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Social Responsibility in the Romanian Medical Sector

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Abstract

As an inspiring and strategically important development, social responsibility (SR) is becoming an increasingly important priority for the companies of all sizes and types. Occupational Safety and Health (OSH) is an essential component of SR and it requires managers and OSH professionals with a variety of opportunities and challenges. With increasing globalization, greater environmental and social awareness and more efficient communication, the concept of companies' responsibilities beyond the purely legal obligations or profit-related objectives has gained new impetus. Businesses need to be seen acting responsibly towards people, planet and profit. The paper presents the actions taken by the Romanian companies in the medical sector to define their social responsibility performance.

Keywords: constraints, social responsibility, principles, opportunities, actual context

Introduction

In the context of globalization and increasing awareness of social and environmental issues, the concept of social responsibility exceeds the purely legal issues and focuses its attention towards people, planet and profit.

SR involves voluntary actions of companies that follow their interest in a long term growth through socially responsible initiatives. Companies must have objectives and actions that take into account the protection of workers under the national and community law, but also the needs still perceived as external to the company, such as balance between professional life and private life, aspects of the environment or public health and safety.

According to ISO 26000, in applying the SR concept are needed to be followed a set of principles which should be reflected in the organization's policy and activities. These principles are generic and interdisciplinary and can be applied to each of the SR components, including OSH.

Accountability – The organization should be responsible for its impacts on society, economy and environment, identify applicable laws and ensure compliance with all the identified provisions.

Transparency – The organization should ensure transparency of its decisions and activities that have impact on the society and environment. It should provide stakeholders information on internal structure, policies, rules, responsibilities and other information that may affect sustainable development.

Ethical behavior – The behavior of an organization should be based on the values of honesty, fairness and integrity.

Respect for stakeholder interests – The organization must take into consideration and respond to the stakeholder interests.

Respect for the rule of law – The organization must comply with legal requirements in all fields, even where laws and regulations are not implemented properly.

Respect for international norms of behavior – The organization must comply with the international norms of behavior.

Respect for human rights – The organization must strive for human rights, even if it carries out activities in countries where these rights are violated.

All these principles resonate with the OSH legal provisions and policies. Being a highly regulated field, occupational health and safety

is used to being monitored internally and externally and assessed for legal compliance. Management systems according to OHSAS 18001 or other standards enhance the accountability for OSH performance beyond legal requirements. Integrated management systems (ISO 9001 & ISO 14001 & OHSAS 18001) correlate OSH issues with those regarding quality and environment. SR goes one step further, with an even broader approach.

Considering the experience in obtaining health and safety performance, companies can use this expertise when building a strategy for SR. OSH specialists have an important role to play because they know well how important it is to win trust of employees and their involvement in company initiatives.

Material and Methods

After launching the concept of Sustainable Development at the 1992 summit in Rio and adopting it by the European Council of European Strategy for Sustainable Development, the growth of social responsibility (SR), first mentioned in the Strategy from Lisbon in 2000, was a reflection of sustainable development at organization level.

In 2001, the European Commission developed the “Green Paper on CSR” and launched “Multi Stakeholder Forum” which established principles for social responsibility practices. A number of instruments for measuring, evaluation, improvement and communication of social responsibility performance were developed and best practices were proposed/promoted in areas such as lifelong learning, work organization, equal opportunities, social inclusion and sustainable development.

In 2006 the European Commission supported the launch of the “European Alliance for European Enterprises’ Responsibility” in order to give fresh impetus to initiatives in the RS field.

On November 1st, 2010, ISO 26000 standard was officially launched in Geneva under the name *Guidance on Social Responsibility*, which provides guidance on social responsibility, both for private sector organizations and for public sector taking into account the principles, key topics and issues of social responsibility.

In October 2011, the European Commission publishes the new strategy of social responsibility which emphasizes that enterprises “should have in place a process to integrate social, environmental, ethical and human rights concerns into their business operations and

core strategy in close collaboration with their stakeholders". The new policy of the EC in the RS field is an action program for 2011-2014 that focuses on eight priority areas: enhancing the visibility of SR and disseminating good practices, improving and tracking levels of trust in business, improving self-regulation and co-regulation processes, enhancing market reward for SR, improving company disclosure of social and environmental information, further integrating SR into education, training and research, emphasizing the importance of national and sub-national SR policies and better aligning European and global approaches to SR.

Under the new policy, SR' multidimensional nature concerns human rights such as training, diversity, gender equality, health and welfare of employees, but also environmental issues and combating corruption.

