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HOW ACCEPTABLE ARE INFORMAL PAYMENTS IN THE ROMANIAN HEALTH CARE SYSTEM? A VIGNETTE STUDY

MOLDOVAN ANDRADA CLAUDIA

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Table of content

Chapter 1 Introduction

1.1. Background

Corruption is a wide-spread phenomenon that attracted a great deal of attention in recent years. It is present in almost all spheres of activity, from the political sphere, to the economic or justice sectors, especially in developing and transition countries. The existence of the large number of empirical studies on this topic proves that this is an important issue in society. These studies describe causes and consequences, as well as policy measures to combat corruption. The majority of these studies provide a definition of corruption that suits their purpose, which is why there are currently a large number of meanings of corruption. It seems that corruption means what the author of each study wants it to mean. However, regardless these large numbers of meanings, all authors agree that corruption involves illegal activities which affect systems and institutions that are created to serve the public interest. Therefore, it can be said that all members of society are affected in various ways and to different degrees.

According to Savedoff (2006) the health sector is particularly vulnerable to corruption because of certain factors. On one hand, there is the complexity of the interaction between dispersed actors (regulators, payers, providers, consumers and suppliers); on the other hand, there is an uncertainty surrounding the demand for services (who will fall ill, when and what will they need). In addition, the asymmetric information among the various actors can also lead to situations in which people choose to engage in corrupt behaviors. The vast majority of studies suggest that bribes and informal payments are the most common form of corruption in the health sector. Maureen Lewis (2007) claims that even though the informal payments may be a form of corruption, they are often symptomatic of bad management, a response to underfunding, a reflection of the absence of accountability, or some combination. Opinions differ with regards to the motivations of health suppliers to demand and the motivations of

patients to offer the informal payments and the bribes to doctors. However, everybody agrees that ultimately, it is the patients that suffer when these financial motivations rather than the medical need dictates whether they receive the medical services.

Many of these studies investigate African or Asian countries, but it is Central and Eastern European countries that have attracted the interest of most scholars. Romania is a European Union member since 2007, and although the health standards should be at a European level, the health care system is lagging behind a great deal compared to richer EU countries. Like many countries in Europe, the Romanian health system encountered a large number of difficulties: centralization, management deficiencies, inadequate medical equipment or the lack of it, limited or no access to medical care in rural areas, and the list can go on. Under these circumstances it is not surprising that the use of informal payments is wide spread in this country. The aim of this paper is to expand the knowledge in this field by investigating acceptability levels of bribes and informal payments for the users of the Romanian health care system but also the possible explanations for these attitudes.

1.2. Definitions

In order to study corruption, and what it entails we must first define it. Due to its complex nature, this phenomenon has been defined in many ways. One of the most widely accepted definitions of corruption is offered by Transparency International (TI) which defines corruption as '*the abuse of entrusted power for private gain*'. TI further differentiates between: *according to rule* corruption (when facilitation payments occur, where a bribe is paid to receive preferential treatment for something that the recipient is required to do by law) and *against the rule* corruption (a bribe is paid to obtain services the bribe receiver is prohibited from providing). Applied to the health care system the first type of corruption (*according to rule)* would occur in a situation where a physician is receiving informal 'under-the-table' or 'envelope' payments for providing a service that is supposed to be free. *Against*

the rule corruption occurs when payments are made by patients in order to jump the queue or obtain drugs they are not entitled to.

Although the literature on bribes and informal payments mostly portrays this behavior as immoral and corrupt, it remains to be seen whether Romanian people see it the same way. According to Maureen Lewis (2007: 985) informal payments are defined as '*payments to individual and institutional providers, in kind or cash, that are made outside official payment channels or are purchases meant to be covered by the health care system*'. Since informal payments are paid directly to individual providers that use public office for private gain, the informal payments fall into the definition of corruption. The Free Dictionary (2011) provides a legal definition of bribery: 'the *offering, giving, receiving, or soliciting of something of value for the purpose of influencing the action of an official in the discharge of his or her public or legal duties.*' In this context, it is suggested that a bribe can consist of immediate cash or of personal favors, a promise of later payment, or anything else the recipient views as valuable. In Romania, bribery is the most common form of corruption, and the familiar connotation for this word is 'spagă' (TI Romania, 2010). According to the Romanian dictionary the terms 'spagă' and 'mită' carry the same meaning, namely 'an amount of money or other material values given or promised to a person in order to receive an illegal service' (Dex online, 2010). In this paper, the term 'bribe' will refer to gifts or favors/services that are asked for by doctors/nurses or offered by the patients, while informal payments will mainly refer to money exchanged between the medical personnel and the patients.

1.3. Research questions

This research project focuses on the acceptability of informal payments and bribes in the Romanian healthcare sector, therefore the following research questions will be considered:

'How acceptable are informal payments and bribes according to the users of the health system in Romania, and what explains these attitudes?'

A series of questions are necessary in order to get a better understanding of the current situation with regards to the acceptability of bribes in the health sector: 1. 'How acceptable are informal payments and bribes in the health sector?' and 2. 'Why do people pay bribes in the health sector?' Acceptability levels may vary according to different factors which is why the following question must be considered as well: 3. 'To what extent does the type of informal payment/bribe influence acceptability?' For instance, it is important to know whether people think that being asked for a favor is more acceptable than being asked for money in return for medical services. Another question must be asked in order to find out whether it is more acceptable to offer a bribe, or to be asked by the doctor/nurse: 4. 'To what extent does the initiation process influence acceptability of informal payments/bribes?'

1.5. Scientific relevance

As far as theoretical relevance is concerned, it is important to study the acceptability of informal payments/bribes and the attitudes individuals have towards this corrupt behavior in the health sector because the existing studies on corruption mostly focus on political and economic incentives and anticorruption policy strategies. Also, the majority of these studies use quantitative data on perceptions of corruption or trust in governments. Their significance cannot be denied, since they offer an important overview on the topic. However, qualitative data are better able to capture certain nuances that are omitted in large scale corruption studies. Vignette studies on corruption are relatively scarce, in particular in the healthcare sector, which is why studying the acceptability levels of bribery by utilizing these hypothetical scenarios will contribute to the body of knowledge on the subject.

1.4. Societal relevance

As mentioned before, corruption is a wide spread phenomenon that affects individuals in many different ways. In the health sector specifically, people use bribes as a way to resolve certain medical problems that should be tended to in the first place, since they are covered by

the national insurance. In order to be able to make these payments people make huge financial sacrifices, whether that implies selling assets, borrowing money or spending their savings (if any). But one should wonder what happens with those who cannot afford to pay? That is the moment when reality hits, when those who cannot pay delay getting the help that they need only to get to hospitals in critical conditions, or even worse, when people end up dying. In this context, it is important to investigate the level of acceptability of bribes, because only when these views and the reasons behind them are understood, further steps can be taken for changing the attitudes towards corruption. Appropriate measures to combat corruption are not effective if individual reasons are not understood first.

1.6. Research design

William A. Firestone (1987) debates the quantitative and qualitative methods, and cites Taylor and Bogdan (1984) who suggest that quantitative research seeks to explain the causes of changes in social facts, primarily through objective measurement and quantitative analysis. On the other side, qualitative research is more preoccupied with understanding the social phenomenon from the actor's perspective through participation in the life of those actors. Corruption is characterized by complex interactions. With regards to the health sector, previous studies have employed various research designs to study corruption issues. The majority of the studies opted for a quantitative approach and used cross-national or cross-country survey questionnaires applied to medical staff or the general public. Studies that investigated this topic by utilizing a qualitative data used focus-group discussions with the general public or in-depth interviews with medical personnel. In this study, a large N design is not appropriate or useful since the aim is to investigate the acceptability levels of bribes and informal payments, and the individual reasons and attitudes of health consumers. This can only be achieved through qualitative methods. In order to realize this research project, a

qualitative approach will be utilized. Therefore, vignettes will be applied in an experimental setting, after which in depth interviews will be conducted.

Although some scholars have utilized vignettes in order to study corruption before, so far, there seems to be a lack of studies that employ hypothetical scenarios in order to study bribery or informal payments in the health sector. Therefore, in this study, the acceptability levels of bribery and informal payments will be studied by using a vignette experiment followed by in-depth interviews with patients. The set of vignettes will be utilized in order to be able to analyze the selected variables, while the in-depth interviews will be conducted in order to investigate the reasons behind the choices of acceptability levels in the hypothetical scenarios and the personal attitudes towards the subject. Also, an acceptability scale for the vignettes will be utilized in order to investigate the actual levels. A comprehensive literature review on the subject will also be conducted in order to provide a structure throughout the research.

1.7. Thesis overview

Chapter 2 is going to present a literature overview of the existing literature on informal payments and bribes in the healthcare sector, acceptability of informal payments and bribes in general, and the studies that utilized the vignette method in corruption research. A comprehensive knowledge of the literature in the field is essential for this research paper, as the literature review will contribute to the understanding of the subject and it will serve as foundation for the theoretical framework.

In Chapter 3, the theoretical framework will be built upon the base provided by the literature review presented in the previous chapter. Here, the research design will be elaborated. The advantages and disadvantages of using different data collection methods will also be considered in this chapter. On the basis of previous research in the field, suitable

variables will be selected to be included in the construction of the vignettes. Special attention will be given to the presentation of the way the vignettes and the interviews are constructed and utilized.

Chapter 4 will be dedicated to the data collection specifications. Here, the case selection will be presented and different arguments will be brought forward in order to justify the choices for the participants to this study. This is an important chapter to consider because the participants to this study will be the ones answering the vignettes and the interview questions, thus careful selection is crucial to the success of this research paper. Chapter 5 will include the presentation and the interpretation of the results. First the data will be presented in a quantitative way. A statistical analysis will follow next, in which various tests will be performed by using the Statistical Package for Social Sciences (SPSS) in order to see whether there are any statistical differences between the vignettes and the two samples of participants. Because this study is focused on finding out more about the attitudes people have towards acceptability of informal payments and bribes, more attention will be given to analyzing their views in the second part of this chapter.

The final chapter will present the conclusions and limitations of this research paper. The conclusions will comprise the answers to the research questions presented in the introduction. A discussion on the limitations of this research paper but also on the possible directions for further research will follow last.

Chapter 2 Literature review

2.1. Informal payments and bribes in healthcare sector

The following section will present a general overview of the studies on informal payments and bribes in the healthcare system. There is considerable evidence that informal payments and bribes are an integrated part of the healthcare sectors of many transition countries. Numerous studies focus on the scale, nature, determinants of these transactions but also on the policy responses to this corrupt behavior. For instance, Tim Ensor (2003) points out a series of reports which reveal that in Albania all cadres of hospital and clinic staff receive this kind of payments, while in Kyrgyzstan 25 percent of the survey participants admitted to making a gift to staff (Ensor, 2003). Dina Balabanova and Martin McKee (1997) conducted a survey in Bulgaria that was representative at the national level. In this study, respondents were asked whether they have ever paid, or given a gift at a state health facility for a range of services. Results show that informal payments are relatively familiar, 41 percent out of 1547 individuals aged over 18 admitted having paid money or given a gift for at least one service at a state health facility (Balabanova and McKee, 1997).

Sara Allin, Konstantina Davaki and Elias Mossialos (2005) note several other surveys according to which informal payments constitute 84 percent of total health expenditure in Azerbaijan and out-of-pocket payments contribute around 70-80 percent of total health spending in Georgia, half of which is estimated to be informal. In the Russian Federation they represent 56 percent of total health expenditure, while in Poland they represent 30 percent. The authors point out that a 1999 survey performed by World Bank and USAID observed that 71 percent of GP visits and 59 percent of specialist visits involved informal payments in Slovakia, whereas in Latvia, the TI Annual Report 2000 estimated that approximately 25

percent of patients made informal payments sometimes, and 5.7 percent made informal payments to nearly every visit.

Peter Gaal, Tamas Evetovits and Martin McKee (2006) provide further evidence on this issue. The authors claim their study advances the understanding of the methodological issues involved in researching informal payments by providing a systematic analysis of the methodology of available empirical research and official statistics on the scale of informal payments in Hungary. Their analysis shows that in 2001 the overall magnitude of informal payments was between 16.2 and 50.9 billion HUF (D 64.8–D 203.6 million, US$ 77.1–242.4 million), which amounted to 1.5–4.6% of total health expenditures in Hungary. Although informal payments do not seem to be an important source of health care financing according to these data, the authors stress that due to the inequality in distribution among health workers some family doctors and specialists may have earned between 60 and 236% of their net official income from this source in 2001. In Greece, these payments are an ingrained social institution according to Lycourgos Liaropoulos, Olga Siskou, Daphne Kaitelidou, Mamas Theodorou and Theofanis Katostaras (2008). They suggest that these informal payments are widespread and represent a major source of inequity and inefficiency in the Greek health system. In their view, a high percentage of these payments are made in order to gain access to public hospitals and to receive a higher quality of services.

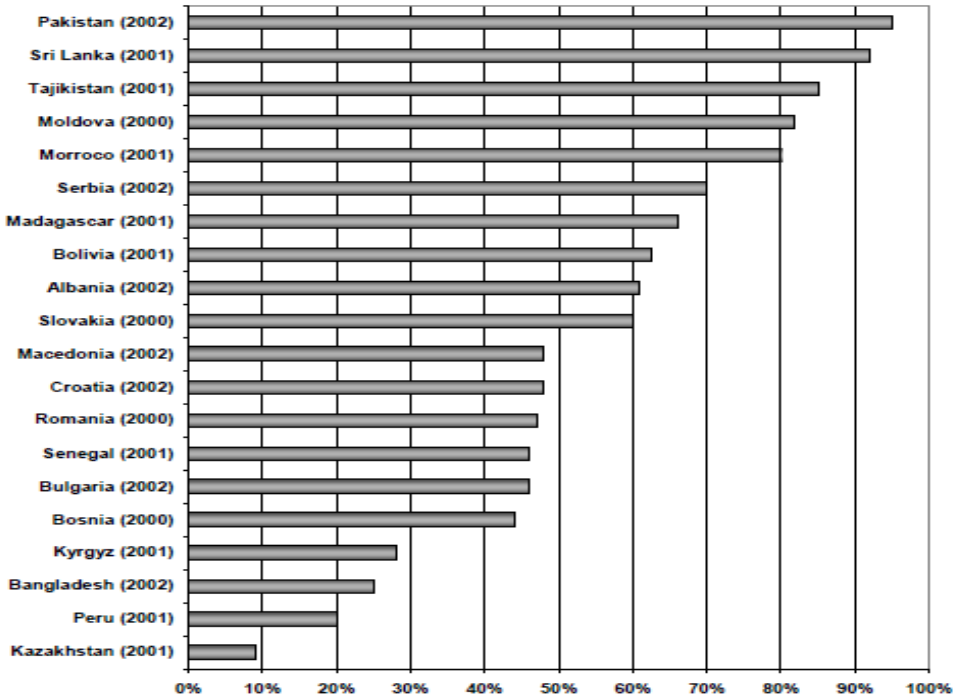
More evidence with regards to the existence of informal payments is presented by Yu-Chan Chiua, Katherine Clegg Smith, Laura Morlock and Lawrence Wissow (2007). They claim that in Taiwan the practice of patients giving informal payments to the physicians for medical services is deeply rooted in social and cultural factors. They examined the portrayal of informal payments by Taiwanese print news media over a period of 12 years, from prior to until after the implementation of national health insurance (NHI) in Taiwan in 1995. They discovered that both before and after the introduction of NHI, newspapers were portraying

these payments as appropriate means to secure access to better healthcare. Also, even though the introduction of NHI standardized fees, in 2002, seven years after the implementation of NHI, the use of informal payments, though illegal, was still being justified in the print media through allusions to its role in traditional Taiwanese culture.

In a study on informal payments in Tanzania Ottar Mæstad and Aziza Mwisongo (2007) investigate the nature of informal payments in the health sector. They use focus groups in order to ease the learning about the interactions among health workers and their behavior with regards to informal payments. The empirical data they use creates a theoretical model in which the quality of care develops as a balance in a game between patients and health care providers. Their findings show that patients make informal payments in order to buy higher quality services, including shorter waiting times. Simultaneously, health workers are involved in rent seeking activities, such as creating artificial shortages, in order to extract extra payments from the patients. They also claim that local health workers are often able to make discriminations between rich and poor patients with regards to the 'price' they have to pay. However, even if the health personnel differentiate between the abilities to pay of each patient, they may not be able to collect informal payments from the rich because people with better education are usually more able to claim their rights and resist the attempts to collect these payments. In these circumstances, the poor are likely to be the ones paying the bribes in most of the cases. They suggest that gifts of appreciation are also common, but the distinction between gifts and bribes is often blurred as apparent gifts may be intended to buy better services in the future (Mæstad and Mwisongo, 2007). The tradition of presenting monetary or in-kind gifts to caregivers as a mark of gratitude present Central Asia and the Caucasus is mentioned by Jane Falkingham (2004). However, she claims that this voluntary tradition is being replaced by provider generated demands for payment as a precondition to treatment.

