

Qualitative Analysis: Expert Views on Healthcare Systems of Russia and Romania



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Abstract The desired and designed need of qualitative extraction of healthcare experts' opinions in situation of medicine in Russia and Romania tend this article to be focused on the complications as observed countries have relatively poor healthcare quality index among European countries. With that information gained we are allowed to held a future quantitative analysis to observe the representative sample's feelings and thoughts which are valuable for the research as society here plays a role of a so-called "hidden customer" for mandatory insurance-based healthcare countries which Russia and Romania are nowadays, even if patients don't pay directly for the service. The outcome of this study is a table of short, closed categories of hypotheses which are to point out weaknesses required that have to be improved. In this article we touched such dialogs with experts as the main problems of healthcare systems in the analyzed countries, financing of healthcare in Russia and Romania, common managerial practices in Russia and Romania, social issues in each country's healthcare, marketing strategies and innovations. This qualitative analysis article extracts the results from experts' opinions and in the end of each section shows the percentage of the sample to find the hypotheses for the future quantitative marketing research.

Keywords Russian healthcare · Romanian healthcare · Qualitative analysis · Expert views · Marketing research

1 Introduction

Recall that since 1989 and 1991, Romania and Russia, respectively, came out of the social camp (Kirov 2017), these countries have started to play in the commercial market, where commercial organizations also exist. This led to an imbalance: the Semashko system introduced in Russia and Romania couldn't be applied in such

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circumstances (Kirillov and Putincev 2012). Which in turn led to such a phenomenon as staff turnover and part-time work, as one of the experts pointed out. However, they note that the growth of competition in the market of medical services is an incentive to carry out work more qualitatively for public institutions (Mamedova et al. 2014). This topic was raised due to the fact that Russia and Romania are quite young countries in the capitalist market system, for them this phenomenon is largely an unforeseen factor, which led to an imbalance of the parties (Kirillov and Putintsev 2015). In Russia there is a low dynamics of life expectancy in birth, it was spotted and claimed as moderate, almost linear. High amount of deaths and modest birth rate—this is what prevails inside Russia in 21 century (Banin 2012).

In the article we mention such professional expert's medical explanation shorting's such as: HIF (Health Insurance Fund)—being applicable for countries which use insurance system is related to finance medical care for citizens which confidences on the main functions of the fund: equalization of the conditions for the activities of territorial funds of compulsory medical insurance to ensure the financing of programs, finances of targeted programs, control over the targeted use of financial resources of the system. CHI (Compulsory Health Insurance)—being applicable only for Russian healthcare system it creates the so-called protective umbrella for this post-communist country to sustain the difficulties of this young capitalistic system and gives Russians “free” medical care equally, fast and to everyone with a help of finances collected throughout the taxes charged on a permanent basis. UHI (Universal Health Insurance)—applicable only for Romanian healthcare system. It was a result of major reforms launched in 1989 in Romania, the centralized system of tax-funded healthcare was replaced by a decentralized system of medical and social insurance, in which health insurance funds conclude contracts with medical institutions. Behind different titles CHI and UHI in reality are parallel, as we pointed out throughout the outputs of the experts' opinions—finance difficulties are connected to them and they pointed out ways of improving it or switching to other models, such as budget system coming from communist era.

The current article answers the following 4 research questions: Q1. What are the main problems of healthcare systems in observed countries? Q2. The situation in financing of healthcare in observed countries? Q3. What is the social situation in each country's healthcare? Q4. Which marketing strategies and innovations could be implemented? In order to reach the research goal, we proposed to find answers to the following research objectives: O1. To find existing main problems of healthcare systems; O2. To obtain information about the financing of healthcare; O3. To obtain information about social issues in each country's healthcare; O4. To find information about marketing strategies and innovations. First object asked experts about what can be improved in healthcare, as one of the trending problems is the question about harmonization of the two competitive models of medical institutions: budget-funded and commercial ones; second object focused on the funding of healthcare in Russia and Romania, as two countries have quite common problems questions didn't differ much; third object is about social network, here we looked closer on statistics and pointed on 4 weaknesses as: mortality and what to do with that, unavailable medical

services, staffing problem and doctor-patient relationship; forth object—marketing-wide points were carried out: innovative solutions that have been implemented in healthcare systems.

