JOURNALISTS PERCEPTION ON THE CORRUPTION IN THE ROMANIAN HEALTH ADMINISTRATION

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We made a descriptive exploratory research, trying to analyze how journalists evaluate the health administration’s performance. Mainly, their main complain is the lack of transparency. The authors prove that journalists don’t analyze the performance in public management terms, but according to the institution’s image. The structures which are able to receive informal payments are considered more influential than the health trade unions and professional associations. Media consider that the College of Physicians is responsible for hiding malpractice cases, reflecting a problem of fair assignment of responsibilities. Another problem is related to the self-censorship generated by the expected reaction from the public.

Keywords: corruption, mass media, transparency, institution image, influential, self-censorship.

MEDIA contributes in a high extent in establishing the public agenda. Cohen, quoted by McCombs, asserted that the press, even if can not make people see an issue in a certain way, it can always make them think at that issue (McCombs, 1972, p.177).

For those who are interested in the health management it is essential to know how journalists evaluate the administration’s performance regarding the corruption in this field.

In this view we performed a descriptive exploratory research, (based on a questionnaire with closed questions), selecting a representative group for the media, interested in the analyzed phenomenon (quality type newspapers and television stations, with national distribution). The answers allow us to appreciate the media knowledge concerning the functioning of the health administration, which institutions are responsible for combating corruption in health and how many of them are considered of greater confidence on the part of journalists.

Thus were selected a number of 7 central newspapers and a number of 2 television channels with national coverage, 12 editors, reporters and chief editors answering, in October-November 2007, to 64 questions.

Questions concerned the most frequently practices involved in corruption. Thus, corruption is defined or identified as a type of behavior that deviate from official duties of a public office in order to fulfill some kind of pecuniary interests, or to acquire a higher status, or to violate some rules under the influence of certain types of private interests. This type of approach includes bribery, nepotism and illegal acquisition of goods (Heidenheimer, 1989, p. 966).

Factors that lead to corruption include lack of qualified personnel to manage auctions, legislative problems and the existence of powerful networks linking officials to the business interests. Authorities can develop some rules in order to facilitate corruption. Contracts can be fixed through an illegal agreement between providers and the preparation of the tender documents is made in such a manner in order to favor a particular contractor. Another widespread practice is that of the commission, a form of bribe considered normal even before the start of negotiations for acquisition. Sometimes, public employees increase the amount of commission, putting in front of companies two alternatives: either adapt to new levels of bribery, either to withdraw. Most of the companies that win the public auctions are those including among their shareholders officials from the public administration, or their relatives. (Open Society Institute, 2002, pp 169-171).

METHODOLOGY

Questionnaires with questions about the perception of fraud and corruption in the health sector have been completed by 12 journalists. Their selection was based on the frequency with which their media institutions analyzed phenomena related to corruption in health over the past three years (at least one inquiry per month, in newspapers, or news / IP television at every month). A number of 7 central newspapers and a number of 2 TV stations with national coverage were thus selected. Those who filled questionnaires were either reporters / editors who deal directly with health field or those working on inquiries and investigations on corruption in general, but who were involved in the investigation of cases related to health; there have been 2 cases in which the questionnaire was completed by the editor in chief of the newspaper. All institutions have their headquarters in Bucharest, most having territorial offices. Questionnaires were filled in October 15-November 15, 2007. The number of questionnaire is greater than the number of answering institutions because, there were cases in which more persons have answered in an institution, being specialized on corruption as we mentioned before.
Interpretation of responses was done by grouping the degree of intensity of the response scale as follows:

- 1-4 - low intensity;
- 5-7 - medium intensity;
- 8-10 - high intensity.

Interpretation was based on the specific answer for given question. On this basis, answers were grouped for each question, and in some cases the amount of answers can be bigger than 100% because one respondent could give several answers.

**Results**

Journalists were asked, first, to answer a set of questions about how the providers could obtain contracts with public health (Ministry, NHIH, local health authorities, public hospitals, etc.), in the last three years (2005-2007).

