

## PERCEPTIONS TOWARDS THE QUALITY OF PUBLIC SERVICES IN ROMANIA. POOR OUTCOMES OF PUBLIC ADMINISTRATION REFORMS?

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*Public services represent an important dimension of quality of society, as they create the contextual conditions for people to further their quality of life. Romanian public administration reform has brought about a constant institutional transformation, which has influenced both the specific features and the quality of the services. This article aims to analyse trends regarding the perceived quality of public services in Romania, in European comparative perspective, using the data of the European Quality of Life Survey (2003–2016). The article aims to understand the low satisfaction with public services in Romania against the background of the public service reform measures taken by government in this period. The article describes the context of Romanian public administration and public service reform, the most important public policy measures adopted and the most important challenges. The lack of vision in the public service reform, the partial introduction of reform elements, the permanent and, sometimes, conflicting changes are issues that may have influenced the way in which the population perceives the quality of public services. The decentralisation process of public services and the insufficient allocation of public funds for delivering such services at local level might have an impact on their quality and quantity perceived by the population.*

***Keywords:** public services; public administration reform; citizens' satisfaction; New Public Management; New Weberianism.*

### INTRODUCTION

Accessibility and quality of public services represent important determinants of quality of life. Public services like health, education, childcare, long term care, social services, employment services, social housing, pension or public transport are considered “public goods” and are important for citizens' quality of life. The high quality public services, in terms of access and quality, is one of the main areas emphasized by the European Commission's Social Investment Package (European Commission 2013), and a pillar of the European Pillar of Social Rights Package (European Commission 2017). Public services are defined as any services

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provided for a large number of citizens by government directly through public administration institutions, or indirectly, by financing service provision (made by private and non-profit organisations). These public services should comprise a potential market failure (in terms of equity of access and efficiency in production or delivery) that justify the government involvement in their production, finance or regulation (Grout and Stevens 2003; Grout 2013).

The perceptions of citizens on the quality of public services is influenced by institutional factors related to service delivery capabilities (human resources, territorial coverage, available infrastructure, types of services, financial resources, etc.), and by individuals' expectations and experiences. The transformations aiming to improve the "performance" of the public sector to provide citizens with a better quality of life imply modernizing the working tools and techniques used by the public administration. These processes are necessary in order to guarantee transparency and efficiency for optimal resource spending, strengthening the capacity of public institutions to adequately respond to citizens' needs, and improving the quality of the public services provided. "Public management", "governance" or "good governance", all these concepts indicate major public sector reforms which are dependent on the values, norms and institutions in the society. These reforms that comprise transformations of the public service delivery capabilities influence the perception of the population on public services.

The need for greater public service efficiency to boost performance and cut down budgetary costs has been determined mostly by financial constraints, citizens' higher expectations, globalization effects (technological developments/digitalization, economic and political changes, migration) (Batley and McLoughlin 2015; Peters and Pierre 2003; 2003; 1998; Pollitt 2016; Păunescu 2008).

In Romania, public service delivery has substantially remained the responsibility of the public administration institutions (Gheorghe 2012), even if in some cases (such as social services, several health services) it is done indirectly by financing service provision (made by private and non-profit organisations). Strengthening the role of local public institutions and their service provision capacities is a process that is far from over, despite some progress achieved especially after the country's accession to the European Union. The inconsistent nature and uneven pace of decentralization programs, before Romania's accession to the European Union, hampered the efforts to strengthen the capacities of local authorities (Dragoş and Neamţu 2007). In many aspects, during the transition period, the decentralization process involved only shifting tasks to local authorities without giving them the power to intervene and fulfil those new responsibilities based on specific objectives (Dragoş and Neamţu 2007; M. Profiroiu and Profiroiu 2006).

The performance of public administration is linked to the specific management of public institutions and their capacities to put their own objectives and strategic plans into practice (Profiroiu, Țăpândel, and Mihăilescu 2013). In

other words, the efficient delivery of public services requires going through all the stages, from needs identification to the optimal provision of services. *Public service reform* is a process which consists in developing one or several elements of public services in their different stages (design, management, monitoring and evaluation), such as: creating new types of public services, setting the structure of public service providers, managing the delivery of public services, managing public service providers, securing the expertise needed to deliver and manage public services, securing the expertise needed to monitor and evaluate public services (Osborne and Plastrick 2000). Institutional reform is determined by government ideology, intergovernmental relations and negotiations, and the strategies that governments develop to reduce budget deficits (Lindquist 2000).

The reform of the Romanian administration was a multi-stage process, influenced by various donors (the World Bank, the International Monetary Fund, the European Union), and included the adoption of certain measures specific to New Public Management, without having the conditions required for their implementation, like political, legal and parliamentary reforms (Dunn and Miller 2007; Osborne and Plastrick 2000). In the same time, these New Public Management measures introduced in the Romanian public administration reform were not adapted to the existing sociocultural context (Văduva, 2016; Mauri and Muccio, 2012). One of the main components of the Romanian public administration reform was the decentralization process, which was not completed because the required financial resources were not allocated, and the transferred authority and the levels of decentralization were not clearly set to allow for a clear division of responsibilities between public administration actors. Legal provisions on shared competence and the lack of clearly defined responsibilities for public administration actors allowed them to evade fulfilling those duties, which affected the delivery of public services to the population.

This article analyses satisfaction with services in Romania, in the context of the public service reform measures taken by government. The paper looks at trends regarding the perceived quality of public services in the EU states, using the data of the European Quality of Life Survey (2003–2016), and links these perceptions to the public services reforms in Romanian case. The article describes the framework of Romanian public administration and public service reform, the main measures adopted and the most important challenges in this respect. In the second part, it presents the principal reform models available at international level, as well as the major theoretical approaches to public services. In the last part, the paper compares trends related to the perceived quality of public services in the EU states between 2003 and 2016, based on EQLS data.

