

# The Romanian Nurses' Professional Group Evolution – A Model of Analysis for the Professionalization Process

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Romanian nurses' professionalization process started after 1990 under the pressure of adopting the European and international professional standards. The historical development of nursing in Romania points out the change in roles and practices, in the forms of education, in organisation and legal framework on the background of the public health system reformation. The study aims to identify the current status of the Romanian nursing professionalization process by applying 30 semi-structured interviews and participant observation to nurses and relevant health professionals. The data collected was analysed according to the five dimensions professional group evolution model from two perspectives, diachronic and synchronic. The research focused on determining the degree of internal cohesion of the nurses professional group and the factors that contribute to its strengthening or weakening and outlined the professional habitus, the capital accumulation mechanisms, the professional vision, the forms of domination, the strategies and system of relations.

**Keywords:** Romanian nurses' professionalization, five dimensions evolution model, cycle of change, professional habitus, forms of capital, power strategies

## **Romanian nurses professional group historical background**

In Romania, nurses are the largest professional group in the health field, there are more than 120,000 members nationwide, divided into 41 departments, with a population of 19 million inhabitants.

Health care have been historically organized according to two directions: first, the legacy of charitable and religious institutions, second the scientific establishments - modern hospitals under medical governance. The progressive meeting of these two worlds has not yet led to the creation of an integrated care. Besides the need for recognition, nurses experience the need for professional congruence and efficiency, for a long time, especially as the external perception is often that the nursing profession is inferior and thus inconsistent with the term "profession" (Acker 1991).

The hospital institution was founded in the Middle Ages in Transylvania, when the first hospitals were set up inside monasteries to treat old monks and later, old, sick and poor laymen. Care was offered by the staff of the monasteries, the nuns or monks. According to historical records available the first hospital founded in the Romanian countries was set up in the region of Sibiu around 1292 (Bologa 1972). The first pharmacies are dated in the same period (Popovici 2010).

In the nineteenth century, general health care went through a new stage, that of secularization driven by the economic, technical and social progress. Nurses went beyond the exclusively religious patronage and the labelling of charity services. Nurses training schools began to invest in the definition and delimitation of their professional field.

The first modern hospital was built in 1704 in Bucharest under the auspices of a private foundation. Until the early twentieth century, many other hospitals, asylum medical centres, medicine universities and nursing schools were founded in the larger cities. The access of the population to medical services was still very limited, especially in villages and poor neighbourhoods (Scurtu 2008:227).

During the communist period, from 1948 to 1989, the health system underwent a considerable transformation under the influence of the Soviet model “Semashko”, a system adopted by the countries of Eastern Europe, which focused on universal access to health care. Health services were highly centralized and made available to the public for free, financially fed only from the state budget, but indirectly supported by the population (Doboş 2005:44). Since the nationalization of the private hospitals in 1948, medical services were under the direct administration of the State, alternative services being non-existent until 1990.

Throughout this period, private medical services were provided “illegally”, as in all other sectors of the “parallel” economy. The care “black market” was widespread and tolerated, nurses, for example, were making injections “privately”.

Deprived of professional organization, nurses were professionally and administratively subordinated to the management of medical units ruled by medical doctors. The flow of information was transmitted through official channels from top (Ministry of Health) to bottom after being strictly checked and filtered by the representatives of the Security services and those of the Communist Party (Popovici 2010:336). Meetings and public debates were controlled by the political authorities, by the party or by trade union representatives. Working relationships were formal, hierarchies were strictly respected and any initiative that did not belong to the Communist Party was suppressed, the consequences might resulting in the loss of employment. These conditions made impossible the public affirmation of nurses’ group cohesion and professional awareness. Few changes affected nurses’ activity and development as profession.

In what concerns the vocational training, things proved to be more dynamic: new nursing schools have been created, teaching new specialties. Technical nursing

schools were organized in a centralized manner and great importance was attached to practical training in hospitals which was provided by doctors. Thus the school “trained” nurses’ habitus of in the sense of submission, devotion and respect for the hierarchy as essential “dispositions”.

After the fall of the communist regime, in March 1990, The Romanian Association of Nursing was founded with the support of The International Council of Nurses opening the way for many international contacts, information and professional practices sharing, aiming the synchronization with organizations and practices of the professional bodies from Western Europe.

Romanian nurses’ process of professionalization started a new stage in 1994 when the first national association was founded with county branches and separated from the trade union organization having the goal to regulate the nurses’ professional practice. Its prerogatives have been enforced by law, seven years later, in 2001.

