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**PARTICULARITIES OF HUMAN RESOURCES
MANAGEMENT IN MONO-SPECIALTY PUBLIC HEALTH
ORGANIZATIONS**

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Abstract:

Human resources management in the health sector is subject to many challenges caused by the same type of problems faced by other health systems around the world: lack of staff motivation, inefficient use, low productivity, inadequate training and, last but not least, its poor geographical distribution within the health system, from overcrowded areas of medical staff such as university clinics to the lack of medical services in some areas, in particular rural.

Key words: public health, management, human resources, hospital, mono-specialty

1. Introduction

Health organizations are confronted with many issues that affect organizational culture, such as loss of former physician status and loss of medical staff image, the decline of morals and motivation, the decline of altruism and enthusiasm. In addition, we can mention the insufficiency of medical staff in some sectors and fields due to the abandonment of jobs and the refusal of young specialists to engage in these sectors, the lack in organizations of an accepted system of values known to all employees, etc.

Human resources management at the level of health organizations is carried out in a socio-economic sector with unique characteristics. The workforce is large, diverse and includes specific professions that are often represented by professional associations or very strong trade unions. Being a crucial component for organizational success, human resources are one of the most important and expensive resources in the sector. As such, the human health management challenges are lack of staff motivation, inefficient use, low productivity, inadequate staff training, and inadequate distribution of employees both within the organization and within the health care system.

Other goals of human resource management are organizing, procuring human resources, adapting to human resource requirements, empowering employees, and creating and maintaining relationships between the employer and employees. The organization aims to create an optimal organizational structure. To do this, it is necessary to procure human resources through recruitment and selection procedures, adapting to human resources requirements by training and developing employees. Their optimal valorization will be achieved by creating and strengthening motivation, by providing material and non-material rewards, through performance management, but also by creating and maintaining correct relationships between the employer and the employees.

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2. Structural features in the field of human resources

Even though, in the past, it has been ignored, the importance of human resource management is today unanimously recognized in terms of the increased or poor performance of health organizations. In the medical sector, reforms have mainly focused on cost control, through structural changes, on the introduction and development of market mechanisms and on increasing patient satisfaction.

As a result of research in the field and exploitation of experience in other sectors, it has been recognized in recent years that the promotion of a new and progressive human resource management is the solution to improve performance in the health care system. A basic element in delivering high-quality health services that fully meets patients' expectations is a well-trained and motivated workforce. Methods of human resource management used in health can be a stimulating factor or a braking factor in achieving the organization's goals (Frâncu, 2013).

At the level of medical units, improving human resource management requires the development of effective strategies. These must start from the selection of recruitment and selection methods for the staff needed by the organization on the foreign market, to maintaining existing staff in the organization and continually improving it.

At the level of the organization active in the health sector, the human resources department is in charge of conducting activities related to human resource management. In addition to specific activities, this department has the role of counseling for organization management or for other departments that use human resources. The Human Resources Department, also known as the Personnel Department, is, in most cases, the most knowledgeable of the organization's staff and is best placed to provide precious advice on the organization's human resource (Popa, 2018).

Within the health organization, the Personnel Department deals with three major issues (Suport de curs, 2013):

1) Personnel management, an occasion to deal with the management of personnel related documents (individual work contracts, service contracts, creation of personnel files, etc.), records of staff activities (timing, employee leaves, employee certificates) and calculation and possibly wage allocation, in direct cooperation with the finance and accounting department;

2) It has the role of strategic partner for the other departments, the human resources department being the main organizer of organizational performance. Human resources department activities include designing and analyzing posts, developing the organization's benefits and rewards system, evaluating positions and establishing the payroll system, assessing staff performance, organizing recruitment and staff selection, evaluating and improving working conditions, and last but not least, the organization of employee training.

3) It is, at the organization level, an agent of change, also involved in organizational development, planning how to achieve it.