2 Literature Review

The “volume of financing for the industry” is needed so to have qualified standards of medical healthcare with most focus in rural areas of the huge country (Gamidov 2010). For that reason also needed to have efficient spending of industry funds as well as reducing bad ingredients consumption, so that Russian healthcare system can be at least somewhat better and ready for observations of more specific problems. Looking from the point of view of economics on healthcare is insufficient, it’s better to look more from management issues perspective and smart management in healthcare even far more frequently so that social aspects will grow higher with quality (Duganov and Kalashnikov 2011).

If we look from Romania’s point of view we can mention author writing that people gradually use and benefit more from healthcare if they pay less for the medical insurance than those who have to pay much more according to their salary coefficients or buying extra health insurances for high costs—they invite hospitals quite rarely if not even less than that. If we take into account the major difference in size of these two groups then this leads to the fact that the profitable coefficient of the country’s healthcare is degrading each year while this mentioned problem is not solved. It is needed to find viable solutions to increase the budget (Besciu 2014). In these conditions, any decision-maker in the Romanian health system should be concerned about identifying extra financial resources and making optimal use of current restricted resources (Antón and Onofrei 2012).

The “sixth technological order,” which emerged in the second half of the twentieth century and has since extended throughout the world, is drastically altering the character and structure of society and revealing major contrasts from the industrial civilization that dominated previous centuries (Kurkina and Kolmykova 2013). Therefore better medical staff is needed to keep up with the times so that implementing improved and updated competitive academic education programs and knowledge transfer is required in vast majority of countries to be able to enter the new technological order countrywide (Kuhlmann et al. 2018).

In this regard, most nations’ healthcare systems are currently undergoing a shift in priority, from cost-cutting for medical treatment to creating and executing the most efficient resource allocation strategies with smart management in medical sphere (Avksent’eva and Omel’yanovskij 2010). This evolution of healthcare management could be considered a progress toward the approaching of healthcare system from a marketing perspective that “puts the patient at the center”. In this regard, medical measures are intended to detect and meet the patient’s requirements through high-quality service (Duganov and Kalashnikov 2011). “Interactive medical marketing based on innovation” is the ideal way for detecting new possibilities at a certain

moment, stimulating healthcare consumption, and implementing solutions that can transform the business model in medical organizations over time. Entrepreneurs are more likely to invest in new goods and technology when the rate of return in existing sectors is reduced. During long-term economic crises, the focus shifts from generating profits to limiting relative risk. Product innovations are more common during the “long-wave depression period” (Ioniță and Cioc 2014).

3 Methodology

The research provided in this article is an empirical qualitative research based on a series of structured individual interviews with participants—experts in healthcare systems. We provided 32 in-depth interviews with 19 Russian experts in medicine and 13 Romanian experts (Fig. 1).

The sample structure consists of: medical personnel—17, entrepreneurs of private clinics—7, scientists—5, professors—3. People involved in this interview work in hospitals, medical organizations of private and governmental type, universities and healthcare committees. Part of them in quantity of 8 are quite wise by experience, it can be proved with their medical degree. The rest 24 interviewees are of managerial and medical personnel, which means some of their experience is applicable with marketing research held in this sphere.

The interview guide is relying on structured individual method. Total number of qualitative questions for experts—15; each individual question requested the expert to answer between not less than 1 min and no more than 3 min; interviews were held in October of 2021 year and 17 were conducted using online platform; there are 15 face-to-face dialogs which were recorded locally; interviews length was up to 18 min. The interviews’ outcomes are organized around the major themes that emerged from a thematic analysis of the data. We concentrated opinions and simplified them with 4 content analyses. Thematic analysis was performed (Clarke and Braun 2014). The interviews’ semantic analysis was coupled with a latent analysis (Landauer et al. 1998). We derived semantic analysis before each category to clarify a latent analysis.