A new law enacted in 2004 provided institutional autonomy and the role of supervision and professional control of the members to the professional association. It also introduced the obligation of continuous professional training and the annual renewal of the membership. It entrusted the obligation to evaluate the ethical behaviour and judge violations and malpractice cases, as well. The law also gave the opportunity to the professional association to collaborate with the Ministry of Health for all decisions regarding nurses.

From 2004, it has begun the harmonization of nursing education to the standards of the European Union, two parallel educational options being available: nursing college (3 years) and the 4 years nursing faculty at the medicine universities, which became 3 years faculty after the implementation of Bologna system. Master’s degree programs for nurses became available in many specialties and the way for PhD schools has been opened.

In that context of numerous and substantial changes in legislation, policies and practices directly affecting the profession and the particular circumstances of the health systems (new scientific discoveries, the rigors of medical institutions, the economic pressure on health services, the autonomy of patients), nurses have made efforts to define their professional role and implicitly their identity as professional group.

Romanian nurses’ professionalization has been a complex and long-term process influenced by many internal and contextual factors, each one characterized by its own dynamics.

### **Aim of the study**

The research examines the main attributes that an occupation must acquire during the process of professionalization in order to become a “recognized profession” (Freidson 1988), in the attempt to identify the professionalization model adopted by the Romania nurses as a result of historical tradition, present characteristics, values and forms

of capital accumulated, forms of domination exerted on them by other professions in the health field, awareness of the need for inner structural changes and elaboration of effective strategies for professional transformation.

### **The five dimensions evolution model of a professional group**

In order to illustrate the current state of development of the professionalization process and to analyse in detail the pillars on which it is built, as well as its directions of development, I relied on the sociology of professions and sociology of professionalization, on Pierre Bourdieu's macro theory, as well as on the model of analysis developed by Paul Pyronnet and François Roux in the book *The Power of Coherence. Put in Agreement One's Values and Action* (2005) to assess and strengthen the coherence and cohesion of work teams.

I considered the professional group a large work team in terms of dynamics of change and development cycle. The theoretic model I applied enables the recognition of the internal cohesion of a professional group and the factors that contribute to its strengthening or weakening, both from synchronic and diachronic perspective.

From a synchronic point of view, I highlighted the nurse habitus, the forms of capital nurses are in possession of and in which they invest, the way in which they appropriate and implement it in the social space, the forms of domination which they are subject within the medical field as part of their struggle for autonomy. From a diachronic perspective, I analysed the evolution of the professional group identity in relation to generational changes in order to prove how this helps them shape the medium and long term vision on the profession, highlighting the strategies implemented to achieve the status of profession.

The professional group is composed of individuals endowed with professional consciousness, which due to their cohabitation in the social-professional space, produce a different consciousness from the sum of the individual consciousness. It is also characterized by a common sense to which members aspire and which is crystallized by mutual recognition and the progressive integration of individual differences (Pyronnet and Roux 2005: 55).

Pyronnet and Roux have imagined a diagram of the components that underpin the evolution of a team, a diagram that I adapted to the dimensions of a professional group evolution, so that it can be used in the analysis of qualitative data I collected, especially on the synchronic axis of the analysis.

