



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

PAEDIATRIC HEALTH SURVEY IN GERMANY



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Paediatric Health Survey in Germany

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1. INTRODUCTION

1.1 PEDIATRIC HEALTH SYSTEM IN GERMANY

The German Healthcare System

The most important aspect of the German Health Care System is the mandatory statutory health insurance for employees, called the Bismarck Model.

The origins of the health care system can be found in the craftsmen guilds in the Middle Ages with their early form of health insurance based on solidarity principle. Members of the guilds paid into a fund to support other members in case of medical issues. In the year 1883 Bismarck implemented a social security system that required certain employers and employees to make payments to existing voluntary sickness funds, which would pay for the covered employees' medical care. The modern Statutory Health Insurance (SHI) system that grew out of that early beginning has remained basically the same over the years and insures approximately 90% of German citizens with mandatory sickness funds. SHI covers essentially the cost of all medical care. Coverage is universal for all legal residents. The health care system in Germany is based on four basic principles:

1. Compulsory insurance
2. Funding from premiums
3. Principle of solidarity
4. Principle of self-governance

Table 1. Selected Health Care System Indicators for the German Health Care System

Population		Year
Total population (millions)	80.646	2013
Percentage of population over age 65	21.1%	2013
Percentage of population aged 0 - 14	13%	
Spending		
Percentage of GDP spent on health care	11.3%	2015
Health care spending per capita	\$4920	2013
Average annual growth rate of real health care spending per capita, 2009–13	1.95%	2013
Out-of-pocket health care spending per capita	\$649	2013
Hospital spending per capita	\$1,423	2013
Total spending of hospital care (in billions)	84,2	2015
Spending on pharmaceuticals per capita	\$678	2013
Physicians		
Number of practicing physicians per 1,000 population	411	2014
Average annual number of physician visits per capita	9.9	2013
Hospital spending, utilization, and capacity		
Total number of hospitals	1956	2015
Number of acute care hospital beds per 1,000 population	5.34	2013
Hospital spending per discharged	\$5,641	2015
Hospital discharges per 1,000 population	252	2013
Hospital beds per 100 000	823	2014
Average length of stay for curative care (days)	7.7	2013
Health		
Estimated life expectancy	81 years	2015



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Estimated infant mortality per 1000 live births	3	2015
Infant deaths per 1000 live births	3%	2014

Sources: Mossialos E, Wenzl M, Osborn R, Anderson C. 2015 International Profiles of Health Care Systems. The Commonwealth Fund. 2016. <http://www.euro.who.int/en/countries/germany/data-and-statistics>; <https://www.destatis.de>; <https://de.statista.com>

The German health care system can be divided into the three sections of players, payers and providers.

1.2 Players

The German health care system is based on a decentralized and self-governing system run by a number of different players. Decision-making powers are traditionally shared between national (federal) and state (*Länder*) levels, with much power delegated to self-governing bodies.

The Federal Assembly, the Federal Council, and the Federal Ministry of Health are the key actors on national level. The Federal Ministry of Health (*Bundesministerium für Gesundheit - BMG*) is responsible for policy-making at the federal level. The state is responsible for setting the legal framework, embodied in the Social Code Book V (*Sozialgesetzbuch*), by which the health insurances funds and service providers must abide. The Ministry of Health directs a number of institutions and agencies responsible for dealing with higher-level issues of public health, including the Federal Institute for Drugs and Medical Devices (*Bundesinstitut für Arzneimittel und Medizinprodukte - BfArM*) and the Paul Ehrlich Institute (*PEI*). The Federal Institute for Drugs and Medical Devices makes decisions involving the approval of pharmaceuticals. The Paul Ehrlich Institute is responsible for approving vaccines.

The most important body within the self-governing health system is the Federal Joint Committee (GBA), the highest decision-making body at federal level. It brings together the federal associations of sickness funds and the federal associations of provider groups (physicians, dentists and hospitals). It is responsible for defining the public financed package of services and setting quality standards for ambulatory, inpatient and intersectoral health care. (Nolte et al. 2008). The National Association of Statutory Health Insurance Funds (*GKV-Spitzenverband*) is the federal-level association of all statutory insurers. Its activities are governed by law. The private insurers are represented by the Association of Private Insurers (*PKV-Verband*).

Public health is mainly competence of the 16 Federal States. The Federal States are also responsible for planning inpatient capacities and financing investments in hospitals. The federal government governs all five social insurances through the body of federal legislation known as the Social Code Book. The five pillars of the Germany's Social Welfare are unemployment Insurance, Pension Insurance, Health Insurance, Accident Insurance and Long-term Care Insurance.

1.3 Payers

It is a decentralized system in which government at the *Länder* level and the non-profit sickness funds have maintained autonomy. The sickness funds are closely regulated, non-profit, competing, not-for-profit, and nongovernmental institutions (113 in 2017) (*GKV-Spitzenverband* 2017). The funds are required to cover a broad range of benefits, including hospitals and physician services, prescription drugs, and dental, preventive, and maternity care. Under the statutory SHI system, services are provided free at the point of access.

The level of statutory SHI contributions is dependent on income, rather than individual risk, and is calculated as a proportion of income from gainful employment (or pensions) and benefits cover non-earning dependants without any surcharge. Everybody in the same sickness fund at the same salary level paid the same amount.

In the German health care system, statutory health insurance members mutually carry the individual risks of loss of earnings and the costs of medical care in the event of illness. Everyone covered by statutory insurance has an equal right to receive care. Premiums are based solely on income. This means that the rich can help the poor, and the healthy can help the ill. However, these



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premiums are only based on a percentage scale up to a certain income level (*Beitragsbemessungsgrenze*). Anyone earning more than this amount pays the same maximum premium.

