

THE QUALITY OF HEALTH AND EDUCATION SERVICES – IMPERATIVE FEATURE OF THE MODERN ECONOMY

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Abstract:

The investments carried out within the health and education fields have represented “the strength core” necessary for any country progress, and simultaneously, the way any developed nation has proven that is concerned on ensuring the quality of human capital and implicitly, the long term development.

In many countries of the world, such services have been greatly provided and financed by the state. Considering this part played by the state, many economists, and not only, have been focusing upon the relationship between the public expenditures on education and health, as well as the economic growth, but also on the efficiency of the public expenditures, and respectively on the consequences induced by the public expenditures over those sectors.

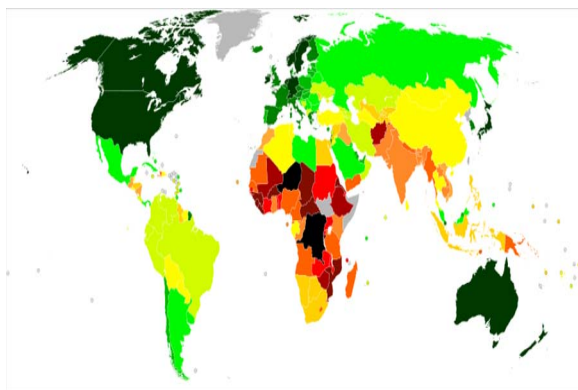
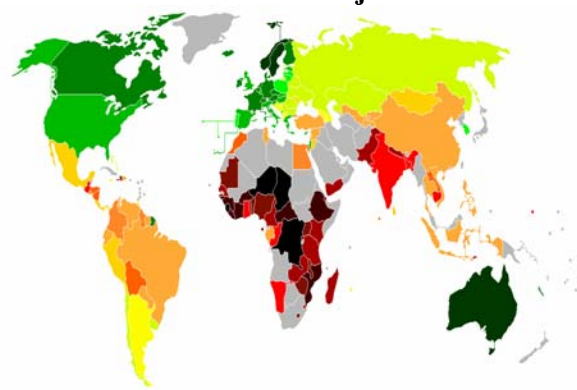
Taking into account the above mentioned issues, one might notice that an increase of wages or financing in the administrative field, associated to the health or education, will not be implicitly and immediately be reflected into the improvement of quality in people’s health or education, or in generally, in human capital (such reflection is certain, but it will occur in time, since the period on training a generation is about one decade and a half). There is a trend on evaluating the efficiency in terms of output¹ and not outcome, as result of the quantitative approach that underlies to work remuneration in the public system, or in other circumstances, on unfairly redirecting of funds towards other groups of interests. One should see that analyzing the efficiency depending on the outcome is more suggestive, since it detects both the quantitative and qualitative issues, as well.

Key words: Human development index, Gross domestic product, Life expectancy of people, Medical services, Education services, Health rights.

JEL classification: H51, H52

HDI IN ROMANIA AND IN THE WORLD

At the beginning of the nineties, the Pakistani economist Mahbubul Haq has launched the idea of translating the economic development issue from the quantitative side (the national revenues) towards that qualitative (the politics directed to human beings). Such proposal was accepted within the United Nations Development Programme; the laureate to Nobel Prize, Amartya Sen, had a major contribution on establishing the general frame of HDI (abbreviation from *Human Development Index*). During 1990-2011, the HDI combined three dimensions, meaning:² *life expectancy on birth* (as index of people’s health and longevity), *the adults teaching rate* (the knowledge and education) and *the living standards* (GDP per capita calculated to PPC⁶). The new calculation methodology that was introduced starting with 2011 has brought a series of changes; the issues taken into account were the following: *life expectancy on birth* (the expectancy on a long and healthy life), *the education index* (the mean period of schooling and the schooling expectancy), as well as *the decent living standards* (VNB per capita, PPC USD). Simultaneously, *United Nations Development Programme* (UNDP)⁷ has calculated the HDI adjusted in accordance to the inequalities index, on each of its components, fact that determined a series of re-ranking within the world hierarchy (as can be seen in the maps illustrated as follows).³

