OPTIMIZATION STRATEGIES FOR SPORTS MEDICINE SERVICES IN ROMANIA

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Abstract: The paper aims to provide solutions for optimizing the management of the national system of sports medicine in Romania.We used as a qualitative research method the structured interview, being set-up evaluation questionnaires for medical staff but also for the sport personnel . By processing the questionnaires, we were able to draw a number of conclusions concerning the specialty of sports medicine but also its network and its financing and issues of national and international research programs in sports medicine.
Key words*:* sports medicine, management, Romania, Europe

Introduction

The purpose of the research was driven by the need of stremline the objective causes and methods of optimization strategies of the national sports medicine.

This paper seeks to optimize business performance management strategy in the Romanian system of sports medicine and, especially, to implement strategic policies in the specific structure of this system

Research Methodology

In the study was used a qualitative research method, namely *structured interview* [1,2]. The choice of this method and the quantitative waiver was dictated by the impossibility of creating a comprehensive database for sampling [3].

Material and method

Were developed two evaluation questionnaires with 10 questions first for the medical staff and the second with 11 questions for people in sport [3,4,8,9].

There were four questions that were common to the two questionnaires.

Questionnaires were sent to 400 (150 in medical and paramedical staff working in sports and 250 people working in sport). They received responses from 326 people, including 96 medical and 230 of the sports field. These responses were statistically processed and will be subject to critical discussion and conclusions.

The first batch who answered the survey consisted of 96 people working in sports medicine clinics in 37 counties in Romania, less the 6 counties where there are no sports medicine cabinets. Thus answered 50 doctors, 27 nurses, 13 physiotherapists and 6 masseurs .

The second lot that answered the survey consisted of 230 people working in the national sports federations such [4]; 170 athletes, 41 coaches, 19 members of federations.

In this case, the choice of this type of research was dictated by the impossibility of creating a comprehensive database for sampling covering all athletes (junior and senior), all the coaches and members from all sports federations [8].

Questionnaires were sent rated 30 of the 60 national sports federations. Thus, questionnaires were sent to the Romanian Federation of Martial Arts, Athletics, Basketball, Biathlon, Bob-Sleigh, Boxing, Canoeing, Rowing, Cycling, Equestrian, Football, Gymnastics, Rhythmic Gymnastics, Weightlifting, Handball, Ice Hockey , Judo, Wrestling, Swimming, Skating, Water Polo, Bowling, Rugby, Skiing, Fencing, Chess, Tennis, Table tennis, Shooting and Volleyball.

The processing of the questionnaires was done in MICROSOFT EXCELL [9.10].

Results and discussions

A. The results of the questionnaire administered to doctors and other personnel from the medical system

Of the 150 questionnaires sent, 96 questionnaires were obtained which are analyzed below.

1. When asked about the institution that should belong to sports medicine ("You want to keep sports medicine: a. Ministry of Health b. Ministry of Youth and Sport c. Romanian Olympic and Sports Committee") most of those questioned (79 %) replied that the Ministry of Health.

2. When asked about sports medicine financing ("Financing of sports medicine services to be: a. Budget, b. Mixed - Subsidies

from the state budget and its own revenues, c. Own resources") the views of respondents were divided: over half of them (51%) were of the opinion that funding must be budget, a quarter of them (25%) think it should be mixed, while about a quarter of respondents (24%) stated that funding must be made from own funds.

3. When asked about equipping sports medicine cabinets ("Are you satisfied of endowment of your cabinet of sports medicine a.Yes b. Partially c. No"), most (79%) of those surveyed decleared they are not satisfied with current equipment that exist within sports medicine.

4. Looking for athletes locally circuit ("circuit for local athletes will be made to: a. 3 months, b. 6 months. C. 12 months") about three-quarters (72%) believes that local circuit for athletes should be 6 months.

5. When asked about the specialty of sports medicine ("Sports medicine is: a. Speciality independent b. Embedded in recovery. C.Embedded in other medical specialities , if so specified that") almost two thirds (64%) of respondents said they want sports medicine be an independent speciality, over one third (34%) will be embedded in medical rehabilitation and only 2% (only 2 people) think that should be embedded in a orthopedics.

6. Analysis of responses to the question of payment for Sports Medicine ("Who must pay the sports medicine services : a. All athletes b. Professionals athletes and private sports clubs" c None) more than half of those surveyed (59%) say that the payment should be done by professionals and private clubs, 21% say that no athlete should not pay 20% say the contrary, that all athletes should pay.

7. When asked about medical visa ("Medical visa – able for training and competition - a. Mandatory b. Depending on the case c. Optional") most of those questioned (88%) responded that the current system of mandatory medical visa it is the most indicated .

8. Analysis of responses to the question on the staff ("In the clubs / sporting lots need: a.Personal continuum - full time b. Partially - Part time. c.Occasionally - matches and competitions") showed that the majority of respondents (86%) believe that the clubs / lots sports requires medical staff working part time meaning that is working in a medical office or other structures, and to prepare the team / batch involving a few hours a day or a few hours a week.

