Explaining informal payments in the Romanian public health care system

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Abstract

Informal payments in the public health care system represent one of the most sensitive topics in the medical world. It is also a subject of interest for many researchers. As evidenced by reports from various European institutions, a catalyst for their use was the COVID-19 pandemic. Among all the countries of the European Union, Romania was reported with the highest rate of use of these payments. With the support of parallel marketing research, carried out both among patients in Romania and among medical staff, it is demonstrated that they do not consider such practices natural. However, following the conclusions, in order to stop this trend, it is recommended, among other things, to reduce the institutional asymmetry, to tighten the penalties for the medical staff who accept such payments or to stimulate the medical staff, by increasing their salaries.

Keywords: informal payments, COVID-19, patients, public health care system, institutional asymmetry

Introduction

The way in which a public health system works can represent, in some cases, the business card for a more effective treatment, a more stable job or a more efficient work environment. Often, the perception of this mechanism is formed with the support of patients who are treated in medical units. Following the encountered experiences, they express their opinion about the service they benefited from, emphasizing the relationship developed with the medical staff. Thus, they can also influence the behavioural intentions of their entourage (Zarei *et al.*, 2014; Zeithaml *et al.*, 1996).

If the reaction of the people who have benefited from medical services is positive, future patients can be encouraged to undergo treatment at the same facility. In other cases, however, it is possible that the patient is not completely satisfied with the service received and will give negative feedback. In addition to this, there may be certain signs that form a negative perception about the

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respective health system even before actually making contact with it. One of the signs can be represented by the use of informal payments (Cherecheş *et al.*, 2011). During the COVID-19 pandemic, among all the member countries of the European Union, Romania (22%) and Bulgaria (19%) were registered with the highest incidence of bribery in the public health sector (Transparency International, 2021). It is all the more serious as they are requested by the medical staff who receives a salary for this activity.

A health system in which the use of informal payments is promoted can lead to a decrease in trust in doctors and authorities in general (Horodnic *et al.*, 2021; Incaltarau *et al.*, 2021). Therefore, this paper aims to assess the perceptions of patients in Romania regarding the use of such practices in the medical system, but also those of the medical staff (resident doctors, specialist doctors, primary care doctors, nurses) both regarding their request or reception. For this, will be conducted a parallel research among the members of the two target groups from the North-East region of Romania. The research tool will be a questionnaire, which will have a similar set of questions, adapted for each category of respondents. The questionnaires will be distributed online. Also, at the end of the two studies, certain measures will be proposed to support the decrease in the rate of use of informal payments.

1. Literature Review

1.1. What are informal payments?

Only if we analyse the number of definitions given to the concept of informal payments in the medical system, we can see the importance of this topic for researchers. According to a study, until 2012 there were no less than 61 official definitions for this notion (Cherecheş *et al*., 2013), from the simplest to the most complex. This can be perceived as a challenge, due to the lack of a generally accepted definition for the notion of informal payments (Lewis, 2000).

According to a definition formulated by Lewis (2000, p. 1), informal payments represent "payments to individual and institutional providers, in kind or in cash, that are made outside official payment channels". Thus, we can consider that this practice is an unofficial one, secretly, so as not to be noticed by the responsible bodies (Thompson and Witter, 2000). The same author states that informal payments are "purchases that are meant to be covered by the health care system" (Lewis, 2000, p. 1). The definition highlights two aspects. The first is that of the fact that the public health system does not make every effort so that all patients benefit from the services they need. The second

aspect refers to the fact that these practices may represent certain additional payments, if they have already been made by the responsible authorities.

Also, other authors formulated a more complex definition, which looks like this: "a direct contribution, which is made in addition to any contribution determined by the terms of entitlement, in cash or in-kind, by patients or others acting on their behalf, to health care providers for services that the patients are entitled to" (Gaal *et al.*, 2006, p. 276). The definition continues the previously mentioned ideas, especially those related to the surcharge. Although patients want to benefit from the services to which they are entitled in their original form, unfortunately, for some reasons, they may have to or even intend to pay additionally.

