1. Example of a Likert scale

Very Often	Often	Periodically	Rarely	Very rarely
5	4	3	2	1

(*Source*: Cătoiu I., 2009)

Following the questioning, this scale allows the calculations of the weighted arithmetical average, specific for the entire sample. Thus besides assessing a specific point on the scale of the entire sample, the scale enables the differentiation of the results according to the institution to which the subject belongs to, by comparing the averages for participating institutions.

The second question "Do you consider a new change of the health legislation necessary to achieve the sector's objectives?" it designed to measure the respondent's openness to the concept of innovations. In this case the scale is a rated one, since it clearly wants to divide the subjects into two groups, called the dichotomous scale. The first group is the one who supports the idea of change, (also here it can be examined the extent to which respondents occupants of leaderships positions manifest openness towards new), and the second group who reject easily any change without analyzing its opportunity.

The third question "On 15.03.2013 The Health Ministry published the EGU concerning the restructuring of the health system components. Have you been informed of the proposed changes?" aims to identify the level to which the employees were notified concerning the legislative project through an outside proposal, independently of their own initiative. The measurement method as described above is a nominal (rated) scale, dichotomous type, since it can form two groups namely: the group who were informed - symbolized by A and the group were not informed – symbolized by B. However this question allows the access to question 4 only for group A, "If the answer to the above question is "yes", which was the information channel?" – the question is set to determine if the subjects were informed mainly formally through the institution they belong to or they heard about it outside their work environment.

By question 5 "The new project of The Ministry of Health proposed the regionalization of the system. The table below shows the main changes in a scale on 1 to 7, where level 1 recommends change as very unfavorable and 7 – very favorable, please indicates the considered level for each attribute" seeks to measure the importance given by each subject interviewed to the major proposals. The scaling method is the semantic differential which gives the researcher the possibility to determine the weighted arithmetical average of the opinions and to obtain a score for each opinion. At the end of the research it can be obtained the average of appreciations for each attribute (-in this case the proposed change by the

new regulation –through the weighted arithmetical average). Identifying an average point on the scale related to each attribute allows the graphical representations of the samples opinions. It must be mentioned the possibility to differentiate the participating institutions in order to determine eventual gaps and their causes.

The next question, "Given the experience in the field do you think that the new project low meets the needs of the healthcare system?" aims to quantify the respondent's ability to retain a certain degree of objectivity when analyzing such problems and decides on them. The question is meant to observe the extent to which they manage to support their opinion even if it places them in a minority, if they are accused by their branch, or they reject change because "something new" is for sure "something bad". Here, it is used a Stapel scale because it leads to strongly differentiated results, and there is no possibility for the subjects to keep their impartiality.

The seven question "Being an EU member state obligates Romania to focus urgently on improving the health sector efficiency. Choose the level you consider the changes will ensure this need" – introduces the connection with the EU and it generates the idea that change is not an option anymore, and it is absolutely necessary.

"One of the Ministry of Health objectives is "the reorganization of the health system emphasizing the organizational and decisional decentralization". In what measure do you agree that the future changes will ensure decentralization?" – is the eight question, and it approaches the study an important aspect, the subjects perception towards regionalization, because at first sight it pushes way the decision centers from the citizens as the new county offices or services won't have legal personality and neither the quality of credit release authority. Although the Ministry offers the regional's authorities the functions of coordination, motivation, control and evaluation, the distance towards the population it grows and this can discourage the public. It is used for measurement the Likert scale.

Next question, "Regarding the degree of decision-making transparence specific to the elaboration of the law, do you think it is:" – quantifies the measure in which the subjects felt the need for more proper information, and maybe for a chance of involving themselves in the decisional process. The scale is a Likert.

"Any legislative change is published on the Ministry of Health site and it is given a 10 days term for proposals. Did you express your opinions?" – is another question, and it tests their will of sustaining their rights and opinions, and to involve themselves in the decision-making process. Also are very important the causes, which stops them from reacting. The measurement is the result of a nominal scale, a multichotomous type, because it splits the subjects in three categories: group A, those with one decisional involvement, group B those who got involved more than once, and the third group, C, who never got involved into this process.

In the case of the 12 question was used a comparative scale method, the rank ordering method, and it has been realized a table of for fundamentals aspects

of the reorganization process: patient needs, reducing resource consumption, respecting the European standards, and a new political vision. The respondent must analyze each aspect, and to evaluate in order to establish the importance degree, 1- will be the highest level. Finally this scaling can lead to a hierarchy of the fundamental motivations.

