

UNIVERSITY OF CRAIOVA

FACULTY OF SOCIAL SCIENCES

**DOCTORAL SCHOOL IN HUMANITIES AND SOCIAL
SCIENCES**

Ph.D. THESIS

**THE QUALITY OF HEALTH CARE IN
ROMANIA**

SUMMARY

Scientific Coordinator:

Prof. **DUMITRU OTOVESCU**, Ph.D

Doctoral Candidate:

Mihai-Alexandru Nemoiu

Craiova

2021

The research topic of the Ph.D. thesis was born from a desire to continue the studies carried out within the master's program that was finalized with a presentation of a paper, which addressed this sphere of medical sociology.

It can therefore be considered as an up-to-date paper, a basis for future studies that will certainly be carried out in the context of medical sociology, while trying to address common issues that are related to the quality of national and international health care.

Throughout the thesis we will find out more information about medical sociology, its theoretical purpose being that of describing some sociological criteria by which health is assessed, but we will also present the concept of disease, explain the characteristics of the health system, by presenting several examples of good practice exercised at an international level, as well as determine and analyse what are the social factors that lead to the disease and how they affect the health of the population, all these objectives being supported by examples of certain classical and contemporary sociological concepts that help us to identify possible solutions and recommendations.

The thesis is structured in 5 chapters, each divided into subchapters, for a better delimitation of the concepts and information that are presented throughout the thesis.

The first chapter explains the theoretical notions we used in order to conceptualize research tools, but also to explain them in the conclusion section of the paper.

The contractual concept, which represents the overall vision of this thesis, will be supported by theories in the field of social systems, analysed from a sociological point of view, by established theorists in the literature, further on analysing the relationship between the individual and the contract - in this case, the tacit one for the provision of medical services by the public institutions, without being able to resign from paying for it (contract) - explains how society is based on governmental support to meet medical needs. At the same time, the functionality on the social systems must be understood in order to be able to analyse the individual and his relationship with the public medical system in Romania, especially when it is desired to evaluate its quality.

When these contracts are violated, they are disobeyed or unclear, the individual will feel powerless and thus a dual nature will take place inside himself - if they cannot benefit of the paid service, why should they pay for it? -. This contractual imbalance, of course, creates a dysfunctional relationship between the beneficiary and the system, being necessary to deepen the

theories in the field of social systems in order to identify the extent to which these inconsistencies can affect the social structure and / or the individual.

Another important part of this chapter is the presentation of the welfare state concept, which, in literature, it is shortly referred to as “welfare”.

Romania has a governmental ideology strongly focused on the involvement of the state in providing social and medical services for all citizens, and in order to observe the evolution and the main characteristics of a utopian state rooted in this concept, we need to understand the theoretical concepts.

We are in a state of uncertainty, in which what we consider to be normal has been changed or altered, the philosopher Giorgio Agamben shows how the state and governments receive unusual powers in exceptional conditions. This power, however, must be exercised in the service of the population, in order to quickly obtain a collective good, with few negative effects. We will discuss this concept from the perspective of the epidemic that affects the entire population.

We also presented other sociological theories applicable to the predicament we are in, the topics being focused on health care (public and private), but also on the explanation of certain collective behaviours.

Chapter 2 aims to describe the conceptual framework of the thesis, so we will present the analysis indicators of health and quality of life, but we will also talk about the medical and social services available in Romania.

In this chapter, we showed examples of good practice at the level of the European Union, which should serve as guidelines for the implementation of social policies at the national level.

Another researched aspect, both theoretically and statistically, is the phenomenon of brain drain. Through this migratory wave, the population of Eastern Europe migrates to the west of the continent and even to the United States of America (USA). These people are, in general, doctors and computer scientists (IT), but also other highly trained people in their field of study.

In chapter 3 we analyse the concrete way in which the Romanian medical system functions, by analysing the organization, but also the endowment level of the medical infrastructure in Romania. In this chapter, an analysis was also made of the national public health programs, by examining their compatibility with the requirements of the European Commission, which are specified in the official reports. We are interested in discovering some of the elites in the Romanian medical field, those who showed examples of national good practice that deserve

to be shared, so we dedicated a subchapter in which we presented some of the national examples, which we considered relevant in the present research context.

Chapter 4 examines the European, national and regional policies, highlighting the implications of the Covid-19 epidemic. Thus, the analysis took place on two levels - before and during the epidemic - leaving the opportunity to study this topic in other works in the field of medical sociology.