The perception of 80% of respondents is that there were made adjustments to the terms of reference in favor of some competitors in the tender. In an even higher proportion, it was estimated that there bids submitted by competitors who had a previous understanding between them, at organizers’s demand. This proportion of answers is maintained concerning the problem of modifying the contractual terms during contract duration are amended, including increasing the value of the contract after its award.

The most common situation the media is suspecting is that the lack of transparency is seen as a rule in public contracts award.

The next question for the journalists was to assess the public acquisitions proceedings in health administration institutions for the mentioned period (2005-2007), taking into consideration elements such as transparency, fair and open competition and lack of bureaucratic barriers artificially created, professionalism and fairness of organizers.

By comparing the answers it has become obvious that the lowest quality in terms of public acquisitions is encountered in public hospitals, followed by the NHIH, DHIH and MoH.

Regarding fairness of health institutions in relation to population, CMR (Colegiul Medicilor din Romania - Romanian College of Physicians) and CNAS (Casa Națională de Asigurări - NHIH National Health Insurance House) have the lowest level. The most ineffective institution, according to journalists, is NHIH and generally the insurance system, which is perceived as the major responsible for managing resources in the health system. Most of the media opinions is that corruption in health remained unchanged in 2005-2007, compared to the previous 4 year period. Journalists believe that medical firms are forced to informal payments to obtain or maintain contracts with various health institutions, however, the frequency of this practice is perceived to be less than between 2000-2004.

A particular form of corruption is represented by the influences exerted by decision-making actors, when the public interest is ignored in favor of group interest. Question on this issue has been made in general terms: "How big is in your opinion the ability to influence decisions of public health institutions, of next players ". Journalists have found that the group of drug manufacturers and distributors had the most important influence in decision making in the analyzed period, followed by pharmacy chains and the College of Physicians.

The main obstacles in the functioning of health system in Romania have been concluded to be, firstly, the inefficient management at both central level, NHIH and MoH, as well as at the level of the hospital as the main user of the health funds. Another question was preceded by listing auctions/acquisitions launched by the Ministry of Public Health during the previous 2 years which have not been completed when the questionnaires were applied (the purchasing of 11,000 laptops for family doctors, acquisition of consulting services for the rehabilitation of district hospitals, the acquisition of more than 1,500 ambulances, the purchase of medicines for the national programs, worth over 400 million). In the view of most interviewed journalists, the delay in finalizing these acquisitions is due mainly to corruption in the system and much less to the incoherent legislation.

The assessment of the health status of population (Programul Național de Evaluare a Stării de Sănătate a Populației/PNESSP) initiated by the Ministry of Health was perceived as having the primary purpose of contributing to promoting the image of its initiators, closely followed by the perception that the program tried to finance some private laboratory from public funds. Less than one third of respondents saw the program as a response to real needs of the health of the population.

Most respondents considered the performance of health system in Romania as poor and very poor. According to the respondents, resource allocation system has been made, primarily based on political influence, personal interests of decision makers and to a much lower extent based on preset, transparent and public criteria.

The practice by which different private companies pay or grant benefits to officials of the health system in order to obtain benefits (contracts, information, etc.) was perceived as being very common, but decreased compared to the previous government.

Despite mostly negative assessments, especially regarding the competence and honesty of people from health management system, the opinion of most journalists is that the healthcare system works in a good direction.
Chart 1*. In the past 3 years (2005-2007), relating to contracts with public health institutions (MoH, NHIH, local health authorities, public hospitals etc.) do you know (directly or indirectly) how often have the following types of practices were encountered?

- a = Adjusting the terms of reference for the advantage of certain competitors
- b = Submission of offers by the competitors which agreed to each other, upon the request of organizers
- c = Change in contract terms during the execution of the contract, including increase overall value of the contract after awarding it
- d = Discouraging participation in the auction/offer selection by the authorities
- e = Lack of transparency as to contracts award procedures

Chart 2*. In your opinion, for the past 3 years (2005-2007), what do you think about the procedures for public acquisitions in the following institutions? Evaluate these procedures taking into account factors such as: transparency, direct and open competition, lack of bureaucratic barriers artificially created, professionalism and accuracy of the organizers:

- a = Public Health Ministry MoH
- b = National Health Insurance House NHIH
- c = District Health Insurance Houses DHIH
- d = Central and District Public Health Authorities/ Directorates
- e = Public hospitals

Chart 3*. In your opinion how accurate are the following institutions as to their relationship with the population and in the business Health environment:

- a = Public Health Ministry
- b = National Health Insurance House
- c = College of Physicians
- d = College of Pharmacists

Chart 4*. How effective do you find the following institutions from the health sector:

- a = Public Health Ministry MoH
- b = National Health Insurance House NHIH
- c = County Health Insurance Houses DHIH
- d = Central and District Public Health Authorities/ Directorates
- e = National and Local Public Health Institutes
- f = Public Hospitals

*Data source: The research study regarding the journalist perception on the corruption in the Romanian health administration, 2007
**Chart 5**: Compared to the previous situation, do you think that in the past 3 years the phenomenon of corruption of the health system ...:

<table>
<thead>
<tr>
<th>Option</th>
<th>No of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't know</td>
<td>4</td>
</tr>
<tr>
<td>Diminished</td>
<td>5</td>
</tr>
<tr>
<td>Unchanged</td>
<td>9</td>
</tr>
<tr>
<td>Increased</td>
<td>8</td>
</tr>
</tbody>
</table>

**Chart 6**: In your opinion how often companies in the medical field need to pay unofficial amounts to win or maintain contracts with various health institutions?

**Chart 7**: How do you evaluate the capacity of the following actors to influence the decisions of the public health institutions?

**Chart 8**: In your opinion, it is an obstacle to the medical market development in Romania:

**Chart 9**: Do you think that the bad functioning of the health system, according to numerous studies and opinions expressed in media, is caused by:

**Chart 10**: In the past 2 years the Health Ministry launched public auctions/purchases which have not been finalized:

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QUALITY MANAGEMENT

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Journalists believe that the corruption level increases towards the pyramid bottom

The level of corruption increases, according to journalists, as the administrative level decrease: Ministry of Health is seen as having better quality acquisition procedures than the county authorities, and these, at their turn, have better procedures than hospitals. In this evaluation should be taken into account the followings: the assessment of quality was pre/ determined in the answers (transparency, lack of bureaucratic obstacles, organizers professionalism), the lack of transparency was the main corruption technique incriminated and that the interviewed journalists represent Bucharest media institutions. They primarily receive information from the central structures of government, which they know better, and which are more transparent and more interested in public communication.

Central structures are credited with more professionalism than the local ones. Therefore, journalists could have the impression that the procedures are followed rather at the top of the pyramid than to the bottom. They consider for example, the large number of contracts involved by the daily activity of a hospital, as being similar to the same number of acts of corruption. Even though the Ministry of Health, organizes few auctions, by undertaking high value contracts, has a considerable impact on the field. Note that most participants in this study believe that the most commonly used method of corruption is the pre/ existent understanding between competitors in an auction, namely at the organizers demand. If this really happens, the likeliness to occur later misunderstandings, complaints and press scandals, is reduced in proportion to the number of small contracts and firms involved. Instead, hospitals or insurance county structures, which have many contracts, are often involved in press scandals.

In addition, the Ministry of Health which coordinates and controls the hospitals and Insurance Houses, is responsible for the way these structures organize public auctions. Their lack of professionalism and transparency should be charged to the Ministry as well, but it seems that journalists consider them as autonomous structures, the liability being individualized. When questions are specific (about failed acquisitions conducted by the MoH or the assessment of health program) the perception that acts of corruption are involved predominate, but when assessments of procedures

CONCLUSIONS

The lack of transparency is considered by the media a corruption mechanism, as well as a major obstacle.

All the mechanisms of corruption mentioned by the experts were identified by journalists as being present in the process of public acquisition in health. Mainly, however, journalists complain about the lack of transparency. This is a practice specific to administrations that try to hide the facts of corruption, but also a major impediment in editorial activity. Complaints related to the administration transparency were expected, because the health system, as other high expertise systems, is difficult to be kept under control by the representatives of public opinion, who would need specific training in this regard. The journalist should have knowledge of medicine and be familiar with the health management. Journalists who are not trained in this field must rely on the experts opinion, but who are are part of decision makers in the field.