The contribution rate is 14,60% of gross income (BMG). The funds are not allowed to exclude people because of illness, or to raise contribution rates according to age or medical condition. SHIs are obliged to contract with any eligible applicant. Every citizen has free choice among sickness funds. Contributions are shared between SHI-insured employees and their employers (~ 53% and 47%). 90% belong to the mandatory sickness fund system, 8% of the population opt for private insurance, 2% receive medical service as members of the armed forces or police, and less than 0,2 % have no coverage.

1.3.1 Private insurance

Workers who earn more than 48.000 Euro per year may enroll in a sickness fund or opt out and purchase private insurance. They are not required to pay into Statutory Health Insurance system and may choose from among a variety of plans offered by many private insurance agencies. The patients pay the treatment costs up front and will be reimbursed later. The level of reimbursement will depend on the individual policy of the insurance company.

1.3.2 Healthcare Expenditures

The amount of the health care expenditures is € 2,911 per capita and 10,7 % of GDP which is the highest share of EU. 57% of total health expenditures were paid by statutory health insurance. 14% were paid by private households including direct payments and co-payments, 9% were paid by the private insurance sector, 5.7% were financed by governmental sources, and 7.5% were paid by long-term care insurance. The private households contribute around 14% of the total expenditure on health (including direct payments and co-payments). Patients have to pay 10 € per inpatient day (max. 28 days) (Parsi & Fischer 2009).

1.4 Providers

German medicine separates strictly ambulatory care physicians and hospital-based physicians. Most ambulatory care physicians are prohibited from treating patients in hospitals, and most hospital-based do not have private offices for treating outpatients. 2,8 million people working in a medical profession (Destatis).

The concerted Action sets guidelines for physicians' fees, hospitals rates, and the prices of pharmaceuticals twice a year. Based on these guidelines, negotiations are conducted at state, regional, and locals levels between the sickness funds in a region, the regional physicians' association, and the hospitals to set physicians fees and hospital rates.

Inpatient care

Acute inpatient care is delivered by a mix of public, public/private non-profit and private for-profit providers (34%, 38%, 28%) in 1956 Hospitals existent in Germany. Hospitals are principally staffed by salaried doctors. Inpatient care is reimbursed through a system of global budgets with DRG allocated per admission. The reimbursement of inpatient services is carried out directly by health insurance funds.

1.4.1 Outpatient care

Ambulatory care is mainly delivered by private for-profit providers working in single practices. Patients have free choice of physicians. SHI-Insured have free access to 96% of all ambulatory physicians (4% are not SHI affiliated and treat only patients who are privately insured or pay out of pocket). Ambulatory care is organized at the level of the federal states (*Länder*), through 17 regional physicians' associations. Those are responsible for licensing SHI physicians and arranging



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reimbursement of services provided in the ambulatory sector. Ambulatory care physicians are required to join their regional physicians' association. Sickness funds pay a global sum each year to the physicians' association in their region, which in turn pays physicians on the basis of a detailed fee schedule.

1.5 Pediatric Education

Pediatrics is part of the medical education in Germany but the structure of the academic program differs from university to university.

As an example, we describe in the following the program of pediatric education at the Ludwig-Maximilians-University in Munich:

In total, medical education is divided in 6 modules, pediatrics is part of module 5. The pediatric module comprises lectures, seminars, online-seminars, tutorials, practice training. Besides these mandatory courses, there are voluntary online seminars and practice training courses to deepen knowledge. At the end of the pediatric program the students have to pass 2 exams.

Lectures

- Giving important basics
- 28 lectures à 45 min
- Topics: pulmonology, neonatology, endocrinology, metabolic diseases, infectiology, oncology, hematology, gastroenterology, cardiology, pediatric neurology, hemostaseology, nephrology, nutrition

Seminars

- 6 seminars
- Topics: developmental neurology, emergencies in children, gastroenterology, vaccinations, breaking bad news, course in examination of newborns and babies

Online-Seminars

- Case-based learning

Tutorials

- Group size: 8-10
- 4 cases are discussed in 8 tutorials à 90 min

Practice training

- Group size 3
- Students "work" 4 days on the ward
- Topics: bedside teaching, taking a history, clinical examination, writing a medical report

Voluntary practice training

- Training courses in: neurological examination, pediatric surgery, improving conversational skills, initial care of newborns

After 6 years at university and passing the final exams, students can start working as MD, Medical Doctors. To become a pediatrician, they have to work at least five years at a children's hospital or – in part – at a specialized outpatient care as residents. During this time, they are trained in general pediatrics, neonatology, intensive care medicine and ultrasound. After the five years they have to pass a final exam and are then specialized in pediatrics.

As pediatrics is a specialty with lots of sub-specialties, pediatricians can specialize in a 3 year term further in

- Neonatology



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- Pulmonology
- Pediatric Neurology
- Cardiology
- Hemato-oncology
- Endocrinology- and diabetology

There are some further sub-specialties one can be trained in a shorter period like rheumatology, hemostaseology, gastroenterology, palliative care,...

1.6 Pediatric Services

In Germany, the medical care of children and adolescents takes place in

- Pediatric practices
- University children's hospitals and non-university children's hospitals, pediatric wards in general hospital (n=364 in 2013)
- "Social pediatric centers" (SPZ)* (n=153 in 2017)
- rehabilitation clinics

* Social pediatric centers

During the last three decades, social pediatrics (German Society for Social Pediatrics and Child Medicine Center – DGSPJ) has established its social-pediatric centers in the German healthcare system as an excellent platform that does justice to the developmental anomalies and the specific needs of children and adolescents affected or predisposed to become affected by disablement. Importantly, services provided by these centers are clearly anchored in the German Social Security Code (Sozialgesetzbuch, § 119).

