Project Number: 2016-1-RO01-KA203-024630

Paediatric Health Survey

in Hungary

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Paediatric Health Survey in Hungary

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1 INTRODUCTION

1.1 The National Health System

Hungary has a tradition of health services dating back to the 19th century. The first public health act was passed in 1876, and social security and social insurance systems have a long history in Hungary. From 1948, the mixed-economy health care system was restructured to a centralized state model, in line with other sectors of the economy. The health care legislation adopted in 1972 confirmed that access to health services was a right linked to citizenship and promised comprehensive coverage free of charge at the point of use. However, since the system was underfunded it was unable to meet the level of demand. [1]

In the past century the Hungarian health system was characterised by the dominance of hospitals and thus by an overdeveloped hospital structure. The primary care was characterised by low prestige and lack of uniform training. Due to strong interests inside and outside the profession, the health policy has not dared significantly modify this situation. Any kind of reform is also hindered by the underfinanced nature of the health care system.

Because of outstandingly bad infant mortality rates in the 60's (46‰!) paediatric practices caring for the population under 14 were dynamically set up. By the 90's this network was completely developed in towns and partially in rural areas. This high quality system was described by a Dutch PHARE study as unnecessarily overdeveloped. Anyhow our infant mortality rate has been improved to 5.62‰ by 2008. [2] Since then the paediatric primary care system of children is operating in parallel with that of adults.

Development of modern primary care and its background institutions were carried out only at the beginning of the 90's. However, it covered almost exclusively the adult GP care, because of detected grave shortcomings in this field, while primary paediatric care and its results were found satisfactory. Earlier patients were allocated to the local providers, according to the place of residence, were allowed to visit only the official GP (panel doctor, district physician), who was employed by the municipalities or the local (state owned) hospitals. Since the new regulations in 1992, patients can choose their family doctors or primary care paediatricians, and GPs were allowed to leave the employee status and to form their own enterprises. Today there are about 6700 primary care physicians (PCP) in Hungary for a population of 10 million. The 1498 paediatricians are working mostly in big cities, caring for children only, 1600 GPs are treating population of all ages in mixed practices and the rest of the PCPs treat only adults. The average number of children belonging to a primary care paediatrician's office is approximately 800. In smaller areas paediatricians have 4-500 children to care for while in the most populated areas the physician can treat up to 1500 patients.

74% of children under 14 and 46% of adolescents under 19 years of age are treated by paediatricians. All the other children and adolescents are cared for in "mixed" practices by family physicians, located primarily in rural and sparsely populated regions. That means that in Hungary - similarly to other European countries - paediatricians and family physicians provide medical care for children and adolescents. The National Health Insurance does not finance GP's medical care for children under 14 in case there is also a paediatrician practice operating in the locality.

Therefore, in towns 100% of children under 14 receive paediatrician care. The age group of 15-18 can freely decide between paediatrician and GP service in the whole country.

The primary care paediatrician profession is on the edge of disappearing: if a paediatrician office is closed the children living in the area will be moved to the mixed practices and treated by family doctors. In 2016 Hungarian primary care paediatricians' average age was 59 years, 46 percent of practitioners was older than 60 years and 140 doctors had already celebrated their seventieth birthday. Nine paediatricians were older than 80 years. However, there are no other doctors who would take their places in the office. From the 1498, Hungarian primary care paediatric practices 500 are occupied by doctors aged between 50 and 60 years. The lack of upcoming generations in paediatrics may lead to the extinction of the profession.

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In the last years, at least 100 paediatric practices were closed down. In 2012 there were 1527 practices which number fall to 1498 by 2016. In the capital, the situation is much better and there are many paediatricians working in Budapest where even a ten percent decline in the number of doctors wouldn't cause a considerable holdup in children's medical care. In areas left without local paediatric service parents must choose between taking the children to another area's paediatric office, or accepting the local GP's care.

At the beginning of the last decade government intention of eliminating the paediatric primary care system arose. This intention was reduced but it is still a hard problem that the lack of quality development leads to the atrophy of the paediatric primary care system.

Paediatricians study paediatric care for 5 years. In contrast, family doctors participate in a four month long paediatric training, or more exactly, a two months theory training completed by a six week practice in paediatrics. This is clearly not enough to provide the same quality medical care as paediatricians. According to the research of Bunuel Alvarez [3] specialised physicians can provide higher quality preventive health care. Their role is crucial in children's treatment, therefore it is important to maintain paediatrician offices.

The basic financing of paediatric medical services is influenced by several multipliers: first, it depends on the capitation, the number of patients living in the paediatrician's working area (the multiplier is higher when the population is lower). Second, there is a multiplier depending on the type of settlement (lower in big cities, higher in remote areas). There are other multipliers depending from professional qualification of the paediatrician, age of the patients (the younger the patient is, the higher the multiplier). Many primary care paediatricians also work part time as occupational health physician, or provide other type of medical services to increase their low income. Besides the basic financing paediatricians receive pay for performance as well. The amount depends on the number of patients who are living outside the paediatrician's working area and have chosen the physicians instead of their local health care provider.

In 2007, a health reform was planned and initialized in Hungary forced by the coalition of parties who were in power at that time. This reform was poorly communicated to the society and health professionals as well, and was attacked also by the parties, who were in opposition. From February 2007 patients had to pay a symbolic co-payment, as visit-fee (300 HUF, -cca.1 EUR), directly to the health care providers, for each consultations or days stayed in hospital. After a long political campaign where the parliamentary opposition was supported by civil movements, co-payment was abolished in April 2008 after a nation-wide referendum. Previously planned private health insurance funds were not established.

