

Doctoral School of Interdisciplinary Medicine  
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# **Informal payments and gifts to nurses in Hungary with special reference to the COVID-19 pandemic**

Summary of the PhD Thesis

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## **1.Introduction**

### **1.1. Ethical and economic problems leading to legal ones**

In 2020, the Hungarian Medical Chamber issued its eleven points on the problems caused by informal patient payments. In 2015, the Chamber of Hungarian Health Care Professionals issued its resolution concerning informal patient payments. According to the latter resolution, the nurses' economic situation leads to humiliating problems when nurses have to accept informal payments in order to earn their living. The Chamber of Hungarian Health Care Professionals found in 2015 that the legalization of informal payments to nurses seemed to substitute the necessary pay rise. This argument of the nurses still survives.

In most European and North American countries, informal payments in the healthcare sector do not represent a problem. Small gifts are given to nurses to indicate a patient's gratitude, but nothing else is considered acceptable by the public or in codes of ethics. In Hungary, "gratitude money" is one of the most serious problems in the healthcare sector. Rooted in socialist times, it leads to distortions in the structure of care, calling equal access to care into question. Nurses also accept such payments, but in their case we have very little data or analysis of the phenomenon compared to physicians' informal income.

The gift-giving and informal payments to nurses are rather an expression of gratitude than corruption. It is hard to differentiate gratitude from corruption in the practice. The legal background decides. If informal payments to nurses are criminalized, we can still believe that the patient merely expressed their gratitude towards the nurse. However, it would be complicated, if not impossible, to prove before court that the illegal informal payment and *ex ante* gift-giving did not constitute a crime. According to Hungarian law, there is no such legal institution as informal gratitude payment.

### **1.2. The informal patient payments mirrored by numbers**

The human right to life and health should not be corrupted in any way. The informal payments to nurses in post-communist countries really corrupt the healthcare sector. According to the EBRD – World Bank Life in Transition Survey, made in May, 2007, only

5% of the patients gave informal payments in the Slovenian health care sector. The percentage was 10 in the Czech Republic and 31 in Hungary.

According to Tambor et al., “The prevalence of informal patient payments has decreased over years in the CEE [Central and Eastern European] region, though they still constitute a barrier to access and a financial burden for households in many countries.”

According to Bognár et al., in 1998, the informal patient payments amounted to approximately Ft33 billion. Ft29 billion went to the physicians and the rest to other health professionals, including nurses.

### **1.3. The ethical attitude as a learned attitude**

The Hungarian nurses’ attitude vis-à-vis the patients is a learned attitude. The nurses learn in nursing schools and also imitate the older and more experienced nurses’ attitude. The formation of nurses is largely based on practice. The nurses learn what and how to do or not to do when working at the bedside. The younger generation of nurses follow the practice: when they see senior and more experienced nurses refusing informal payments and accepting only gifts of a small value after care, they do the same thing. Among nurses, the more experienced and better educated ones can influence the beginners. It is a sort of model learning. They teach the freshmen not only healthcare practices but also ethical behavior. It is not just the physician but also the nurse who have to differentiate between good and wrong. The legislation can orientate only those who are susceptible to a correct behavior.

### **1.4. The role of ethics and psychology**

Czeglédi and Tandari-Kovács found in 2019: “Within the health care system, nurses face multiple hazards from the aspect of burnout syndrome (emotional exhaustion, depersonalisation, and reduced personal accomplishment) development. Burnout has a negative impact on the health and economic status of individuals. Moreover, burnout diminishes compliance, reduces the quality of care, and it influences the prevalence of medical malpractice and complications.” The psychological problems generated by a low-level occupational hygiene may be manifested in unexpected ways. Besides the medical malpractice problems, the cognitive biases and dysfunctional attitudes of the burned out

nurses can lead to illegal behavior, such as, e.g., the non-observance of the prohibition to accept informal payment or illegal gift. By and large, the negative psychological consequences of the heavy workload can be counterbalanced by a higher salary and more free time for recreation.

The empathy and sometimes introjection are palpable among the Hungarian nurses. These fortify the nurses' attitude to refuse undue money from the patients. The fact that *ex ante* gift and informal payment are criminalized might strengthen the law-abiding behavior of the nurses. Now, refusing informal payment is based on more than well-meaningness: it is grounded in criminal law.

