

# **Access to Healthcare: A Promise fulfilled? A Hoax or A Matter of Control?-A qualitative study into the experiences of International Students in Hungary.**

Livia Yawa Like Atiku, Emmanuel Adofo

Submitted to: Interactive Journal of Medical Research  
on: June 09, 2024

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# Access to Healthcare: A Promise fulfilled? A Hoax or A Matter of Control?-A qualitative study into the experiences of International Students in Hungary.

Livia Yawa Like Atiku<sup>1</sup> BS, MPH; Emmanuel Adofo<sup>2</sup> MD, MPH

<sup>1</sup>Doctoral School of Clinical Medical Sciences/Department of Public Health Medicine Faculty of Medicine-University of Pecs Pecs HU

<sup>2</sup>Department of Obstetrics The Bank Hospital Accra GH

## Corresponding Author:

Livia Yawa Like Atiku BS, MPH

Doctoral School of Clinical Medical Sciences/Department of Public Health Medicine

Faculty of Medicine-University of Pecs

Szigeti ut 12

Pecs

HU

## Abstract

**Background:** While a number of studies have examined issues affecting international students in various settings on a global scale, there is little evidence about international students in Hungary and few or no studies at all have involved these international students to understand their needs. The aim of this study was to explore the perspectives of international students on their self-assessed health status, access to healthcare services and difficulties encountered in Hungary by way of distilling existing information on how studies in a foreign country has influenced their mental health and general wellbeing.

**Objective:** This qualitative study was to explore international students' self-reported state of health, their access to healthcare services in Hungary.

**Methods:** The study was conducted as part of a mixed methods approach to extract useful information relevant to the phenomenon from participants in video recorded focus group discussions (FGDs). Six (6) FGDs were held hosting students from two universities. A total of 21 international students were conveniently sampled. International students aged between 22-38 years got featured ( $\bar{x}=27$ years,  $s.d=4.322$ ). In general, questions were asked in relation to participants' stay in Hungary and their experiences while engaging with clinic and hospital staff. Themes that emerged from discussions were analysed by thematic analysis of the transcripts.

**Results:** Although international students, especially Stipendium Hungaricum scholarship holders are covered by a comprehensive health insurance, some have difficulty accessing healthcare services and do actually pay for medications prescribed them when they think otherwise. Other related challenges included linguistic barriers to effective communication with service providers, insensitivity and a lack of empathy of some care providers to the plight of migrant students, negative attitudes of some service providers, a tendency towards cold abandonment and what they perceive as unpreparedness of the host nation to receive them. This follows pockets of inconsistencies in the form of rigid bureaucracy, delays in responding to email requests for appointment with GPs, long waiting times and issues of privacy and confidentiality.

**Conclusions:** Essentially, participants demonstrated they were aware of the guidelines for hospital consultations with a general practitioner (GP). Most international students praised the healthcare package advanced them, especially Stipendium Hungaricum scholarship holders. However, access to healthcare around which Sustainable Development Goals 3 (SDG3) revolves may be a mirage for some of them as the study revealed a number of obstacles hindering the smooth flow of processes as far as their quest for satisfactory healthcare is concerned. This study therefore emphasizes the need for improved systems (infrastructural and human resource capacity building) for a more efficient service.

(JMIR Preprints 09/06/2024:63039)

DOI: <https://doi.org/10.2196/preprints.63039>

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## Original Manuscript

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**Principal Author: Livia Yawa Like Atiku**

**Coauthor: Dr. Emmanuel Adofo**

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While a number of studies have examined issues affecting international students in various settings on a global scale, there is little evidence about international students in Hungary and few or no studies at all have involved these international students to understand their needs. The aim of this study was to explore the perspectives of international students on their self-assessed health status, access to healthcare services and difficulties encountered in Hungary by way of distilling existing information on how studies in a foreign country has influenced their mental health and general wellbeing.

### **Method**

The study was conducted as part of a mixed methods approach to extract useful information relevant to the phenomenon from participants in video recorded focus group discussions (FGDs). Six (6) FGDs were held hosting students from two universities. A total of 21 international students were conveniently sampled. International students aged between 22-38 years got featured ( $\bar{x}$ =27years,  $s.d$ =4.322). In general, questions were asked in relation to participants' stay in Hungary and their experiences while engaging with clinic and hospital staff. Themes that emerged from discussions were analysed by thematic analysis of the transcripts.