A definition that can also explain the patients' motivation to make such payments was formulated by Gaal (2006, p. 73): "at the systemic level, informal payments can rather be explained as the response of patients and doctors to the shortages generated by the state's socialist health care system". It can be said that local authorities can be considered triggers of informal payments because, at certain times, they do not pay special attention to the needs of this system. At the same time, the communist past of certain countries can cause this reaction (Williams and Horodnic, 2018). As was presented in the introduction of the paper, during the COVID-19 pandemic, Romania and Bulgaria were the countries in the European Union with the highest rate of use of informal payments among patients (Transparency International, 2021).

In addition to the definitions, the literature also presents several terms that are assimilated to informal payments. Among them, there are: 'bribes/bribe payments'; 'envelope payments'; 'gratitude payments'; 'informal payments'; 'red packages/envelopes' (Chereches *et al.*, 2013); 'out-of-pocket payments'; 'semi-official fees' (Balanova and McKee, 2002); 'under-the-table payments' (Chereches *et al.*, 2013; Delcheva *et al.*, 1997); 'under the counter payments' (Delcheva *et al.*, 1997; Balanova and McKee, 2002); 'unofficial payments' (Chereches *et al.*, 2013; Ensor, 2004).

The following section discusses the main reasons for the use of informal payments in the medical system.

1.2. Reasons for using informal payments

A few years ago, it could be said that the existence of informal payments and their intensification were based on the lack of understanding of their origin, the causes that trigger them or the effects they can have (Gaal and McKee, 2004). Over time, however, researchers have tried, through their efforts, to identify some reasons that can be the basis of the acceptance of such practices, both on the part of the medical staff and on the part of the patients. These can be classified into four

categories: ‘economic factors’; ‘socio-cultural factors’; ‘service delivery challenges’; ‘legal-political factors’ (Arab *et al.*, 2022).

When we refer to economic factors, we can talk about the salaries of medical staff and how the health system is financed (Schaaf and Topp, 2019). In order to increase their motivation at work, medical staff would need an increase in the income they obtain and which they consider low (Jaminson *et al.*, 2006). Thus, due to the legislation, which limits salaries to a certain level, they prefer to request unofficial payments for the medical services. At the same time, the category of economic factors could also include situations in which medical units do not benefit from tariffs proportional to the level of inflation or from timely payment of financial claims by insurance companies, things that make the activity difficult (Arab *et al.*, 2022).

Over time, according to reports published by internationally recognized organizations, the rate of use of informal payments has recorded different values from one country to another. This can be attributed to the culture of the respective countries. It guides individuals to make a difference between what is appropriate and what is not appropriate or between what is according to the law or against it (Kaufmann *et al.*, 2018). Also, when we discuss socio-cultural factors, we have in mind the following things: ‘lost trust’; ‘corruption’; ‘value culture’; ‘public/patient awareness culture’; ‘community participation’ (Pourtaleb *et al.*, 2020, p. 3). A lack of trust in public institutions, in collaboration with the existence of cases of corruption or a non-involvement of the community in the decisions made at the central level, lead to the emergence of institutional asymmetry. This phenomenon is based on the lack of alignment between the norms, values and beliefs of informal institutions, on the one hand, and the formal laws and regulations of society, on the other hand (Horodnic, 2021). Thus, its existence will further encourage informal payments (Horodnic *et al.*, 2022a).

Another reason for making informal payments is represented by the challenges encountered in the provision of services by medical staff. Among these internal issues are: “employee motivation”; “poor human resource management”; “the authority of the medical staff”; “the level of education of the medical staff”; “moral/ethical problems of medical staff” (Pourtaleb *et al.*, 2020). These things, collaborated with the use of informal payments, can only lead to the worsening of the medical system (Giannopoulou and Tsobanoglou, 2020). Despite such situations, in the hope that they can reduce the waiting time or that they can receive services of a higher quality, patients offer informal payments to the medical staff (Doshmangir *et al.*, 2020).

