THE ROLE OF PRIMARY HEALTHCARE IN ENHANCING MEDICAL SERVICES MANAGEMENT PERFORMANCE WITHIN THE MINISTRY OF INTERNAL AFFAIRS (MAI) UNITS

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Abstract: *The research entitled "The Role of Primary Healthcare in Enhancing Medical Services Management Performance within the Ministry of Internal Affairs (MAI) Units" analyzes the strategic importance of primary medicine as a fundamental pillar in optimizing human and organizational resources. Based on the premise that an efficient healthcare system requires an integrated approach between management and medicine, the study evaluates how primary healthcare directly contributes to increasing the quality of the medical act and patient satisfaction within the specific structures of the MAI. The general objective of the paper aims to evaluate the multidimensional impact of primary medical services on personnel health, operational efficiency, and the reduction of costs associated with long-term care. The research methodology combines a rigorous literature review with a quantitative approach based on the administration of a survey. This method aims to collect essential data regarding service accessibility, medical staff competence, and the degree of decisional transparency at the institutional level. The central hypothesis suggests that effective human resource management—focused on recruitment, continuous training, and the retention of qualified personnel—constitutes the primary engine for increasing the performance of medical services. Preliminary results highlight that the MAI internal medical units play a crucial role, not only by providing basic consultations but also by constantly monitoring the health status of the personnel, which is vital for the safe fulfillment of operational missions. In conclusion, the paper emphasizes that sustained investment in human capital and the development of interdepartmental communication protocols are essential for ensuring the sustainability of the internal medical system. Optimizing the collaborative relationship between medical staff and other operational structures of the MAI remains a priority direction for increasing competitiveness and the management performance of healthcare services.*

Keywords: *primary healthcare, performance management, human resources, MAI, healthcare.*
JEL Classification*: P46, J24, M10.*

1. Introduction

1.1 Research Significance and Current Context

The healthcare system represents a fundamental pillar of social structure, its success depending directly on the symbiosis between the medical act itself and rigorous management of specialized services. The present research is grounded in the premise that optimizing healthcare performance requires an interdisciplinary approach at the intersection of medicine and management. Its central objectives include staff motivation, resource efficiency, and, ultimately, the enhancement of patient satisfaction (Mintzberg, 2017).

Quality management within healthcare facilities is not limited to activity supervision; rather, it involves a continuous process of planning and methodological guidance. In this context, human resources are identified as the vital element. The professionalism of the system is guaranteed by staffing executive positions with specialized personnel capable of ensuring a high level of competence (Popa, 2005).

The paramount role of human resources in increasing the competitiveness of healthcare services in Romania is highlighted through four essential pillars:

Professional Capabilities: Continuous investment in ongoing training ensures evidence-based medical assistance updated to international standards (Institute of Medicine, 2003).

Communication and Ethics: The provider-patient trust relationship, supported by soft skills and solid ethical principles, is definitive for the perceived quality of the medical act (Gavrilovici, 2012).

Research and Innovation: The active involvement of staff in scientific experimentation leads to the development of safer and more efficient protocols (Păun, 2013).

Strategic Management: Effective administration—ranging from selection and recruitment to performance evaluation and career management—generates a motivated and effective workforce (Crăciun, 2015).

Although the Romanian medical system faces major obstacles related to infrastructure and financing, the strategic development of human capital represents the primary opportunity to transform current challenges into competitive and accessible healthcare services.

2. Theoretical foundation of medical assistance within MAI units

2.1 Conceptual and Specific Approaches to Primary Care

Primary healthcare within the Ministry of Internal Affairs (MAI) is governed by patient-centered theoretical models that prioritize the specific needs of military and civilian personnel (police, firefighters, gendarmerie). This model emphasizes an empathetic doctor-patient relationship and service accessibility, which are vital for maintaining the operational capacity of the forces.

Quality management represents the central pillar of these services, aiming for continuous improvement through standard monitoring and the implementation of preventive measures. Within MAI units, primary medical assistance transcends basic consultations, encompassing:

Emergency Intervention: Management of critical situations and rapid field response.

Prevention: Health education programs and the promotion of a healthy lifestyle.

Operational Support: Pre-mission evaluations and medical support during specific missions.