### **1.5. The international environment**

Informal payments to nurses have been observed in a number of countries. The phenomenon of such payments has traditionally been understood as personal compensation for low salaries and/or an expression of thanks, but nowadays the shortage of healthcare staff also has a major impact on these payments. In countries where tipping nurses represents a small sum of money as one is leaving the medical facility, it expresses true gratitude and differs little from tipping taxi drivers or waiters. Nurses have less autonomy and power to influence treatment decisions, but in some situations patients are dependent on them. It is important to highlight the fact that most medical professionals assert that they do not wish to work in a sector tainted by informal payments, yet many still accept them.

The similarities of post-communist countries could be assessed as follows:

- In all those countries, there are remnants of the communist economy that permeate the present development of a market economy;
- This leads to a certain level of poverty;
- The eradication of poverty could be the only way out of informal payments, gratitude payments and other sorts of corruption in the health care system;
- Informal payments are more prevalent in post-Soviet Asian countries than in post-communist European ones;
- These countries should learn from each other when legislating on cleansing the health care sector and when putting legislative measures into practice;
- The merely top-down way of eradicating informal payments in the health care sector does not seem feasible; and, finally,

- There is no clear-cut solution, but the Slovenian example could be followed as a post-communist country where the health care sector is slightly affected by informal payments; however, in larger countries with a larger population, the Slovenian example might fail.

## **1.6. Gratitude or tipping**

Gifts are the only form of tips and gratitude payments that are distinct from forms of corruption, for example, when the patient gives the nurse or the physician flowers or handmade products that represent no pecuniary value. A gift of small value to health care staff, a “gift as a courtesy”, is also acceptable when it is not more than some coffee, chocolate or other sweets. The notions of tips and gratitude payments (*borravaló* and *hálapénz*, respectively, in Hungarian) are semantically distinguished by the Hungarian Central Statistical Office. Usually, tipping is understood to involve a relatively small sum of money offered for a small service, while a gratitude payment is made in exchange for a service of great importance. A gift is given after the care.

In Hungary, it is often experienced that nurses divide chocolate, coffee etc. among themselves when their shift is over. This greatly resembles the custom of waiters splitting tips at the end of their shift. This custom may be maintained because the 2021 modification of the Hungarian Act on Health of 1997 still gives opportunity for it. It is legal and ethical, so unquestionably part of the Hungarian health care culture.

## **1.7. The informal patient payment and similar notions**

A “gratitude payment” is an expression of thanks to physicians and nurses, although it is clear that such payments generally constitute a price paid for better health care. A Latin term used in this context in Hungary, *parasolventia* (or *paraszolvenzia*), which translates roughly to “ancillary” or “additional solution”, is another synonym for gratitude money and is a euphemism for these kinds of illegal payments. *Parasolventia* was originally an *ex post* payment and once referred to in-kind payments, such as a chicken or a labour-saving device. According to Hungary’s Health Act under socialism, it was literally forbidden and medical facilities were obliged to post a warning on the wall citing the prohibition rule (Act on Health,

1972). It had no effect on patients, and doctors ignored it. On the contrary, there were fees for medical interventions that spread through rumours or chats among patients; sometimes the nurses were asked.

The comprehensive term “informal or irregular” payment is composed of different elements in the healthcare sector. After a review study, Pourtaleb et al. found that the most frequently used terms are: informal payments, gratitude payments, envelope payments, unofficial payments, bribe payments, under-the-table payments, and red package payments.

### **1.8. Informal patient payments in post-socialist and other countries**

According to a study conducted in 2010 and funded by the European Commission, informal payments for healthcare services were fairly high in Ukraine and Romania, while they were relatively low in Poland and Bulgaria. Hungary and Lithuania fell between these two groups. Chereches et al. concluded that, in Romania, even the Ministry of Health recognized the existence of informal payments in the healthcare sector. Ensor and Savelyeva estimated in 1998 that such payments were a huge part of the income in healthcare in the former Soviet Union and in Eastern and Central Europe. Habibov and Cheung measured a very low level of informal payments in Slovenia and contrasted this with a very high level in the former member states of the Soviet Union. Tambor et al. arrived at the conclusion that “in some European countries, the implementation of cost-sharing requires policy actions to reduce other patient payment obligations, including measures to eliminate informal payments”. Vian et al. found that factors that promote these payments in Albania include the perception that healthcare personnel’s earnings are low, a belief in good health being worth any amount of money, the desire to ensure better service, the fear that treatment will be denied otherwise, and the custom of giving a gift to show gratitude.