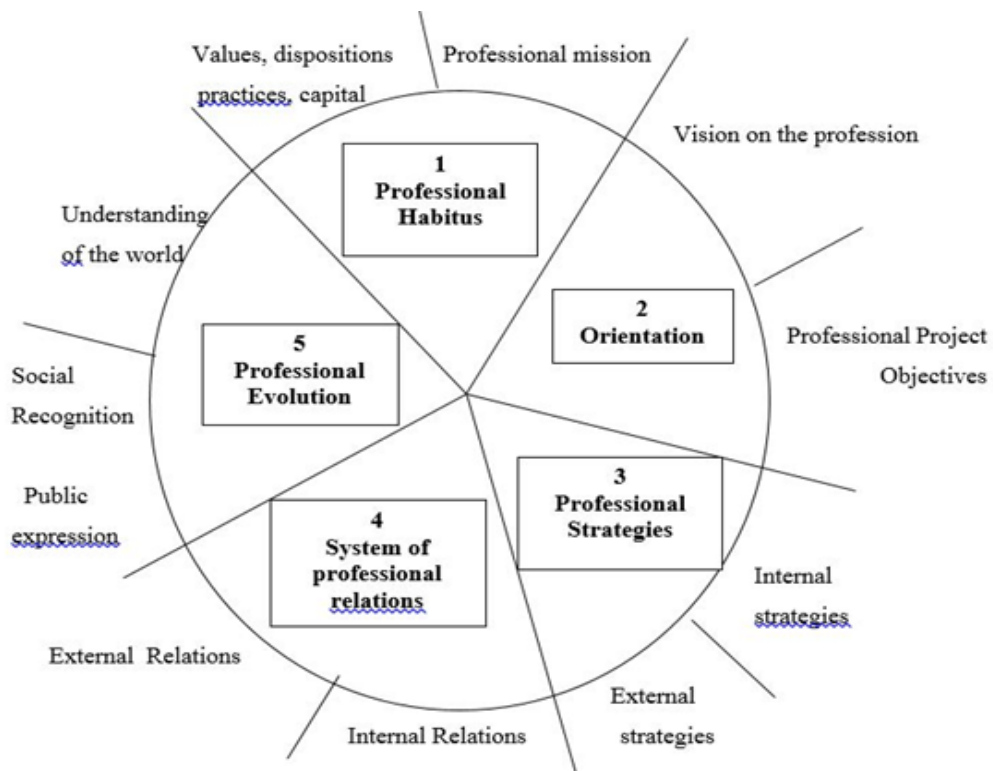


Figure 1. The five dimensions of the professional group evolution (adapted from Pyronnet and Roux 2005: 47)

The identity of the professional group is marked both by nurses' professional habitus and the class habitus and influences all the other dimensions of their evolution. The orientation shows how the specified goals and the shared vision turn into concrete strategies both in the interior by the intervention on the organization, by the actions of its members and their interaction modality, as well as in the exterior, by the gradual acquisition of power and autonomy within the health field and in the social space. The orientation alters the actions, the organization and the system of relations of which it is part of neutralizing the domination and equalizing the power relations that prevent the progress to the desired status.

The orientation is the focal point where the fusion of the inherent difficulties in their profession corroborated with the difficulties specific to the functioning of the system, the utopian field of identity values and the mature vision created activate resources and strategies so that to break down the social barriers.

The professionalization enhances a self-reflection process within the professional group, followed by a re-evaluation of the representations of the occupation and its specific field, as well as a demolition phase of certainties that maintain the status quo and prevent changes. The construction of a new professional identity occurs during a fore aft cyclic movement, progress – withdrawal, until the evolutionary direction is internalized by the entire professional body.

For the diachronic analysis of the Romanian nurses' professionalization I adopted a cycle of change consisting in 12 steps and 4 stages of evolution, proposed by Pyronnet and Roux for the assessment of work teams development.

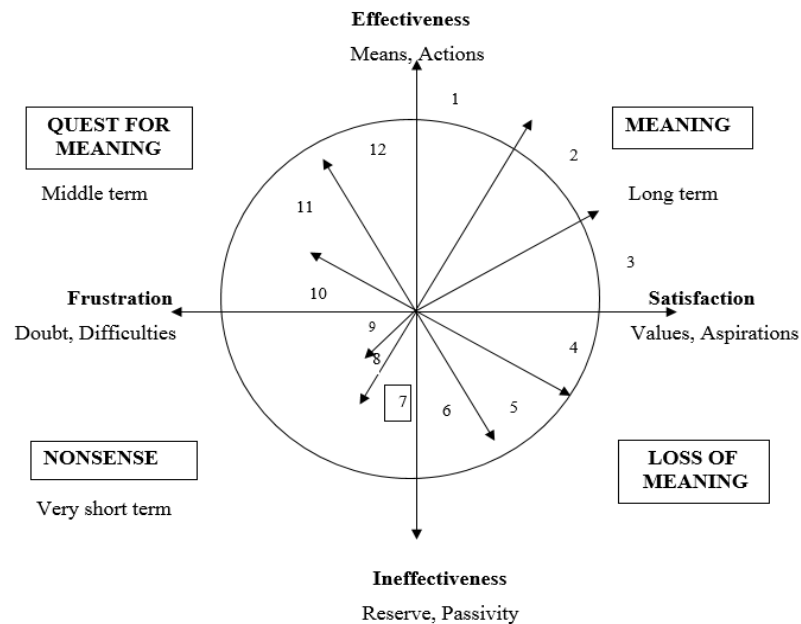


Figure 2. The cycle of change (Pyronnet and Roux 2005:121)

In order to explain their model, the mentioned authors appealed to the holographic principle developed by the biologist Karl Pribror and explained by Edgar Morin: "A hologram is an image where each point contains almost all the information on the presented object. The holographic principle means that the part is not only contained in the whole, but that everything is registered in a certain way in the part. Thus, the cell contains in it all the genetic information which makes possible the principle of cloning; the society as a whole through its culture is present in the mind of each individual" (Morin 2001:282; Pyronnet and Roux 2005:84).