## **THEORETICAL FRAMEWORK AND ROMANIAN PUBLIC SERVICES REFORM PROCESS**

Institutional change involves modifying working rules and procedures, by amending public policies developed to define the governance of central and/or local administrative apparatus, or by changing the government's strategic focus according to the interests of the stakeholders affected by a certain strategy. Whilst in Western European countries or the US the system was reformed based on comprehensive analyses of public administration, that was not the case in Central and Eastern European states, where, after the fall of communism, we witnessed a dramatic transformation of public institutions. In these countries, the transition to modern and efficient administration required not only developing new working tools, but also changing the operation of public institutions and decision-making mechanisms (Lambriu 2010; Bondar 2007; Agh 2003). The pressure exerted by international institutions (the International Monetary Fund, the World Bank, the European Union, etc.) to enhance administrative capacities gave a strong boost to the administrative reform, but each one of the Central and Eastern European countries had a different trajectory, determined by the national context and their own objectives.

In Romania, public administration reform involves changing the very substance of major components across central and local public administration. Thus, the reform process includes measures aimed at: civil service – create a professional body of civil servants; central public administration – strengthen public policy development capacities; and local public administration – continue the decentralization of public services. Another major public administration change concerns the type of public services developed and their provisions to citizens. In Romania, government reform was accelerated by EU accession that required, among others, strengthening the administrative capacity to implement public policies. After the fall of communism, there was a transition from a government with an executive role, implementing the measures adopted at central level, to one that played a dual role – of decision and implementation. This transition was rather slow until the beginning of the EU accession process (Agh 2003; Hîncea 2013). The various international aid programs implemented in Romania to develop public administration capacities introduced different reform measures, such as building public policy development capacities, improving human resources' capacities across public institutions, decentralization, digitalization or development of public services. Nonetheless, the lack of political commitment to the public administration reform and the absence of relevant comprehensive analyses caused those reforms not to reach the expected outcomes. The EU accession process brought greater political involvement, but relevant studies in the field continued to be fragmented and did not accurately portray the need for change at the level of public institutions (Gheorghe 2012; Dragoş and Neamţu 2007).

In post-communist period, we witnessed two major public policy initiatives with an impact on the organisation and operation of local public administration institutions – regionalisation and decentralization. Although the decentralization process started in our country back in 1991, it was not constant, and systemic problems have persisted, despite the great number of relevant studies and research activities conducted by various public or private organizations (World Bank 2013; M. Profiroiu and Profiroiu 2006). Inconsistencies reported throughout the process have impacted not only the work of central or local public administration institutions, but also people's quality of life, eroding their trust in the public system (Bădescu, Sum, and Uslaner 2004; Voicu and Telegdy 2016; Voicu and Voicu 2011). Citizens' quality of life has been affected by the poor provision of various public services (education, healthcare, public transport, culture, social assistance, drinking water, etc.) due to either lack of institutional capacities or to difficulties in defining the responsibilities of various actors with shared competence in these areas. The main decentralization issues in Romania are (World Bank 2013; Dragoș and Neamțu 2007; Văduva 2016):

- Lack of a common strategic vision with regard to public administration reform. Although strategic documents were available at national level, the implemented measures were not monitored to identify possible slippages and to make improvements as needed. This inconsistency between vision and practice generated gaps in the development of public services at local level.

- The poor financing of the public services covered by local authorities (education, healthcare, social assistance, culture, local public transport, water infrastructure, sewage, roads) diminished their quality and affected people's quality of life. The quality of these services varies according to the area of residence and the level of local development.

- Decentralization was only formally conducted, without the technical and financial support needed to deliver different public services. The insufficient allocation of resources to public services diminished not only their quality, as previously mentioned, but also citizens' trust in public authorities. Moreover, responsibilities were not properly divided, which created a lot of confusion and evasion of responsibility at the level of local administration.

- Lack of transparency in the financial allocation of public resources from central level to local authorities. There is a lack of transparency in the transfer of funds meant to balance local budgets, which are often allocated based on political criteria, and ignore the local needs or the performance scores of local governments. It is a known fact that Romania deals with a poor collection of taxes and duties (31–32% of GDP, compared with the European average of 39–40%), and many municipalities are not able to support themselves from the taxes and duties they collect, so they need to get funds from the state or county budget. These transfers are often not transparent, but based on different political criteria, which has also led to greater political control over local elected officials.

- The lack of an actual assessment and prioritisation of local needs, materialised into medium- and long-term local development strategies, impacts the quality of local governance and people's quality of life. Such prioritisation would allow for resource allocation, in particular for covering priority needs, and would prevent the waste of funds (like the parks or stadiums that were built in rural communities, although they had different needs).

- An extremely limited use of multi-annual programme funding from local and national budgets that could ensure the continuous implementation of programs and long-term results. This is due to a lack of clear provisions in the budget law and the law on local public finances.

- Absence of an editable open source of public information related to public services that could be used to outline different reform measures and monitor progress. Public administrations have not collected data on a series of indicators required for monitoring the quality of public services due to the absence of a relevant centralised system. Therefore, reform decisions are not based on accurate information. In addition, interconnecting databases is a major problem for the public administration.

The low levels of satisfaction with public administration institutions are driven by their inability to find a quick and flexible response to the changes generated by the economic and social context, paired with the inability to deliver policies and programs matching these new circumstances (Minogue 2001).

In all member countries of the Organisation for Economic Cooperation and Development (OECD), public services had to change in the 1980s, and covered the reform agenda in similar ways (Harrinvirta 2010). The market and deregulatory prescriptions for the running of public services have led to setting stricter budgets, shifting focus from market failure to government failure (Harrinvirta 2010), and also moving away from the use of governmental resources for social equity towards a focus on the mutual obligations of citizens and the government.

The main paradigms used for reforming public administration at the European level have been New Public Management and New Weberianism. Each one comes with a series of measures to be implemented in order to boost governance efficiency.