Since January 2012, according to new laws and regulations, the government took over all hospitals from local and county municipalities. The declared goals of these reforms were:

- to rationalize the financing of the health care system
- to decrease governmental expenses
- to decrease existing overlaps between hospitals and specialities in the big cities
- to establish a better centralized managing system, as it was practically impossible to coordinate the different interests of municipalities

The restructuring process should cope with the shortage of doctors and experienced nurses. Beside the enormous increase of administrative tasks, almost nothing happened in the primary care during the last years. A small increase of salary was promised for doctors, especially for young residents. Many of them declared to leave the country when the salary of starting doctors remains unchanged (net 300-400 EUR, monthly).

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1.2 Paediatric Course of Study

1.2.1 Paediatrics at university, MD degree

Medical studies in Hungary withstand the European standards and are of highest quality. The relatively comfortable admission requirements and the reasonable tuition fees attract many students from abroad.

Hungary welcomes international students with four universities that offer English medical, pharmacology & dentistry programs: Semmelweis University, Debrecen University, Szeged University & Pécs University. A medical degree from a Hungarian university is recognized by the European Union and the United States which brings many international students to study medicine in Hungary.

The number of students admitted to the Faculty of Medicine is determined on a yearly basis by the Ministry of Human Resources. Since the number of applicants is two to four times higher than the number of places available, selection procedure is based on the student's previous academic record.
The 12-semester training period covers at least 6,000 hours of teaching, which is divided into two parts. The first part consists of a two-year preclinical study period in the basic sciences; the second part is focused on clinical studies, and lasts for four years. The internship period takes place during the 11th and 12th semesters, and is generally spent at university clinics or hospitals.
Upon completion of the six-year programme, students must submit and defend their written thesis and take a final written test and oral exam before an examination board. Having successfully passed all examinations, the student is granted the diploma and title M.D. (Medical Doctor). [4]

1.2.2 Continuing medical education

Participation in the CME is a mandatory requirement for medical doctors in Hungary, who are obliged to take part in a Continuing Medical Education (CME) programme every five years in order to have their qualifications renewed in the medical practice registry of the Hungarian Medical Chamber.

The faculties contribute to the continuing education of medical doctors practicing in Hungary by organising courses and programmes, which consist of theoretical and practical activities. Altogether, 250 credit points must be collected over the five-year training period.

1.3 Paediatric Services

1.3.1 Public paediatric services

In Hungary, paediatric practice is public and free for everybody. Every child has free access to paediatric care by law. Nevertheless, private practice exists and is available for anyone who is willing to pay for it. If there is a possibility to choose the paediatrician as a primary care doctor for children, the paediatrician must be chosen.

If a child is eligible for the Hungarian state insurance normally the district paediatrician will provide paediatric care for them free of charge. Each district has several paediatric offices, often in the same building with the health care associate (educated nurse) offices. (In Hungary, educated nurse is a combination social worker and a nurse whose primary role is to provide information to patients and to do the administrative work of tracking children's general health). Children are assigned a paediatrician based on their registered addresses, but unlike the educated nurse whom the families cannot choose, parents can always select a different paediatrician. The advantage to using the district paediatricians is that they are nearby, have regular office hours, and will make house calls free of charge. [5]

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There are five university paediatric clinics and all the county hospitals have paediatric departments. In addition, Hungary has two independent hospitals for children in Budapest and a paediatric centre in

Miskolc (second biggest town in the country). There are paediatric departments in some special institutions as well.

Outpatient service for children regarding various subspecialties is mainly organised according to the in-hospital distribution of services.

1.3.2 Private paediatric services

There are several private clinics around Budapest that cater to expats or foreigners. All of them provide paediatric care. Private outpatient clinics take private insurance, some of them will even arrange direct billing with the insurance company.

Private paediatric outpatient clinics offer a wide range of medical services to be able to handle more complex problems. In some clinics, the paediatrician is available 24 hours a day (even for house calls) and it is common to have a hotline that accepts calls day and night on weekends and holidays as well. Private outpatient clinics provide medical treatment, screenings and vaccination for children from new-born to 18-year-old age.

2 MATERIAL AND METHOD

2.1 Surveyed groups

The two survey groups consist of 25 educated nurses and 23 paediatricians from the district XIII Budapest. All the nurses who filled the questionnaire were female. 56% of the surveyed health care staff was older than 45 years; 32% belonged to the age group 36-45 years and only 12% were between 26 and 35. Regarding their working experience, the clear majority, 72% spent more than 15 years working as a nurse. 24% of the surveyed health care staff had a working experience between 10 and 15 years while the remaining 4% has been working as a nurse for 5-10 years.

The sample number of the paediatricians' group is 23 in which 58% of them were females while males are 42% of the group analysed. The PCPs questioned were all above the age of 36, 39% of them belonging to the age group 35-45, and 61% were older than 45 years. 61% of the surveyed paediatricians spent more than 15 years working as a doctor, 17% had a working experience between 10 and 15 years while the remaining 22% has been working as a physician for 5-10 years.

The 13th district is the fourth most populated district of the capital with 110 000 inhabitants and this number is constantly growing. In the district, there are 5 paediatrician offices and each one is responsible for the treatment of approximately 600-1500 children.