2.2 Structures, Resources, and Institutional Collaborations

The Romanian healthcare system has evolved from an integrated state model toward a contract-based insurance model (Bara, 2002). Within this landscape, the internal medical units of the MAI constitute the "backbone" of assistance for its own personnel, organized into:

Medical Clinics: For primary consultations and routine treatments.

First Aid and Recovery Rooms: Designated for emergencies and post-intervention monitoring.

Laboratories and Imaging: Equipped with modern technology (ultrasound, X-ray machines, AEDs) for rapid diagnosis.

As medical needs may exceed internal capacity, the MAI strategically collaborates with public and private hospitals for complex surgical interventions and advanced investigations (CT/MRI).

2.3 Organizational Culture in the MAI Medical System

Organizational culture represents the set of values, norms, and behaviors that define how the medical act is performed (Chiriță, 2015). Within MAI units, this culture is marked by professionalism, ethics, and a clear hierarchy, as well as a strong orientation toward accountability and transparency (Bordeianu, 2018). This ensures not only the efficiency of services but also the maintenance of employee trust in their own healthcare system.

2.4 Organizational Framework

While in the public system the responsibility for primary care falls to independent family physicians (Andrei, 2011), coordination within the MAI is centralized. The Medical Directorate is the central unit that elaborates the ministry's health strategy.

The primary duties of the Medical Directorate include:

Strategic Coordination: Applying Government and Ministry of Health policies adapted to the specificities of the MAI.

Medico-Military Expertise: Coordinating expertise commissions (e.g., "Gerota" and "Avram Iancu" Hospitals) to evaluate medical fitness and disability degrees.

Resource Management: Selection, management, and continuous training of medical personnel.

Epidemiological Surveillance: Monitoring infectious disease outbreaks and sanitary inspection across all ministry units.

Mission Preparedness: Ensuring medical stockpiles and assistance during mobilization or special situations.

3. Research methodology

To evaluate the impact of primary medical assistance on the optimization of health service management within the Ministry of Internal Affairs (MAI) units, this paper adopts a mixed methodology, structured along the following fundamental coordinates:

3.1. Theoretical Documentation and Literature Review

The first stage of the scientific endeavor consists of a critical analysis of the specialized literature. This component aims to identify the current state of knowledge in the field of healthcare management and to locate theoretical or practical gaps regarding medical systems under special regimes. This foundation allows for the establishment of a solid conceptual framework for the subsequent interpretation of data.

3.2. Research Instrument: The Questionnaire

The central pillar of the applied research is represented by the use of a questionnaire, an instrument chosen for its ability to collect quantifiable data from a representative sample. To ensure scientific rigor, its construction complies with the following performance criteria (Frațilă and Duică, 2014):

Validity and Reliability: Questions are formulated to precisely measure the targeted management and performance indicators.

Objectivity and Clarity: The language used is accessible, eliminating ambiguities to guarantee the coherence of responses.

Professional Deontology: The research guarantees the full anonymity of respondents and the confidentiality of the information provided, respecting ethical standards of data collection.

Logical Structure: The questionnaire is organized in an intuitive format and was subjected to a preliminary testing phase to eliminate design errors.

4. Case study: the role of primary medical assistance in MAI units

4.1 Description and Objectives of Applied Research

The present case study investigates the mechanisms through which primary medical assistance directly influences the performance and competitiveness of health services within the Ministry of Internal Affairs. The research was built on a solid theoretical foundation

resulting from the analysis of specialized literature (foundational works, scientific articles, and administrative publications), which highlighted the paramount importance of human capital in medical systems under special regimes.

The primary objective was to evaluate how human resource management and the quality of the primary medical act contribute to organizational efficiency, starting from structural principles such as beneficiary orientation, staff specialization, and multidisciplinary adaptability (Popescu, 2004).