In transition countries from Central and Eastern Europe, structural reforms entailed the extensive privatisation of the economy and a diminished role of the state, in order to reach fiscal stability in the new economic configuration (Cepiku and Mititelu 2010). During the transition period, Romania adopted a reform model closer to the principles of Weberianism than to those of New Public Management, with regulations related to economic life being the most important elements based on that approach (Cepiku and Mititelu 2010; Dan 2015; Gheorghe 2012). According to most experts who have studied the subject, transition Romania can be best characterised by a mixed model that includes elements of both New Public

Management and New Weberianism, without however fully adhering to any of these paradigms (Cepiku and Mititelu 2010; Gheorghe 2012; Văduva 2016).

### **New Public Management**

Public administration reform mainly aimed to introduce elements specific to the private organisations (techniques, tools, values), in order to make the work of public institutions more efficient, as to better respond to citizens' needs. The "New Public Management" paradigm, first introduced in the early '80s, focused on modernising the management of public institutions, and introducing features related to the development and delivery of public services (Pollitt 2007; Peters and Pierre 2003). Unfortunately, those operating principles were not generated and captured by a well-defined theory, but they were presented like practical solutions to operational issues faced by governments. The principles were showcased as remedial solutions for a 'broken' governance system. Governmental institutions were seen as undemocratic, inflexible, inefficient, and far from everything that defined efficient organizations (Lambru 2010).

The main novelties of this paradigm are: greater focus on performance, by measuring the outcomes of the work carried out by public institutions; a preference for smaller specialised institutional forms instead of multifunctional ones; introducing market-specific mechanisms (performance-related pay, competitive procurement, etc.) and techniques for improving the quality of public services (contracting out of services); and rethinking the relationship between public institutions and citizens, by looking at the latter as customers with rights and duties (Pollitt 2007; Peters and Pierre 2003; Osborne and Plastrick 2000). The introduction of the 'customer-citizen' concept required reconsidering the relationship with the citizens and focusing more on their needs and desires when developing the product and service offer.

The increasingly greater focus on moving public institutions away from the "production" role towards a "coordinating" role generates a larger number of instruments for involving the non-governmental sector or the business environment in the production of public services and goods, such as the contracting out of services, or the public – private partnership. At the same time, the more transparent work of public institutions and a greater consideration to citizens' demands in public policy development and implementation have created a more open public administration.

### **New Weberianism**

New Weberianism developed in the 1990s, mainly in the European area, based on the classical Weberian principles, as an alternative to New Public Management (Cepiku and Mititelu 2010; De Vries and Nemeč 2013; Dunn and Miller 2007). Neo-Weberian theorists were very critical of New Public

Management as regards its incongruity with a strong state and administrative apparatus, and its failure to ensure a more efficient public sector in developing countries (Dunn and Miller 2007). Even if, in practice, the New Public Management principles were never fully and consistently adopted by Western countries, until recently we could talk about the prevalence of this model in the strategic directions guiding public administration operation and reform. Last years' developments in Western Europe suggest a return to the reinterpretation of the Weberian model, a process which, however, does not mean abandoning the principles of New Public Management (De Vries and Nemec 2013).

New Weberianism means going back to the principles of organising the state as a bureaucratic structure, with the specialisation of hierarchic structures forming the administrative apparatus and the development of specific procedures and protocols intended to guide, step by step, the work of the administration (Văduva 2016). Hence, the Neo-Weberian paradigm reasserts the problem-solving role of the state in the society, considering the top-down approach – from central-level coordinating bodies to executive agencies – as key to public management. From this angle, in the field of public administration, the Neo-Weberian perspective claims that there is a need for a well-developed administrative apparatus, made up of specialised hierarchic structures with well-defined responsibilities and functions.

A number of authors (Cepiku and Mititelu 2010; Văduva 2016) argue that, for developing societies, where public trust in political organisations and institutions is rather low, the Neo-Weberian model comes across as more adequate for the social and economic realities of those countries and, thus, more suitable for implementation than New Public Management.

According to Dunn and Miller (2007), in the area of administration, the Neo-Weberian paradigm is guided by four principles:

- Centrality of the state – public bodies are empowered to solve problems using policy, managerial and organisational mechanisms.
- Reform and enforcement of administrative law – all citizens and population groups are equal before the law and are protected against the arbitrary actions of the administrative apparatus.
- Preservation of public services – this principle means maintaining a strong public sector, served by qualified employees.
- Representative democracy – the administrative apparatus remains neutral to political players, based on the principles of representative democracy.

### **Quality of public services and trust in public institutions**

Modernising public services involves putting the interests of citizens at their center, so that a partnership between social service providers and their beneficiaries are created. Technically speaking, the quality of public services can be improved by setting performance standards, modernising and decentralizing services,



optimising costs, ensuring performance management, enhancing the coordination of policies and administrative operations, formulating strategic plans, using alternatives to the direct provision of services, etc. (Lambru 2010; Mauri and Muccio 2012; Dunn and Miller 2007; Osborne and Plastrick 2000; Osborne and Brown 2005).

There are four main approaches regarding the methods that can be used to enhance the quality of public services, namely, ensuring standards set by experts, developing the customer-citizen's capacity to take on an active role in the process, creating tools to find out beneficiaries' opinions/ satisfaction, the role of interest groups' advocacy actions (Rieper and Mayne 1998):

- Professional standards approach – for public services, performance standards must be set by experts based on beneficiaries' interests.

- The consumerist approach places more focus on the active role of the customer-citizen/consumer of public services. In order to improve the quality of public services, citizens need to ask for it and it is hence important to empower them to have a stronger voice by giving them rights and the opportunity to choose their service providers.

- The managerial approach aims at getting closer to the customer and using tools for measuring citizens' satisfaction with public services or for consulting them about the implementation of new services, or the improvement of existing ones. This approach involves introducing quality control systems in public services.

- The consumer movement approach sees public service improvement as a consequence of the pressure exerted by various interest groups and consumers' social movements. These movements take different views on the quality of public service delivery, and work to present and promote new service models.