All the physicians who undertook the survey were primary care paediatricians (not secondary care or emergency physicians). Primary care doctors are the first stop for medical care for children and can treat conditions in their own offices. Patients should see the primary care paediatrician for a routine check-up and for non-emergency medical care. They can also refer the parent and the child to a trusted specialist if needed. In case of sudden or serious cases parents should visit an emergency department.

One of a primary care paediatricians most important jobs is to help keep kids from getting sick in the first place. This is called preventive care. Primary care paediatricians, unlike secondary care doctors, are continuously responsible for the general health of a child. Therefore, primary care physicians treat the person while emergency doctors tend to focus more on a specific case and a specific illness. Generally, patients have a greater autonomy in the primary care offices than in emergency care.

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2.2 Research method

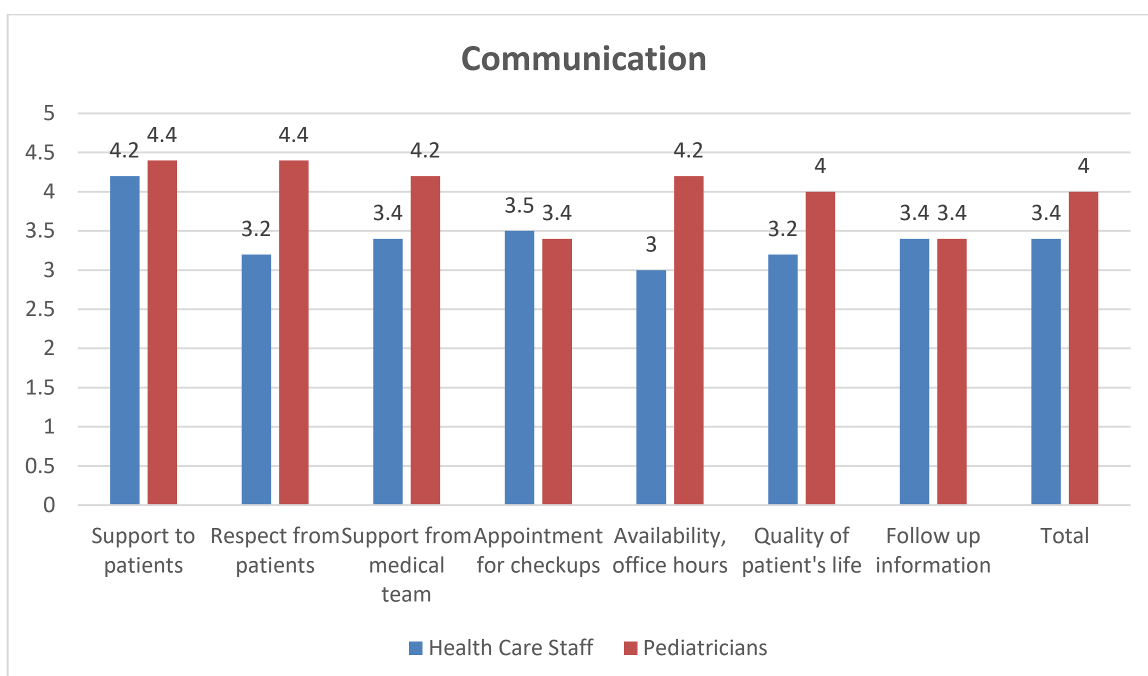
In total, 43 questionnaires were collected from health care staff and paediatricians. Each group filled a questionnaire aimed to measure 5 areas, communication, transparency, hospital environment, intercultural issues and time management.

2.3 Variables

Research variables were gender, age, place of birth, city of residence, years of experience and role in the hospital for nurses; gender, age, place of birth, city of residence, years of experience, training courses attended in 2016. Paediatricians were also asked if they have always worked in hospitals located in the same context. For the questions asked, please see “Results and discussion”.

3 RESULTS AND DISCUSSION

3.1 COMMUNICATION



3.1.1 Doctor’s support to the patient

Both educated nurses and doctors think that doctors mostly or completely offer the kind of support the patients need. The major obstacle in providing the best possible support is that paediatricians don’t have enough time for patients (the obligatory consultancy hours for a paediatrician are 3 hours during which they treat 15-25 patients in an average day). Patient care suffers when doctors are overloaded with work and administrative tasks. As a result, the average medical consultation lasts 5-6 minutes.

Generally, patients receive information related to the disease and treatment from the doctor while the nurses provide mostly hygiene information.

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Nurses' rating: 4,2
Doctors' rating: 4,4

3.1.2 Respect in the hospital

Interestingly, nurses think that doctors get only moderately the kind of respect they need while doctors themselves think they get it most of the times. Different evaluation can be attributed to the different kind of

feedback they receive. Most of the times nurses meet patients in their homes and not in the paediatrician's office which facilitates personal, open communication and makes nurses more susceptible to adopt parents' point of view. Unlike in presence of the doctors, patients communicate in a direct way with the nurses. They may complain more about their experiences with physicians as well.
Another factor which may contribute to the difference in the results is the subjective evaluation of respectful behaviour. Patients' behaviour might be evaluated more critically by an all-female group (health care staff).

