

STRESS MANAGEMENT AND  
CONTRADICTIONS IN ROMANIA  
ORGANIZATIONS PROVIDING SOCIAL  
SERVICES FOR THE ELDERLY PEOPLE

**Abstract**

Currently, our country is faced with an imbalance between the number of employees and the number of pensioners in the sense that due to the policy of stimulating early retirement after 1990, rapidly increased the number of pensioners while the number of employees decreased, especially emigration of young people abroad. In this context, it emphasizes the aging population problem already felt in the Romanian society: the elderly need care and attention on almost permanent and enhanced their personal assistance.

**Keywords:** violence, health sector, conflict management

**JEL CODES:** I18, I12, I13

**GESTIUNEA TENSIUNILOR  
ȘI CONTRADICȚIILOR ÎN  
ORGANIZAȚIILE DIN  
ROMÂNIA FURNIZOARE DE  
SERVICII SOCIALE PENTRU  
PERSOANELE VÂRSTNICE**

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**Rezumat**

În prezent, țara noastră se confruntă cu un dezechilibru între numărul salariaților și numărul pensionarilor, în sensul că, datorită politicii de stimulare a pensionării timpurii de după 1990, a crescut rapid numărul de pensionari în timp ce numărul salariaților a scăzut, mai ales prin emigrarea tinerilor în afara granițelor țării. În acest context, îmbătrânirea populației accentuează o problemă resimțită deja în societatea românească: persoanele vârstnice au nevoie de îngrijire medicală aproape permanentă și o atenție asupra lor sporită și asistență personală. Politica guvernamentală în domeniul asistenței sociale este necesar să vizeze o serie de măsuri destinate combaterii excluziunii sociale și promovării incluziunii sociale, inclusiv prin elaborarea unor reglementări legislative menite să asigure o construcție de sistem coerentă, un management eficient, o îmbunătățire permanentă diverselor măsuri de suport financiar destinate vârstnicilor și respectiv celor în situație de risc, precum și o consolidare și dezvoltare a rețelei de servicii sociale, medicale și geriatrice adresate acestei categorii de populație.

**Cuvinte cheie:** sectorul sanitar, violență, managementul conflictelor.



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## 1. GENERAL FRAMEWORK (background, context)

The general regulatory framework for social services is given today by Social Assistance Law no. 292/2011, published in Official Gazette no. 905 in December 2011. Specific legislation social services as a whole is rapidly changing and upgrading. Social services are defined in Chapter III (Social Services System), Article 27 of the Social Assistance Act, as follows:

"Art. 27 (1) Social services is the activity or set of activities implemented to meet social needs, and the special individual, family or group to overcome difficult situations, prevent and combat the risk of social exclusion, promoting social inclusion and improve quality of life. (2) Social services are services of general interest and are organized in various forms or structures, depending on the specific activity / activities performed and the particular needs of each category of beneficiaries. "

In Article 39 (point a) it is clear that responsibility lies with the central government (Ministry of Labor, Family and Social Protection) to assess and monitor the quality of social services.

Article 43 (para. 2 and 3) of the same law provides for a filing system of social services at national level. Art. 43 (2) nationally organize a filing system of social services that include data and information on social services. (3) The manner of organization, administration and operation of the recording system referred to in paragraph (2) shall be approved by the Minister of Labor, Family and Social Protection.

Article 106 of Law 292/2011 states that the Ministry of Labor, Family and Social Protection: develop, propose and monitor social indicators in the field; analyzing annual national data on poverty and social exclusion, identify factors that contribute to social inclusion, develop national field reports, recommendations and proposals to streamline decision-making process in the field of social inclusion; (...) Collects and processes data and information on beneficiaries, providers and social services provided at national level; (...) To (n) develops criteria, performance indicators and quality standards for social services, monitor and control their compliance by public and private providers.

An important provision of the Law on Social Welfare is linked to the National Social Observatory. To Article 109 (1) of the Act states that: "In order to streamline the preparation and implementation of social policies at the national Ministry of Labor, Family and Social Protection organize the National Social Observatory, hereinafter Observatory.