Human resource management is, at the level of the organization active in the health sector, a basic condition for increasing the performance of this organization, whether it is from the public health sector or the private medical sector. In this context, improving human resource management at the level of a medical unit operating in secondary care requires the development of effective strategies, as in any organization (Dodu, Raboca, Tripon, 2017, pp. 8-9). These strategies start with the selection of recruitment and selection methods for the necessary staff on the foreign market. At the same time, it is constantly under consideration the maintenance in the organization of the existing staff and its continuous improvement. The human resources management in health organizations aims

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to improve the quality of services provided to patients and, implicitly, to increase their satisfaction.

The most important resource within an organization is the human resource. Therefore, it is regarded as an essential component for the success of medical organizations. At the same time, it is also important for the good functioning of the health system as a whole, although the importance of human resource management, relative to the performance of health organizations, has often been ignored (Burlea Schiopoiu, Idowu, 2016). Reforms at the level of health organizations focused primarily on structural change, on the introduction and development of market mechanisms, on cost control and on increasing patient satisfaction.

Human resources management, at the level of health organizations, takes place in a socioeconomic sector with unique characteristics. The workforce is large, diverse and includes specific professions that are often represented by professional associations or very strong trade unions. Being a crucial component for organizational success, human resources are one of the most important and expensive resources in the sector. As such, the human resource management challenges of health are the lack of staff motivation, inefficient use, low productivity, inadequate training of staff and unfair distribution of employees, both within the organization and within the health care system (Tematica, 2011, pp. 15-16).

The health organizations include medical staff, health care staff and technical, economic and socio-administrative (TESA) staff. Medical staff consists of doctors and nurses. Health professionals with university education include biologists, chemists, psychologists, pharmacists and other highly trained specialists working in the health field. The medical personnel with secondary education consists of laboratory technicians, medical technicians and other specialists, and the auxiliary staff consists of groomers, nurses, caregivers and other personnel who ensure the cleanliness and preservation of the hygiene of the medical units, the preparation of the necessary materials for the activity, etc.

Planning human resources is one of the most important activities for human resource management. Sufficient staffing with appropriate training at the right time and place is vital to the organization's success. In organizing the organization's goals, it is also necessary to determine what human resources are needed to achieve the objectives, as there are complex interactions between the organizational strategic decision-making process and the human resource planning process (Burlea Schiopoiu, Remme, 2017).

At the level of state health units, the estimation of the number of human resources at the hospital level is made on the basis of the Order of the Minister of Health no. 1224/2010. By applying this normative act at the level of each institution will result a state of functions which contains a fixed number of posts.

Normalization of staff positions is done on the basis of approved standardization criteria in the workplace: sections, compartments, laboratories, medical offices, etc. Normalization is performed at the RUNOS Department of the hospital. The number of beds, the size of the buildings, the number of rooms, the personal number serving the table and the total number of the state of functions shall be taken into account in the norm.

The medical staff is normalized according to the number of beds, for example, at 15 beds one doctor, at 12 beds one nurse, etc. The cleaning staff is normalized according to the area in square meters, for example a cleaning caretaker at 275 square meters. Workers are normalized according to the number of rooms, strategic points, e.g. oxygen station, heating station, telephone exchange, etc. TESA personnel are normalized according to the number of beds approved in the organizational structure of the hospital.

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The number of posts, determined according to the staff regulations, is mandatory at minimum, the hospital's authorizing officer being obliged to fill in the staff costs approved in the income and expenditure budget.

To complement a professional resource management and planning system, some organizations are trying to use proprietary solutions. Most of the time, these solutions fail to meet all the requirements and needs imposed by the Human Resources Department. The alternatives are either the deployment of an Enterprise Resource Planning (ERP) platform or the total or partial outsourcing of human resources to specialized organizations that also use ERP systems.

Implementing an ERP system may be beneficial, as HR professionals are exploiting the full potential of this investment. ERP solutions manage to facilitate data collection, administration, processing and interpretation by generating data, reports, organizational charts, graphs and graphs, statistical and comparative data. Efficient use of an ERP system can reduce the risk of collecting an erroneous data and improve communication within the organization by streamlining the flow of information in a double sense (from the Human Resources Department to employees and vice versa but also within the organization, between departments that use staff information).