The teams available for treating the children and adolescents in the social-pediatric centers generally provide multi-professional and transdisciplinary health care throughout the entire developmental process. This applies to ongoing needs for care as well as to preventative measures.

Consequently, the DGSPJ announced in 2017 the extension of these systems to include chronic disorders – in Children with Medical Complexity – Center for Children with Medical Complexity (CCMC).

At 31.12.2016, there are 14.466 (8.412 female) medical doctors in Germany working as specialized pediatricians, thereof 5984 pediatricians in a children's hospital or a pediatric ward in a general hospital.

This report is a summary of information and data based on the sources listed at the end of this document.

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2 RESEARCH ON SOFTSKILLS NEEDS IN PAEDIATRICS

2.1 Material

This empirical research is part of the Softisped project, which aims to improve paediatric students' soft skills in order to increase the performance and adaptability of paediatric services according to the needs and expectations of children and families, as well as the trainers' ability to build these skills through innovative methods and strategies.

The medical curriculum does not focus on the soft skills. According to the literature, medical educators lack experience in developing soft skills in pre-service and resident studies in paediatrics. As such, "soft skills may be the biggest challenge for the medical education" (Dwyer, Canadian Journal of Surgery, 2014).

The aim of the current project is to identify the most important soft skills for paediatricians, match them with the best teaching methods and strategies, and elaborate guidelines and materials for training the trainers to use these methods and develop future paediatricians' soft skills. As such, the current study will accomplish the first part of the project aims, i.e. to identify the soft skill needs in the project countries.

The survey findings will eventually conduct to improvements of paediatric education and services by improving communication with children patients and their families, implementing ludic activities, interaction with children through games, storytelling designed to distract, soothe, and help kids surmount fear of the doctor and deal with pain, stress and anxiety associated with hospital stays.

2.2 Method

The study used **questionnaires** to find out the attitudes and expectations as well as the main challenges and problems that may be encountered by the following target groups: paediatricians, parents (relatives), health care staff, and paediatric patients in different European countries (Romania, Hungary, Italy, Germany, Spain) in terms of:

1. Communication, interaction and empathy, ability to explain the child's illness, treatment, building mutual trust and respect
2. Transparency in communicating information about disease and therapy
3. Organization of the hospital environment (dimension of rooms, privacy, television, toys, pictures), services during hospitalization
4. Time management
5. Intercultural issues (language barriers, dealing with different beliefs and values)

Questionnaires were translated and administered in the national languages.

2.3 Participants

Inclusion criteria:

- Paediatricians: paediatricians in a hospital setting or specialists working with children (i.e. intensive care, psychiatry, neurology, pedodontics),
- Parents/tutors/relatives of the surveyed patients,
- Health care staff: working in paediatric units,
- Paediatric patients: with ages of 5-14 years of age and acute or chronic conditions.

Procedure. Participants in the study were selected according to the sampling criteria and approached by the researchers who obtained written informed consent to participate. The questionnaires were submitted to relevant ethics committees in each country and followed all rules of research governance



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as appropriate and required.

All the data were collected and interpreted, maintaining strict anonymity of the participants in the survey. Children who were offered the opportunity to participate in our clinical research were asked their opinion and gave their permission to proceed.

Variables

The research variables were:

- For healthcare staff: gender, age, place of birth, city of residence, years of experience and role in the hospital;
- For paediatricians: gender, age, place of birth, city of residence, years of experience, training courses attended in 2016. Paediatricians were also asked if they had always worked in hospitals located in the same context.
- For patients and parents: gender, age, place of birth, city of residence, duration in years of the illness.

In Germany, the surveyed **healthcarers** were 100% females. 12 paediatric nurses were involved in the survey working on the ward of the Children`s University Hospital of the Ludwig-Maximilians-University Munich and/or in the integrated social paediatric centre. Age of the health carers was 26-35 years (50%) and over 45 years (50%) 50% of them had been employed in the hospital for more than 15 years.

28 **paediatricians** of the Children`s University Children`s University Hospital of the Ludwig-Maximilians-University Munich and its integrated social paediatric centre were involved in the survey. They were females (48%) and males (52%) in almost equal parts. 32% were over 45 in terms of age, 29% being 26-35 years and 39% being 36-45 years. 41% were working as paediatricians for more than 15 years, 22%% for 0-5 years, 18% 5-10 years and 19% 10-15 years. 57% of paediatrician experts attended at least 1 training course during the previous year while 43% did not attend any training courses.

26 **patients** of the Children`s University Children`s University Hospital of the Ludwig-Maximilians-University Munich and its integrated social paediatric centre were involved in the survey. 58% of the patients were female versus 42% males. The most frequent category in terms of age were "12-14 years" (54%). Regarding the "duration of illness", the most frequent category was > 8 years (40%) , followed by 4-8 years (36%), 1-3 years (16%) and < 1 year (8%)

27 **relatives** have been involved, 62% were females while the most frequent category in terms of age was 36-45 years (54%)



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3. RESULT AND DISCUSSION

3.1 Communication (C)

3.1.1 Doctor's support for the patient

In Germany, patients and parents rate the doctor's support to the patients better (4.3. and 4.4) than paediatricians and health carers do. This result underlines the critical view of the paediatricians and healthcare staff in regard to their work.

health carers' rating: 3.7
patients' rating: 4.3

paediatricians' rating: 4.0
parents/relatives' rating: 4.4

3.1.2 Respect in the hospital

Both patients and parents are very satisfied by the respect they get in the hospital by doctors and health care staff. On the other side, the respect offered by the patients/parents to doctors and healthcare staff was evaluated as insufficient.