Nurses' rating: 3,2
Doctors' rating: 4,4

3.1.3 Support offered by the medical team

Although the difference is a bit less sharp, doctors also feel more supported by the medical staff then nurses think doctors are. Doctors marked "mostly" on the questionnaire while nurses feel doctors are supported "moderately". In Hungary, there are no group-practices in primary care. Actual financial regulations do not allow it. Vertical cooperation of PCPs like locum constructions exists but only between practices within the same office or area. PCPs are working in single handed practices but parallel with each other, supported by physician's assistants in the office and nurses responsible for patients of their working area. (generally, doctors have direct contact with nurses of those areas from which they have "guest patients" as well). According to the law there should be a leading paediatrician in every primary care paediatric office but this rule is rarely implemented in practice.

Most of the times there is a strong horizontal cooperation between primary care paediatricians and secondary care specialists. Some type of secondary care specialists could be reached directly by patients, others only by referral (neurology, rheumatology, radiology, laboratory and admission to hospital), except emergency cases. Specialists within secondary care are mostly civil servants, with fixed salary, employed by the health services of local municipalities or hospitals, which are financed by the NHIF, based on fee for service. The same employment system exists in the hospitals as well.

Nurses' rating: 3,4
Doctors' rating: 4,2

3.1.4 Quality of the patient's life

Doctors evaluated their patients' quality of life as good while nurses think it's neither poor nor good. Difference in the rating can be attributed to the fact that educated nurses spend a lot of time visiting patients in their homes therefore they have a clearer picture about patients' living conditions. Primary care paediatricians can infer children's life quality based on parents' willingness to make up prescription drugs (whether the parents made up a prescription or not, if they have chosen the more expensive medication or the cheaper one).

Nurses' rating: 3,2
Doctors' rating: 4,0

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3.1.5 Doctor’s availability

While doctors feel that it is mostly easy for patients to speak with them during the office hours, nurses find this more difficult, rating availability “sometimes not easy” in the questionnaire. Ease of availability in the office varies from time to time and season to season. Summer vacation period is characterized by a lighter workload. Most of the physicians are easy to speak to in these months while the rest of the year

paediatricians are generally busy treating ill children and signing sick notes for schools. During the 3-4 consulting hours, there’s no maximum limit of patients accepted by a paediatrician. Patient number in an average workday is 15-25 while it can reach 60-80 children in epidemic periods.

Nurses’ rating: 3,0

Doctors’ rating: 4,2

3.1.6 Making appointment for check-ups

Both doctors and nurses rated doctors’ availability for making an appointment for check-ups (physical exams, well visits, routine follow-up appointments) between “sometimes available” and “mostly available”. In consulting hours the paediatrician’s calls are answered by the physician’s assistant. In the remaining working hours the primary care paediatrician is available for calls while he is visiting patients who are not able to visit his office due to sickness. It’s a common practice of doctors to exchange phone numbers and e-mail addresses with parents. Mostly younger doctors keep contact with patients this way.

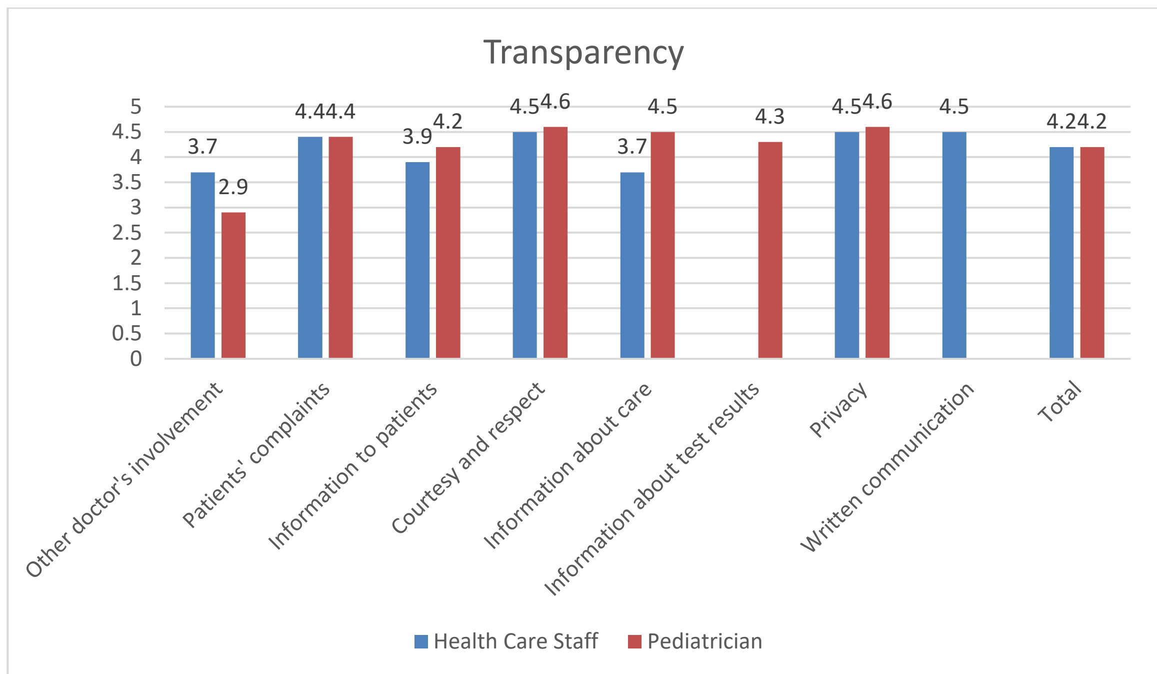
Nurses’ rating: 3,5
Doctors’ rating: 3,4

3.1.7 Follow-up information

Both group agree that it is “sometimes easy” for patients to obtain follow up information (test results, medicines, care instructions) and care. To obtain follow up information parents can communicate with the doctor 1) seeing the paediatrician in his office 2) via phone calls 3) via e-mail. There has been a recent push for electronic communication to be used more frequently to improve quality of care. Examples include emailing test results to patients or managing conditions without requiring time-consuming and costly office visits. Despite the push, few physicians use electronic communication because two main reasons. On one hand, computer illiteracy is still a common problem among elderly physicians. On the other hand, despite its advantages, electronic communication also increased the volume of physician work and makes some feel that their day is never ending.