Chapter 5 statistically analysis the quantitative factors and the indicators selected from the literature, to reveal the health state of the population and the quality of life. This analysis could be carried out with the help of national statistics (from official reports), but also with the help of reports from the European Commission and the Eurostat database.

Chapter 5 presents the methodological measures taken to conduct field research, as well as their conclusions.

The paper presents a part of the Conclusions, which includes a summary of the results obtained, by correlating statistical data and field data, also offering possible solutions and recommendations, which can be used as a basis for immediate social policies, ore in the medium and long term (from the point of view of analysing the social perspective), at a national level.

The appendices of the paper provide additional information on the research tools that were used, as well as other data that can be presented in detail in this section.

The bibliographic sources were presented according to the guide in the Bibliography section.

Chapter. I: Sociological theories about the public health system

1.1. The contractual concept

1.2. The social system

1.3. The welfare states

1.4. State of emergency

1.5. Applied sociological theories

1.5.1. The sociological concepts

1.5.2. Factors of social change

1.5.3. Social class and social stratification. The Marxist concept

1.5.4. The role and specificity of social institutions

Chapter II: Analysis of health care in various European countries

2.1. Indicators of health and quality of life

2.2. Medical and social services

2.3. Examples of good practice in the European Union

2.3.1. Sweden

2.3.2. UK

2.3.3. France

2.3.4. Germany

2.4. Brain drain

Chapter III: The national health system

3.1. Institutional organization

3.2. Medical infrastructure in Romania

3.3. National public health programs

3.4. Romanian medical elites

Chapter IV: European, national and regional public health policies

4.1. European policies for the development of public health systems

4.2. Policies for national development of the public health system

4.3. Policies for regional development of the public health system

4.4. Covid-19 pandemic. European and national policies

Chapter V: Assessing the quality of health care in Romania

5.1. The health and demographic situation at a national comparative level

with the European Union as a factor in the analysis of the quality of life

5.2. Sociological field - research methodology

5.2.1. The general framework and the importance of sociological research

5.2.2. Investigation methods and techniques used

5.2.3. Interpretation and conclusion of sociological research among the population

5.2.4. Interpretation and conclusion of research among medical staff

5.2.5. Participatory observation

From the point of view of the research objectives, we were able to identify the sociological perspectives of the medical staff in Romania:

- The degree of satisfaction of the medical staff at the workplace depends on the system in which they work - private / public;
- The endowment level of public and private healthcare institutions is assessed through those working in the front line;
- The strengths and weaknesses of the Romanian medical system are evaluated from the point of view of the social perspective;
- The degree of involvement of the state in combating the deficiencies in the public health system is in antithesis with the private environment
- Job security is perceived differently by healthcare professionals and health care workers;
- Motivation to keep a job in their national country gets lower;
- The current Covid-19 situation influenced the national medical system;
- Possible perspectives and recommendations of specialists were identified, emphasizing the general needs of the population.

The limitations of the information obtained will be based on the inability to interact directly with the public / private medical system, without additional limitations and training, regulated by current legislation. This is due to the maintenance of the lockdown at a national level, when the conduct of field sociological research took place.

Another conceptual limitation of the thesis is related to the low number of interviews and questionnaires applied to obtain quantitative and qualitative results, which can define the context of the public health system in Romania (in comparative terms and private environment, but studied as a secondary part in the thesis).

The precise and successful objectives fulfilled through the thesis, both from a theoretical and methodological point of view, allowed us to draw general conclusions, by exploring as many analysis indicators as possible, to help lay the foundations of new studies and specific researches conducted in the field of medical sociology at national level - an area of research that needs all the scientific support to design new applied social policies.

Thus, from a methodological point of view, the research group for the application of the questionnaires was chosen from all developed areas in Romania. It was possible through a fair distribution of research tools. The interviews we analysed were conducted with specialists from a variety of fields and from different geographical locations.

The focus of the thesis was on the urban environment, from an institutional point of view (the respondents were chosen from both rural and urban areas, in similar proportions), because in these areas we identify a high and concentrated number of medical staff and specialized institutions, as well as patients, although they were predominantly located in the vicinity of the institution to which they were hospitalized or to which they appealed for certain medical interventions or consultation.

Thus, the second sector studied is related to the population of Romania, which is the subject of analysis and interpretation of the questionnaire applied in this research. Thus, the main specific objectives of this sector are:

- Identifying the main strengths and weaknesses of the Romanian medical system, from the point of view of the social perspective;
- Identifying the degree of satisfaction of patients in relation to the health care they received before and during Covid-19, as appropriate, by environment – public / private and rural / urban;
- Discovering the way in which they interact with medical services - preferences related to the public or private environment;
- Assessing the health status of individuals, subjective, through the group chosen as eligible to participate in this research;
- Identifying the patients' perspective towards the health care provided by the medical staff (public / private);

- Establishing the level of trust in the information provided by medical specialists in the media;
- Revealing national behavioural traits, from the point of view of medical education, in relation to national and European regulations, but also analysing the level of internalization of recommendations received from specialists and authorities.