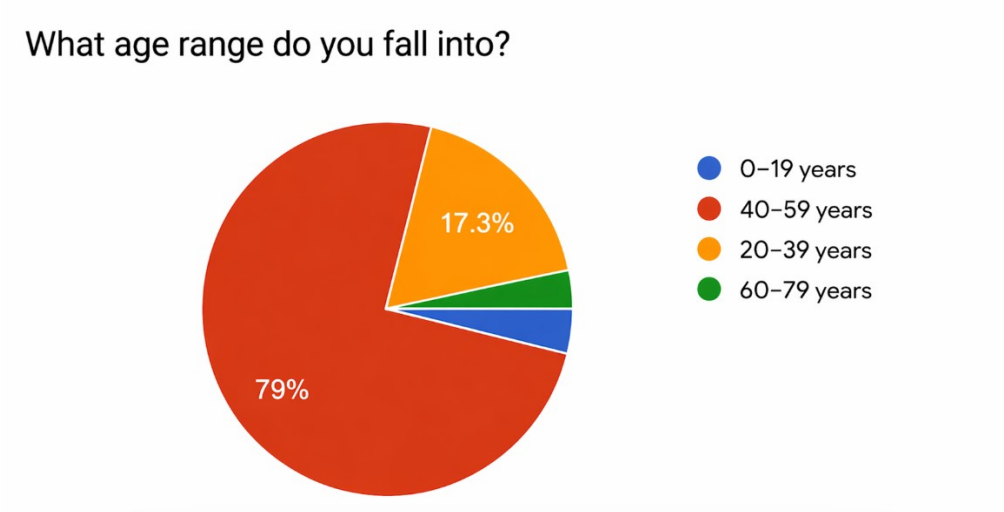
Interpretation of Results:

The extracted conclusions were correlated with the previously established theoretical framework, providing an integrated perspective on the strategic role that human resources hold in increasing the competitiveness of medical services.

5. Results and discussions: analyzing the impact of medical assistance on MAI management

5.1. Demographic Radiography: Experience as a Central Pillar and the Succession Challenge

The analysis of the respondent profile highlights a fundamental trait of the current Ministry of Internal Affairs (MAI) system: the predominance of mature specialists. The fact that most participants are aged between 40 and 59 underscores a reality rooted in stability and accumulated expertise. This distribution indicates a medical corps with high professional resilience, trained within a rigorous system, but currently facing the necessity of adapting to new technologies and modern protocols.



From a human resource management perspective, this demographic indicates a high potential for mentorship. However, correlating these data with marital status (where a significant portion carries family responsibilities), we observe a resource that deeply values job stability.

Key Management Challenge: The primary concern is not immediate external migration (typical of younger cohorts), but succession planning. Within the next 5–10 years, a massive portion of this personnel will exit the system, creating a competency void unless knowledge transfer strategies are implemented immediately.

The balance between urban (49.4%) and rural (50.6%) backgrounds is a positive indicator of territorial coverage, suggesting that these mature professionals are well-integrated into their communities. MAI management must capitalize on this loyalty by offering incentives to maintain their activity and transform rural clinics into local centers of excellence.

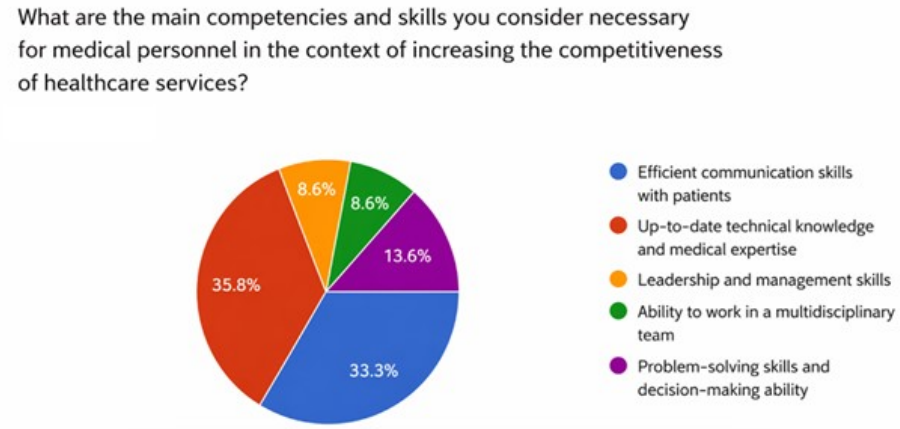
5.2. Professional Competence and the Imperative of Systemic Collaboration

While 61.7% of respondents evaluate staff training as "excellent," this confidence must be nuanced by identified development needs. The study emphasizes that the vast clinical experience of the 40–59 age group must be coupled with an openness toward the digitalization of services.

Respondents identified updating technical knowledge (35.5%) and patient communication skills (33.3%) as vital competencies. This suggests that medical management should facilitate training courses that address:

Technical Proficiency: Integration of information systems.

