

THE MANAGERIAL STRATEGY IN THE HEALTHCARE INSTITUTIONS OF ROMANIA

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Management is of paramount importance for obtaining economic, medical, commercial performances etc. in the fields conducted. Significant changes are required in this sector of human disciplines, focused on: applying professional management, managerial methodology, promoting strategic management, promoting an organizational culture that favours change, managerial restructuring of all the institutions (organizations) involved in the operation of the healthcare system in Romania, automating, decentralizing health services. The elements that make necessary the design of some modes of achieving strategic objectives are subject to the transition to a society, economy and management based on knowledge.

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Success within the healthcare system of Romania

The success of a business depends on the capacity of the managerial team for achieving performance taking into account the opportunities and risks identified in the external environment of the organization, as well as on the strengths and weaknesses known as existing in the internal environment of the organization. In order to develop a business, any member of the managerial team should be involved in the planning, organization, coordination, control and assessment of the achievement of the objectives set up at the organization level. The last decade had witnessed major changes in the healthcare system, modifications of legislation and governmental strategies, which are reflected volens nolens at the level of the hospital as a public or private institution. Notwithstanding the modifications occurred, we should not ignore the two great desiderates of any managerial strategy, namely: the increase in service quality and the decrease in costs. The healthcare system of Romania is passing through a human resource crisis, which has become truly a threat in the recent years and which does not seem to have reached a feasible solution.

Success or failure is conditioned to a great extent by the way in which the organization faces future changes. The technological revolution and globalization have changed the competitive landscape in all the industrial sectors. The effect of these two forces may be noticed also in the sanitary system, the hospitals trying to enhance their competitive standing focusing on the demands of the market. Among the marketing strategies used most often by hospitals is the identification of and meeting the patients' needs and requirements. The hospitals aim at obtaining competitive advantages through strategic flexibility. Strategic flexibility means the capacity of the organization to respond proactively by changing the competitive conditions, this leading to maintaining or developing strategic advantages. The strategic flexibility involves also the cognitive ability to recognize problems and change direction, when it is imperative. Making decisions is a daily challenge managers are faced with, but one should know that not any decision should be made immediately.

A realistic assessment of the stage in the evolution of the healthcare service sector of Romania towards the knowledge-based economy may not be carried out other than by using international comparative approaches. It is very useful in this case to have the table of assessment indicators established for the Lisbon strategy, structured in five main components:

- innovation and research;
- liberalization and fluidization of the market;

- entrepreneurial and enterprise development;
- the extent the human resources are used and social cohesion;
- sustainable economic development.

The advantages of the implementation of some efficient management methods shall consist of the increase in the capacity of the organization for anticipating and acting efficaciously, for a sustainable and controllable development of the business, and the capacity for reducing or diminishing the risks within the internal and external environment of the organization.

The management generates economic performance at the organization level. Sanitary institutions are not simply professional organizations, but also business organizations of various sizes, which should be conducted so as to be able to stand competition and to meet the patients' needs and requirements at the highest technical and quality standards. A good planning should have a solid implementation basis, given that no one could foresee the future with certainty, but a project is more likely feasible, if based on past and actual accurate data and facts.

The knowledge that managers and contractors possess, besides their number and socio-professional structure, their age, training level, attitude towards work, motivation degree, capacity for adaptation to changes occurred, the desire and capacity for development are all aspects that define the strategic options in the field. The European and international practices, the volume, complexity and difficulty of the strategic objectives assumed by the healthcare system in Romania recommend as major strategic options the following:

- developing a national system of further development of specialists
- ensuring a medical personnel of high professional competence
- stopping the migration of physicians and other categories of graduate specialists
- substantial enhancement of designing and conducting the resident physician examination
- attracting increasingly specialists from other countries in order to fill in the vacancies in the healthcare system.

The factors influencing a strategic management decision are as follows: internal factors (stakeholders, directors, employees, unions; objectives, culture, resources), microeconomic factors (distributors, mediators, competitors, clients) and macroeconomic factors (political, economic, socio-cultural and technological). Stakeholders may exercise a significant influence as regards the priorities and direction of action of the institution, a fact most often reflected by the organization culture and the type of resources available to reach certain objectives. Unlike a private hospital, a state hospital does not have as an objective maximizing profit, but is able to focus only on increasing the medical service quality, depending however on the governmental policy.

At a microeconomic level, strategic alliances shall be favoured, whereas at a macroeconomic level, the strongest influence shall be exercised by technology. Technological development shall influence not only the products and services delivered but also the working process. Technology is changing rapidly and those that are not capable to adapt to these changes shall pay dearly. Medical technology is indispensable to health and life quality. In order to save lives, it may help to cure and contribute to millions of people recovering their vitality and mobility. Medical technology plays a very important role in the sector of medical care, in the prevention, diagnosis, healing and recovery.

The transition from a centralized and monopolist economy, having a tense relation structure (namely some mainly unilateral connections, lacking optional alternatives) to a competitive economy, based on the market mechanisms of the action of the law of demand and offer represents, undoubtedly, one of the most serious challenges of the current period.

Numerous organizations that provide healthcare services both in the public and in the private system have appeared lately also in Romania, a fact leading inevitably to competition in the sector of medical services, and resulting implicitly in the increase in the quality of medical services for the benefit of the consumer.

