

THE INFLUENCE OF HEALTH POLICIES ON HUMAN RESOURCES IN THE FIELD OF CARDIOVASCULAR MEDICINE

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Abstract. *Over the past decade, researchers and clinicians have become more aware of trends in morbidity and mortality among people with cardiovascular disease. Also, cardiovascular complications are now the most common cause of death. The importance of carrying out this study is based on the fact that cardiovascular disease is the leading cause of death worldwide; approximately 17.5 million people died of cardiovascular disease in 2005, accounting for 30% of all global deaths, and 80% of these deaths occurred in low and middle-income countries. The World Health Organization (2008) has warned that by 2025 approximately 20 million people will die of these conditions. In this context, human resources in this sector are indispensable to diminish this condition. This article aims at carrying out an analysis of the medical cadres in the field of cardiovascular medicine in Romania, as well as highlighting the importance of health policies on this issue. Taking into account the increase in cardiovascular diseases and the importance of diminishing this phenomenon, research is increasingly focusing on health policy in this field. Health policy in cardiovascular medicine is a key issue in reducing mortality rates but also in supporting the health of the population.*

Key words: *health policies, cardiovascular medicine, development*

JEL classification: A12, I10, I18, O15

INTRODUCTION

Health policy is a set of priorities and directions of development in the field of health, which aim at strengthening the health of the population, achieving adequate living standards and creating optimal conditions for the maximum realization of the health potential of each person throughout the life; these objectives are valid for all countries in general, and each country, depending on its degree of development, will implement them.

The field of public policy research is a border area between several fundamental sciences, such as political science, sociological economy, social psychology. Public policy science is a relatively recent discipline, which first appeared in North America and later in Europe. At least at the beginning of the European integration process, health policy was of secondary importance. Public policies include measures that affect the aspects that make up the social context.

Health policies are developed based on economic and governmental conditions but also based on organizational ideologies and interests, which may concern the survival and expansion of certain health units or institutions. This current trend requires a reconsideration of economic policies and differences regarding the control and impact of health services. Particular interest should be given to the correction of certain characteristics that perpetuate the exclusion of rights of defined groups such as persons with disabilities, abandoned children, ethnic minorities. The implementation of public policies will be regarded as a triple process: political, managerial and administrative. The implementation of public policies cannot be done without understanding the notion of administrative capacity, without which we cannot talk about the efficient functioning of the state institutions.

LITERATURE REVIEW

Public health policies, according to Anderson (2003), Brownson et al. (2009), are defined as laws, regulations and judicial decrees in the field of health, with the role of promoting, supporting

and facilitating access to a balanced state of health of the population. Health policies in the field of cardiovascular medicine took shape around the 1950s when, following World War I, a variety of structures and organizations were created to rebuild the destroyed economies and set up the basic services needed by humans. In all developing regions, infant mortality from cardiovascular causes in the 1950s exceeded 125 per 1,000 live births, and rates in Africa and Asia exceeded 180. Thus, measures were taken to reduce mortality and support the condition. population health. In this regard, medical care, as well as certain general rules, namely the beginning of health policies in this field, have been an integral part of the effort to reduce infant mortality in that period. (Greenberg, H.; Raymond, S.; Leeder, S., 2005, pp. 5 – 35).

According to Kesteloot et al. (2006), the decrease in cardiovascular mortality in European and North American countries followed two phases: the first phase occurred between 1970 and 1990, and is due to measures based on the control of population risk factors, measures initiated from changes in smoking policies, the substitution of vegetable oils for animal fats and the promotion of physical activity. The second phase occurred in the 1990s and is attributed to better management of risk factors for acute cardiovascular disease, as well as the long-term use of evidence-based medication and specialized procedures. One of the conclusions of the article was that the financing and good management of health policies, human resources within public health care, as well as the strengthening of the capacities of the public health system are essential aspects in reducing the mortality rate. Edelman (1985) asserted, since 1985, that health policies are developed based on economic and governmental conditions, but also based on organizational ideologies and interests, which may concern the survival and expansion of certain health units or institutions. This current trend, which refers to the development of health policies, requires careful and contemplative reconsideration of economic policies and differences regarding the control and impact of health services. Authors such as Giffin (1994), Homer (2002), Kaufman and Jing (2002) have also studied these issues.