Nurses’ rating: 3,4
Doctors’ rating: 3,4

3.2 TRANSPARENCY



3.2.1 Other doctors' involvement

A paediatrician's office financing is largely dependent on the number of referrals to secondary care. If the doctor sends less patients to next level examinations his official rating as a physician changes. This will result in a different amount of money given to his practice. First contact visit usually doesn't need further medical examinations: in 80% of the cases patients don't need secondary or emergency care. According to the survey answers nurses think that doctors involve other health care staff and caregivers in the patient's care most of the times while doctors see that they only do it when needed.

Nurses' rating: 3,7
Doctors' rating: 2,9

3.2.2 Patients' complaints

Generally, there are no blood sample results or other medical findings available in the first visit. At this point, doctors' only source of information is what the parent or the child is telling him about the symptoms. Both nurses and doctors feel that doctors listen carefully to patients' complaints most times.

Nurses' rating: 4,4
Doctors' rating: 4,4

3.2.3 Information to patients (easy to understand)

Doctors self-reported that most of the times they can explain information to the patients in a way that is easy to understand. Nurses seem to confirm this opinion.

Nurses' rating: 3,9
Doctors' rating: 4,2

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3.2.4 Courtesy and respect

Both doctors and nurses feel that doctors almost always treat their patients with a great amount of respect. Rankings for this question are especially high which demonstrates that respect is a core value for the healthcare personnel of the sample.

Nurses' rating: 4,5
Doctors' rating: 4,6

3.2.5 Information about care

Nurses think that providers keep patients informed about care most times while doctors think they almost always keep patients informed.

Nurses' rating: 3,7
Doctors' rating: 4,5

3.2.6 Information about test results

Primary care paediatricians can send blood test results, laboratory and clinical evidences to patients via e-mail explaining those values which are over or under the healthy range, enabling patients to play a more active role in medical care.

Nurses' rating: n/a
Doctors' rating: 4,3

3.2.7 Privacy

Nurses and doctors agree that patients almost always have privacy when discussing health related issues. In primary care there's only one patient in the office during consultation. Emergency care is characterized by a lower level of privacy. In the sample population, there were no doctors or nurses working in emergency care.

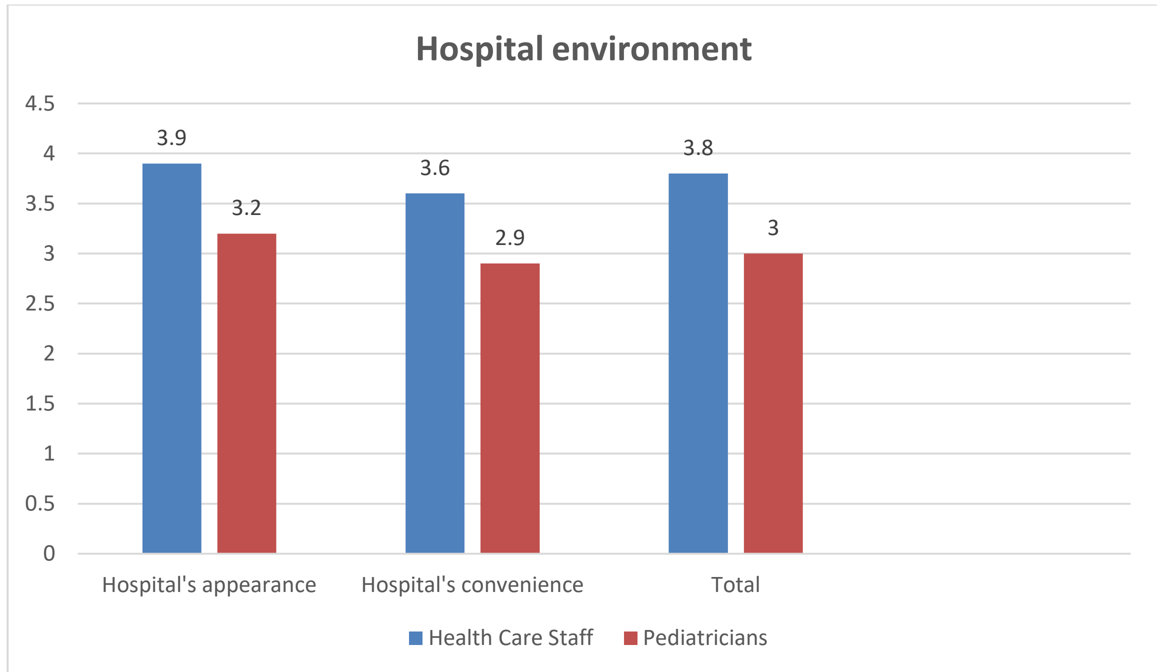
Nurses' rating: 4,5
Doctors' rating: 4,6

3.2.8 Written communication

According to the current legal rules it is not obligatory in primary care level to provide written information about symptoms or problems to look for after the patient leaves the paediatrician's office. The paediatrician communicates the necessary information verbally. Written information is given to the patient after he leaves the hospital.