Maureen Lewis (2006) states that informal payments create a parallel market for services within public health care systems. She claims that when it comes to differentiating between informal and gratitude payments, the level of payment, the nature of the transaction and its timing become relevant for distinguishing the nature of the payment. Since post-service gratitude gestures are often expected, ex post transactions become problematic. She suggests that informality of payment is likely when provides insist on direct pre-payment without involving the official cash windows, refuse patient care without a fee, receive direct payments for specific tasks or refuse basic services without a 'tip' (e.g., such as moving patients from room to room, or giving injections). In a 2001 perceptions survey conducted by USAID on corruption among public officials in Bosnia and Herzegovina, Bulgaria, Macedonia, Romania, Croatia, and Montenegro 45-55% of respondents felt that corruption among doctors was widespread (Vitosha/USAID, 2002 as cited in Lewis, 2006). (See Figure no. 1)

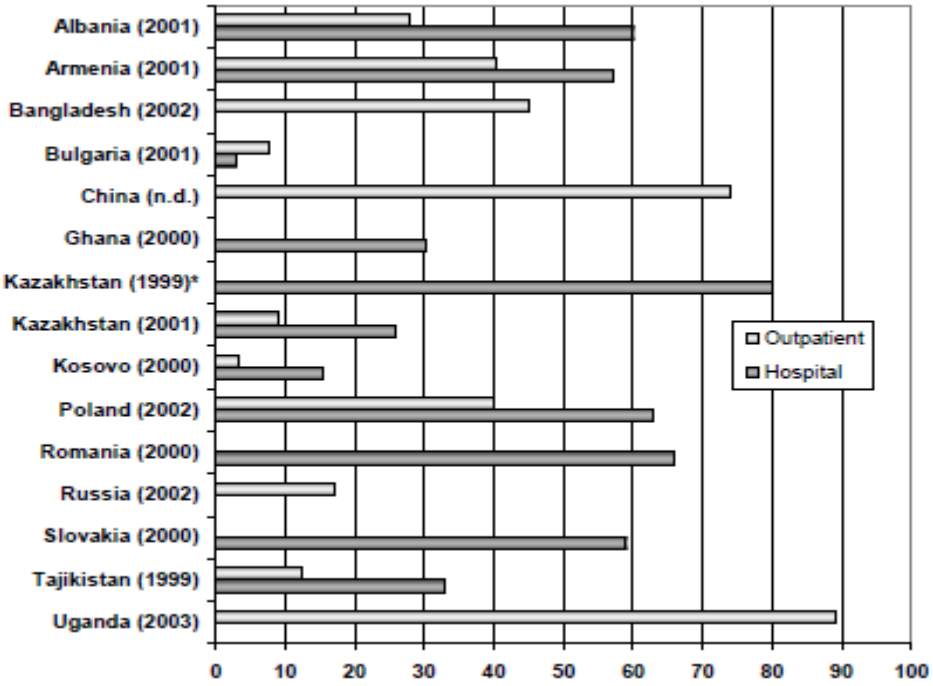
Figure no. 1 Percent Perceiving Corruption in the Health Sector



(*Maureen Lewis*, 2006)

Belli (2002) claims that in Czech Republic, Hungary, Poland and Romania formal payments are associated with primary and outpatient specialist care and informal payments with surgery and inpatient services (Figure no. 2)

Figure no. 2 Proportion of Patients Making Informal Payments by Type of Service, Selected Countries (*Belli*, 2002)



2.1.1 Informal payments in Romania

Romania joined the European Union in 2007. As Dan Bilefsky states, this country is still struggling to shed the corruption culture inherited from the communist years when people used bribes to acquire scarce products and services. He underlines the fact that Romania was ranked by TI as being the second most corrupt country in EU after Bulgaria. Anti-corruption investigations reveal that corruption allegations are faced by politicians, doctors, teachers and police officers. In the health care system, the most common reason for bribery is the low average monthly salary of doctors and nurses which leads them to supplement their incomes. Bilefsky cites a study conducted by the World Bank for the Romanian Ministry of Health the so-called informal payments amounted to $360 million annually. This means that when an illness requires hospitalization, the Romanian patient will have to pay three or four bribes

equivalent to three-quarters of a family's monthly income. (Bilefsky, 2009) According to Alina Wolfe Murray the Romanian health care system is confronted with a massive shortage of medical staff and chronic underfunding. The hospitals have high debts. Situations when operations do not get performed unless patients supply their own bandages, syringes, surgical thread and antibiotics are not rare considering the existing supply shortages. Murray states that the Romanian government allocated just 4 billion euro (3.7 percent on national GDP) on health, which is less than half in percentage terms of the EU average. The author cites the European Commission's annual report on Romania which found that 'two-thirds of respondents said they have offered money to medical personnel, with 81 percent saying that they believe such payments played an extremely influential role in how they were treated' (Murray, 2010).

According to the National Economic Research Associates (1999) as cited in Ana-Claudia Bara, Wim J. A. van den Heuvel and Johannes A. M. Maarse (2002) the under-the-table-payments in the Romanian health care system are a problem that prevents poor people from accessing health care. The President of the Romanian Federative Chamber of Physicians claims that this unofficial payment could exceed 60% of the total amount of money in the health care system. Mihai Vilnoiu and Cristina Abagiu (2003) state that although officially for most of medical services no extra fees are collected, the so called 'under the table' payments do exist at every level of medical care in Romania. They quote a survey of the public opinion with regards to the health system in Romania and the access to health services performed by the Centre for Policies and Health Services. The following question: 'Did you pay unofficial fees/gifts for medical services in 2001?' received the following percentage: for people with high income: 39%, yes and 61%, no. People with income below average answered yes 33% and no 67% (Bara, van den Heuvel and Maarse, 2002).

When investigating the latest developments in the Romanian health system, Ed Holt found that the government's intention of introducing a co-payment system is believed to fail in solving the financial crisis and the bribery problem present in this system. His findings support the evidence present in most studies according to which patient's fears of the possible life-threatening consequences if they do not pay these informal payments are the main reasons behind this behavior (Holt, 2010). Another explanation is provided by Peter Gaal and Martin McKee who claim that informal payments arose as a reaction by patients who were dissatisfied with the shortcomings within this system during the communist era (Gaal and McKee, 2004). Other authors go even further in claiming that apart from the fact that these informal payments are a legacy of communist healthcare systems there are also economic and socio-cultural reasons for their existence. On the economic side there is a general scarcity of financial resources in the public system and on the socio-cultural side a lack of trust in government and the culture of tipping (Allin, Davaki and Mossialos, 2005).

2.2. Studying the acceptability of corruption

This section will first provide a general overview on the studies related to the acceptability of informal payments and bribes. The studies presented in the second part of this section will shed some light on the possible explanations for the acceptability of corrupt behaviors in some specific cases.

2.2.1. Acceptability studies

With regards to the acceptability of bribes, Sanja Kutnjak Ivkovic (2005) examines the degree of homogeneity of police officers' evaluations of seriousness of police misconduct across various countries. The author suggests that because a typical quid pro quo corrupt transaction has two sides – the bribe taker (police officer, judge, and legislator) and the bribe giver (public official, citizen, and company) – the researchers examined whether the behavior by the two sides carries the same weight. She cites the results of various studies (Rossi et al.,

1974; Wolfgang et al., 1985; Rebovich and Layne, 2000) which explicitly suggest that the acceptance of a bribe by a public official is viewed as more serious than the offering of a bribe by a citizen. The discrepancy between the evaluations of seriousness of bribe taking by a public official and bribe giving by a citizen/company persists even when the amount of the bribe accepted is ten times lower than the amount of the bribe offered (Wolfgang et al., 1985 as cited in Ivkovic, 2005).

Also linked to the acceptability of bribery, Geetanee Napal (2005) investigates ethical perceptions in Mauritius. The author claims that here bribery is a common characteristic of business, and that according to the Select Committee Report on Fraud and Corruption from 2001, the practice of bribery provides an easy way out and is viewed as acceptable to some people, as distinct from being accepted as an inevitable practice, with a feeling of resignation. For the purpose of this study, three hypothetical scenarios representing acts of bribery were presented to a sample of 400 people randomly elected from the business community in Mauritius. (see Text Box 1)

Text Box 1 Bribery scenarios (*Geetanee Napal*, 2005)

Scenario 1
A. D. applied for a building permit two years ago. Although he initially followed all the necessary procedures, he is confronted with officials who seem to be complicating the process. A. D. knows that he has the option of paying some form of speed-up gratuity to 'motivate' the people he is dealing with. This would empower the authorities, hasten procedures and stimulate the officials. In the circumstances, if A. D. offers something, how would you rate such action?

Scenario 2
S. V., a wealthy businessman, is convicted of a crime that he claims he has not committed. However, all facts seem to confirm that he is guilty. S. V. insists on his innocence, stating that the best lawyers are prepared to defend him. He opts for paying a judge to be partial to his case. How would you categorise S. V.'s action?

Scenario 3
The cost of a licence to operate a business has increased astronomically lately. In addition, Tom's business has not been too good for the past few months. He offers the clerk at the Town Council a small sum of money, which will spare him from having to pay the licence. In these circumstances, how would you rate Tom's choice?

The response rate was 26%. Respondents were asked to rate the action likely to be adopted using a seven-point bipolar scale, which was previously developed by Reidenbach & Robin in 1988. Respondents evaluated each case somewhat differently, depending upon the seriousness of the ethical problem. Generally speaking, however, the results give evidence of the strong reliance on cultural factors and confirm that moral evaluations are specific to situations. (See Figure no. 3)

Figure no. 3 Seven point bipolar scale developed by Reidenbach & Robin (1988)

Fair	1	2	3	4	5	6	7	Unfair
Just	1	2	3	4	5	6	7	Unjust
Culturally acceptable	1	2	3	4	5	6	7	Culturally unacceptable
Violates an unwritten contract	1	2	3	4	5	6	7	Does not violate an unwritten contract
Traditionally acceptable	1	2	3	4	5	6	7	Traditionally unacceptable
Violates an unspoken promise	1	2	3	4	5	6	7	Does not violate an unspoken promise
Acceptable to family	1	2	3	4	5	6	7	Unacceptable to family

(*Geetanee Napal*, 2005)

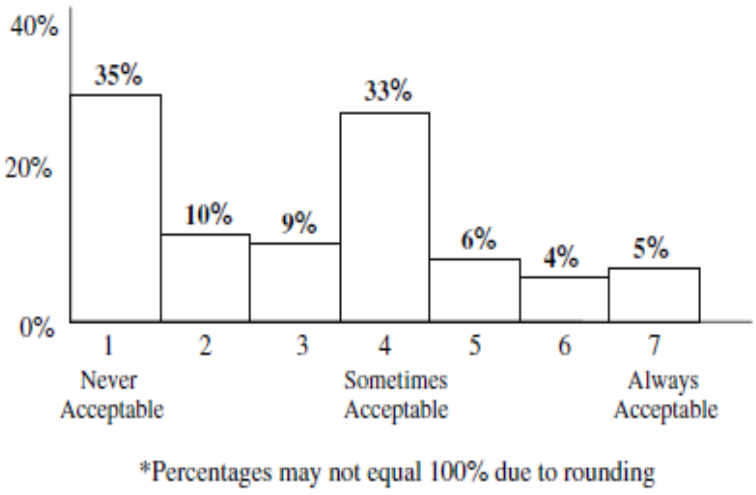
Joseph A. McKinney and Carlos W. Moore (2008) analyze the attitudes towards the issue of international bribery by using a vignette study. The data was collected from a nationwide survey, which implied the mailing of a questionnaire to a random sample of 10,000 business persons in the US who had been identified as business leaders by a major publisher of business periodicals. Usable responses totaled 1,210, for a 12% response rate. The questionnaire presented respondents with vignettes describing hypothetical business situations involving ethical dilemmas (see Text Box 2).

Text Box 2 Bribery vignette (*Joseph A. McKinney* and *Carlos W. Moore*, 2008)

> A company paid a $350,000 ‘‘consulting’’ fee to an official of a foreign country. In return, the official promised assistance in obtaining a contract, which should produce $10 million profit for the contracting company.

The authors explain that respondents were also asked to express their personal views concerning the actions taken in the vignettes. They were asked to rate the action according to a seven point Likert type scale ranging from Never Acceptable to Always Acceptable. In addition to selecting a response on the scale, respondents were invited to make clarifying comments to explain the reasoning behind their choices. Their findings show that the attitudes concerning whether or not international bribery is ever acceptable exhibited wide dispersion. To their surprise, 46.9% of the 1,210 respondents believe that the situation described in the vignette is acceptable to one degree or another while approximately 35% indicated that they found this behavior to be never acceptable (see Figure 4).

Figure no. 4 Response frequencies to bribery vignette in Text Box 2 (*Joseph A. McKinney* and *Carlos W. Moore*, 2008)



Response frequency to vignette regarding consulting fee. The figure reports the percentage of respondents who chose each of the seven possible responses on the Likert-type scale, ranging from Never Acceptable to Always Acceptable concerning the international bribery situation described in the vignette.

In another study related to the acceptability of informal payments and bribes, William L Miller, Åse B Grødeland and Tatyana Y Koshechkina study the attitudes of public officials, including health care staff, towards taking bribes from their patients in Ukraine, Bulgaria, Slovakia and Czech Republic. They focus on finding out the reasons behind the behavior of public officials. In their research they use survey questionnaires applied to public officials,

supplemented by focus group discussions and in-depth interviews with the general public. Their findings show that those who work in the health sector (especially doctors) are more likely to accept 'money or an expensive gift' if offered, far more inclined to ask for 'extra payments', and far more inclined to confess that they had actually taken gifts from clients than any other officials. The authors state that 'judged by their own confessions, hospital doctors were only rivaled by traffic police and customs officials for taking money or expensive gifts from their clients' (Miller et.al, 2000: 305).

The authors suggest that the prevalent excuse of poor pay does not explain why doctors take gifts from the patients, but more effective explanations are moral self-justification, opportunity and bargaining power. Their inquiry found that whereas nurses were under great economic pressure, doctors were not. In comparison with Western doctors they were poor, but not compared to many people within their society. The authors state that doctors were "especially likely to justify informal payments for 'extra work', especially likely to feel that their government tolerated informal payments, and especially likely to be offered money or expensive presents by clients. They combined a strong bargaining position with a culture that justified gift-taking to an unusual degree" (2000: 310). Interestingly, they show that while poor pay increases willingness to accept gifts 'if offered', the doctors that were better paid where the ones that received the expensive gifts and money. The nurses, that were worse paid, were receiving the 'tips' such as flowers and chocolates. (Miller et. al., 2000)

Janos Kornai (2000) studies surveys on gratitude payments to doctors in Hungary. He claims that barely more than a third of Hungarians see a moral problem when doctors demand "gratitude payments" for medical services. This system of 'gift giving is so widespread that almost all doctors accept gratitude money. According to the author approximately 62 percent of physicians' total income came off the books. Even though this study is interesting, it will not be given more attention since the acceptability of bribes is analyzed from the receiver's

perspective, and the focus of this research is on the giver's views. The next study however, is highly relevant for this research; therefore the following section will focus more on the perceptions of corruption and informal payments from the standpoint of the people paying the bribes. (Kornai, 2000)

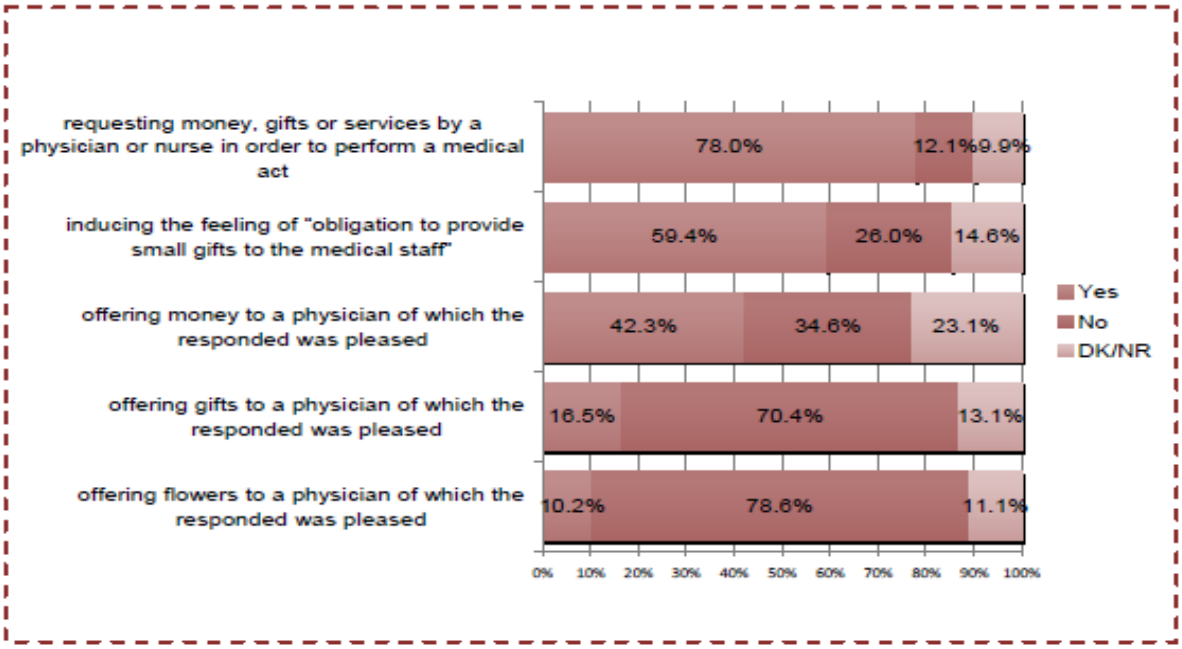
In the same line of thinking, a study by Paolo Belli, George Gotsadze and Helen Shahriari (2004) shows that informal payments are also an accepted practice in Georgia. They conducted an in-depth investigation of formal and informal out-of-pocket payments for health services, and discovered that paying for health services in Georgia has become a really common and mostly accepted practice even though a significant share of these payments are completely unrecorded. The authors claim that these informal charges can either be paid with cash (the most common form of payment), by exchanging goods or services (barter), or by offering in-kind contributions or gifts (symbolic value-chocolate box, cheese, or flowers). The latter are more common when there is a personal relationship between the patient and the doctor/nurse, since offering cash would be embarrassing for the patient, but at the same time leaving the provider's office without expressing gratitude would be culturally not acceptable.

