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Improving the managerial performance in health care systems

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Abstract

The unsatisfactory performance of health care workers is a very prevalent issue, especially in countries which lack resources. In such cases the distribution of health interventions by health workers is crucial. The aim of this paper is to indicate these concerns as well as to provide evidence about the factors of performance and the strategies utilized for improving this issue. The practices of health care workers are viewed as intricate activities with influential prospects. Studies have shown that the simple delivery of written strategies or procedures is unsuccessful more often than not, managerial supervision along with adequate feedback is generally regarded as being the more effective method. Complex interventions can also be considered to be more effective than simple ones, the implementation of urgent cost effective trials is necessary in establishing a more efficient guiding policy. Our intention is to propose an international plan based on collaboration in order to generate information about the exact determinant factors of performance and the subsequent efficacy of the policies used to enhance health-worker management. Additionally, the active support of international organizations as well as the ministry of health can aid greatly in converting research findings into accomplishments in order to increase health-worker performance thus improving the health care system all together.

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1. Introduction

Health care has always been in the academic world, in the clinical, as well as in society, a very delicate matter in light of the situations any patients can be facing with their own personal health, in addition to their views regarding the health care system. Health is beyond question one of, if not the most vital human necessity, thus any altering or deterioration can ultimately lead to the threat of the wellbeing of any members of society. Due to the impact that health care has had on the capacity to produce human capital, health is perceived as a very profitable investment. In

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this particular paper we examined the efficiency of the Romanian health care system, for example; we observed the workforce productivity and administrative proficiency of “St. Luke’s” hospital of chronic diseases. In addition to the medical services offered such as innovational techniques in rehabilitation and physiotherapy, but decent enough conditions which generate patient satisfaction. Unfortunately, the Romanian health care system does not have the necessary funds to implement sufficient programs in order to improve medical services; as a result, many health care institutions suffer, and are faced with increasingly more difficult challenges when it comes to the effective administration of their respective establishments. This paper consists of four different sections; the first section discusses the theoretical elements pertaining to the management of medical services in Europe and Romania; the second will contain an analysis of the principal indicators of efficiency within the Romanian health care system; namely St. Luke’s hospital, section three will consist of the necessary measures which should be taken to increase productivity and efficiency of health care delivery; the last section will present the results and conclusions. At this time no health care system has been able to obtain all its established goals to the best of their abilities. Despite the fact that every health care institution faces difficulties, it is the responsibility of every one of them to prioritize the optimization of health care delivery and health care worker productivity.

2. Theoretical considerations in regard to health care management

2.1 Management of health services – general notions

Every individual would like to have the option of living as long as they possibly can, while also benefiting from good health and being a contributing member to society. Health is essential in human existence and is unequivocally linked to the evolution of mankind. Therefore, it is imperative that the delivery of health care services and the level of interest from health care workers towards patients should not be viewed as simple caring of individuals who are ill or require attention, but rather as tools in acquiring numerous social objectives such as; equal chance, financial security during crucial health related incidents, old age, informing the younger population, etc.

Health care delivery also has an important role on the economy of a country. By insuring an optimum level of health care to the active population of any country creates the premise for improving gross internal production, subsequently resulting in an increase of health care workforce productivity. Zamfir (2011) Due to the vitality the level of health has on a population, constant and easy access to health care services should present a fundamental right to any individual. Furthermore, the government in first and even most second world countries include considerable amounts of effort into improving the access of health care delivery as well as improving the health care system entirely across all levels.

Public health is defined as the field of science which studies the health of a general population in order to nurture and protect the overall wellbeing as well as improving the health of the community in regards to socioeconomic, biological, and environmental factors, as well as quality of life, insuring health care delivery, and improving the quality and accessibility of health care services.