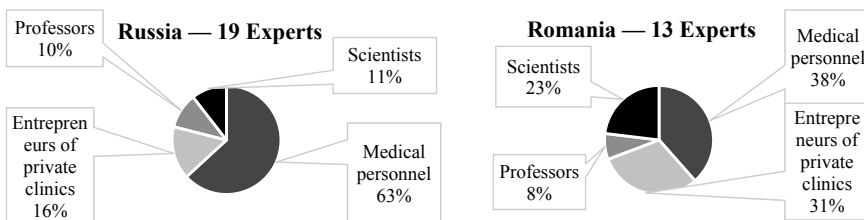


Fig. 1 Number of Russian and Romanian experts in healthcare by profession. *Source* Authors’ own research

4 Results and Discussions

4.1 *Main Problems of Russian and Romanian Healthcare Systems (O1)*

After reviewing the records for main problems, we combined experts' arguments together in 4 categories of problems, which are considered below.

4.1.1 **Financing of Healthcare as One of the Main Problems**

The main found problem of Russian healthcare is funding. As a result, many doctors go to private clinics because they see that the salary there is higher, usually 2 times, and this despite the fact that the schedule is flexible. Finally, low salaries of medical personnel in public health institutions aren't noticed.

The huge gap in Russia's healthcare system is funding. Russia spends just 3% of its GDP on healthcare, while in developed countries 8–12%—Russian expert.

We should contribute all citizens to the health system, not just those who work, and keep behind non-worker—Romanian expert.

The other result of underfunding was spotted in Romania—obsolete tangible assets: buildings and equipment, infrastructure. Since funding is the first priority for improving healthcare, judging by the number of interviewers' responses, we held a category of questions about financing in one of the next chapters of the article.

4.1.2 **Management in Healthcare as One of the Main Problems**

Russian situation—it is aggravated by the fact that healthcare has been transferred to the powers of regions whose budgets vary greatly and which sometimes set their own rules. Russia is losing hospitals on the periphery due to the lack of awareness of the ministry and committees. But the main trend was spotted with the growing rate of commercial in all kinds of healthcare.

There is such a nuance as the growth of commercial clinics. In the growth of paid medicine, the authorities don't see anything wrong: it's believed that the patient should have an alternative—Russian expert.

For Romania it's as the biggest problem interviewees mentioned is that, there's not enough attention to primary care (family medicine) and to prevention programs.

Family medicine should see the patient in his 18 years' while pediatrics should see the patient and do the immunizations and childcare—Romanian expert.

Managerial stuff itself is degrading for 2 countries—hospital management is weak, there's a need of hiring managers on the basis of performance, not political or familiar base.

4.1.3 Commercialization and Competition in Healthcare is Problematic

Experts focused most on doctors and patients were forced to go to the private sector. Staff turnover is a major problem in healthcare when competition is emerging. Romanian expert noticed that a control of private medical activity is needed as it grows up without any adjustments from the government.

It's necessary to legislatively allow the creation of new commercial clinics, only in places where an acute shortage of medical personnel exists—Russian expert.

As the vast majority experts state—the main trend should be to update the legislation in connection with the extensive emergence of private clinics. To make it unprofitable to violate the law. Harmonization through public–private partnership is a concern.

We need the cooperation of public and private organizations in order to obtain the health of the population on mutually beneficial terms—Russian expert.

The abolition of the private subscription system and the introduction of the private health insurance system. Direct settlement of medical service to the state and to the private is also a concern—Romanian expert.

It's also necessary to change the laws to equalize competition, financing as one of the main criterions of competition, harmonization through public–private partnership.

4.1.4 Problems with Quality of Medical Services in Russia and Romania

Both country's experts expressed the opinion that, namely, the characteristics of the quality of services suffer in the whole country and don't allow healthcare to be combined with ones that have a sufficiently high level of healthcare.

Low quality of services offered by budgetary institutions in Russia is a known fact. I had an observation with that in previous years—Russian expert.

Quality of medical-auxiliary personnel—from doctors, nurses to therapists, physiotherapists, caregivers, stretchers are the main problem—Romanian expert.