Eric M. Uslaner and Gabriel Badescu (2002) also discuss issues connected to corruption and bribery. They explain that the acceptability of taking bribes makes people more likely to say that there is a lot of corruption, while buying stolen goods is not related to perceptions of elite honesty. According to the authors, the Romanian public makes a clear distinction: Bribery is corruption while buying stolen goods is not. Furthermore, the people who say that taking bribes is unacceptable are more likely to say that the political system is corrupt. Public officials, the elite take bribes. Ordinary citizens are not in positions to receive favors. Their petty violations (buying stolen goods, claiming government benefits, etc.) do not qualify as "corruption" for most Romanians (Uslaner and Badescu, 2002).

Dana Otilia Farcasanu (2010) presents the results of a 2009 population perception study regarding corruption, informal payments in the public health system and the introduction of co-payments for medical health services. The study was representative at a national level. The research method utilized in this study was face to face interview based on a questionnaire administered by the interview operator. The volume of the sample was 1213 persons with age 8 over 15 years from urban and rural areas of Romania.

The main findings show that one of every five respondents considers corruption to be the main problem of the Romanian medical system. Furthermore, the vast majority of the participants were against the informal payments. Also, the induction of the feeling of 'obligation to provide small gifts to the medical staff' is viewed as an act of corruption by six out of ten respondents (59.4%), while four out of ten adds as corruption offering money to a physician of which the responded was pleased. Offering gifts or flowers to a physician of whom the responded was satisfied is not considered by most of the respondents (70.4% and respectively 78.6%) as corruption (Figure no. 5).

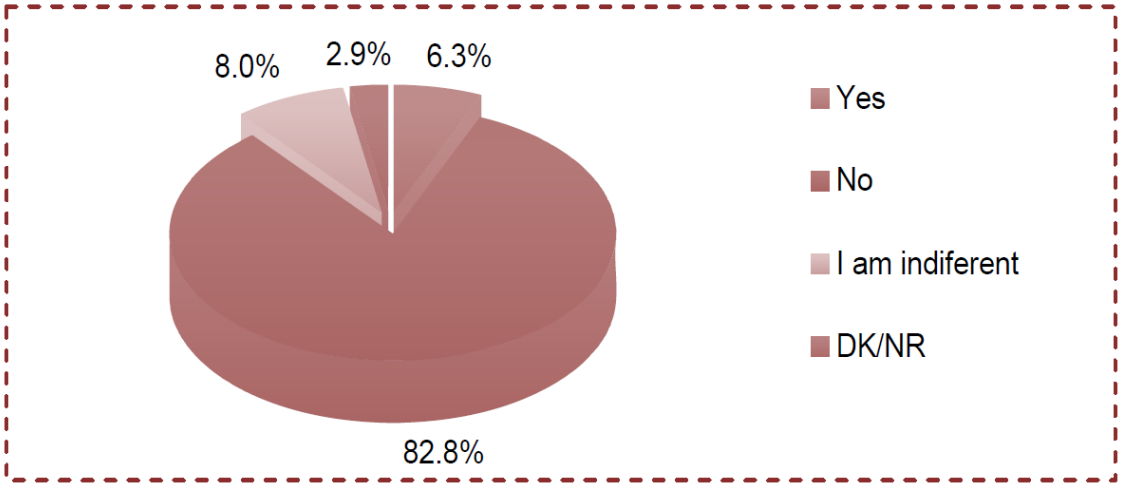
Figure no. 5 Opinion regarding the situations that are acts of corruption in the health system



(*Dana Otilia Farcasanu*, 2010)

With regards to informal payments, 82.8 percent of the respondents do not agree with the unofficial payment (offering money, gifts) to the medical staff for the services provided, while 6.3 percent do agree with this practice (Figure no. 6).

Figure no. 6 Agreement regarding unofficial payments (offering money, gifts) to the medical staff for providing health services



(*Dana Otilia Farcasanu*, 2010)

The author states that these results are reflecting those provided by a similar 2007 study, when 81.4 percent of the respondents stated that they disagree with the unofficial payment, 8.8 percent were indifferent and 7.6 agreed with these payments. (Farcasanu, 2010)

2.2.2. What explains the acceptability of corruption? Theoretical explanations

William L. Miller (2006) claims that ‘‘norms and values’’ of both citizens and street-level officials explicitly condemn the giving or accepting of bribes. However, citizens respond to extortion by officials, and officials respond to temptation by clients. The study is based on over 6,000 interviews with the public and over 1,300 with ‘‘street-level’’ officials in four post-communist countries (the Czech Republic, Slovakia, Bulgaria, and Ukraine). The participants were questioned about: their values, their hypothetical/conditional behavior if

exposed to extortion or temptation, their personal experience of extortion or temptation, and their actual behavior with respect to bribes. Many of the participants confessed to giving or taking them, and still more confess that they would give them if necessary, or would take them if the opportunity occurred. The author claims that this is not because their values are irrelevant but because their internal values have to contend against external pressures. He explains that since citizens respond to extortion and officials respond to temptation, these external pressures have more impact than internal values. Miller states that rather than being viewed as corrupt, both citizens and officials should be viewed as corruptible.

In a 2009 study, Abhijit Banerjee, Rema Hanna and Sendhil Mullainathan suggests that in order to understand how corruption becomes the norm, there needs to be an understanding of the psychology of when people feel more or less comfortable about engaging in corruption. They observe that there is a tendency to legitimize corruption. For instance, this can take the form of "excuse making", i.e. the bureaucrat not directly asking for a bribe, but instead discussing the costs of his or her time in providing a service to a citizen. Or alternatively, the citizen may suggest making a payment in kind, rather than a monetary bribe, to make the bureaucrat feel as if he or she is simply accepting a gift from a happy citizen, rather than engaging in an illegal act (Abhijit Banerjee, Rema Hanna and Sendhil Mullainathan, 2009: 32).

Considering the attitude of the person giving the bribe, Fumiko Nagano (2009) explains that although in theory people agree that corruption is wrong, in practice the incentives that motivate corrupt behavior is their perception of what everyone else would do if confronted with a similar situation. She describes this by using the well-known Prisoner's Dilemma game theory. In this context it is suggested that an individual would engage in corrupt behavior in order to avoid going against the system alone and thus ending up in disadvantage. There is logic in the reasoning behind engaging in corrupt behavior. Nagano

asserts that people react to the notion that they are not alone in the fight against corruption and they only fight if they know that other people are willing to counter the demand for bribes. If they are informed of this 'critical information'– that they are not alone – then the public opinion has the will to mobilize and condemn corruption at the individual level for the benefit of the society as a whole (Nagano, 2009). Looking at these issues from a different angle, from the point of view of the person accepting the bribe, Waite and Allen (2003) suggest that corrupt systems are self-perpetuating and self-protective, and they are apt to persecute or isolate people, particularly those who seek to make change. Faunces and Bolsin (2004) claim that climates of silence corruption perpetuate opportunities for institutions to marginalize shun and vilify those who "speak out". Jackson (2008) claims that in the health care sector, there has been insufficient investigation into the act of whistleblowing. Marie Hutchinson, Margaret H. Vickers, Lesley Wilkes and Debra Jackson (2009) quote Hart and Hazelgrove (2001: 261) according to whom the understanding of the dilemmas and difficulties health care workers face in deciding to take such course of action is limited. So far, cover-ups of adverse events have been understood as a conspiracy of silence, or a form of cultural censorship, where rule breaking is tacitly accepted as an inevitable part of the way doctors and nurses learn to work together. (Hutchinson et al., 2009)

Margit Tavits (2010) sees corruption as the 'direct result of decisions, choices and behavior at the level of the individual'. The author shows that one of the most common explanations in social science research on compliance and corruption – political and social trust – is not significantly related to an individual's decision to engage in corrupt exchange. She uses the Social Learning Theory (Akers 1998) which was developed to explain various sorts of deviant behavior, to argue that 'the decisions to engage in corrupt behavior corresponds with positive or neutral definitions of corruption and modeling/imitating similar

behavior by others'. She suggests that this theory explains corrupt behavior better than trust-based arguments.

> The basic mechanism of this theory works as follows: behavior is acquired and sustained (1. through adopting definitions (evaluations of the behavior as good or bad) via differential association with one's peers (friends, family, colleagues and civic organizations), (2. through imitating such behavior by peers, and (3. through the positive reinforcement provided by past rewards for such behavior (Akers 1998). Given the overlapping and mutually reinforcing relationships between these factors, the causal order between them is not determined (Akers 1998; Lanza-Kaduce et al. 1982).

The study performed by Benno Torgler and Neven T. Valev (2006) can be linked to this theory, since they investigate empirically the correlation between age and justifiability of corruption. They use data on eight Western European countries from the World Values Survey (WVS) and the European Values Survey (EVS) that span the period from 1981 to 1999 to distinguish between an age effect (the changing attitudes of the same cohort over time) and a cohort effect (the differences in attitudes among similar age groups in different time periods). They mention the previous studies of Swamy et al. (2001) and Mocan (2004) which used cross-section regressions, comparing people of different age cohorts at one point in time. However, these investigations were not able to distinguish between a possible age and cohort effects, state the authors. People of a similar age that have experienced similar historical and economic conditions may have similar attitudes towards various issues such as the justifiability of corruption. The results of their study suggest that there is a strong age effect and no cohort effect. (Torgler and Valev 2006)

Vivi Alatas, Lisa Cameron, Ananish Chaudhuri, Nisvan Erkal and Lata Gangadharan (2009) investigate cultural and gender differences in behavior when confronted with a common bribery problem. The authors use as a starting point two recent empirical studies performed by Dollar, Fisman, and Gatti (2001) and Swamy et al. (2001). The authors of the

first study use country-level data for a sample of more than 100 countries, while the authors of the second use both micro-level survey data from a range of countries and country-level data. Both of these studies find that, on average, women are less tolerant of corruption than men. Alatas et al. use economic experiments, which they claim, allows them to explore individuals' attitudes toward corruption. They suggest that higher levels of exposure to corruption in daily life may promote a tolerance and an acceptance of corruption that are reflected in norms of behavior.

Similarly, Abigail Barr and Danila Serra (2007) use a simple one-shot bribery game, and suggest that intrinsic motivations may play a determining role in corruption. They find evidence that when the losses suffered by third parties due to a bribe being offered and accepted are increased, bribes are less likely to be accepted. Furthermore, when the game is presented as a bribery scenario instead of in abstract terms, bribes are less likely to be offered and accepted. Drawing on the discussions of Klaus Abbink, Heike Hennig-Schmidt (2002), Klaus Abbink, Bernd Irlenbusch, and Elke Renner of the same year and Ekel and Grossman (1996) conclude that an experimental methodology can be used to explore the role of context in determining behavior (Barr and Serra, 2007).

2.3. Using vignettes in corruption research

In order to find out how acceptable are informal payments and bribes to the users of the Romanian health system, this research paper will use hypothetical scenarios (the vignette method). Johann Graf Lambsdorff (2010) provides an interesting example of a study which utilizes this vignette method. This study processes the responses from more than 70,000 households in 66 countries in order to address differences in the extent to which bribes and gifts are considered acceptable. The author analyses various surveys and claims that the usage of vignettes is a standard tool in social sciences, employed in particular to improve interpersonal comparability. He utilizes three vignettes, which address favors being

exchanged between a shopkeeper and a public servant. (See Text Box 3) They differ with respect to how explicitly the public servant demands a favor, how clearly rules are violated, whether communication is explicit in linking a bribe/gift to the granting of a license, how direct the interaction is and how openly favors are exchanged. While in option 1 the violation is rather clear, option 3 describes a more distant exchange where a quid pro quo is least obvious, the author states.

Text Box 3 Bribery Vignettes (*Johann Graf Lambsdorff*, 2010)

We would like to find out both what you consider to be bribery and what you consider to be acceptable actions in dealing with public officials. Imagine a friend of yours wants to open up a shop. To do this, he applies for a business license from a local public office.

1) Upon entering the public office, the public official looks at the application and describes how complicated it can be to get a license. He complains about his workload and how much paperwork it takes to provide the license. Your friend the shopkeeper is worried his application for a business license may be rejected. He offers a payment, roughly equal to five times the price of a good restaurant meal. The public official takes the money and issues the license.

1.1) Was the public official's behavior acceptable? (Yes/No/NA)
1.2) Was the shopkeeper's behavior acceptable? (Yes/No/NA)

2) Imagine a different situation for your friend, the shopkeeper. While he is applying for the business license, the public official he is dealing with mentions the amount of paperwork and difficulties involved, but he still manages to issue the license. As he hands the license to the shopkeeper, he mentions how thankful many of his clients are for his work. A tipping box is located outside the public official's office. The shopkeeper puts banknotes into this tipping box, roughly equal in value to five times the price of a good restaurant meal.

2.1) Was the public official's behavior acceptable? (Yes/No/NA)
2.2) Was the shopkeeper's behavior acceptable? (Yes/No/NA)

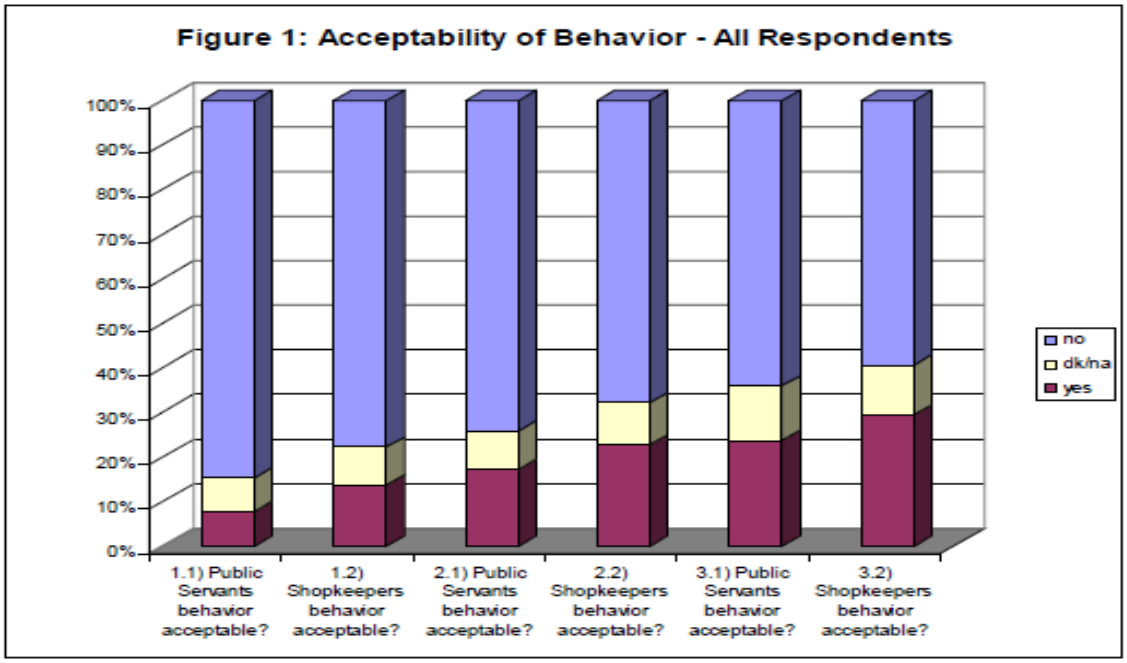
3) Imagine yet another situation for your friend, the shopkeeper. He knows that his nephew is well acquainted with the local public office, so he asks his nephew to help get the business license. The nephew sets out for the public office and returns soon thereafter with the business license, without mentioning how this was arranged. A few months later, the shopkeeper's nephew asks the shopkeeper to provide a donation to the annual party of the license department in the local public office. The shopkeeper then delivers a gift for the party, roughly equal in value to five times the price of a good restaurant meal. He also attends the party and thanks the responsible public official for issuing the license.

