

CONCEPTUAL DELIMITATIONS OF INFORMAL PAYMENTS IN THE ROMANIAN HEALTH CARE SYSTEM

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Abstract

Informal payments represent a controversial topic, analysed in the medical literature in the past few years, but also present in the Romanian daily reality. In this paper, I aim at presenting the preliminary findings within a qualitative research on informal payments, which focuses on definitions provided by patients for this phenomenon, as well as on its outcomes upon the health care system. Thirteen persons diagnosed with chronic diseases took part in my research; they are residents of Iași, and I interviewed them in the period November 2014 – January 2015. I used a semi-structured interview guide. The questions of the interviews to be analysed were as follows: How do patients define the notion of informal payment? and What are the (positive and negative) outcomes of informal payments upon the communities to which patients belong?

Respondents believe that informal payments offered to physicians are mainly in cash or in kind. When it comes to money, they use words such as *bribe*, *stimulus*, “*little something*”, *sign of gratitude*, *sales and purchase agreement* or *blackmail*; when they refer to gifts, the respondents use words such as “*little something*”, *gift*, *sign of gratitude*, *gratitude* or *protocol*. The outcomes of informal payments are mainly negative upon patients, the health care system and the community; the positive ones refer mainly to physicians, in terms of increasing their incomes.

Keywords: informal payments, gift, gratitude, characteristics, outcomes

Résumé

Si les paiements informels sont un sujet d'étude controversé dans la littérature médicale de ces dernières années, ils représentent également une réalité quotidienne en Roumanie. L'article présente les résultats préliminaires d'une étude qualitative au sujet des paiements informels, mettant l'accent sur les définitions que les patients donnent à ce phénomène et sur ses conséquences sur le système sanitaire. Au cours de l'étude, treize personnes porteuses de maladies chroniques, habitant la ville d'Iasi, ont été interviewées de novembre 2014 à janvier 2015. Le guide d'interview utilisé est semi-structuré. Les questions analysées sont: Comment est-ce que les patients définissent la notion de paiement informel? et Quelles sont les conséquences (positives et négatives) des paiements informels sur la communauté d'origine des patients?

Les participants à l'étude considèrent que les paiements informels offerts aux médecins existent surtout sous forme d'argent ou de cadeaux. Les paiements en argent sont définis par les interviewés comme: *corruption*, *stimulent*, *attention*, *remerciement*, *achat-vente* ou *chantage*, et pour parler des cadeaux ils utilisent des termes tels que: *attention*, *don*,

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remerciement, gratitude ou *protocole*. Les conséquences des paiements informels sont plutôt négatives sur les patients, le système sanitaire et la communauté, alors que les effets positifs concernent surtout sur les médecins et leurs revenus.

Mots-clés: paiements informels, don, remerciement, caractéristiques, conséquences

Rezumat

Plățile informale reprezintă un subiect controversat, analizat în literatura medicală din ultimii ani dar și prezent în realitatea cotidiană românească. În acest articol ne propunem să prezentăm rezultatele preliminare din cadrul unei cercetări calitative despre subiectul plăților informale, cu accent pe definițiile oferite de pacienți acestui fenomen, dar și a consecințelor acestuia asupra sistemului sanitar. Subiecții cercetării au fost în număr de treisprezece, reprezentate de persoane diagnosticate cu boli cronice, din orașul Iași, care au fost intervievate în perioada noiembrie 2014 – ianuarie 2015. Am folosit un ghidul de interviu semi-structurat. Întrebările cercetării pe care le vom analiza sunt: Cum definesc pacienții noțiunea de plată informală? și Care sunt consecințele (pozitive și negative) plăților informale asupra comunității din care provin pacienții?

Respondenții consideră că plățile informale oferite medicilor pot exista cu precădere sub forma banilor și cadourilor. Când vorbesc despre bani ei îi definesc ca: *mită, stimulent, atenție, mulțumire, act de vânzare - cumpărare sau șantaj*, iar atunci când se referă la cadouri intervievații folosesc denumirea de: *atenții, dar, mulțumire, recunoștință* sau *protocol*. Consecințele existenței plăților informale sunt preponderent negative asupra pacienților, sistemului sanitar și comunității, iar cele pozitive se referă preponderent la medici vizând creșterea veniturilor acestora.