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by a comprehensive health insurance, some have difficulty accessing healthcare services and do actually pay for medications prescribed them when they think otherwise. Other related challenges included linguistic barriers to effective communication with service providers, insensitivity and a lack of empathy of some care providers to the plight of migrant students, negative attitudes of some service providers, a tendency towards cold abandonment and what they perceive as unpreparedness of the host nation to receive them. This follows pockets of inconsistencies in the form of rigid bureaucracy, delays in responding to email requests for appointment with GPs, long waiting times and issues of privacy and confidentiality.

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Essentially, participants demonstrated they were aware of the guidelines for hospital consultations with a general practitioner (GP). Most international students praised the healthcare package advanced them, especially Stipendium Hungaricum scholarship holders. However, access to healthcare around which Sustainable Development Goals 3 (SDG3) revolves may be a mirage for some of them as the study revealed a number of obstacles hindering the smooth flow of processes as far as their quest for satisfactory healthcare is concerned. This study therefore emphasizes the need for improved systems (infrastructural and human resource capacity building) for a more efficient service.

**Key words: international students; healthcare; Hungary; experiences and challenges**

### **Introduction**

According to the United Nations Department of Economic and Social Affairs, in year 2015, an estimated 244 million international migrants, and significantly more people were said to be moving out of their country of origin <sup>[1]</sup> for various reasons including schooling abroad, thereby creating an urgent need for stakeholders to engage with migration at all levels in order to support progress towards achieving global health and development targets.

As of June 2019 the number of international migrants was projected to be almost 272 million globally <sup>[2]</sup>. In Hungary, the Stipendium Hungaricum scholarship package opened the door for over 11,000 beneficiaries. In aligning with the second global consultations on migration and health, discussions regarding the role of research in supporting evidence-informed health responses connected to migration needs to be expedited <sup>[3]</sup>.

International students are motivated to study in their host nations for a number of reasons. First and foremost, they are eager to experience new ways of thinking and acting in their field of study. Next to that, studying abroad enhances career opportunities following the acquisition of improved experiences for future employment in their home country or other nations <sup>[4]</sup>. Additionally, more often than not, international students receive a broader and more flexible education than they receive in their home country. Lastly, they get the platform to build a stronger independent base that fosters and affirms a more robust, functional network of friendships from an intercultural point of view <sup>[5]</sup>.

Research provides substantial evidence that there is an existing significant burden of mental illness among some migrant populations <sup>[6]</sup>. Despite the expansion of international student population in the United States, for instance, they have remained an under-served group on college campuses for a number of reasons including language barrier and diversity and inclusion issues <sup>[6][7]</sup>. Primary healthcare providers seeking to assist individuals need to be aware of language barriers and other challenges associated with working with translators. Furthermore, sensitivity to cultural and social contexts surrounding the diagnosis and service delivery process are elements that need to be factored in as components of holistic care-giving. To better fine tune this approach, best practices in screening migrants and providing intervention services for mental disorders and general well-being call for

need to be concerned about where individuals and families settle in the relocation process [8].

Again, research reveals university students in their own country are significantly more satisfied with their social lives than foreign students [9]. Mental health problems are also said to be common in college freshmen, and clearly associated with lower academic functioning [10], buttressing the need for a healthy mental state at all times. Mental health among students is not just a student issue, it is an institutional issue of concern. It is one that affects, and is affected by, every member of that organisation. Everyone has a role to play in the environment that we create for our students, and it is critically important to have everyone at the table contribute meaningfully to the agenda [10].

In Hungary, international students in need of healthcare services have to follow a series of steps to book an appointment with the general practitioner. Appointments and registration are arranged by email on the website of the facility. Foreign students can also request help from an information desk by calling a designated phone line for an appointment to a possible consultation. Regardless of the chosen pathway, booking an appointment is a prerequisite to using any of the services available [11].

Two main types of insurance packages exist in Hungary-national health insurance system or private health insurance. The national health insurance is patronised locally while international packages can be purchased for short-term (1-12 months) or long-term (12 months and more). The cost of healthcare in Hungary is said to be generally more affordable compared to many other European countries. National health insurance covers preventive screening tests, out-patient care in the shades of internal medicine, dermatology, urology, gynaecology etc). included also is laboratory and diagnostic, ambulatory services, surgeries, a 24-hour call centre for consultation. The state heavily subsidises public health services to reduce costs for patients. The subsidy is manifested in the waived consultation fee with a general practitioner, the average cost of which is around €15 to €30; consultation with a specialist varying from €30 to €60, depending on the medical speciality; hospitalisation, generally covered by local health insurance but may attract additional fees for services not covered or for single room occupation; and medicines. Prescription drugs are generally subsidised, which considerably reduces costs for patients of which the exact amount to be paid depends on the specific medicine and the health insurance enrolled on [54].