Applying the holographic principle to the professional group of nurses it comes out that the individual characteristics of a nurse at a given time reflect those of the professional body and all the way around, the group being a recomposed image of the individuals that compose it. Therefore the professional group evolution corresponds in terms of phases, process and trends to that of the affiliated individuals.

The analysis of the change dynamics I propose is rooted in the historical context in which Romanian nursing developed, as well as in the social, economic and political context in which the professional group practices their profession.

For nurses, the professionalization process is the search for a new professional direction, an attempt to overcome the nostalgia for the "golden age" characterising

the older generations of nurses, as well as the young ones, in glorifying its status, power, image and social recognition. The international context of the scientific knowledge globalization, the fluidization of borders on the labour market, the internationalization of diplomas and qualifications, the different levels of nurses' professionalism around the world make professionalization even more complex and difficult to analyse.

Romanian nurses transition from the status of occupation to that of profession implies a quest for meaning that is analysed at the intersection of two axes: the axis of behaviours (vertically) and the axis of feelings (horizontally). In the figure 3, the vertical quadrants above and below represent the area of proactivity characterized by motivation, interest, responsibility and autonomy. The satisfaction and effectiveness gained through the valorisation of the proactivity area characteristics generate external recognition and increased status. The vertical quadrants on the left, up and down, correspond to the reactivity area characterized by lack of motivation, discouragement, doubt, withdrawal, dependence, passivity, sabotage and even enclosing in a logic of destruction.

The cycle of change shows how the transition of the professional group from fear and reluctance to satisfaction occurs and corresponds to the search for solutions, the construction of a new status and a new identity. But it is also illustrating the way the professional group can migrate from the other pole to the entrance into a vicious circle oriented towards problems, a chronic state of depression fuelled by frustration, lack of control and domination (Pyronnet and Roux 2005:104 -106).

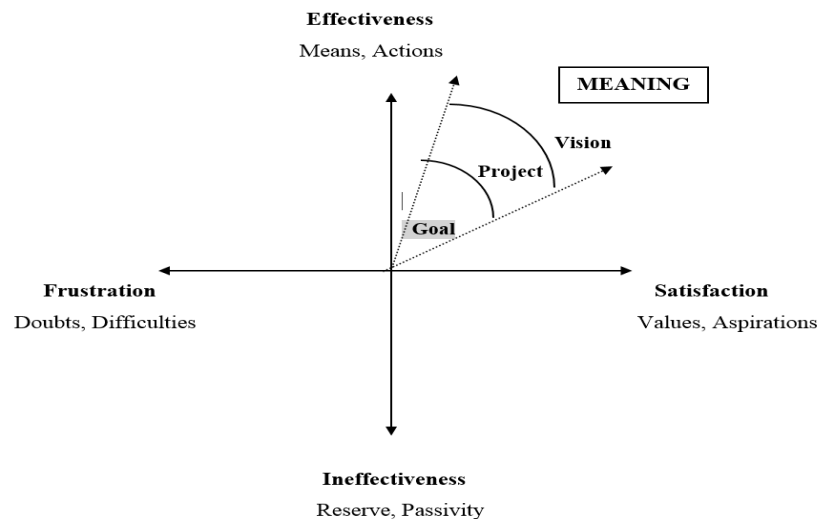


Figure 3. The two axes of the evolution process (Pyronnet and Roux 2005:109)

The success of the nursing professionalization depends on the distance between the aspirations of its members and their behaviours and practices. The level of awareness of the vision and the clarity of the formulated and internalized goal are essential to produce the desired changes. The shorter the distance is, the more the professional group will touch the proposed goal to fix another afterwards, and the cycle of change will thus continue.

When the direction of the joint action is reached, the professionalization process is finished, the group has a satisfactorily regulated activity and a high level of security of its own interests in the field. Moreover, its members are fully aware of their values and needs, they have the feeling of professional achievement and are motivated to work. The professional body is aware of its domination over other actors in the system and has gained power and influence, obtaining the recognition of professional status and implicitly the desired capital of image.