From the point of view of the topicality and the need of studying, it is necessary to understand the context in which the thesis took place. Thus, we summarize the most important aspects that we discovered during the scientific approaches that were carried out.

Health care in Romania is improving from year to year, as can be seen in the reports of the European Commission, but at the time we extracted the data for the present Ph.D. thesis, we were still at the end of the European ranking list in terms of longevity (life expectancy - 2017 - in Romania - 75.3 years; Europe - 80.9 years). An interesting aspect is that, although the average life expectancy is low compared to the rest of Europe, as an average between men and women, we notice that individually, by gender, Romania has an average life expectancy for women of 78.4 years, and for men, 70.5 years.

We can conclude, thus, that on average, a woman lives longer than a man, in Romania, with approximately (approx.) 8 years. The difference at European level, for 2019, was approx. 5.5 years, as follows: women 84 years; men - 78.5 years.

This considerable difference between the national and the European level also induces the idea that the situation in Romania must be carefully analysed by sex, not only by the residence and the geographical area they live in.

As factors causing the death, in Romania, we find that in 2019 approx. half of the deaths were caused by behavioural factors (alcoholism): alcohol consumption (35%); smoking (20%) and obesity (10%)

Behaviourism, as a current, was born in 1913, when John Watson wrote an article entitled: Psychology as the behaviourist views it. However, behaviourism in general sociology has been used to explain some of the reasons for human behaviour, which is used more as an assumption rather than as a definite, repetitive, universal fact, valid for all members of society, as explained by the Sandford Encyclopaedia of Philosophy.

Given that these factors are closely linked to the way in which the Covid-19 virus acts in the human body, which has become a global problem since January 2020, the causes of mortality in Romania before and during the epidemic have been closely monitored, so it can be seen how

local, national and European statistics on the causality of death among the population have been influenced.

According to the World Health Organization, "Coronavirus (Covid-19) is an infectious disease caused by the SARS-CoV-2 virus." Throughout the thesis, the term Covid-19 was used to define the disease - where necessary, and when we had to differentiate between strains and other reasons of scientific relevance.

While writing the thesis, the synthetic data and the scientific experiments performed revealed new, updated and more accurate statistics, so that a huge wave of information was transmitted among researchers and readers. Bibliographic sources and statistical data were provided only from reliable sources and from national / international reports to ensure the objectivity of the information, stating that some data were also presented in the media, as it was intended to present all perspectives of the society on the quality of health care. (national and international).

The thesis also presents some experiments and scientific articles that were carried out by researchers and / or research institutes, without being subjected to the rigors of time and without having the opportunity to be tested repeatedly and correlated with other information, from complementary fields.

The investigation on the population was carried out based on interdisciplinarity, and the information presented is, at the time of writing, up-to-date, leaving room for a continuation of sociological analyses on specific topics that can be derived from this paper.

The objectives of the thesis, from the point of view of patients and beneficiaries of medical services, are the following:

- Identifying the degree of patient satisfaction in relation to the medical services they received before and during Covid-19, as the case may be, depending on the environment in which they are receiving the medical treatment - public / private;
- Discovering the way in which they interact with medical services - preferences related to the public or private environment;
- Assessment of the health status of individuals, subjective, through the group chosen as eligible to participate in this research, but also the national one, by analysing national and international statistical data in the field of public health;

- Identifying the patients' perspective towards the health care provided by the medical staff, depending on the environment in which they are receiving the medical treatment - public / private;
- Establishing the level of trust in the information provided by medical specialists in the media;
- Finding out the degree of national knowledge, from the point of view of medical education, in relation to national and European regulations, but also analysing the level of internalization of recommendations received from specialists and authorities.

Thus, the following methods were used to study the topic:

The main research method was that of the survey by applying the questionnaire technique, which was applied in the main medical centres in Romania (different geographical areas - 20 questionnaires / area).

The second method was the opinion poll based on an interview - it was applied to doctors from the main regional medical centres in Romania (1-2 interviews / selected city).

The third method used was that of participatory observation - in which various indicators were analysed - defined in detail in this thesis - to highlight the main differences between the regional centres analysed. We also analysed the conditions in the hospitals (2 sheets), taking into account the legislative limitations and the recommendations imposed at national level while conducting the research (the lockdown being imposed at national level).