Cuvinte cheie: plăți informale, dar, mulțumire, caracteristici, consecințe

1. Introduction

Within medical literature, a series of materials analyze the phenomenon of informal payments and provide definitions based either on systematic documentation or on empirical research.

Informal payment is the concept used in the scientific literature, I have chosen to use it throughout my paper to define elements such as money, gifts or services offered by patients to physicians. This perspective was used in several articles (Moldovan and Van de Walle 2013, p. 3; Fărcășanu 2010, p. 10; Stepurko *et al.* 2010, p. 3) that analyzed the various forms of informal payments.

When defining informal payments, one must take into account the patients, the physicians, the health care system and the society as a whole, because these are the defining elements within the analysis of this phenomenon.

In the Romanian space, the media has arduously approached the topic of informal payments lately, however, thus far, there are not enough scientific papers on this topic, and sociologic research has focused on quantitative analysis. This context represented the motivation for this qualitative research and for outlining, within this paper, the preliminary information collected in the field.

In the following lines, I will present the selection method used for the papers analyzed, as well as the theoretical and empirical aspects regarding the answers to the research questions identified within the interviews.

2. Working method

I searched for papers within the PubMed database and I selected only those that met the following characteristics: downloadable integrally, published within the past ten years (2004-2014), and targeting only the category of people. Keywords concerned all terms related to informal payments: gifts, illicit payments, requested payments, out-of-the-pocket payments, unofficial payments, etc. I identified 500 materials. After reading all the titles, I eliminated 300 of them, and after analyzing the abstracts, I selected 85 papers. I then proceeded to identifying the types of articles: research papers, documentaries, manuscripts, conference papers, etc., and I used for this analysis only those concerning literature reviews and field research. Finally, I read sixteen papers, and the information provided by them is the foundation of this analysis. Furthermore, I used four materials outside the PubMed database, for a clearer image of this topic.

The focus of this paper is to analyze patients' perception on the topic of informal payments, the way in which they define this phenomenon, as well as their perceived consequences for themselves, for physicians, for the health care system and for the community.

3. Research methodology

Iluț (1997) posits that human sciences use five fundamental methods for investigating empirical universe: observation, analysis of documents, interview and inquiry. The Sociology Dictionary defines interview as “a technique of obtaining – through questions and answers – verbal information from individuals and human groups, to assess hypotheses or to describe socio-human phenomena scientifically” (Zamfir and Vlăsceanu 1993, p. 310). I decided to use semi-structured interviews out of the need of identifying the perspective of patients on the topic of informal payments from a comprehensive, not from a statistic viewpoint. “Qualitative research has a preference for the context of discovery rather than for the one of assessment” (Miftode 2004, p. 393).

I selected the subjects based on their diagnosis of chronic diseases, because these persons are in constant contact with physicians. Another method for selecting my subjects was convenience sampling, considering that the topic of informal payments is rather delicate.

The respondents are aged between 29 and 64, their education level ranges from middle school degree to post-graduate degrees, while their monthly incomes range from 600 Lei to 2,800 Lei.

The analysis of information collected during interviews was predominantly deductive (focus on information provided by respondents). The inductive character of the analysis is represented by a present thematic analysis framework, but the analysis per se was deductive. Qualitative analysis was thematic, to this end, I used the computer software NVivo 9.2.

4. The definition of informal payments

The definition of informal payments is a difficult topic on European level, because it involves social, cultural and moral aspects, which must be pinpointed for each country. Scientific literature is yet to find a common denominator concerning the conceptual delimitation of informal payments, for this reason, there is no common European definition in this sense.

I will outline a series of definitions identified for the notion of informal payment, in the articles available, by relating them to the way in which respondents within the qualitative research *define* this term.