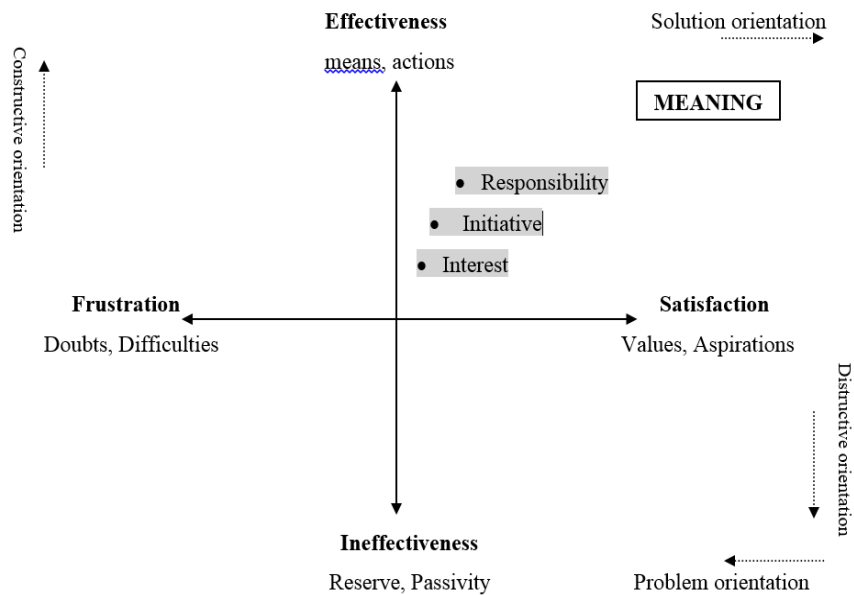


Figure 4. Confirmation of the meaning (Pyronnet and Roux 2005:109)

A professional group stage is in the phase of *nonsense* when the dominant feelings among its members are instability, dissatisfaction, pressure and inability to realize its latent resources. They perform their professional activities in a state of demotivation, indifference, discouragement, rejection of their work and of the system they are part of. They are directed towards themselves and focused exclusively on their own interests to the detriment of beneficiaries and other stakeholders. In this phase the professional group is not interested in the capital growth, change of status or self-image, because it is not able to mobilize the necessary resources. It accepts domination, often



without being aware of it, because it feels too insignificant and worthless to join the struggle for power within the field.

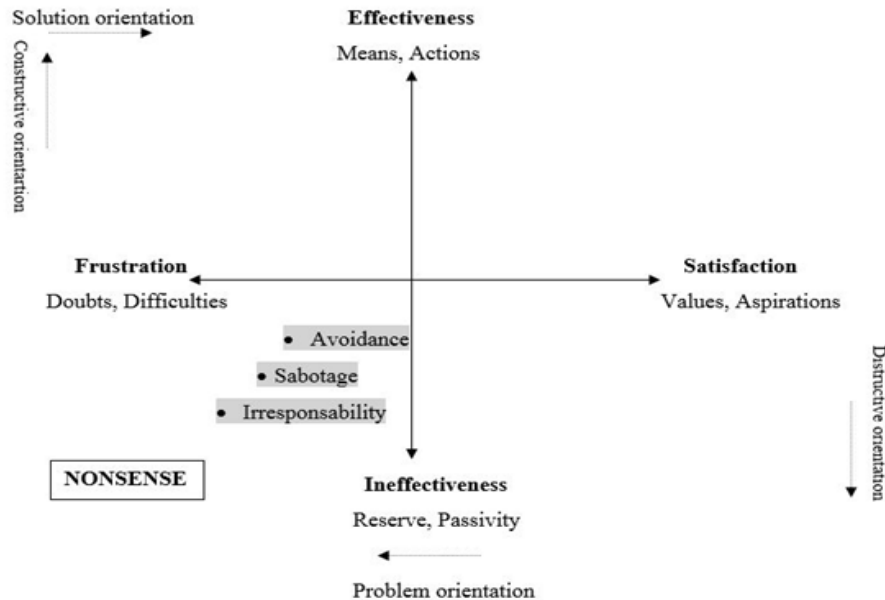


Figure 5. The Nonsense (Pyronnet and Roux 2005:110)

The stage of the *loss of meaning* occurs gradually and subsequently to the confirmation of the meaning. After the success, the professional group leaves itself invaded by demotivation, habitude, routine, and disinterest. The professional body starts to become interested in what is not working in the system, it directs it's creativity and resources to counter the adversities and not to strengthen its position in the system. The risk of decline in the capital accumulation rhythm is completed by the loss of vigilance in maintaining the power in the system. Furthermore, the professional group is deeply rooted in the beliefs and dispositions it strengthens and defends with constant efforts, neglecting to adapt to new circumstances.