Last but not least, informal payments in the medical system can also be based on legal-political factors. These things can be looked at from two perspectives. On the one hand, due to an imbalance of human resources, doctors lack control or monitoring (Pourtaleb *et al.*, 2020). This can even lead

to bribery among medical staff, especially among ambulance staff, to find them patients (Parsa *et al.*, 2015). On the other hand, at a wider level, including patients, because of the low level of sanctions that can be applied to them, they are encouraged to make informal payments (Lewis, 2007).

Considering these aspects, we carried out two marketing researches, one among patients and one among medical staff in Romania. Their aim was to observe how they perceive the use of informal payments in the public health system. The results will be presented in the following sections.

2. Research Methodology

The present study aimed to understand the phenomenon of informal payments in the public health care system in Romania and the evaluation of deterrent measures. To achieve this, two parallel marketing researches were conducted. One of them was addressed to patients who have or have not benefited from medical services within the public health system in the North-East region. The second research was conducted among medical staff employed in the public health system in the same region of Romania.

The tool of the two researches was represented by a questionnaire. In addition to the questions that referred to the socio-demographic data of the respondents, the form also contained simple answer items and questions that required the use of a 10 point Likert scale (from 1 - Strongly Disagree to 10 - Strongly Agree).

The questionnaires were distributed between May and November 2022, online, through social networks and personal connections among the respondents. The average time to complete each form was 20 minutes. Even if the topic chosen for the two researches is considered a more delicate one, the respondents chose to complete the received questionnaire, being sure that all the information provided will be confidential, anonymous and used only for the stated purpose. In any case, the people surveyed could withdraw from participating in one of the studies at any time.

Next, the two research samples will be presented one by one. The first sample is that of people who have or have not benefited from medical services within the public health care system in the North-East region of Romania. No less than 460 people completed this questionnaire. Details about their profile are presented in Table 1.

Of the total, 68% were female, while 31% were male. 1% of the respondents refused to mention their gender. For the majority of respondents (63.4%), the highest level of education refers to high school. When was discussed the permanent residence, most stated that they live in the urban area (62.6%).

Table 1. Sample structure (patients)

Variable		%
Gender	Female	68%
	Male	31%
	I refuse to answer	1%
Residence	Urban	62.6%
	Rural	33.5%
	I refuse to answer	3.9%
Education level	No studies	0.4%
	Gymnasium	0.2%
	High school	63.4%
	Post-secondary school	2.2%
	Undergraduate studies	27.3%
	Master studies	4.7%
	Doctoral studies	1.3%
	I refuse to answer	0.5%

Source: own processing

The analysis of the results collected from the medical staff employed in the public health care system in the North-East region of Romania will be carried out on a number of 53 completed questionnaires. Also, in their case, the details about the socio-demographic profile are centralized in a table (Table 2).

Most respondents were female (84.9%). Regarding the marital status, 58.5% of the respondents were married, 28.3% unmarried, and 11.3% were, at the time of completing the questionnaire, in a relationship. Last but not least, regarding the level of completed studies, 56.6% of them completed their undergraduate studies.

Table 2. Sample structure (medical staff)

Variable	**Gender**		**Marital status**			
	Female	*Male*	*Married*	*Unmarried*	*In a relationship*	*I refuse to answer*
%	84.9%	15.1%	58.5%	28.3%	11.3%	1.9%
Variable	**Education level**					
	Post-secondary school	*Undergraduate studies*	*Master studies*	*Doctoral studies*	*I refuse to answer*	
%	11.3%	56.6%	13.2%	17.0%	1.9%	

Source: own processing

3. Findings and discussion

In Table 3, can be observed some descriptive statistics about certain topics followed in our parallel marketing research.