The fourth method used was the statistical one, with the help of which the results of the field researches that we carried out in this thesis were compared with those presented in the official reports provided by INS, Eurostat, the European Commission, etc.

The fifth research method focused on content analysis, as it is necessary to interpret the official reports published by various institutions and other researchers in the medical field.

From a methodological point of view, working hypotheses build a sociological research, both by guiding the extraction of theoretical information and by establishing focused results as a result of field investigations.

Thus, the following working hypotheses were used to ensure a good conduct of sociological research:

1. The higher the satisfaction of medical staff, the lower their need to emigrate;

2. If the public medical institutions provided the necessary means for the optimal performance of the doctors' activity, then they would not prefer to work in (and for) the private sector;
3. If public medical institutions were better equipped, then the population would prefer to be treated in them;
4. The weaknesses of the public medical system outweigh the good ones (in the view of doctors and / or the population);
5. The medical staff and the population prefer the private environment rather than the one offered by the authorities of the country they were born in;
6. The higher the level of government involvement in the implementation of policies, the more satisfied the population and the medical staff will be;
7. The views related to Covid-19 are divided among the population and medical staff, the causative factor being the social perspective, respectively the population that does not fully understand the situation, but also the lack of positive and negative information in the media.

The present paper analysed, therefore, several aspects related to the quality of health care, the social perspective on the quality of medical services, by taking into consideration the environment (public / private), region, but also by correlating (checking, as appropriate) the information with the perspective of specialists.

In short, the aim of the thesis was to explore, from a sociological point of view, the medical system, which is at the extreme point of stretching its capabilities, in the process of reconstruction.

The scientific basis of this thesis is based, from the point of view of constructing working hypotheses, but also of research, on the available bibliographic sources in the field of medical sociology, with a greater preponderance on the concepts of social explanation such as:

- Contractual concept - Representatives: Thomas Hobbes (1588-1679); Jean Jacques Rousseau (1712-1778) etc;
- The state of exception - Representative: Giorgio Agamben;
- The welfare state;
- Presentation, explanation and enumeration of quality of life and health indicators;
- Statistical data and official reports;
- Formal framework at national and international level;

- Resources from specialized journals, official reports, government media platforms, etc.

The identity of this thesis is provided by the need to conduct multidisciplinary sociological studies, with a monographic character, on the quality of health care. This imminent need for research arose as a result of an ambiguous explosion of information in the media, mainly on social media, about apocalyptic scenarios, such as the one in which the Romanian medical system was collapsing.

Covid-19 has introduced a series of imminent, international needs, which have demonstrated that the population is unprepared for an epidemic - including states.

The main argument was that for a long time, the population was unable to afford masks, surgical gloves or disinfectant (including chloramine, sanitary alcohol, etc.).

This first step in the world of Covid-19 was alarming, not only for specialists but also for the population, so that many people lost their jobs, beside the psychological pressure they felt due to the individual medical risks to which they were suddenly exposed, so they suffered a deep emotional shock when the lockdown was imposed on the population, people being forced, unprepared, to be trapped in their own home.

Other people have suffered family losses or have been forced to accept that certain friends have died without being able to participate in ordinary cultural rites. And from here, a whole series of challenges were thrown at the population, with scientists and governments having to make exceptional decisions for an unusual situation.

In this nebulous context, in which the information is in the process of updating, this work becomes necessary and challenges the world of research in the social field to continue the process to identify the best solutions we can take to reduce risks and educate the population.

However, the thesis creates the opportunity to continue studies in the field of medical sociology, with national application, but the main purpose was to analyse the quality of health care, from the point of view of the population and experts, by overlapping statistical data and official reports with sociological perspective.

In order to have a term of comparison and to be able to describe the main characteristic features of the Romanian public health system, we offered examples of good practice at European level, and we analysed the phenomenon that may have helped in achieving them, in addition to the lack of high budgets that contributed to a lower quality health care, and to the migration of doctors.

Being a theoretical-applicative thesis and aiming to present its conclusions in such a way that it can help to design social policies of interest, Chapter 3 presented social and governmental policies in the field of public health on four levels of development:

- European Union policies;
- National policies;
- Regional policies;
- Anti-Covid-19 policies.

Thus, we finally came to the part in the thesis where we need to find out the opinions of the population and those already in the system, as soldiers of the fight against the problems of some medical systems in permanent development, we chose to interview doctors from the main medical centres in Romania. , but also to structure the number of questionnaires applied, as an exploratory lot, on the entire geographical area of Romania.