The most modern applications of this kind have online access facilities and data security options that allow data entry by employees and their controlled access to other interested departments (for example, the correspondence between the Human Resources and Financial- accountant). Due to cumbersome legal data and procedures, collecting erroneous data can perpetuate, generating an unnecessary additional cost chain for the organization - continuing to grant financial rewards to employees who have ceased working relationships (Iercan, 2017, p. 2).

3. Organizational culture in health institutions

Organizational culture is one of the fields recently emerging in the study of socio-human sciences. At the confluence of ever-ascending disciplines such as psychology, sociology, anthropology, management, organizational culture becomes a subject of study that opens new horizons of inter-disciplinary research (Globa, Galbur, 2015).

All organizations working in the field of health aim to improve the health of the population by providing quality medical services. One can speak of the existence of three forces that influence the quality of work and determine its results, namely organizational culture, leadership and power (Dygert, 2006, p. 21).

For this reason, organizational culture becomes a very important factor in the management of health organizations. These, although characterized by a wide variety of personnel, structure, process, and intensity, share some common features (Ganescu, 2011, p. 17):

- Provides services that respond to multidimensional human needs. The provision of these services is ethical and moral, and the benefits are difficult to measure in monetary units;
- The beneficiary is not always able to characterize his need. There is an informational asymmetry between the doctor and the patient, the doctor being, as a rule, in an advantageous position towards the patient, through the informational level he holds. This makes the health services market uncompetitive;
- The impact of services on patient or community health is difficult to measure and, for ethical reasons, nobody can be deprived of access to health services, depending on their own needs. Health is a public good, characterized by non-rivalry and non-exclusion, and the social insurance system has, as fundamental principles, universal coverage and equity;

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- The vast majority are run by doctors, who have become managers as well. There is, therefore, an ethical conflict, physician - manager, fueled by the fact that the doctor is educated to choose what is best for the patient (to act effectively) and the manager strives to impose the efficient use of resources. Increasing fiscal accountability deepens medical-manager conflict;

- Physicians have a high degree of professional autonomy, and medical practice can be difficult to meet standards. Attempts to standardize medical practice, through practice guides, are recommended and not generally applicable. To these factors, it is added that every patient is a case and there is no "best solution", making it both a fault and a great success;

- Staff policy is characterized by a low degree of flexibility, and the current legislation offers little leverage to motivate staff;

- Health is a resource-intensive domain (all healthcare systems are marked by a sharp increase in costs that is not accompanied by improved performance) and profitable in the long run (the effects of decisions do not occur immediately).

In general terms, the responsibilities of health organizations are to ensure the development of an optimal physician-patient relationship (patient to receive optimal medical care), to help staff apply the most appropriate knowledge and the most developed technique to care for the quality of the patient and to establish managerial structures to ensure both the patient and the physician that the treatment provided is the most effective and appropriate to the patient and that he respects his / her fundamental rights.

The physician is legally responsible for the diagnosis and treatment of patients, and the manager must ensure the organizational structure and technical endowment necessary for the patient's optimal care and maintain an atmosphere in which the physician feels involved, respected and stimulated to collaborate. In this context, the knowledge of organizational culture is an asset for the manager, giving him the opportunity to use the organization's human resources to their full potential, to stimulate the participation and involvement of medical staff in the organization's mission (Burlea Schiopoiu, Nastase and Dobrea, 2013).

Identifying and evaluating the culture of a public health care organization, including hospital care, is essential to raising the quality standard of the services provided. For describing culture at the level of health organizations, researchers Badescu, Mirci, Bögre have identified seven characteristics. Thus, individual autonomy is defined by the degree of responsibility, independence and facilities offered to individuals' initiatives in an organization. The structure derives from the number of rules and norms used to control and evaluate employees. Support is highlighted by the degree of assistance and facilities provided by subordinate managers. Identification is the result of the degree to which employees identify themselves with their organization or their professional background.

As such, the way the rewards are granted individualizes performance rewards. The degree, to which conflicts between people and workgroups are tolerated, as well as the ability to be honest and open to the misunderstandings, defines tolerance of conflicts. This is different from tolerance of risk, which is influenced by the degree to which employees are encouraged to be aggressive in the good sense of the word, inventive and looking for risk (Burlea-Schiopoiu, Mahon, 2013).

