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GIFTS OR BRIBES? ATTITUDES ON INFORMAL PAYMENTS IN ROMANIAN HEALTHCARE

Andrada Moldovan & Steven Van de Walle

Corresponding author: Steven Van de Walle, Department of Public Administration,
Erasmus University Rotterdam, P.O. Box 1738, 3000 DR Rotterdam, The
Netherlands, vandewalle@fsw.eur.nl

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Abstract

Informal payments are quite common in public services in many – especially developing- countries to facilitate access to and quality of services. Health care is one sector where informal payments are often used. Patients give doctors, nurses and hospital staff gifts or money, or offer services in exchange for health services. This article combines vignettes with in-depth interviews to explore how Romanians assess the practice of informal payments.

Keywords: *Corruption, informal payment, gift, bribe, hospital, health care*

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Introduction

Interactions between health professionals and patients are surrounded by a great deal of uncertainty regarding the demand for services, and the information asymmetry between health professionals and patients (Savedoff 2006). Professionals also act as gate-keepers to health facilities, treatments, and non-medical care such as food or clean sheets. Offering gifts and even paying bribes is therefore quite common in many healthcare systems, and the distinction between both is often quite narrow (Werner, 2002). The same actions and behaviours seen as corruption by one group of observers may be interpreted as mere acts of gratitude by others (Emerson, 2005). Across professions, gifts are increasingly being seen as ‘morally undesirable practices’ (Schultz, 2010). Health sector-related research often uses the concept “informal payments” to label the exchange of money, gifts or services between patients or their families and healthcare personnel (Gaal et al., 2006; Lewis, 2007).

This article investigates how people assess the exchange of informal payments by concentrating on the process and content of the exchange. Respondents who had been in hospital recently, or who had cared for family members in the hospital, were shown six short vignettes and subsequently asked to explain their attitude towards informal payments. Fieldwork was done in a Romanian city. The Romanian health system suffers from a range of difficulties including extensive centralization, management deficiencies, inadequate or the lack of medical equipment, limited or no access to medical care in rural areas, and so on. Empirical evidence suggests that the use of informal payments is widespread in the country (see e.g., Farcasanu, 2010; Cherecheș et al., 2011)

The discussion starts with an overview of the debate about informal payments and the empirical evidence. It subsequently relates this to studies on citizen perceptions of such payments and their assessment of such payments. It then introduces the research

design, and presents the results of the quantitative and qualitative parts of the research, and finishes by discussing the findings and wider implications.

Background and literature review

Informal payments in the health sector

Informal payments and bribes are an integrated part of healthcare provision in many developing and transition countries (Belli et al. 2004; Allin et al. 2005; Falkingham, 2004; Farcasanu, 2004; Gaal et al., 2006; Lewis, 2007; Miller et al., 2000). They are used to secure access to health services, to increase the quality of services received, or to speed up service, and are paid for a service that is normally free of charge (Balabanova and McKee, 2003). They have therefore become the subject of various studies looking into the scale, nature, and determinants of these transactions but also into the policy responses to this behaviour, which is often labeled as “corrupt.” The behaviour also comes under a variety of alternative names, such as under-the-table payment, envelope payment or under-the-counter payment (Cherecheş et al. 2011).

Informal payments serve several purposes. They can be a mere contribution to the cost of care; they can result from abuse of market position by the health professions; or they can be used to procure additional services (Ensor, 2004). Still, informal payments are often considered as mere thank-you gifts. Yet there are also examples of patients offering in-kind thank-you gifts for services that are normally free, or are required to give money for a service that is supposed to be free (Falkingham, 2004). Gifts, in addition, do not just serve as thank-you gifts, but also help to secure better services next time. Lewis (2006) states that the timing of payment, the level, and the nature of transaction help to differentiate between informal payments and gratitude payments. Balabanova and McKee (2002) label these as ex-ante and ex-post payment. Paying prior to receiving a service, being refused service without a “tip” and avoiding official cashiers’ windows are all evidence hinting at informal payments rather than gratitude payments.