The last question is build according to a nominal multichotomous scale, which generates three groups: the motivated one who wants a deeper involvement, the group with constant interest, and the unmotivated group.

2.5. The analysis of the research results

The results for the first question are synthesized in table 2, and as it can be noticed 19 subjects inform themselves very often concerning the changing legislation and only 5 very rarely. 21 out of the 72 answers are included in a more neutral category.

Table 2. The opinions related to changes in legislation

	Very often	Often	Periodically	Rarely	Very rarely
Score	5	4	3	2	1
Options	19	11	21	16	5

$$AA = \frac{19x5+11x4+21x3+16x2+5x1}{19+11+21+16+5} = 3,319$$

The arithmetic average (AA) represents the answers average and the obtained value, 3.319 on a scale from 1 to 5, reflects that employees manifest periodically the interest towards the legislative changes.

Question 2 points out the employee perception on the necessity of these new changes. Approximately 68% of the participants think there is no need to change the actual health regulations, only 23 subjects, representing almost 32%, consider opportune a new legislation framework.

The results for the third question are like this: 37 subjects said they were informed concerning the legislative proposal and 35 sustained the contrary. From the 37 informed employees 9 said that media was the main information channel – 12.5% out of all participants. For the "b" and "c" variants were not recorded any options, 12 subjects, representing 16.6% chose the last variant but without mentioning their middles, and 16 subjects, about 22%, have chosen the last option, but they have specified different informal methods. The answers to the fifth question are presented in table 3.

Table 3.The evaluation of the main organizational changes in the Romanian health system

1. The establishment of 8 Regional Authorities of Public Health	7	6	5	4	3	2	1
Options	7	10	19	21	5	7	3
2. The establishment of 8 Regional Ambulance Services	7	6	5	4	3	2	1
Options	13	21	17	12	6	3	0
3. The restructuring of the county public health departments in to county public health offices – without legal personality	7	6	5	4	3	2	1
Options	6	11	20	15	13	5	2
4. The restructuring of the county ambulance services in to structure without legal personality	7	6	5	4	3	2	1
Options	6	14	19	9	11	7	6
5. The establishment of 5 Public Health Centers subordinated to the National Institute of Public Health and responsible for surveillance, monitoring, and rapid alert	7	6	5	4	3	2	1
Options	12	16	21	11	5	2	5
6. The establishment of 7 Regional Centers for Blood Transfusion – tertiary credit release authorities	7	6	5	4	3	2	1
Options	0	7	11	12	19	14	9
7. The maintain of 34 county centers for blood transfusion – structures without legal personality	7	6	5	4	3	2	1
Options	10	10	22	12	9	6	3
8. The establishment of 5 regional institutes of forensic	7	6	5	4	3	2	1
Options	0	0	3	7	16	24	22
9. The establishment of a National Agency for Health Acquisitions and Investment	7	6	5	4	3	2	1
Options	18	23	14	12	3	2	0
10. The establishment of a national Agency for Health Programs	7	6	5	4	3	2	1
Options	16	19	17	9	7	4	0
11. The disestablishment of the 9 pay Polyclinics	7	6	5	4	3	2	1
Options	4	8	8	13	18	10	11
12. The jobs reduction in the Health Ministry from 290 to 250	7	6	5	4	3	2	1
Options	8	11	9	20	14	7	3

For a better understanding of the answers it has been calculated the average for every evaluated aspect:

$$AA_1 = \frac{7x7+10x6+19x5+21x4+5x3+7x2+3x1}{72} = 4,44$$

$$AA_2 = \frac{13x7+21x6+17x5+12x4+6x3+3x2+0x1}{72} = 5,19$$

$$AA_3 = \frac{6x7+11x6+20x5+15x4+13x3+5x2+2x1}{72} = 4,43$$

$$AA_4 = \frac{6x7+14x6+19x5+9x4+11x3+7x2+6x1}{72} = 3,61$$

$$AA_5 = \frac{12x7+16x6+21x5+11x4+5x3+2x2+5x1}{72} = 4,90$$

$$AA_6 = \frac{0x7+7x6+11x5+12x4+19x3+14x2+9x1}{72} = 3,31$$

$$AA_7 = \frac{10x7+10x6+22x5+12x4+9x3+6x2+3x1}{72} = 4,58$$

$$AA_8 = \frac{0x7+0x6+3x5+7x4+16x3+24x2+22x1}{72} = 2,23$$

$$AA_9 = \frac{18x7+23x6+14x5+12x4+3x3+2x2+0x1}{72} = 5,48$$

$$AA_{10} = \frac{16x7+19x6+17x5+9x4+7x3+4x2+0x1}{72} = 5,22$$

$$AA_{11} = \frac{4x7+8x6+8x5+13x4+18x3+10x2+11x1}{72} = 3,51$$

$$AA_{12} = \frac{8x7+11x6+9x5+20x4+14x3+7x2+3x1}{72} = 4,25$$

The average levels are presented in figure 2.