Emotional Intelligence: Managing occupational stress, as mature staff are best positioned to handle the complex human relationships inherent in police and gendarmerie medical care.



Furthermore, the importance placed on collaboration with government authorities (76.5%) demonstrates that local management success is perceived as dependent on a centralized vision. Mature human resources tend to value structure and coherent public policies, demanding a system that supports their efforts through constant logistical investment rather than mere administrative regulation.

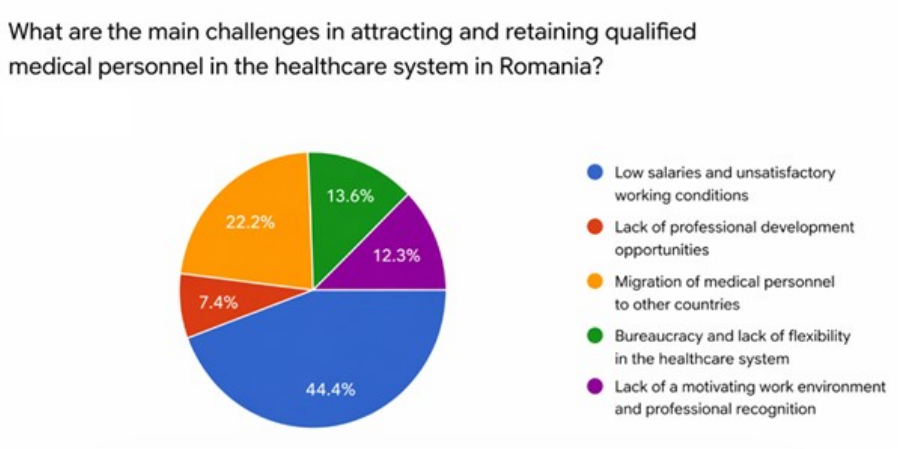
5.3. Stress Factors and Determinants of Managerial Performance

This critical section reveals structural bottlenecks hindering competitiveness. The system faces a significant deadlock: poor salaries and working conditions were identified by 44.4% of participants as primary challenges. For an age group with established financial and family obligations, these shortcomings can lead to chronic demotivation.

For a healthcare manager, these data serve as an alarm for two reasons:

System Migration (22.2%): Even at a mature age, professionals may opt for the private sector if workplace pressure outweighs benefits.

Bureaucracy (13.6%): Experienced staff most acutely feel the time "lost" to administrative tasks at the expense of the medical act, decreasing the perceived quality of service.



To improve performance, respondents requested investments in training (33.3%) and a merit-based recognition system (16%), indicating a desire to be evaluated on performance rather than just seniority.

5.4. The Satisfaction Paradox and Organizational Resilience

The analysis of service quality (47.5% very satisfied) versus leadership support (only 25.9% very satisfied) reveals a harsh reality: the quality of MAI services is sustained by the "duty ethics" of its mature staff. These professionals demonstrate high professionalism "in spite of the system."

Over 72% of respondents view their role as "critical," showing deep institutional commitment. However, management cannot rely on this resilience indefinitely. The perceived lack of managerial support (nearly 27% dissatisfaction) among experienced personnel can lead to organizational weariness, indirectly affecting the morale of the entire collective and the absorption rate of young physicians.

6. Conclusions and Strategic Directions for Optimization

To transform these results into real performance growth, MAI medical management must act on three axes:

Motivational Axis: Review benefits to recognize expertise and provide access to modern technologies that simplify, rather than complicate, their work.

Operational Axis: Drastically reduce bureaucracy through the digitalization of procedures. Mature staff require tools that automate reporting to maximize time for consultations.

Succession Axis: Implement paid mentorship programs where physicians in the 40–59 age group receive incentives to train residents and new hires.

Prioritizing Human Capital through Retention Policies: Attracting and maintaining qualified personnel goes beyond salary. It is imperative to create a work environment offering stability, professional recognition, and work-life balance to halt specialist emigration.

The competitiveness of the MAI system directly depends on the quality of dialogue with governmental authorities and academic institutions. Strategic partnerships for continuous training and a flexible legislative framework are sine qua non conditions for sustainable reform. In conclusion, primary healthcare in the MAI relies on an experienced and stable resource that requires logistical support to exercise their profession at elite standards.

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