3.1) Was the public official's behavior acceptable? (Yes/No/NA)
3.2) Was the shopkeeper's behavior acceptable? (Yes/No/NA)

He explains that the vignettes address a street-level situation that the respondents should be able to familiarize with. Furthermore, the usage of vignettes ascertains that all respondents judged on identical acts irrespective of whether they would use the term 'bribe'. He claims that this was not guaranteed in the approach by the World Value Survey, who confronted respondents with the term "bribe", a term whose interpretation may differ from

one individual to another and may further suffer from translation. In order to avoid differences in understanding the term ‘justify’ used in the World Value Survey, Lambsdorff employs the term ‘acceptable’. He explains this action by saying that ‘justification’ confronts a respondent with the possibility of guilt and self-defense, which may overshadow the immediate attitudes by an individual. In this context, responses allowed for a comparison of behavior across countries and individual characteristics, and were not overshadowed by differences in definitions and terminology. Lambsdorff claims that overall, most types of behavior were considered unacceptable (see Figure no. 7).

Figure No. 7 Aggregate view of the responses to the three vignettes (*Johann Graf Lambsdorff*, 2010)



A percentage of 59% of the respondents considered the behavior of the shopkeeper in vignette 3 to be unacceptable. The author does warn though that it cannot be excluded that the previous descriptions that represent clearer bribe transactions may have overshadowed the third vignette and provided it with a less legitimate appearance. He further claims that there is a slight tendency amongst respondents to accept the behavior by the shopkeeper and reject the

public servant's behavior. The author explicates that this may indicate a global tendency to regard a public office as a commitment to honesty. At the opposite side, a position in the private sector can be seen more leniently and levels of acceptability are thus higher. The author suggests that 'it is difficult to draw absolute inferences from this finding, as it critically depends on the wording employed for the vignettes' (Lambsdorff, 2010:8).

A rather unusual but nevertheless intriguing experiment that utilized vignettes in order to study moral judgments is presented by Thalia Wheatley and Jonathan Haidt (2005). In this experiment, 64 highly hypnotizable participants were given a posthypnotic suggestion to feel a flash of disgust whenever they read an arbitrary word. Half of the groups were instructed to feel disgust when reading the word *often*, while the other half were instructed to feel disgust when reading the word *take*. The six experimental vignettes were designed to test the hypothesis that disgust contributes to moral judgment. The bribery vignette represents read as follows:

'Congressman Arnold Paxton frequently gives speeches condemning corruption and arguing for campaign finance reform. But he is just trying to cover up the fact that he himself [will take bribes from/is often bribed by] the tobacco lobby, and other special interests, to promote their legislation.'

Although not fully relevant for this paper, this research report does give a good example for a bribery vignette, and it shows how important single key words can be in a vignette. Therefore, it is worth to be taken into consideration.

E. Sadler and K. Barac (2005) use vignettes in order to investigate the ethical behavior of accounting students in South Africa that were registered for the Certificate in Theory of Accounting (CTA). They state that the use of vignettes or scenarios in questionnaires is a well-established technique in research on ethical behavior since they produce a higher quality of data than simple questions do. The authors developed a questionnaire in order to collect the

data. The first section of the questionnaire deals with the profile of the respondent, while the second part includes the six ethical vignettes (see Text Box 4).

Text Box 4 Vignettes and related questions (*Sadler & Barac,* 2005)

Please read the following short scenarios and simply exercise your own judgment in selecting one answer from the three possible answers presented for each scenario. There are no correct answers. Simply answer according to your own personal feelings.

Scenario (1)

You have completed your degree and have spent six months in your first job. You are the assistant accountant at a large manufacturing company. After six months you notice the firm has a very clever tax evasion scheme in force which allows it to **underpay taxation** by R400 000 a year. You confront your boss, the chief accountant, and he admits the scheme is illegal. He and the 3 remaining directors split the amount equally each year, each taking R100 000. The scheme is perfectly disguised and as the South African Revenue Services (SARS) is understaffed, and has leaked the information that it cannot do any audits on manufacturing firms for the next 3 years, apart from basic compliance audits, there seems to be no way they could possibly be caught. You have confirmed this for yourself.

Your boss offers to split the proceeds 5 ways. The scheme will run for another two years and will then be scrapped. He is offering you R80 000 per annum for 3 years, on top of your salary, without any chance of being caught.

Please tick one option:

Would you:
(1) Accept the bribe for the 3 years and tell no-one..... ❒
(2) Resign immediately and tell no-one..... ❒
(3) Inform the tax and/or other relevant authorities immediately..... ❒

Scenario (2)

The scenario is exactly the same as above, except that this time your boss tells you there is a chance of being caught by SARS.

Please tick one option:

Would you:
(1)... Accept the bribe for the 3 years and tell no-one..... ❒
(2) Resign immediately and tell no-one..... ❒
(3) Inform the tax and/or other relevant authorities immediately..... ❒

continued

Scenario (3)

You are preparing for your final accounting examination for your CTA. It promises to be a very difficult paper with a below average pass rate. You have been promised a job by a leading accountancy firm, provided you pass this final exam. Two days before the exam you bump into Michael, who went to school with you but whom you haven't seen in three years. You were very good friends and he was always a good friend to everyone else you knew. He asks you what you are doing and you tell him. He then tells you he is working for a printing company which prints your university's exam papers. In fact he can remember printing off your exam that very morning. He offers to get you a copy of the paper and deliver it to you tomorrow. As no-one will know you have no chance of being caught.

Please tick one option:

Would you:

(1) Accept Michael's offer and get a copy of the paper..... ❒
(2) Thank him for the offer but decline..... ❒
(3) Thank him for the offer, decline, and immediately inform his employers of his offer to you..... ❒

Scenario (4)

This scenario is exactly the same as the one above, except that this time Michael tells you that you must come with him to get the paper after the printing works has been locked up. There is a chance of being caught by the security guards, who must report fully on all break-ins.

Please tick one option:

Would you:

(1) Accept Michael's offer and get a copy of the paper..... ❒
(2) Thank him for the offer but decline..... ❒
(3) Thank him for the offer, decline, and immediately inform his employers of his offer to you..... ❒

Scenario (5)

You have completed your CTA and have spent six months in your first job. You are an auditing trainee at a leading accountancy firm. You are currently working on an audit that requires you to travel. The firm pays for the travelling and subsistence expenses. A fellow auditing trainee tells you that he claims more expenses for travelling and subsistence than he has actually spent. If you claim R5 550 but spend only R3 750, you could earn an additional R1 800 at the company's expense. There is no chance of your being caught.

Please tick one option:

Would you:

(1) Follow the example of the fellow auditing trainee..... ❒
(2) Continue to submit correct travel and subsistence claims and tell no-one about the practice of your fellow trainee..... ❒
(3) Inform your partner immediately about the dishonest practice of your fellow trainee... ❒

Scenario (6)

The scenario is exactly the same as above, except that there is a chance of being caught.

Please tick one option:

Would you:

(1) Follow the example of your fellow auditing trainee..... ❒
(2) Continue to submit correct travel and subsistence claims and tell no-one about the practice of your fellow trainee..... ❒
(3) Inform your partner immediately about the dishonest practice of your fellow trainee.... ❒

The authors suggest that while the study does not purport to cover all eventualities, each vignette in the questionnaire for this study did present a reasonably complete scenario, comprehensible to anyone with a basic awareness in accounting. The vignettes were detailed enough to appear realistic, yet not so involved that they became overly complex. The students were asked to study the six vignettes and choose one of the three options in relation to each vignette. They could accept the unethical behavior, reject it while they remained silent about it or, they could reject the unethical behavior and blow the whistle on the offender to the relevant authorities. According to Near (1996) as cited in Sadler and Barac whistleblowing is defined as the disclosure of illegal, immoral or illegitimate practices to persons or organizations that may be able to effect action. The results of their study can be seen in Table 1.

Table 1 Results to vignettes (*Sadler & Barac*, 2005)

	Accept	Reject	Whistleblow
Vignette 1 Bribe to defraud SARS – no chance of being caught	6.6%	39.9%	53.5%
Vignette 2 Bribe to defraud SARS – with chance of being caught	1.8%	37.1%	61.1%
Vignette 3 Accept offer of exam paper – no chance of being caught	10.6%	69.1%	20.3%
Vignette 4 Accept offer of exam paper – with chance of being caught	2.8%	72.2%	25.0%
Vignette 5 Dishonest travel claim – no chance of being caught	8.5%	54.8%	36.7%
Vignette 6 Dishonest travel claim – with chance of being caught	1.5%	56.9%	41.6%

N. Craig Smith, Sally S. Simpson and Chun-Yao Huang (2006) also investigate ethical behavior with the help of vignettes. In their study, they combine prior research on ethical decision-making in organizations with a rational choice theory of corporate crime from criminology to develop a model of corporate offending. They test their model and hypotheses by using 233 observations from 78 U.S. managers using three scenarios (vignettes), each followed by 32 questions that related to the situation described in the scenario, and concluded

with 14 questions about the respondent and his or her organization. Each scenario described a hypothetical situation where a manager decides whether to engage in an unethical and illegal act: price-fixing, bribery, or violation of emission standards (see Text Box 5).

Text Box 5 Vignettes (*N. Craig Smith, Sally S. Simpson Chun-Yao Huang*, 2006)

Price Fixing. Lee, a manager at Steelcorp, considers whether to order an employee to meet with competitors to discuss product pricing for the next year. Such an act is common in the firm. Steelcorp is a diversified company currently experiencing declining sales and revenues in an industry that is economically deteriorating. If successful, the act may result in increased co-worker admiration for Lee. Lee also believes that the act will save the company a small amount of money. The firm has a hotline in which acts can be anonymously reported to management and an employee was severely reprimanded after being discovered by the firm engaging in a similar act. Lee decides to order an employee to meet with competitors to discuss product pricing for the next year.

Environmental Pollution. Lee, a manager at Steelcorp, is ordered by a supervisor to release into the air emissions that fail to meet EPA standards. Steelcorp is currently experiencing declining sales and revenues in an industry that is losing ground to foreign competitors. If successful, the act may result in a promotion and salary bonus for Lee. Lee also believes that the act will save the company a large amount of money. The firm has a code of ethics and an employee was recently fired for engaging in a similar act. Lee decides to release into the air emissions that fail to meet EPA standards.

Bribery. Lee, a manager at Steelcorp, considers whether to order an employee to offer a payoff to a purchasing agent who has requested a cash payment in exchange for future purchasing agreements. Such an act is common in the industry. Lee thinks that the law governing this act is unreasonably applied to companies like Steelcorp. Steelcorp is currently experiencing growing sales and revenues in an industry that is economically healthy. If successful, the act may result in a positive impression of Lee by top management. Lee also believes that the act will modestly increase firm revenues. The firm has internally implemented audits and inspections at random intervals but no action was taken against an employee who was discovered by the firm engaging in a similar act. Lee decides to order an employee to offer the payoff to the customer.

The authors explain that while the act required was identically described (e.g., "meet with competitors to discuss product pricing for the next year"), its context differed, with specific features of each scenario randomly assigned (e.g., a firm would be described as diversified or not; benefits accruing to the firm from engaging in the act included saving the firm a large or a small amount of money). The authors are careful in warning about one potential problem with factorial surveys: one respondent evaluates multiple scenarios. They

claim that this fact can, but does not necessarily, produce serial correlation among observations. One way to limit serial correlation is to vary the order in which respondents read the scenarios. The authors state that in this survey, all respondents received the offending scenarios in the following order: price fixing, EPA violation, and bribery. However, the fact that the offending propensity is unaffected by offense type suggests that there are few order effects in these data.

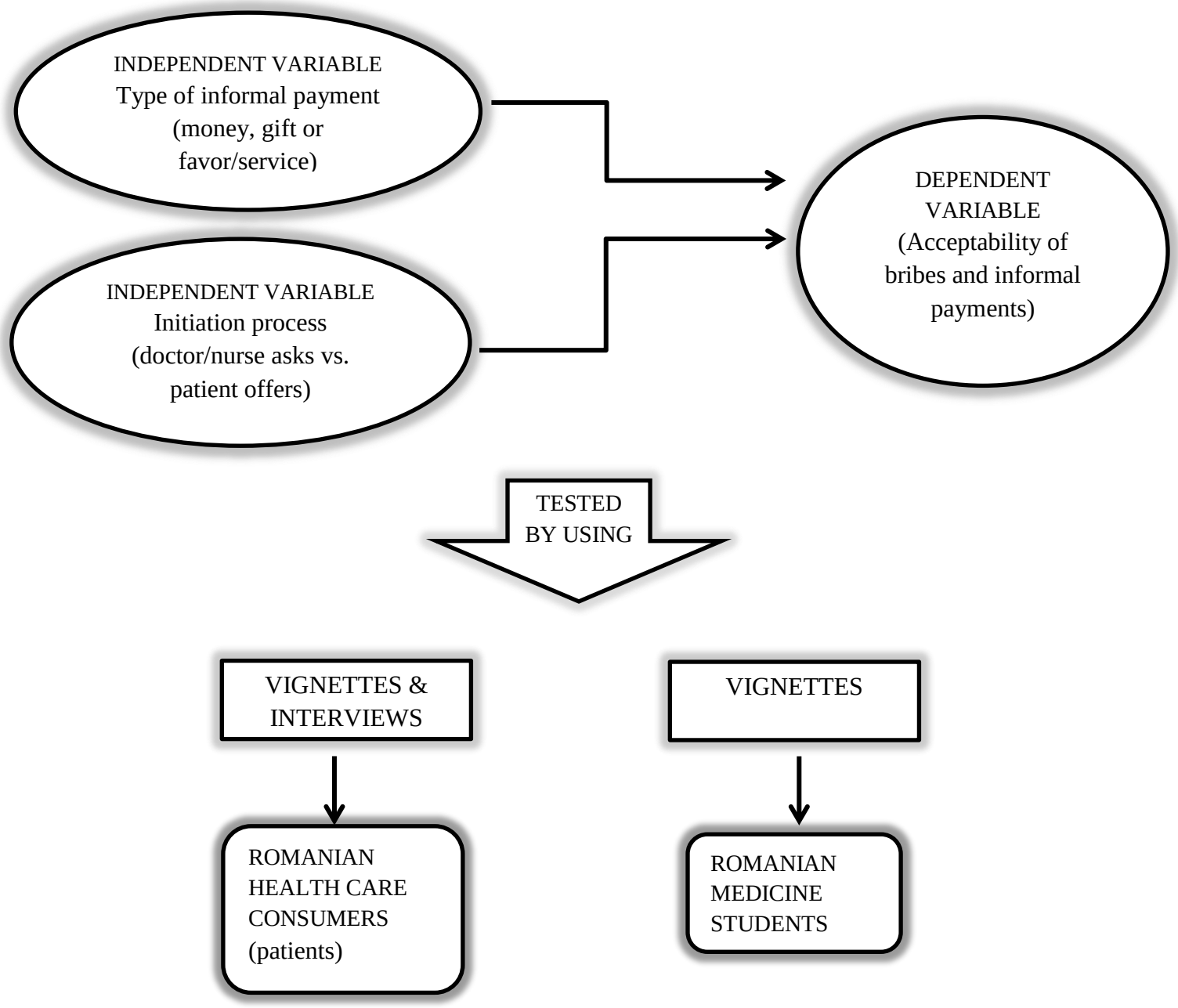
The literature review has revealed that the exchange of informal payments between the consumers and the providers of medical services in not only a common practice in a lot of countries but, according to many authors, it is an accepted one as well. The scale, nature, and the determinants of these transactions and the policy responses to this corrupt behavior have received most of the attention in all these studies. With regards to the acceptability of bribes and informal payments however, studies focused the health sector are quite rare (i.e. Miller et al., 2000; Janos Kornai, 2000; Belli et al., 2004). Most of the studies on corruption acceptability are aimed towards public servants, police, business companies, international bribery, etc. The use of vignettes in corruption research is common. Nevertheless, there seems to be a lack of vignettes studies on corruption in the health sector. These facts lead to the assumption that a study on the acceptability of informal payments in the healthcare sector with the use of the vignette technique is desirable.