The general aim of the research was to identify the degree of satisfaction of citizens and healthcare professionals in relation to the quality of health care, creating a concrete situation of their level of satisfaction, by complex analysis of statistical data available in national and international databases, but also of those obtained from field research, by filtering the information with the help of the theoretical notions presented, but also by comparing with the statistical data selected from the official reports.

Needing a clear division of the number of interviews and questionnaires that we had to apply, we first needed to find out how we can divide Romania in such a way as to concentrate the quality of the information obtained.

Thus, although in Romania we had, at the time of the research, a declared population of approx. 19.5 million people, the real numbers is, in fact, slightly lower, as a constant procent of seasonal emigrants is always present. However, with the introduction of the Covid-19 virus that came with new international measures, the population may have adjusted.

As categorized by the National Institute of Public Health, the main Regional Centres of Public Health in Romania can be found at:

- Bucharest (CRSPB);
- Cluj (CRSPC);
- Iasi (CRSPI);
- Timisoara (CRSPT);
- Targu Mures (CRSPM);

- Sibiu (CRSPS).

From this point of view, we looked for several tops and rankings that helped us identify the areas where we should talk to specialists to find out the opinion of doctors who work in a geographical area favored by the facilities of the institution where they work. , but also some doctors working in poorly developed geographical areas in terms of medical infrastructure.

Specifically, we decided to apply the interviews for medical staff in the following areas: Oltenia - Hospitals in this area are always at the bottom of the national rankings; Transylvania - The hospitals in this city are almost always at the top of the national charts; Bucharest-Ilfov - This city is also observed with the help of the participatory observation sheet, being, from the point of view of the area, at extremes. Some private and public health institutions are highly developed and others are very poorly developed; Moldova - This area is also observed with the help of the participatory observation sheet, being in a similar situation as the one in Bucharest (highly rated hospitals, but also very low rated hospitals).

It was also a real challenge to identify the 5 main regions of interest in Romania where we can apply the questionnaires, the analysis of the Romanian Government, with the help of the series Administrative-Territorial Organization of Romania, making an edifying division in terms of macro-region development.

To these macro-regions, we added, for demographic reasons, a 5th area, namely, Bucharest-Ilfov. Thus, we will have 1st area for the Centre-North provinces, 2nd area for the eastern part; 3rd for Muntenia, 4th area for Sud-Vest and the 5th area for Bucharest-Ilfov.

The groups were made up of men and women of all ages, chosen at random, as follows:

- Quantitative analysis - opinion poll based on questionnaire -: 20 people from each mentioned area, the distribution being numerically similar for all mentioned areas, cumulating a total of 100 respondents.

- Qualitative analysis - opinion poll based on interview -: 3 doctors from Oltenia; 3 from Transylvania; 1 from Bucharest-Ilfov; 1 from Iași, cumulating a total of 8 respondents.

The participatory observations, as a completion of the qualitative analysis, which I conceived out of the desire to complete the information for the small number of interviews, were two in number - 1 Bucharest-Ilfov and 1 Iasi.

Demographically, the group was made up of the respondents that contributed to the quantitative analysis, they were divided into equal percentages (20 people / selected area, cumulating 20% of the total answers), and, by areas, their composition was:

- 1st area: 11 men, 9 women; aged between 20 and 65 years old; areas of residence, 10 urban, 10 rural;
- 2nd area: 10 men, 10 women; aged between 21 and 70 years old; areas of residence, 12 urban, 8 rural;
- 3rd area: 12 men, 8 men; aged between 23 and 58 years old; areas of residence, 10 urban, 10 rural;
- 4th area: 8 men, 12men; aged between 18 and 67 years old; areas of residence, 9 urban, 11 rural;
- 5th area: 10 men, 10 women; aged between 20 and 73 years old; areas of residence, 17 urban, 3 rural.

The respondents were chosen randomly. However, those who were selected to answer had a minimum level of knowledge of the topic.

From a qualitative point of view, the selected respondents were active in the following specialties: oncology, neurology, paediatric psychology, general practitioner, infectious diseases, obstetrics-gynaecology, orthopaedics-traumatology, cardiology.

The motivation to choose various specialties was to identify certain problems, which may have a national character, for as many areas as possible, but we must specify that this information will help us to outline a profile of potential problems, the group being made up of a small number of respondents, insufficient to draw accurate national conclusions.

This factor was diminished, however, through participatory observation sheets, which aimed to complete information and create an in-depth personal perspective on how medical services in Bucharest-Ilfov and Iasi are presented and performed.