The phenomenon is widespread in many systems. In a large-scale representative survey in Bulgaria, Balabanova and McKee (1997) asked respondents whether they had ever paid money, or given a gift at a state health facility for a range of services. Results show over 40 per cent of those interviewed admitted having paid money or given a gift for at least one service at a state health facility when this service was supposed to be free (Balabanova and McKee, 1997). Further reviews estimate that informal payments constitute 84 per cent of total health expenditure in Azerbaijan and that out-of-pocket payments contribute 70 to 80 per cent of total health spending in Georgia, half of which is estimated to be informal. In the Russian Federation they represent 56 per cent of total health expenditure, while in Poland they represent 30 per cent (Allin, Davaki and Mossialos, 2005). A review by Lewis (2000) at the World Bank shows very high frequencies of informal payment in most countries in Central and Eastern Europe and the Commonwealth of Independent States (CIS). Informal payments are also an ingrained social institution in Greece (Liaropoulos et al., 2008).

Gaal, Evetovits and McKee (2006) did a systematic analysis of the methodology of available empirical research and official statistics on the scale of informal payments in Hungary, and claim that in 2001, the overall magnitude of informal payments was between 1.5 and 4.6% of total health expenditures. In a survey by Miller et al. (2000) on the attitudes of public officials, including health care staff, towards taking bribes in Ukraine, Bulgaria, Slovakia and Czech Republic, it was found that those who work in the health sector (especially doctors) are more likely to accept “money or an expensive gift” if offered, far more likely to ask for “extra payments”, and much more inclined to confess that they had actually taken gifts from clients than most other types of 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).

Some research has not just measured the extent of informal payments, but has also examined the reasons for why they exist. Taiwanese research by Chiua et al. (2007) found the practice of patients giving informal payments to physicians for medical services to be deeply rooted in social and cultural factors. Looking at how informal payments are portrayed by Taiwanese print news media, they found that informal payments were generally portrayed as appropriate means to secure access to better

healthcare. Presenting health personnel with “red envelopes” with money was seen as normal and as an expression of gratitude. Handing over the money had to happen discretely, so that the parties could continue to consider the relationship of the doctor helping the patient as one based on benevolence. Media justified these behaviours through referring to traditional culture, and the difficulty for doctors to turn the money down. Jane Falkingham (2004) also refers to tradition in her study of health care access in Tajikistan. Despite an increasing trend towards formal user charges, gifts or money were still seen as acts of gratitude.

Stringhini, Thomas, Bidwell, Mtui and Mwisongo (2009) studied the nature of informal payments in the Tanzanian health sector. Using focus groups with health workers, they found that informal payments were frequently initiated by the patient, because of the risk for health workers to directly ask for them. Also, health workers indicated that they often felt demotivated by the practice, because accepting money tended to make them vulnerable towards the patient. Yet, in other research, some of the same authors (Mæstad and Mwisongo, 2007) also found that health workers are involved in rent seeking activities to extract extra money for patients.

In terms of effects, research has mainly concentrated on the effect of informal payments on equity and equal access to health (e.g. Falkingham, 2004), and on the efficiency of health provision (Ensor, 2004). This paper will not concentrate on effects, because we are mainly interested in the phenomenon of informal payments itself. This section has introduced the phenomenon of informal payments; the next will briefly review the evidence on the attitudes to informal payments.

Attitudes to and acceptability of informal payments

Minor transgressions of ethical norms and minor acts of corruption are often tolerated (Haines, 2003). Condemning corruption, however, does not always mean one does not engage in the behaviour. Miller and colleagues (2000) interviewed citizens and public officials, including health care workers, in the Czech Republic, Slovakia, Bulgaria, and Ukraine, and found that their values explicitly condemn paying or accepting bribes. Yet the same people also admitted to giving or taking bribes, and confessed that they would bribe or accept bribes when necessary, or if the opportunity occurred.

To cope with such contradiction, people engage in legitimising behaviours (Rema et al., 2012). One example is excuse-making where the bureaucrat does not ask for a bribe directly, but discusses the cost of his time in delivering a service to a customer. Customers legitimize behaviour during the transaction by suggesting a payment in kind rather than a monetary bribe in order to decrease the perceived illegal character of the transaction (Rema et al.: 2012: 32). Citizens often accept the bribing with a feeling of resignation or as an easy way out of a situation (Napal, 2005). Kornai, in a Hungarian study (2000), found that barely a third of Hungarians had moral problems with doctors demanding ‘gratitude payments’.