Overall, as regards the managerial processes of sanitary institutions, the forecast is usually less accurate than in the case of other types of organizations, especially as regards long-term decisions. Among the three forms of making the forecast – prognoses, plans and programs – programs have the highest frequency. Plans are developed most often for a year, but only by a limited number of managers, and prognoses are designed occasionally. Whatever the form of the forecast, this considers almost integrally the requirements of the relevant sanitary institution, not relating closely to the market.

The forecast related decisions are economic in character and refer most often to outcomes, revenues etc. They are based mainly on accounting and marketing information. Frequently, these decisions depend on the managers' talent and intuition, only accidentally the forecast managerial methods and techniques being used. In large sanitary institutions, in order to document certain forecasts, the method of meetings is used, most often in a preponderantly informal setting.

Programs and plans – if drawn up – are based mainly on internal information, completed by certain marketing information. There are rarely information sub-systems providing coherent packages of prospective nature. On the other hand, in order to manage current information, the management of program packages is preponderantly used. Most often, these process and provide information in the accounting, financial and personal domains.

To some extent, these potential deficiencies are counterbalanced by the rapidity with which both forecasts and especially the processes of their implementation reflect the changes in the environment. The hospital manager usually has rapid reactions as far as forecasts are concerned. As a consequence, the forecast process is flexible, continuously adapting to the endogenous and exogenous developments of the organization, especially in the short run, focusing on capitalizing on the existing resources. A significant contribution to forecast flexibility, combining often with a rather limited rigorosity of plans and prognoses, has the less formalized approach it is based on. A significant part of the processes documenting forecasts are preponderantly informal in character.

In general, public healthcare policies aim at promoting a health condition as good as possible and at reducing inequities between various groups of society; one should make sure health aspects are taken into consideration in all the healthcare policies. This involves the creation of the best preliminary conditions for health, minimizing risk factors, designing actions to prevent illnesses and to protect both the individual and the community against health risks. Besides it focuses on the traditional spheres of public health such as controlling infectious diseases, factors of the environment health, risk factors, injuries, healthcare policy

At the same time, the national public health strategy should take into account also the recommendations of the European Union regarding healthcare, within the Union expansion process. Romania as well as the other countries that have recently joined the European union could not participate in the previous programs of the union in the healthcare sector and has a weak institutional capacity, especially due to the fact the transition from the former sanitary system of the socialist type led to an erosion of the public health infrastructures so that we may conclude that that, as regards the public health, too, Romania is a step behind the EU member states. In order to maximize the benefit obtained from participating in the new public healthcare system of the EU, Romania should implement several preliminary measures, of "stage zero", with a view to correspond to the standards required by the new community program of action in the public healthcare sector, actions included in the recommendations of the Sanitary Policy Forum of the EU on 22nd November 2002. Among the recommendations made, we should list the following;

- enhancing the network of surveillance and control of transmittable diseases and improving the information system in the healthcare sector;
- developing a modern concept of public healthcare and public healthcare services, activating public healthcare specialists and strengthening patients' rights;

-involving the civil society in the development of public healthcare policies and in supporting the development of public healthcare infrastructure.

Therefore, one of the major overall objectives of the public healthcare strategy in Romania should be the consolidation of the public healthcare infrastructures for the purpose of ensuring an optimal framework for the implementation of interventions aiming at the improvement of the population health condition and ensuring the optimal participation in the public healthcare programs of the European Union.

According to the strategic plan of the Ministry of Public Health, health is a sector having a major social impact and after the accession to the European Union, it is mandatory to adopt some standards and recommendations resulting in the increase in the efficiency and quality of medical services. For these purposes, the Ministry proposes also to the local public administration authorities to contribute to financing medical services. The accession to the European space leads to the free movement both of patients that may thus make contact with other healthcare systems and modify significantly their requirements and expectations, but also of medical personnel that may migrate to better working and life conditions.

Conclusions:

Most countries, whatever their development level and political system, rethink their healthcare system for the purpose of increasing the quality of the medical services delivered.

The consumer nowadays is overwhelmed by a lot of information, and enjoys a great liberty in choosing its service provider, but at the same time it claims to be an active contributor to its own care. If patients are the ones dictating in the healthcare system, the organizations within the system should model their activities taking into account their requirements and last but not least we should consider that the organizations within the healthcare system provide patients with services the latter hope they will never need.

As regards medical care, the leader's role is crucial. Improvement should be a feasible way to follow and a controlled approach, which does not just "happen". The challenge to the leaders' capacity is especially great within medical care institutions, characterized traditionally by a divided management or dysfunctional barriers between the personnel categories.

The removal of barriers between the functional sectors is necessary in order to change the system effectively. Medical care has a long tradition of sub-optimization of functions, especially if the professions took over the exclusive control over the activities within their own competence.

In market economy, where there is a complex and turbulent competitive environment but at the same time an unstable one, in economic terms, the hospital may survive only if it innovates more (patients react positively to innovative methods), innovates faster (the first on the market to provide new services and high quality services may create its own patient networks before the competition), innovates better (by knowing target patients, the hospital may deliver services adapted to their needs), innovates by the lowest costs (the amelioration of the performance of the economic and managerial instruments being required).

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