Already, many large companies have put into practice social responsibility measures. The number of such companies is growing and it seems that in the near future SR implementation will follow an upward trend that recalls the widespread implementation of quality, environmental and occupational safety management systems. These examples of initiatives are pleasing to ensure a successful widely implementation of the SR concept; Romania needs activities concerted of support from entities with experience in managing organizations and in concerned issues of social responsibility.

Literature review

According to a report by Eurostat, the statistical data obtained with a source of "Labour Force Survey - Ad hoc modules on Accidents at work and work-related health problems" in 2007, exposure to risk factors affecting mental health workers is highest healthcare.

Synthesis of national occupational illness situation in our country INSPB performed during 2010, which shows that: incidence of occupational diseases per 100,000 workers in the health and social care is 16.40%, which is in 6th place after sectors like manufacturing, mining and quarrying, manufacturing and electricity supply activities, Arts, entertainment and recreation, transport and storage and Human health activities were 2nd with 48 cases, branches of economy in which the most frequently reported occupational diseases in women in 2010.

In 2010, there were 46 cases of infectious diseases in healthcare professionals such as: 8 cases of viral hepatitis in health sector

personnel (1 July hepatitis B and hepatitis C), 20 new cases of tuberculosis professional and a new case of occupational cancer - acute lymphoblastic leukemia due to ionizing radiation, gamma, X-ray, physiotherapy a nurse with 18 years experience in the field. [7]

Current Situation of Romania regarding SR and the Health Care System

Constraints and opportunities for SR implementation nationwide

The SR concept is relatively new in Romania and we can not specify an exact number of the organizations implementing or evaluating their involvement in SR. There is a series of events, like Business Ethics Conference, International Conference on Corporate Social Responsibility, now in its 3rd edition, Romanian SR Award, workshops on SR; however we cannot speak of a real SR network of all existing programs. Perhaps, the companies familiar with ISO family standards will understand the importance of a more systematic planning and be aware of the importance of implementing the SR standard.

Constraints

- From the legal point of view:

When becoming an EU Member State, Romania has quickly harmonized the existing legislation with the European Community legislation which led to a large volume of new regulations, published in a short period, increasing the effort of the concerned parts to adapt. The health care system underwent a major reform in 2006 and comments on legislative deficiencies are still quite often heard.

- From the economic point of view:

Romania's economy underwent profound changes and effects of the long transition are still felt. Low productivity, technological losses, low competitiveness of products and services has hindered economic development. Lack of investment funds for refurbishment has a direct impact upon the production and indirectly on the work and living conditions and on environment. In addition, a weak economy hardly adheres to principles such as responsible competition, responsible procurement and correct labor relations. The national health care system, dependent on the general economic performance, had suffered greatly from the effect of economic crisis.

- From the social point of view:

Romanian society has an underdeveloped middle class, still preoccupied with material stability. Unlike other countries where this class is dominant and is the engine of many changes, the middle class in Romania is quite thin and the interest and involvement in matters related to social responsibility is relatively recent. The current situation is reflected in the type of SR actions for hospitals, most of them with a social motivation.

- From the cultural point of view:

Modern civic culture is still under shaping and the involvement of population in issues of community interest is still poor. Perception of the risks to health and environment and even social life is more developed in the population with higher education from the urban areas, but very low in other environments.

Opportunities

- From the legal point of view

Romanian national legislation is harmonized with the community law which facilitates economic and work force exchanges, international partnerships and investments in Romania. Development and implementation tools as well as controls leads to the stimulation of a more systematic compliance with the law.

- From the economic point of view

The investment of leading firms with economic and technologic performance and with quality products or services may give a concrete example of responsible business approach.

Some of these companies have already implemented the concept of social responsibility. An example is the private medical sector companies who understood that they can adopt practical solutions of SR, by developing programs to pursue the well-being of employees (e.g. medical, psychological, recreational and sport facilities etc.).

Many of the SR actions in the public health care sector are supported by major companies, this sector often being the first recipient of SR actions of these companies.

- From the know-how point of view:

Romania's EU accession opened the door to EU funds for development projects, which are an important component of social responsibility.

The experience gathered in implementing environment management systems and occupational safety and health management

systems by more and more units can be successfully used in the implementation of ISO 26000.

- From the social-cultural point of view:

It is foreseeable that the consumption pattern of the population, which is still in progress, will be influenced positively by changes at international level. These changes are already felt in countries with traditional consumerism, that make efforts to adopt more responsible ways of consumption regarding resources, product life cycle, health and environment impact.

