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The Impact of the Health Care System Reform on the Romanian Nurses Professionalization Process

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Abstract:

The Romanian health sector went through a process of reform began in 2000 which entered into a final adjustment phase in 2010 when the economic crisis, the health professionals accelerated trend of labour migration, the precarious health of the population brought new challenges to the unsolved existing problems.

Nurses are numerically the most important category of health professionals. Since 1994 they experienced a convergent movement of professionalization in the interior of the nurse profession.

The aim of the study is to explore the nurses' perceptions of the impact of the health care system reform on their own profession and on the internal process of professionalization. As a result a quantitative research was conducted on a sample including 411 nurses of different specialties working in Iasi county.

The results of the research point out the significant impact of factors related to the reform of the health care system on the quality of the care process, on the nurses' work conditions and professional satisfaction. The external disruptive factors produce negative effects on nurses' group cohesion, despite the centripetal efforts of the professional organization and induce a slowdown movement of the nurses professionalization process.

Keywords:

Profession, Nursing, Professionalization, Healthcare system reform, Group cohesion

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Introduction

A brief analysis of the health of the population according to the World Health Organization indicators for 2011 show that Romania still occupies the latest positions in Europe (WHO, 2011). Life expectancy even if it slowly increased in comparison with previous years it is still one of the lowest in Europe (70 years for men and 77 years for women), the adult mortality rate (156/1000 adults) as well as the maternal mortality ratio (27/100000 live births) are still at the level of the developing countries, prevalence of, of cardiovascular diseases, tumours and tuberculosis being still alarming in comparison to the European Union levels.

Statistic data for 2010 show that only 3.6% of GDP was spent on healthcare and the total health insurance resources decreased by 18% because of unemployment.

In 2000 Romania began a health sector reform project with the support and expertise of world Bank that entered in phase II in 2004. The main objectives of the reform were: elaborating an institutional and legal framework for the Romanian healthcare system; increasing the access to the curative and preventive medical services; improving decisional and organizational decentralization and reducing bureaucracy; cutting down the costs of the hospital medical assistance; increasing the capacity of the ambulatory medical assistance increasing the access of the patient to the modern medical treatments; creating and consolidating the qualified first aid and the emergency national medical assistance system.

Since 2010 the Ministry of Health is in the final phase of the realization of a healthcare institutions' rationalization strategy. It launched restructuring and decentralisation of local authorities, about 9000 beds were cut, about 10% of the total and the local hospitals were transferred to municipalities, it cut off one manager for several hospitals to reduce costs. In 2010 health professionals' salaries have been reduced by 25% and the blocking of new hiring was enforced. This is worsening the already high amount of nurses and licensed doctors that each year leaves the country and goes working abroad. In 2011 about 3000 nurses and 2500 doctors are estimated to have left Romania.

World Health Organization developed the concept of performance of a health care system on three fundamental pillars: (1)

population health, (2) capacity to respond to population's expectations and (3) equity in healthcare utilization reported to the financial contribution (WHO, 2010).

The reforms of the Romanian health care system focused primarily on financial and managerial aspects. Little change has been enforced at organizational level. The healthcare system pillars are the central administration and the health professionals, patients and their families being practically powerless in the attempt of influencing the system they are financing.

Essential areas for the efficient functioning of a modern healthcare system, such as quality insurance, patient security or risk management are not developed in any of the Ministry of Health structures.

The low level of financing is alarming taking into consideration the long period of under financing that did not permit serious investment in healthcare infrastructure. The arbitrary un and untransparent utilization of resources, the lack of realization or the formal use of the cost efficiency studies resulted in the inefficient and inequitable allocation of funds.

The lack of clear and coherent criteria for evaluating the performances of the health units hinders the implementation of efficient management systems that reward the efficient managers.

The health information management is poor, functioning with parallel systems, coordinated and controlled by different institutions (the Ministry of Health and the subordinate units, The National Health Insurance Company, universities and research institutes, etc.) with low capacity of analysis and synthesis of the collected data.

The hospital management is often characterised by confusion and incoherence, as the legislation does not empower the managers to organize and use the resources efficiently. The managerial deficiencies, added to the sub financing often bring the hospitals in the situation of not being able to provide supplies or even medicine, the patients being asked to provide them themselves. The minimal role given to the local authorities in the hospital administration explains their reduced support they are offering, the local funding being extremely reduced in the total budget of the hospitals.