Observatory is to collect and analyze national data on public policies for social protection, employment, housing, education, health, information communication, mobility, security, justice and culture an integral part of the social inclusion process, to develop national reports in the field, and to make recommendations

and proposals to streamline decision-making process in the areas mentioned. In order to fulfill its tasks, the Observatory cooperates with national and international bodies active in the field of social protection and conclude cooperation agreements, including sectoral social or territorial observatories organized by them (Romanian Parliament, 2011).

Organization, operation and financing of the Observatory was established by Government decision, proposed by the Ministry of Labor, Family and Social Protection.

Social services may be the primary services and specialized. Social services are primary nature of social services aimed at preventing or limiting situations of difficulty or vulnerability that can lead to marginalization and social exclusion. Such services are: identification activities social need of individual, family and group activities to inform about rights and obligations, measures and awareness and social awareness, measures and emergency actions to maintain the community of people difficulty activities and counseling services, measures and activities of the organization and community development for social participation and social solidarity etc.

Specialized services are social services aimed at maintaining, restoring or developing the capacity of the individual to overcome a situation of social need. These services are: recovery and rehabilitation, support and assistance to people in need, including the elderly dependent care socio - facilities for people in difficulty, the institutionalized counseling, information and counseling centers etc.

### ***The issue of rendering social services to the elderly in Romania (SWOT Analysis)***

Currently, our country is faced with an imbalance between the number of employees and the number of pensioners in the sense that due to the policy of stimulating early retirement after 1990, rapidly increased the number of pensioners while the number of employees decreased, especially through emigration youth abroad. In this context, it emphasizes the aging population problem already felt in the Romanian society: the elderly need care and attention on almost permanent and enhanced their personal assistance. These resources that we have so much need there is a major emergency system consists of insurance and social assistance. In this regard, Law no. 34/1998 on granting subsidies Romanian associations and foundations with legal personality, a unit set up and manage social assistance (Romanian Parliament, 1998).

According to the 2001 Norms of implementation of Law no. 34/1998, Romanian associations and foundations may receive grants if given at least 12 months of social work services in an organized respectively by a social welfare unit.

Few people recognize the needs, problems, rights and potential contributions of older people who become refugees in their own country. Older people have special needs that must be addressed in planning our programs. Lack of mobility, visual impairments, chronic disease often, feelings of isolation, to name just a few of the problems they face, can make difficult access to health and basic services.

In 1990, due to reduction of the retirement age five years, temporarily, it was a rapid growth in the number of pensioners, leading to an increase by 24% within 5 years. The percentage is in contrast with European standards. In 1991 the system of state social insurance pensioners were 3.018 million in 1996 to reach 3.741 million. Subsequently, in January 2005, their number increased to 4.607 million (increase of 23%).

Number of pensioners in agriculture was even more pronounced, up from 1.016 million in 1991 rose to 1.612 million in 1996 (an increase of almost 50%), reaching in January 2005 to 1,430 million (a decrease in the number their deaths due time). The increases occurred from 1991 to 1996 were determined by the provisions of Law 80/1992, which was reduced retirement age, adopting the same level as for state social insurance system (Romanian Parliament, 1994).

Between 1990 and 2000 there was a massive increase in the number of pensioners (with an average age of approx. 55 years), and while this increase was a decrease in the number of employed population, so that there is an increase in the degree of dependence (retirees relative to total employment). Due to the decreasing number of contributors to social security (aging population, early retirement, unemployment, black market labor) and the increasing number of retirees Insurance (without farmers) in Romania was taken with increasing gradually the retirement age to 57 years to 60 for women and from 62 years to 65 for men by 2014, thereby increasing not only the number of taxpayers but also the level of pensions (by increasing the contribution period and the possibilities the pension fund) (National Institute Of Statistics, 1998 - 2015).