The health care system

Besides the general aspects mentioned already, the health care system has its own specific problems and needs.

One of the problems is the lack of personnel in health care units. Though it is a general situation in many countries (even in developed ones) the case of Romania is generally acknowledged as stringent and of real concern. Table 1 presents statistical indicators for Romania, as compared to Germany.

Table no. 1. Specialized workforce in the health care system of Romania and Germany (2000-2009, density per 10000 population) [2]

Physicians		Nursing and midwifery personnel		Dentistry personnel		Pharmaceutical personnel		No. of hospital beds
No.	Density*	No.	Density*	No.	Density*	No.	Density*	Density*
Germany								
288	35	661	80	63	8	49	6	83
182		000		100		528		
Romania								
41	19	90	42	4	2	901	<0.5	65
455		698		360				

Data in table no. 1 shows a shortage of medical and pharmaceutical workforce of Romania, as well as a reduced density of the hospital beds.

A more recent cause for insufficient personnel is the migration of medical staff. Exact figures are not available. Before 2007, 9.4% of the doctors already worked abroad. The percentage increased greatly after Romania's EU accession in 2007 and the implementation of the Directives regarding free labor market. [6]

Lack of personnel is also caused by economic factors, since Romanian expenditures for health are only around 5% of the GDP, while in Germany, for example, the percentage is double.

Table no. 2. Health expenditures in Romania and Germany [2]

Total expenditure on health as % of gross domestic product		General government expenditure on health as % of total expenditure on health		Private expenditure on health as % of total expenditure in health		General government expenditure on health as % of total government expenditure		External resources for health as % of total expenditure on health	
2000	2007	2000	2007	2000	2007	2000	2007	2000	2007
Germany									
10.3	10.4	79.7	76.9	20.3	23.1	18.2	18.2	0	0
Romania									
5.2	4.7	67.7	80.3	32.3	19.7	9.2	10.3	5.7	0

Health expenditures per capita are very low, as shown in table no. 3 where comparison is made to figures in Germany.

Table no. 3. Health expenditures per capita in Romania and Germany (PPP=Purchasing power parity) [2]

Per capita total expenditure on health at average exchange rate (US\$)		Per capita total expenditure on health (PPP* int. \$)		Per capita government expenditure on health at average exchange rate (US\$)		Per capita government expenditure on health (PPP* int. \$)	
2000	2007	2000	2007	2000	2007	2000	2007
Germany							
2 372	4 209	2 671	3 588	1 890	3 236	2 128	2 758
Romania							
87	369	298	592	59	296	202	475

Underfunding health sector does not have effects only on the workforce enrolment. As for other sectors, but even more in this case, it rather generates a vicious circle. The quality of medical and auxiliary activities is affected, which generates dissatisfaction among patients and personnel as well.

Stress is known to be an important risk in health care units everywhere. Work violence on behalf of clients (patients) is more common in the health system than in other civilian sectors. Working

under increased stress and the more demanding job tasks add to the factors that decrease work quality and work satisfaction while increasing occupational risk level.

Occupational health and safety measures that involve higher costs are hampered by lack of funding. Purchasing safer equipment is not possible when they are more expensive and this is not only the case of sophisticated apparatus, but also of devices that are used in large quantities, like syringes with needle protection.

Results and Discussion

In order to take full advantage of the existing opportunities and to cope with constraints for the implementation of the SR concept in Romania in more organizations, the following steps are required:

- Promoting the concept of SR, the advantages and positive examples of its implementation;
- Defining an institutional framework to provide support to organizations in evaluating implemented SR measures and measuring the performance obtained;
- Training of stakeholders and those involved in implementing the SR measures;
- Public awareness on the importance of its involvement in supporting the SR measures.

For contributing to the success of implementing the concept of SR, a consortium of research, academic and public opinion polling institutions have developed in a project a model for defining the institutional framework for implementing ISO 26000.

Lack of funding is not always used as argument for giving up actions that help improve the overall performance of the hospitals and other sanitary units.

Priority is given to the most vulnerable groups and activities like those dedicated to help the population with no or very low incomes.

Other activities are also included in the SR approach [4]. They are especially aimed at the general public, like events promoting safe eating habits or sports, or like encouraging people to regularly check their health.