Besides post-socialist countries, we find informal payments in the health care sector of Greece as well. The phenomenon of informal payment to health care workers is not unique in the post-socialist countries, however, we usually understand the latter countries when writing about informal patient payments.

## **1.9. The new regulation of informal patient payment in Hungary**

From January 1, 2021, the status of health care workers has been basically changed and this conveyed a new legislation on informal patient payment. In Hungary, from January 1, 2021, giving and accepting informal payments in healthcare constitutes a crime, according to the Hungarian Act on Health and the Hungarian Criminal Code. A gift may be given after care in an amount not to exceed 5% of the Hungarian minimum wage (per month), i.e., Ft10,000 from 2022 (Ft8,370 in 2021). If money is given *ex post* or *ex ante* and if the gift is given before care, the crime of corruption is punishable by imprisonment. If a gift is given after care, but it exceeds the legal limit, it is also considered as corruption.

Not only healthcare workers can commit this crime but also patients.

## **2.Aims**

As a result of our literature research, we assert that the informal payments going to nurses have not been researched in Hungary previously, so the aim of our research was to survey the nurses in 2020 and in 2021.

We wanted to have an overview of the informal payment situation among Hungarian nurses before and after the new banning regulation. Concerning the pandemic, we wanted to see the changes of the informal payment habits in this extreme situation. The questions we wanted to answer were as follows:

- Do nurses in care respect the new regulation on non-acceptance of informal payments?
- What are the differences between informal payments in the COVID-19 emergency care unit, the COVID-19 general care unit, and the COVID-19 intensive therapy unit?
- What are the motivations of Hungarian nurses in refusing informal payments?
- What is the nurses' attitude towards informal patient payments and what are the changes of this attitude?

### **3. Materials and methods**

#### **3.1. 1st study**

In the fall of 2020, we questioned 167 nurses in the Albert Szent-Györgyi Health Center of the University of Szeged, Hungary, in order to highlight the motivations, forms, circumstances, and sums of informal payments.

The surveys were first conceived and printed out. They were distributed by the Nursing Directorate of the University of Szeged among the nurses in all university clinics providing in-patient health care services. After three months, we recuperated the surveys and digitalized the answers in Excel table. Then, we evaluated the data and drew the conclusions thereof. We excluded no survey sheet.

We analyzed the results by means of descriptive statistical methods, with special regard to the differences among surgical, internal medical and pediatric fields. We analyzed the results with a view to the new legal regulations.

The survey questions in 2020 were composed of three groups of questions. The first group of questions was related to the motivations of informal patient payments.

The second group of questions was related to the forms and sums of informal patient payments.

The third group of questions was related to the situation in which the informal patient payment was given.

#### **3.2. 2nd study**

In May–July 2021, we questioned 246 nurses in the Albert Szent-Györgyi Health Center of the University of Szeged, Hungary, in order to highlight the forms, circumstances, and sums of informal payments and gift giving.

The surveys were first conceived and printed out. They were distributed by the Nursing Directorate of the University of Szeged among the nurses in all university clinics providing in-patient health care services. After two months, we recuperated the surveys and digitalized the answers in Excel table. Then, we evaluated the data and drew the conclusions thereof. We excluded no survey sheet. The questions of the 1<sup>st</sup> study were changed because the new banning regulation had been set in force and an exact legal limit of gift value had been introduced. Moreover, the Hungarian minimum wage (per month) was augmented and concomitantly the legal limit of *ex post* gift-giving also increased. Considering the fact that



informal patient payment even after care was criminalized, we could not directly ask the nurses about them accepting informal patient payment. We rather asked them indirectly.

We analyzed the results by means of descriptive statistical methods, with special regard to the differences among surgical, internal medical and pediatric fields. We compared our results to those found in 2020.

### **3.3. 3rd study**

In May–July 2021, by means of anonymous, voluntary surveys, we questioned 202 nurses in the Albert Szent-Györgyi Health Center of the University of Szeged, Hungary, in the COVID-19 care in order to highlight the forms, circumstances, and sums of informal payments and gift giving.

The surveys were first conceived and printed out. They were distributed by the Nursing Directorate of the University of Szeged among the nurses in all university clinics providing in-patient health care services. After two months, we recuperated the surveys and digitalized the answers in Excel table. Then, we evaluated the data and drew the conclusions thereof. We excluded no survey sheet.