Private health insurance also covers in-hospital treatments and surgeries, mental health, palliative care and rehabilitation services. Monthly deductions are made by subscribers of these private services. Private health insurance services also exist as alternatives to the national package. Its benefits transcend the boundaries of Hungary to neighbouring countries within the European Union that have an agreement over such services. These services are usually fast and reliable; the healthcare coordinators take care of any scheduling. They also have a much shorter waiting list for most medical procedures, discount services are also available and quick results are guaranteed. International students have a comprehensive health insurance which is the national health insurance plan accessed by the use of the TAJ card. [12]

The TAJ card (national health insurance card) covers all health related costs with no limitation including surgery, diagnostic procedures, hospitalization etc, up to a certain amount during the insurance period. Contained in a Stipendium Hungaricum document is the provision made for Stipendium Hungaricum scholarship program is the statement on medical insurance:

*“Finally, the scholarship includes health care services according to the relevant Hungarian legislation (Act LXXX of 1997, national health insurance card) and supplementary medical insurance for up to HUF 65,000 (cca EUR 170) a year/person.*

*Bear in mind that these provisions are only a contribution to the living expenses of the Scholarship Holders, which also means that they do not fully cover all the costs of living. If*

*you become a scholarship holder, you need to add your own financial resources to cover all living expenses in Hungary.”* <sup>[13]</sup>

Also on the contract form of the scholarship is the segment of commitment towards health matters:

*o) to fulfil the obligations concerning the health protocol of the scholarship program (recording of a health record, participation in health screenings described in regulatory materials and to be vaccinated) at one of the health care providers on the list provided by the higher education institution or by the management of the program;*<sup>[14]</sup>

On admission to the university, Stipendium Hungaricum scholarship holders are given a document that informs them about University of Pecs general practitioner services. This document does not communicate anything about entitlements of scholarship holders to healthcare services because that information is included in the Stipendium Hungaricum contract. The decision to have a national or private health insurance is solely the student's. With the TAJ card, a student can access health care be it in an emergency room (ER), out patient's department (OPD) or during hospitalization (in-patient care). Concerns raised by students who interacted with doctors and other healthcare service providers in the process of consultation were shared. The study also explored their peculiar experiences and challenges that emerged <sup>[51]</sup>.

## Objective of the study

This qualitative study was to explore international students' self-reported state of health, their access to healthcare services in Hungary.

## Methods

### Design and Procedures

#### Study design

This research adopted an exploratory design to prospect valuable information from the personal experiences of international students in order to identify the patterns and ideas surrounding their access to healthcare services in their host country. As a means of maintaining focus, participants were hosted on the discussion in Pécs city where participants shared common issues about government-funded healthcare facilities. Exploratory design allows for a better understanding of topics or areas that have limited information <sup>[15]</sup>.

#### Sampling and data collection process

The eligibility criteria for participating in the study were (1) being an international student, (2) being an active student at the time of the study or must have completed a semester earlier, (3) affiliated to an institution of higher learning in Hungary. Prospective participants for focus group discussions were recruited from students' social media platforms through key members. Once they indicated their zeal to participate, they were contacted by phone calls or text messages to inform them about the study and also provide further details required by them including the commitment to ensuring anonymity. Participants were stratified based on their personal timing for availability. Participation in the study was entirely voluntary and totally unremunerated. A pilot study was carried out with four international students who were not part of the final 21 participants to ensure validity and reliability of the semi-structured interview guide. The demographic data and the interviews were sequenced brilliantly, eliminating names and other personal details that may offer clues to their true identity. Indirect coding was used to tag participants instead of their real names. Discussions were held

predominantly in groups of three and four at a time. Participants brought to the table their vast cultures and interpretations of healthcare lending a holistic view to the subject matter under discussion.

Spanning the second to fourth week of January, 2023, six (6) focus group discussions were conducted with the aid of a semi-structured interview guide. Explicit questions from the guide (Table 2) were directed at participants at the start of the discussion and from their responses follow-up questions sprung. The discussion guide was drafted by the researchers based on the topic of the study and the objectives set to it. The formal language used was English. Focus group discussions were held online with only the principal researcher and discussants present. Responses to nine main questions framed in the semi-structured interview guide were put together by the researchers for analyses.