Chapter 3 Research design

The main goal of this research paper is to find out how acceptable do Romanian healthcare consumers think informal payments and bribes are. This section will therefore focus on selecting a suitable research design which is a necessary step in order to make sure that the question of this research paper will be answered. The presentation of the main collection methods will also be included in this chapter. Since vignettes offer structure to the study and interviews allow for investigation of perceptions, attitudes and reasons, a quantitative study is not appropriate for studying corruption (informal payments, bribery) in this research. In depth interviews give the researcher the possibility to obtain direct answers and various data that normally cannot be obtained in large scale surveys due to lack of time, funding, etc. For this research project individual opinions and perceptions of corruption are important, and so the qualitative approach will provide 'rich' data and the contextual detail that qualitative data would not. In the interview, participants to this study will be asked to explain their answers to the vignettes and so they will help reveal the respondent's attitudes with regards to the level of acceptability when it comes to bribes.

The research design of this paper is presented in the following flow-chart. As it can be seen, the type of informal payment and the initiation process represent the independent variables of this research paper, while the acceptability of bribes and informal payments represents the dependent variable. By utilizing vignettes and interviews for the patients, and vignettes for the medicine students, it was possible to test whether the acceptability of informal payments and bribes was influenced by either the type of bribe (money, gift and favor/service) or by the initiation process (doctor/nurse asks patient offers).

Figure no. 8 Research design



In their paper, Susanne Neckermann and Bruno S. Frey (2008) describe the vignette study technique, in which subjects are presented with short descriptions of hypothetical situations asked to indicate their behavior if they were in the described situation. In this paper, the subjects would be asked to scale the level of acceptability of informal payments and bribes. The authors further explain that each vignette consists of randomly selected values for each vignette dimension. The vignette dimensions are the factors that define the situation and

represent those variables whose impact on behavior the researcher wants to study. The authors claim that systematic variation of the values in the different dimensions allows the researcher to estimate the effects of changes in combinations of variables as well as changes in individual variables. Neckermann and Frey stress that traditional survey approaches have the tendency to produce elicit unreliable and biased self-reports, as the questions are too abstract, whereas the vignette technique is preferable, because vignettes closely resemble real-life decision-making situations and are precisely specified, so that the information subjects have at their disposal when making their decisions is standardized. In particular, they say, respondents evaluate a complete situation description (bundle of different factors), rather than having to state how isolated factors influence their behavior. The researcher only later connects the answers of the different individuals with the variables in the description to isolate the impact of particular factors. The authors stress that this is cognitively less challenging and more natural for the respondents and decreases the risk that respondents consciously bias their answers towards socially desirable responses. It also alleviates the problem that most people are not very insightful about the factors that enter their own decision making process, particularly when factors are highly correlated in the real world. Hence, the vignette studies are more likely than other survey approaches to elicit stable and true preferences. (Neckermann and Frey, 2008)

These methods can however have some drawbacks. As personal views and attitudes can change over time, the findings of this research might not be generalized into the future. Thus further research should be conducted to see whether these behaviors and attitudes persist. Although the results from vignette studies have been shown to be reliable over time, attribute sets and data collection methods (Bateson et al., 1987), there are potential drawbacks that cannot be ignored. One possible shortcoming is the limited capability of respondents to project their behavior and to respond as they really would in an actual situation. In spite of

this limitation, it is believed that the restrained external validity is offset by the fact that the respondents are informed that they must provide explanations for their answers to the vignettes in the in-depth interviews that follow after, and they have time to think each scenario and answer through. Thus, any possible biased answers are controlled for in the interviews. Also, the respondents will have to use the acceptability scale, which also helps the respondents in providing reliable answers.

With regards to the use of interviews, it is a well-known fact that respondents might have incentives to distort their own attitudes and positions within a particular situation. Since this topic is sensitive, this is a possibility; however, since the interviews are voluntary, anonymous and the respondents are chosen through the snow ball sampling, it is believed that any possible weaknesses of the data are controlled for. In addition, the interviewer has a great of flexibility due to the semi-structured nature of the interview, which allows for question adjustment.

3.1. Vignettes

The vignettes utilized in this research will focus on the nature of the transaction with regards to informal payments. Do nurses or doctors ask for bribes, or are the patients offering it? Answering this question is important because this would allow finding out what factors explain this behavior. Moreover, it will reveal which situation is more acceptable: a nurse or a doctor asking or a patient offering a bribe. Another important question for this research is: what kind of bribes are paid or asked for? The vignettes are focused on three forms of bribes: cash, gift or a service for service. Acceptability may vary if the bribe is cash or a gift because studies show that in some countries a gift like flowers are viewed as a sign of gratitude and are not considered an act of corruption. However, a transaction which involves money is more likely to be seen as corruption and be less acceptable. It is also interesting to see whether the concept of offering a favor for a favor in return is common in the health care sector and

whether it is seen as corruption, as a way to get around or, like some would call it, ‘networking’.

Since the vignettes are not used to find out the amounts that are paid, a high or low value of the bribes is not relevant for this study. The patient’s income size is also not relevant since the purpose of the vignettes is not to find out whether patients pay according to their possibilities, if patients are exempted from paying if they have no income or a low income, or if they are asked for a higher informal payment if their income is high. Whether the medical personnel earn low or high salaries is also not significant in this research because the intention is not to see if acceptability of paying a bribe varies according to these factors. Empirical studies focus on the reasons for paying bribes by observing factors such as faster or extra attention for the patient that paid the bribe. These variables will be omitted because this research is not aimed at finding out whether medical personnel delivered a faster service or a patient received extra attention for paying the bribe. Since the subject of this research is highly sensitive, and because people might be reluctant in disclosing income related data, the variables presented above are not used in creating the vignettes. Also, by excluding these variables the chance of obtaining accurate data is increased.

The participants of this study will be asked first if they or one of their relatives were in a hospital in the past 12 months. If the answer is ‘yes’, they will be asked to read each vignette and fill in the acceptability level on a scale from zero to ten, where zero signifies totally unacceptable and ten totally acceptable. They will also be asked to circle the number they assign on the acceptability scale. Each vignette will be printed on an individual sheet of paper and will only be given to the participant after the previous one was already answered. So every person participating to this study will have to read six vignettes printed separately. In this way, the participant will not be able to ‘guide’ their future answers by looking at the previous ones. Each variable will be considered individually and not influenced by another

one. The order in which the variables/scenarios are offered to the respondent is presented below:

1. Somebody you know is in the hospital and the nurse/doctor *asks* them for some *cash* in order to receive the medical services they need.
2. Somebody you know is in the hospital and the nurse/doctor *asks* them for a *gift* in order to receive the medical services they need.
3. Somebody you know is in the hospital and the nurse/doctor *asks* them for a *favor/service* in order to receive the medical services they need.
4. Somebody you know is in the hospital and they *offer* the nurse/doctor some *cash* in order to receive the medical services they need.
5. Somebody you know is in the hospital and they *offer* the nurse/doctor a *gift* in order to receive the medical services they need.
6. Somebody you know is in the hospital and they *offer* the nurse/doctor a *favor/service* in order to receive the medical care they need.

3.2. Interviews

The semi-structured interviews in this paper will be used in order to investigate the individual reasons behind the choice of the acceptability level provided by the respondents in the vignettes. If necessary, the respondents will have the option of reviewing the vignette in question. However, in order to avoid any biased answers, this option will be provided upon request by the participant, and not suggested otherwise. This technique will also help in avoiding a situation where the respondent starts doubting the answer given to the vignette if asked whether he/she would like to see it again. For the purpose of this research only a few of the questions asked in the interviews are pre-established as part of a guide for the interviewer. This will provide maximum flexibility and the option to fully investigate the reasons behind the attitudes towards the subject investigated. The interviewer will therefore, adjust the

questions accordingly during the interview. The most important questions that respondents will be asked will be related to their responses in relation to the variables: the initiation procedure (nurse/doctor asks vs. patient offers) and the type of bribe (cash/gift/favor). Another step forward towards the investigation of the reasons behind the vignette responses will be taken next. The respondents will be asked about the main reasons for which doctors and nurses ask for bribes and for patients offer them, or what kind of solutions are there for this problem in the medical system. These are important questions to be asked since people's attitudes can be influenced by these reasons on one hand and by the possible solutions to this problem on the other hand. Also, these questions will provide an idea to whether the participants are open to talk about their personal experiences, and will ease the access to the information needed for answering the main questions of this research. The interviewer will then ask about the participants 'personal experiences in the last 12 months. Asking for examples is also one way of finding out more about the attitudes and the reasons of the participants were personally involved in real life situations that are similar to the vignettes.

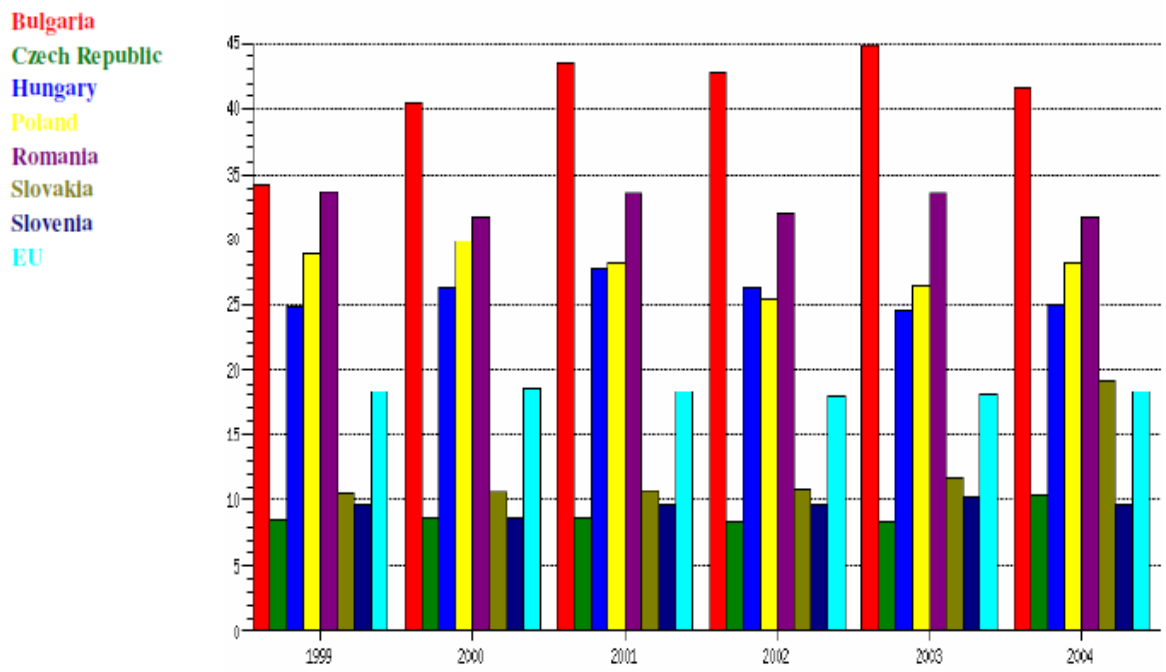
This chapter has presented the methodology of this research paper: a qualitative approach, with vignettes and interviews utilized to collect data from the participants of this study. Although vignettes and interviews are reliable methods of data collection, apart from the advantages there are also potential disadvantages in utilizing them. Attention was given to these aspects as well.

Chapter 4 Data collection

4.1. Case selection

In order to realize this research, Romania is chosen as the unit of analysis. As stated before, Romania is the last country that joined the European Union together with Bulgaria. According to the results of the Corruption Perception Index 2010 from Transparency International (TI), Romania scores 3.7 on a scale from 10 (highly clean) to 0 (highly corrupt). The European HFA Database from World Health Organization shows that Romania and Bulgaria are the countries with the highest level of out-of-pocket payments on health, part of this amount being informal payments (see Figure no. 9).

Figure No. 9 Private households' out-of-pocket payment on health as percent of total health expenditure



(*WHO/Europe, European HFA Database*, November 2007)

The study will take place in Tirgu Mures, Romania. This city is situated in the center of the country, in Mures County and has a population of 149,543 inhabitants (for more information see Romania Tourism web page). For the purpose of this research a number

participants will be randomly selected through the snow ball sampling method, where a well-informed person that accessed medical services in the last 12 months will be asked to name other persons that accessed medical services in the past 12 months. In turn, those people will also be asked to recommend people they know have accessed medical services in the last 12 months and so on till the number of participants is complete. Since this research is mainly aimed towards finding out the reasons behind the acceptability level with regards to the bribery phenomenon, maximum variety is needed, therefore 20 persons will be considered. Although not representative at a national level, the participants will provide diversity to this study because of their socio demographic data: gender, age, level of education and occupation. This number of participants is limited time and funding implications. However, if possible, more participants will be considered. For instance, students from the University of Medicine and Pharmacy (UMF) in Tîrgu Mureş could make an interesting choice, since they are to become future doctors. The students could be approached via the university's teachers, or directly. In this way the view of the 'other side' can be obtained, so it would be interesting to see whether their attitudes towards the subject differ from those of the patients. Another possibility to obtain this kind of views would be to approach doctors and nurses. However, due to the touchy nature of the subject, chances are it would be impossible to equal the number of patients.

4.2. Socio demographic data

In order to be able to utilize quotations and to have a clear description of each person that participates in this survey, a small form/questionnaire will be applied to each of them (see Annex 1). The questionnaire will include socio demographic characteristics such as: gender, date of birth, education and occupation. Before starting with each interview, the interviewer will explain to the interviewees that the socio demographic data will be the way of differentiating between them, and that is the reason why it is necessary. Although unlikely,

some of the participants might be reluctant into offering their personal data. Also, in order to ease administration issues, the form will include the date, hour and duration of the interview, and all the interviews will be audio recorded, unless the person refuses. The participants will be informed that they will remain anonymous, and that the recorded data will only be used for the purpose of analyzing the information and providing quotations throughout the text. However, the due to the delicate nature of this study, the chances of participants refusing to be audio recorded do exist.

It is important to know whether the person interviewed is a female or a male, because even though there is no gender hypothesis introduced in this study, such an influence must be acknowledged. Johann Graf Lambsdorff (2010) stresses that even though this influence may not be firm, women tend to respond more often 'don't know' to vignettes and less often 'yes' or 'no'. Furthermore, according to Schulze and Frank (2003) as cited in Lambsdorff, experimental evidence shows that women are less willing to take bribes. Also, Frank et al. (2010) cited in Lambsdorff (2010) claims that women are less willing to reciprocate a bribe. The age is important since this study aims for a wide coverage of ages in order to have a broad spectrum rather than just one age group. Therefore, the respondents will be asked to name their date of birth.

Another important data is the level of education. As stated before, in the study performed by Mæstad and Mwisongo (2007), the less educated are more likely to be the ones paying the bribe because the better educated are more able to demand their rights. In this questionnaire, the respondents will be asked to choose between different levels of education: 'no education/ only basic education', 'secondary school' and 'high level of education (e.g. university)'. Occupation can play an important role as well since the types of bribes can vary according to this. When it comes to cash or gifts, this is what most people will use as bribe. However, in 'a favor for a favor' or 'service for service' situation, it will be interesting to see

what kind of work field the person paying the bribe belongs to. Also, medical staff might see things differently than people that are not connected to the health sector. Pensioners might see bribes more unacceptable than an active employee, or quite the opposite, they might be accustomed to it due to lifetime experiences. The participants will be asked to fill in their current occupation.

For the purpose of this research project, a number of 44 persons participated to this study. As it was programmed initially, 20 patients were randomly selected according to the specifications in the Case selection section. Through the snow ball sampling method, people recommended multiple persons among their acquaintances for future recruiting. This provided not only diversity for this study but it also eased the access of the interviewer to participants. Through this method, the credibility of the participants was guaranteed, and the opportunities to enlarge the sample were possible. For instance, 21 students from the University of Medicine and Pharmacy in Tîrgu Mureş also participated to the study. One of the patients suggested that the chances of success with regards to recruiting students were high, since the students were having the examinations in that period, and they will all be at the university. They were randomly selected in one day, in the course of approximately four hours. As they were exiting the university, the interviewer approached them and asked whether they wished to participate in the study. If the person agreed, he was then invited to the bench situated close to the university building where they could participate to the study. This offered them some privacy, as there were a lot of students exiting the building. Even though they all answered the questions about their responses to the vignettes, not all of them answered the same number of questions as the patients. Also, the majority of the students refused to be recorded, so their answers were written down, by hand. This was mostly due to personal reasons, but also due to the business of their schedule, since the majority had to study for more exams.

During the selection day for the students, a student that was already practicing as a physician also wished to participate to the study. He was approached the same way as the rest of the students. The patients also recommended two nurses that participated to the study. Although these last three persons answered the vignettes and all the questions they were asked, the data resulted from their participation will be taken out of the main data analysis. This is because these three persons are not part any of the main samples (patients or students), and they cannot be considered as a proper sample either. Although their views are interesting, introducing the data obtained from them could distort the data analysis.