health carers: 3.7
patients' rating: 4.9

paediatricians' rating: 3.9
parents/relatives' rating: 4.8

3.1.3 Support offered by the medical team

Paediatricians rate the support from medical staff worse than health carers. In Germany, doctors are responsible for a lot of organisation work which is in large parts not the genuine responsibility of a doctor; this fact may contribute to this low ranking. On the contrary, patients (4.6) and parents (4.3) feel well supported by the medical team.

health carers: 4.0
patients' rating: 4.6

paediatricians' rating: 3.7
parents/relatives' rating: 4.3

3.1.4 Quality of the patient's life

In Germany, the average result of health care staff is 3.2/5.0. and from paediatricians 3.6/5.0. The asked medical team is working in a large university hospital with a lot of patients suffering from severe, rare and chronic diseases. So compared to healthy children, the quality of life in these patients seems low. Fortunately, the patients' and parents' rating is a little bit better, which may be explained by the care and support of these children in every bio-psycho-social aspects of their life.

health carers: 3.2
patients' rating: 4.0

paediatricians' rating: 3.6
parents/relatives' rating: 4.3

3.1.5 Doctor's availability

Access to care and wait for an appointment or lack of the doctor's availability can be a patient and parent's main frustration.



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Both health care staff and paediatricians evaluate the doctor's availability worse than patients and parents. Compared to adult medicine, every paediatrician tries to be available in the best possible way and appointments can be rescheduled very quickly if the child suffers an acute illness or deterioration. Patients and parents seem to appreciate that, whereas members of the medical team think it could be much better.

health carers: 3.5
patients' rating: 4.5

paediatricians' rating: 3.4
parents/relatives' rating: 4,0

3.1.6 Making appointments for checkups

In Germany, making appointments for check-ups are rated a little bit better by the medical team (3.8/5.0; 3.7/5.0) than the estimated doctor's availability. Patients and parents see potential for improvement but are satisfied in large parts.

health carers: 3.8
patients' rating: 4.1

paediatricians' rating: 3.7
parents/relatives' rating: 4.2

3.1.7 Follow-up information

Patients and parents think that follow-up information and care is quite good. They are provided with test-results, prescriptions, on a regular basis (medical report) and most of the patients and parents could email the doctors to get further information or updates. The average result of health care staff and paediatricians is a little bit lower, but not bad.

health carers: 4.1
patients' rating: 4.8

paediatricians' rating: 4.1
parents/relatives' rating: 4.6

3.1.8 Communication - Conclusions

Communication learning needs in Germany

In Germany, the lowest general average score for communication was given by the health care staff (3.7) followed by paediatricians (3.8). In contrast, patients and relatives seem to be mostly satisfied with the communication (4.5. and 4.4).

Paediatricians rate their *support to patients* and providing *follow up information* with the highest results in their group (4.0 and 4.1) and health care staff also think that *follow up information* is sufficient (4.1.). In general the increasing number of administrative tasks reduce the time doctors can talk to patients and relatives.

Patients and relatives appreciate all the communication aspects, parents think that the *availability during office hours* could be improved (4.0).

Communication	Health Care Staff Questionnaire	Patient Questionnaire	Paediatrician Questionnaire	Relative Questionnaire
Average	3,7	4,5	3,8	4,4
Support to patients	3,7	4,3	4,0	4,4



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Respect from patients	3,7	4,9	3,9	4,8
Support from medical team	4,0	4,6	3,7	4,3
Appointment for check-ups	3,8	4,1	3,7	4,2
Availability during office hours	3,5	4,5	3,4	4,0
Quality of patient life	3,2	4,0	3,6	4,3
Follow up information	4,1	4,8	4,1	4,6

Table 5. Communication results in Germany

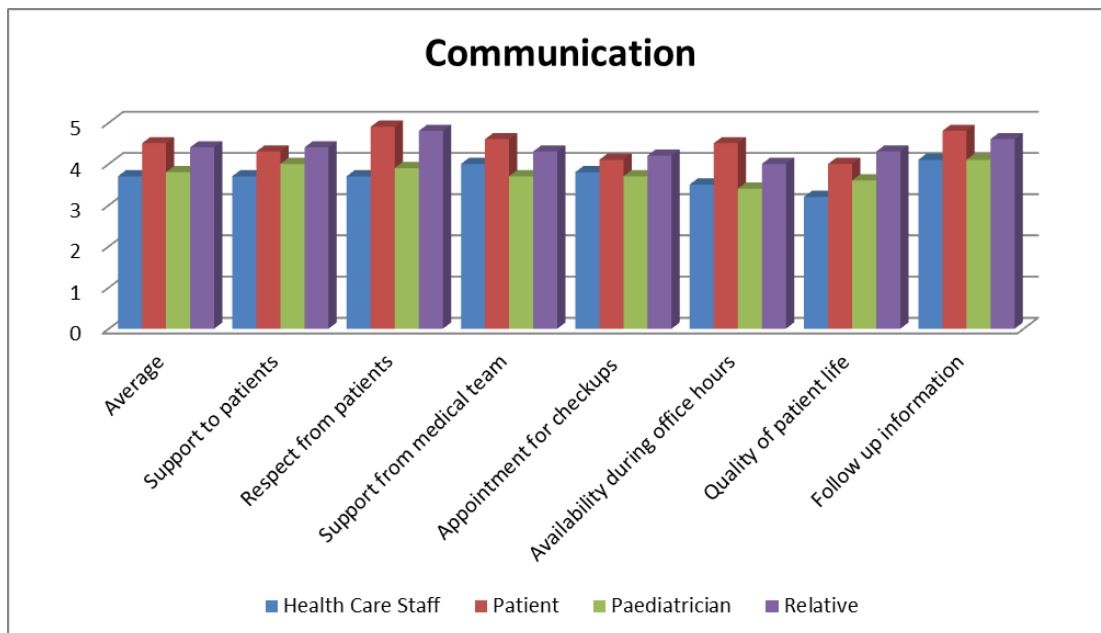


Fig. 5. Communication results in Germany

3.2 TRANSPARENCY (τ)

3.2.1 Other doctor's involvement

The average result of health care staff is 3.7 – the lowest result. Paediatricians, patients and parents rate other doctor's involvement higher (4.2-4.4)