We analyzed the results by means of descriptive and also analytical statistical methods, with special regard to the differences among COVID-19 emergency care unit, COVID-19 general care unit, and COVID-19 intensive therapy unit.

We compared the answers from COVID-19 care nurses with those working not in the COVID-19 care, both collected in 2021, by means of statistical analysis.

We applied Wilcoxon signed rank test when comparing the answers of nurses working in the COVID-19 care with those working not in the COVID-19 care. As to the question ‘If you refused an informal payment in the first four months of 2021, what was the reason?’, we compared the answers from COVID-19 care with the answers from not COVID-19 care by means of McNemar test for each answer respectively/separately because more than one answer was possibly accepted from the same nurse.

## **4.Results**

### **4.1. 1st study**

Out of 167 respondents, 93 worked in surgical field, 54 in internal medical care, and 18 in pediatric care. Besides gratitude, corruption appeared in all the three fields, however,

pediatric care was the least touched by corruption. Gifts of a higher value were rare, however, small gifts were common. The respondents received 10 851 HUF as informal payment from in-patients after one week, while, occasionally, 5326 HUF. The sums – similarly to informal payments to physicians – varied from field to field in healthcare. In the surgical field, the sums surpassed the new legal limit (the legal limit was, from 2021, 8370 HUF; from 2022, 10 000 HUF).

According to our survey conducted in the fall of 2020, nurses working in the surgical/operative field reported up to twice as much informal payment as their colleagues working in the field of internal medicine or children/youth healthcare; on average, those working in the field of internal medicine and pediatrics received two-thirds of the informal payment in the surgical field.

Regarding the entire sample, half of the healthcare professionals stated that they received the informal payment once a month, while one-third stated that they received it once a week as a thank you after the healthcare service, out of sincere gratitude.

According to 40% of all respondents, only annually once happened that the informal payment was given to them so that an experienced nurse performed the intervention. This showed the same proportions in the fields of surgery and internal medicine, but was less common in the case of childcare providers.

According to 32% of the respondents, they got informal payment once a month in order for more frequent change of the bedding than mandatory, or to get better food, greater comfort, special services (e.g. TV, Internet). According to 25% of the respondents, this never occurred in their practice. On the contrary, 20% of them answered that it happened once a week.

According to just over 6.5% of all respondents, they received informal payment more than once a week in order to deviate from institutional rules for the benefit of the patient (for example, the patient may receive visitors beyond the visiting hours). According to 27.5% of respondents, this happened once a year, while 31% said never.

Almost half of the respondents claimed that they never received informal payment in order to make possible an otherwise legal right of the patient. A quarter of the respondents answered that this, however, happened once a year. Only 3.5% of the respondents experienced it more than once a week. Here, the phenomenon was the most common in the field of internal medicine, while the phenomenon was the rarest in pediatric care.

40% of the respondents used to refuse informal payment once a month. 11% of respondents refused informal payment more than once a week. Approximately 12% of the

respondents refused informal payment once a week. One fifth of the responding nurses never refused an informal payment.

57% of the responding nurses reported that it occurred only once a month that gratitude was expressed verbally or in writing in their direction. According to 6.5% of the nurses, it never happened. Only 5% of the nurses reported that they were thanked more than once a week.

71% of the respondents received a gift of smaller value once a week as an expression of gratitude. In all three areas, weekly regularity becomes the most typical frequency.

#### **4.2. 2nd study**

In surgical field, the average refused informal payment amounted to 13,250 HUF, which is higher than the sum measured in 2020. In internal medical care, 13,467 HUF, while in pediatric field, 13,286 HUF were refused, which is also higher than in 2020. Gift giving in 2021 was rarer than before 2021.

Only a few nurses received gifts of greater value in the first four months of 2021. In the surgical field every several months once only three nurses. In the field of internal medicine, four nurses once every several months. In the field of pediatrics, three nurses once every several months. In the first four months of 2021, gifts of smaller value were much more frequent than gifts of greater value, but compared to the fall of 2020, they occurred less often. The gift given to the collective seems to be general. In internal medicine and pediatrics, the answer "never" rarely occurred. In the surgical field, did not reach the 15% rate either. In the first four months of 2021, the nurses collectively received per occasion gifts of higher value in all three examined areas. The value of those gifts exceeded the legally permitted sum. This sum should be divided by two or more and thus the sum *per capita* remains below the 2021 legal limit.