As it can be observed, the highest value of the averages was recorded for the establishment of the National Agency for Acquisitions and Investment. There was no employee considering this aspect as very unfavorable and 55 answers are placed in the positive half of the scale, 12 are neutral and only 5 are situated in the negative part of the scale. Therefore the need for a better financial administration is considered a primary one by these involved actors, and they recognize the importance of improving the actual mechanism of using the funds.

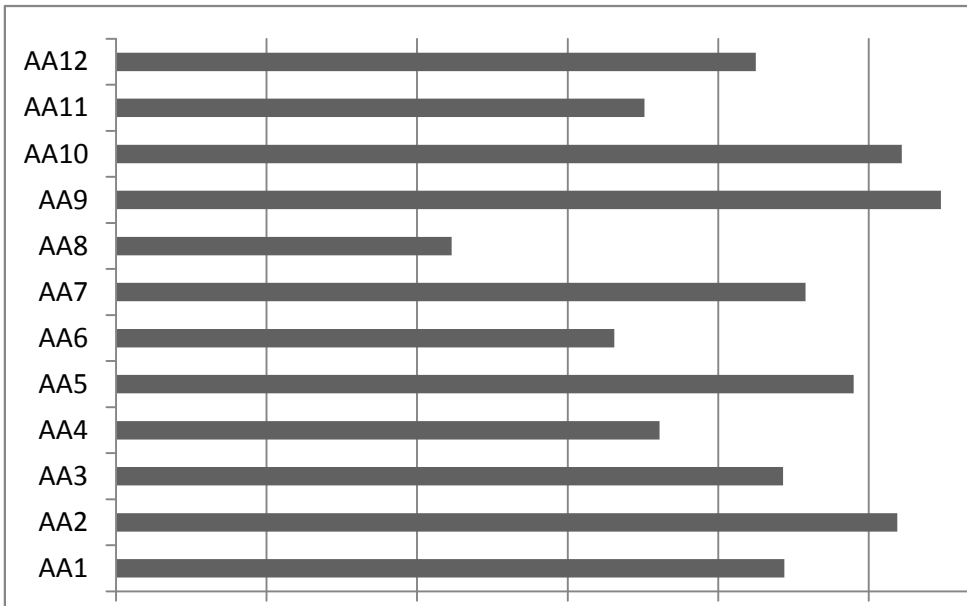

Figure 2. The average levels of the changes in the Romanian health system

The next best result is 5.22 for the establishment of the National Agency for Health Programs, which completes the need mentioned above. It responds to the need of improving the administration of finances, and only through specific regulations and a high specialization progress can be achieved. Meeting these needs through a national institution should pay off in the future, as it will be easily in building opportune strategies and ensuring a logical and a more approachable legal framework for the stakeholders – motivating them and generating a proactive attitude. There were 9 neutral opinions, 11 in the negative part, and 52 in the positive half of the scale.

On third place is the second aspect, the establishment of the 8 regional ambulance services, especially because of the emergency interventions and the risks involved by these operations. There were 12 neutral opinions, 9 negatives and 51 positives.

The lowest score, 2.23, was registered by the establishment of 5 regional forensic institutes; only 3 answers are positives, 7 neutrals and 62 negatives. After this, with an average of 3.31 is the establishment of the 7 regional centers for blood transfusion, considered unfavorable change by 14 subjects, very unfavorable by 9, gathering 42 options in the negative side of the scale, 12 neutral opinions and only 18 positive opinions.

What concerns the realism of the new changes, the capacity of the new legislation framework to meet the real health needs of the citizens. The answers are presented in table 3.

Table 3. The realism of the new changes

	+5	+4	+3	+2	+1	-1	-2	-3	-4	-5
Options	0	3	14	21	17	10	5	2	0	0

$$AA = \frac{0x5+3x4+14x3+21x2+17x1+10x(-1)+5x(-2)+2x(-3)+0x(-4)+0x(-5)}{72} = 1,20.$$

The average presented in figure 3 shows that the employees do not believe in a high compatibility of the new framework and the real needs of the system.