This is the quality of services offered in medical institutions, weak quality training which reflects in poor knowledge of the doctors, provision with sufficient and well-trained medical and care staff. So, training doctors in specialized universities are suggested, also with patient and caregivers and with other members of medical team.

Starting from literature review and experts' opinions, the first hypothesis of the article is as follows: "Financing and management are the main problems in both countries healthcare system". Below is the percentage of experts responding (Table 1).

Table 1 Horizontal analysis on the problems of country’s healthcare systems

Country	Percentage of Experts responses			
Russia	Bad financing 53%	Bad management 24%	Bad commerce 14%	Bad quality 9%
Romania	Bad financing 38%	Bad management 23%	Commerce 13%	Bad quality 26%

Source Authors’ own research

4.2 *Finances in Healthcare in Russia and Romania: Ways of Payments (O2)*

On this issue, the experts divided into categories: experts who identified the compulsory medical insurance system that plays a positive role in the healthcare system and those who responded it as playing a negative role.

4.2.1 Experts Identified Compulsory Insurance System as Positive

As experts mentioned—CHI is a prop for the capitalist system to organize all the same social healthcare. Compulsory medical insurance is the only funding system that is able to provide free medical care in a capitalist society. Private clinics are gradually concluding contracts with the compulsory medical insurance fund in order to increase the client base.

CHI treat everyone from little too large. Everyone makes a contribution, so low-income segments society can receive a complex service—Russian expert.

Provided that health contribution is paid by everyone, and the amounts raised are fully reinvested in the health system—compulsory insurance is justified. Insurance companies have to be fair with clear conditions—Romanian expert.

From Romanian experience it’s imperative for the proper functioning. It’s justified for providing a minimum of funds necessary for all people in need of medical services. The assessment must start from real, not desired or imagined situation of the country—first of all, the share of vulnerable society.

4.2.2 Experts Who Highlighted CHI/UHI System as Ineffective

An insurance company is a private intermediary. They bypass issues in terms of business and making money, the lack of transparency of the use of the asset is obvious here. Here the lack of funds for the treatment of really sick patients exists.

Insurance private organizations liquidation creating direct payments for CHI and financing country’s healthcare will give more than 3–4% GDP—Russian expert.

Table 2 Horizontal analysis of ways financing in both countries’ healthcare

Country	Percentage of Experts responses		
Russia	No changes needed 73%	Remove insurance 13.50%	Move to budget 13.50%
Romania	No changes needed 92%		Remove 8%

Source Authors’ own research

Disadvantage here is that being many consumers and few payers, it’s intensely consuming money from the budget, so no money is enough for modernizations or for quality services, only quantity is offered—Romanian expert.

Starting from literature review and experts’ opinions on topic above the hypothesis for mentioned above horizontal analysis is as follows: “Compulsory medical insurance is a source of underfunding”. Below is the percentage of experts responding (Table 2).

4.3 Social Situation in Russian and Romanian Healthcare (O3)

To have a better idea of social situation, we used the method of excluding vague expert comments. Thus, this category contains concentrated views that most affect the problem. It consists of 4 subcategories: premature deaths, services patients can’t receive, personnel problem, doctor-patient relationship.

4.3.1 Leading Position in Premature Deaths

Firstly, premature deaths start from the ambulance being slow—bad roads, facilities of the emergency rooms and finish with bad time management of the doctor at his place. There isn’t enough time that is allowed to receive and treat patients in a right way. Average doctor uses more on writing the diagnoses rather than taking care of the patient.

Hospitals that are on the highway must have in their staff doctors traumatologist and surgeon, to provide emergency care on the spot—Russian expert.

Secondly, it’s the lack of a full medical examination of the population. This leads to illiteracy of some patients, who come at the last moment, and nothing can be done to them. Monitoring by the family doctor is also a case in prevention premature deaths.

Doctors are removed, they can’t be replaced by a computer tomograph, or, magnetic resonance or some other iron—Romanian expert.