Through Assistance Strategy for Refugees perspective Diversity Age and Gender (AGDM), UNHCR in Central Europe is trying to ensure that older people can express their needs and problems, and that can actively participate planning and implementing protection policies and activities that addressed these issues.

Social contracting refers to a specific area of NGO-Government partnership that can take different forms in different social models and within each country.

Description period can start to define its components:

Social - refers to activities and social services in the area - the provision of those services whose purpose is to help citizens to have equal opportunities and access public life. But as we all know, in Romania there

are obstacles. There are obstacles to social contracting at the local government level in Romania. These were identified in the research conducted by the Foundation for Civil Society Development were grouped in three levels - legal obstacles, administrative and cultural.

Legal barriers noted are: duplication of legislation, Law 350/2005 applying locally, lack of legislative coherence, lack of consistency between the concepts of contracting, financing, public-private partnership (Romanian Parliament, 2005).

Concerning of administrative obstacles we can mention: bureaucracy, lack of objective assessment, underdevelopment social services market, the lack of impact assessment, lack of databases with beneficiaries and providers, lack of transparency in local government.

Cultural obstacles relate to: the tendency of self-preservation of local government and NGOs fear competition, weak involvement of NGOs in policy formulation in the area, the lack of dialogue between government and NGOs.

A major problem identified by non-governmental organizations is the tendency to develop their own social care services, which will in the future lead to a decrease in the amounts awarded NGO even if their services are of better quality.

In this way it appears unfair competition or did you correctly said a pseudo-competition as long as funds are granted by local government for their services. Funds for NGOs will be granted only in areas not covered by public institutions.

- INTERNAL ENVIRONMENT (Strengths, Weaknesses)
- EXTERNAL ENVIRONMENT (Opportunities, Threats)

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
-existence In society of these social units for elderly	- Insufficient resources on the allocation of social services.	- Development of social service provision.	- Economic Instability
A strategy for assistance on information, solving, policy implementation assistance	- Migration of labor abroad.	- The allocation of EU funds.	- Decreased income population.

TABLE 1 - STATISTICAL DATA AND INFORMATION ON SOCIAL SERVICES TO THE ELDERLY PEOPLE IN ROMANIA.

Types of units in order to assist adult people	Years			
	2010	2011	2012	2013
	UM: Number			
Care and support centers	99	102	105	110
Integration centers for occupational therapy	19	20	21	19
Recovery and Rehabilitation Centre	254	260	272	263
Hostels for elderly persons	118	142	166	n/a

Source: © 1998 - 2015 NATIONAL INSTITUTE OF STATISTICS

TABLE 2 - STATISTICAL DATA AND INFORMATION ACCORDING TO THE TYPES OF DISABILITIES

Types of units in order to assist adult people	Types of disabilities	Years			
		2010	2011	2012	2013
		UM: Number of persons			
Recovery and rehabilitation centers for disabled adults	Physical	n/a	n/a	n/a	796
	Somatic	n/a	n/a	n/a	177
	Aural	n/a	n/a	n/a	56
	Visual	n/a	n/a	n/a	200
	Mental	n/a	n/a	n/a	6149
	Neuropsychiatric	n/a	n/a	n/a	2614
	Severely Disabled (Associate)	n/a	n/a	n/a	980
	Rare Diseases	n/a	n/a	n/a	33
	Other Categories	n/a	n/a	n/a	5
Care and support center	Physical	695	724	748	764
	Somatic	335	318	321	331
	Aural	55	60	61	54
	Visual	328	323	326	313
	Mental	2746	2848	2874	3175
	Neuropsychiatric	1211	1218	1163	1135
	Severely Disabled (Associate)	498	497	560	620
	Rare Diseases	45	43	60	50
	Other Categories	529	506	442	n/a
Integration centers for occupational therapy	Physical	22	22	26	18
	Somatic	8	17	15	6
	Aural	10	47	45	5
	Visual	51	112	58	6
	Mental	935	802	859	788
	Neuropsychiatric	366	358	377	356
	Severely Disabled (Associate)	150	112	115	120