In all three examined area, it happened that the patient gave gift *ex ante*. In internal medical care and pediatric care, 20% of the nurses reported it; while in surgical field, 15%.

It hardly ever occurred that a nurse reported that their colleague received cash from the patient in the first four months of 2021. Those who, however, reported such cases, reported 20,000 HUF in the surgical field; 10,000 HUF in the internal medical care; and 5,000 HUF in pediatric care. This happened once in a month only in internal medical care. Cash was received in all three areas once in several months.

### **4.3. 3<sup>rd</sup> study**

According to our survey of 2021, there were 202 nurses working in COVID-19 care: 118 women and 84 men. Sixty-eight of them were involved in the COVID-19 emergency care unit, 76 in the COVID-19 general care unit, and 52 in the COVID-19 intensive therapy unit.

According to our survey of 2021, 196 nurses worked both in COVID-19 care and outside the COVID-19 care.

The vast majority of nurses in COVID-19 care had received a gift of small value (e.g., candy, coffee, an alcoholic beverage, flowers, a handmade object, etc.) from a COVID-19 patient or their relative once a month in the first four months of 2021 in all three areas of COVID-19 care. In the COVID-19 general care unit, gifts of small value amounted to Ft3,171 on average. In the COVID-19 intensive therapy unit, gifts of small value totaled Ft2,632 on average and in the COVID-19 emergency care unit, gifts of small value totaled Ft2,680 on average.

Only a few nurses in COVID-19 general care admitted having received a gift of higher value (e.g., a painting, jewelry, a vehicle, a labor-saving device, etc.) from a COVID-19 patient or their relative in the first four months of 2021. Gifts of relatively high value amounted to the equivalent of Ft21,750 on average.

The nurses had collectively received gifts from a COVID-19 patient or their relative in the first four months of 2021 in all three areas of care. The collectively received gifts were valued at Ft9,167 in the COVID-19 emergency care unit, Ft7,133 in the COVID-19 general care unit, and Ft8,158 in the COVID-19 intensive therapy unit.

In the COVID-19 emergency care unit, only one nurse admitted that a COVID-19 patient or their relative had given a gift before treatment in the first four months of 2021, an act which was against the law. No nurses reported the same in the COVID-19 general care unit or COVID-19 intensive therapy unit.

In all three areas, a COVID-19 patient or their relative often merely said “Thank you!” for their treatment in the first four months of 2021. In the COVID-19 intensive therapy unit, most nurses declared that this happened several times a week, although an almost equal number of them answered that this was the case once a week. In the other two areas, most nurses reported this occurring once a week. However, almost an equal number reported that it took place a few times a week.

Latent informal payments amounted to the highest sum in the COVID-19 intensive therapy unit. Such payments also play a role in both the COVID-19 general care unit and the COVID-19 emergency care unit. Refused informal payments totaled the equivalent of Ft5,000

on average in the COVID-19 emergency care unit, Ft6,500 on average in the COVID-19 general care unit, and Ft10,000 on average in the COVID-19 intensive therapy unit.

In the COVID-19 emergency care unit, two nurses knew of a colleague who had received cash from a COVID-19 patient or their relative in the first four months of 2021. In the COVID-19 general care unit, five nurses reported that a colleague had accepted informal payment, and six nurses in the COVID-19 intensive therapy unit said the same.

Most nurses in the COVID-19 emergency care unit refused informal payments in the first four months of 2021 either because they understood that it constituted a crime or was unethical. Only six nurses from this unit turned down such offers because they said the patients or their relatives were vulnerable, and no one said that they did not need the money. Most nurses in the COVID-19 general care unit refused informal payments because they felt it was not ethical. Many other nurses serving there declined such offers because they saw that it constituted a crime or because the Act on Health of Hungary forbade it. Fourteen respondents reasoned that the patients or their relatives were vulnerable, and one nurse said that they did not need the money. Most nurses working in the COVID-19 intensive therapy unit found informal patient payments unethical. Many nurses serving there turned them down either because they understood that this constituted a crime or because the Act on Health of Hungary forbade it. Fifteen nurses felt that the patients or their relatives were vulnerable, and one nurse responded that they did not need the money (see Tables 4.1., 4.2., 4.3.).

We compared the answers to the very same questions relating to COVID-19 care and not COVID-19 care. Significance arose not in all answers to all questions. We put the stress on questions entailing answers with significant difference between COVID-19 and not COVID-19 care.