Health care system is comprised of an assembly of institution and organization officers, has the competence to insure, with the use of human resources and materials, various conditions in order to protect individuals against the effect of diseases, permitting the evolution of social actions for prevention, treatment and recovery. This system is made up of several subsystems which establish links of a functional nature, ensuring the problem solving of medical assistance for the population. Radulescu (2008)

In this context, health care delivery can be defined as being activities of general interest which have as their objective safety insurance, maintenance and stability of patient health status by prevention, early diagnosis and treatment in order to improve the associated symptoms of any diseases. In order to establish a balance both on a physical and emotional level the delivery of health care services should entail the following functional properties;

- a) *Health promotion* – the initial steps incorporates the permanent information on maintaining the health status and avoiding causes for disease.
- b) *Disease prevention* – is performed through the finance of various services for prevention and early diagnosis of a disease.
- c) *Curative measures* – health services provided by various organizations as well as medical personnel follow the specific treatment protocol for numerous diseases in order to prevent complications, patient recovery, or at least the improvement of symptoms suffered by the patient depending on the case.

d) *Health recovery* – deals with the recovery of an individual due to a disease by providing specific services, for example: physiotherapy, recuperation through massage, medical gymnastics, etc. Radulescu (2008)

The health care sector varies in its objectives in comparison to other economic features; therefore a series of general aspects should be taken into considerations, for example;

- Increase in technical efficiency – meaning, the utilization of adequate limited resources of any health care institution, without wasting any unnecessary materials.
- Increase in efficient budget allocation – involves maximizing the value obtained from expenditure by allocating funds based on results and their impact on health status (years of life gained, improving quality of life, increased access to priority services)
- Increase accessibility for disadvantaged groups – (low income families, individuals from rural surroundings) the distribution of resources in the public system should be centered on those who most need the services and have limited access to them.
- Adequate hospital services structured around users' expectations – by restructuring public services so as to meet public expectations while maintaining accountability towards services offered Zamfir (2011)

The most important institution within the health care system which assures medical services is without question a hospital. Hospitals can be defined as a health institution which offers beds, being of public utility, with legal personality, which provides medical services, thus participating in ensuring the health status of the population (*Romanian Law nr. 95/2006*). Health care services offered by hospitals can be classified into 3 major categories; preventive, curative, and recovery/palliative care.

2.2 Management of health services within the European Union

Health systems have developed their own financing mechanisms, more or less a hybrid to the extent that it is based on a combination of funding sources, but most are directly or indirectly controlled by the state. The European Union has three distinct funding models based on the Beveridge model, which is characterized by public funding based on taxes, the Bismarck model, which is done through the compulsory and voluntary insurance model by private financing. Compulsory insurance, as well as voluntary are administered by the insurance branch within the Ministry of Health that deals with public health insurance, which are intended in to deliver benefits in the form of health care services as a result of collective contributions. There are two main methods in which funding is performed by a hospital, it can be done through daily fares based on hospital stays, or as a fare for clinical diagnostic groups.

Austria: The Austrian health system covers 99 % of the population is divided into four major categories, according to the hedged risk: sickness insurance, accident insurance, life insurance, and unemployment insurance. Hospitals are funded through a system of payments based on rates for homogeneous groups of patients. Doctors working in hospitals are employees, and their fees are determined on the basis of an agreement concluded between the Union of the Social Insurance and the regional chambers of physicians.

France: The French health care system is the result of a complex mix of the public and private sectors, founded on compulsory health insurance and largely completed by voluntary private insurance. The state plays an important role in the French health system, and it its responsibility to protect all citizens. Regionally there are 22 directorates on health issues which implement the health polices and exercise control over the hospitals. Public hospitals are funded by global allocations at the level of previous year expenditures, at the private level they are based on a formula that combines the daily price of hospital stay with the payment of hospital based documents.