health carers: 3.7
patients' rating: 4.4

paediatricians' rating: 4.2
parents/relatives' rating: 4.2



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3.2.2 Patients' complaints

Patients think that the medical team listens carefully to their complaints, they seem to appreciate this a lot (4.7). Paediatricians and parents show similar high results (4.4). In contrast, health care staff is not that satisfied with handling complaints (3.6).

health carers: 3.6
patients' rating: 4.7

paediatricians' rating: 4.4
parents/relatives' rating: 4.4

3.2.3 Information to patients (available and easy to understand)

For best compliance and medical outcome it is important that patients and parents understand the medical information from doctors. In paediatrics, it is essential that parents and relatives understand the main aspects of the child's disease, diagnostic steps and treatment options. In Germany, parents think that this information is provided in an excellent way by paediatricians (4.9). It cannot be explained properly why health carers are so unsatisfied with the provided information (3.3).

health carers: 3.3
patients' rating: 4.5

paediatricians' rating: 4.4
parents/relatives' rating: 4.9

3.2.4 Courtesy and respect

Patients and parents feel treated with a great amount of respect (4.9 and 4.6) and the self-estimation of paediatricians is the same (4.7). The health care staff is less satisfied (3.9)

health carers: 3.9
patients' rating: 4.9

paediatricians' rating: 4.7
parents/relatives' rating: 4.6

3.2.5 Information about care

Parents and patients are totally happy with the provided information about care (4.5 and 4.8) whereas health care staff see room for improvement (3.9)

health carers: 3.9
patients' rating: 4.5

paediatricians' rating: 4.4
parents/relatives' rating: 4.8

3.2.6 Information about test results

Information about test results is rated quite similarly to information about care. Health carers are not so satisfied (3.5), whereas paediatricians, patients and parents are (4.2-4.5).

health carers: 3.5
patients' rating: 4.6

paediatricians' rating: 4.2
parents/relatives' rating: 4.5

3.2.7 Privacy



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Patients and parents think that they have almost always privacy when discussing health related issues (4.7 and 4.5). Questionnaires were not distributed in patients waiting in the emergency room where it is more difficult to have enough privacy. Health care staff and paediatricians also know sometimes the lack of privacy in emergency situations and therefore the rates may be lower (3.5 and 4.0)

health carers: 3.4
patients' rating: 4.7

paediatricians' rating: 4
parents/relatives' rating: 4.5

3.2.8 Written communication

Parents do not expect more written information whereas all other groups would consider it helpful to provide and get more written information.

health carers: 3.6
patients' rating: 3.9

paediatricians' rating: 3.8
parents/relatives' rating: 4.7

3.2.9 Conclusion – Transparency needs

Transparency learning needs in Germany

In Germany, patients, parents and paediatricians gave a very similar and very good average rating for transparency (4.2-4.6). It is surprising, that the rating of health carers is much worse (3.6) and differs in almost all aspects. One explanation could be that most nurses participating on the survey are working on the ward whereas patients were mostly asked in a kind of outpatient setting where the medical team has more time for providing information for patients and parents, interdisciplinary case conferences. There may also be a lack of privacy on the ward for patients sharing the room with other patients.

Transparency	Health Care Staff Questionnaire	Patient Questionnaire	Paediatrician Questionnaire	Relative Questionnaire
Average	3,6	4,5	4,2	4,6
Other doctors' involvement	3,7	4,4	4,2	4,2
Patients' complains	3,6	4,7	4,4	4,4
Information to patients	3,3	4,5	4,4	4,9
Courtesy and respect	3,9	4,9	4,7	4,6
Information about care	3,9	4,5	4,4	4,8
Information about test results	3,5	4,6	4,2	4,5
Privacy	3,4	4,7	4,0	4,5
Written communication	3,6	3,9	3,8	4,7



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Table 10. Transparency results for Germany

