

INFORMAL PAYMENTS AND GIFTS TO NURSES AMID THE COVID-19 PANDEMIC IN HUNGARY

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Abstract: *Background.* 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.

Purpose. This article displays the attitude of Hungarian nurses involved in COVID-19 healthcare toward accepting or refusing informal patient payments and gifts.

Methods. Our survey conducted in 2021 among 202 Hungarian nurses working in COVID-19 patient care is representative, given the number of nurses working in Hungary in this special area of healthcare. We used descriptive statistics to analyze our results. We counted the mean, standard deviation, and variance of the sums noted by the respondents.

Results. Latent informal payments amounted to the highest sum in the COVID-19 intensive therapy unit. 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.

Conclusions. Our results suggest that Hungarian nurses by and large follow the new regulations and thus respect COVID-19 patients' right to human dignity.

Keywords: informal payment, gift, Hungary, nurse, COVID-19 pandemic.

INTRODUCTION

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.

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.

Literature review

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]. Chereches *et al.* arrived at the conclusion that the

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different expressions for informal payments in the healthcare sector reflect the various characteristics of local healthcare systems. Chereches *et al.* found that “informal payment” is the most common term in the international literature; however, it is not the only one in use [2]. In Serbia, it may be uncertain to patients and providers whether they are acting corruptly because there is no clear understanding of these payments among the general public [3].

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 [4]. Chereches *et al.* concluded that, in Romania, even the Ministry of Health recognized the existence of informal payments in the healthcare sector [5]. 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 [6]. 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 [7]. 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” [8]. 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 [9].

A nurse who does the office (receptionist) work may influence admission times, thus possibly leading to a negative or positive health outcome for patients. In Western European and North American countries, where nurses have more competencies than in Eastern Europe and in certain other countries, the nurses are the first to meet the patients, at which point they make the appointment with the physician. In these countries, it is normal to give tips to nurses for their para-medical services. This influencing power is weaker in countries where nurses are traditionally subject to physicians and have no autonomy in decision-making. This power might be used illegally in favor of the paying patient. It is a kind of corruption, not a legal additional service. When any nursing service depends on informal money, not on professional need, and this service is withdrawn

from a non-paying patient, this also represents a sort of corruption, not merely an ethical issue.

We conducted surveys among Hungarian nurses not involved in COVID-19 care in the last two years. Our results demonstrated that nurses usually accepted small gifts. However, high informal payments and gifts of high value were rare. After 2021, with the criminal sanctioning of informal payments, nurses seem to be afraid to accept illegal money or illegal ex ante gifts. Nurses tend to obey the law more rigorously than physicians. This can partly be explained by their strong sense of ethics and partly by fear of legal consequences [10,11].

The COVID-19 pandemic affected not only Hungarian physicians but also Hungarian nurses. 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 (€28) from 2022 (Ft8,370, i.e., €23 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 corruption.

Not only healthcare workers can commit this crime but also patients. Active corruption on the part of the patient in giving an informal payment has not been prosecuted up to now. However, passive corruption on the part of the healthcare worker in accepting an informal payment has been investigated.

Gaal *et al.* believe that among the reasons patients make informal payments are to gain access to priority care and to secure adequate care, as well as lack of information and gratitude, but not official pay, since patients are not generally aware of health workers’ salaries [12].

Informal payments are not only a criminal problem. In Hungary, both the Code of Medical Ethics and the Code of Nursing Ethics prohibit gratitude payments. While Hungarian physicians received a large pay rise as compensation for the non-acceptance of informal payments, Hungarian nurses did not. However, criminal liability also applies to them. Since the ban on accepting informal payments is enshrined in the Act on Health, not only criminal liability but also ethical liability and labor law consequences might emerge. The parallel establishment of these liabilities do not violate the principle of *ne bis in idem*, although, if a criminal proceeding is underway, the Chamber of

Hungarian Healthcare Professionals will suspend the ethics proceeding until the end of the criminal one.

PURPOSE

The small salaries of nurses pose a high risk to patient safety and legal certainty as well. Nurses receive a pay rise from time to time, though not in a measure large enough to compensate for the missing informal payments. During the COVID-19 pandemic, nurses have had to work outside their normal workplace if ordered. We conducted a survey among 202 Hungarian nurses in May–July 2021 and questioned them about informal payments made in the first four months of 2021 in the COVID-19 emergency care unit, the COVID-19 general care unit, and the COVID-19 intensive therapy unit at the University of Szeged Albert Szent-Györgyi Health Center in southern Hungary.

The questions we wanted to answer were as follows:

- Has the banning of informal payments to nurses solved the problem of corruption?
- Do nurses in COVID-19 care respect the new regulation on non-acceptance of informal payments?
- What kind of legal gifts go to Hungarian nurses in COVID-19 care?
- 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?