Concerning the conceptual delimitations of informal payments, a suggestive paper is the one signed by four Romanians, who presented 61 definitions of the term, based either on the systematic analysis of literature, or on a field research conducted in the period 1998-2012. The definition provided by Gaal *et al.* for informal payments does not put a label on these types of payments: “A direct contribution, which is made in addition to any contribution determined by the terms of entitlement, in cash or in-kind, by patients or others acting on their behalf, to health care providers for services that the patients are entitled to” (Cherecheş *et al.* 2013, p. 109) This definition is recommended by the authors to describe the phenomenon of informal payments. I believe that this definition is suitable for the context in which it was created, but it is also worth considering that informal payments must be analyzed depending on legislative, social or cultural perspectives within the space for which one aims at defining this concept. A universal conceptualization is not applicable in this case.

Respondents within the qualitative research believe, just like in the aforementioned definition, that informal payment may come in cash or in kind. For each form of informal payment, respondents use different denominations. For defining the gifts offered to physicians, they use terms such as “*little something*”, *gift*, *sign of gratitude*, *gratitude* or *protocol*, whereas for cash offered as informal payment they use terms like *bribe*, *stimulus*, “*little something*”, *sign of gratitude*, *sales and purchase agreement* or *blackmail*.

The generic names used by my respondents for informal payments are as follows: *obligation*, *habit*, *insurance*, *normalcy* or *bribe*, depending on the context of respondents. In most cases, cash is seen as bribe, but interviewees underscore that they used it as sign of gratitude for the medical care they received.

Balabanova and McKee define informal payments as “a monetary or in-kind transaction between a patient and a staff member for services that are officially free

of charge in the state sector.” (Syende and Culzer 2006, p. 262) Respondents are aware that they should not make such payments to physicians because they are entitled to benefit from these medical services, but they underline that such mindset had been transmitted for generations and that it is hard to change it.

“I saw the money as a stimulus because I gave it beforehand. Had I given it after the surgery, he may have seen it as a sign of gratitude for the way he treated me.” (Maria, 57 years old)

“This is not a gift, but an obligation, a habit; I don’t know how to call it, because it has been done for generations.” (Geanina, 29 years old)

“Cash or candy, it’s still bribe, you give it to soften [physicians] up, so it comes down to the same thing.” (Vasile, 61 years old)

“It is a kind of obligation for him, you sort of determine the physician to pay more attention to the medical act.” (Eugen, 56 years old)

“A type of sales and purchase agreement. You pay beforehand or upon delivery, but it is still a trade.” (Marian, 62 years old)

“A limited contribution of public resources to covering health care costs implies a higher burden of informal payments for the population.” (Tambor *et al.* 2013, p. 293) I agree with the perspective of this definition, because it has been pointed out as such by the respondents, who underlined the need to invest in the medical sector, which will contribute to the elimination or at least to the mitigation of informal payments in the Romanian space.

“If the medical system in Romania does not get more support, there will always be such payments... A physician’s work should be acknowledged and remunerated in such a way for him them to be embarrassed for receiving anything.” (Maria, 57 years old)

“Money means a good start for good services... maybe they simply are not paid as much as they should.” (Ramona, 29 years old)

When they identify money as the form of informal payment, their interpretation is twofold. On one hand, they believe that money is a *positive* thing, used as means of *gratitude* for the physician’s services, if cash is offered without being requested. On the other hand, money is considered *bribe* if a physician conditions the medical act upon the receiving of such informal payments. In the second situation, respondents believe that physicians should be excluded from the health care system and legally prosecuted.

“Money is bribe.” (Eugenia, 55 years old)

“I do not believe it is normal to offer cash, under any circumstance, but in this hospital, money is offered as a sign of gratitude.” (Geanina, 29 years old)

“If [the physician] asks for money, it is different; it is some sort of blackmail. If you do not pay me, you do not get the surgery.” (Nina, 64 years old)

Things are very much different when considering informal payments in kind, in this case, respondents believe that they are a way for them can express their

gratitude to the physician, reason for which such an action should not be punished in any way.