Nurses' rating: 4,5
Doctors' rating: n/a

3.3 HOSPITAL ENVIRONMENT



3.3.1 Hospital’s appearance

Nurses are very satisfied, doctors are satisfied with the hospital’s appearance. Although there are no surgical instruments needed in the primary care office doctors can be dissatisfied with poor lighting, slow internet connection and outworn furniture. Primary care practices are financed by local governments. Most of the cases the money available for the practice is not enough to carry out necessary renovations.

Nurses’ rating: 3,9
Doctors’ rating: 3,2

3.3.2 Hospital’s convenience

Nurses rated the hospital’s convenience (location, parking, hours, office layout) above average stating they are very satisfied. Doctors are satisfied but still the rating falls below average. The low rating may be attributed to the lack of private parking spots of PCP offices. It’s especially difficult to find a parking location in the 13th district where the interviewed healthcare professionals work.

Nurses’ rating: 3,6
Doctors’ rating: 2,9

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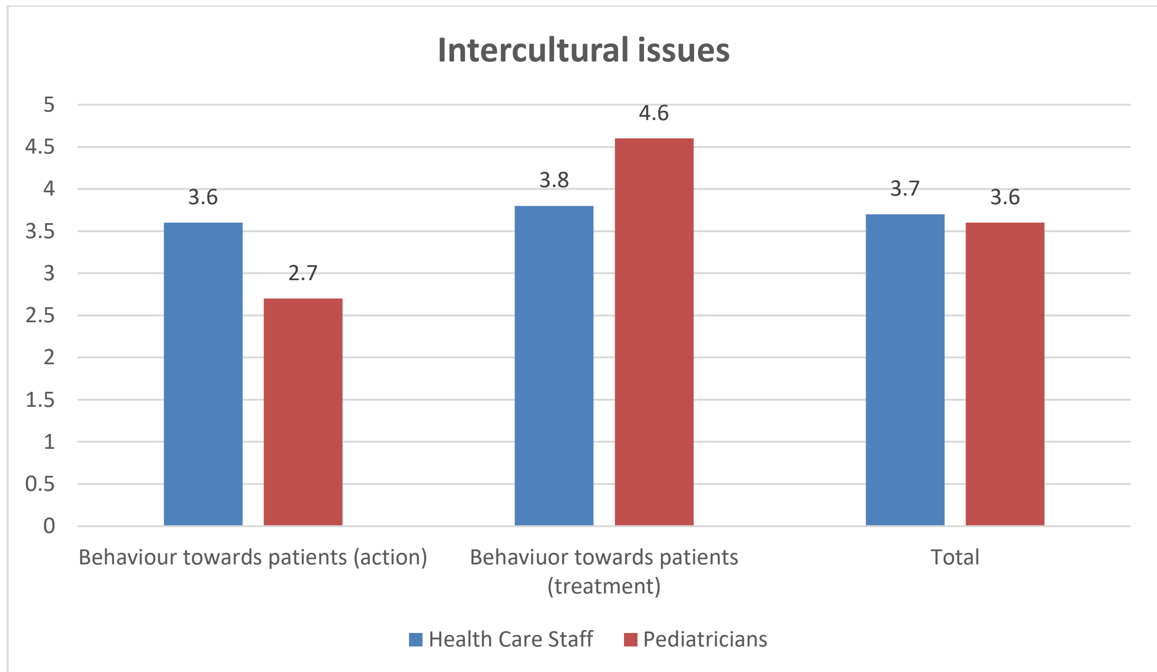
3.4 INTERCULTURAL ISSUES



3.4.1 Behaviour towards patients (treatment)

Nurses see doctors acting more impersonal or business like towards patients “mostly”. Doctors see themselves acting this way only “moderately”. Treating the patient in a business-like way can be interpreted in several ways, both negatively and positively. Answers may vary because of interpretation differences. In case of a paediatrician, a business-like behaviour might also include being respectful towards the parents and nice to the children while being impersonal may help setting the roles during the visit.

Nurses’ rating: 3,6
Doctors’ rating: 2,7

3.4.2 Behaviour towards patients (action)

Doctors think they are acting friendly almost always towards patients. Nurses see doctors acting friendly most of the times.