HDI**Adjusted HDI**

Source: United Nations Development Programme, *Human Development Report 2011*
http://en.wikipedia.org/wiki/File:UN_Human_Development_Report_2011.svg#globalusage

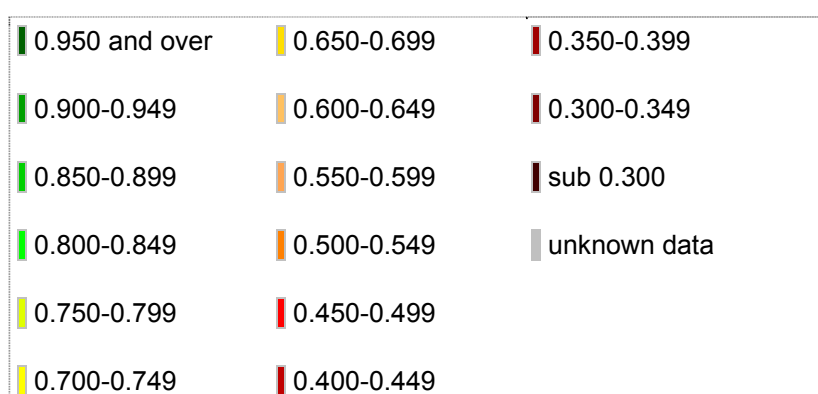


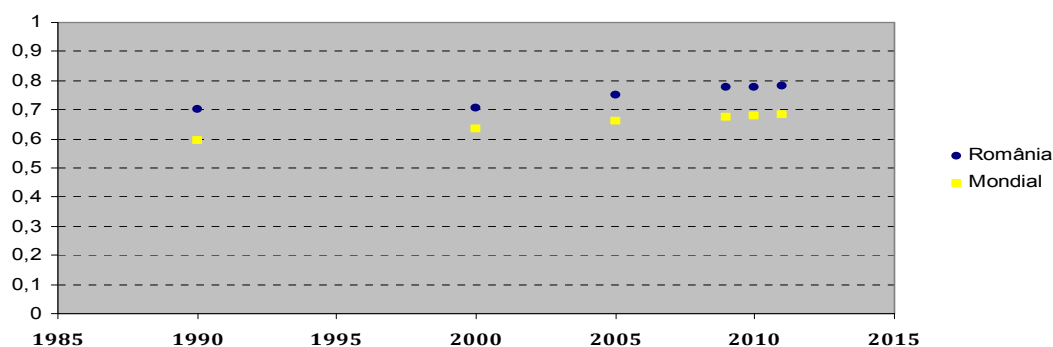
Figure 1. Distribution of HDI and adjusted HDI by the inequalities index reported to global level in 2011

One appreciate that HDI⁴ should not be perceived as a purely mathematical index, which includes in a number some realities seen from psychological, social, political or economic etc. point of view, since such issues cannot be quantified by means of the HDI calling. In other words, this index can provide useful information as regards the efficiency of investments carried out in education and health, as well as in connection to the opportunities and obstacles related to human development and human capital politics. These issues confirm that HDI can always be completed by throughout analysis, by additional information and focus on social, economic and political features, able to influence the type and quality of human life.

The UNDP reports as regards the human development have analyzed the situation of most world countries that transmit data, thus resulting delimitation in *four large classes* (each class includes a number of about 47 nations), depending upon the level of human development.