Also, the exploratory group of quantitative analysis is represented by a small number of respondents, because the questionnaire needed an operator, and the restrictions of Covid-19 made it difficult to identify people who had clear experiences with the public health environment, at any level - it was preferable to choose people of all ages, divided as fairly as possible by area of residence and gender.

The conclusions we obtained after carrying out these methodological steps helped to draw a national conclusion, allowing, based on an in-depth theoretical analysis and official statistical data, to offer some suggestions for future steps that we can take at to improve the health system.

The information provided by the respondents is subject to the agreement of confidentiality of the data, so that the answers will be presented in a general manner, minimizing as much as possible the identification of any correlation between the respondent, place and answer.

The study period was: March 2021 - July 2021.

The study writing period was: August - September 2021.

The data was downloaded through Google Forms, and the charts were created in Microsoft Excel.

All respondents agreed to participate in this study and benefit from the confidentiality of the data.

From the point of view of the general objective and the specific objectives of this paper, they were successfully fulfilled during the thesis. The sociological information we obtained opened our horizons in order to establish some basic notions that would provide us with a sum of relevant information in the application of methodological norms.

Thus, we will specify the hypotheses and objectives, along with the observations made during the scientific approach, as follows.

H1. The higher the satisfaction of the medical staff, the lower their need to emigrate.

This hypothesis was validated, so that after applying the 9 interviews to the medical staff in Romania, these being, certainly, those who decided to stay in the country, showed certain dysfunctions that the medical system had before policies to prevent the migration of doctors from Romania, proving that for them they were successful and managed to keep them in the country.

The main reasons why they decide to leave the country would be better working conditions and income earnings, which in their opinion is much better related to the work they do abroad than in the country. From the point of view of the reasons why they decided not to leave the country is of an emotional nature, citing family or other personal reasons.

An important perspective related to this hypothesis, which can also be the subject of a national policy, is that certain clinics and hospitals have a special flexibility of the work

schedule, so that some doctors work 2 weeks a month, under specific conditions. In their free time, they can undertake any individual or professional activity they wish. Thus appeared the possibility of having two jobs at the same time, in two different institutions, private and/or public.

I2. If the governmental medical institutions would provide the necessary means to carry out the activities of doctors in optimal conditions, then they would not prefer to work in/ and in private.

The hypothesis was partially validated, following the application of the 9 interviews, we were able to identify the reasons why they work in the private / public environment (or would like to work in / and in the private sector), but we failed to prove that if the state provided all the necessary means for the exercise of the attributions, but also for the acquisition of financial means, they would no longer work in the private environment.

In addition, two of the subjects replied that the reason they do not want to migrate is that they want to set up their own private clinic soon.

However, most of the doctors interviewed believe that personal life is important and advise future graduates not to forget this aspect, but, contradictorily, most work in both environments (or would like to work in / and private), one of the subjects works in a public institution and in 2 other private clinics, at the same time.

The reason why some healthcare professionals work privately is that they have not found, at some point, the opportunities to meet their personal and professional development needs.

Thus, doctors' advice would be to create jobs in the public health system. Overtime and unpaid overtime, and many other issues (mostly related to unpaid overtime work) cause them to work in (and) the private sector.

A social policy that the Romanian state could develop is to facilitate, in certain areas, the creation of new jobs and to hire auxiliary staff with a higher share than in others, observing the degree of evolution of doctors' satisfaction, but also their level of absorption in those areas.

When asked if they feel like they could build a career starting from their present professional position, most of them answered no, which makes us emphasize that the current promotion policy is deeply bureaucratic and difficult, in their opinion.

I3. If the public medical institutions were better equipped, then the population would prefer to be treated in them

This hypothesis was confirmed to us, so that the main reasons why the interviewees preferred to be treated in a private or in the public institution were the following:

- Public institution: free health care; higher competence of doctors; equipping with equipment for any intervention; the existence of an emergency unit and intensive care units;
- Private institution: hygiene; endowment of hospitals; higher competence of doctors; medical attention, patient-centred (empathy); higher quality of health care; employee sociability; organization (the reason being that the schedules are followed, and they don't have to wait in line); diversified range of services.

Also, in order to understand if the doctors negatively or positively influenced the choice of the chosen activity environment in order to satisfy the health need, we asked the subjects how satisfied they are with the public and private doctors. Thus, 48% of the respondents said that they are very satisfied with the doctors from the public environment, an appreciation that was reported only in proportion of 33% for the private environment.