Twaddle (1996) considers, based on well-grounded theory, that the implementation of health policies is the basis of the evolution of states, an aspect also supported by Graig (1999), Waitzkin et al. (2005). The global concern for the reduction of serious health problems has always existed and persists, and the conclusion is that health policies have a beneficial role on the population, on efficient and equitable health care, an aspect argued by Anderson (1989), Roemer (1993). The consequences of these issues directly influence the development of national health policies, and the achievement of public health goals seems to be one of the most critical, according to Saltman's (2003) studies. The adequacy of health policies is often based on the availability of financial resources, the ability of citizens to pay out-of-pocket expenses, or by assessing actual or potential discrepancies resulting from implementation, according to Giffin (1994), Fiedler and Wright (2003), Blumenthal and Hsiao (2005), De Groote, De Paepe and Unger (2005).

RESEARCH METHODOLOGY

The present research combines the qualitative research method with the quantitative method; the qualitative research method refers to the revision of the specialized literature, in view of deepening the concept of health policy in general, as well as in the field of cardiovascular medicine and of the existence of health policies within the U.E. The quantitative research method, respectively the indicator method, supported the study in detailing the importance of human resources in cardiovascular medicine, by analyzing the number of doctors in this sector, as well as the number of beds available for continuous hospitalization, in cardiovascular medicine; In this regard, official websites, such as www.insse.ro, were consulted and data used to highlight the importance of human resources within this sector for Romania.

HEALTH POLICIES IN THE E.U.

By developing a European framework for health policies, it is intended to support actions aimed at increasing the health and well-being of the population by pursuing objectives of great perspective and ambition for health protection, by (1) Promoting health, preventing diseases and promoting the development of an environment conducive to a healthy lifestyle; (2) Protecting European citizens against serious cross-border threats to health under current conditions; (3) Contributing to the development of health systems in the countries of the European Union that are efficient, innovative and sustainable; (4) Facilitating the access of citizens to safer and better quality healthcare. (Egger, M.; Smith, G., D.; Altman, D., 2001, pp. 67 – 71).

The entry into force of the Lisbon Treaty in 2009 has led to an increase in the importance of health in European policies. U.E. policy in the field of health, it has the role to complement national policies and to ensure the protection of health in all the policies of the European Union. However, the European Union plays an important role in improving public health, in preventing and managing diseases, mitigating sources of danger to human health and harmonizing health strategies between the Member States. At the European level, through the development of a European framework of health policies brought together under the umbrella of the "Health 2020" strategy, we want to support actions to improve the health status. The EU has successfully implemented a comprehensive policy through the Health Strategy for Growth and its action program for 2014-2020, as well as a body of secondary legislation. The European Union does not define health policies, nor does it organize and provide health care and medical care. Instead, its actions complement national policies and support cooperation between the Member States in the field of public health. (Lisbon Treaty, available at <https://eur-lex.europa.eu/legal-content/ro/TXT/?uri=CELEX%3A12007L%2FTXT>).

The Union's public health policies and actions are aimed at protecting and improving the health of EU citizens, providing support for the modernization of health infrastructure and improving the efficiency of health systems to create resource reserves and to solve common challenges such as reducing substance abuse, chronic preventable diseases and the impact of increased life expectancy on health systems. Health policies contribute to the change of health status, both at the individual level and at the societal level. Furthermore, the European Union is complementing national health policies by supporting Member State governments to achieve common goals, pool resources and overcome common challenges. U.E. elaborates European norms and standards for medical products and services and provides funding for health projects throughout the Union. It is recognized that public health is not just a problem for health policy. For example, in 1997, the Treaty of Amsterdam called for all European Community policies to protect health.

HEALTH POLICIES IN THE FIELD OF CARDIOVASCULAR MEDICINE

Considering the increase in cases of cardiovascular diseases, as well as the importance of diminishing this phenomenon, research is increasingly focusing on health policy in this area. The health policy in the field of cardiovascular medicine is an essential aspect of reducing the mortality rate, but also in supporting the health of the population. Broadly speaking, public health policies, according to Anderson (2003), Brownson et al. (2009), are defined as laws, regulations and judicial decrees in the field of health, with the role of promoting, supporting and facilitating access to a balanced state of health of the population. The implementation of public health policies requires the implementation of two types of actions: monitoring and evaluation. Monitoring ensures the correspondence of the objectives set with the actions proposed for implementation, and the evaluation quantifies the results obtained from the implementation and provides the basis for the