Considering the theme of this research, it was inevitable that some people did not feel motivated to participate. Although confidentiality of responses and anonymity were guaranteed, some people had apprehensions about expressing their views, and therefore opted not to participate in this study. More specifically, there were three significant cases in which the persons were not particularly enthusiastic about the acceptability of informal payments and bribes in the health sector topic. One of the persons was a doctor; the second was a nurse, and the third one a cab driver. The doctor and the nurse stated that they were not comfortable with talking about the subject. Although they seemed interested in participating at the beginning, as soon as they heard the topic of the research they made it clear they did not wish to participate. For the first two persons, the reasons are obviously connected to the fact that they actually work in the healthcare system. As for the cab driver, he claimed that in his line of work 'it isn't a good idea to start talking about things like this, because who knows who might hear it'. Other participants had a restrained attitude at the beginning, but as soon as the procedure was explained to them, and they started reading the vignettes, they became more relaxed about the whole experience. Most of the participants were eager to participate when they found out the topic. Among the students there were also many persons who refused to

participate. This was mainly due to the fact that they were in a hurry to study for the rest of their exams, or because they were having a small break in between examinations.

This chapter has presented the main choices with regards to the case selection, the socio demographic data of the participants and the actual data collection process. The study took place in Tîrgu Mureş, Romania. A number of 44 participants responded to the vignettes, out of which 20 patients, 21 medicine students, one doctor and two nurses. The patients were the main sample of this research paper since the in-depth interviews were fully applied only to the patients.

Chapter 5 Data analysis

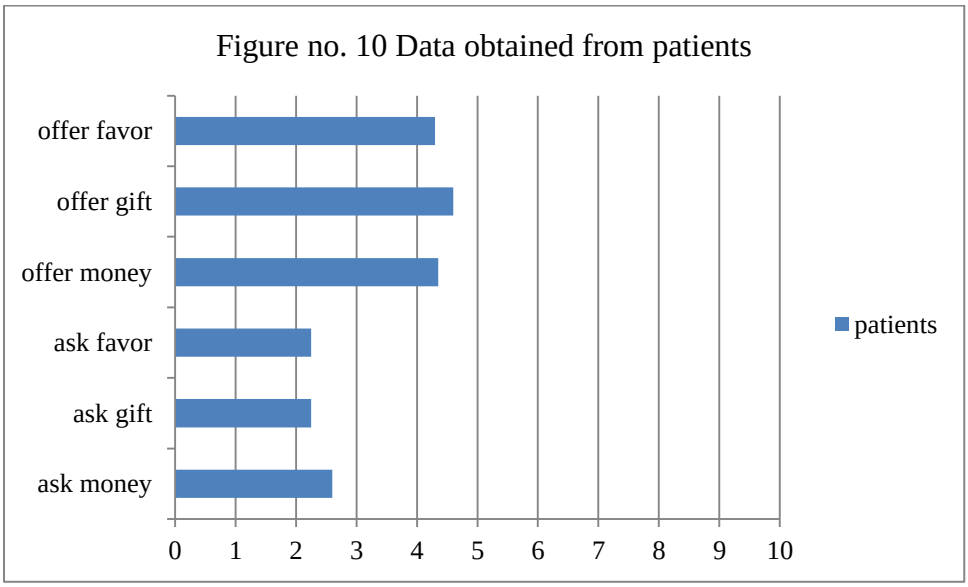
5.1. Results

The participants were asked to give their opinions with regards to the acceptability of informal payments and bribes in the Romanian public hospitals. Firstly, the data for all the variables will be presented in a quantitative way. This section is divided between the data provided by the patients and the data collected from the students. The next section will include the statistical analysis which was performed with the help of SPSS. In order to get an idea about the actual data obtained from the participants, these two sections are compulsory. On the basis of the interviews the explanations will be provided in the he last section of this chapter.

5.1.1. Data collected from patients

This data set is considered the main source of information for this research paper. This is because patients' views and attitudes towards the acceptability of informal payments and bribes are the most useful type on information in answering the research questions. The average responses given by the patients to the vignettes can be seen in Figure no. 10.

Figure no. 10 Data obtained from patients

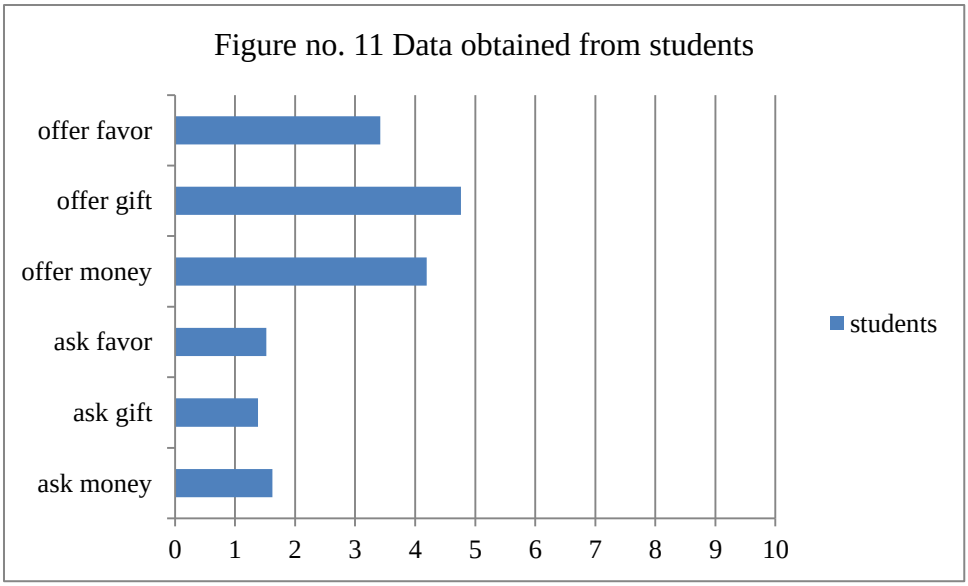


As expected, the patients consider it is less acceptable when the doctor/nurse asks for money, gifts or favors/services than when these informal payments and bribes are offered by the patient. For the first scenario where the doctor/nurse asks for money, the average of the answers is a 2.6 on the acceptability scale from zero to ten. Interestingly, when it comes to gifts or favors/services asked by the doctor/nurse the opinions are the same. Thus, the average for the second and third vignette is 2.25. The acceptability level is higher in the next three scenarios where the patient offers the informal payment/bribe. The result for the fourth scenario which describes the situation where the patient offers money to the doctor/nurse represents an average of 4.35. When a gift is offered by the patient, the average is 4.6, while the favor/service offered yields a 4.3 average. To sum up, the data for the first three vignettes where the informal payments and bribes are asked for by the doctor/nurse suggest that the acceptability level is lower in comparison with the data for the last three vignettes where the patient offers them.

5.1.2. Data collected from students

The data gathered from the students shows the same trend as the data collected from the patients, since they also believe the situations in which the patient offers the informal payment/bribe are more acceptable than when the doctor asks for it. The average result for the first scenario, where the doctor/nurse asks for money is 1.62; if the doctor asks for a gift the result is 1.38 and if he asks for a favor/service the average result is 1.52. If money is offered by the patient, the average result is 4.19, whereas if the patient offers a gift the average result is 4.76. In the situation of a favor/service offered by the patient, the result is 3.42 (See Figure 11).

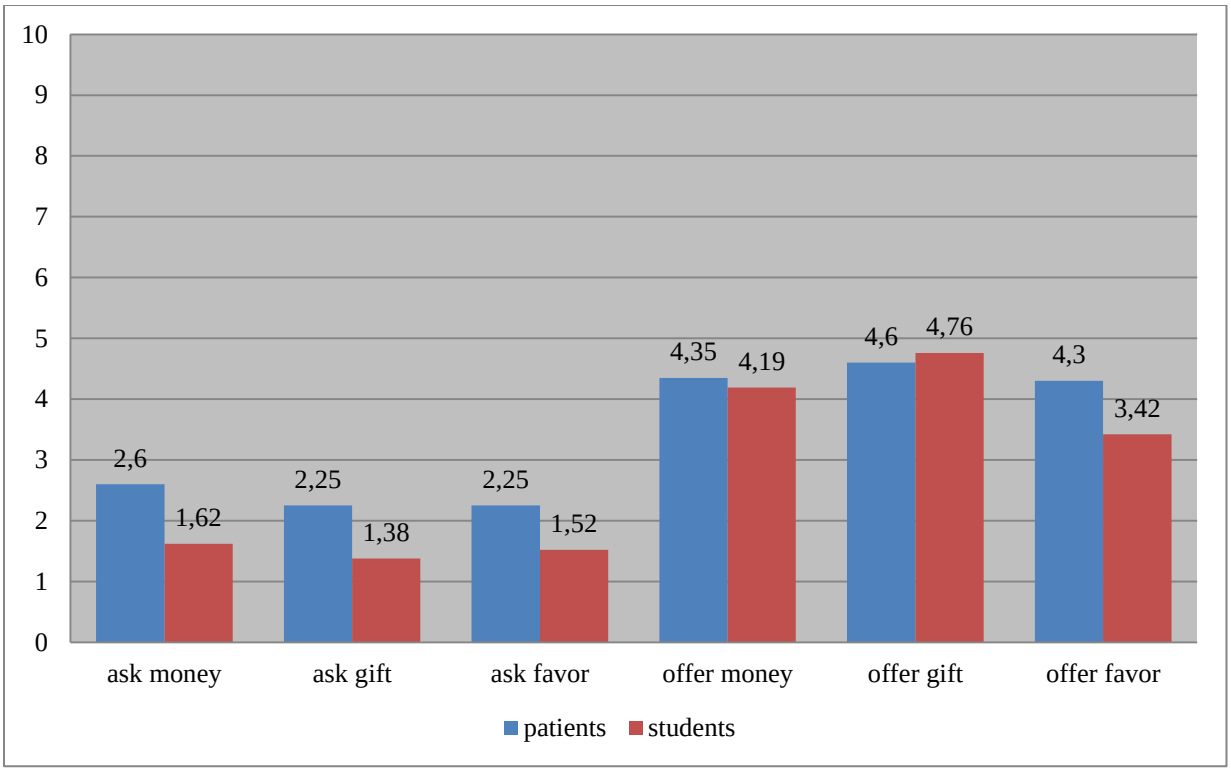
Figure no. 11 Data obtained from students



Although the figures obtained from the students are not mandatory for answering the research questions of this study. However, a comparison between these two data sets is needed in order to investigate whether there are any variations among the views of the consumers of health care services and the students, who will become the providers of these services, with regards to the topic of this paper. Since it was possible to obtain data from different occupational domains, a certain amount of attention should be given to it, because it can be used as a tool to validate the data provided by the patients.

The average responses suggest that the student have lower acceptability levels for the vignettes in which the doctors/nurses ask for informal payments and bribes (1.62 –students vs. 2.6 –patients). It is the same for the vignettes in which the patient offers money (4.19 – students vs. 4.35 –patients) and a favor/service (3.42 –students vs. 4.3 –patients). When the patient offers a gift however, the acceptability level is higher for the students (4.76) than for the patients (4.6). (See Figure no. 12)

Figure no. 12 Patients vs. students



In general, the figures suggest that the students also find this behavior unacceptable. It remains to be seen whether their opinions are very different from the ones of the patients when the data obtained from the interviews, and whether the differences shown by the figures are actually significant. This will be presented in section 6.2.3.

5.2. Statistical analysis

In order to see whether there are significant statistical differences between the answers for the vignettes, a series of Paired Sample T-Tests were performed by using Statistical Package for Social Sciences (SPSS). Basically, this test compares the means of two variables for the group selected, after which it computes the differences between values of the two variables for each case and tests whether difference differs from zero. Additionally, the procedure produces descriptive statistics for each test variable (mean, sample size, standard deviation, and standard error of the mean) and for each pair of variables (correlation, average difference in means, t test, and confidence interval for mean difference). In this paper, the attention will be

directed towards the paired sample test presented in Table 1, even though separate tests were performed for the answers provided by the patients, and for the data collected from the students. In this way, the results could be thoroughly verified for any significant statistical differences.

Table 1

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
					95% Confidence Interval of the Difference				
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper			
Pair 1	Vignette 1 - Vignette 2	,293	1,792	,280	-,273	,858	1,046	40	,302
Pair 2	Vignette 1 - Vignette 3	,220	2,031	,317	-,422	,861	,692	40	,493
Pair 3	Vignette 1 - Vignette 4	-2,171	3,270	,511	-3,203	-1,138	-4,250	40	,000
Pair 4	Vignette 1 - Vignette 5	-2,585	3,987	,623	-3,844	-1,327	-4,152	40	,000
Pair 5	Vignette 1 - Vignette 6	-1,756	3,754	,586	-2,941	-,571	-2,996	40	,005
Pair 6	Vignette 2 - Vignette 3	-,073	1,603	,250	-,579	,433	-,292	40	,772
Pair 7	Vignette 2 - Vignette 4	-2,463	3,515	,549	-3,573	-1,354	-4,488	40	,000
Pair 8	Vignette 2 - Vignette 5	-2,878	3,669	,573	-4,036	-1,720	-5,023	40	,000
Pair 9	Vignette 2 - Vignette 6	-2,049	3,687	,576	-3,213	-,885	-3,558	40	,001
Pair 10	Vignette 3 - Vignette 4	-2,390	3,673	,574	-3,550	-1,231	-4,166	40	,000
Pair 11	Vignette 3 - Vignette 5	-2,805	3,842	,600	-4,018	-1,592	-4,675	40	,000
Pair 12	Vignette 3 - Vignette 6	-1,976	3,705	,579	-3,145	-,806	-3,415	40	,001
Pair 13	Vignette 4 - Vignette 5	-,415	2,156	,337	-1,095	,266	-1,231	40	,225
Pair 14	Vignette 4 - Vignette 6	,415	2,398	,374	-,342	1,171	1,107	40	,275
Pair 15	Vignette 5 - Vignette 6	,829	2,469	,386	,050	1,609	2,151	40	,038

In this table, the mean column in the paired-samples *t* test shows the average difference between the responses to the vignettes. The Std. Deviation column displays the

standard deviation of the average difference score. The Std. Error Mean column provides an index of the variability one can expect in repeated random samples of 41 participants. The 95% Confidence Interval of the Difference provides an estimate of the boundaries between which the true mean difference lies in 95% of all possible random samples of 41 participants. The *t* statistic is obtained by dividing the mean difference by its standard error, and there are 40 degrees of freedom. The Sig. (2-tailed) column displays the probability of obtaining a *t* statistic whose absolute value is equal to or greater than the obtained *t* statistic.

As it can be observed, there are significant differences for the following vignette pairs: 3 (doctor/nurse asks money vs. patient offers money), 4 (doctor/nurse asks money vs. patient offers gift), 5 (doctor/nurse asks money vs. patient offers favor), 7 (doctor/nurse asks gift vs. patient offers money), 8 (doctor/nurse asks gift vs. patient offers gift), 9 (doctor/nurse asks gift vs. patient offers favor), 10 (doctor/nurse asks favor vs. patient offers money), 11 (doctor/nurse asks favor vs. patient offers gift),12 (doctor/nurse asks for favor vs. patient offers favor) and a border significant difference in pair 15 (patient offers gift vs. patient offers favor/service). This suggests that all the participants chose different values for the acceptability scale according to the initiation process (doctor/nurse asks vs. patient offers), but the type of bribe is not statistically important. There is however one exception: pair 15 (patient offers gift vs. patient offers favor/service).

When the separate tests were performed for each sample of participants, pair 15 was found to be significant for the students sample but not for the patients sample. One possible explanation for this fact is that the participants from patient sample believe it is sometimes acceptable to offer the doctor or the nurse a favor or a service. They believe a situation in which one hand washes the other can be acceptable in certain cases, especially if the doctor/nurse is acquainted with the patient. The patients don't seem to make a difference between the situation in which a patient offers a gift and the situation in which he offers a

favor, and the statistical data confirms this. Students however, have a different attitude than patients. They believe that a gift offered by a patient is more acceptable than a favor offered by the patient because, on one hand, they make a connection between the gift and gratitude from the patients, with the idea that if a patient wants to offer something because they were satisfied with the service they provided. On the other hand, the scenario in which a favor/service is offered by the patient receives a different meaning, a resentful attitude, as if the future doctors see it as being a more corrupt act than the previous. Thus, apart from this exception related to the type of bribe, the statistical analysis has shown that all the significant differences are related to the person initiating the corrupt behavior.

Further testing is needed in order to see whether the mean of the independent two groups (patients and students) are different from each other. These groups were randomly selected from the population. To achieve this goal, a Mann-Whitney will be performed. The first section of the output shows the number (N) of people in each condition (20 patients and 21 students), the mean rank and the mean rank and sum of ranks for each group, however, the most important part of the output is the second section, which shows the significance value of the test (Table 2). As it can be seen, the various tests suggest that there are no significant differences between the two samples of participants.

Table 2

Test Statistics[a]

	Vignette 1	Vignette 2	Vignette 3	Vignette 4	Vignette 5	Vignette 6
Mann-Whitney U	188,000	147,000	159,000	207,000	200,500	179,500
Wilcoxon W	419,000	378,000	390,000	438,000	410,500	410,500
Z	-,618	-1,772	-1,423	-,079	-,250	-,811
Asymp. Sig. (2-tailed)	,537	,076	,155	,937	,802	,418

a. Grouping Variable: patient or student

5.3. Interpretation of results

For the purpose of this study, the participants were interviewed about their responses to the vignettes and their attitudes towards the subject. The following sections will primarily focus on the responses given by the patients, as they were the sample that provided the largest amount of information. After this, a separate section will sum up the main findings related to the reasons and attitudes belonging to the students.