We wanted to identify whether costs can generate the preference to choose the private environment, and we found out that this factor has a negative connotation in the analysis of subjects, 36% of them being very dissatisfied with private prices - only 29% of respondents have stated that they were satisfied with these prices.

By identifying the reasons and causes, we can deduce that one of the social policies that the Romanian state could undertake in order to meet the needs of the population, would be to create policies to regulate unique or recommended standards in the private sector, but also to equip hospitals in the public environment, especially in terms of hygiene.

Most of the problems in the public health system are the same ones that we find since 2014 specified in national and international reports. Resolving some issues was also a cause of the Covid-19 virus, but, as the doctors interviewed pointed out, it is possible that they will disappear with the virus.

I4. The weaknesses of the public medical system outweigh the good ones (in the view of doctors and / or the population)

Hypothesis 4 has been confirmed, so most doctors feel that they cannot build their career, that the political environment is present in making decisions that are not confirmed / consulted with field specialists and they feel that they are not appreciated at their full capacity, so they decided to work in private as well.

In the case of public opinion, as mentioned above, the weaknesses of the public health environment are related to the most important aspect, namely, infrastructure and facilities. The grade (1 minimum, 10 maximum) obtained by the public institution from the citizens being 7.4 (compared to 8.2, the grade obtained by the private sector).

Also, the interaction with the hospital environment in Romania as a result of the infection with Covid-19 was evaluated with 6.8 by the citizens, in terms of direct contact. The interaction with DSP was evaluated with 7.9 points, being more appreciated by the interviewed subjects.

I5. The perception of the medical staff and the population is better than the private environment than the public one

This hypothesis was confirmed by combining all the factors added to I3 and I4.

I6. The higher the level of government involvement in the implementation of policies, the more satisfied the population and the medical staff will be.

Hypothesis 6 was partially validated because the medical staff and respondents participating in the sociological field research are not satisfied with the current involvement of the Romanian Government in solving the problems related to the public health system, but we failed to reach a clear conclusion on how it will increase the satisfaction of the population if certain changes take place from the aforementioned institution.

This hypothesis can be explained from the point of view of the ambiguity of the answers, in view of the fact that, at present, Romania is in an exceptional public, under the threat of a global epidemic. Thus, the decisions and measures taken by the Romanian Government, as well as other governments at European level, are hasty and exploratory, the effects of many of the measures can not be predicted, the reason being that the current epidemiological situation allows us to have a short-term vision.

However, certain social policies aimed at increasing public confidence in public institutions would be appropriate, and educating the population about the roles of government

institutions and ministries would help the population to identify more easily which decision-making systems work effectively. , but also those that do not work exactly optimally, especially in such an active period in terms of changes in decision-making roles at the national level.

17. Covid-19 views are divided among the population and healthcare professionals, the causative factor being the social perspective, which does not fully understand the situation, but also the lack of positive and negative information in the media.

Hypothesis 7 has been partially confirmed, showing that people have divergent views and attitudes about what has happened and continues to happen socially and institutionally due to Covid-19. However, we cannot clearly identify the reason behind these confusions and contradictions.

One of the reasons invoked during the analysis of the governmental platforms provided by the Romanian Government, but also by the European Union, I identified that those provided by the Government are very tangled and confusing in order to understand the measures they require, but also the reason behind them.

Also, even doctors seem to be dual when analyzing this topic, believing that the media influences, sometimes subjectively, the perception of the population on doctors and on Covid-19.

What is certain is that after analysing the doctors 'advice for society', most of them recommended that the citizens pay attention to the sources of information and check what they are doing, based on the doctors' advice, recommending them to trust them and their expertise.

In terms of the evolution of health during Covid-19, 53% of those surveyed believe that it was not affected by any virus. 21% of respondents considered that their health had improved and 17% considered that it had not improved.

In addition to this indicator, we asked a series of questions with closed, simple answers, in testing the possibility of explaining what people wanted to transpose, in fact. 52% of those interviewed had Covid-19, and 47% of them indicated at least one other family member who had this virus, 63% also indicated that a friend or acquaintance had this virus.

35% of those surveyed were tested against Covid-19 - 21% indicated a family member who was tested against Covid-19 and 46% indicated a friend or acquaintance who performed such a test.

Regarding the origin and existence of the virus, 89% of respondents believe in its existence, being 91% of the opinion that this virus was created artificially. Also, 63% of

respondents believe that the virus has not affected them personally, and 74% indicate that their family has not been affected by this virus - a relatively high percentage is also found in the indicator on the group of friends and acquaintances, 80% of respondents believe that it has not been affected.

Respondents' optimism continued, with 72% believing that the Covid-19 epidemic had its ups and downs, but 90% believe that people have lost their jobs due to the virus.