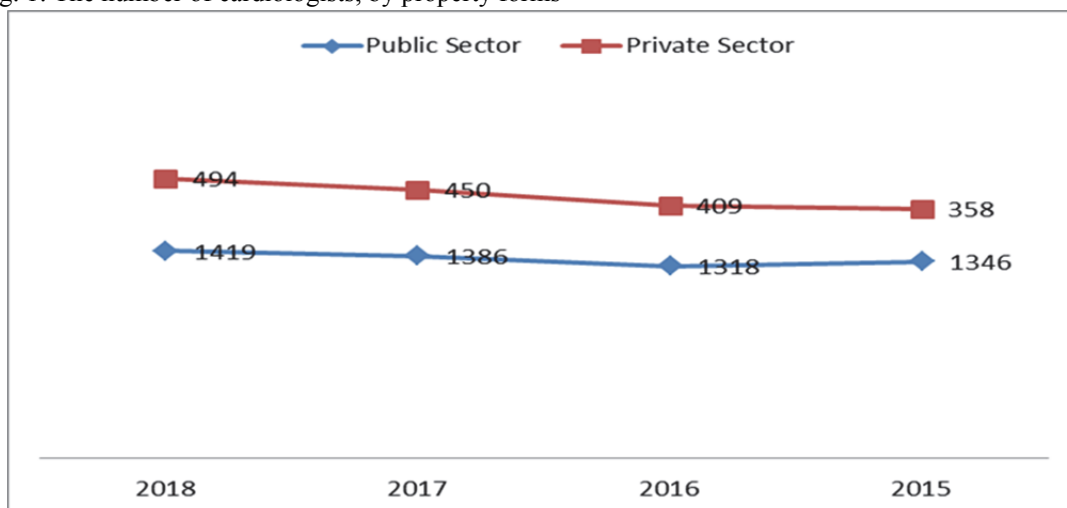
next cycle of public policies, measuring the efficiency and effectiveness of the public policy. Cardiovascular health policies need to be deepened in less developed countries, where the mortality rate due to this type of disease is higher than in developed countries.

Globally, cardiovascular disease is the leading cause of deaths. About 80% of the deaths occurred in low and middle-income countries. WHO warned that by 2025, about 20 million people will die from these conditions. Considering the increase of the cases of cardiovascular diseases, as well as the importance of diminishing this phenomenon, the research focuses more and more on the health policy in this field, an essential aspect in reducing the mortality rate, but also in supporting the health status of a population. The decision to address the provision of health services through formal political initiatives has taken place worldwide, under different socio-political and economic conditions, with different results. It is necessary to take into account the public needs and preferences regarding the structure, function, and provision of health services. Globally, cardiovascular disease is the leading cause of death. About 17.5 million people died from cardiovascular disease in 2005, accounting for 30% of all global deaths. Of these deaths, 7.6 million were caused by myocardial infarction and 5.7 million due to stroke and 4.2 million due to hypertension and other heart conditions. About 80% of these deaths occurred in low and middle-income countries.

THE IMPORTANCE OF HUMAN RESOURCES IN THE FIELD OF CARDIOVASCULAR MEDICINE

The cardiovascular domain, and implicitly, the human resources within this segment are of major importance to society, given the increasing number of cases of illnesses and deaths, as well as the main cause of cardiovascular diseases. In this respect, it is necessary for decision-makers as well as for each individual to be aware of the importance of investment in this sector, and periodic investigation of their health status. It is well known that the Romanian health services have a shortage of human resources, which are either insufficient in numbers or not properly qualified. Thus, to attract a workforce, financial resources are needed, which, efficiently managed, will motivate, train and maintain medical staff in the health unit. (Tomaziu- Todosia, Mihaela, 2019, pp. 99 - 108). The World Health Organization (2008) warned that by 2025, approximately 20 million people will die from these conditions. In this context, the human resources in this sector are indispensable to reduce this condition. Therefore, the health policy in the field of cardiovascular medicine is an essential aspect of reducing the mortality rate, but also in supporting the health of the population.