Table 3. Descriptive statistics

Items		N	Min.	Max.	Mean
Giving/Accepting 'envelope payments' in the health care system.	Patients	460	1	10	2.88
	Medical staff	53	1	10	2.13
Giving/Accepting valuable gifts in the health care system.	Patients	460	1	10	2.85
	Medical staff	53	1	10	2.00
The use of informal payments after receiving/providing medical care.	Patients	460	1	10	3.23
	Medical staff	53	1	10	2.35
The use of informal payments before receiving/providing medical care.	Patients	460	1	10	2.68
	Medical staff	53	1	8	1.75
Giving/Accepting informal payments because they were asked/requested.	Patients	460	1	10	2.21
	Medical staff	53	1	10	1.77
Giving/Accepting informal payments because they were not asked/didn't ask.	Patients	460	1	10	3.20
	Medical staff	53	1	8	1.84
Giving/Accepting informal payments as a sign of gratitude.	Patients	460	1	10	4.32
	Medical staff	53	1	10	2.66
Giving/Accepting informal payments if the patient suffers from a serious condition.	Patients	460	1	10	2.97
	Medical staff	53	1	8	1.60
Giving/Accepting informal payments if the medical service is of a superior quality.	Patients	460	1	10	4.13
	Medical staff	53	1	10	2.13
Giving/Accepting informal payments if they do not trust the public medical system.	Patients	460	1	10	6.23
	Medical staff	53	1	10	3.30
Giving/Accepting informal payments because the public health system is not sufficient funded.	Patients	460	1	10	7.07
	Medical staff	53	1	10	5.45
Giving/Accepting informal payments to be treated/to treat patients with more respect.	Patients	460	1	10	6.60
	Medical staff	53	1	10	2.92
Giving /Accepting informal payments, because they do not know the sanctions that can be applied to them.	Patients	460	1	10	6.60
	Medical staff	53	1	10	3.86

Source: own processing

A first aspect followed in our study was represented by the way in which the practice of informal payments is perceived in the health care system. Considering the average score obtained for each item, whether we are talking about 'envelope payments' (M = 2.88) or valuable gifts (M = 2.85), patients do not consider such gestures acceptable. Among the medical staff, whether is discussed the receiving 'envelope payments' (M = 2.13) or valuable gifts (M = 2), the situation is similar.

If we talk about when informal payments can be offered to medical staff, patients do not have significantly different opinions (M = 3.23, after receiving medical care; M = 2.68, before receiving medical care). Even if the scores differ, slightly, those among the medical staff maintain their previously presented point of view, regardless of when such actions may take place (M = 2.35, after providing the medical service; M = 1.75, before providing medical care).

Often, when we talk about the use of informal payments in the health system, the most important role is that of the staff in the related structures. Thus, their attitude can be decisive in accepting or rejecting less legal practices. Even so, the surveyed patients do not consider it acceptable to offer informal payments either to medical staff who request it (M = 2.21) or to those who do not request such payments (M = 3.20). And in the case of medical personnel, the situation is similar. Whether we are talking about expressly requesting this (M = 1.77), or discussing the intention not to request such payments, but the possibility of receiving (M = 1.84), the medical staff does not agree with these practices.

The situation changes a little when an act of gratitude towards the medical staff is brought up. For example, with an average score equal to 4.32, patients are almost neutral when asked to evaluate the degree of acceptability of informal payments to medical staff to show their gratitude. These things could be based on a long-term relationship with the medical staff in question, or perhaps the treatment of a more serious illness that the patient has been diagnosed with. Conversely, with an average score equal to 2.66, medical staff do not change their attitude and do not agree with receiving informal payments even when they are made as a sign of gratitude.

In some cases, the severity of a particular patient's illness may be another reason for using informal payments. Even so, the patient respondents do not agree, even this time, with offering any stimulant to the medical staff (M = 2.97). This can be attributed to the fact that patients must benefit from the services they would need, because it is their right. At the same time, the medical staff also do not consider it natural to receive informal payments if the patient suffers from a serious condition (M = 1.60). This can tell us that the workers in the health system respect their job, the oath taken at the beginning of their career, but also the patients, regardless of their condition.