The distribution of the answers differed significantly ( $p=0.004$ ) to the question ‘Did you receive any gifts of small value (e.g., candy, coffee, an alcoholic beverage, flowers, a handmade object, etc.) from a patient or their relative in the first four months of 2021?’ In the COVID-19 care, more nurses answered ‘never’ than outside the COVID-19 care; while less COVID-19 nurses answered once a week than nurses working not in the COVID-19 care.

The distribution of the answers differed significantly ( $p<0.001$ ) to the question ‘Did the nurses receive any gifts from a COVID-19 patient or their relative collectively in the first four months of 2021?’. ‘Never’ occurs more times in COVID-19 care; while more not COVID-19 nurses answered a few times a week.

The distribution of the answers differed significantly ( $p < 0.001$ ) to the question ‘Did you refuse cash from a patient or their relative in the first four months of 2021?’ The answer ‘never’ occurred in a higher number in COVID-19 care than in not COVID-19 care.

The distribution of the answers differed significantly ( $p = 0.029$ ) to the question ‘Do you know of any colleagues who received cash from a patient or their relative in the first four months of 2021?’ In COVID-19 care, more nurses did not know of any colleague having received cash than in not COVID-19 care.

The distribution of the answers differed significantly ( $p < 0.001$ ) to the question ‘How often did you experience a patient or their relative giving a gift before treatment in the first four months of 2021?’ In COVID-19 care, nurses answered in a larger number that they more rarely received *ex ante* gifts than not in COVID-19 care.

To the question ‘If you refused an informal payment in the first four months of 2021, what was the reason?’, in COVID-19 care, the nurses answered ‘because the patient or their relative is vulnerable’ significantly more rarely than in not COVID-19 care ( $p = 0.029$ ).

## **5. Discussion**

As to the eleven points of the Hungarian Medical Chamber issued in 2020, in comparison with the conclusions from the article by Velkey et al., those eleven major problems have not been all resolved yet. The seventh point of the Hungarian Medical Chamber made it clear that many physicians did the work of the nurses merely to obtain informal payment instead of the nurses. According to the new regulation, in effect from 2021 in Hungary, the legal opportunity to give a gift of relatively small value after treatment might be a compromise among physicians, nurses, patients, and the state.

We conducted survey among Hungarian nurses in 2020 in non-COVID care, before the change in legislation related to informal patient payments. In 2021, we conducted surveys among Hungarian nurses in COVID-19 care and in non-COVID care as well. The latter two were performed after the new legislation had put a ban on informal patient payments.

Since 2021, with the criminal sanctioning of informal payments, nurses seem to be afraid to accept illegal money or illegal *ex ante* gifts. This can partly be explained by their sense of ethics and partly by fear of legal consequences.

As compared to our results from a survey among nurses working in not COVID-19 care in the same period of 2021, they received gifts of relatively high value more frequently

than their peers who cared for COVID-19 patients, and the value of the gifts was also higher. A similar trend was noted for gifts of small value. Informal payments that were offered but refused were also lower among COVID-19 care nurses.

In time of COVID-19 pandemic, the access to non-COVID-19 health care services was restricted, this leading to gifts of higher value, expressing the gratitude of the patients for having the opportunity to meet a health professional personally.

As compared to our 2020 survey among nurses working outside COVID-19 care, the sums of refused informal payments increased in 2021, a situation which may also be explained by inflation in Hungary.

We demonstrated that gifts of small value rarely went to nurses working in the COVID-19 care. The reason thereof is that COVID-19 patients are not in state to purchase gifts, having been transported from home immediately to the COVID-19 emergency care unit and, from there, either to the general COVID-19 care unit or to the COVID-19 intensive therapy unit. The lack of opportunity to ask a relative to bring gift to the COVID-19 care also limits gift-giving. The danger of contamination makes it forbidden to give any object to the nurses in COVID-19 care. In COVID-19 care, the collectively received gifts are also rarer than in not COVID-19 care. It fortifies the previous statement. In COVID-19 care, nurses answered in a larger number that they more rarely received *ex ante* gifts than not in COVID-19 care. It is also a data underlining that gift-giving was not typical in the COVID-19 care. Albeit, a certain degree of illegal behavior still exists among the nurses.