Recovery Rehabilitation Centre and	Rare Diseases	2	6	10	2
	Other Categories	6	7	6	n/a
	Physical	961	1110	843	n/a
	Somatic	181	199	238	n/a
	Aural	19	22	30	n/a
	Visual	125	133	174	n/a
	Mental	5498	5974	5997	n/a
	Neuropsychiatric	2893	2713	2713	n/a
	Severely Disabled (Associate)	999	872	973	n/a
	Rare Diseases	24	16	58	n/a
	Other Categories	376	482	335	n/a
	Physical	1	n/a	n/a	n/a

Source: National Institute of Statistics, 1998 - 2015

### ***Defining interorganizational conflict in the entities that provide social services for Elderly***

Conflicts can be classified according to several criteria: location, level, degree of intensity, appearance, duration and evolution.

After the level that manifests conflicts can be:

- intrapersonal Conflicts
- Interpersonal Conflicts
- Conflicts within groups
- Intergroup Conflict
- Conflicts between Organizations;
- International Conflicts

From the perspective of institutions providing social services the elderly can say that Social Security covers a problematic broad including both a system intended to protect people of working age (social security) and those who cannot work or are socially disadvantaged. The two differ in the nature and sources. Social assistance designates a set of institutions, programs, actions, activities professionalized services to protect individuals, groups, communities with special needs temporary in difficulty, which for reasons of an economic, socio-cultural, biological or psychological not possibility to achieve by its own means a normal, decent life. Through the intercession and intervention of social assistance is helping persons in difficulty and help them obtain the necessary conditions for a decent life and to develop their capabilities and skills for a proper social functioning.

Social Assistance as an important part of social protection is a way of implementing programs and measures for the following social welfare, which is considered part of the target population. Social

assistance system based on the principle of universality and solidarity; not dependent on any previous personal contribution, as opposed to benefits from social insurance system.

Social work dealing with matters at different levels:

1. *Individually* - economic assistance, psychological;
2. *Interpersonal and Group Level* - family therapy, social groups
  1. to Marginalized;
  2. at *Community Level* - ethnic conflict resolution, group, individual and collective energies to mobilize the necessary resources to restore their normal integration.
3. *Defining Social Services* in general, and of *Social Assistance* in particular, revolves but around a common core on their purpose and that is to help individuals, groups or communities to exceed the period of difficulty adjusting to normal life.

## 2. LITERATURE REVIEW ON THE SUBJECT

In the literature there is still a wide variety of positions across the defining social welfare services, their quality and their cost reporting. Some identifies social welfare services as specialized programs, some identify as social intervention techniques, and in a different perspective these activities are seen as ways of knowing the needs and specific types of failures for people with problems.

H. Goldstein considers that the central objective is the knowledge of any social service or social learning. This implies a direct relationship between the client and the social worker. The concept of "welfare state" has a recent history. In literature it is deemed to have occurred around of the Second World War.

In Britain, Flora and Heidenheimer (1995) states that it began to be used only after publication of the Beveridge Report in 1942. New concept was tried to be found correspondents in reality. "Simply stated," the welfare state "refers to the process begun in the late nineteenth century, by which the state assumes collective welfare functions. Basically, it can say that it is the nationalization of social protection" (Zamfir and Stănescu, 2007)

In the literature there is a lack of a clear definition of the concept of "welfare state". Olsson identify a duality concept, it comprising, on the one hand, a redistributive component aimed, and as a result, social welfare, on the other hand, an institutional aspect (state) with respect to inputs and output- sites related to implementation. At the same time, it can be said that this concept has several components: political (the manifestation of a political community), social (expression of social solidarity) and economic (promoting economic growth - economic welfare and security and removing poverty).



Deming believes that improving the quality of social services may reduce costs. To achieve this goal requires a methodical approach to quality. Literature raises a Demming Cycle, which determines the structure and sequencing of actions 4 components in a specific sequential order. Demming Cycle would provide a thematic quality social services, conducting specific activities are in constant motion and change, included in a tempo of 14 steps.