One reason for using informal payments may be to provide a higher quality medical service. However, it is believed that patients would not fully agree to give "envelope payments" or valuable gifts to the medical staff (M = 4.13), if they could benefit from such a service. The medical staff also disagrees with such behaviour. They would not accept any informal payment, just because they provided the best quality service for their patients (M = 2.13).

Another topic addressed in the questionnaires was represented by trust in the public health system. Moreover, according to literature, some researchers state this as a reason why informal

payments are made. Partially, the respondents from among the patients who participated in our studies agree that people who practice such habits do not trust the public health care system (M = 6.23). On the other hand, with an average score equal to 3.30, the staff from the medical units do not consider the fact that those who receive informal payments, among their colleagues, do not trust the system in which they work. This can also be attributed to the fact that once you don't trust a system, the best choice would be to leave it.

In addition to trust in the public health care system, an equally important weak point is its financing. Both the patients or their representatives who offer informal payments to the staff (M = 7.07), but also the representatives of the health system, who receive or can benefit from them (M = 5.45), agree with this. Considering these average scores, public authorities should get more involved and adopt strategies to attract funds. A solution, in this case, could be the attraction of European funds, by writing some successful projects.

Also, during the two parallel researches, the issue of how patients are treated by the medical staff and whether this can influence the intention to give or receive informal payments was brought up. Patients considered that those who offer informal payments benefit from more respect from the medical staff (M = 6.60). At the same time, the surveyed medical staff considered that those who accept informal payments do not treat patients with more respect (M = 2.92). The two opposing views can be quite subjective. On the one hand, patients may have encountered cases where it has been proven that if they offer informal payments, they receive more special attention from medical staff. At the same time, maybe this was the reason for offering informal payments. On the other hand, however, medical staff either try to protect their counterparts, or consider that regardless of the situation they are in, they must offer equal treatment to all patients.

Another topic of interest for researchers was represented by the sanctions that can be applied to those who request or accept informal payments. Thus, an agreement was found among the patients regarding the fact that those patients who offer informal payments to the medical staff do not know the sanctions that can be applied to them (M = 6.60). At the same time, the staff from the medical units believe that the correspondents who receive such payments are at least familiar with the sanctions that can be applied to them, in case of requesting or accepting them (M = 3.86).

Last but not least, an aspect followed during the two investigations was represented by the previous actions carried out by those surveyed. The majority of patients (86%) stated that they had not made any informal payment in the last five years among the medical staff in the public health system in Romania, North-East region. On the other hand, respondents from the medical staff were put in the position to say if they had knowledge of colleagues receiving informal payments. 28.3%

stated this, while 54.7% of them said they did not know. Being a more sensitive question, 17% of medical staff refused to provide an answer.

Conclusions

Following the study, it was found that, at least at the declarative level, informal payments from the public health system in Romania are not considered to be accepted, neither among patients, nor among medical staff. However, at certain critical moments, patients may be much more vulnerable. If there are difficulties in receiving the necessary treatment, they will eventually find themselves in the situation of having to offer informal payments, either in the form of 'envelope payments' or in the form of valuable gifts. Also, among the medical staff, regardless of the situation, they remain decided and will not request or accept unofficial payments, even if they may, as a result, benefit from certain financial or in-kind benefits. Their ethics, integrity and reputation seem to be much more important in the health care system than an additional income from unofficial sources.

Even if certain negative attitudes regarding these practices have been observed, we must be cautious and recommend a series of measures that can reduce the degree of use of informal payments. One of them is to reduce the institutional asymmetry, by changing the attitude of the authorities regarding the approach to the subject of informal payments or organizing public awareness campaigns (Horodnic *et al.*, 2022b). Another measure may consider toughening the penalties for medical staff who accept or request informal payments, in the form of criminal sanctions or public disclosure of their identity and the act committed (Stephens *et al.*, 2017). Last but not least, the rate of use of informal payments can be reduced if certain incentives are offered to medical staff, by increasing salaries, improving working conditions or promoting the quality of the medical act performed (Lewis, 2007).

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