Thirdly, is an insufficient funding. In public institutions, the qualification of a doctor is usually lower than in commercial ones, which affects the incorrect treatment of the patient and leads to unexpected death. Underfunding doesn't allow any increase in the number of doctors, nurses, devices.

4.3.2 Services That Patients Can't Receive Right Away

Some experts claim rural zone in Russia as the prevailing threat not examined properly with doctors, especially in circumstances of a huge territory.

Primary healthcare in rural areas is unavailable. Outpatient specialty assistance is a tough point if you rely only on UHI—Russian expert.

The main trend is that services that go beyond the sponsorship of compulsory medical insurance are currently unavailable in both countries. Complex instrumental research is unavailable for most parts of Russia.

High-tech, complex instrumental research, oncology, and help with orphan diseases are often unavailable with CHI. You have to pay extra if you want help or you go to the private, so you'll be treated as intended—Romanian expert.

Laboratory tests are not easily accessible and somewhat expensive in Romania. As a rule, oncology and help with orphan diseases are a problem. High-tech medical care has problems with the flow going through. Finally, high-cost services, many patients are forced to pay for the usual receptions and examinations. In face of Covid-19 experts expressed intensive care unit's failure.

4.3.3 Shortage of Medical Personnel

It's necessary that the result of every treatment with a doctor, the patient felt immediately during the session. It's essential to increase the time of reception by doctors of patients by exemption that exact doctor from unnecessary paperwork.

One of the ways to solve this problem is to free the doctor from unnecessary paperwork, which will free up time for direct patient visits—Russian expert.

The personnel problem, first of all, hits the villages and towns of the country. You can't even make calculations here; statistics are not kept—Romanian expert.

Secondly, villages half lost personnel for the past 10 years, and today this leads to the dissolution of such institutions as a consequence.

4.3.4 Issues with Doctor-Patient Relationship

Between Russian healthcare professionals the problems were pointed out as follows: automate the time to describe the medical history; implement a system of reviews

Table 3 Horizontal analysis of social relationships in Russia and Romania

Country	Percentage of Experts responses			
	Russia	Early mortality 32%	Unavailability 28%	Lack of medical staff 20%
Romania	Early mortality 20%	Unavailability of services 30%	Lack of medical staff 30%	Doc-Patient problem 20%

Source Authors' own research

with reference to the name of the doctor; the issue of cultural development of the population and training.

This is a question of training personnel, and the whole culture of the society in Russian Federation—Russian expert.

Romanian medicine experts debated on the problem of self-education of a doctor. It can be reached through more efficient education, through communication courses for staff.

Correct explanation and information of the patient about the disease, options, side effects, possible complications—all this is needed—Romanian expert.

Communication, and increased length of time during consultations, controls also related to this subtopic. Correct explanation and information of the patient about the disease, options, side effects, possible complications. Doctors have must be available for their patients and health professionals should have enough time in order to so-called “fill” the problem of each patient.

Starting from literature review and experts' opinions on topic above the hypothesis for mentioned above horizontal analysis is as follows: “There is a strong need of qualified medical staff and better relationships with patients”. Below is the percentage of responding (Table 3).

4.4 Implementation of Marketing and Management Strategies (O4)

4.4.1 Healthcare Price Changes Consideration

A vast majority of experts expressed their feelings that patients don't agree to pay anything and take healthcare as for granted.

Main types of medical care should be provided free of charge—Russian expert.

Patient's view is that the state should give them everything for free, that “health is the most important”. The medical subscription system offered by the employer, it doesn't cost the patient, but creates a malfunction in the system.

Medical subscription offered by the employer, it doesn't cost the patient, but creates a malfunction. The company deducts from the tax, but in the end all the patient loses: lower

salary, frequently not all private medical services are covered by the subscription, from the salary stops and CAS—Romanian expert.

The company deducts from the tax, but all patients lose: lower salary, frequently not all private medical services are covered, the salary drops significantly with national health insurance. The price of the average service to be smart and dynamic. Mostly it should be formed by the population's solvency rates as well as with few other popular factors. Fixed prices should be dynamic, depending on the patient's salary.

