



# **Specialised medical care**

Retaining health care workers through the improvement of ambulatory and inpatient care in Romania

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## **CALL FOR ACTIONS**

Despite efforts to reform the health system, Romania is facing severe problems in meeting the health needs of the population as well as the needs of the health professionals practicing in the system. This leads to the migration of Romanian health care workers to economically prosperous countries in search for better working conditions and career opportunities, whilst destabilizing the already vulnerable health system of the source country.

The reasoning behind the decision of health care workers to migrate is reinforced by a wide range of factors within the ambulatory and inpatient care system, from the lack of investments in modern medical equipment and in hospital infrastructure, unfriendly environment at the workplace to high stress levels and the politization of the state health system.

This booklet aims to alert policymakers to the urgent need for strengthening the specialised medical care system. We believe that through a series of discussions on the affordable, effective and sustainable changes, we can lead the way to an increase in the satisfaction of the medical personnel at all levels, the retainment of the health care workers, and, ultimately, improve the performance of the specialized health care system in Romania.

## Economic factor

*"It's a job where humanity and the desire to do good must exist and I think it does, but you can't fight with your bare hands."*

When one sees the economic factor, it immediately thinks of aspects of remuneration. However, an increase in wages is no longer a relevant incentive for doctors to remain in the Romanian healthcare system and it is now imperative for health professionals to practice the medical act with dignity, with good conditions and in an appropriate working environment.

*"Now, I hope that the second step will follow, the one centred on infrastructure and equipment. Everything related to supporting medical acts: investments in hospitals, new hospitals are needed, new equipment and access to it."* (Representative of a diaspora organisation in France, man)

For doctors the working conditions in the hospital and the investments in modern medical equipment represent the most important factor that would lead to health care workers remaining in the country.

*"The purchase of medical equipment, these are, after all, determined by the economic level of the country, by the hospital's budget, which, in most situations, leaves much to be desired. We work in an underfunded system; more material resources are*

*needed for all hospitals."* (Head of wards in Romania, doctor, woman)

Romanian medical institutions not only lack access to advanced medical equipment, but also, in some cases, do not have access to rather basic resources, such as protection equipment.

*"Let me tell you about shortcomings. First of all, I'll start with a basic thing, such as the lack of protective equipment, that I am forced to buy on my own. Protective footwear and the like are expensive. So, from 2006 onwards, in 14-15 years I don't know if we received protective equipment three or four times. Out of which two were the result of sponsorships brought in by me."* (Nurse in Romania, man)

The medical professionals express their disappointment regarding the physical deterioration of the buildings in which they practice their profession, the scarcity of investments in maintenance and modernization and overall, the lack of investments made in medical institutions.

*"The infrastructure has not changed, considering that the circuits have remained the same, the walls the same."* (Nurse in Romania, woman)

### Recommendations from the research

*"First of all, the need for certain tools and high-precision equipment that I can only find elsewhere and not here. If we had the ability to use this equipment, it would convince them to come back."* (Doctor in Romania, woman)

*"It is very important who leads an institution. I have 34 years of experience and I have seen that this matters a lot, everything starts from the leaders and if people collectively want to do more, then things will happen."* (Nurse team leader in Romania, woman)

*“We need hospitals. Because those in which we work now are hospitals only on paper, although we try to comply with the accreditation standards. They are old and they do not correspond to the current state of medicine in any way. We make it work on paper, but the reality is different.”* (Head of wards in Romania, doctor, woman)

## Social factor

*“Without extremely good collaboration, progress cannot be born, and beautiful things cannot be done.”*

One of the main causes of migration of health care workers is the cold and unfriendly environment at the workplace, as the relations in the workplace often lack in positivity and appropriate communication between colleagues is often substituted with an ineffective competition.

*“At my hospital, you accumulate a lot of tension when there are difficult cases, and the majority blow the steam with jokes, or throwing things around. There are some moments like this, not on a daily basis, but some of them leave a mark.”* (Nurse team leader in Romania, woman)

More specifically, interdisciplinary tension and conflict arises in the relationship between doctors and nurses. On the one hand, nurses view the healthcare system as being rather paternalistic, resting on the undisputed authority of doctors and the way that they are perceived or treated by decision makers or superiors. This often leads to nurses experiencing professional anxieties rooted in not feeling appreciated or considered a professional.