Stages of conflict are:

- emergence generating source of conflict - latent;
- perception in a different way of the conflict - perceived conflict;
- explicit appearance of the characteristics status conflict - perceived conflict;
- open action intended to resolve the conflict - state manifested;
- emergence consequences of the conflict (Manolescu, 2011).

The first stage involves an emotional component, those involved in the conflict from one another to feel hostility and tension (if destructive conflict) or enthusiasm or ambition (if beneficial conflict) (Manolescu, 2011).

#### ***Causes and effects of tensions and conflicts in organizations that provide social services elderly.***

Because life expectancy increasingly larger number of very old people (over 80 years) is growing. In the years 2025 respectively 2050 the number of elderly people worldwide will reach 1.2 billion or 2 billion, with 241.0% and 462.8% more than in 1975, representing 15.1%, respectively 21.7% of the total population, compared to 8.6% in 1975, increasingly more older people live alone, because family members have moved away or because they are widowed. Encouraged in other areas of European policy or national mobility, including cross-border, it is an additional challenge for long-term care. Due to low birth rates, reduce potential support between generations (the ratio of people who can provide care and those who require it, the potential for family care) and at the same time is becoming increasingly difficult to meet the need for staff careers on the labor market. Another aspect of the demographic change and social, changing family structure and increasing the number of women in employment has led to many cases where care was previously provided by family, and especially women, will no longer be possible in the future or not to the same extent.

#### **CONCLUSION**

It is obvious that the level of competence of organizations is strictly conditioned by the quality. We can say that a product or service is of "high quality" if it produced who is responsible. Considering quality as a measure of satisfaction obtained, a provider of social services that fully satisfy the requirements and

expectations beneficiaries is appreciated as a supplier "strongly oriented towards quality. Investing in skills provider refers to a duty or obligation to fulfill its tasks and activating they had been entrusted. Lack of social support in the period up to 1990 was reflected in the relatively chaotic organization of social services doubled by the lack of professionals and legislation, lack of motivation wage even in this that we live in. We can say that the system of social services in Romania was recreated after 1989 many of the skills being left to the local public administration. The way sharing of powers between central and local government in this area but will have to corroborate both the provisions of Law no. 47/2006 and decentralization law no. 195/2006. Both framework law on social assistance and law provide for decentralization so that the transfer of powers from central to local government to make the necessary resources while ensuring their exercise.

The first report of the European Community on poverty and social inclusion was specified for the European Union countries that the elderly are most vulnerable in terms of risk of social exclusion due to insufficient levels of pensions. Quality standards shall be implemented in accordance with the heterogeneity and diversity of this age group, thus adapting social services to the elderly. Required quality standards of social services specialized in Romania, provided in the public system, private and public-private partnership covers: organization and management, rights, ethics, global, comprehensive and integrated centering on people, participation, partnerships, orientation the results and continuous improvement. The significance of quality social services for the client includes: time and availability; finality - the level of achievement of service; deference - how well treated by the staff providing the services; Stability - is the same level of service provided to all interventions. On the basis of quality service are considered as fundamental criteria, namely:

- *Courtesy* - so that the beneficiary does not feel humiliated because she needs help; consideration.
- *Sympathy* - to have an open relationship with the customer as promptly.
- *Active listening* - to identify the real problem to be solved.
- *Accurately* - solving the problem to be solved, rather than another.

Government policy on social assistance should cover a number of measures to combat social exclusion and promote social inclusion, including the development of legislative provisions to ensure system construction coherent, effective management, improvement continual various measures of financial support respectively for the elderly and those at risk, as well as consolidating and developing the network of social services, medical and geriatric addressed this population. Even the media or political environments in Romania contributed an image to shape their relatively unfavorable, often reported that the number of older people recorded an upward trend compared to the working population. These effects

found amongst these organizations require taking measures for providing resources for the maintenance of the elderly, reconsidering health policies according to the specific needs of this population, the development of complex services and automatically these conflicts and tensions will disappear.

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