The current model of care prone to curative hospital services creates access problems for the rural area patients where the density of these facilities is low. The same situation applies to the provision of medicine, the rural pharmacies being numerically smaller than in urban areas. All these aspects combined with the free movement after the Romania's adherence to EU and their dissatisfaction about the volume and work conditions led to the emigration of the health professionals, which lowered the access of the population to the health services.

Professionalization of Nurses in Romania

In Romania the nurse profession is numerically important, about 138000 nurses are presently registered and it is also important as it is a traditional occupation that gets in touch with every single individual "in the crucial moments of the individual biography - birth, disease, death" (Gheorghiu, 2010).

The internal professionalization process of nurse profession focused on two strategic directions for a period of 22 years since the fall of the communist regime: the first one was the initiation and consolidation of a professional regulatory body and the second one represented the introduction of the academic training for nurses.

The first direction produced several attempts of creating a professional association: in 1990 The Romanian Nursing Association was founded and in 1997 it joined to the International Council of Nursing, the most relevant European nurses association. In 1994 The College of Romanian Nurses was created, but only in 2001 a law regulating the practice of the nurse profession and the reorganization of the College into a new organization, the Order of Nurses of Romania was enforced by the parliament. The development of a professional identity was reinforced by the elaboration of an unique national nurses register, with the obligation to be registered in order to be able to practice, by the enforcement of following the continuous medical education yearly programme and by the privilege of evaluating the ethical and deontological transgressions and giving verdicts in the malpraxis cases. In 2004 the midwives jointed the nurses professional association.

However the specific habitus (Bourdieu, 1979) that has operated so far in Romanian nursing suffered serious modifications when the academic training of nurses was imposed. In 2005 the first generation of bachelor nurses graduated at the University "Lucian Blaga" of Sibiu. The

bachelor diploma was followed by a master degree and by doctoral studies in several academic centres in the country. Thus, the most acute problem holding back the nurses professionalization process seemed to be solved: providing nurses the level of qualification and the competences needed so that to provide health care services at the European Union standards and to allow the free circulation of professionals within the EU borders.

Specific methods, theories and knowledge were added to the manual skills, mostly praised in nurses until then, disciplinary research began to be produced in academic nursing research centres and reflection upon the profession and its main activities offered proves of professional maturity (Abbot, 1988).

Still the large mass of nurses of different generations needs to keep up with all the changes that produced in a relatively short time, to develop new patterns of perception, judgment and action, they need to turn the habitus into praxis (Bourdieu, 1977), to adopt new strategies and to cope with different social positions in the health field.

Purpose and aim of the present research

The research examines the impact of the healthcare system reform on the emergent process of professionalization of the Romanian nurses. The underlying questions directing this examination is what factors connected to the healthcare system influence the internal process of professionalization **within the nursing profession** and to what extent.

The specific aims of the study are to elicit nurses perception of:

- the motivation for choosing and practising the profession;
- their own profession;
- the difficulties related to the professional practice;
- the Romanian health care system;
- their involvement in the professional projects.

Methods

A quantitative approach was used to explore the nurses opinions, perceptions and attitudes towards their profession, the health care system and their professionalization projects.

The study was conducted in Iasi county in the period May – September 2011.

The research included the following phases:

- Obtaining the databases of nurses from Iasi county
- Realization of the questionnaire
- Piloting the questionnaire
- Selection of the sample
- Data collection
- Validation of the questionnaire
- Analysis of the data obtained
- Research databases

Two data basis had been obtained, one from the county branch of the nurses and midwives professional organization where 7895 members were registered and a second one from the County Public Health Department containing only 5234 nurses. Inquiries had to be performed in order to explain the difference of 2661 nurses existing between the two databases. It proved that the nurses missing from the public health department data basis were either not employed in the county healthcare sector, either retired nurses, either working abroad on inferior jobs. The Permission had been obtained from the Order of Nurses and Midwives to use their databases for the research.

The instrument

The questionnaire was elaborated starting from the conclusions drawn as a result of the participant observation previously done and from similar questionnaires met in the literature review. The questionnaire contains 15 items and was firstly piloted on 15 nurses in order to test its clarity and time of application and then it was self-applied on a sample of 550 nurses of different specialties from 10 hospitals in the Iasi county.

The internal reliability of the instrument was assessed with Cronbach's alpha coefficient.

For all the items of the questionnaire Cronbach's alpha coefficient was 0,67 which proves a moderate correlation of the items.

Data were analysed using SPSS 16.0.