Fumiko Nagano (2009) explains why people who are in theory against corruption still engage in bribe-paying behaviour. Going against the system is a risk, because it may make the individual worse off. This makes corrupt systems self-perpetuating and self-protective, and apt to persecute or isolate people, particularly those who seek to make changes (Waite and Allen, 2003). Silence allows the system to continue, and those who speak out are marginalised (Faunes and Bolsin, 2004). Health workers and patients thus face considerable dilemmas when they want to speak up (Hart and Hazelgrove, 2001; Hutchinson et al., 2009). Margit Tavits (2010) sees corruption as the ‘direct result of decisions, choices and behavior at the level of the individual’ (1257), and argues that ‘the decision to engage in corrupt behavior corresponds with positive or neutral definitions of corruption and modeling/imitating similar behavior by others’ (1257-8). Alatas et al. (2009) suggest that higher levels of exposure to corruption in daily life may promote a tolerance and acceptance of corruption that is reflected in behavioural norms.

The research on what makes bribes acceptable has also concentrated on bribe-paying initiation processes. This evidence suggests that public officials accepting bribes is considered much less acceptable than private citizens offering them, even when the former bribe is considerably smaller than the latter (Ivkovic, 2005; Rossi et al., 1974; Wolfgang et al., 1985; Rebovich and Layne, 2000). This distinction is very similar to that between extortive and consensual bribes (Graycar and Villa, 2011). This paper will now look at the phenomenon in the Romanian context

Informal payments in Romanian health care

Informal payments are widespread in Romanian health care. Patients offer payment to jump queues, to receive better services, or just to receive basic treatment (Holt, 2010). Informal payments are estimated to account for 41 per cent of out-of-pocket health expenditure (Vilnoiu and Abagiu, 2003), and are thought to amount to \$310 million US annually. Yet, quite a substantial share of informal payments is gratitude in the form of food (Lewis, 2000: 19). Cherecheş et al. (2011) explain the extent of the system by referring to the “Semashko” system under communism, where shortages in hospitals in an otherwise free system forced patients to work around these shortages.

Dana Otilia Farcasanu (2010) presented the results of a large-scale survey on corruption, covering informal payments in the Romanian public health system. She found that Romanians consider corruption to be by far the main problem in the health care system. There is clear evidence that Romanians see physicians requesting gifts, services or money as corruption. Other processes appear to be much more subtle. This includes the feeling of an “obligation to provide small gifts to the medical staff” (9), which is viewed as an act of corruption by six out of ten respondents. Offering money to a physician which pleases the physician is only considered to be corruption by four out of ten respondents. Offering gifts or flowers to a physician as an expression of satisfaction was generally not considered corruption. Respondents gave a number of reasons why corruption exists, the main ones being that the country is accustomed to corruption, a lack of penalties, and low salaries in health care. Over 80 per cent of respondents disagree with the practice of informal payments, yet many offered money, services or gifts in order to receive better services, express gratitude, or because everyone did. Tellingly, half of the informal payments were exchanged prior to receiving the service, and some respondents even reported having to borrow money for the informal payment.

Methodology

The purpose of the study is to explore attitudes towards informal payments in Romanian healthcare, and how people explain these attitudes. Research on informal

payments and on various types of hard or soft corruption is notoriously difficult because of its hidden nature, and stated behaviours do not always correspond to revealed behaviours. It is not the goal here to measure the extent of informal payments, but instead to reconstruct the complex reasoning people develop to come to judgments about the acceptability of bribing. Because corruption and bribes are in abstract terms considered to be illicit behaviours, the topic needs to be approached in a less threatening way, to allow the respondents to actually elaborate on their motivations and behaviours.

For these two reasons, a decision was made to opt for qualitative research in the form of interviews. In order to help respondents reflect on their motivations, and in order to make their reasoning less abstract, vignettes were used outlining *hypothetical scenarios* to structure the interviews. Vignettes have been used before in corruption research to avoid problems with how respondents define 'bribing' or 'corruption', and to allow for cross-sectional comparisons (Lambsdorff, 2010; Weitz-Shapiro & Winters, 2010; Martin, 1994; Napal, 2005; McKinney & Moore, 2008). Combining vignettes with interviews follows earlier research by McKinney and Moore (2008). Respondents were first presented with vignettes to measure acceptability of six informal payment scenarios. Subsequently, the in-depth interviews were conducted to investigate the reasons behind their choices. Interviews provide rich and contextual data about respondents' reasoning which cannot be obtained through large-scale surveys – still the dominant method of work in corruption research (see for a criticism, Van de Walle, 2008).