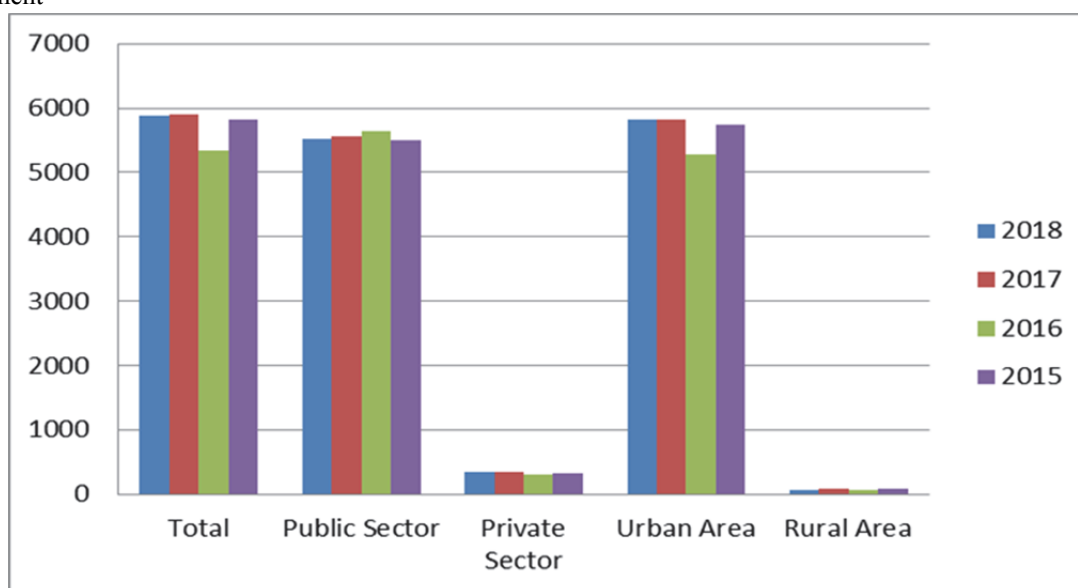
Fig. 1: The number of cardiologists, by property forms



Source: author, based on the data available at <http://www.insse.ro/cms/ro/tags/activitatea-unit%C4%83%C5%A3ilor-sanitare> (2019, 2018, 2017, 2016)

According to statistics, in terms of the number of cardiologists, this is increasing, both in the public sector and in the private sector. Thus, in the public sector of health services, there were 1419 cardiologists in 2018, 1386 doctors in 2017, 1318 in 2016 and 1346 in 2015; regarding the private sector of this field, we meet several 494 doctors in 2018, 450 in 2017, 409 in 2016 and 358 in 2015. The increase in the number of medical records in this field is not significant, taking into account increasing the number of people with cardiovascular disease at the national and global level; the disease index is constantly increasing, with cardiovascular disease being the leading cause of death globally.

Fig. 2: Number of beds for continuous hospitalization, cardiology department, by ownership and residence environment



Source: author, based on the data available at <http://www.insse.ro/cms/ro/tags/activitatea-unit%C4%83%C5%A3ilor-sanitare> (2019, 2018, 2017, 2016)

For the period analyzed, statistics show that there are major inequalities regarding the number of beds for continuous hospitalization, in the cardiology department. The number of beds for

hospitalization depends on the medical staff existing in the same specialization, as well as on the number of existing hospital units, both in the rural area and in the private sector. Thus, in 2018, in the private sector, there were 358 beds for continuous hospitalization, the cardiology department, a number that is insignificantly increasing, considering that in 2015 there were 327 beds, in 2016 there were 310 beds. , and in 2017, several 341 beds for patients with this type of condition. As for the rural area, in 2018, there were 71 beds for this type of condition, in 2017 there were 91 beds, 61 beds in 2016 and 94 beds in 2015.

CONCLUSIONS

The health status of a nation correlates with multiple dimensions of quality of life: income, job, housing and utilities, equity and quality of health and education services and more. According to the definitions of the World Health Organization, adopted over the last 30 years, a man's health should not be limited only to a lack of disease, but to a state of physical, mental and social prosperity. By this modern definition, the health of the individual is closely linked to the concept of quality of life, more than ever. Starting from this vision, in the developed countries the offer of health services is successfully combined, at present, with psychological counseling or social assistance services, with services at the patient's home or efficient medico-social services, for persons with disabilities or persons with other types of medical and social problems at the same time. The policies in the health field combine, efficiently, with other types of social policy, for most adequate investment in the recovery of the human capital of the respective community. Health policies are the main means by which companies model their health activity, taking into account the operational definitions of health and the determinants of health status. Thus, health policies play an important role in terms of human resources in the cardiovascular medicine sector; the influence that health policies have in this regard has repercussions both on the national economy and on the health status of the population.

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