4.4.2 Healthcare Lacks Innovation in Distribution

Innovation requires to distribute patient flows. The implementation of the ability to automatically record medical history should be considered. Information systems for corroborating information that can facilitate diagnosis.

Most things to be done remotely due to pandemic. Unified medical information and analytical systems, it connects hospital with clinic—Russian expert.

Introduction of the interpersonal communication course in the first year of college is a first thing to be focused on—Romanian expert.

Health education of on growing flow of patients into one big city hospital is needed for increasing the perception of the population in their new trend of good mental health. Thereby innovative suggestion comes automatically providing tools for a healthy lifestyle, prophylaxis. This can be done, as a lot of youth medical experts debated, with artificial intelligence.

4.4.3 Retention of a Patient in a Budgetary Healthcare Institution

Between Russian experts' opinions here focused on internal problems of the hospitals. Medical hospitals have to improve quality, not do business on this, on the medical field.

State hospitals are sorely lacking in conducting market research to probe the patient in returning again and again—Russian expert.

Eliminating annoying, humiliating and counterproductive expectations. After waiting 2 hours at a doctor's door, the patient perceives him as a public enemy. An empathetic, compassionate behavior of the medical staff, but not condescending and demeaner. Eradicating the bribe climate—Romanian expert.

Good conditions in the hospital are the solution here. Psychological work with the hospital staff is needed. Free medical services, proximity of the institution to the place of residence. State institutions should provide services so that the equipment is on its innovative level. Below is the percentage of experts responding (Table 4).

Starting from literature review and experts' opinions on topic above the hypothesis for mentioned above horizontal analysis is as follows: "The main marketing strategies should focus on price, innovations and patient satisfaction".

Table 4 Horizontal analysis of Russian and Romanian healthcare management

Country	Percentage of Experts responses		
	Russia	Price changes needed 37.50%	Innovations needed 31.25%
Romania	Price changes needed 20%	Innovations needed 27%	Expand patient's interest 53%

Source Authors' own research

5 Conclusion

As of a conclusion for this article, thankfully experts' opinions are quite similar one to another with Russian and Romanian healthcare outputs. The major difference here is with only some percentages which we considered in each table. The biggest major difference between Russian and Romanian healthcare found in this qualitative research article was another attitude of Romanians to its compulsory medical insurance, even more—they don't want returning to budget healthcare system as it was during the socialist camp. The opposite in Russia—one half of experts and literature sources were found that they tend to have good experiences during USSR era, some of them directly told to move back again, some were fondly remembered the old days. Speaking of other significant observations, we found the difference in attitude of how Russians think of modern investigations in future management system of medicine—they want it all the way, but in Romanians in opposite want more qualified medical stuff in their institutions which simply means that education in Russia is still on its own way, but in the meantime Russia lacks of modern features. Anyway, listed differences don't play a role in future investigation of this research as its very minor to the main direction we found in this research which is quite interesting. Speaking of main problems in Russian and Romanian healthcare we can see exactly the same situation: bad financing, bad management, the coming of commercial institutions and lack of quality all the way. As you can see it's not only a marketing problem of previous years in terms of healthcare of Russia and Romania but also a vast amount of other problems as follows: competition in healthcare needs improvements: law change and equaled financing; compulsory medical insurance is a source of underfunding; modern management and qualified staff are the inevitability of renovations in healthcare; There is a strong need of qualified medical staff and better relationships with patients; The main marketing strategies should focus on price, innovations and patient satisfaction. That clearly identify the problem of the 2 observed systems at all main levels. Which is why these countries gaining a relatively low healthcare index between European countries. Below are the tables with each section's directions to study in future work. The Russian and Romanian expert's opinions are divided and calculated with its percentage. This information obtained by the interviews can be representative in many ways to extract priceful qualitative type of information needed to prove or deny any hypotheses of our marketing research in the field but specially to substantiate on empirical bases hypotheses for future quantitative research.