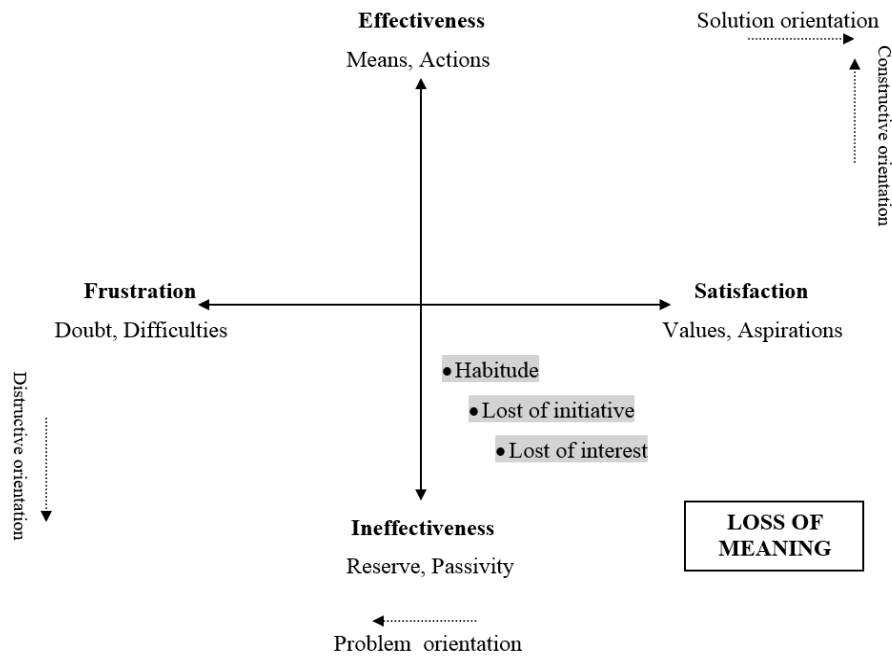


Figure 6. The loss of meaning (Pyronnet and Roux 2005:111)

The *quest of meaning* is also a long-term phase that takes place gradually, during which the professional group is struggling for survival, while dealing with organization and routine problems. It feels an acute need for outside intervention in order to boost its forces, unite them and channel them towards its shared goal. This is the phase where agents become aware of the need to express and follow their identity, capital, mission and goals, despite the fear that still paralyzes their actions. Even if the revolt and frustration is blocking the transformation process however it allows the accumulation of resources for change. This will happen slowly, with small objectives achieved systematically, by way of accumulating new forms of capital and implementing innovative solutions. The professional group is mobilized by the project of professionalization and by ascending leadership resources, the interior change enhancing the gradual redefinition of power relations and the frontiers movement within the field to other professions territory.

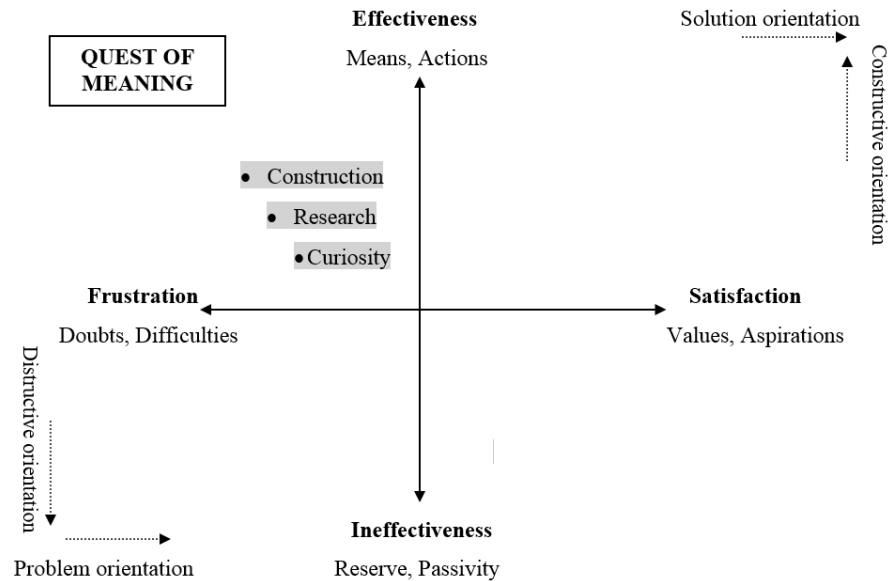


Figure 7. The quest of meaning

### Research methods

The research was conducted from a qualitative approach, the methods consisting in semi-directive interviews, participant observation and study of documents. The sample involved 22 nurses and other 8 health professionals from Iasi county and from national level. The criteria of selection applied for the interviews were varied ages, educational background, specialty, professional experience and work environment. The interviewed nurses were from beginners to those with more than 20 years of clinical practice, aged between 23 and 59, some having nursing management experience or involvement in establishing nursing education to the university sector and application of European Committee directive, nurse educators. The average length of the interviews was 65 minutes.