Although in general the medical staff is under-dimensioned, the number of consultations carried out on both the guard and ambulatory services is high, due to the large reach ability of the population to the services provided by the state hospitals. By analyzing labor force factors, it was found that, due to the migration of upper and middle health professionals to other Western European countries where their professions are better

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paid and working conditions are higher, the number of people participating in competitions for vacant positions is becoming smaller.

There have also been situations in which no candidate has appeared for job vacancies due to unattractive salaries and relatively poor working conditions. And this, given that the increases granted by the unit under study are superior to other units in the public health sector. Currently, there is a significant shortage of qualified medical staff, which increases from one year to the next.

A rigorous management of human resources implies effectiveness in the following management activities (Cornescu et al., 2003, pp. 212-235):

- Staff management, recruitment, selection, post-induction, induction and socialization, mentoring, internal promotion, organizational exit management, performance management, including performance appraisal, consistent feedback on whether or not personal goals are attained, team or organization, rewards and benefits;

- Organizational management, regarding the definition of posts, organization chart, accountability areas, training of teams or work groups and training of employees;

- Communication management, involving employee involvement in decision-making activities, development of ascending and descending communication, maintaining procedural correctness and organizational ethics.

All these activities can be successfully accomplished if the management team is able to (Frâncu, 2013):

- identify the extent to which the organizational objectives are met by each employee;

- understand and identify the internal driving forces of the employees (volitive, affective, motivational) and their social conditioning that are involved in the activities necessary for the achievement of the objectives;

- identify the necessary knowledge, abilities, skills needed by staff to achieve the objectives and to establish the set of measures to optimize them;

- know how to put the organization's staff at the service and to take measures to reduce those behaviors that are inconsistent with the organization's goals.

4. Applying human resources management at the level of mono-specialty public hospitals

The division of labor in the hospital implies a stratified system of functions and roles, in line with the professional qualification of the personnel and the activities performed. This system has, in general terms, the following structure (Mateescu, 2013, pp. 3-4):

- The medical team;

- The auxiliary team, with direct care and medical supervision functions (nurses, qualified therapists), paramedical staff (personnel serving laboratories or handling equipment);

- The administrative team, made up of people who perform tasks related to the management or administration of resources or goods.

The team term reveals the dynamics of a hospital's activity, group action. The medical act is carried out under the authority of the doctor, but this authority may be influenced by the professional experience, which is a form of collegiate control exercised by the medical staff within the hospital.

Collective oversight does not consist of formal evaluation activities, but from a series of attitudes and appreciations to the physician's competence, to the physician's ability to diagnose as accurately as possible from the first contact with the patient, to

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establish a correct treatment. In the case of patient care staff, peer review is the ability to act as quickly and accurately as possible by avoiding errors.

This system suggests a dual professional authority (formal and informal), which improves the medical act. From our point of view, mutual evaluation among physicians is auspicious. To meet these challenges and to better respond to healthcare requirements, some strategies have been proposed to improve human resource management, including developing the management infrastructure, providing information and conducting research in the field of human resources, as well as better training of healthcare managers.

According to the directions of the World Health Organization's "Stop TB Strategy", The National Strategic Plan for the Control of Tuberculosis 2014-2020 aims to eradicate the disease in Romania in the 2050 horizon, with important milestones, aiming to reduce the prevalence and mortality of TB by 50% by 2020 and maintain adequate detection rates (70%), notification and therapeutic success %) for incidents of pulmonary TB positive microscopic (Strategia, 2014, Anexa 1).

Tuberculosis is a major public health problem, given the high burden of the disease, including severe forms (TB MDR/XDR). In the same line, the commitments related to the control of treatment-resistant forms (TB MDR/XDR) in the medium term, which are included in the National Plan for Prevention and Management of Multidrug-resistant Tuberculosis in Romania, with the 2020 horizon (Strategia, 2014, Anexa 1).