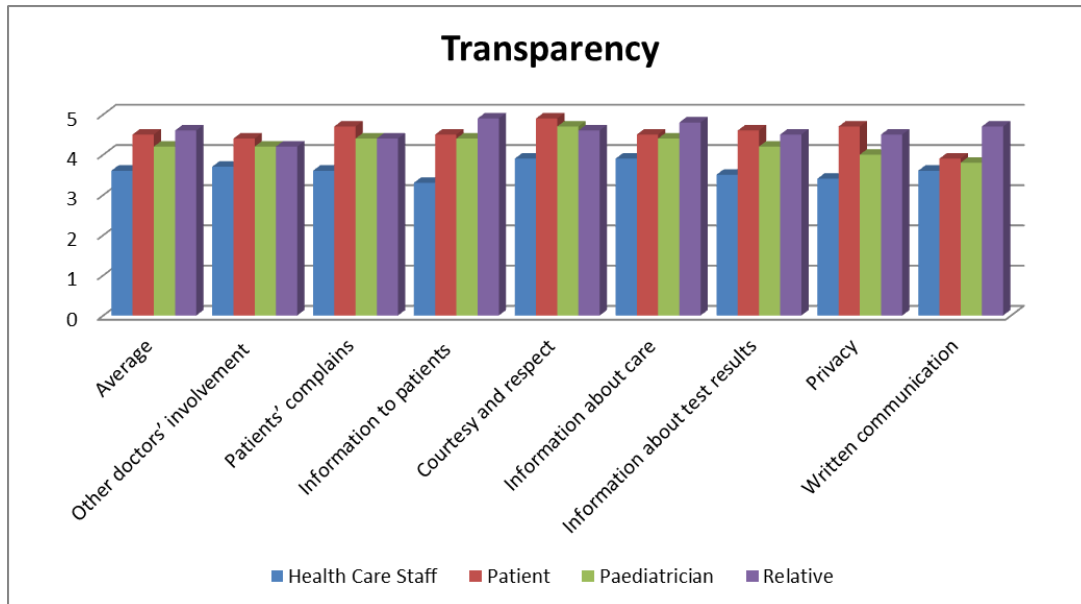


Fig. 10. Transparency results for Germany

3.3 HOSPITAL ENVIRONMENT (HE)

3.3.1 Hospital appearance

Compared to other items explored by the survey, the rating for *hospital appearance* is low and there is room for improvement. The university children's hospital in Munich is located in the city centre of Munich with an excellent transport connection but parts of the building require renovation.

health carers: 3.1
patients' rating: 3.8

paediatricians' rating: 3.5
parents/relatives' rating: 3.9

3.3.2 Hospital convenience

As mentioned above, the university hospital is an old building, and especially rooms for patients require renovation. Therefore, it is not surprising that the overall ranking for hospital convenience is low.

health carers: 2.7
patients' rating: 2.5

paediatricians' rating: 2.6
parents/relatives' rating: 3.1



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3.3.3 Conclusion – Hospital Environment needs

Hospital Environment learning needs in Germany

The hospital appearance and convenience could be optimized. This result does not surprise – the hospital was founded by 1846 and some parts of the first building are still in use. Especially patients' rooms need renovation and are not in compliance with parents' and patients' expectations.

Hospital Environment	Health Care Staff Questionnaire	Patient Questionnaire	Paediatrician Questionnaire	Relative Questionnaire
Average	2,9	3,2	3,1	3,5
Hospital's appearance	3,1	3,8	3,5	3,9
Hospital's convenience	2,7	2,5	2,6	3,1

Table 15 Hospital environment results in Germany

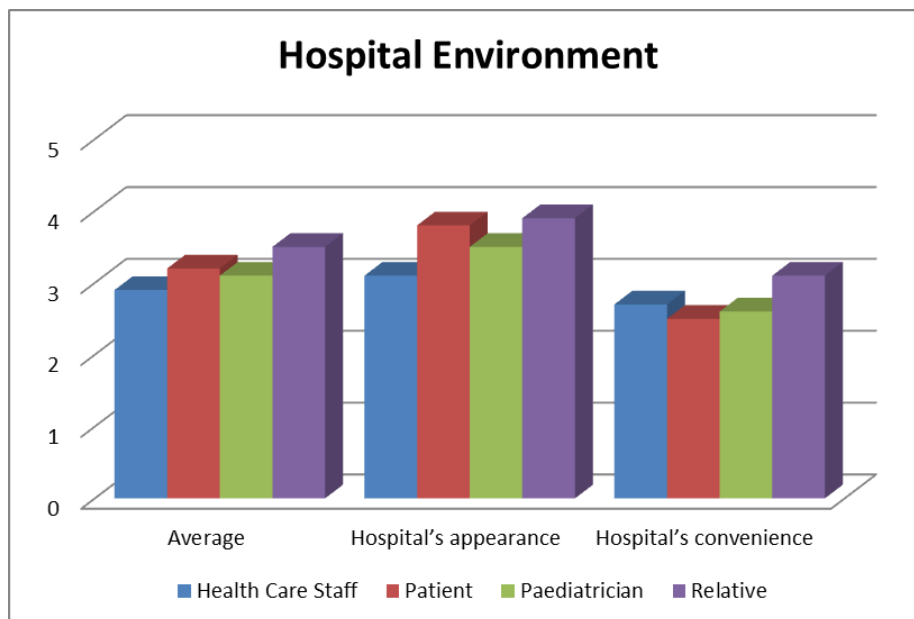


Fig. 15. Hospital environment results in Germany



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3.4 INTERCULTURAL ISSUES (II)

3.4.1 Behaviour towards patients (treatment)

– In Germany all groups share a positive perception about this item. Paediatricians think that they act in a perfectly professional manner towards their patients (5.0).

health carers: 4.5
patients' rating: 4.9

paediatricians' rating: 4.6
parents/relatives' rating: 4.8

3.4.2 Behaviour towards patients (action)

The results average of health carer is 4.3 while the paediatricians' is 4.9. The perception of patients and parents is similar.

health carers: 4.3
patients' rating: 4.8

paediatricians' rating: 4.9
parents/relatives' rating: 4.7

3.4.3 Conclusion – I₁ needs for the surveyed countries

Intercultural issues learning needs in Germany

In **Germany**, the results of all groups participating to the survey show are homogenously good. This reflects a friendly and respectful environment in all parts of the hospital.