METHODS

The survey questions were as follows:

1. Did you receive any gifts of small value (e.g., candy, coffee, an alcoholic beverage, flowers, a handmade object, etc.) from a COVID-19 patient or their relative in the first four months of 2021?
2. If so, how much did the gift(s) of small value amount to (in forints)?
3. Did you receive any gifts of relatively high 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?
4. If so, how much did the gift(s) of relatively high value amount to (in forints)?
5. Did the nurses receive any gifts from a COVID-19 patient or their relative collectively in the first four months of 2021?

6. If so, how much did the gift(s) you received collectively amount to (in forints)?

7. Did you refuse cash from a COVID-19 patient or their relative in the first four months of 2021?

8. If so, how much did the cash you refused amount to (in forints)?

9. Do you know of any colleagues who received cash from a COVID-19 patient or their relative in the first four months of 2021?

10. If so, how much did the cash received by the colleague(s) amount to (in forints)?

11. How often did you experience a COVID-19 patient or their relative merely saying “Thank you!” for treatment in the first four months of 2021?

12. How often did you experience a COVID-19 patient or their relative giving a gift before treatment in the first four months of 2021?

13. If you refused an informal payment in the first four months of 2021, what was the reason? (You may choose more than one option.)

- Because it constitutes a crime.
- Because it's not ethical.
- Because the Act on Health of Hungary forbids it.
- Because the patient or their relative is vulnerable.
- Because I don't need the money.

We used descriptive statistics to analyze our results. We counted the mean, standard deviation, and variance of the sums noted by the respondents. We asked the respondents to round the sums expressed in Hungarian forints to Ft500. We then converted the sums into euros. We accepted more than one response to question 13.

The frequency was counted in the following way:

- 1= never;
- 2= once in a number of months;
- 3= once a month;
- 4= once a week;
- 5= a few times a week.

RESULTS

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.

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 emergency care unit and in the COVID-19 general care unit, gifts of small value amounted to €9 on average. In the COVID-19 intensive therapy unit, gifts of small value totaled €7 on average. These values fall within the legal limit.

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 €60 on average, which is far above the legal limit.

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 €25 in the COVID-19 emergency care unit, €20 in the COVID-19 general care unit, and €23 in the COVID-19 intensive therapy unit. These sums are around the legal limit. In Hungary, nurses usually divide chocolate, coffee, and other gifts among themselves when their shift is over. This strongly resembles the custom of waiters splitting tips at the end of their shift. If we divide the sum of

Table 1. Responses from nurses in the COVID-19 emergency care unit (n=68)

	=1=	=2=	=3=	=4=	=5=	Mean	S.D.	Variance
1. Did you receive any gifts of small value (e.g., candy, coffee, an alcoholic beverage, flowers, a handmade object, etc.) from a COVID-19 patient or their relative in the first four months of 2021?	16	10	36	6				
2. If so, how much did the gift(s) of small value amount to (in forints)?						Ft3,220 (€9)	3,986	15,889,388
3. Did you receive any gifts of relatively high 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?	68							
4. If so, how much did the gift(s) of relatively high value amount to (in forints)?						Ft8,000 (€22)	0	0
5. Did the nurses receive any gifts from a COVID-19 patient or their relative collectively in the first four months of 2021?	12	7	35	14				
6. If so, how much did the gift(s) you received collectively amount to (in forints)?						Ft9,167 (€25)	2,357	5,556,667
7. Did you refuse cash from a COVID-19 patient or their relative in the first four months of 2021?	20	31	16	1				
8. If so, how much did the cash you refused amount to (in forints)?						Ft5,000 (€14)	0	0
9. Do you know of any colleagues who received cash from a COVID-19 patient or their relative in the first four months of 2021?	65	2						
10. If so, how much did the cash received by the colleague(s) amount to (in forints)?								
11. How often did you experience a COVID-19 patient or their relative merely saying "Thank you!" for treatment in the first four months of 2021?	9	2	8	25	22			
12. How often did you experience a COVID-19 patient or their relative giving a gift before treatment in the first four months of 2021?	66		1					
13. If you refused an informal payment in the first four months of 2021, what was the reason? (You may choose more than one option.)								
Because it constitutes a crime.	35							
Because it's not ethical.		34						
Because the Act on Health of Hungary forbids it.			21					
Because the patient or their relative is vulnerable.				6				
Because I don't need the money.								

1=never; 2=once in a number of months; 3=once a month; 4=once a week; 5=a few times a week.

collectively received gifts, it is far below the legal limit. 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 €14 on average in the COVID-19 emergency care unit, €18 on average in the COVID-19 general care unit, and €28 on average in the COVID-19 intensive therapy unit.