“I offered [to the physician] a painting album as a sign of gratitude because I was treated with care and respect.” (Ramona, 29 years old)

“There were times when it was my pleasure to offer a pack of coffee, as a protocol for the physician.” (Nina, 64 years old)

“Such a gesture is bribery, but it should not be punished.” (Eugen, 62 years old)

Alongside the definition provided by Gaal *et al.*, I mention two more, which I consider relevant for the perspective pinpointed by respondents when asked about the way in which they would define informal payments: “informal payments represent payments made by patients to physicians for services they that they would be entitled to receive free of charge in the frame of publicly.” (Gaal *et al.* 2006, p. 87) Such information is also present in the interviews analyzed, but respondents also mention the influence of political regime on the existence of such payments.

“We, the old generation, were forced by the regime to offer them because I would not have been examined otherwise. You had to give some money, a ‘little something’, a pack of coffee.” (Eugenia, 55 years old)

The second definition is complex and it comprises the actors involved in informal payments, the form of such payments, the way in which they are made and their underlying motivation. Hence, “payments to individual and institutional providers, in kind or in cash, that are made outside official payment channels or are purchases meant to be covered by the health care system. This encompasses ‘envelope’ payments to physicians and ‘contributions’ to hospitals, as well as the value of medical supplies and pharmaceuticals purchased by patients and drugs obtained from private pharmacies but intended to be part of government-financed health care system.” (Lewis 2007, p. 985) The information related to the way in which cash as informal payments is offered to physicians by patients is also featured in the interviews analyzed. Most of the times, the “transaction” takes place in the medical unit: either a hospital or the private practice where the physician works.

“[You see] patients with envelopes in their hands, desperately waiting for this Messiah, for this physician, to offer him the ‘little something’.” (Geanina, 29 years old)

“The moment I decided to leave the hospital, I went to say goodbye to the physician. I went to his office; he knew what all was about, so he invited me in and I gave him the envelope.” (Marian, 62 years old)

5. Outcomes of informal payments on actors involved and on the health care system

The literature on medical sociology and on the medical field posits that the existence of informal payments may have positive effects, but they are still mainly

negative, for the patients, the health care system or the society as a whole. Some of the elements identified in the literature I consulted were also present in the interviews I took, which allows me to conclude that the phenomenon of informal payments has common elements in the countries where it exists, and that its particularities depend on the cultural, social or political aspects within each space.

In a previous paper (2014), I identified three possible situations regarding informal payments in cash and in kind, the moment they are offered and their positive and negative outcomes. These situations are as follows:

- the money offered by the patient before the examination and on the doctor's request;
- the money willingly offered by the patient at the end of the medical services, thus expressing his/her gratitude;
- gifts willingly offered by patients to the physicians in order to express their gratitude once ended the medical services. (Pitea, Cojocaru and Oprea 2014, p. 163)

The elements presented in the previous article and identified in the literature consulted were also found in this qualitative research. The positive effects pointed out by the respondents are less numerous than the negative ones. When referring to the positive effects of informal payments, in cash, the focus is usually on physicians and on their benefits following such payments. Certain studies underscore that such informal payments “can serve as a crude means of financing the health care system without increasing taxes or social security contributions.” (Bock *et al.* 2014, p. 2) Most respondents did not mention any positive outcome of informal payments in cash. Respondents who did identify positive perspectives of these payments mentioned only the additional income of physicians and the fact that such money may help them purchase materials to keep them updated with the medical novelties and to be able to treat patients effectively. Another positive aspect identified by the interviewees was that informal payments sometimes change the physicians' attitude toward the patients: they pay more attention to them, they talk nicer and they act more familiar.