Intercultural Issues	Health Care Staff Questionnaire	Patient Questionnaire	Paediatrician Questionnaire	Relative Questionnaire
Average	4,4	4,8	4,8	4,8
Behaviour towards patients (action)	4,3	4,8	4,5	4,7
Behaviour towards patients (treatment)	4,5	4,9	4,6	4,8

Table 20: Intercultural issues – results in Germany



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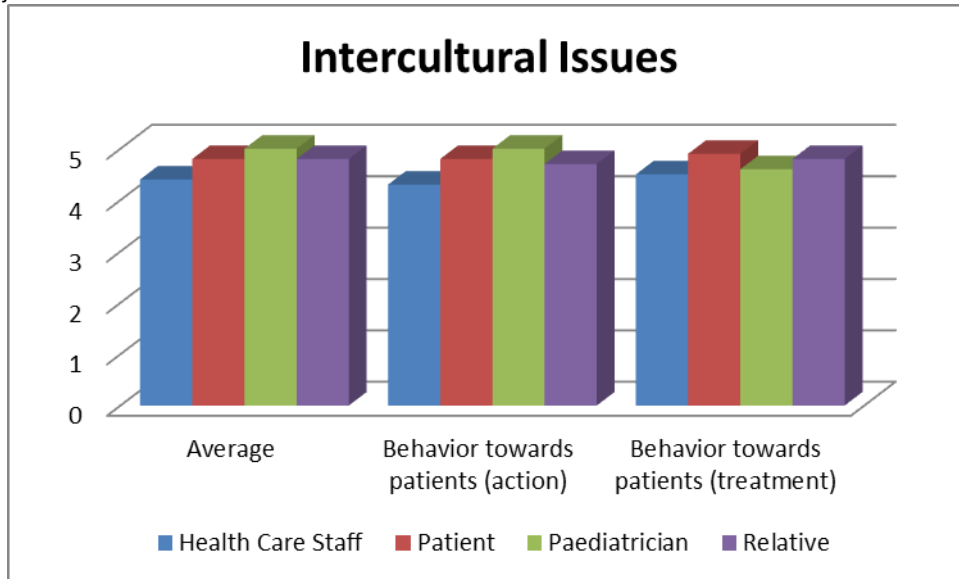


Fig. 20 Intercultural issues – results in Germany

3.5 TIME MANAGEMENT (TM)

3.5.1 Time with the patient

Health carers and paediatricians know that it would be better to spend more time with the patient. Sometimes, the number of administrative tasks is overwhelming and there seems to be less and less time for physical examination and talking to patients and parents. The perception of patients and parents is higher; this result could be influenced by the experiences from adult medicine where even less time is available to answer the patients' questions.

health carers: 3.0
patients' rating: 4.6

paediatricians' rating: 3.7
parents/relatives' rating: 4.5

3.5.2 Doctor's availability

The availability from doctors and health carers is low when the office is closed – this is true. But the interpretation of the question maybe misleading as our hospital has an 24/7 emergency service and paediatricians and even further specialized paediatricians (f.e. oncologists) are present by phone and in person during nights and weekends.

health carers: 3.2
patients' rating: 2.9

paediatricians' rating: 2.7
parents/relatives' rating: 3.0



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3.5.3 Doctor's waiting list

All groups agree: the waiting lists are too long. But this fact is not changeable at the moment due to staff cuts.

health carers: 2.5
patients' rating: 3.1

paediatricians' rating: 2.6
parents/relatives' rating: 2.7

3.5.4 Reaction to urgent calls

In Germany, in terms of reactions to urgent calls the scores offered by the four categories of surveyed populations were highest in paediatricians and patients (3.9) and lowest in health carer (2.9) All groups see need for improvement.

health carers' rating: 2.9
patients' rating: 3.9

paediatricians' rating: 3.9
parents/relatives' rating: 3.7

3.5.5. Waiting time in paediatrician's office

Waiting time in paediatrician's office is rated as moderate by health carers and paediatricians. Patients and parents are more satisfied and think that waiting time is acceptable.

health carers: 3.1
patients' rating: 3.6

paediatricians' rating: 3.3
parents/relatives' rating: 3.8

3.5.6 Conclusion – TM needs

Time Management learning needs in Germany

Time management seems to be a problem in the German healthcare and the medical team as well as patients/parents are aware of it. Time for the patient is reduced in the same way as the number of administrative tasks increases. Spending more time with a patient in an outpatient care often means less money for the providers – a great risk to decrease quality. But in the survey, the patients and relatives are more satisfied with the time management than paediatricians and health care staff.

Time Management	Health Care Staff Questionnaire	Patient Questionnaire	Paediatrician Questionnaire	Relative Questionnaire
Average	2,9	3,6	3,2	3,5
Time with patient	3,0	4,6	3,7	4,5
Doctors' availability	3,2	2,9	2,7	3,0
Doctors' waiting list	2,5	3,1	2,6	2,7
Reaction to urgent calls	2,9	3,9	3,9	3,7
Waiting time in paediatrician office	3,1	3,6	3,3	3,8



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Table 25 Time management results for Germany