Nurses’ rating: 3,8
Doctors’ rating: 4,6

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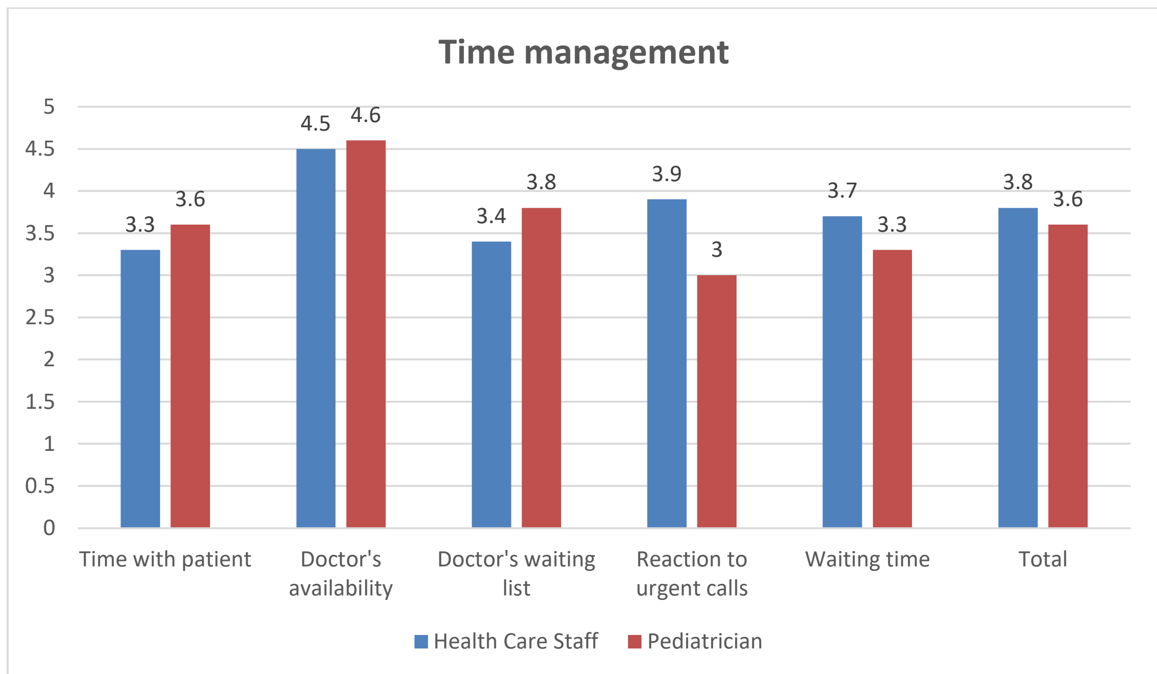
3.5 TIME MANAGEMENT



3.5.1 Time with patient

A paediatrician is required to spend at least 15 hours per week in the paediatrician's office. This means 3 hours per day from which 1 hour is spent with healthcare counselling and vaccination. In the remaining time the paediatrician must be available for patients.

Nurses think doctors spend enough time with patients most of the times while doctors think that sometimes the time spent with patients is not enough. Paediatricians have to diagnose patients' illnesses from the symptoms which can be a very time-consuming task. Evidently nurses are also conscious of the time pressure on primary care paediatricians, although doctors feel the problem more directly. For example, in a flu epidemic period there can be 60-80 patients in the paediatrician's office waiting to receive medical care.

Nurses' rating: 3,7
Doctors' rating: 3,3

3.5.2 Doctors' availability

Doctors think that they mostly easy to contact when their office is closed (nights and weekends) while nurses think they are very easy to contact those times. Parents can contact doctors via phone and e-mail during this period.

Nurses' rating: 3,9
Doctors' rating: 3,0

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3.5.3 Doctors' waiting list

Doctors rated waiting list as "usually short". In Hungary, there are no waiting list in primary care medical services but patients do have to wait to get an appointment for secondary care. This may take some time as hospitals can treat only a limited number of patients per day due to financial reasons.

Nurses' rating: 3,4
Doctors' rating: 3,8

3.5.4 Reaction to urgent calls

Nurses perceive the reaction time to urgent calls as usually short while doctors think the waiting time is always short. Primary care healthcare professionals are putting strong emphasis on training parents when do they have to call the paediatrician's office and when it is better to contact the emergency services. In some special cases, like asthmatic and croup attacks, allergic reactions parents are encouraged to see the primary care physician.

Nurses' rating: 4,5
Doctors' rating: 4,6

3.5.5 Waiting time in paediatrician office

Nurses and doctors agree on that the waiting time in the paediatrician's office is mostly short. In Hungarian medical offices patients can't book an appointment. Treating sick children generally happens on a "first come first served" basis. In an average day 15-25 patients visit the paediatrician's office. Waiting time can be longer when there's a vaccination period or doctors are busy with administration tasks or registering a new patient's medical history.

Nurses' rating: 3,6
Doctors' rating: 3,3

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4 CONCLUSION

4.1 CURRENT SITUATION

The main problems of the Hungarian healthcare system are the following:

1) **Financing problems**: there's a general lack of financial resources in the healthcare system. Private investments are not allowed in primary care and hospitals. Besides low official salaries, gratitude payments disturb a rational and economical use of financial and manpower capacities.
2) **Shortage of healthcare professionals**: due to the lack of young doctors the physician population is aging. The average age of a GP is over 57 years. Many of the young and the middle-aged doctors want to move abroad, hoping to get a better paid job elsewhere. An enormous amount of paperwork is expected from doctors, because a lack of other experienced staff members. Reports for NHIF are shortening the time for consultations.
3) **Lack of prevention programmes**: although some prevention programmes do exist, there's no organized, nation-wide prevention programme in Hungary.
4) **Communication problems**: János Pilling distinguishes between three common physician-patient communication models. In the paternalistic model, conversations are initiated and led by the doctor, the patient receives incomplete information. All the control and the right to make decisions are in the physician's hand. The consumer model is based on a physician-patient relationship where the former responds to the expectations to the latter. There are some cases, like plastic surgery and in vitro fertilization where applying this model can be even beneficial, but most of the times it contributes to waste valuable and expensive healthcare resources. In the mutualism model both the doctor and the patient have control over the situation. The patient is well informed and actively participates in his own treatment. [6]

4.2 NEEDS OF THE MAIN ACTORS

4.2.1 Communication, Transparency, Intercultural issues

In the following section, results and conclusions about communication, transparency and intercultural issues will be presented (as these categories are interrelated).