Further research could verify a hypothesis advanced in this exploratory investigation, that the institutions which ensure an increased level of transparency are perceived by journalists as being less corrupt than the opaque ones.

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are made, in general, the Ministry is well positioned. As for the effectiveness of public institutions, the Ministry has been better appreciated than the NHH, which proves that journalists don’t analyze the performance in public management terms, but according to the institution image. The NHH is seen as an inefficient structure because it has not generated the expected financial resources. The Ministry of Health managed to transfer its negative image to the insurance system.

In terms of traditional public administration, efficiency should have been appreciated through the manner of the budget implementation is conducted (Pâunescu, 2008, p. 39). This, however, is consistently lower in the case of Ministry of Health than in the National Health Insurance House, for the examined period.

Another indicator of permeability to corruption is the capacity of influencing the decision. Journalists opined that the companies and pharmacy chains have a higher capacity to influence decisions than the College of Physicians. So, structures which are able to make informal payments or provide other material benefits are considered more influential than structures assimilated to professional associations and which put together experts in the field.

The College of Physicians, charged with responsibility for solving malpractice cases

Regarding correctness of health institutions in relation to the population, the lowest assessment degree is granted to the College of Physicians (and to a lower extent to the Insurance House, probably because of all the deficiencies in the system as well ). Thus, this position is expressed by the main part of media, which consider the College of Physicians responsible for hiding malpractice cases. There are not other critics in the press regarding the College. The result therefore reflects a problem of fair assignment of duties and responsibilities. In reality, the Ministry is the representative of the population and bears responsibility for the system’s performance. The College of Physicians is a professional body, with responsibilities in the licensing, control and supervision of medical profession, according to the law. Moreover, the Ministry of Public Health watches the way the College of Physicians respects the legal provisions (Law 95/2006, art. 3).

As for the mentioned cases, at the time of this questionnaire, already a monitoring committee for cases malpractice was operating, for the county public health authorities and Bucharest. The Ministry has the responsibility, by law, of coordinating the quality control of medical services, conducted by local authorities for public health.

Negative feedback with respect to the College of Physicians are surprising in the absence of critical editorials about the experts who lead this institution (which are also the heads of universities or clinics and led until 2006, most hospitals). A possible explanation is the protection of sources of information. The information in the medical field has a high percentage in the news flow. Since the 80s, the Western media found that the news in science begin to be dominated by information from the biomedical field. Moreover, the style of news related to science adopted the rhetoric used by the news of biomedicine: the information is personalized, selecting cases, in particular emotional, makes reference to the risk and provides practical advice, enhanced by the expert authority (Bauer, 1998, p.732 ).

Thus, journalists need the professional leaders who are both sources of expertise and casuistry. Therefore, this will lead institutions to tend to avoid assigning responsibilities, except those who are able to use also journalists independent of the field sources.

Self-censorship has tempered PNESP critics

Another problem suggested by this exploratory research is related to the self-censorship generated by the expected reaction from the public.

Although journalists consider PNESP as an image manipulation (i.e., even-tually, a form of corruption, the giver-nor get a help from the administrative act) and sending money to private laboratories, critical articles from the National Assessment of health Population Program were less numerous, where the predominant ones are the neutral information ones. Criticisms aimed especially failures in delivery of coupons for free analysis and less the efficiency with which considerable funds have been spent (200 millions euro). As a result of editorial experience, we can say that journalists expected that the population to appreciate that all this was free of charge, as with other benefits offered by the authorities, so they avoided issues that could annoy the public.

Surprisingly, the journalists consider the system to go in a good direction, although they have a predominantly negative view on the correctness of the persons who manages it and on the practices in the system. It is possible that feedback to be influenced by the general context: sustainable economic growth, integration into the European Union, increased allocation of resources in healthcare, enabling institutions and mechanisms to combat corruption at national level. As a result, although they had not confidence in the system administrators, journalists appreciate it will improve.

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