“It is good for physicians because it is extra cash for them.” (Eugenia, 55 years old)

“The gain is only for the physician, in material terms, but the patient also gains because the physician will talk nicely.” (Eugen, 56 years old)

“Physicians use such cash received for improvement, for buying books, for becoming better and for evolving in the medical field... If the physician knows more, the patients have the advantage of getting better treated.” (Marian, 62 years old)

Certain studies have documented some positive aspects of informal payments including creating continuous relationships between patients and providers, improving staff morale, keeping health workers from leaving the public system, and allowing patients to show their respect to providers with whom they feel pleased. (Nekoeimoghadam *et al.* 2013, p. 158) Respondents mentioned as positive effect of informal payments in cash that, this way, physicians remain in the system

or that it represents a point of attraction for those who wish to be part of the medical system. Upon a more thorough analysis of this aspect, I noticed that it actually is not a positive one, considering its implications upon patients and their health status, in the sense that they cannot actually afford these payments.

“Positive impacts can occur because informal payments may induce health workers to increase their efforts, and maybe more so if there is competition among health workers about receiving the payments.” (Maestad and Mwisongo 2011, p. 107) This perspective mentioned in the literature has failed to find an echo in the replies of respondents within this qualitative research.

When referring to patients showing their gratitude toward the physicians through gifts, without any constraints, informal payment would contribute to creating continuous relationships between these two actors, as mentioned above.

“I knew some boys...who wanted to be physicians and made calculations: how much they would earn...that they would buy cars and other commodities. You could tell that they expected bribery.” (Marian, 62 years old)

When referring to the negative outcomes of informal payments in cash, we consider mostly the patients, the health care system and the society. “Informal payments have severe consequences for health care access and utilisation and are especially catastrophic for the poor.” (Onah and Govender 2014, p. 1) This idea is also featured in other papers, which presented data from quantitative researches conducted in several countries in Europe. “The existence of such payments is problematic because they affect not only households’ standard of living, especially of low-income and vulnerable households, but also the overall efficiency and equity of health care provision.” (Stepurko *et al.* 2013, p. 419) Information within the literature consulted also has an echo in the interviews: many respondents point out that the existence of informal payments, in cash, determined people who cannot afford to make these informal payments to stop using medical services; consequences may be extremely serious, from people getting sick to actually dying. On the long run, this entails greater costs for the health care of Romanian population.

“Patients stop going to the hospital because they don’t have the money. If they don’t have the money, they don’t go to the doctor.” (Eugenia, 55 years old)

“People will stop using medical services because they can’t afford to pay the doctor.” (Ramona, 29 years old)

“Many people don’t have such money, they have small pensions and they would rather make some tea, get some salt baths for their feet, a vinegar massage or a treatment with onion foils, but they don’t go to doctors because they are persuaded that they have to give them money.” (Mariana, 57 years old)

“If a patient does not have money to give to the doctor, he dies. If you don’t pay up, they’ll just let you die.” (Vasile, 61 years old)

Another issue identified within this research concerning the negative side of informal payments in cash is related to the fact that physicians condition the medical act, hence, patients simply cease using medical services altogether.

“The negative side emerges when the medical act is conditioned, that is the worst part. When you’re in the operating room and the physician tells you to give him a certain amount, otherwise he won’t make the cut, or he suggests a certain amount, this is morally fishy.” (Marian, 62 years old)

The transition period in the Central and East European countries brought significant changes in their economic development, mostly transformations in their health care system, including related to its funding. A study conducted in 2010 analyzed the patients’ inability to pay for outpatient and hospital services in Bulgaria, Hungary, Lithuania, Poland, Romania and Ukraine, on a sample of around 1,000 persons within each country. In certain situations, “Individuals who are unable to pay use different coping strategies (borrowing money or foregoing service utilization), which can have negative consequences on their health and social welfare.” (Tambor *et al.* 2014, p. 378) The research found that in Romania 70% of the respondents “borrowing money or selling assets to cover hospital payments.” (Tambor *et al.* 2014, p. 379)

The aspect of patients borrowing money to cover informal payments made to physicians was also pinpointed within this research. The situation becomes even more critical when patients are poor or when they have large families: they end up sacrificing money they need for survival just to afford to go to the hospital.