References

- Antón, S.G., Onofrei, M.: Health care performance and health financing systems in countries from Central and Eastern Europe. *Transylvanian Rev. Adm. Sci.* **8**(35), 22–32 (2012). <https://rtsa.ro/tras/index.php/tras/article/view/24>
- Avksent'eva, M.V., Omel'yanovskij, V.V.: Mezhdunarodnyj opyt ocenki tekhnologii v zdavoohranenii. *Medicinskie tekhnologii. Ocenka i vybor* (1) (2010). <https://elibrary.ru/item.asp?id=16256800>
- Banin, S.A.e.: Zdravoohranenie Rossii: voprosy finansirovaniya i puti resheniya. *Vestnik Tomskogo gosudarstvennogo universiteta. Ekonomika* **3**(19) (2012). <https://cyberleninka.ru/article/n/zdravoohranenie-rossii-voprosy-finsansirovaniya-i-puti-resheniya>
- Besciu, C.D.: The Romanian healthcare system and financing strategies. *Procedia-Soc. Behav. Sci.* **149**, 107–113 (2014). <https://doi.org/10.1016/j.sbspro.2014.08.169>
- Clarke, V., Braun, V.: Thematic analysis. In: *Encyclopedia of Critical Psychology, 1947–1952* (2014). <https://doi.org/10.1037/13620-004>
- Duganov, M.D., Kalashnikov, K.N.: Metodologicheskie podhody k ocenke effektivnosti regional'nogo zdavoohraneniya. *Ekonomicheskie i social'nye peremeny: fakty, tendencii, prognoz* **18**(6) (2011). <https://www.elibrary.ru/item.asp?id=17217333>
- Gamidov, G.: Innovatika-nauka upravleniya processami preobrazovaniya nauchnykh dostizhenij v innovacii. *Innovacii* (2) (2010). <https://spbib.ru/catalog/-/books/12203534-innovatika-nauka-upravleniya-protsessami-preobrazovaniya-nauchnykh-dostizheniy-v-innovatsii>
- Ioniță, F., Cioc, M.: Strategic management of the Romanian health system based on Boehm model: a conceptual framework. *Procedia-Soc. Behav. Sci.* **124**, 432–441 (2014). <https://doi.org/10.1016/j.sbspro.2014.02.505>
- Kirillov, V.B., Putincev, I.S.: Otnosheniya Rossii i Rumynii posle 1989 goda v kontekste vneshnepoliticheskikh prioriteto dvuh stran. *Vestnik MGIMO Universiteta* (2) (2012)
- Kirillov, V., Putintsev, I.: Russia's relations with Romania since 1989. In: *Russia and East Central Europe after the Cold War: A Fundamentally Transformed Relationship*, pp. 291–322 (2015). <https://elibrary.ru/item.asp?id=36524956>
- Kirov, V.: Industry in Romania: state of the play. SWOT analysis. *J. Bus. Strategy* 23–46 (2017). https://old.effat.org/sites/default/files/events/14554/swot_analysis_for_romania.pdf
- Kuhlmann, E., Batenburg, R., Wismar, M., Dussault, G., Maier, C.B., Glinos, I.A., Azzopardi-Muscat, N., Bond, C., Burau, V., Correia, T.: A call for action to establish a research agenda for building a future health workforce in Europe. *Health Res. Policy Syst.* **16**(1), 1–8 (2018)
- Kurkina, M., Kolmykova, T.: Intellektual'nye resursy obshchestva v formirovanii innovacionnoj sostavlyayushchej ekonomicheskogo rosta. *Izvestiya YUgo-Zapadnogo gosudarstvennogo universiteta. Seriya: Ekonomika. Sociologiya. Menedzhment* (1), 18–23 (2013). <https://elibrary.ru/item.asp?id=20196928>
- Landauer, T.K., Foltz, P.W., Laham, D.: An introduction to latent semantic analysis. *Discourse Process* **25**(2–3), 259–284 (1998)
- Mamedova, G.B., Shajmatov, M.Z., Teshabaeva, M.H., Ismailova, N.M.: Effektivnost' primeneniya marketinga v medicinskih uchrezhdeniyah. *Austrian J. Tech. Nat. Sci.* (9–10) (2014). <https://www.elibrary.ru/item.asp?id=22609511>