The main paradigms for assessing the quality of public services, as presented by the literature, are: the expectation-disconfirmation paradigm and the performance paradigm (Van Ryzin 2004; Morgeson 2012; Carvalho, Brito, and Cabral 2010; James 2009). The expectation-disconfirmation/confirmation paradigm assumes that satisfaction with public services develops through a cognitive process, which is based on citizens' previous experiences with governmental institutions and the confirmation/disconfirmation of their expectations (James 2009; Morgeson 2012). An important role in assessing the quality of public services is played by citizens' expectations of those services. Citizen satisfaction or dissatisfaction with public services is shaped by these very expectations. Citizen satisfaction measurements are used to evaluate public services and may inform certain decisions about budgetary allocation, staff involved, procedural changes, etc. Citizens' satisfaction with public services is influenced by their expectations and the perceived quality of the services they have used. The two variables allow for confirming or disconfirming initial expectations, which determines citizen satisfaction with public services (Van Ryzin 2004;

Morgeson 2012; James 2009). Citizens' expectations of public services are also influenced by several factors, like their trust in public institutions, political opinions, political ideology adopted/shared, socioeconomic status, previous experiences with public institutions or their image. At the same time, citizens' satisfaction with public services influences their "political" actions, such as voting or participating in different actions meant to influence public policies, as well as their trust in public institutions.

According to the performance paradigm, the only thing to consider when determining the quality of public services is their efficiency (focus is placed on measuring objective/outcome achievement) (Carvalho, Brito, and Cabral 2010). Thus, certain performance indicators are needed, such as the number of beneficiaries, frequency of service delivery, time needed to deliver the service, costs involved, etc., based on which an evaluation can be made. However, this administrative evaluation is incomplete unless it also measures citizen satisfaction with public services.

## **DATA AND METHODS**

This study seeks to explore trends in indicators on the perceived quality of public services, in the context of the public administration reform that Romania is currently implementing. The article looks at trends in citizens' quality assessment of public services. For this purpose, we intend to analyse a series of indicators measuring citizen satisfaction with public services, and to place relevant trends within a broader framework, as described by the stages of the public administration strengthening process implemented during the transition period. Also, we intend to describe Romania's position among the Member States of the European Union, based on the values of relevant social indicators.

The analysed data come from the European Quality of Life Survey (EQLS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2003, 2007, 2011, and 2016. The public services included in the EQLS were health, education, childcare, long term care, social housing, pension and public transport. The response scales used to evaluate citizen satisfaction with public services are ordinal scales from 1 to 10 (1 – lowest; 10 – highest). We perform(ed) univariate and bivariate analysis, in order to identify different social and demographic profiles of evaluation of quality of public services.

## RESULTS

### Quality of Romanian public services

Public services are crucial to the quality of society and have a significant influence on the individual quality of life. Public services include all services provided by the (central or local) government to citizens, be it directly through public institutions, or indirectly, through financing the services delivered by other organisations (for example, social services delivered by private providers). Some public services are provided exclusively by public institutions – defense, public lighting, public safety, emergency response, etc. – as they have all the features of public goods, namely indivisibility, non-rivalry and non-excludability (Mărginean 2010). Many other public services are of a mixed nature, being provided by both public institutions and private entities (economic agents or non-governmental organisations), such as social services, education, healthcare, sanitation, public transport, etc.

The Romanian public services highest ranked are public transport services (an average of 6.5), followed by education services (6.2). Average scores are reported for health services (5.9), childcare services (5.9), long-term care services (5.5), and social housing (5). The lowest score in terms of quality was given to the state pension system (4.7) (*Annex 1*). Romania stands below the EU average in the quality assessment of all the seven types of public services analysed. While between 2003 and 2016 Romania witnessed fluctuating trends for health services, educational services and the state pension system, across the EU the perceived quality of services increased for health services and educational services, and diminished for the state pension system. There are differences between EU countries in the citizens' perception of the quality of public services, most of the Central and East European countries register lower scores in all the EQLS waves. This is due the national context characterized by a poor public services delivery capacity, a low government spending for public services considering the citizens' needs, the inability to be flexible and quick. All these are the effects of the limited implementation of the public administration reform measures regarding public services production and delivery.

Public transport services have been constantly improving, especially in county capitals. Nevertheless, if we analyse interlocal public transport, we find the following: road transport has improved, despite its sometimes reduced frequency in remote rural communities; road safety is the lowest in the EU, with Romania reporting the highest fatal accident rate in the EU; the quality of transport means is not always adequate; and the technical condition of 50% of Romanian roads is mediocre or bad (Ministry of Transport 2014; Ministry of Regional Development and Public Administration 2016). At the same time, passenger rail transport is under constant restructuring, with the cancellation of some routes considered to be

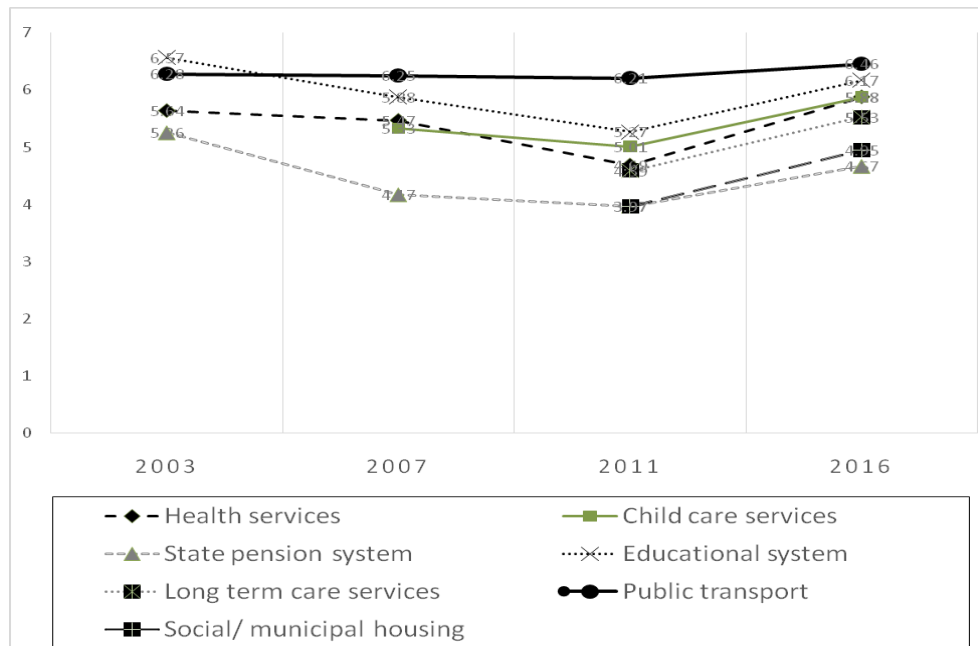
inefficient, and no improvements in travel times or the quality of travel conditions (Ministry of Transport 2014; Ministry of Regional Development and Public Administration 2016). Urban public transport was upgraded under several EU programs (CIVITAS, URBACT), or with nationally managed EU funds (ROP, SOPT/LIOP).