Improving the programmatic and intervention management capacity for the prevention and control of tuberculosis, especially TB MDR/XDR forms, will be achieved by increasing human resources capacity to manage TB/TB MDR cases through continuous training of staff in the services, including family doctors and nurses.

In order to improve the continuous improvement of the human resources management at the level of the PNF hospitals, the following objectives are to be achieved (Strategia, 2014, Anexa 1):

1. Recruiting and selecting well-trained staff from a professional point of view;
2. Compliance with the personnel norms, according to the provisions of the Order of the Minister of Health no. 1224/2010, mentioning the number of beds, in relation to the number of staff.
3. Ensuring the stability of highly skilled employees by awarding prizes and incentives in accordance with the legal framework;
4. Follow-up of continuing professional training of hired personnel;
5. Participation in scientific events and continuous training courses for medical staff with higher education;
6. The pursuit of obtaining very good hospital indicators, so that an advantageous contract with the County Health Insurance House can be concluded, this directly influencing the fund allocated to the personnel expenses. If the total value of the contract is high, then the fund, allocated to staff costs, is implicitly higher;
7. Performing periodic training according to a pre-established calendar at the beginning of the year, focusing on hygiene and epidemiology issues, prevention of nosocomial infections, measures for the care of the patient, in general, and the tuberculosis patient in particular.

The sustainability of human resources in health will be ensured through retention policies, aimed at providing financial incentives and improving the career prospects of healthcare professionals. Additionally, incentives are needed for those working in disadvantaged or underdeveloped areas, and staff training capabilities will have to be appropriate to the needs of health system specialists.

In this respect, within the National Health Strategy 2014-2020, the following strategic directions of action/measures were identified as imperative:

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a. Developing the strategic and normative framework for the optimization of human health resources both in the area of clinical and public health services

- The analysis of the situation of the health personnel (existing, deficit, needs in territorial and personnel profiles, etc.) and the definition of a strategy or plan for the development of human resources in health, elaborated in collaboration with professional associations, trade union structures, institutions involved in initial and / or ongoing training, ministries or other relevant structures;

- Identify and implement - including involving local authorities - sustainable strategies for attracting and retaining physicians and nurses in the Romanian health system, especially in deficient areas and specialties, such as:

- Organizing the residency exam, post, supported by local community facilities;
- Providing facilities for the opening of doctors' offices, specialized ambulatory and family physicians at the opening of multifunctional centers, including the reduction of fees at an acceptable level and through co-financing of utilities;

- Ensuring additional motivating conditions for the opening of medical practices in disadvantaged areas;

- Human resources policy to ensure employment, retention, and career development of staff within public health institutions, including for graduates of public health and health management, and other specialists;

- Developing unitary criteria on standardization, quality, endowment, evaluation and monitoring of staffing, continuous training / qualification of technical staff and decision makers, use of IT tools and information technology, as well as an improved regulatory framework;

- Revision of the pay system towards flexibility and stimulation of performance and competitiveness by remunerating health professionals (doctors, nurses and midwives), depending on the volume and quality of the services provided;

b. Ensure the formation of an adequate number of staff - predominantly for poor clinical and public health specialties - to cover staff needs in priority health areas;

- Reforming residential training programs in admission, training and obtaining specialist qualifications, obtaining complementary education certificates for adult specialists and pediatricians;

- Introducing new specializations or qualifications into the basic training of nurses as needed.

5. Conclusions

The importance of human resource management is today unanimously recognized in terms of increased or low performance of health organizations. In the medical sector, reforms mainly focused on cost control, through structural changes, on the introduction and development of market mechanisms and on increasing patient satisfaction. The main purpose of human resources management is to achieve the general purpose of the organization through people, the human resources planning process consisting in the evaluation of the current personnel, the accurate forecasting of the personnel needs as well as the achievement of staffing plans or layoffs.

As a result of research in the field and the exploitation of experience in other sectors, it has been recognized in recent years that the promotion of a new and progressive human resource management is the solution to improve performance in the healthcare system. A basic element for the provision of good quality health services that responds fully to patient expectations is a well-trained and motivated workforce.

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