An example of a company concerned with social responsibility is MedLife, a private clinic in Bucharest, which organized two campaigns, namely blood donation campaign “Share the joy of living!”, organized in collaboration with the National Institute of Hematology

and Blood Transfusion, and a campaign to divert 2% from the salary tax to PRO Sănătatea (MedLife Foundation) to help children from St. Demetrios PRO Health Center, called “Help the birth of a chance!”[1]. Activities for higher medical performance of the present and future generations of professional are carried out by some medical units or networks. Free workshops are organized for students, or employees, for example: WOTCHE project (Working with Online Training Content in Healthcare Education) was implemented by collaboration between a large health care network and an NGO [3].

However, in order to take full advantage of the existing opportunities and to cope with constraints for the implementation of the SR concept in Romania in more organizations, more coordinated steps are required:

- Promoting the concept of SR, the advantages and positive examples of its implementation;
- Defining an institutional framework to provide support to organizations in evaluating implemented SR measures and measuring the performance obtained;
- Training of stakeholders and those involved in implementing the SR measures;
- Public awareness on the importance of its involvement in supporting the SR measures.

An example of initiative regarding SR in the health care system is COMPEFSAN, a three year project funded by EU on Sectorial Operational Project – Human Resources Development (POS DRU) entitled “Increasing the Competitiveness, Efficiency and Occupational Health and Safety of the Personnel in the Health Care Sector to Ensure Better Opportunities of Participation in a Modern Labor Market”. The project is implemented by a consortium of research and academic institutes: INCDPM “Alexandru Darabont”, Bucharest, in collaboration with “Carol Davila” University of Medicine and Pharmacy of Bucharest, IRECSO – Bucharest and the Academy of Economics Studies of Bucharest as well [5].

The major objective of this project resides in improving and developing the OSH related competences of the personnel working in the health care sector. The project also promotes the most suitable means to ensure the adaptability of the personnel OSH competences to an increasingly changing socio-economic environment.

The target group is constituted of managers of health care units, physicians, nurses, specialists in occupational medicine.

The COMPEFSAN team prompts good practices like responsible purchasing and updating the supply procedures according to OSH criteria. Safer reagents for laboratories are available on the market lowering the risk for personnel and for the environment. Devices that avoid using mercury reduce concerns for patients and personnel health and cut expenditures for managing hazardous wastes. Green materials for construction and for maintenance, disinfecting and cleaning are also recommended for the reviewed supply procedures [5].

Physical hazard as well as measures and facilities that avoid musculoskeletal disorders, so common in hospitals, are disseminated by COMPEFSAN. Biological risks, including those associated with needle stick injuries are discussed and protection measures and devices are presented.

Managing hazardous hospital wastes has been improved over the years but still an important problem for OSH as well as for the environment. Good monitoring and safety practices are described in the mentioned project.

The experience of health care units in EU countries is used by COMPEFSAN as well as practical examples published by other sources.

Biological diseases ranked seven in the national morbidity [7] in 2010 therefore specific measures are needed to protect health care workers. Good practices on biological hazards include specific measures of prevention and protection such as:

- Best hand hygiene and use of personal protective equipment;
- Carefully handling and disposal of sharp medical instruments and medical waste;
- Isolating patients, when it is suspected or already established the presence of a serious infectious disease;
- Intensive training of staff in respect to strict hygiene measures;
- Monitoring the use of disposable gloves and its usage as an indicator of hygiene, checking at the same time, compliance;
- Antibiotics administration and disinfection only with strict medical recommendation, in order to combat multi-resistant pathogen agents;
- Good communication – with other employees, patients and visitors.

Considering the busy working life of medical personnel, a platform for distance learning will be developed and experimented for a pilot training alternative during the COMPEFSAN project.

Conclusion

The health care system in Romania is mostly the beneficiary of SR because of the underfunding that has become a chronic situation over many years.

However, healthcare units begin to show their interest in adhering to SR principles and planning their own activities. Due to the economic and social problems, many of these activities are focused on providing help to the most vulnerable groups, like children in foster houses, elderly or unemployed population.

Issues like OSH and environment are reconsidered in the perspective of SR and measures are taken to integrate them better and to make them more visible to the interested parties.

Implementation of ISO 26000 will help achieve the goal of sustainable development by adopting SR measures by the organizations in Romania. Economic and social transformations through which Romania has recently been, facilitates the adoption of the new concept.

Experience gained in implementing quality, environment, health and safety at work management systems, can be an advantage in adopting the provisions of ISO 26000.

The financing of development projects by the Community funds will help build a generation of project managers to consider social responsibility as part of current activities, in accordance with the Community Strategy and with explicit qualification requirements of the projects.

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