Between 2003 and 2016, greater fluctuations were recorded in the education system, which was considered of better quality in 2003 (an average of 6.6), only to drop quite considerably in the following years, reaching an average of 5.3 in 2011. Compared with 2011, the 2016 survey shows an improvement in the perceived quality of educational services. The permanent changes in the national education system over the past 15 years have not enhanced the quality of these services, which the population do not perceive in a positive manner.

The perceived quality of health services has improved in 2016, compared with the other survey waves, reaching a score of 5.9. Compared with the 2011 survey, the perceived quality of health services shows a one-point increase.

Figure 1

Trends in perceptions towards quality of public services in Romania, 2003–2016 (means)



Source: EQLS data base integrated trend 2003-2016, Eurofound 2018.

Q58. In general, how would you rate the quality of each of the following public services in Romania? Please tell me on a scale of one to 10, where one means very poor quality and 10 means very high quality. a. Health services, b. Education system, c. Public transport, d. Childcare services, e. Long term care services, f. Social/municipal housing, g. State pension system.

Social services, be they child care or long-term care services, are considered of average quality. Compared with the other European countries, in Romania, public services for children and long-term care have some of the lowest values, in term of quality. Long-term care services are addressed to senior citizens or people with disabilities and include both residential and non-residential care services (day care centres or home-based care). The perceived quality of these services improved between 2011 and 2016, as their number increased, and they diversified to cover as many needs as possible. Thus, the quality assessment of childcare services showed a significant improvement in the period 2011 to 2016, from 5 to 5.9. As far as long-term care services are concerned, their perceived quality also increased by roughly one point, from 4.6 to 5.5 (*Figure 1*).

The same fluctuating trends are also seen in the perceived quality of the state pension system. Its perceived quality recorded a score of 4.7 in 2016, up slightly from 2007 and 2011 (*Figure 1*).

### ***Satisfaction with different aspects of public services***

Citizen satisfaction with public services was measured looking at satisfaction with the quality of the facilities (building, room, equipment), staff expertise and professionalism, attention given to people, including staff attitude and time devoted, being informed or consulted about the care received, plus satisfaction with the curriculum and the activities carried out for child care and educational services. All these elements reflect the main problems identified by the population in relation to public services. Satisfaction with these aspects is rather high in most European states, including in Romania. As regards the medical services provided by the general practitioner or the family doctor, the aspect with which the population is less satisfied is the quality of the facilities (building, room, equipment). This is also the aspect that, together with the attention given by medical staff, the population is less satisfied with. When comparing the assessment of these aspects for the services provided by the general practitioner, the family doctor or hospitals, we find slightly lower satisfaction with hospital services. For long-term care services (services to people with disabilities or senior citizens with health problems) and childcare services, average satisfaction scores are higher in Romania than at European level, but the number of Romanians having used these services is rather small.

Satisfaction with various aspects of the education system is rather high, in some cases even slightly higher than the European mean. Both Romanians and Europeans are less satisfied with the curriculum and the activities carried out in schools (*Table no. 1*).

Table no. 1

**Satisfaction with different aspects relating to the use of public services in 2016 (averages)**

| Public services   | Criteria  | Romania | EU  |
|---|---|---------|-----|
| Health services<br>(generalist doctor,<br>family doctor or health<br>centre services) | Quality of the facilities (building, room,<br>equipment)                        | 7.6     | 7.9 |
|   | Expertise and professionalism of staff  | 7.9     | 8.0 |
|   | Personal attention you were given, including<br>staff attitude and time devoted | 7.8     | 7.9 |
|   | Being informed or consulted   | 7.8     | 7.8 |
| Hospital or medical<br>specialist services  | Quality of the facilities (building, room,<br>equipment)                        | 7.1     | 7.8 |
|   | Expertise and professionalism of staff  | 7.3     | 7.9 |
|   | Personal attention you were given, including<br>staff attitude and time devoted | 7.0     | 7.7 |
|   | Being informed or consulted   | 7.4     | 7.6 |
| Long-term care service  | Quality of the facilities (building, room,<br>equipment)                        | 8.8     | 7.4 |
|   | Expertise and professionalism of staff  | 8.5     | 7.5 |
|   | Personal attention you were given, including<br>staff attitude and time devoted | 8.2     | 7.4 |
|   | Being informed or consulted   | 8.7     | 7.3 |
| Childcare services  | Quality of the facilities (building, room,<br>equipment)                        | 8.6     | 8.1 |
|   | Expertise and professionalism of staff  | 8.3     | 8.2 |
|   | Personal attention you were given, including<br>staff attitude and time devoted | 8.8     | 8.2 |
|   | Being informed or consulted   | 8.6     | 8.1 |
|   | The curriculum and activities   | 8.6     | 8.1 |
| Educational services  | Quality of the facilities (building, room,<br>equipment)                        | 8.0     | 7.7 |
|   | Expertise and professionalism of staff  | 7.8     | 7.7 |
|   | Personal attention you were given, including<br>staff attitude and time devoted | 7.7     | 7.6 |
|   | Being informed or consulted   | 7.6     | 7.6 |
|   | The curriculum and activities   | 7.5     | 7.5 |

Source: EQLS data base integrated trend 2003-2016, Eurofound 2018.