The Sample

A total number of 550 nurses were invited to participate. Completed questionnaires were received from 411 nurses and they were introduced in the analysis.

The sample contained 92% women and 8% men. The distribution of the sample according to ages was the following: 15% under 25, 24% between 26 and 35, 22% between 36 and 45, 5% of the nurses were between 46 and 55 and 12% over 56 years old.

The sample had the following distribution from the point of view of the completed studies: 67% of the nurses graduated a state nursing post-high school, 2% of the nurses graduated a private nursing post-high school, 4% graduated a nursing faculty, 4% graduated the nursing high school equivalent with post-high school certificate, and only 1% of the questionnaire respondents graduated only the nursing vocational high school.

According to the criterion of professional experience 12% of the questioned nurses had less than 5 years, 16% worked in the profession for a period between 5 and 10 years, 19% for a period between 11 years and 20 years, 12% are in the professional experience group 21 – 30 years, and 12% had over 30 years of work as qualified nurses.

The participants to the study came from different social environments. They worked in various hospitals, individual practices, schools and kindergarten practices, medical tests laboratories and pharmacies.

The medical specialties in which the nurses included in the research sample worked were: 54% of respondents were specialized in general medicine, 9% surgery 7% balneology, 6% internal medicine, 5% psychiatry, 5% paediatrics, 4% neurology, 4% obstetrics, 3% ophthalmology 1% radiology and 2% laboratory.

Results

An important role in the correct and consistent exercise of any profession has the motivation of choosing it. More than half of the nurses preserves the traditional motivation in choosing the career: altruism, the desire to help one's peers: 52% of respondents mentioned

they had chosen their profession in an effort to help people in distress, 6% because they loved this professional area and 5% to pursue their vocation.

The economic and social conditions, the lack of incentives for choosing the medical career and prolonged crisis of the health system have led to an orientation of young people to the profession from more pragmatic reasons, such as: family advice, failure to the medical doctors' university entrance examination or the hope of obtaining a secure job.

The relatively high percentage of non-responses - 11%, and the respondents who cited other reasons - 16% indicates indecision in choosing the profession, not enough information about the chosen profession, an opportunity taken to obtain a qualification, vulnerability in the process of decision.

Despite the many deficiencies of the Romanian health system one can still notice that for 56% of the respondent nurses the current job still meets the expectations they had when they chose this profession. Over half of the nurses have low demands on the conditions of practicing the profession, despite the numerous shortcomings, and on the other hand, their expectations are also very low.

Nurses mostly appreciate about their profession the fact that they can help those who suffer (31%). The satisfaction of the results obtained during the professional activity is also very important (16%), as well as the interaction with people (8%). They also appreciate the good relationships with patients (3%) and the clean working environment (2%). The high percentage of non-responses - 18% and the respondents who cited other reasons - 12% show no intrinsic career motivation, a silent discontent regarding the practice of the profession, which is seen more as a way subsistence.

The social and economic conditions have reduced nurses' degree of satisfaction regarding their professional status. Half of them believe that at present there is no advantage in working as a nurse (50%). The only benefits of exercising the profession consist in the job security (7%), in the opportunity to help their families in need and to avoid using the health system services but only in severe medical cases (5%), in the satisfaction provided by the job (4%), in the fact it is a job offering a hygienic environment (3%) or in the respect they receive from patients (2%).

The interviewed nurses mentioned among the difficulties of practicing their profession the low wages (22%), the low number of employed specialized staff (12%), the lack of medical supplies (17%) and the lack of medicine (10%), as well as the poor and inadequate medical equipment (5%). Other difficulties faced by nurses in Iasi county are the lack of respect shown by some doctors and patients (6%), the lack of awareness and education of patients (3%), the workload (5%), the job strain (3%), the lack of jobs (3%) and the lack of their work appreciation (3%).

The participants to this study consider that they cannot play an active role in solving the problems related to the improvement of the working conditions or to the status of nurse, believing it is not their area of responsibility (14%) and that they could have no contribution in the improvement of professional situation (5%).

The uncoordinated health policies, the lack of planning at the level of the responsible institutions in what concerns the employment of the necessary staff for an efficient and fluid activity, the lack of funding and its inappropriate administration, the void of law, the inefficient and changing organization of the health units, the lack of preoccupation for the staff motivation and work conditions have been present for too long time in the Romanian health system and they became chronicle, so that the current status gives little space for hope and belief in accelerated amelioration.