9. On the question of training medical staff ("The medical staff are made up of people with: a. Universitary degree – medical doctor, physical therapist, etc. b. Secondary Education - nurse, massage therapist, dietician etc c. Complex teams – universitary degree and secondary education and others - psychologist, methodologist etc. ") most of those questioned (90%) stated that the medical team must be a complex, multidisciplinary, ensuring the health and / or obtain great performance.

10.The question on getting a medical visa ("Getting a sports medical visa to make in : a. Medical Individual Sports Medicine Cabinet b. Ambulatory Specialized County c. Regional Centers") about half of those interviewed (40%) want to done in regional centers, probably better equipped with interdisciplinary checkups with specialists better prepared.

B. The results of the questionnaire applied to athletes, coaches and members of the associations

Of the 250 questionnaires sent 230 questionnaires were obtained which are analyzed below.

1. Responses to the question about how satisfied are of the quality of care in professional sports ("Are you satisfied of the quality of care in professional sports: a. Yes b. Partially c. Not") showed that most many (72%) of those surveyed are satisfied. This proves that the activity of sports medicine is considered to be of good quality, the beneficiaries are satisfied with the performance of medical staff.

2. The views of respondents to the question of gaps sports medicine ("What do you think is missing in sports medicine: a. The number of human resources b. Specialized knowledge c. Endowment ") showed that the majority (82%) admit an insufficient technical equipment and performance parameters required by the third millennium.

3. Analysis of responses to the question of payment of Sports Medicine Services ("Who must pay the sports medicine services : a. All athletes b. Professionals and private clubs c. No athletes ") : majority of respondents (82%) believe that no athletes should pay any sports medicine services

4. When asked about medical visa ("Medical visa – able for workouts and competitions – must be: a. Mandatory b. Depending on the case c. Optional") most of those questioned (84%) responded that they should be mandatory

5. Analysis of responses to the question on the staffing ("In the clubs / sporting lots need: a.Medical personnel continuously - full time b. Partially -Part time. c. Occasionally - matches and competitions") three-quarters (75%) of respondents believe that the number in the clubs / sports need lots of medical staff working part

6. When asked about training of the medical staff ("The medical staff are made up of people with: a. University degree – medical doctor, physical therapist, etc. b. Secondary Education - nurse, massage therapist, dietician etc, c. Complex teams -stud higher education , secondary education and others - psychologist, methodologist etc. ") showed that the vast majority of respondents (87%) think it takes a complex team composed of staff with higher education, secondary education and others.

7. On the question of selection ("Where is your sports medicine more useful: a.
In the primary selection b in the secondary selection. c.in the tertiary selection ") more than three quarters (78%) of those questioned replied that sports medicine is to use them in the primary selection.

8. On the question of medical examination ("What medical examination satisfied you
most: a. Locally b. To the clubs performance c. To the national and olympic teamns level ") the vast majority of respondents (87%) were of the opinion that most take satisfaction from the medical control on Olympic and National teams.

9. Analysis of responses to address medical-sporting act according to age ("Did you feel any qualitative difference in addressing medical and sporting act according to age: a. Yes b. Partially c. Not") revealed that around three quarters (71%) of those surveyed believe that there are some qualitative differences in approach to sports medical act based on age.

10.There have been selected only people who said they had noticed qualitative differences in approach to sports medical act based on age and analyzed their answers to the question of people who were involved ("If YES who was involved: a. Persons 25-40 years, b. Individuals 40 -60 years c. People over 60 years "). Thus were obtained the following results: 37% of them showed people over 60 years, 36% of people 25-40 years and 27% of people 40-60 years of them.

11.The question reffering to the medical specialty that takes the most satisfied respondents ("What medical specialty satisfied you more: a. Sports medicine b. Orthopaedic Traumatology c. Medical Rehabilitation and Balneology d. Others : appointed") the following results in order of frequency weew obteined: Sports Medicine for 42% (96 persons), Orthopaedics-Traumatology for 25% (57 people), Family Medicine for 20% (45 persons), Rehabilitation for 9% (20 persons), Emergency Medicine 3% (7 persons), cardiology for 1.3% (3 people) and Internal Medicine 1% (2 people).

C. results emerged from the responses of medical and sports personnel at 4 common questions and a different question with the common conclusion

The first common question. Who must pay sports medicine services

Responses to this question are the most divergent of all study can be considered emblematic for the slightly confused situation of sport in the year 2016. Like all areas of economic and social life and sports medicine existence depends on funding sources. After Romania joined the European Union is putting extremely acute the problem of areas where they will collect funds to improve the quality of medical and sports and smooth and efficient functioning of the network of sports medicine.