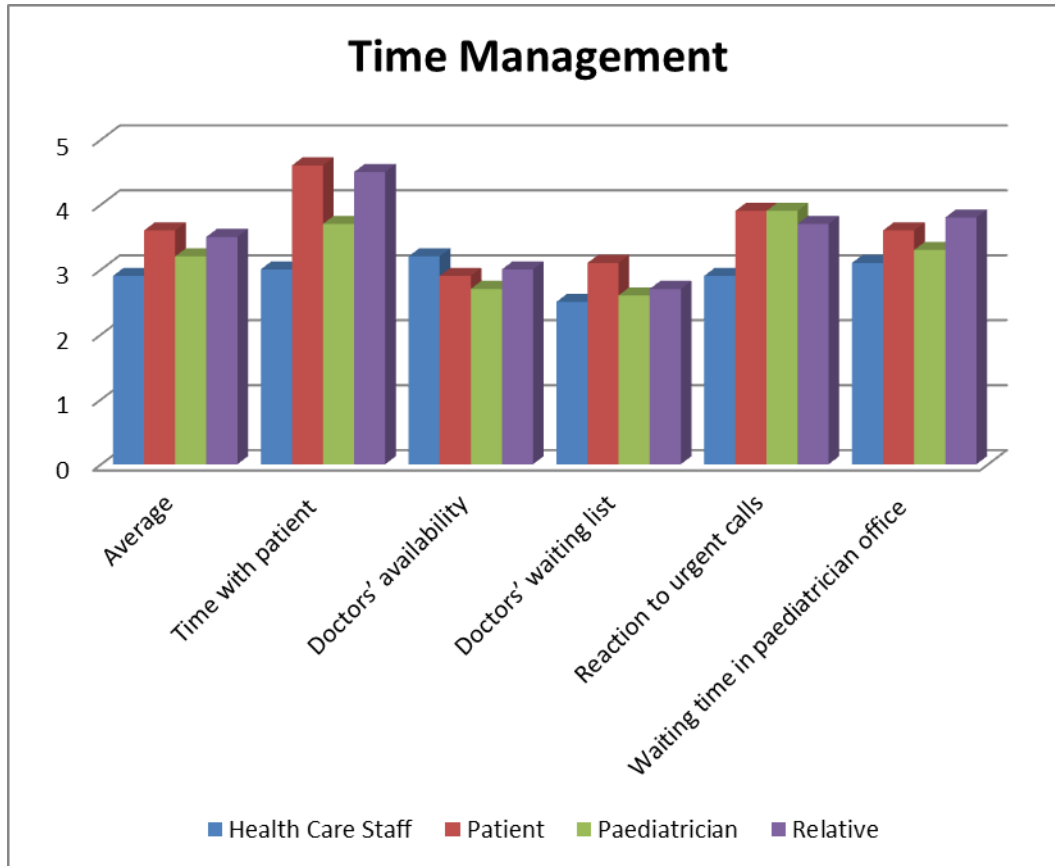


Fig. 25 Time management results for Germany



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4. CONCLUSIONS

The most critical aspects that need to be improved as viewed by all four groups of participants in the survey are:

hospital environment < time management < communication < transparency < intercultural issues

The **general average for communication** was rated by the paediatricians with 3.8, by the health care staff with 3.7, by patients with 4.5. and by parents with 4.4. As the medical team see room for improvement, they would appreciate the development and offering of training modules to improve their communication skills.

The general average for **Transparency** ranged between 3.6 (health care staff) and 4.6 (patients). The low rating by the health care staff may be due to the fact, that the participating nurses are working on the ward and are not that much aware of interdisciplinary conferences with other caregivers, phone calls to paediatricians working in ambulances and contact to family doctors.

The general average for the item **Hospital environment** was the lowest, ranging from 2.9-3.5, which calls for an adequate modernization of the old buildings of the university hospital. In Munich, there are concrete plans to build a large modern university children`s hospital.

The general average for **intercultural issues** was almost maximum (4.8) in all groups except for the group of health care staff (4.4). This homogenous high rating demonstrates that diagnosis and treatment as well as communication is not influenced by intercultural issues. Still attention needs to be paid to intercultural issues due to the increasing number of migrants from outside the European Union.

In terms of **time management**, the general average ranges between 2.9 and 3.6. Especially the medical staff recognizes that time for physical examination of the child as well as for providing oral and written information is much too short compared to the time the medical team has to spend with administrative tasks. Furthermore, hospitals and time management suffer from staff cuts as part of cost-cutting measures.



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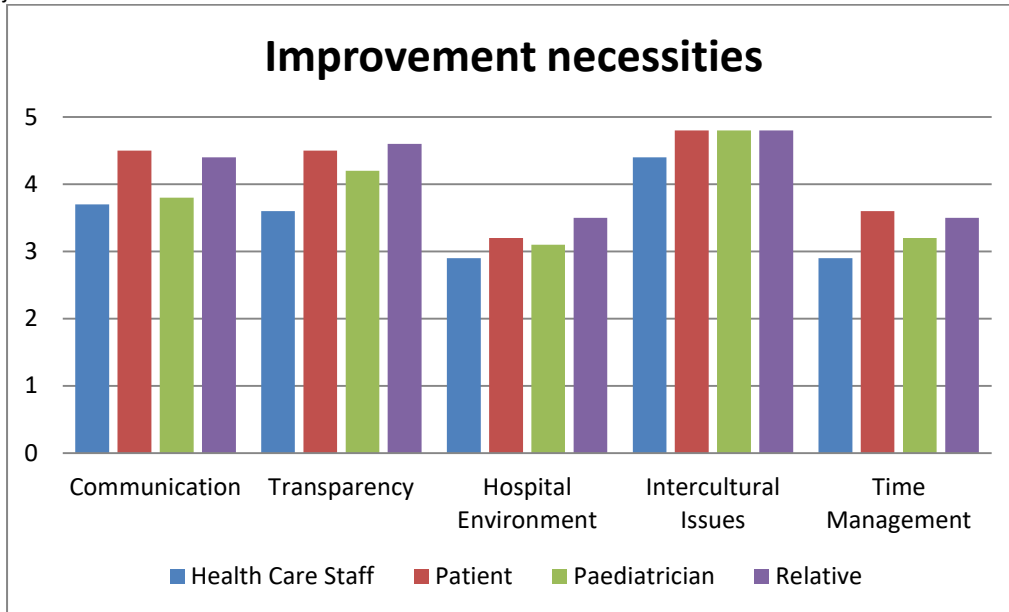


Fig. 30. Improvement necessities for Germany



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