One may notice a loss of confidence about the improvement of the nurse condition, most of the respondents stating that there is nothing that nurses can do to improve their own situation (25%). The only ways to take action and to participate actively in the process of improving the nurse condition is to participate to strikes (8%), to emigrate to other countries (4%) or to provide a better health education to patients in the public health units and for the home treatment (3%).

It is obvious that the Romanian health system faces major difficulties in what concerns a coherent functioning. 50% of interviewed nurses considered that the functioning of the Romanian health system is unsatisfactory, only 9% of the nurses believing that the system works well.

In the collected responses one can notice a clear dissociation between the dysfunctionality of the health system, on the one hand, and

the medical act performed by nurses on the other hand. Despite the dysfunctional healthcare system, the quality of care provided to patients is considered very good by 28% and good by 48% of them.

A particularly important role in improving the nurses condition and in increasing their status within the health care system is played by the promotion of the profession, of the efforts of professionalization and by the general image of nurses in society.

Nurses consider that the public has a good opinion about nurses (47%) or at least satisfactory one(25%). The key opinion formers with impact on nurses' image in society are considered to be the media (25%), as well as the patients and their families (21%). A less important role is consider to be played by each nurse behaviour (16%) and the attitude of the professional organisation (8%).

There could be noticed an awareness that the nurse profession needs a more aggressive promotion and a better visibility of the caring activity, of their efforts to stand for the patient and to adapt to the difficult situations and conditions. A more transparent care process was also considered bringing good results.

More than half of the registered nurses declared they know well or very well the activity of the professional organization and they are content with its direction and development, however the actions they propose for support of the professionalization process of the nurse profession and for the improvement of nurses' conditions in the health units are very few, inconclusive and most of them belonging to the field of action and authority of the trade unions or of the health ministry, fact that shows confusion and lack of strategy at individual and group level.

The study offered responses to the research questions, so that some conclusions can be drawn on the basis of the results.

The research highlighted the numerous and overwhelming problems faced by nurses in the daily practice of their profession and the efforts needed to adapt to the important changes that the healthcare systems reform implied.

The main problems encountered by nurses in the professional activity included low wages, health professionals massive labour migration for better salaries and work conditions and implicitly increased workload, high job pressure and professional exhaustion, lack of medical supplies and medicines, old and insufficient medical equipment. Other

difficulties faced by nurses were the quality of the team work and the relations with some colleague doctors who were subject to the same work conditions and work pressure and had the same difficulties in coping with their high job demands. Another source of dissatisfaction is the relationship with patients and their families.

The shortage of medicine and medical supplies alters the quality of care and it is perceived as a degradation of the work conditions. Nurses insufficient number on the shift leads to increased duties, decreases the quality of the care process and decreases the degree of satisfaction with their jobs as staff shortage means taking over more responsibility and a greater workload.

On the one hand, nurses have less and less time to address to their patients needs, as the professional activity is extremely condensed and the number of patients is increasing, on the other hand the discontent and the frustration of patients who are charged with health insurance but do not receive expected services in exchange represent more and more a barrier in the communication and good cooperation and therefore they are an increasing stress factor in the nurses daily activity.

Lack of an adequate system of motivating the health staff leads to the decrease of the attractiveness for entering and working in the health system and to the increase of the number of nurses leaving the system for other fields of activity or other countries.

The only professional aspects that motivate nurses in performing their job are the intrinsic ones and they are valid for those who chose the nursing career from vocation and not for other reasons. The job security in the public health sector is the main advantage of being a nurse.

Detachment and a lack of involvement in solving the occurred problems of the professional group are the modality of reaction of nurses to the present state of being. Nurses feel powerless and lack the will and energy to take action for the improvement of their professional status. Not entering into the system, finding ways to leave the healthcare system or doing their job as well as they can in the expectation of an exterior change are the most often professional strategies of Romanian nurses.

Conclusion

The analysis highlighted the external factors to the nursing profession that influence the activity of nurses and the professionalization process which except for the economic context are mostly deriving from the health care system reformation: the health care system design and management, the void of laws and the miscoordination of health policies and action from all the stakeholders involved.

All of these external factors influence the traditional motivation of entering the profession, the criteria of selecting and rigorously attending a nursing education pathway, the system of relations in the work place and the group cohesion and the participation to the professionalization projects within the nursing profession. By studying these factors and their influence on the nursing profession, researchers and health policy makers will become aware of the important issues for the nursing profession at the present moment and will be able to design policies and programmes that facilitate the professionalization process as a component of high quality care services and a strategy for maintaining the qualified nurses in the system.

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