In order to answer the main question and the sub-questions of this research, the following data will be structured according to the initiation process and the type of informal payment/bribe. One significant finding for this study is the fact that most of the participants selected for all the vignettes either totally unacceptable or very low acceptability levels. This claim is supported by the figures obtained from all the participants to this study. The average responses also suggest that with regards to the initiation process, a situation in which the doctor/nurse asks for bribes or an informal payment is less acceptable than one in which the patient offers them. The Paired Sample T Test performed in the statistical analysis supports this important finding.

With regards to the acceptability levels in relation to the different types of informal payments/bribes the numbers show minor variations in the average responses. For instance, the data shows that it is more acceptable when the doctor ask for money than when he asks for a gift or a favor/service. Also, participants seem to make no difference between a gift and a favor/service asked by the doctor, since the acceptability level is the same. In the scenario in which the patient offers, the most accepted is the gift, followed by the favor and lastly, money. When analyzing the data from the interviews however, the findings related to the type of bribe presented above are not significant. This assumption is also supported by the statistical analysis. Thus, even if the numbers show slight differences among the variables,

people's opinions and their reasons for choosing different acceptability levels in relation to the type of informal payment/bribe do not stand out as a significant finding.

5.2.1. How acceptable are informal payments and bribes to the Romanian health care users when the doctor/nurse asks?

With regards to the first vignette, in which a doctor/nurse to asks for money, 10 out of 20 participants circled number 0 (totally unacceptable) on the acceptability scale. The main reasons for this are connected to the fact that people acknowledge that the medical service should be free since the patient pays for medical insurance, but also because they believe that since the doctor/nurse has a salary, no extra payments should be requested from the patient. For instance, when asked about the levels of acceptability in relation to money asked by the doctor/nurse some of the participants replied:

> 'The doctor should offer a free service, not to ask for money!' (Analyst, female, 34)

> 'I consider that it is unacceptable for a doctor to ask us, the patients for money. They are paid to do this and if they want to receive more, they can open their own private consulting rooms and not work for the state anymore, if they aren't satisfied with their salaries.' (High school student, female, 20)

> 'I circled [the vignette- am] totally unacceptable because it doesn't seem normal to me to pay for something that should be free of charge since you pay for medical insurance anyway.' (Mechanical engineer, male, 25)

Other reasons for low acceptability levels are connected to fairness, ethics, the fact that medical personnel take the Hippocratic Oath, or simply because they believe this situation does not occur at all in public hospitals. For instance, some of the patients declared:

> 'I believe this is a bad habit and it shouldn't happen because it is not fair.' (Technician, female, 43)

‘Because it is not allowed. They need to have ethics. It is not possible to ask the patient money for something that should be free.’ (Security guard, male, 55)

‘I think it’s not correct because they all have a job, they went to school and they took an oath to help sick people, so I believe it’s good if they all do their job and is paid according to the service he does.’ (Commercial worker, female, 48)

‘The reason why I circled number 3 is the following: as long as these doctors or nurses take an oath, the Hippocratic Oath, they must do their job. They don’t have to ask for anything from anybody.’ (Public servant, female, 34)

‘If it is a medical service, especially if the patient is in a public hospital, automatically money is not asked for that service.’ (Dentistry assistant, female, 36)

With regards to this last comment, it is fair to assume that the attitude towards the subject and the reasoning behind the answer could have been influenced by the fact that the person works in the medical field. Surprisingly, others think this situation is somewhat acceptable because doctors/nurses, even though they ask, they don’t use the money they receive for personal gain:

‘I suppose the salaries are not extraordinary, that is why they ask. Since they have to deal with that and, in the same time, offer their services while dealing with a lack of bandages and the desperation of not being able to do their work properly because there are other things missing, I think it is a bit acceptable that they ask for money. A lot of doctors put that money for the use of patients, not only in their pocket, so yes. It is a bit acceptable.’ (Bank clerk, female, 29)

Some of the participants think this scenario is more acceptable and they choose higher levels of acceptability (5 and above on the acceptability scale) because they consider that due to the current state of affairs, there is no other way to get the medical

care you need, or, as a doctor/nurse to offer what the patient needs. For instance, when asked why they choose a higher acceptability level one person replied:

> 'It depends on the situation. I don't agree with giving money, but sometimes you are in a situation that you cannot solve your problem without money, and then, you cannot make the patient suffer because you depend on a sum of money.' (Financial superintendent, female, 47)

This means that even though she doesn't agree with offering money to the doctor/nurse, she believes that the patient can sometimes be in a situation where he won't get the medical service he needs unless he gives the money; from the doctor's perspective, he will ask for money form the patient rather than make him suffer because he doesn't have the necessary funds to offer him the appropriate medical care. In another case, the participant opted for a high level of acceptability because she was put in a situation where other patients did the same and she followed their example. Higher levels of acceptability were chosen by participants also because they think about the well-being of the patient first, or because of the fear of not receiving medical care unless they give the money the doctor/nurse asks. For example, one patient stated:

> 'Because, if it is a close acquaintance, in those moments when he needs a medical service you just don't care what they ask, you want them get well, to be healed.' (Sales representative, female, 25)

One person believed the situation in which the doctor/nurse asks for money to be totally acceptable. When asked why, he replied:

> 'I did this because I know I won't receive the service that I need if I don't offer money. So, I definitely think this is the custom here, that this is the way the system is: a bit sick.' (Foreman, male, 54)

With regards to the scenario where a gift is asked by the doctor/nurse, opinions vary as well. While some patients consider this situation to be totally unacceptable (six out of 20), others believe it is a bit acceptable. They all agree however that the value of the gift should be small. For instance, one person states:

> 'I wouldn't agree with this one either, I circled number 1, so let's say a gift is a bit acceptable. But it depends on the kind of gift being asked for, on its value. Because if it's a flower or something like that, it is acceptable, but if the value is raised to a high sum of money, then it isn't.' (Financial superintendent, female, 47)

Others believe that a gift can be offered by the patient, if he wishes to do so, but not asked by the doctor/nurse:

> 'I don't think he should ask for a gift; if that person feels that he needs to give something or to thank the doctor for the service, maybe from generosity he offers a chocolate or something else, but not something big or something expensive.'(High school student, female, 18).

Other participants believe that it is unacceptable because this implies that the medical act is conditioned. Thus, the participant believes that if the doctor asks for a gift, then the patient must offer it, must comply with the condition he poses, otherwise he will not receive the medical service he needs: 'He asks. Because he asks, he conditions the medical act. This is not done.' (Engineer-department chief, male, 59)

Just like in the scenario in which money is asked, the fact that the doctor/ nurse took the Hippocratic Oath appears again amongst the reasoning behind choosing a low acceptability level: 'Unacceptable because the nurse or the doctor took an oath that they will help people without automatically asking for anything.' (Dentistry assistant, female, 36)

When asked why this situation is totally unacceptable, one respondent stated: 'From my point of view, a gift is given to a very close and dear person, not to a nurse. To me it is unacceptable that a person asks you, as if you are obliged to give a gift.' (High school student, female, 20) While this person believes the situation is not acceptable because the gift is something you should offer only to close persons, others believe that the situation is not acceptable, and less acceptable than money, because they don't really know whether their choice of a gift will please the doctor/nurse: 'I circled number 2 because I am not sure I will give the right present for the service that I need. That is why I give money, because I know that with money the doctor buys the gift he thinks he needs.' (Foreman, male, 54). Another person that believes this scenario is less acceptable than the first one believes that the smaller value of the gift is more appropriate for a smaller medical service like a checkup: 'Well, after my release from the hospital, after a while, I had to go for a check-up. And, I considered that to a checkup a gift is enough. This I offered only to the doctor I went to for this checkup.' (Dressmaker, female, 47)

Some of the participants believe that this situation, in which the doctor/nurse asks for a gift, is a bit acceptable. Among them, some of the reasons seem to be the same as for the situation where the doctor/nurse asks for money:

> 'Well, again. The same reasons. It is a bit acceptable because the doctors have difficulties in doing their work and sometimes they need things to be able to do their job. A lot of hospitals are underfunded, so medical equipment is needed.' (Bank clerk, female, 29)

> 'Because again, I answered like that because I consider that in the moment when you get in the situation that you are in a hospital and you need the help of a doctor or a nurse, you will do anything to…and he/she asks, it is normal that you will offer, because in those moments…Of course now, it depends on the gift as well, I'm not going to buy him a car or an apartment. Normally he is there to offer them medical services

without anything in return, but that's the way it is in Romania.' (Sales representative, female, 25)

Other interviewees say that this situation is a bit more acceptable than money. The main reasons for this are related to the fact that people believe the value of the gift to be lower than the sum of money they would actually have to give:

'Well, because a gift is different. An attention doesn't mean a lot of money necessarily. This is more acceptable than money.' (Security guard, male, 55)

Other patients think that a gift asked has the same level of acceptability as when money is asked by the doctor/nurse because it has a value as well, or because you still have to spend money on it.

When the doctor asks for a favor/service, opinions are divided again. For this scenario, 7 out of 20 participants see the situation as totally unacceptable, while 5 out of 20 persons choose 1 as a value on the acceptability scale. People see this situation as totally unacceptable for reasons that were present in the previous scenarios as well. For instance:

'This shouldn't be like this. For him to ask you something in return. Since he is a medical cadre he must help you not ask for favors. Only if you want to offer him something. That is another thing, but it depends from case to case and it is your decision.' (Pensioner, female, 57)

There are also reasons connected to morality or the fact that the doctor/nurse who asks is rude and insensible. For instance, one person declared: 'This is not acceptable because a favor or a service is not something doctors should be asking from a patient. It is not moral.' (Bank clerk, female, 29) Another one stated: 'It is a question of insensibility to ask for a favor or a service in order to do something you are paid to do.' (Dentistry assistant, female, 36)

When the acceptability level increases, most of the participants state that there is a difference between money, gift and a favor/service asked by the doctor/nurse for various reasons. For instance, some of the participants don't see this situation as being so "grave" as when the doctor/nurse asks for money or a gift: 'If the doctor asks, I can probably offer him a favor, that doesn't seem so grave as money or a gift' (Superintendent, female, 38) or they claim the fact that the vignette is, they say, delicately formulated and that is why the situation is more acceptable: 'This scenario is formulated delicately, because a favor or a service asked by the doctor doesn't seem so serious as money or a gift, which is something material'(Technician, female, 43)

Other participants believe that the acceptability level for this scenario is in the middle of the acceptability scale: 'the situation is somewhere in the middle as I see it, but I think a favor/service doesn't have the same effect as money does.

> So I am expecting to receive the service I need by offering money. Not that this is ideal or healthy, but that is the way it is.' (Foreman, male, 54)

Another person explains the following:

> 'A service, if it can be offered after receiving the medical treatment that you need, you are very satisfied and you can do it, then gladly, post. Or even before, you can help. I'll give you an old example. For instance, he knows you work at a certain factory, and in the past the hospitals did not have quite everything that they needed, maybe not even now, so he says: 'You can help us with a stainless steel bathtub for the patients with burn injuries not to get infected'. So if you can do a favor for somebody you know there, you do it and it's a good thing because you help. But this doesn't condition the medical service.' (Engineer-department chief, male, 59)

The highest levels of acceptability are connected to reasons such as acceptability of the status quo: 'Because this is the situation in Romania. So in Romania, doctors and nurses don't give

anything if you don't return them a favor/service.' (Sales representative, female, 25) Respect is also mentioned as a reason for high levels of acceptability: 'Out of respect for them, in the limit of my financial power, of the possibilities, I will give it with pleasure, especially for health. Anytime' (Mason, male, 63), while another person claims that 'a favor is not a sum of money, so you accept or ask a favor faster than a sum of money'. (Gendarme, male, 33)

5.2.2. How acceptable are the situations in which the patient offers money, gifts or favors/services to the doctor/nurse?

Moving on to the scenarios in which the patient offers the informal payments and bribes, the results show that these scenarios are a bit more acceptable than the scenarios in which the doctor/nurse asked them. However, when analyzing their opinions, one can observe that the majority of the participants believe these scenarios to be unacceptable. Thus, one possible explanation is the fact that even though most of the patients chose low acceptability levels, the rest of the participants chose very high acceptability levels, which increased the average numbers of the total responses. For instance, with regards to money offered by the patient, 5 out of 20 participants selected this vignette to be totally unacceptable, 8 participants selected values under the middle range on the acceptability scale, while only 7 participants selected values above number 5 on the acceptability scale from 0 to 10. People believe it is unacceptable to give money to the doctor/nurse because of the fact that this is in their view, a bad mentality:

> 'I think it is a mistaken mentality to give money in order to obtain something that should be free anyway.' (Mechanical engineer, male, 25)

Another interviewee has an interesting point of view with regards to why this situation is totally unacceptable:

> 'Well, this is the same as the first scenario. There he asked, but now I give him money so that he would do me the service I need, so I corrupt him, it is the conditioning of the

act, because then he will get used to it and expect it.' (Engineer-department chief, male, 59)

When the acceptability level increases, people acknowledge the fact that this type of situation is wrong, but they claim it is somehow necessary: 'Because it is the same as with the situation in which the doctor asks. If the patient needs care, and it he can't get it normally, he will pay for it.' (Bank clerk, female, 29); 'Yes. In general this is the procedure, because when a person feels that he is in a special situation, a difficult situation, being sick, he will give. But, this shouldn't appear as an obligation.' (Mason, male, 63)

The acceptability levels are in the middle of the acceptability scale for some participants who explain that offering money can get the patient better medical care: 'I circled number 5 because the patient wants to be offered a better service and then he offers a small attention, but not something big' (Public servant, female, 34) or because 'The nurse will care for the patient differently, better, if she gets something.' (Analyst, female, 34) Another person suggests that this is a question of bad habit, but that it is still more acceptable than when the patient is asked:

'I think it is sad that people offer money because they are used to it, because x or y did the same. However, it is more acceptable when the patient has the initiative of offering than when he is being asked to do so by the medical staff.' (Technician, female, 43)

A lot of the interviewees believe that it is the patient's choice if he wants to offer something to the medical personnel or not and it is mostly offered with pleasure, as a sign of gratitude. For instance, one person explains:

'Here it depends. If the patient is pleased with the doctor's performance, with his work, and wishes to offer him a small gift, than that is his pleasure.' (Dentistry assistant, 36)

The reasons behind the highest acceptability levels for this scenario reflect the belief that patients engage in this corrupt behavior because they have to, and not necessarily because they want to:

> 'I believe it is totally acceptable because "if you don't have money nobody will give you any attention" in an expression that doesn't sound very nice. But, what are they thinking? The patient doesn't have money, the mother, brother or sister will have it, and from somewhere money will come out. So, they don't back out.' (Dressmaker, female, 47)

In the same line of thinking, another interviewee states: 'I consider [this vignette-am] is acceptable with the necessary quotes because you have to give it [money-am]. Otherwise, you won't receive the service you need. And, no matter how much he asks and you have to offer, you will ask yourself in the room how much others have given so that you are somewhere in that range. This is the custom.' (Foreman, male, 54) [The participant is being sarcastic in saying that he considers this scenario to be acceptable; by adding the quotes to his statement, he means that in fact he does not consider the situation acceptable]

When it comes to a gift offered by the patient, 12 out of 20 participants selected values under the middle range of the acceptability scale, from which 4 people believe this hypothetical situation to be totally unacceptable. The other participants (8) opted for higher acceptability levels. The main motivations for choosing low acceptability levels are: the fact that the doctor/nurse is supposed to offer the medical service without any gifts, insecurity or because gifts are nicer. For instance, when asked why they choose a low acceptability level, interviewees replied:

> '(…) The patient doesn't need to go with a gift in order to receive a medical service because they are there to offer these medical services and I don't consider that a patient in need of a nurse or a doctor should give a gift.' (Sales representative, female, 25)

> ‘I circled number 2 because again, I am not sure will have the desired effect and maybe you don’t offer the gift he needs so then I think that it is not certain he will solve my problem in a favorable situation for me. At least that is what I believe.’ (Foreman, male, 54)

> ‘It is still better to give him a gift because you know that is useful. Depends on what gift you give, maybe he likes it, and it will be more acceptable than money, because money is not given like that, anytime, but rarely. But gifts, it is nicer, especially if you go with a nice gift.’ (Pensioner, female, 57)