*“The medical assistant does what the doctor says. It doesn't do anything, it doesn't speak, it doesn't move, it doesn't do anything on its own initiative. Everything must be dictated by the doctor.”*

(Representative of a professional association, nurse in Romania, woman)

On the other hand, doctors sometimes feel that nurses fail to adapt to what is new in terms of treatment and procedures and fail to respect their authority.

*“It's the thinking of "why do I have to do this just because you're a doctor and you tell me?" or "I didn't know either?" or "why do I have to do this and not this one". And the personal factor comes into play a lot, "why me?" , "I've been doing this for so long". Perhaps the perception of the new is quite difficult, especially for nurses over 45-50 years old, it is difficult for them to receive something new”.* (Head of wards in Romania, doctor, woman)

These instances, however, are not usually addressed formally and the lack of communication and initiative taking thus leads to the tensions within a section to remain but day-to-day occurrences.

*“They usually pass by themselves and it's a joke. If someone is more volcanic, they get into a conflict. But as a rule, no, no one intervenes in disputes.”* (Nurse team leader in Romania, woman)

Conflict between doctors and nurses not only is likely to damage the optimal functioning of the team, resulting in poorer patient care and lower

quality healthcare, but also decreases the personal and professional satisfaction of health care workers, leaving them to search and regain this satisfaction abroad.

*“And another aspect that is very deficient here: we don't work in a team. We work individually, we see this in the work of the nurses. They are not trained*

*to work in a team, and they work chaotically and is tiring, everyone is frustrated at the end of the program.” (Doctor in Romania, woman)*

#### **Recommendations from the research**

*“I would ask for more respect, to be more respected as a profession. I mean, we have our role, but we are very little appreciated. I would say that the existence of clearer attributions, a better delimitation, would also help. However, I think the most important thing is the mentality, because after all we are a team. In our case, the doctor and the nurse are simply collaborators, colleagues.” (Nurse in Romania, woman)*

#### **Case study: Maria**

Maria is a head of ward in a Romanian hospital and what kept her within the Romanian system is the wish to be close to her parents and form a family here, even though she considered the opportunity to migrate before. However, she often regrets her decision to stay from a professional perspective, as she shares multiple deficiencies within the specialised medical care system.

Her main dissatisfaction is with regards to the disorganisation of the system, which she links it to three main aspects. Firstly, the deficit of medical personnel in her institution has led to the exhaustion of the staff and to overall underperformance, making it very difficult to perform: *“We are few, tired, frustrated. We have no time neither for ourselves nor for our lives.”*

Secondly, Maria admits that the medical personnel in her institution do not know how to work as part of a multidisciplinary team in which contributions of each other are to be valued, leading to lack of communication, frustrations and unmet expectations.

Lastly, Maria argues that the lack of protocols and established standards at the national level add to the disorganization in the workplace and in the interventions, not only putting pressure on the medical personnel.

Maria's husband is a doctor in a different specialization, yet he experiences the same difficulties. They are both overworked and are waiting for change in the system to emerge, so that they can start fully enjoying their profession again, like they used to when they decided to stay.

### **Case study: Ana**

Ana arrived in France in 1997, while still in her years as a resident in Romania. She had the opportunity of officially interrupting her residency in Romania, going to France to gain experience, and continuing her studies back home, upon return. However, 25 years later, she is still a doctor there.

Ana reflects that in the recent years, the working conditions have deteriorated and it is important for Romanian health care workers to acknowledge the improvements made in the Romanian system and to not idealise the French health system. Ana says that, just like in Romania, there is an accentuated deficit of personnel that puts high pressure on the staff: *"We are in great difficulty, with very long waiting periods, with increasing emergencies, with days, whole weeks when we don't eat at noon and we don't leave the hospital before 19:30."*

However, unlike in the Romanian system, Ana admits that the use of protocols often helps to make decisions and that they represent a great support in performing their profession that reinforces doctors' decisions and thinking and boosting their confidence.

Similarly, Ana mentions that the relationship between the nurses and doctors is very good and, especially when she was at the beginning of her career, she received valuable support and advice from nurses. Ana's experience suggests that, within the French system, even though they face similar concerns, they manage to control and handle the situation through building a strong team and through providing protocols that can facilitate the quality of the medical act.