Germany: The German model is based on compulsory insurance being founded by Bismarck in 1883. Full coverage is offered to the entire population and guarantees access to a significant amount of health care services. The government has a limited role in providing the legislative framework, due to their executive responsibilities being based primarily on administrative distribution. Public or private hospitals are financed through a dual system, on one hand the investments are supported by each German federal state respectively, on the other hand the operating expenses are borne by the department of social insurance where the payment is based on a combined formula (pathology, based on the documents, the charge per day of hospitalization) The remuneration of physicians is based on medical documents and is conducted by the national department of social insurance.

United Kingdom: The National Health Service (NHS) includes a complete range of services with free access for the general population. In Great Britain there are 463 trusts covering over 1,600 hospitals and represent the majority

of health institutions. They offer their services on the basis of negotiating contracts with buyers. The system is funded 95% from taxes and 5% from other local contributions within a budget set by the ministry and submitted for approval to the Parliament. Health care workers are employed and remunerated based on the number of patients on their lists or on documentation for contraception and vaccination services Radulescu (2008)

2.3 Management of medical services in Romania

Romania has a long tradition when it comes to the organization of the health care system, dating all the way back to 1853, the Romanian health care system benefited from benefited from good administration. It wasn't until 1933 when the adopted the Bismarck model. Dragoi (2010)

In 1990, after the fall of communism, Romania adopted a public health system financed by the state, a type of Semashko based model, in which the decision process was completely centralized, without any separation between the beneficiary and the provider. Despite numerous attempts of reform, efforts have been unprogressive. Within the health care system, the central authority, or the Ministry of Health, has many responsibilities regarding local decisions, or further deepening the expense of areas essential to the efficient functioning of the health system.

The most appreciated realization as a reform was the establishment of a National Health Insurance Department (CNAS), which was up and running by the end of the '90's. The department officials achieved leadership through direct election for local structures, as it had been stipulated in the initial bill; formed on this basis these local establishments would have had legitimacy and hold accountability directly to the population, all the while benefiting from a wide autonomy and managing health insurance funds. This exact model had not been previously accepted politically and subsequently approved by the Parliament; the law has in fact been changed significantly. At present, and in accordance with Romanian law nr.95/2006; referring to the reforms in the field of sanitation will be subsequent to changes and additions, the CNAS is considered a public institution, autonomous, which manages the social health insurance system, in conformity with a tripartite managerial system, represented by a union, employers and state authorities.

In 2008, there existed 457 hospitals in Romania, units with the possibility to house inpatients. Out of those 457, 427 of them were public hospitals; 897 outpatient units, specialized medical centers, centers with high performance gear, including 9038 specialized medical practices. Besides these institutions there were also, 2555 laboratories and medical imaging units, 11279 family medicine practices and another 1033 for general medicine mainly offering services for labor medicine, as well as 11025 dental health practices and 6127 pharmacies. *MS-CNOASIIDS (2015)*. The Romanian health care system is primarily based on hospital care as the main method of intervention. Romania, still records one the highest rates of hospitalization in the European Union: 220, 13 inpatients to every 1000 inhabitants in the year 2015. Msro (2015)

2.4 Effectiveness in the field of modern medicine – general considerations

Making the healthcare system more efficient is a major preoccupation for any administrator of a health institution, who deal with constant pressures from complex and challenging situations. Being efficient includes the ability to identify appropriate products and offered services, mainly in technology, the field which should be exploited the most, while being able to recruit and retain the necessary individuals who possess the required qualities for that specific occupation. This process involves achieving targets with acceptable use of resources, i.e. it requires not only knowing exactly what the possible margin for each objective is, but also the possibility of their classification succumbing to change.

In order to achieve effective management of a hospital a manger should take the following features into consideration:

- control of funds (standardized consumption of drugs and equipment)
- Investments and exits from investments (justification of needs)
- Innovation and risk taking (modernization of hospitals in order to improve the facilities of which the recipients of health services benefit from)
- International expansion (the international collaboration amplitude)
- Ability to make decisions in difficult conditions
- Direct communication (development of strategies , motivating staff)

- Personal responsibility

In terms of economic efficiency, health institutions are viewed as a choice of interventions which bring greater benefits to health at a given cost. Clujeanu (2005) The concept of quality in health services involves the establishment of evidence-based standards in partnership with consumers, which are validated externally in parallel with the recognition and acceptance of the value of continuous improvement of the health care system. Improving the quality in the health system requires the implementation of internationally recognized guidelines and continuing evidence-based education, along with the commitment of health care workers and health institutions in this endeavor.