Access to public services is also analysed from a non-discrimination and corruption angle. Equal treatment is a principle that is found across Romanian public services, with averages close to the European ones. As far as health services are concerned, citizens believe that this principle is followed to a greater extent by the services provided by the GP or the family doctor (an average of 7.4), than by hospital services (an average of 6.7).

Many Romanians still consider access to a number of Romanian public services problematic, mainly due to the corruption that affects their delivery.

Romania reports one of the highest levels of perceived corruption in public service delivery in the EU: 4.9 for general practitioner, family doctor or health centre services, 5.6 for hospital services, 5.6 for long-term care services, 5 for child care services, and 4.9 for educational services. The perceived corruption in the delivery of all public services reaches an average that is almost twice as high as the European mean. A high level of perceived corruption is reported for the public services delivered in Greece, Cyprus, Hungary, and Croatia (*Table no. 2*).

*Table no. 2*

**Perceived discrimination and corruption in public services (averages)**

| Public services   | Perceived discrimination and corruption                     | Romania | EU  |
|---|---|---------|-----|
| Health services (general practitioner, family doctor or health centre services) | All people are treated equally in these services in my area | 7.4     | 7.6 |
|   | Corruption is common in these services in my area           | 4.9     | 2.9 |
| Hospital or medical specialist services   | All people are treated equally in these services in my area | 6.7     | 7.3 |
|   | Corruption is common in these services in my area           | 5.6     | 3.2 |
| Long term care services   | All people are treated equally in these services in my area | 6.6     | 7.2 |
|   | Corruption is common in these services in my area           | 5.6     | 3.2 |
| Child care services   | All people are treated equally in these services in my area | 7.2     | 7.7 |
|   | Corruption is common in these services in my area           | 5.0     | 2.8 |
| Educational services  | All people are treated equally in these services in my area | 7.4     | 7.6 |
|   | Corruption is common in these services in my area           | 4.9     | 2.7 |

*Source:* EQLS data base integrated trend 2003–2016, Eurofound 2018.

***Sociodemographic profiles for public service quality assessment***

From a sociodemographic perspective, the quality assessment of public services varies according to the reference group and the reporting year, without any clear pattern identified in the variations recorded between 2003 and 2016. The only systematic and consistent trend detected based on the data concerns the fact that the 2016 survey marked an improvement in the assessment provided by the different sociodemographic groups of respondents, compared with the 2011 data.

Average satisfaction scores for healthcare services were, in each of the four EQLS waves, slightly higher among rural respondents. In rural areas, average satisfaction with healthcare services dropped in 2011, compared with 2007 (from

5.7 to 4.9), with urban areas showing a similar decrease over the same period (from 5.2 to 4.5). Balance was restored in 2016, when the data related to both rural and urban respondents reported a significant increase (average values of 6 and 5.7, respectively). In terms of age groups, it is noticed that, on average, people over 60 assessed the system better than respondents from the age group 18-39 (6.2 versus 5.7). As regards respondents' occupational status, the data show a considerable decrease in the share of pensioners providing highly negative assessments (1-4 on a scale of 1 to 10) on the quality of healthcare services (33% in 2007, 37% in 2011, and 20% in 2016) and a significant increase in the share of the employed who are satisfied (44% in 2016 compared with 23% in 2011 and 39% in 2007). On the other hand, in 2016, we can talk about small differences between respondents' assessments based on the highest level of education they completed: approximately 45% of the respondents who completed secondary or higher education assessed the quality of health services in a positive manner (7, 8, 9 and 10), compared with 38% of those with a lower secondary education.

The education system was also assessed at its lowest in 2011, when the average scores of urban and rural respondents' assessments were 5.2 and 5.4, respectively, with the mention that between 2007 and 2011 a significant reduction (of almost one scale point) was recorded in the rural population's assessment. The survey conducted in 2016 recorded more satisfaction with the education system in both rural and urban areas, marking a return to the way things were before the economic crisis (averages over 6). In terms of age groups, surprisingly, there are no major differences between the main groups analyzed (18-39 years old, 40-59 years old, and over 60 years old). Almost half of respondents, irrespective of the age group to which we refer, offered positive assessments (7, 8, 9 or 10 on the response scale), with shares that were significantly higher than in 2011 and close to the ones reported in 2007. This assessment symmetry is also maintained if we look at the highest level of education completed by the respondents. Thus, in 2016, whether we talk about respondents who completed lower secondary education or less, those who completed secondary education or those who completed higher education, results are relatively homogenous: approximately 22% of subjects gave a score between 1 and 4, while 29% of them gave a score of 5 or 6, and 49% assessed the healthcare system with higher scores (7, 8, 9 and 10).

As for the quality assessment of childcare and long-term care services, average scores are very close for the two areas of residence. In 2016, several differences were reported based on respondents' age: the average assessment of people over 60 was almost one point higher than the average score worked out for the respondents aged between 18 and 39: 6.4 and 5.3 for the indicator measuring the quality of child care services, and 6.1 and 5.1 for the indicator related to long-term care services.

Of all the indicators assessing the quality of services, satisfaction with the state pension system ranks the lowest, irrespective of the survey wave we analyse.



The major rural – urban differences reported in 2003, 2007 and 2011, regarding the way in which respondents assessed the general state of the system, cancelled out in the survey conducted in 2016, when the scores of the two areas of residence equalized. We should mention the significant increase recorded among rural respondents between the 2011 wave and the 2016 wave, as the average satisfaction with the state pension system went up from 3.7 to 4.7. In 2016, in both areas of residence, almost two thirds of respondents assessed the state pension system with a maximum score of 5 on a response scale of 1 to 10, which corresponds to a very high level of citizen dissatisfaction with the operation of the system. In 2003, 37% of pensioners were satisfied with the state pension system, but the indicator did not get close to that value in the following years (17% in 2007, 18% in 2011, and 27% in 2016), with employed respondents reporting almost the same values. In 2006, half of the respondents having completed lower secondary education or less said they were not satisfied with the quality of the pension system, whereas only 24% of them offered positive assessments.