Guilt is collectively attributed to the existence of the virus at this time, so 73% of the subjects believe that we are all to blame, and 64% of them believe that the situation would improve if we followed the Covid-19 measures, increasing the chances that let this virus go away. On the other hand, 87% of respondents participated in events that did not comply with the rules of prevention Covid-19 and only 21% of subjects always disinfect their hands when they reach a destination.

However, 73% of subjects always wear a face mask when required by the rules, and 67% of respondents believe that the social environment is responsible for compliance with Covid-19 rules.

Apparently, the closed indicator series gives eligibility to statistics that 70% are neutral and positive about the influence of Covid-19 virus on their personal condition, even if most respondents had Covid-19 or know a family member or have friends. and acquaintances who have suffered from the effects of this virus.

From the point of view of subjective perception, people do not seem to be so affected now, more than 1 year since we cohabited with this virus, and external and internal factors seem to be accepting the current situation, focusing on preventing and stopping the evolution of the virus (89% believe in the existence of the virus; 73% state that they wear a mask when the rules require it and 67% are aware of the importance of the social environment to fight the Covid-19 epidemic).

Asked about the degree of satisfaction with the rules imposed by the Romanian Government to combat this pandemic, only 40% say they are satisfied and very satisfied, which may show a place for policy improvement, involving society's views in the decision-making apparatus.

Among those who contacted the public institutions (17% hospitalized, 55% with DSP), they evaluated, on a scale from 1 to 10, the interactions as follows: 6.8 for the interaction with clinics and hospitals; 7.9 for interaction with DSP.

People's opinions on how Covid-19 influenced the public health system, 54% of respondents believe that the influence was negative, and 46% of them believe that the influence was positive.

Thus, we specify the main areas mentioned by the respondents according to the frequency with which they were identified, as follows: the improvement of the conditions in the hospitals (28); training of medical staff (20); educating society (18) and bringing to light some shortcomings in the system (18) - it should be noted that the question allowed multiple choices, so the number indicated is for all choices made for that indicator, not representing the number of unique answers.

These areas should be the subject of a social policy to inform the population about the measures that the ministries and the Government of Romania want to take in order to develop the public health system in this direction.

In order to validate the conclusions of this paper, two active participatory observation sheets were carried out, which attest, without contradictions or other additions, what the doctors and patients confirmed to us. Thus, the hypotheses were validated through applied questionnaires, completed through sociological interviews, but also verified based on the observation of both environments of activity in the field of public health.

All the objectives assumed for this paper have been met, so that opinions and recommendations have been formed for each group of indicators of analysis and hypothesis listed in the previous stage and specified in the methodology, but also in the introduction of the paper.

Summarizing what we have assumed in this paper, we recall:

- Identifying the degree of satisfaction of medical staff at work, depending on the system in which they work - private / public;
- Identifying the level of endowment of public and private health care institutions, evaluated through those in the front line;
- Identifying the strengths and weaknesses of the Romanian medical system, from the point of view of the social perspective;
- Identifying the degree of the governmental involvement in combating deficiencies in the public health system, the private environment being analysed as an explorer;
- Identifying the degree of safety at work, perceived by medical staff and employees in the health system;

- Identifying the motivation to keep a job on the national territory;
- Identify how the current Covid-19 situation has influenced the national medical system;
- Identifying possible perspectives and recommendations of specialists, emphasizing the general needs of the population;
- Identifying the degree of patient satisfaction in relation to the medical services they have received in the last year;
- Discovering the way in which they interact with medical services - preferences related to the public or private environment;
- Assessment of the health status of individuals, subjective, through the group chosen as eligible to participate in this research, but also the national one, by analysing national and international statistical data in the field of public health;
- Identifying the patients' perspective towards the medical services provided by the medical staff by activity environment (public / private);
- Establishing the level of trust in the information provided by medical specialists in the media.

This thesis was intended to be carried out in order to allow further studies in the field of medical sociology at the national level to take place, in order to verify the hypotheses that we have validated, wholly or partially, with the help of the representative groups, at the national level.

The tools used, such as the questionnaire, the interview guide and the participatory observation sheet can be the basis for future sociological field research, helping other researchers to improve their own tools, having the opportunity to verify the effectiveness of the indicators used in this methodology. of information that it reveals in terms of actual results.

The conclusion of the thesis is that the public health system must work with the private system, as in other states, the best example being Germany, and identifying ways to satisfy the population and doctors in relation to the quality of services. it must be analysed in the field, with all social actors involved in decision-making.