In this way, the first 47 countries on high HDI value of 0.793 are seen as *very high level of human development* countries; in the second class, the countries with *high level human development* are included, for which the HDI has values comprised within interval 0.698 to 0.783 (Romania is part of this class, with a HDI value of 0.781); the third class is represented by countries with *mean level of human development*, comprised in the interval 0.698 to 0.522; in the fourth class, one can see countries for which the HDI has values under 0.510, meaning those countries with *low level of human development*.⁵

In accordance to this classification, Romania is screened among the three places included within *the high level human development* class, being overpassed by countries as Uruguay and Palau. In the same manner, one might notice a progress as regards the amelioration of Romania's situation during 1990-2011, as well as on its average outrun registered on world level, as can be seen in Graphic 1.



Graphic 1. The HDI progress in Romania as comparing to the world average value during 1990-2011

Source: Processed according to ****Human Development Report 2011*, <http://hdr.undp.org>

Analyzing Romania's situation in comparison to that already existing in other countries in 2011, and underlying on data provided by Human development report in 2011, one can see that the Index of human development of Romania (0.781) exceeds the average registered in other regions, such as: Latin America and Caraibes region (0.731), East Asia and the Pacific region (0.671), the region of Arab countries (0.641), Europe and Central Asia (0.751) and South Asia (0.548). Though, one should notice that the index value of Romania is simultaneously under the HDI average in European Union (0.855), under the average of OECD member states (0.873) and under the average of non-OECD member states (0.844), as well. What pays attention refers to the idea, according to which, the HDI value of Romania in the last years has known a constant increase, although the general tendency has been under the growth rhythm of most European Union member states.

The value of human development index has situated Romania in the same year on position 50 within the world hierarchy, fact that reveals a progress towards the past years (for instance, Romania was situated in 2007 on position 62 among those 182 classified countries). As regards the HDI composition for Romania and some selectively chosen countries, the situation is emphasized in Table 1.

Table 1. Composition of the human development index (2011)

Composition of the human development index (2011)				
HDI	Index of the life expectancy on birth (years)	Mean period of schooling for adults of over 25 years old (years)	Level of enrollment within the primary, secondary and tertiary school cycles (years)	VNB/per capita (PPC in USD)
Norway (0.943)	Norway (81.1)	Norway (12.6)	Australia (18.0)	Qatar (107.721)
Denmark (0.895)	Australia (81.9)	Slovakia (11.6)	Slovakia (14.9)	Liechtenstein (83.717)
Croatia (0.796)	Montenegro (74.6)	Belgium (10.9)	Liechtenstein (14.7)	SUA (43.017)
<i>Romania (0.781)</i>	<i>Romania (74.0)</i>	<i>Romania (10.4)</i>	<i>Romania (14.9)</i>	<i>Romania (11.046)</i>
Bulgaria (0.771)	Jamaica (73.1)	Croatia (9.8)	Belarus (14.6)	Bulgaria (11.412)
Rwanda (0.429)	Indonesia (69.4)	Bulgaria (10.6)	Ukraine (14.7)	Montenegro (10.361)
R.D. Congo (0.286)	Burundi (50.4)	Sierra Leone (2.9)	Nigeria (8.89)	Chad (1.105)

Source: United Nations Development Programme on Human Development Report 2011
http://hdr.undp.org/en/media/HDR_2011_EN_Table1.pdf

Underlying on data provided by Table 1, some conclusions should be drawn out, which are not quite favorable for the current situation on education and health sectors in Romania, no matter how sketchy the potential comparative analysis might be. In this way, one implicitly deduces from

the invoked table that in those very poor countries of the world (for instance, Congo, Burundi, Rwanda etc.), the life expectancy is under the average of the occidental countries; this situation occurs with a very low mean period of schooling of people (around 3 to 5 years of schooling), and a minimal level of enrollment to education (around 8 to 9 years of schooling, as comparing to 15 to 16 years of schooling in the developed states), and a very low revenue per capita in such countries, as comparing to the Occident (under 1000USD toward 30.000 to 40.000USD in the developed countries).