## DISCUSSION

The lack of vision in the public service reform, the partial introduction of New Public Management or Neo-Weberian elements, the permanent and, sometimes, conflicting changes are issues that probably influenced perceptions regarding the quality of public services. The reform of the Romanian public system has only partially combined Neo-Weberian elements with New Public Management aspects, without any measures being taken to enable the civil service reform or to enhance service quality. The elements specific to New Public Management were only partially introduced in the public services, and the main measures adopted aimed mostly at contracting out services or setting quality standards, in order to cover some of the population's needs with much lower costs. Due to the weak monitoring and control capacities of public institutions, and the unreformed sanction/ reward system, the state does not run a proper quality check on the services delivered by its own structures and by private entities. Another issue is the transparency of the public system, with corruption having generated a low level of citizen trust in public services.

The decentralization of public services and the insufficient allocation of public funds for delivering such services at local level have had an impact on their quality and quantity. Because of budgetary constraints, local authorities have not managed to make large investments in the service infrastructure, to diversify the services provided or to improve their quality. This has had detrimental effects on the perceived quality of public services.

In the last years, citizens' expectations of public services have heightened, yet they have not always been confirmed, and that has lowered satisfaction with those services. Both general and sectoral reforms of public services have not

reached their expected outcomes, and this is reflected in the way the population perceives their quality. The quality of Romanian public services is assessed below the EU average. Greater differences are seen in the quality assessment of health services (5.9 in Romania, compared with an EU average of 6.7), child care services (5.9 in Romania, compared with an EU average of 6.7), long-term care services (5.5 in Romania, compared with an EU average of 6.2), social housing (5.0 in Romania, compared with an EU average of 5.6).

The expectation-disconfirmation/confirmation paradigm presented before considers that citizens' expectations of public services are influenced by their trust in public institutions. In Romania, the trust of people in public administration institutions is low: 4.1 mean of trust in government and 5.5 mean of trust in local public authorities. This is reflected also in the low score of the perceived quality of public services.

Education has undergone numerous reforms, with many and sometimes conflicting changes from one school year to another, which has influenced the perceived quality of these services. The reform is focused on the teaching career, the educational process, equity in education, educational management, technical and vocational education and training, early childhood education. Given the small budget earmarked for education, reforms have only been partially implemented. Investments in the educational infrastructure are the responsibility of local authorities, but they have been limited, due to budgetary constraints. The poor and only partial implementation of reform measures (Presidency 2018), and insufficient investment in the area have caused low satisfaction with these services.

Health is one of the sectors that have witnessed changes in the services delivered to the population. The decrease in the number of hospitals in small communities in 2009–2010, insufficient funds for medical tests and investigations, the shortage of certain medicines, and the small number of family doctors in rural areas have diminished the perceived quality of health services in the 2011 survey. Some of these issues persist, but, between 2011 and 2016, measures have been taken to address various systemic problems, such as: community health nurses offering primary and preventive healthcare services in rural communities, investments in medical equipment and in a modernized medical infrastructure in rural areas, the opportunity of reimbursing medical tests and investigations run by private clinics.

The reform of public transport services consisted mainly of investments in this field. The urban public transport infrastructure has improved, especially in county capitals, which benefited from dedicated funds under different European programs. This has influenced citizens' perceived quality of public transport. Nevertheless, the poor quality of inter-local road transport, of the railway transport, the frequency of transport, the capacity of transport means, and travel conditions are weaknesses that make Romanians rate the quality of these services as not very good.

As regards childcare and long-term care services, even if the real need for such services is not known at national level, studies conducted at county/ local level show that they don't manage to cover the existing needs at all (Stănculescu and Marin 2012; Stănculescu et al. 2013; Petrescu et al. 2017; Neagu and Petrescu 2016; Petrescu, Neagu, and Stănilă 2018). Whilst the situation of primary social services is better at national level, specialised services are mostly delivered in county capitals, meaning that access is quite difficult. Rural populations – be they children, senior citizens or people with disabilities – have an extremely poor access to these specialized social services, especially because of the rather big distance they have to travel from their home community to the locality where the service is being delivered. Home-based care services either are not evenly accessible in rural areas, with only a few non-governmental organisations providing such services in rural communities. The reform of social services consisted in introducing certain New Public Management elements, like the contracting out of services, the public – private partnership, performance standards, standard costs. This has allowed for financing the social services provided by non-governmental organizations, to cover some of the population's needs.

In Romania, access to public services is considered problematic due to the corruption that affects their delivery. Romania reports one of the highest levels of perceived corruption in public service delivery in the EU: 4.9 for general practitioner, family doctor or health services, 5.6 for hospital services, 5.6 for long-term care services, 5 for child care services, and 4.9 for educational services. Corruption and lack of transparency in public service delivery are some of the main causes for the low quality of public services, as perceived by citizens.

A detailed analysis of reforms and outcomes for each of the public sectors presented reveals the lack of vision at national level regarding the desired change. Cooperation is needed to deliver these public services, and the vision of integrated community-based services should guide central and local administration. Improving the quality of public services requires, besides vision, more funds for local authorities to allow them to improve service infrastructure and ensure the professionalisation of services.