The second common question . Medical visa – able for training and competition

Answers to this question are about the same. This shows that healthcare professionals and sports professionals are aware of the crucial importance of the existence of sports medical opinion. This is a fundamental part of sports medicine wich is often a preventive medicine par excellence.

The third common question. Needs offs in clubs / sporting lots

Answers to this question are similar, but not identical. The vast majority of both the physicians (85.4%) and the athletes and technicians deemed partially sufficient medical

presence. Although somewhere similar. answers are somewhat surprising.

The fourth common question .Medical staff qualification

The answer to this question emerges on the team complex; doctors, nurses , psychologists, methodologists, physiotherapists, dieticians. This time the answers are almost identical, is very clear for all participants in sports phenomenon that only a super team determines the success of a competition and a good physical and mental state of the individuals

Different question with the common conclusion

For physicians and other health personnel question was: Are you satisfied with the current equipment?

For athletes and other staff in their entourage question was: What do you think is missing sports medicine?

Unfortunately, one of the great problems of sports medicine in Romania, at present, is purchasing the equipment and specialized equipment. Often equipment is insufficient (quantitative), obsolete (qualitative) and inconsistency with the latest news worldwide.

Conclusions

Following the responses to questionnaires sent were the following conclusions:

1. Sports medicine is a specialty in itself, with its own content;
2. Network of sports medicine (National Institute of Sports Medicine, Ambulatory specialized offices of Sports Medicine) must belong to the Ministry of Health;
3. National Institute of Sports Medicine activity should be supported financially in parameters of excellence;
4. The territorial network of sports medicine must be properly framed and fitted with proper equipment and know how to improve the medical act;
5. It is needed Emergence Regional Centres of Sports Medicine and the growing number of Specialty Ambulatory County of Sports Medicine ;
6. Funding to the State Budget;
7. Professional athletes and private clubs must pay the sports medicine services ;
8. Increased quality sports medicine is a goal that required the involvement in the medical act with the same determination of all age groups;
9. Network of sports medicine facilities is totally insufficient and needs to increase the quantity and quality of medical devices;
10. Increasing the number of specialists in sports medicine network;
11. Medical team from the National and Olympic teams and / or professional clubs must be a complex team (doctors, nurses, masseurs, physiotherapists, psychologists, dieticians, etc.);
12. Medical complex team staff should be involved in sport;
13. Medical visa ("able for training and competition") to be made compulsory in competitive sport;
14. Medical circuit for local athletes to make every 6 months;
15. Sports Medicine to be heavily involved, especially in primary selection;
16. Sports medicine does its duty abundantly present in Romania, both sporting performance assessments and direct beneficiaries are relevant in this respect.

Capitalization

Based on the results arising from the research, the existing data and the current situation in the European Union can devise a Decalogue of the Romanian sports medicine with major problems requiring urgent solution:

1 Upgrading number of human resources in the field (at least 20 residents of sports medicine / year of which 10 per post);
2. Reestablishment of Sports Medicine Committee of the Ministry of Health (for the reason that the Minister of Health need to be properly counseled by specialists with expertise that may explain the realities currently in Romania and the need to fully comply with the European and Romanian field - EU directives, documents UNESCO, the International Olympic Committee, the International Federation of Sports Medicine and Sports Law 69/2000 etc.);
3. Reestablishment of the Specialized Clinics in Romania abolished abusive, possibly with the appearance of 8 Regional Sports Medicine Centre in the 8 areas of economic and social development of the country;
4. Increase the number of specialists - Network staff (doctors, nurses, masseurs etc) is far below the minimum level required to perform any specific activities (medical examination, granting of visas, selection and orientation action sports medical treatments, qualified

medical assistance in training actions, workshops, competitions etc.);
5. Honoring the references issued by sports doctors to other specialists and recognize the right to prescribe free recipes / compensated for members of sports lots in case of emergency (1-3 days);
6. Increased endowment with specific equipment (including ambulances) to increase the quality of sports medicine, ie improving athletic performance and preservation of a health condition satisfactory to both the athletes and the rest of the population;
7. The possibility of having its own funds and use them anf to have an own national health program with sufficient amounts;
8. The ability to access research programs (domestic and international), this can be beneficial for the development of sports medicine to improve the quality of services provided and to introduce into the system the large sums of money that may reduce financial pressure from Ministry of health;
9.. Increasing the scale of the current medication with involvement of the specialized Ministry of Health and the National Agency for Medicines in compliance with very hard effect on the anti-doping policy.
10. Regulation of the conditions under which professionals from the National Institute of Sports Medicine and Sports Medicine network can work on lots of sports (delegation, detachment) and the conditions under which the sports bodies (Ministry of Youth and Sports, Olympic and Sports Committee Romanian, national sports federations, clubs etc.) can finance medical and sports activity;

Do not forget that in Romania there are hundreds of thousands of practitioners of sports performance and more than three million young people who practice physical education!

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