In order to insure quality the system should identify failures, correct them, as well as monitor the progress in this area. Setting and achieving these standards is not enough. Just by developing a culture of quality throughout the health system can ensure the provision of consistent high quality and integrity both locally and regionally as well as nationally. This involves an interdisciplinary approach and a continuous assessment system using techniques such as clinical audits. Thus, the quality of the informational system must be able to provide feedback to professionals and consumers in terms of quality of services provided and received. Quality is one of the basic principles underlying the foundation of health strategy. Quality assurance is at an early stage of evolution in the hospital system, as well as throughout the entire health care system in Romania. Guidelines and quality standards are in also in the first phase of development, but even so the minimum compliance requirements are not applied. The laboratories are an exception to this rule, where quality control is assured by ISO 9001/2008: specifies requirements for a quality management system where an organization. Msro (2015)

- Needs to demonstrate its ability to consistently provide product that meets customer and applicable statutory and regulatory requirements, and
- Aims to enhance customer satisfaction through the effective application of the system, including processes for continual improvement of the system and the assurance of conformity to customer and applicable statutory and regulatory requirements. (*www.ISO.org*)

As an actual way to make the system more efficient, it is recommended to increase health care system performance, increase home care services, improving the management of health care institutions, importance of human resources, etc.

3. Diagnostic analysis of the main indicators of efficiency in Saint Luke's Hospital for Chronic Diseases.

3.1 A SWOT analysis – St. Luke's' Hospital for Chronic Diseases

In order to achieve an efficiency study within St. Luke's, we use the SWOT analysis of this institute to retrieve certain irregularities, of which we aim to correct. In what follows we will find the main features of the hospital SWOT analysis.

Strong points:

- Availability to purchasing medical equipment, various services and works so that the clinical aspect can take place in the best possible conditions.
- Ensuring human and material resources to provide a higher quality of health care.
- The integration of new solutions according to the requirements of modern medicine, to facilitate patient access to health care services.
- Modern medical equipment of quality: multidisciplinary inpatient ultrasound; automated ESR analysis; automated electrophoresis analyzes; semi-automated bacteriological analyzes; analyzes to determine glycosylated hemoglobin; bone densitometry technology; and reactive urine strips.
- Purchased medical equipment for physical recovery to provide the highest quality of medical services, and further equipped with new advanced applications in the performance of food blockage.
- Professional experience which assures contiguity to the patients and their needs.
- The automation of medical data.
- Hospital supports their financial resources as follows: By contract with the department of social security of Bucharest; by grants from the local budget; and by revenues.
- Continuous medical education and specialization of health care workers.
- Excellent relationships with colleagues and peers.

- So far there have been no recorded complaints by patients.
- Day hospitalization.
- High degree of patient satisfaction

Weak points:

- High performance appliances and equipment can be purchased only through an investment plan approved by the General Council of Bucharest;
- Lack of experience in negotiating public - private partnerships with manufactures in order to improve hospital materials and equipment.
- Hospital staff is insufficient in relation to the volume and diversity of the required activities.
- Lack of experience and professional education of young residents.
- The low level of medical ethics, lack of discipline, motivation, and indecisiveness.
- Approval of budgets and sources of funding starts in April (the earliest) of each year.
- Approved budgets are lower than the hospital evaluations.
- Increased mortality rate
- Shortage of health care workers increases the amount of time spent on one particular task which may decrease the quality of service

Opportunities:

- The hospital is located in the southeast part of Bucharest which is a growing residential area.
 - There are means of transport in the city to the hospital (subway and buses)
 - Conducting innovative health programs in oncology.
 - The only hospital in the capital that specializes in services for chronic diseases, palliative treatments, and rehabilitation
 - The Department of Geriatrics is ranked 2nd across the country as the number of patients treated.
 - The Geriatrics Department is part of the National Alzheimer's Alliance (AA) for the detection and evaluation of Alzheimer's disease.
 - The geriatric ward is used as an university clinic for the University of Medicine and Pharmacy "Carol Davila" - the sponsor of quality medical services at the an academic level .
 - The Department of Neurological Recovery is situated near the Emergency Hospital "Bagdasar-Arseni" (the former hospital of neurosurgery) which is a major treatment advantage.
 - Collaboration agreements with hospitals of acute diseases.
 - Collaboration with various health care organizations for health care at home, social services, etc.
- Threats:*
- The hospital is located outside the inner circular ring of the Municipality of Bucharest.
 - There are insufficient means of transport within the city – one bus line; and the hospital is located between two metro stations.
 - Given the legislation, the hospital cannot directly transfer medical and social centers and/or socio - medical complex patients which require supervision and care post-hospitalization who are not eligible for home care services.
 - Social cases admitted by external pressures, such as: ambulance, emergency hospitals, authorities, etc.-
 - Patients' desire to prolong hospitalization is over the allowed limit

4. Measures which can be taken in order to enhance the efficiency of the Romanian Health Care System

4.1 Identified challenges and objectives

Insufficient budget due to the declining number of patients discharged and number of beds available in hospitals and large maintenance costs of buildings. Attractiveness is deteriorating due to the reduced range of medical specialties offered as well as the financial problems. Decreasing quality of healthcare services, reduced range of medical services offered, insufficient health care workers, and insufficient number of protocols and nursing practice guidelines employed. Raising the standards and improving the performance of the hospital services provided, by offering quality medical services punctually, as well as placing emphasis on safety, reliability, and flexibility.

4.2 Improving the quality of health care provided

The Quality of health care services is a principle of increasingly importance, because it increases awareness of patients, along with technological and therapeutic advances. The value of health care services has many dimensions, of which the most important are effectiveness, productivity, continuity of health care, patient safety, competent medical teams, patient satisfaction, and healthcare professionals. The laws set by the Ministry of Health help to regulate and apply measures to increase the quality of care.

Improvements can be achieved by implementing national guidelines approved by order of the Ministry of Health, and other professional health associations, while adopting national protocols or the adapting of European and International practice guidelines, in developing therapeutic procedures based on the adopted guidelines.

The guide to clinical practice is a set of statements about the diagnosis and treatment of certain diseases. These affirmations are the result of a comprehensive assessment of evidence from a medical practice. Their defining purpose is to assist practitioners and patients in making decisions on the most appropriate health care conditions.

Practical procedures are a form of describing the usual manner to provide a certain type of patient care. Thus, it applies a sequence of processes (analysis, medications, and treatments) needed to achieve a desired result in a patient who has undergone a specific procedure or treatment. These protocols are established for the main symptoms of a type of patient care required, such as vaccinations for children, birth, treatment of stroke, appendectomy, etc.

Guides and practice protocols are to be used together, they are complementary; they provide the information necessary for the user to build protocol, while the protocol applied aims to guide.

Applying a system of collaboration and partnerships with associations, social medical services, and home care services In order to ensure the social integration and continuity of health care for patients, hospitals have to conclude agreements/partnerships with hospitals in the near proximity, home care service companies and medical and social services centers.

Recommended actions: Partnerships with associations, foundations or other providers of social services or medical-social assistance at discharge from the hospital; partnership with the Emergency Hospital "Bagdasar-Arseni" - for transferring patients who are critical and require continuous medical attention, as well as to consult inpatients in various specializations (ophthalmology, otolaryngology, surgery, cardiology, neurosurgery, urology, and orthopedics). The Medico-Social Center of District 4 (formerly "St. Luke's" medical-social center) - for post-hospital care in discharged patients who live alone and are unable to pay for home care services.