The current situation of Romania (upon basis of the same statistical data) can be defined as “acceptable” for any comparison of the previous invoked class, which means an average positioning or included within the mean region as comparing to the occidental states (life expectancy or the schooling period etc.). The information provided by reports as regards the human development, especially in 2011, allows one to formulate the following ascertainments concerning Romania:

- ✓ The life expectancy of Romania’s people was of 73.98 years old, higher than the global average of 69.62 years old; simultaneously, while the life expectancy is under the average of the European Union countries (78.18) and of the OECD member states (80.3).
- ✓ The case of education indicators has placed Romania under the average of European Union countries, but balances out the average period of schooling (position 24). Regarded from “the enrollment” level point of view on primary, secondary and tertiary school, Romania is placed on position 40.
- ✓ The VNB value/per capita, seen as HDI component of Romania, has reached a level of 11.046 \$ on the parity of purchasing power, value that exceeds the global average of 10.082 \$. At the European Union level, the VNB of Romania is about two times smaller than the average of countries existing in this region (27.223 \$).

The data mentioned above is able to emphasize the already existing differences between Romania and the developed countries, situation that can be found in the position occupied (regarding the life expectancy, position 83), and in the low living standards (position 68).

In order to conclude better the issues previously mentioned, Table 2 illustrates the progress of the three HDI components in Romania, as comparing to the global average for the last years.

Table 2. Composition of HDI in Romania as comparing to the global average value

Year		Life expectancy	Education	GDP/inhabitant
2004	Global mean	0.70	0.75	0.72
	Romania	0.77	0.88	0.70
2007	Global mean	0.72	0.75	0.76
	Romania	0.78	0.90	0.75
2009	Global mean	0.70	0.78	0.76
	Romania	0.79	0.91	0.80

Source: *Human Development Report*, 2004, 2007, 2009

In this way, one should synthetize that Romania has carried out progresses, as regards the human development after 1990, though many differences remained, as comparing to other states, upon incoherent macroeconomic strategies. In order to maintain the positive trend after the nineties, the quality of education and health should represent, in accordance to our belief, a permanent priority for the executive authority, for any institution, organization or education and health unit, and for their employees, as well.

These cases ascertained and argued by means of statistical reports and comparative analysis to other states will converge to a common idea, meaning: the allotted amounts on

investments, medical and educational services will lead towards a harmonious development, as well as towards reducing the social discrepancies, even if the real effects need long time on being materialized.

* * *

PERCEPTIONS ABOUT THE QUALITY OF PUBLIC HEALTH AND EDUCATION SERVICES

The surveys carried out over the time on Romania's level have tried to reveal or intercept the people's opinion as regards the quality of health or education services. In this view, on identifying some potential frames between the people's estimations and the suppliers' decisions upon such services, this paper emphasizes a research inquest that was carried out at the level of Suceava County, aiming towards *the identification of people's opinion as regards the quality of health and education services*.

The interviewees were people over 18 years old, and the tool used in order to gather information consisted in two questionnaires specific to the two fields of activity under analysis. These questionnaires have been conceived, by taking into account the aim and objectives of the research investigation; they included a number of 16 and respectively 17 items, where questions to the point and opinion, as well as identification questions were asked, in order to establish if the person answering such questions belongs or not to the reference people under discussion.

Shut-in, bipolar or fan questions on pre-coded answers were asked, questions that are able to generate easy quantifiable results and which are accurate to the statistical-mathematical analysis.

The research investigation was carried out during 2012.01.11 and 2012.11.14, the result being materialized in 600 questionnaires, for each research field. The operators have given straight and concise explanations as regards potential confusions, and they wrote down simultaneously, as accurate and complete as possible, the answers and potential reactions noticed at the persons interviewed.