Nowadays medical training mostly rewards individual competitiveness and academic knowledge. Many doctors are ill-equipped to cater to the human side of patient demands. Paternalistic attitude is still the norm in most Hungarian medical schools where students see their professors acting in an impersonal way. 80% of Hungarian doctors miss presenting themselves to the patients and they also fail to clarify the roles in the communication despite that patient-doctor communication had been introduced in medical universities' curriculum in 1993. [6] Although both nurses and paediatricians found doctor-patient relationship mutually respectful, the survey results indicate that there are still opportunities for further enhancements in terms of making the communication less impersonal and even friendlier.

Present survey found paediatricians' listening skills very good. However, some doctors fail to explain things in a way that is easy to understand and they don't provide enough information about care either. This problem can be attributed mainly to the limited time paediatricians can spend with their patients. Research by Pilling [6] seem to confirm the result of the present survey. Most patients are not familiar with the medical terms and 89-93% of doctors fail to check if they understood the explanation or not. Therefore, patients memorize only 50-60% of the information provided.

44% of doctors don't provide information to patients about the next steps of the treatment. Most of the times patients have no possibility to ask questions related to the doctor's explanation as 75% of physicians don't give the opportunity to patients to ask more questions. Besides the limited time a doctor can spend with one patient there are also some practicing physicians who don't like being

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questioned. 76% of patients still have concrete questions after the visit is finished or they left the PCP's office. Without giving enough information, patients might even fail to recognize the good intentions of a doctor. If trust is broken, drug compliance will be worse and patients won't follow doctor's

instructions. Patients who are more satisfied with their physicians are more likely to adhere to treatment recommendations and that physicians who are more skilled in the emotional domain of patient interaction are likely to have more satisfied patients.

Not only is the amount of information provided important for patients. Sometimes, they need another type of information than doctors suppose. Patients want to know the diagnosis, prognosis and what caused the illness while doctors are more treatment and medication centred.
Usually, nurses evaluated paediatricians' soft skills more critically than paediatricians evaluate their own skills. It is important to add here that nurses working with primary care paediatricians meet patients in their homes, therefore they have deeper and more detailed information about families' background and sociocultural status. For example, nurses rated patient's life quality and respect towards doctors lower than doctors rated the same questions.

4.2.2 Hospital environment

Hospital environment is an area where there are considerable unmet needs in every Hungarian region. Doctors are the most dissatisfied with the convenience of the hospital or in our case, the paediatrician's office. One of the main problems in the 13th district is parking. Parking at many medical office buildings and hospitals is genuinely an obstacle to obtaining care here. These issues are among the most common consumer concerns about hospitals in other countries as well.

4.2.3 Time management

Questionnaire data showed that besides hospital environment health care professionals are most concerned about time management issues. As primary care paediatricians are first contact healthcare providers for little patients, their diagnostic responsibility is enormous. They have to select carefully patients with rare, serious or atypical symptoms. Doctors would evidently need more time for diagnosing a patient than the currently available. Not sufficient time with the patient increases the risk of misdiagnosis and medical malpractice.

Physicians tend to interrupt patients after listening to the symptoms for only 18 seconds. Later, they may lead the entire conversation in a way that the patients will never be able to finish their sentences. Consequently, more than half (54%) of the total symptoms remains hidden or untold. In case of primary paediatric care this time might be even shorter and more information might be missed as doctors have to communicate with two persons instead of only one. Although it is the parent who is more trusted by physicians in terms of providing the correct information about symptoms, the child cannot be ignored during the visit either. Listening to patients doesn't require that much time doctors suppose: most patients finish their first sentences without interruption in 60 seconds and none of them required more than 150 seconds not even when encouraged to do so. [6]

Doctors also tend to overestimate the importance of the symptom mentioned first and interrupt the patient right after the first symptom was told. Patients are often unable to decide which symptom is the most significant and often the order in which they are presenting them has nothing to do with the clinical importance of the given symptom. During control check-ups and appointments most physicians resume the conversation where the previous one ended, continuing the last topic of the previous visit and skipping all the introductory questions.

Throughout healthcare, there has been a recent push for electronic communications to be used more frequently as a means to improve quality of care. Examples include emailing test results to patients or managing conditions without requiring time-consuming and costly office visits (e.g. when parents send the paediatrician a photo about a skin condition). Physicians feel that they should be paid for the time they

spend phoning and emailing patients, both during and after office hours. Although electronic communications are well embraced, the big block to widespread adoption is probably compensation. Practice redesign and new payment methods are likely needed for electronic communication to be more widely used in patient care.

4.2.4 Final remark

More and more medical institutions are realizing that the importance of soft skills like communication and interpersonal skills are crucial to the success of the hospital or patient care facility. Interpersonal skills and professionalism are now vital to the success of physicians and should be a central consideration in the selection and training of residents. However, soft skill training is necessary but not enough: finding a solution for primary healthcare providers' problems is impossible without redesigning the whole healthcare system.

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