The vignettes distinguish between six scenarios, along two dimensions. The first dimension focuses on the initiation of the transaction: do nurses or doctors ask for informal payments, or are the patients offering them? The second dimension focuses on the type of transaction, and distinguishes between informal payments in cash, as a gift, or as a service (doing a favour in return). Respondents are expected to make a distinction between informal payments as fees for services and informal payments as gratitude payments. The order in which the vignettes were 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.

Vignettes were scored on a zero to ten scale, where zero signifies totally unacceptable and ten totally acceptable. Vignettes were printed on separate sheets and only presented to the respondent after completing the previous vignette. Afterwards, respondents were asked to explain their answers. Interviews were recorded.

The study took place in Tîrgu Mureş, a medium-sized city and county of around 145,000 inhabitants, in spring 2011. This research does not aim for representative findings, but instead wants to detect variation in reasons for informal payments. In order to avoid abstract situations, the work focused on two groups of participants. The first group of 20 participants consisted of people who had been in hospital in the past 12 months, or had direct relatives who had been in hospital ('patients'). It counts 14 female and 6 male respondents, distributed over all age categories, in a range of professional occupations. They were selected following a snowball sampling method, starting with an informed person who had been in hospital in the past 12 months. This procedure was chosen to avoid involvement of local hospitals which may inhibit patients to speak. They will be the main group of participants in this research. The second group consists of 21 students from the University of Medicine and Pharmacy, who are to become medical doctors (10 female, 11 male). They were randomly approached by one of the researchers when exiting the university campus. This group was only used in the quantitative part of the analysis. In the next section, result are presented.

Findings

Quantitative analysis of the findings

There were a number of differences between the acceptability scores in the vignettes, as shown in figure 1. It shows that a patient offering informal payments is seen as less unacceptable than a health professional asking for such a payment.

<Figure 1 about here>

Paired sample t-tests, found that all vignettes where the transaction was initiated by the patient were rated significantly different than transactions initiated by the nurse/doctor. Between the types of transaction (money, gifts, favours), no significant differences in acceptability ratings were found. Further analysis using an independent samples Mann-Whitney test revealed that, despite wide variations across individual respondents, the two groups of participants, patients and student-doctors did not give different acceptability scores. Subsequently, t-tests were ran on each group separately. This showed one additional significant difference between types of informal payments. In the group of doctor-students, patients offering gifts was seen as significantly less unacceptable than patients offering favours for treatment. This difference was not found among the group of patients.

Qualitative analysis

After the participants scored the vignettes, they were asked to explain their answers. The interviews with patients were longer than the ones with the doctor-students, and the analysis will concentrate on the former. The quantitative analysis found major differences according to the initiation process of the informal payment – does the health professional ask for payment, or does the patient offer it, and this distinction is used in the analysis. The analysis first concentrates on cases where health professionals ask for bribes, and continues with situations where patients themselves offer bribes.

Asking for gifts and bribes. Half of the respondents (patients) indicated that doctors or nurses asking for money is totally unacceptable (0 on the acceptability scale). The main reasons for this are connected to the fact that people think 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, 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 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 participants referred to issues of fairness and ethics, and referred to doctors' Hippocratic Oath in some cases and the related public dimension of health care.

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. Other respondents think asking for money is somewhat acceptable because doctors/nurses don't always 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 interviewees answered in a similar way, and considered doctors asking for cash to be less unacceptable, because they think the money is needed to allow doctors to offer proper medical care. This shows that health personnel asking for money is not always perceived as being motivated by doctors' willingness to earn more, but by a genuine desire to help patients:

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)

In such situations, the doctor asks because he doesn't have sufficient funds to offer the patient appropriate care. Asking for money is then a way for the doctor to help the patient avoid suffering

When it comes to doctors or nurses asking for gifts, some patients consider this situation to be totally unacceptable (six out of 20), while others believe it is a bit less unacceptable. 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)

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

Others believe that a gift can be offered by the patient, if he wishes to do so, but took issue at the gift being asked for 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 asking for presents is unacceptable because this implies that the medical act is conditional. Thus, the participant believes that if the doctor asks for a gift, then the patient is forced to comply, otherwise he will not receive the medical service he needs. Some participants see gifts as entirely voluntary, and therefore consider it totally unacceptable to ask for one.