The preparation, processing and interpretation of data were carried out by means of the SPSS 17 programme, which duly provided quality statistical information. In this way, the conclusions drawn out after the research carried, and emphasized in this current paper as well, can be mentioned as illustrating two different ways the questionnaires:

✓ *Results concerning the health field*

The research results as regards *Opinions of people living in Suceava over the quality of health system services* reiterate or argue the idea, according to which the state should ensure the health services to a high quality level (as result of the contribution that people pays to the medical system), as well as to involve within medicines and medical services supplying for the entire population.

As concerns the question *Are you interested of services offered by the health public system?*, 67.65% of those interviewed answered affirmative, while 8.67% are not interested of the public health system.

Taking into consideration that only 20% of those answering questions responded affirmative to the question *Have you used the private or public medical system in the last year?*, and 42% use both systems, one should notice that factors as medical services quality, the infrastructure or the medical devices, the waiting times that are shorter in the private system and the high level of employees qualification are essential parts in taking decisions.

Most of the people interviewed, meaning 46%, have considered the medical services quality of which they benefited, as being inferior to the contribution they had over this system, while a very low percentage (8.2%) have considered the quality of such services as being superior to the contribution that they had to the medical system.

As regards the answer received after questioning *What issues should be improved towards a better functioning of the public medical system?*, one can see that 51.7% of the sample under investigation mentioned as necessary an improvement over the hospitalization conditions, 37.9%

argued that another essential aspect consists in specialty formation of medical employees, and respectively in the continuous medical training, determined by the new technologies progress and reducing the inequalities as regards health system.

The answers received after the research carried out have emphasized that people of ages within 25 to 34 years old, and that have over 1500 lei as average revenue on family member, are willing to give up to the public health system in a percentage of 61.5%, while 69% of people of age over 45 years old and with mean revenues of almost 500 lei per family member do not wish to give up to the public medical system. One also mentions that a percentage of 8.4% from people has revenues of over 1500 lei on family member, while 35.6% have revenues under the amount of 500lei per family member.

In this way, as result of the precarious economic situation of Romania, one should see that the development of private health system will not significantly contribute to the maintenance of people's health status, since their revenues are lower as comparing to their living needs. One mentions that an improvement over the entire system quality will be possible when a reform on national medical insurances is applied, and when the possibility of choosing between the private and public medical system occurs. By promoting the equity, as regards the health in all public politics, and by reducing the inequities in health field and by improving the people's health status, an enormous benefit will be brought to the social-economic development, to the human progress in generally, and to respecting the health rights, which signify practically the fundamental human beings rights.

✓ *Results concerning the education field*

In a similar way as that mentioned above, one can describe the interviewees' perception over the educational system, by the answers achieved to questions included in the second questionnaire, which carries out research over *Opinions of people living in Suceava over the quality of the educational system services*.

One can mention that a quite low percentage (59.2%) confirmed the continuation of studies after high-school graduation or a form of further education. These results are tightly connected to the economic system, which currently is not able to bring wages growth, the promotion of employees etc., and not even the growth of the employment rate (one deducts the idea previously mentioned, meaning that the situation in Romania is defined by means of "a vicious circle", meaning the relationship between resources offered by economy, the potential investments, the employees revenues or the economic growth of the future).

The question regarding the quality of services offered by the educational system has emphasized that almost three quarters of those interviewees are satisfied by these services quality (63.1%). A positive issue is represented by the conclusion, according to which the public investments are truly transforming in human capital, when a percentage of almost 40% of graduates are really willing to live and work in Romania.

In order to improve the quality of educational services, a percentage of 26.3% considers that professional training programmes are necessary, 17% wishes a higher involvement of students towards the research projects, 11.3% proposes the extension of professional mobility, and a significant percentage of 44.3% supports the importance of specialty practice.

Most of those interviewed (76.3%) considers that the Romanian state should invest more in education, since the investments brought to the human capital signify one or the most profitable, even of the effects become visible relatively late in time. Such investments in education should emphasize a priority for any community that is enrolling on the way of a long lasting economic-social progress.