The transcripts were organized and reduced so that to identify relevant information for the research's aims. Data was coded after the identification of initial analytic categories, themes, and patterns (Marshall and Rossman 1999). Discerning patterns, identifying potential interrelationships, detecting higher-order categories or themes and drawing conclusions had been the next steps in the analysis (Miles and Huberman 1994).

### The analysis of the Romanian nurses' professional group evolution

The results of the qualitative analysis of the collected interviews corpus was analysed in the order of the 5 dimensions of the professional group evolution.

[1] *The professional habitus*. In order to identify the professional habitus of Romanian nurses, I investigated the process of professional socialization (Dubar 1998) that has contributed to its construction and the institutions and practices that have facilitated the acquisition of the “system of durable and transposable dispositions” (Bourdieu 1980: 88). The purpose was to prove in what way nurses’ primary habitus, acquired from childhood had an impact on the values and motivation that determined the educational choice - nursing school or faculty.

The “altruistic” vocation and motivation, the failure to the medical university admission examination, the orientation towards a competitive qualification on the labour market in Romania or abroad or the choice of a retraining were the starting points. The nurses school trajectories were averages for those who attended the nursing school and higher for the nurses who attended university studies. Those who chose to complete their nursing school studies with a bachelor’s degree in nursing and later with a master’s degree felt the need to increase their cultural capital in order to transform it afterwards in economic, social or symbolic capital. They had been motivated by the need to update their knowledge and professional practices, by the higher wage or by the desire to gain access to senior levels.

The motivation for choosing the nurse profession was maintained all along the professional practice. The interviews evidenced the predominance of the intrinsic motivation both for older and younger nurses, in correlation with a better quality of schooling and a more rigorous selection on admission rather than at graduation. This is due to the proliferation of private and state schools and to the increase in the number of qualifications and specialties after 1990’s.

Besides the internships in hospitals, the transfer of early-career dispositions and practices has a very important role in the professional socialization. It occurs horizontally among nurses and vertically between nurses and other professions, especially doctors. Special human and professional characters met during studies or at work often left important marks on nurses throughout their careers. The participation in professional development programs on a compulsory basis, the investment in community projects have contributed to the accumulation of cultural capital, to knowledge and practices updating, to strengthening the internal cohesion.

[2] *Mission*. The interviews emphasised three dimensions of the Romanian nurses’ representation of the professional mission: dedication, availability to perform the job duties unconditionally, ability to show empathy towards patients. This proves a complex and highly qualitative management of beneficiaries including care, technical support and relational support, as well as commitment to the work ethic and patient safety.

The corpus analysis revealed a high level of convergence of the interviewed nurses with regard to their professional mission and between generations, fact proving its continuity in time.

Romanian nurses' representations of their profession are focused primarily on the problems to face (lack of personnel, complexity of cases, hard working conditions, emotional pressure, health system underfinancing) and on the means available to face them. The individual and work teams' initiatives and solutions are however characterised by a positive orientation. However, demotivation is maintained by the persistent negative media campaigns focused on the Romanian health system and its problems.

*The professional project and goal.* Nurses' professionalization as a professional project is shared between two opposite trends: the desire and the need for change imposed by the accumulation of structural deficiencies in their work, by many frustrations and acute need for stability, as only resource to counteract the imbalances in the health system and the lack of control over the changes in the field that are imposed on them due to the lack of representation at decisional level.

Among the important professional projects stand out: a clearer regulation of the professional role which distinguishes the group of other professions in the field, the implementation of guides and practice protocols in order to gain more objectivity and visibility at work, a higher level of skills and knowledge achieved through university education, professional continuous training and scientific research, the revival of the high recognition and social status which characterized the profession in the past by increasing the symbolic capital, through the extension of the roles and functions and the promotion of a positive public image.

[3] *The main internal strategies.* One of the internal strategies identified consisted in consolidating the theoretical knowledge and specific practices of nursing care together with the expansion of the access to knowledge by academic studies and continuous professional development programs.