Detection, control and surveillance of nosocomial infections recommended actions: Reduction to eliminate nosocomial infections associated with invasive acts; Control the spread of drug-resistant bacteria and emerging phenomena with epidemic potential; Strengthening surveillance and control system of nosocomial infections; Involvement in the organization at all levels policies to prevent nosocomial infections and risk management; Strengthening cross prevent the transmission of microorganisms

Increase transparency in the use of funds recommended actions: Mechanization of the hospital in order to highlight the actual costs of medical services; Organizing national auctions for purchasing goods and services; strengthening the capacity of evaluation, and internal control; Displaying the financial data that is of public interest

Strengthening financial discipline - Ensuring financing medical services performed, national health programs and other actions and activities under the law and compliance with the approved budget; Background initial budget proposals and rectification on the basis of the main strategies of the hospital; Year-end financial analysis, control and preparing financial statements quarterly and annual according to the law; Analysis, verification and submission for approval of the budget of revenues and expenses, according to the law; Monitoring the use of public funds; Strict compliance with financial and budgetary discipline through the issuance of norms and guidelines for application of the laws, regulations specific to health accounting.

Attracting new financial resources in healthcare could be made by the payment of medical services on the basis of objective criteria and reducing the influence of historical criteria or highlighting the expenses per patient for all medical services that they benefit from.

5. Conclusions

The medical field is one of which we have no right to launch opinions without knowing the specifics; Specificity results from the profession and its' relation to the working environment (dominated by human suffering) the subject of the labor force which is represented by man and his poor health due to the insufficient care offered by

the human resources system.

In Europe each country has the freedom to choose their own health care system, adapted to their specific needs, based on the fundamental principles of ensuring people's health. The search for a general European model that would apply to all Member States, cannot be a viable solution, because each state does not share the same principles of rationalization and improvement of the health care system.

Even though there are various structures of healthcare systems they all have in common the concerns for a higher standard of health care in addition to benefiting from low prices, this notion is put into the spotlight through reforms introduced by each state. They propose new ways to increase efficiency, quality of service, funding new programs, reorganization of organizational structures and last but certainly not least, controlling costs.

The increased frequency of chronic diseases, the aging population as well as the explosion of modern medical technologies and new treatments are becoming more expensive, subsequently increasing the costs of medical services, ultimately this should compel more awareness to the importance of health and its effects on the entire community.

Human resource management indicators, show some negative issues that are impacting healthcare professionals. The medical staff has increased compared to previous years, the main groups benefiting from this increase are the nurses and orderlies. Although growth is visible primarily in health care workers, there is a downward trend in the non-medical staff. This can be profitable in terms of cutting unnecessary labor costs, but can also be a weakness because the hospitals are forced to outsource many of their other complementary services.

In order to increase the efficiency and performance of medical services at St. Luke's Hospital for Chronic Diseases, the following recommendations are suggested: The application of national codes of practice with protocols for better healthcare; guides for nursing and the adoption of protocols and procedures for the types of patients with specific needs; incorporating a system of collaborations and partnerships with associations, social services, medical-social organizations and home care services; the development, and employment of a periodical review with a quality plan for each ward of the hospital; the implementation of national health programs that respond to urgent public health issues and the needs of vulnerable population groups; the improvement and modernization of the hospital infrastructure as well the provided medical devices/equipment; putting an integrated eHealth system into practice; improving the financial management of the hospital; attracting new financial resources in healthcare; growth of the ability to control costs.

As a final conclusion, the medical field as part of the development process of a society offers major contributions to improving quality of life, especially being a precursor of ensuring people's health. Taking the current circumstances of Romania into consideration, active implication as well as appropriate funding can help bring efficiency to the health care system, which at the moment is in dire need of an adjustment.

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