Table 2. Responses from nurses in the COVID-19 general care unit (n=76)

	=1=	=2=	=3=	=4=	=5=	Mean	S.D.	Variance
1. Did you receive any gifts of small value (e.g., candy, coffee, an alcoholic beverage, flowers, a handmade object, etc.) from a COVID-19 patient or their relative in the first four months of 2021?	33	12	22	8	1			
2. If so, how much did the gift(s) of small value amount to (in forints)?						Ft3,171 (€9)	1,458	2,125,356
3. Did you receive any gifts of relatively high 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?	73	3						
4. If so, how much did the gift(s) of relatively high value amount to (in forints)?						Ft21,750 (€60)	18,945	358,916,667
5. Did the nurses receive any gifts from a COVID-19 patient or their relative collectively in the first four months of 2021?	10	1	25	38	2			
6. If so, how much did the gift(s) you received collectively amount to (in forints)?						Ft7,133 (€20)	3,452	11,914,124
7. Did you refuse cash from a COVID-19 patient or their relative in the first four months of 2021?	40	17	14	4				
8. If so, how much did the cash you refused amount to (in forints)?						Ft6,500 (€18)	7,036	49,500,000
9. Do you know of any colleagues who received cash from a COVID-19 patient or their relative in the first four months of 2021?	70	4	1					
10. If so, how much did the cash received by the colleague(s) amount to (in forints)?								
11. How often did you experience a COVID-19 patient or their relative merely saying “Thank you!” for treatment in the first four months of 2021?	3	4	16	29	24			
12. How often did you experience a COVID-19 patient or their relative giving a gift before treatment in the first four months of 2021?	75							
13. If you refused an informal payment in the first four months of 2021, what was the reason? (You may choose more than one option.)								
Because it constitutes a crime.	31							
Because it's not ethical.		53						
Because the Act on Health of Hungary forbids it.			32					
Because the patient or their relative is vulnerable.				14				
Because I don't need the money.					1			

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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 she 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

Table 3. Responses from nurses in the COVID-19 intensive therapy unit (n=52)

	=1=	=2=	=3=	=4=	=5=	Mean	S.D.	Variance
1. Did you receive any gifts of small value (e.g., candy, coffee, an alcoholic beverage, flowers, a handmade object, etc.) from a COVID-19 patient or their relative in the first four months of 2021?	13	8	22	8	1			
2. If so, how much did the gift(s) of small value amount to (in forints)?						Ft2,632 (€7)	1,130	1,277,406
3. Did you receive any gifts of relatively high 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?	52							
4. If so, how much did the gift(s) of relatively high value amount to (in forints)?								
5. Did the nurses receive any gifts from a COVID-19 patient or their relative collectively in the first four months of 2021?	11	1	22	18				
6. If so, how much did the gift(s) you received collectively amount to (in forints)?						Ft8,158 (€23)	3,268	10,677,098
7. Did you refuse cash from a COVID-19 patient or their relative in the first four months of 2021?	20	18	14					
8. If so, how much did the cash you refused amount to (in forints)?						Ft10,000 (€28)	0	0
9. Do you know of any colleagues who received cash from a COVID-19 patient or their relative in the first four months of 2021?	46	5	1					
10. If so, how much did the cash received by the colleague(s) amount to (in forints)?								
11. How often did you experience a COVID-19 patient or their relative merely saying “Thank you!” for treatment in the first four months of 2021?	7	1	13	14	17			
12. How often did you experience a COVID-19 patient or their relative giving a gift before treatment in the first four months of 2021?	52							
13. If you refused an informal payment in the first four months of 2021, what was the reason? (You may choose more than one option.)								
Because it constitutes a crime.	23							
Because it’s not ethical.		30						
Because the Act on Health of Hungary forbids it.			28					
Because the patient or their relative is vulnerable.				15				
Because I don’t need the money.					1			

1=never; 2=once in a number of months; 3=once a month; 4=once a week; 5=a few times a week.

it. Fifteen nurses felt that the patients or their relatives were vulnerable, and one nurse responded that she did not need the money (see Tables 1-3).

As compared to our results from a survey among nurses not working in COVID-19 care in the same period of 2021, they received gifts of relatively high value more frequently than their peers who care 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 [11].

As compared to our 2020 survey among nurses working outside COVID-19 care, the sums of refused informal payments grew in 2021, a situation which may be explained by inflation in Hungary [10].

In conclusion, the problem with gift giving in COVID-19 care is that, from the aspect of epidemiology, it is inappropriate to accept informal payments or gifts. In COVID-19 care, gifts are usually given after treatment and do not exceed the legal limit.

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.

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. Some criminal proceedings have been initiated against nurses, while patients that offer informal payments have not yet been convicted in Hungary under the new regulation, which has been in effect from January 1, 2021. The sums of refused informal payments are not relevant from a Western European perspective. However, they are high compared to the average monthly salary of a Hungarian patient. In addition, patients that offer informal payments are or have been exposed to the vicissitudes of the COVID-19 pandemic, so they form a vulnerable group within the larger group of patients.

The argument of a patient’s vulnerability rarely emerged among the reasons 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.

Conflict of interest

The authors declare that they have no conflict of interest.

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