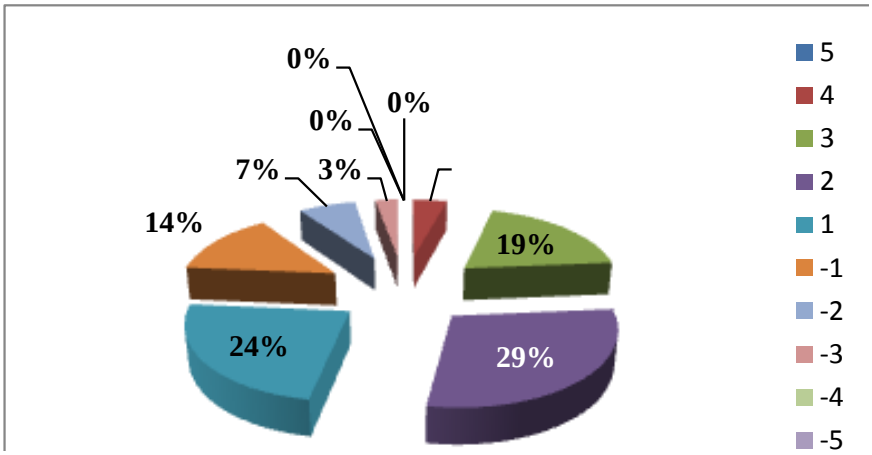

Figure 3.The level of compatibility between the new legislation and the real needs

There are 17 answers with negative values, which represent the opinions of 24% from the participants. The others 55 employees are situated in the positive side of the scale.

The next question offers important information concerning the continuous need of improving the system's efficiency, and the results are presented in the table below:

Table 4. The efficiency promised by the new changes

	+5	+4	+3	+2	+1	-1	-2	-3	-4	-5
Options	9	13	17	12	10	7	3	1	0	0

$$AA = \frac{9x5+13x4+17x3+12x2+10x1+7x(-1)+3x(-2)+1x(-3)+0x(-4)+0x(-5)}{72} = 2,30$$

The result presented in figure 4 shows that most of the participants believe in an increased efficiency after these changes. The highest percentage 24% corresponds to level 3, 18% to level 4, and 17% to level 2, also 14% chose the extreme positive level. Only 11 employees think that the efficiency won't increase

after the implementation of these changes, the rest of the participants, 61, are expecting positive consequences, at least concerning the efficiency.

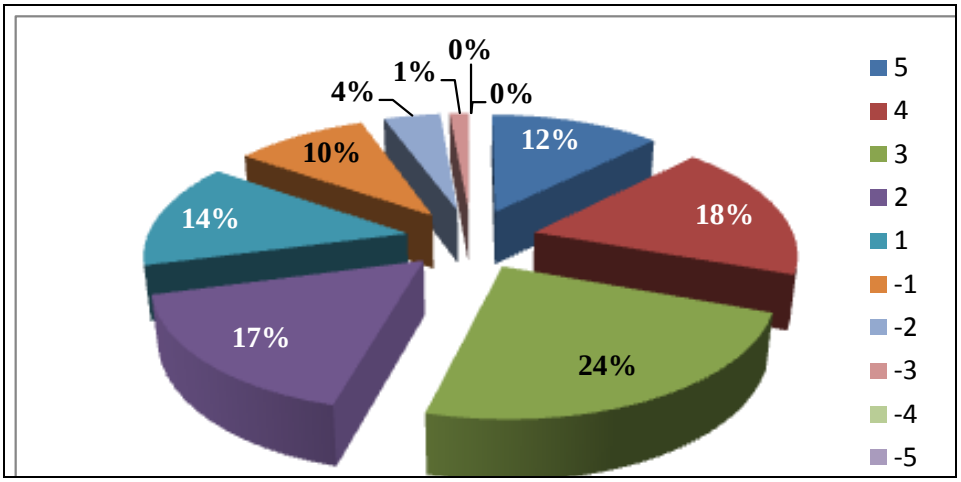

Figure 4. The efficiency increasing perspectives

The subjects' options regarding the decentralization progress ensured through the new regulations are included in table 5:

Table 5. The decentralization perspective

	Total agreement	Agreement	Indifferent	Disagreement	Total disagreement
Score	5	4	3	2	1
Options	9	31	19	12	1

$$AA = \frac{9x5+31x4+19x3+12x2+1x1}{72} = 3,48$$

The obtained average reflects a lack of confidence regarding the capacity of the legislation project to intensify the decentralization of the public health system, 13 subjects expressing their disagreement or even total disagreement about the increased decentralization, 19 their indifference, and the rest, 40 employees, are positive concerning this aspects.