He asks. Because he asks, he conditions the medical act. This is not done. (Engineer-department chief, male, 59)

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)

An interesting contrast emerges with the "asking for money" vignette, because for some respondents it leads to more uncertainty:

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)

Some solved this problem by differentiating gifts, in order to monetarise them; small value gifts accompanied smaller medical service like a checkup. For larger treatments, larger ones applied.

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)

As was the case in the vignettes on doctors asking for money, participants also here motivate their acceptability judgment by referring to the doctors' or nurses' personal situation:

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)

In the third vignette, respondents were asked about the acceptability of a doctor or nurse asking for a favour. Again opinion was divided. Those who thought this was unacceptable again referred to moral issues, and thought doctors were morally obliged to offer medical care, even more so when they were being paid to do so: "Because this is the situation in Romania. So in Romania, doctors and nurses don't give anything if you don't return them a favour/service." (Sales representative, female, 25)

Among those participants who thought it to some extent acceptable for doctors or nurses to ask for a favour, some clearly made a distinction with informal payments such as gifts or money

If the doctor asks, I can probably offer him a favour, that doesn't seem so grave as money or a gift (Superintendent, female, 38)

The situation is somewhere in the middle as I see it, but I think a favour/service doesn't have the same effect as money does (Foreman, male, 54)

A favour is not a sum of money, so you accept or ask a favour faster than a sum of money. (Gendarme, male, 33)

Some even consider it to be the right thing to do, or consider doing the doctor a favour as an expression of respect:

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 favour 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)

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)

The first part of the analysis concentrated on scenarios where health professionals ask for certain gifts, favours or bribes. It found that most patients saw this as totally unacceptable. Yet they understood the behaviour when the payment asked for was directly related to the professional's ability to offer proper medical health care. Asking for informal payments was considered to especially unacceptable when was felt to be conditional. This shows that patients are able to distinguish between informal payments as mere gifts and as bribes. The analysis continues with scenarios where patients offer these informal payments.

Offering gifts and bribes. In the second part of the analysis concentrates on the vignettes in which patients themselves, or their relatives, offer money, favours or gifts

to doctors and nurses. As was seen, when informal payments have been initiated by the patients themselves, they were considered less unacceptable.

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)

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)

Other interviewees do not make such a clear distinction, because even if it is them offering the payment rather than the doctor asking for it, it is often quite clear to them what is expected in order to receive treatment

I believe it is totally acceptable because - if you don't have money nobody will give you any attention - is 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)

I consider [this vignette] as acceptable with the necessary quotes because you have to give it. 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)

Also 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 helps the patient to get better care: "Because it is the same as with the situation in which the doctor asks. If the patient needs care, and if 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)

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)

The nurse will care for the patient differently, better, if she gets something. (Analyst, female, 34)

Still, the majority of participants still consider such payments unacceptable. When asked about the acceptability of offering money to health personnel, some respondents considered this to be “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)

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)

A crucial difference with the previous set of vignettes is that it is the patient him- or herself who decided whether to give something. In many cases, study subjects tended to equate the informal payment with a sign of gratitude – not something that is compulsory, but something that is offered as a pleasure:

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, female, 36)

This is especially the case when it concerns gifts rather than cash, at least when the gift is offered afterwards. The interviews showed that respondents made a distinction between gifts offered as an incentive, and those offered to thank the doctor:

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)

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)

There are also differences between offering money, presents or services. Offering money could be misinterpreted, or even offend the doctor:

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)

I took a gift as a minimum sum of money, not something valuable. Because often a flower, a card or something small can mean more for some, of course. (Financial superintendent, female, 47)

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 asked to explain her answer, this person continued:

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)

One individual clearly disliked the practice of offering services. Not just because she believed offering services is immoral, but also because it is unfair, because not all patients are able to offer services.