Escaping the hierarchic and administrative domination and control of the medical profession was pointed out as another strategy. The foundation of the professional organization of nurses was an important step in taking control over the professional and ethical issues regarding the profession. However nurses' autonomy is limited within the medical team and the delimitations between their roles' and the doctors' or other professions' are not strictly regulated, giving place to subjective interpretations. From the same reasons, nurses' access to jobs is coordinated by doctors and administrative staff, as well as upgrading and bonuses.

The elaboration and implementation of guidelines and practice protocols in public hospitals is seen as a solution for the promotion of nurses' own image as professional group and of the care activity they perform in hospitals and medical units, providing clarification and delimitation of their role and functions and limiting the formal and informal power imposed on them by other actors.

"Migration as development", as it is categorized by the World Bank and the International Organisation for Migration since 2006, turned for Romanian nurses from an individual strategy into a collective one.

Other internal strategies emphasized in the interviews are: capitalisation of the knowledge and practices shared by migrant nurses at the level of the entire professional group, increasing the competencies of nurse educators working in the nursing schools and in the continuous education programs, raising nurses' motivation for professional continuous education programs, offering support to liberal nurses by promoting the law regulating their activity, as well as their work in individual practices, expanding nurses' role in relation to their beneficiaries, especially in preventive services and health education, improving their visibility in the public space.

In what concerns *nurses' external strategies*, they depend on their ability to identify and mobilize partners and collaborators, as well as on their ability to multiply the capital. Several external strategies became evident in among the interviewed nurses: sustained lobby in order to raise the quality of nurses' education (update the knowledge, methods and practices, strengthen the process of selection and graduation); promotion of nurses' access to the "power devices" in health field in order to participate in national and international debates on the skills and practices, to promote laws with a broader impact than the nursing profession, influence the appointment or election of decision-making people in the system (ministers, advisers, committee leaders), propose and impose the creation of new bodies (commissions, offices, working groups); supporting nurses' access to scientific research structures; strengthening the counselling service for nurses in all their work structures.

The need to produce changes in the mentality of other professional groups and in the organizational culture of hospitals and other health units with regards to a higher professional autonomy for nurses would also bring important benefits.

[4] *The analysis of nurses' internal system of relations* focused on the interactions between peers and between nurses and the professional association which is the regulatory body of the profession.

The interviews emphasized that relations between nurses are characterized by solidarity, cooperation, mutual help, a family atmosphere quite often. The dissatisfactions may arise in respect of the formal support they receive from their head nurses or nursing directors. On the contrary, the relation with the professional organization has had a positive evolution in time from hostility and rejection, in the beginning, to acceptance, interest and perception as a source of cohesion and professional development, later on.

*Nurses' external relations* referred to the relations with beneficiaries of care and with other professionals in the field, especially doctors and the administrative staff from the hospitals.

The difficult context in hospitals has had a negative influence on the relations with patients who manifested dissatisfaction with regard to the quality of health services in general. However patients were also understanding and supportive with regards to nurses' work and efforts to offer care despite the gaps in the system.

The relations with other health professionals are also far from being harmonious. Romanian nurses do not rely yet on the legislative and administrative support that would allow them to escape the domination of doctors. The traditional relations of dependence and the difference in skills and social prestige make nurses perpetuate the symbolic violence enforced against them without even realizing it. The access to university studies, the contact with the experiences of nurses from other countries (especially in Protestant countries), as well as young doctors' different practices and dispositions acquired could nevertheless contribute to the transformation of the control structures in cooperation structures within the work teams.

In conclusion, after analyzing the five dimensions of a professional group evolution and according to the four phases and twelve steps cycle of change, I would state that Romanian nurses' professionalization process can be situated in the "quest for meaning" phase, step ten, (see Figure 2). The professional group is placed in the phase of the search for identity, of strong structural and formal transformations. It is in a trend of rapid accumulation of capital, renewal of values, aspirations and practices and construction of the instruments and means to access the status of recognized profession. Because of doubts and difficulties, it is still in a state of hesitation and constant oscillation between the priority orientation to everyday problems and the constructive orientation towards collective solutions approved and implemented by the entire professional body.

Currently, the Romanian nurses' professional group goes through a self-seeking stage and, at the same time, a seeking of external support from different directions - political, legislative, trade unions', academic- enabling it to mobilize its resources, increase its autonomy and change the balance of power in the health field. It is also a search for representative leaders capable to strengthen the internal cohesion, boost its development and provide it increased power and social recognition.

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