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## Annex 1:

### Evaluation of public services quality in EU countries, 2016 (averages)

| Country               | Health services | Education system | Public transport | Childcare services | Long term care services | Social/municipal housing | State pension system |
|-----------------------|-----------------|------------------|------------------|--------------------|-------------------------|--------------------------|----------------------|
| <b>EU - 28</b>        | <b>6.7</b>      | <b>6.7</b>       | <b>6.6</b>       | <b>6.7</b>         | <b>6.2</b>              | <b>5.6</b>               | <b>5.0</b>           |
| <b>Romania</b>        | 5.9             | 6.2              | 6.5              | 5.9                | 5.5                     | 5.0                      | 4.7                  |
| <b>Austria</b>        | 8.0             | 7.4              | 7.6              | 7.7                | 7.5                     | 7.1                      | 6.1                  |
| <b>Belgium</b>        | 7.6             | 7.4              | 6.5              | 6.8                | 6.9                     | 6.2                      | 5.7                  |
| <b>Bulgaria</b>       | 5.7             | 5.8              | 6.0              | 6.2                | 4.4                     | 3.9                      | 3.3                  |
| <b>Cyprus</b>         | 5.1             | 5.9              | 5.7              | 6.4                | 5.3                     | 4.4                      | 4.9                  |
| <b>Czech Republic</b> | 6.8             | 6.8              | 6.7              | 7.0                | 6.1                     | 5.3                      | 4.6                  |
| <b>Germany</b>        | 7.3             | 7.0              | 7.2              | 7.3                | 6.9                     | 6.0                      | 5.3                  |
| <b>Denmark</b>        | 7.4             | 7.7              | 6.8              | 7.5                | 6.4                     | 6.9                      | 6.0                  |
| <b>Estonia</b>        | 6.1             | 7.0              | 7.1              | 7.2                | 5.8                     | 5.9                      | 4.4                  |
| <b>Greece</b>         | 4.6             | 5.7              | 6.0              | 5.5                | 4.4                     | 4.0                      | 2.6                  |
| <b>Spain</b>          | 7.2             | 6.6              | 6.9              | 6.6                | 6.4                     | 5.7                      | 5.3                  |
| <b>Finland</b>        | 7.6             | 8.3              | 7.0              | 7.9                | 6.8                     | 6.9                      | 7.0                  |
| <b>France</b>         | 7.4             | 6.7              | 6.8              | 6.5                | 6.9                     | 6.4                      | 5.6                  |
| <b>Croatia</b>        | 6.0             | 6.2              | 5.9              | 6.2                | 5.8                     | 5.0                      | 4.5                  |
| <b>Hungary</b>        | 5.8             | 6.3              | 6.8              | 7.1                | 6.3                     | 5.2                      | 4.5                  |
| <b>Ireland</b>        | 5.9             | 7.3              | 5.8              | 6.1                | 5.9                     | 5.0                      | 5.9                  |
| <b>Italy</b>          | 5.8             | 6.2              | 5.6              | 6.0                | 5.5                     | 4.9                      | 4.4                  |
| <b>Lithuania</b>      | 6.3             | 6.5              | 7.0              | 6.9                | 6.0                     | 4.9                      | 3.8                  |
| <b>Luxembourg</b>     | 7.9             | 7.1              | 7.8              | 7.7                | 7.7                     | 6.9                      | 7.9                  |
| <b>Latvia</b>         | 4.8             | 5.9              | 7.1              | 6.4                | 5.6                     | 5.2                      | 3.6                  |
| <b>Malta</b>          | 7.8             | 7.8              | 6.0              | 8.1                | 7.7                     | 7.0                      | 5.8                  |
| <b>Netherlands</b>    | 7.3             | 7.3              | 7.2              | 7.3                | 6.4                     | 6.3                      | 6.6                  |
| <b>Poland</b>         | 5.5             | 6.7              | 6.3              | 6.7                | 5.7                     | 4.7                      | 4.4                  |
| <b>Portugal</b>       | 6.4             | 6.5              | 5.8              | 6.2                | 5.0                     | 5.4                      | 4.2                  |

|                 |     |     |     |     |     |     |     |
|-----------------|-----|-----|-----|-----|-----|-----|-----|
| <b>Sweden</b>   | 7.3 | 7.0 | 7.0 | 7.7 | 6.1 | 6.1 | 5.5 |
| <b>Slovenia</b> | 6.0 | 6.6 | 6.4 | 7.2 | 6.6 | 5.4 | 3.8 |
| <b>Slovakia</b> | 5.6 | 6.0 | 6.3 | 6.4 | 5.4 | 5.2 | 3.6 |
| <b>UK</b>       | 6.9 | 7.0 | 6.7 | 6.3 | 5.7 | 5.4 | 5.5 |

Source: EQLS data base integrated trend 2003-2016, Eurofound 2018.

Q58. In general, how would you rate the quality of each of the following public services in Romania? Please tell me on a scale of one to 10, where one means very poor quality and 10 means very high quality. a. Health services, b. Education system, c. Public transport, d. Childcare services, e. Long term care services, f. Social/municipal housing, g. State pension system.

Note: dark grey – lowest values; light grey – highest values.

**S**erviciile publice reprezintă o dimensiune importantă a calității societății, deoarece crează condițiile pentru ca cetățenii să își îmbunătățească calitatea vieții. Reforma administrației publice din România a presupus o transformare instituțională constantă care a influențat atât caracteristicile, cât și calitatea serviciilor publice. Articolul de față își propune să analizeze evoluția calității percepute a serviciilor publice în România, într-o perspectivă europeană comparativă, utilizând datele Sondajului European privind Calitatea Vieții (2003–2016). Articolul își propune să analizeze satisfacția scăzută cu serviciile publice din România în contextul măsurilor de reformă a serviciilor publice luate de guvern în această perioadă. Articolul descrie contextul administrației publice românești și al reformei serviciilor publice, cele mai importante măsuri de politici publice adoptate și cele mai importante provocări din acest domeniu. Lipsa viziunii în reforma serviciilor publice, introducerea parțială a elementelor de reformă, schimbările permanente și uneori conflictuale sunt probleme care ar fi putut influența modul în care populația percepe calitatea serviciilor publice. Procesul de descentralizare a serviciilor publice și alocarea insuficientă a fondurilor publice pentru furnizarea acestor servicii la nivel local pot avea un impact asupra calității și cantității percepute de populație.

**Cuvinte-cheie:** servicii publice; reforma administrației publice; satisfacția cetățenilor; noul management public; noul weberianism.

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