CONCLUSIONS

Modernization of a society depends upon the education results, the existence of a democratic government system and upon the demographic growth, as well. The concern dedicated to such field progress can be found in the relationship of GDP, of the public expenditures carried

out with the education system, expenditures seen as an advance payment of GDP, since, as proven in the well developed countries performances, the education has become the catalyzer of the economic growth. Simultaneously, the education produced benefic effects over the human capital, effects materialized as follows: the revenues growth simultaneous with aging and the improvement of qualification level; creating the best card to young people related to qualification and requalification on their work place, as comparing to the elderly persons; the growth of unemployment rates contrariwise to the qualification level; permanent professional training offered to persons trained more (paid training) and so on.

In conclusion, the results confirmed that education has trained the young people to face the exigencies of the future societies, it improves the chances of efficient insertion within the labor market, it reduces the probability of the future employment rate etc.; in other words, it signifies an intrinsic indicator on the professional system of every society. One refers here to an educational-psychosocial environment, where each individual should be involved directly or indirectly to the educative actions, in the aim of improving the possibilities and on acceding to qualified employment positions.

Considering the relationship between the efforts point of view (GDP quota allotted on sectors, investments in specific infrastructures, wages ensured by the state etc.) and the results (weight of graduates, mean period of time on schooling, average life expectancy and birth rate etc.), one can emphasize that the public services included in the medical and educational fields of Romania have been yet under the value of estimations of the ordinary citizens.

One considers that adopting some strategies, which might foresee the immediate improvement of the health system, has become compulsory. Currently, Romania shares a percentage under 5% of the GDP within the health sector, and occupies the antepenultimate position (position 32 with 489⁸ points) within the *EHCI*⁹ classification. Amongst the 34 countries under analysis and reproduced within the European Health Consumer Index (abbreviated as *EHCI*), one appreciates that implementing the measure of *hospitals accreditation*¹⁰ would be beneficial on increasing the health services quality, as result of the objectives proposed by this assessment system¹¹.

ENDNOTES

[1] For instance, output refers to the rate of pupils enrolled in the primary school, the ate of hospitalization, the number types of surgical interventions or echography tests, while outcome refers to the knowledge quantity and quality that pupils achieved after ending each educational cycle, or the time of patients recovering.

[2] <http://hdr.undp.org/en/>

[3] <http://hdr.undp.org/en/>

[4] HDI – The value of this indicator is placed within interval 0 to 1, zero indicating the highest distance, up to the maximum that can be achieved. As IDU is closer to 1, as much the people have reached a higher level of human progress. One can mention that only comparing the positions of various countries, as regards the GDP per capita, recalculated upon basis of PPC, with the position achieved depending upon the IDU level, will emphasize quite high differentiations.

[5] The first 10 countries ranked in this hierarchy are Norway, Australia, Holland, USA and New Zealand, Canada, Ireland, Liechtenstein, Germany and Sweden, while countries as Guinea, Central African Republic, Sierra Leone, Burkina Faso, Liberia, Chad, Mozambique, Burundi, Niger and Congo Democratic Republic are included in the inferior region of the classification, all of them being placed in the Sub-Saharan Africa.

[6] PPC (Purchasing Power Parity) – one should take into account the idea according to which Romania's population has suffered a diminution and the GDP value per capita is included within the PPC

[7] UNDP – United Nations Development Programme.

[8] Signifies the classification within a criterion that includes 42 indicators, covering in this way five essential health fields: the rights of patients and their informing, the period necessary for receiving a treatment, the results, prevention of the sphere of application and covering the provided services, as well as the pharmaceutical field.

[9] Euro Helth Consumer Index 2012, <http://www.paginamedicala.ro/users>

[10] In accordance to art.1, H.G. no. 1148/2008 and H.G. no. 303/2011

[11] <http://medicaacademica.ro/2012/02/08/orientarea-serviciilor-de-sanatate-catre-calitate-eficienta-si-performanta/>

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