The nurses in COVID-19 care accepted more informal payments than not in COVID-19 care. The answers to the question why nurses refused informal payments in the first four months of 2021 reflect that nurses were not touched by the vulnerability of the patients and their relatives. That is, informal payments going to nurses working in the COVID-19 care happened more frequently than in not COVID-19 care. Nevertheless, the nurses in COVID-19 care did not intend to divulge that their colleagues also received informal payments. All that means that the nurses in COVID-19 care accepted money rather than gift. In addition, they did not want to report their fellow nurses to the authorities. Since there is no room for gift-giving in COVID-19 care, the patients offer money instead. There was no controlling of the nurses in COVID-19 care by the covert agents of the National Protective Service of Hungary in the first four months of 2021. Anyway, it would be difficult for the Service to be present in the COVID-19 care. We can rather rely on the data provided by the COVID-19 care nurses. The patients giving informal payments are motivated to compensate the workload of the nurses in COVID-19 care.

According to our results measured in the fall of 2020 in non-COVID-19 care, 57% of the responding nurses reported that they were thanked verbally or in writing only once a month. According to about 6.5%, they have never been thanked for their work in this way. About 5% of them admitted that they were verbally thanked for their work more than once a week.

A change is demonstrated by our research conducted in May-July 2021. In all three areas under examination, a large number of nurses involved in COVID-19 care reported that they had merely received a spoken “Thank you!” for the treatment. This factor is very important because saying “Thank you!” costs nothing. However, this positive feedback from a patient or their relative fortifies nurses psychologically and encourages them to continue doing their best for other patients as well. The case is similar when patients and would-be patients applaud the nurses, the entrepreneurs offer food and beverage to nurses and other health professionals. All this demonstrates that the social capital is a real value helping societies defeat a pandemic. The recognition of the nurses’ work is not only a question of money.

In all three areas under examination, the nurses asserted that they refused informal payments. This means that the patients still attempted to corrupt the nurses and were thus committing the active form of corruption. These refusals suggest that a latent form of informal payments is still present among nurses in Hungary. The new regulation is still too fresh. More time is needed to ascertain whether informal payments can be eradicated by means of criminal law.

The argument of a patient’s vulnerability rarely emerged among the reasons why Hungarian nurses refused informal patient payments in COVID-19 care. Their illegality is the main motivation. Certainly, nurses still need this money. However, they are deterred by legal sanctions. Further, empathy towards vulnerable COVID-19 patients is not a frequent reason for them to refuse such payments in COVID-19 care. Among the five possible answers, solely the vulnerability of the patients showed significant difference between nurses working in the COVID-19 care and those working not in the COVID-19 care. It is possible that the burnout of the nurses working in COVID-19 care resulted in PTSD and thus led to significantly less nurses refusing informal patient payments in COVID-19 care on grounds of the patient’s or relative’s vulnerability than in not COVID-19 care.



## **6. Conclusions**

From 2021, accepting and offering informal payments in Hungarian healthcare has been outlawed and punishable pursuant to the Hungarian Criminal Code. Only gifts of small value may be legally accepted after care.

Even if the nurses know what they are permitted to accept and what they are not, not all laic patients know about the prohibition by law. However, the principle of “ignorance of law excuses no one” still applies to them.

Our results suggest that Hungarian nurses by and large follow the new regulations and thus respect the patients’ right to human dignity. Most nurses know about the legal ban on informal patient payments, since they answered that they refused cash because it constituted a crime and/or because the Act on Health forbids it. The ethical argument to refuse informal patient payments is also relevant among the nurses.

Among others, this thesis displays the attitude of Hungarian nurses involved in COVID-19 healthcare toward accepting or refusing informal patient payments and gifts. As compared to our results of 2020 in non-COVID care, the sum of offered but refused cash augmented in 2021 in non-COVID care. The cash offered by the patients and refused by the nurses was typical in COVID-19 care. The term “refused cash” might allude to latent informal patient payments.

According to our results, the gift-giving is still present after the regulation changes of 2021, however, it is rarer in COVID-19 care than in non-COVID care. The ethically acceptable small gifts are more typical than gifts of high value.

The accent on verbally thanking the nurses for their work has been fortified during the years of COVID-19 pandemic, as shown by our results. It furnishes the nurses with a psychological comfort feeling which has a huge impact on their working morale. Nevertheless, the argument of a patient’s vulnerability rarely emerged among the reasons why Hungarian nurses refused informal patient payments in COVID-19 care. The latter phenomenon is alarming. Their illegality is the main motivation.