The main reasons for higher acceptability levels for this scenario are the fact that a gift is given before as an incentive in order to make sure that they will receive the service they need or, after they receive the service if they were satisfied, as a sign of appreciation, as gratitude. Here are some of their opinions: ‘Because a gift is given as a sign of appreciation but also to make sure you get the service you need’ (Bank clerk, female, 29), ‘Well, it is an incentive. You give it and you get what you need.’ (Security guard, male, 55) Another person explains: ‘I believe a gift is more or less acceptable, but only if it is offered after the person receives the needed service as a sign of gratitude, not as a price for being noticed and treated.’ (Mechanical engineer, male, 25)

For the higher acceptability levels, one person claims that: ‘I went on the same idea. I took a gift as a minimum sum of money, not something valuable. Because a lot of times a flower, a card or something small can mean more for some, of course.’ (Financial superintendent, female, 47)

In comparison with a patient offering money, one reason for higher levels of acceptability for an offered gift was the fear of offending the medical personnel:

> ‘A lot of times people offer a gift for the help they got from a doctor or nurse because they don’t want to offer money and offend the doctor or the nurse by doing so.’ (Technician, female, 43)

When the participant was asked why the doctor/nurse would feel offended if the patient offers them money, she replied:

> 'Because he/ she might think that the money comes out of pity for the low salaries or something, might feel unappreciated. Also, this might be the case when a doctor/nurse is an honest person and does his/her job because he likes it and he wants to help people. In that case the money can be seen as something bad. Flowers or chocolate offered after the treatment can be viewed as a sign of gratitude, and then the doctor will gladly receive it. It will give him a sense of satisfaction, he will feel appreciated.' (Technician, female, 43)

The average results in the case of a favor/service offered by the patient are approximately the same as for money offered by the patient: 12 out of 20 participants chose levels under the medium range, while 4 circled the vignette totally unacceptable; the rest chose the values situated above the mid-level of the acceptability scale. Reasons differ according to the acceptability levels. Low acceptability levels are chosen by participants who believe that this scenario is immoral, unfair, because they believe the patient is incapable of offering anything in those moments or simply because they feel blackmailed:

> 'A favor/service is less acceptable than money or a gift because you feel blackmailed: 'you help me, I help you. You don't help me, I don't help you', but a gift is given from the heart, as gratitude, not like 'I help you, but you help me with this.'(Dentistry assistant, female, 36)

For those who chose a medium acceptability level, the reasons vary from the belief that a money offer has a different effect than a favor/service to the fact that offering a favor/service can help the patient in receiving preferential treatment:

> 'Well, as for gift I circled number 5 for favor/service because if you want a faster service or not to stand in line, you must offer something. For instance, my son had a

> medical problem and I went to the doctor where I had to wait in order to get an appointment over three weeks. However, knowing somebody, my boy was moved in front of the waiting line, and then it is a service for a service. I helped that person in my field of work with something, and now that person helped me in return.' (Public servant, female, 34)

Higher acceptability levels relate to various reasons, the most common being: better treatment, it's good to do so, or because now it's the patient's choice to offer it:

> 'Because now it is the patient's choice. If he wants to offer that it's his own business. The patient can offer something the doctor needs, and then he will get what he needs. It's almost like doing business: you help me, I help you.' (Security guard, male, 55)

Two persons choose totally unacceptable for all scenarios, so they don't make a difference between the doctor/nurse asking and the patient offering, nor do they distinguish between the various types of informal payments/bribes. For instance, one person declared:

> 'I choose to answer totally unacceptable whether it be money, gift or favor/service because we each pay medical insurance and it is not normal for a doctor or medical personnel to accept or ask this kind of bonuses. I don't think all Romanians have the possibility to offer these bonuses and it is because of this that I believe patients are not treated equally. Those with money, which do have the possibility of offering, receive much better services, obviously above the average citizen. And those who don't have, and limit themselves to offering smaller amounts or nothing at all, they are treated as they shouldn't be in a country that is a member of the European Union. The situation is unacceptable because people's mentality was formed on offering: 'you don't offer, you are not receiving a good service in return.' (Journalist, female, 25)

When analyzing the results, one can observe that even though the numbers do reflect people's opinions, their answers are a lot more different than the numbers indicate. As

explained at the beginning of this section, this is because of the average numbers selected on the acceptability scale. So basically, even though the average shows a low level of acceptability, this level is actually lower for the majority of respondents, but because of some outliers, the actual acceptability level is distorted.

5.2.3. How acceptable are informal payments and bribes to the medicine students?

A closer analysis of the attitudes of the Romanian UMF students towards informal payments and bribes shows that their attitudes are not too different from the attitudes patients had. For instance, for the first scenario in which the doctor/nurse asks for money, 11 out of 21 students circled number 0 (totally unacceptable), 7 of them chose values under the middle range on the acceptability scale, while the rest opted for acceptability levels above 5. For the scenario in which the doctor/nurse asks for a gift, 14 out of 21 students chose totally unacceptable, while 4 out of 21 opted for values under level 5 on the acceptability scale. When the doctor/nurse asks for a favor/service, 13 out of 21 students chose number 0 on the acceptability scale, 5 students chose levels under the middle value and only 3 persons chose levels above number 5. They mainly have the same reasons as the patients for choosing low acceptability levels: patients pay for the health insurance so the service should be free, doctors are paid for the job they do, and it is immoral, not ethical, etc.

Only 5 out of 21 students chose the scenario in which the patient offers money in order to receive the medical service he needs, to be totally unacceptable. Medium and under medium range levels were chosen by 8 students, while the rest (8 students) opted for acceptability levels that were higher. With regards to the scenario in which the patient offers a gift, 3 out of 21 students circled 0 on the acceptability scale, 10 out of 21 students circled values including and under the middle level and 8 students opted for higher levels. For the last hypothetical situation, in which the patient offers a favor/service, 7 out of 21 patients circled the minimum value, 9 students opted for values including and under number 5 on the scale,

while 5 students chose higher levels. Their reasons are again similar to those of the patients: low salaries, if the patient wants to offer then it is acceptable, if it is offered, why not, etc.

Although the figures show some variations between the data collected from the patients and the data collected from the students, there are no significant differences from a statistical point of view. The acceptability levels are low for all the vignettes, and their attitudes coincide, thus, the majority of the answers suggest the fact that informal payments and bribes are also unacceptable for the students. Like in the case of the patients, students believe it is less acceptable when an informal payment/bribe is asked by the doctor/nurse, then when it is offered by the patient. Therefore, an assumption that this data set validates the answers provided by the patients is reasonable. With regards to the type of informal payment/bribe there is only one minor statistical difference: the Paired T Test results suggest that students believe a favor offered by the patient is less acceptable than a gift offered by the patient. The possible explanations for this finding were provided in section 5.2 where pair 15 is discussed.

5.2.4. Analysis using theoretical explanations

In Chapter 2, possible theoretical explanations for engaging in corrupt behavior were presented. This last section will focus on finding out whether any of these explanations are valid for the findings of this study. For instance, William L. Miller (2006) suggested that ‘‘norms and values’’ of both citizens and street-level officials explicitly condemn the giving or accepting of bribes. This is certainly the case in this study, since the patients as well as the medicine students and the medical personnel that participated in this study considered informal payments and bribes to be unacceptable. The motivations for the answers given in the interviews are connected to the norms and values of the participants. The 2009 study performed by Abhijit Banerjee, Rema Hanna and Sendhil Mullainathan also carries relevance for this study since there is indeed a tendency to legitimize corruption among the Romanian

healthcare providers as well as healthcare consumers. For instance, many of the participants to this study explained that even though a doctor doesn't directly ask for a bribe, he does let the patient know that he expects one by talking about the costs involved. Also, many of the patients suggested that giving something is more acceptable if there is satisfaction with the medical service received and a thankful gift doesn't necessarily involve an illegal act.

The explanation provided by Fumiko Nagano (2009) through the Prisoner's Dilemma game theory also seems relevant for this study. for instance, many patients fear the possible consequences of not offering something for the medical service they need. Thus, they feel they might 'lose out' if they don't give what they are asked for by the medical staff. Many feel that there is no other way to get the medical service they need. The explanations provided by Waite and Allen (2003), Faunces and Bolsin (2004), Jackson (2008) and (Hutchinson et al., 2009) were not encountered in this study. However, Dan Bilefsky (2009) suggested that doctors and patients suggest that bribery follows a set of unwritten rules' in the Romanian healthcare system. He gives examples in which actual doctors admit that 'young doctors who refused to take bribes were routinely chastised or threatened with dismissal by senior colleagues for subverting the black market' (Bilefsky, 2009:1). Thus, even though these explanations are not relevant for this study, they do seem to make sense in other Romanian corruption studies. The Social Learning Theory developed by Akers in 1998 and presented by Margit Tavits in 2010 is relevant for this study. Many participants suggested that they observed the behavior of other patients and they followed their example. They claim that patients often ask other patients in the hospital about the value of the informal payment of bribe they should give to the doctor in order to make sure they are in the same range.

With regards to the study performed by Benno Torgler and Neven T. Valev (2006) who investigated the correlation between age and justifiability of corruption, it is safe to say that their results do not coincide with the findings of this paper. That is, there are no

significant findings that suggest a variation in the acceptability of informal payments and bribes. The age category of the participants to this study was set between 10 and 65+, but there are no significant variations, thus the majority of young and old people alike believe informal payments and bribes to be unacceptable. With regards to gender related theories, there were no significant findings for this study. Abigail Barr and Danila Serra (2007) use a simple one-shot bribery game to investigate corruption behaviors, and suggested that when the game is presented as a bribery scenario instead of in abstract terms, bribes are less likely to be offered and accepted. In this study, the majority of the participants considered bribery to be an unacceptable behavior, thus there is a possibility that the vignettes might have had an influence in the way people perceived the debated issue. So, perhaps if the 'actors' of the scenarios utilized in this study, meaning the patient and the doctor, would have been presented in more abstract terms, then acceptability levels would have been different.

This chapter includes a quantitative description of the results, a statistical analysis of the data obtained from the participants of this study, and the interpretation of these results. The main findings suggest that the participants of this study believe the bribery practice in public hospitals to be unacceptable. Another important finding shows that with regards to the initiation process, acceptability levels are lower when the medical personnel ask for a bribe than when the initiative of giving a bribe belongs to the patient. The type of bribe however, seems to have no significant influence on the acceptability levels.

Chapter 6 Conclusions

The issue of informal payments and bribes in the health sector has been given a lot of attention from scholars over the years. Most of the studies are quantitative and focus on the existence and scale of informal payments and bribes, the causes and the policy responses. There is a lack of qualitative studies which focus on behavioral issues, on finding out how acceptable these corrupt practices are and what influences people's attitudes towards this subject. This research paper aimed at deepening the knowledge of the subject by focusing on the acceptability of informal payments and bribes from the point of view of the consumer of the health system, but also from the point of view of the future providers of health services, the medicine students. Certain limitations of this research were inevitable due to the lack of time and funding. Therefore, this final chapter of this thesis will first focus on the results and the answers to the research questions, after which the limitations and further research issues will be discussed.

The participants to this study were interviewed about their answers to the vignettes and their attitudes towards informal payments and bribes in the health sector research in order to answer the following question: 'How acceptable are informal payments and bribes according to the users of the health system in Romania, and what explains these attitudes?' The findings of this research paper suggest that the acceptability levels of informal payments and bribes are low for both samples of participants, meaning the patients and the students. Most of the participants chose values lower or equal to 5 on the acceptability scale from 0 (totally unacceptable) to 10 (totally acceptable). The participants chose low acceptability levels for various reasons. Mostly, they believe that the doctors/nurses should not ask for informal payments and bribes because they are paid to offer a service that should be free anyways since the patients pay medical insurance. Other reasons are related to ethical and moral judgments, and to the Hippocratic Oath. The participants believe it is not fair or moral

for a doctor/nurse to ask these illegal payments from patients since their duty is to help the patients regardless of their financial situation or whether they offer extra payments or not. For the vignettes in which the patient offers them, the participants believe it is a question of mistaken mentality to offer something in order to receive a service that is supposed to be free of charge. Thus, with regards to the question of how acceptable are informal payments and bribes in the health sector, it is realistic to conclude that in the current situation these are not accepted.

But why do people pay bribes in the health sector? Previous studies have shown that the reasons vary from the patient's fear of what might happen if he does not pay, to the wish of receiving better or faster treatment. In this particular study, many participants suggested that they engage in this corrupt behavior because they believe that due to the current state of affairs (low salaries of the medical personnel, lack of funds), there is no other way to receive the medical services they need. Their attitudes towards this issue suggests that even though they realize that offering a bribe to the medical personnel is in fact a question of bad mentality, they still do it. Even though the service should be free of charge since they already pay insurance, participants claim that patients are not being cared for unless they or their acquaintances will offer the doctors or nurses something.

The hypothetical scenarios utilized in this research were divided according to the initiation process (doctor/nurse asks vs. patient offers) and the type of informal payment/bribe (money, gift, favor/service). Therefore, the following questions were also considered: 'To what extent does the type of informal payment/bribe influence acceptability?' and 'To what extent does the initiation process influence acceptability of informal payments/bribes?' In order to answer these questions a statistical analysis was performed with the help of SPSS. The results from the statistical analysis suggest that generally, the acceptability levels are not influenced by the type of informal payment/bribe since the participants to this study make no

difference between money, gifts or favors/services. There is however a minor exception here. Students seem to believe that the scenario in which the patient offers a favor/service is less acceptable than when he offers a gift. This is not a major finding, but their views are different and must be considered. During the interviews they suggested that a gift is more acceptable because it is a sign of appreciation towards the doctor, a thankful gesture from the patient. The favor/service offered by the patient was seen as less acceptable because the patient should receive the service without having to feel the need to return a favor/service. Other reasons, similar to the ones provided by the patients for this particular vignette, are related to fairness or again, the mistaken mentality.

One important finding suggests that the participants of this study selected lower acceptability levels for the scenarios in which the doctor/nurse asks for informal payments or bribes, than for the scenarios in which the patient offers them. The statistical analysis confirms these findings, as the Paired T Test revealed a significant number of differences. The responses obtained in the interviews confirm these findings, as the majority of the participants suggested that if the patient wishes to offer something before (in order to obtain better or faster services) or after the treatment (as a sign of gratitude) that is his own choice. However, they all suggested that the patient should not be forced by the unfortunate circumstances to offer anything in order to receive the medical service he needs. Thus, if the doctor/nurse asks for informal payments or bribes, participants see this act as being more grave, corrupt and unacceptable than if the patient has the initiative.

6.1. Limitations and further research

A lot of the participants that chose higher acceptability levels suggested that they did so because they believe this is the only way a patient can receive a needed medical service due to the current state of affairs in Romania. Many of them claimed that they don't agree with the

situations stated in the vignettes, but they choose higher acceptability levels anyway. This raises a question whether the vignette technique was indeed a reliable method to collect data for this research paper. As other authors have suggested before, for instance Abigail Barr and Danila Serra (2007), when a certain corrupt behavior is presented to participants as a bribery scenario instead of in abstract terms, bribes are less likely to be offered and accepted. Thus, there is a chance that the use of this method might have influenced participants' attitudes towards the subject and their responses, thus, it can be considered a drawback in this research paper. However, there are many advantages that the use of hypothetical scenarios brought for this research paper. First of all, there is the issue of originality. Since there is a lack of studies using the vignette method in order to study the acceptability of corruption in the health sector, this paper contributes to the body of knowledge on the subject. Second, due to the delicate nature of the subject, the usage of this method eased the access to the participant's opinions and functioned as a starting point, a subtle opening for the interviews, which permitted a deeper investigation of their reasons and attitudes. Last, but not least, the vignettes provided structure to the data collection because the variables could be clustered according to the type of bribe and the initiation process.

Another drawback of this study relates to the limited amount of information obtained from students in comparison with the data gathered from the patient sample. As stated before, this was mainly due to the setting chosen for the data collection. The students were approached as they were exiting the university building immediately after they finished their exams. This limited the time of the interviewer to investigate the opinions of the students as deep as those of the patients because most of the students were stressed and in a hurry to study for the following exams. Therefore, future studies should choose a different way to approach this sample of population. Ideally, permission from the university should be

obtained to approach the students in a controlled environment, and the vignettes should be applied when the students are not in the examination period.

Other possible limitations are related to the number of participants and the inability to generalize the results of this study. A larger sample of participants might have provided different results, thus, future studies should consider a larger sample of the population, and if possible, to bring even more diversity in the answers. For instance this could be done if, apart from the patients and students (future doctors), samples of practicing physician or nurses would be included in the study. As people's opinion can change over time, this study should be repeated in order to see if their views persist.

Annexes

Annex 1 Questionnaire/interview

Date/data: Hour/ora:

_____

Gender/gen:

- Male/masculin
- Female/feminin

Date of Birth/data naşterii:

- 18-25 years old/ani
- 25-38 years old/ani
- 38-45 years old/ani
- 45-58 years old/ani
- 58-65 years old/ani
- 65+

Education/educaţie:

- No education/ only basic education-fără educaţie/ şcoală primară
- Secondary school-liceu
- High level of education (e.g. university)-nivel înalt de educaţie (ex. universitate)

Occupation/ocupaţie:

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