Through the next question the respondents expressed themselves about the transparency of the decisional process of the new regulations. Their answers are presented in table 6.

Table 6. The transparency of the decision-making process and the approval of new regulations

	Very high	High	Normal	Low	Very low
Score	5	4	3	2	1
Options	2	10	13	40	7

$$AA = \frac{2x5+10x4+13x3+40x2+7x1}{72} = 2,44$$

The average shows a problem considering the transparency of the decision-making process. This means they weren't aware of these changes, and especially of their consistency as the level is placed between "low" and "normal". The result is situated in part which recommends it as negative.

The next issue approaches the possibility given by the Health Ministry to any citizen to react and to make a proposal in 10 days, from the publication. Two respondents chose "a", which attests that they effectuated one proposal, there were no options for "b", and 70 employees said they have never proposed a change in this way. Through the next question they also offered motivations, the most frequently being: the lack of time, stress and fatigue.

Question 12 is very important because it clarifies the participants' vision over the fundamental motivations of this national reorganization of the health sector. They had to note four aspects, according to the assigned importance, from a scale in which 1 represents the highest level and 4-the lowest. The four fundamental aspects are: "A" – the citizen's needs, "B" – the reduction of resource consumption, "C" – the European standards, "D" – a new political vision.

For each motivation were synthesized the notes and according to the shares of each evaluation like this: 1 has a share of 4, 2 a share of 3, 3 a share of 2 and 4 a share of 1.

A=23x4+14x3+23x2+12x1=192
B=32x4+21x3+19x2+0x1=229
C=17x4+26x3+22x2+7x1=197
D=0x4+11x3+8x2+ 53x1=102

So, conforming to the above results, B>C>A>D, which shows that B is preferred before C, preferred before A, preferred before D. Considering the vision the employees manifest, the new legislation projects has as a fundamental motivation the reduction of the resource consumption in the public health sector, followed by the European standards imposed by the EU, the citizens' needs and in the end the new political vision.

In the end, the participants had the chance to express what they think about their future motivation to involve themselves in the decision-making process – 27 respondents said they want to pay more attention and are willing to be more

involved in the future, 34 said they will maintain their implication constant, and 11 sustained a decrease of their motivation.

Conclusions

The general impression at this moment is that for the targeted employees the changing legislation is not a priority, although the actual context is forcing them to a deeper analysis of this new project as they are directly affected and the consistency of these future changes is promising a new order for the public health system.

Considering the established objectives, in the beginning of this research, the employees manifest a medium level of awareness regarding the latest regulations. Their principal motivation in this direction could be the evolution perspective of the institute, as the Public Health Department of Bucharest will get transformed according to the new legislative project in a Regional Authority, the chances for them to be as affected as the employees from the Counties Public Health Department are not that high. The possibility of losing their jobs or to downgrade is not considered a real threat. Most probably the result would be different if the research would have been implemented in a Public Health Department from any other county. Also another aspect is the unofficially character of the information dissemination process as a large number of the employees sustained that they found out of this legislative proposal through informal ways.

The openness of the employees towards change is limited, 68% said that this new reorganization is not necessary and also they don't believe in a high compatibility of the change with the real needs of the system, but they do appreciate some of the proposals like: the establishment of the five public health centers, or the establishment of those specialized national agencies. Blaming their resistance to change is not a solution, because is actually human nature to manifest this rejection, as everything new makes anyone feel very uncomfortable, stressed and worried thinking that is not capable to face challenges and fulfill expectations. Learning to deal with change is what all employees should do. Accepting change, identifying advantages, perceiving it as an opportunity to progress, are much proper attitudes. Their resistance bursts from filling threatened, exposed and unprepared for new situations, and their leaders are responsible to teach them how to improve these weaknesses, and in the same time to ensure a more sustainable environment for change implementation, increasing the chances for change to succeed.

In this stage of the research, the participants supported decentralization as being the main purpose of this reorganization rather than the needs of the citizens, placed as third fundament, after the limitation of the resources consumption and the alignment to the European Union's standards.

In what concerns the proactive attitude of the employees almost 3% sustained their opinions through the online, but more than 37% said they intent to

get involved more in the future, and to pay more attention in expressing their believes.

In the end is very important the confirmation or not of the hypothesis. First must be approached the null hypothesis, which are not confirmed with the exception of the second one, because all the employees are feeling that natural resistance to change, manifesting it or not is a different problem. The first alternative hypothesis is not confirmed because the employees proved a medium interest in the legislative changes and it can't be concluded that are not interested. The others three hypothesis as it was showed above were confirmed.

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