## Psychological factor

*“When you put it all together, when you work and put in all the effort and those who should appreciate your work minimize it instead, things can’t go on”.*

A significant factor in the decision to exit the Romanian healthcare system is at the psychological level, which is mainly observed through the high stress levels reported in the health care workers. The very large loads of work under extreme pressure combined with the shortage of staff can lead, in some situations, to work burnout and exhaustion or to loss of enthusiasm for work, feeling trapped, and defeated.

*“You feel helpless, you feel that you cannot do your work, that you are not valued in any way and valued, you do not have any kind of satisfaction.”* (Nurse team leader in Romania, woman)

Psychological difficulties and burnout are also associated with disorganisation in the workplace, lack of clearly assigned responsibilities and duties, or lack of clear support from the superiors, and peers, as well as with the absence of management skills and mechanisms in place, that could eliminate overburden. There also might mean lack of matching between the duties one person has and the abilities one possesses (in addition to instruments /working conditions), which increases the stress level and professionals are left to manage being chronically tired and depleted of resources on their own.

*“The most important negative aspect is the fatigue that comes in at some point, after so many wasted nights. No matter how much we like to tell ourselves and others that we are not tired, we are. Nobody admits burnout, but it comes in and especially during the pandemic I think that many of us had or have this problem, but it is neither documented nor evaluated... we try to overcome it on our own.”* (Doctor in Romania, woman)

The internal battle fought by the health care workers is also accentuated by the constraints established by the healthcare system. Health care workers criticise the lack of flexibility in the system exemplified by the impossibility to change the section, not having any understanding from the management as well as they are feeling restricted from fundamental rights to circulation and free expression.

This is also doubled by performing under the constant fear of being criminally liable and being fined for any small fault due to the lack of support and protection from any entity involved such as the administration of the hospital, the College of Physicians or fellow colleagues.

*“We are not protected, even if, declaratively we have everything we want, but none of it is done by an institution that undertakes a procedure.”* (Nurse in Romania, woman)

These fears and limitations lead to a decrease in the confidence, visible in the interventions and in the abilities of the professionals as well as it puts pressure on any decision made by the health care workers.

### Recommendations from the research

*“At the level of the organization, at the level of the ministry, some protocols should be developed regarding what happens to the patient with a specific diagnosis from the time he presents himself until he arrives back home. With us, everything is declarative.”* (Doctor in Romania, woman)

*“We need a health law, in which the doctor is also protected, not to work under the pressure of the patient.”* (Head of wards in Romania, doctor, woman)

*“Introducing some European and international protocols in certain domains, in Romania. Do you know that in Romania there are some specialisations in which there aren’t protocols for every condition?”* (Head of wards in Romania, doctor, woman)

## Political factor

*“We need a greater encouragement of competence here as well.”*

A final component that leads to the migration of medical personnel is linked to the political spectrum, emphasizing on the high levels of corruption in the state health system. Essentially, the system is perceived as suffering from a lack of transparency, and being sometimes governed by personal relations, especially when new jobs become available, and hospitals search to employ new personnel (especially in the case of nurses).

*“There are all kinds of criteria, non-medical, non-professional, for which someone ends up managing the health system, the hospital, the department.”*

(Doctor in Romania, man)

*“But here in Romania, no one hires you on the basis of competence and that’s in general, here they hire you if you’re the nephew, if you carry the flag for the party, if you’ve donated to the party, if, if, if...”* (Doctor in Germany, man)

Consequently, the promotion system in hospitals is not related to one’s level of competence and merit but rather to one’s political affiliation.

*“Look, another dissatisfaction I have is the fact that here there is no possibility to be awarded.... rewarded for your merits, for the fact that you are good, here you are equal to others who finished school 2 years ago.”*

(Nurse in Romania, woman)

In addition, throughout the years, the healthcare system was subject to various reforms, not all of them coherent with the others. Furthermore, the respondents argue that there is no managerial constant at the ministry level and the system lacks unity at the national level.

*“We discover that we do not have a coherent health system, we do not have a predictable health system, we do not have an efficient health system.”* (Doctor in Romania, man)



These constant changes were perceived as generators of a lack of stability, which made the

system unintelligible for the professionals, easing their decision to exit the system.

#### **Recommendations from the research**

*“There must exist some continuity regarding the entire decision-making chain... we change the minister every 3 months.”* (Doctor in Romania, man)

*“We need meritocracy. Without it, the medical staff will always manage to cheat the system, the patient will always manage to cheat the system, the doctors and assistants will always be dissatisfied with the people running the system, conflicts will appear.”* (Doctor in Romania, man)