“Those who don’t have money must borrow, which also affects their family.” (Eugenia, 55 years old)

“Sometimes patients cut children’s portions just to do to the doctor.” (Carmen, 56 years old)

The less you pay the poorer quality of medical services (Maestad and Mwisongo 2011, p. 110). This perspective was outlined by almost all respondents within this research, who point out that physicians who accept informal payments channel their attention mainly toward the patient who offer money or who were recommended by a third party. The larger the amount the better medical care, this contradicts the ethical aspects within the exercise of medical profession.

“Everybody believes that if you want good medical services, you have to offer money. Money makes a good start for services.” (Ramona, 29 years old)

“Many people don’t have such money, they have small pensions [...] they don’t go to doctors because they are persuaded that they have to give them money.” (Mariana, 57 years old)

Persons with high income, who can afford to make such informal payments in cash, will use it to pay for their *health*. This aspect became apparent during the interviews: respondents underscore that, if they can afford to pay for better medical

services, than they would rather do it. This aspect is also featured in a study conducted by Tomini and Maarse, who analyzed the main factors that contribute to the emergence and extension of informal payments in Albania. Author's stress the fact that patients offer gifts to physicians after benefiting from medical services, which is characteristic to the cultural model of the country. When patients offer money to physicians, their purpose is to benefit from better medical services, which is characteristic to the economic model of Albania. The cultural model considers informal payments a particular type of behaviour where care seekers express their gratitude in the form of gifts. Economic model: Patients were more willing to pay extra for what they perceived as better quality of care. Patients with higher income will make higher informal payments." (Tomini and Maarse 2011, p. 2)

The fact that not all physicians accept informal payments is also stressed by respondents, and it is featured in the papers consulted. The existence of these payments contributes mainly to lower confidence in physicians and, consequently, to poorer perception of the medical profession, considering that most people end up not using medical services anymore. "Asking for or receiving informal payments will not only develop patient distrust in that physician in particular, but will also have an adverse effect on the medical community as a whole. [...] Another adverse effect of informal payments is the harm they impose on the overall performance of the health system, through increasing out-of-pocket payments, possibly preventing some patients from using health services. [...] Informal payments destroy health system performance as they prevent funds from flowing into the health system. [...] Another issue is the long term consequences on the health system and society: [...] *when people pay under-the-table payments, no money is left for food.*" (Nekoeimoghadam *et al.* 2013, p. 158)

"Health care in most of the developing and transition countries suffers from poor governance and the absence of accountability in public service delivery. Informal payments are an outgrowth of this breakdown." (Lewis 2007, p. 992) If we were to relate this conclusion to the Romanian space, it applies mostly concerning the under-funding of the medical sector. Respondents underlined the need to supplement physicians' salary as a possible solution for reducing informal payments, but mostly for the financial support of the entire medical system. In this sense, it is worth mentioning investments made in human resources, equipments, logistics, or locations where the medical act can be conducted under normal circumstances in terms of patient treatment.

Within a research conducted in Tirana (Albania), focused on informal payments, 67% of the respondents stated that they would probably make such informal payments for future medical services. (Vian and Burak 2006, p. 395) I identified the same type of answers within the interviews: patients pointed out that they would keep on making such informal payments, in kind and mostly in cash, because it is very hard to change this Romanian mindset. When referring to changing the mentality, respondents talk about both actors within the medical act:

the patient and the physician. For mitigating this phenomenon, a change must be made by both the patient (by stop making such payments) and the physician (by refusing any such payments, in kind or in cash).

6. Conclusions

Informal payments within the health care system represent an urgent matter in Romania, which requires immediate solutions. Such is also the case for developing countries and countries in transition, within Eastern and Central Europe, the former USSR, Central Asia, Eastern and Southern Africa and South America. (Cherecheș *et al.* 2013, p. 106) I agree with this conclusion and I posit that decision makers must react to the existing situation.

Based on the information identified in this qualitative research, I propose a definition for informal payments within the Romanian space. I believe that informal payments are “the payment method – in kind, in cash or in services, for a medical service done, ongoing or to be done, offered by the patient or a relative of the patient to medical staff, for the satisfaction/content of the actors involved.”

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