A favour/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)

As similar reasoning was offered by a female journalist, who expressed concerns about equal treatment:

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 (Journalist, female, 25)

Twenty Romanians who had been in hospital recently, or who had relatives who had been, were interviewed about their attitudes towards informal payments. These sessions were preceded by six vignettes outlining informal payment scenarios along two dimensions – the initiation process of the payment (patient offers vs. doctor asks); and the type of informal payment (money, gift, services). The analysis shows that participants overall consider offering and asking for informal payments, either gifts, money or services, to be unacceptable. At the same time, many participants admit to paying informal payments. This confirms findings from other research on acceptability that shows little relation between attitudes and behaviours.

Discussion and conclusion

How do people explain their attitude towards informal payments? The study among a small group of patients seems to confirm previous findings by showing that patients pay out of fear of what might happen if he or she does not pay, or because they hope

receiving better or faster treatment. Furthermore, many participants suggested that they engage in paying or offering gifts and services 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 services they need. Study of participants' attitudes suggests that they realize that offering a bribe to the medical personnel is an expression of bad mentality. Even though services are supposed to be free of charge, because 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. They thus realise that engaging in some kind of bribing or gifting behaviour is necessary, even when it is seen as unacceptable, out of fear of not receiving (good) treatment.

Payments are often given in order to receive services. Many participants talk about informal payments as a way of expressing gratitude – especially when it concerns gifts. It is a way of being polite and showing respect. Further evidence comes from the significant difference in acceptability ratings between payments being asked for and payments being offered. The lower acceptance of doctors or nurses asking for money, gifts or services indicates that this behaviour is seen as a different phenomenon than patients offering payment: patients can offer informal payments to health personnel, and many patients think this is even a polite thing to do in many cases, yet personnel are not supposed to ask for it. Even more, insisting on payment when a patient is not able to offer something is considered as plainly wrong. The respondents thus see a difference between a voluntary offer of gifts, and a compulsory payment. Handing over the same kind of gift may thus have very different meanings depending on context, and some apparently voluntary presents may in reality contain some element of coercion.

The reluctance among some to use money as an informal payment, out of fear of this being misunderstood, or out of fear of insulting the doctor, shows that people can distinguish between what is a gift and what is a bribe, even when both have the same effect. It may therefore be relevant to also refer to the sociological literature on gift-giving. In this literature, gifts are seen as exchanges creating social obligations or as exchanges conferring status. The giver must avoid creating an impression of

expecting reciprocity, and form (the initiation process) and content are important (Mauss [1925] 1990; Smart, 1993).

Still, in many cases participants declared payment was necessary in order to receive services. While this can generally be construed as a corrupt practice, they appear to be remarkably accepting of the practice, as noted by their many references to hospital underfunding and health sector salaries. Participants did realize informal payments are generally considered corruption, and many condemned the practice, for instance by referring to their country's health system as one where people 'still' pay bribes. They also condemned the overall practice as morally wrong and contrary to the Hippocratic Oath doctors take. This assessment did, however, did not translate directly into assessments of specific transactions and personal behaviours. One explanation for this is that people may feel they have no choice, or no ability to change the system.

Vignettes were used to explore reasons for acceptability of payments to health personnel among Romanians. In individual cases, important discrepancies were observed between low unacceptability scores for some vignettes, yet qualitative findings that suggests otherwise. This suggests that those in this study did not only answer the vignettes using a moral or acceptability perspective, but that they also employed an instrumental reasoning: "I condemn this practice, but because it is necessary to get medical attention, and because everyone is doing it, I will label it as more acceptable." This is probably done to reduce cognitive dissonance.

This shows that while a mere quantitative analysis of vignettes may be useful for international comparisons (as is often done), it is insufficient to explain behaviours. It also suggests that vignette scenarios may still have been too abstract to generate good results. Other authors, such as Barr and Serra (2009), have suggested that when behaviour 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. Still, the use of scenarios proved to be a helpful way of convincing participants to talk about a topic of a rather delicate nature. The vignettes served as a starting point, as a subtle opening for the interviews, which permitted a deeper investigation of their reasons and attitudes.

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Figure 1: Acceptability of types of informal payments (0=unacceptable, 10 acceptable)