## **7. New findings**

1. According to our results, almost all nurses are in knowledge of the new regulation related to informal patient payments in Hungary.

2. The informal patient payment has not wholly vanished from the Hungarian health care system despite the legislative measures in effect from January 1<sup>st</sup>, 2021. In a latent form, it seems to survive in a certain measure, as shown by the refused informal patient payments.
3. The Hungarian nurses' attitude regarding informal patient payments is largely based on the standards of ethical conduct. Many Hungarian nurses respect the criminal as well as the ethical prohibition of informal payments.
4. The legally allowed form of gift-giving is still present among nurses, though, not in a corrupt way.
5. The legally acceptable *ex post* gifts not exceeding Ft10,000 represent a compromise in order to leave room for patients to express their true gratitude.
6. The psychological factor exerts an important effect on the nurses' professional behavior, as reflected by the role of "Thank you!".
7. It is worrisome that the argument of the patient's vulnerability rarely emerged among the reasons why Hungarian nurses refused informal patient payments in COVID-19 care.
8. While, by and large, the answers of nurses working in surgical care, internal medical care and pediatric care show heterogeneity both in the 1<sup>st</sup> and 2<sup>nd</sup> studies, the answers of nurses in COVID-19 care are rather homogeneous.

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## **Publications related to the Thesis**

### **1. Julesz, Máté; Kereszty, Éva Margit**

A magyar egészségügyi szakdolgozóknak adott ajándék és "hálapénz" a 2021. évi jogi fordulat után [Gift and informal payment to Hungarian nurses after the regulation changes in 2021]

ORVOSI HETILAP 163 : 9 pp. 362-372. , 11 p. (2022)

IF: 0.707

### **2. Julesz, Máté; Kereszty, Éva Margit**

A hálapénzzel kapcsolatos szokások a magyar egészségügyi szakdolgozók körében [The customs of acceptance of informal payments among Hungarian nurses]

ORVOSI HETILAP 162 : 41 pp. 1658-1668. , 11 p. (2021)

IF: 0.707

### **3. Julesz, Máté**

Health equity and health data protection related to telemedicine amid the COVID-19 pandemic

INFORMÁCIÓS TÁRSADALOM: TÁRSADALOMTUDOMÁNYI FOLYÓIRAT  
22 : 2 pp. 27-38. , 12 p. (2022)

IF: 0.352

### **4. Julesz, Máté**

The legal history of gratitude payments to physicians in Hungary

JOURNAL ON EUROPEAN HISTORY OF LAW 9 : 1 pp. 149-157. , 9 p. (2018)

### **5. Julesz, Máté**

Orvosi jog működés közben: A hálapénztől a kártérítésig

Budapest, Magyarország : Medicina Könyvkiadó (2018) , 274 p.

**Impact factor of publications related to the thesis: 1.766**

### **Other publications with impact factor**

#### **Julesz, Máté**

A telemedicina és a COVID-19-világjárvány

INFORMÁCIÓS TÁRSADALOM: TÁRSADALOMTUDOMÁNYI FOLYÓIRAT

20 : 3 pp. 27-38. , 12 p. (2020)

IF: 0.163

#### **Kereszty, E M ; Julesz, M**

Medical fitness to drive in the EU with special reference to the age factor

RECHTSMEDIZIN 28 : 4 pp. 288-294. , 7 p. (2018)

IF: 0.603

#### **Julesz, Máté**

A HIV/AIDS és a jog Magyarországon [HIV/AIDS and law in Hungary]

ORVOSI HETILAP 157 : 47 pp. 1884-1890. , 7 p. (2016)

IF: 0.349

#### **Julesz, Máté**

Aktív eutanázia Kolumbiában és asszisztált öngyilkosság Kaliforniában [Active euthanasia in Colombia and assisted suicide in California]

ORVOSI HETILAP 157 : 5 pp. 174-179. , 6 p. (2016)

IF: 0.349

#### **Julesz, Máté**

Aktív eutanázia vagy asszisztált öngyilkosság? [Active euthanasia, or assisted suicide?]

ORVOSI HETILAP 157 : 40 pp. 1595-1600. , 6 p. (2016)

IF: 0.349

#### **Julesz, Máté**

Klónozás és jog Magyarországon [Cloning and law in Hungary]

ORVOSI HETILAP 156 : 11 pp. 434-438. , 5 p. (2015)

IF: 0.291

**Cumulative impact factor: 3.87**