Table 2. Focus group discussion(FGD) questions/interview guide

1.	Could you please tell us about your health since you arrived in Hungary for school?
2.	How would you compare your current status to what it was when you were in your home country?
3.	Have you had any experience with healthcare facilities here in Hungary?
4.	If yes, how do you perceive it?
5.	Do you have any issues affecting your mental health?
6.	Have you enjoyed any support systems so far?
7.	If yes, which kind of support was it?
8.	Do you have any challenges with health matters?
9.	What would you recommend to those in authority regarding healthcare services for international students?

### Data management

Data were collected online in visual recording and thereafter transcribed for a full volume of the discussion. Two linguistic experts were tasked to cross-check the integrity of the transcription in consonance with the audio recordings. A one-week period was used by the researchers to review notes on qualitative data analysis with the help of a data analyst. This was followed by the development of a coding style based on the order in which focus group discussions(FGDs) were held. Field notes were also incorporated into the final documentation for their rich, complex and nuanced details. All transcriptions were processed through coding, categorisation and identification of emerging themes. Quotes were selected in accordance with the themes that emerged. Data were analysed using the thematic network analysis framework of Jennifer Attride Stirling <sup>[17]</sup>. Verbatim quotations from interview transcripts were used to illustrate relevant themes. The researchers in this reportage conformed to the consolidated criteria for reporting qualitative research (COREQ). <sup>[18]</sup>.

### Ethical considerations

The study was conducted in accordance with the Helsinki Declaration and was approved by the Institutional Scientific Research Committee of the University of Pecs (nr. of approval: PTE/61924/2021) and the Hungarian Medical Research Council (nr. of ethical approval: BM/26490-1).

Informed consent was obtained from the research participants by signing a consent form, ensuring their voluntary participation and confidentiality of their information. To ensure anonymity, no names, addresses or any participant identifiable data was included in the analysis. All discussants enjoyed

the liberty to withdraw at any stage or time they wished without coercion. Confidentiality was maintained by extracting the visual images of participants and also by using codes other than the original names of participants. Links to the online participation were disabled to sever access to the recordings, notes and transcripts.

## Results

### Sociodemographic data of respondents

Sociodemographic data (Table 1) showcased a spectrum of participants from the world over joining the discussions purported at reconnoitering international students' health issues while living in Hungary. For reasons of anonymity, details of participants' academic engagements were excluded from their demographic data. Predominantly, participants were from the University of Pecs. The gender composition (10 males and 11 females) was affirmative of a vocal community ready to exercise their constitutional right of freedom of speech intelligently void of acrimony in a very tolerant environment. Majority of participants (85.7%, 18/21) indicated they have had experience(s) with hospital(s) in Hungary while the remaining (14.3%, 3/21) have not had any such interaction. The gallant array of varied races elucidated the rich cultural values, age (22-38 years) and gender mix. Again, participants' age bracket unveiled a blend of youthful exuberance. Countries of origin cascaded from different continents to even include a participant of mixed heritage. This opulent multiplicity of nations set the tone for an all-inclusive worldview discussion

Table 1. Demographic Data on Focus Group Discussion Participants

Serial number	Gender	Age	Country of Origin	Institution of study
FGD/2023/001	Female	24	Mongolia	University of Pecs
FGD/2023/002	Female	26	Kenya	University of Pecs
FGD/2023/003	Male	32	Ghana	University of Miskolc
FGD/2023/004	Female	24	Nigeria	University of Pecs
FGD/2023/005	Male	24	Kenya	University of Pecs
FGD/2023/006	Male	25	Nigeria	University of Pecs
FGD/2023/007	Male	26	Argentina	University of Pecs
FGD/2023/008	Male	27	Mexico	University of Pecs
FGD/2023/009	Female	22	Iran	University of Pecs
FGD/2023/010	Male	27	Macedonia	University of Pecs
FGD/2023/011	Female	25	Chile	University of Pecs
FGD/2023/012	Female	23	Costa Rica	University of Pecs
FGD/2023/013	Male	26	Israel	University of Pecs
FGD/2023/014	Male	29	Ethiopia	University of Pecs
FGD/2023/015	Male	38	Kenya	University of Pecs
FGD/2023/016	Female	30	Iran	University of Pecs
FGD/2023/017	Female	29	Iran	University of Pecs
FGD/2023/018	Female	23	Mongolia	University of Pecs
FGD/2023/019	Male	38	Syria	University of Pecs
FGD/2023/020	Female	27	Laos	University of Pecs
FGD/2023/021	Female	23	African/Indian	University of Pecs

Study participants acknowledged a host of factors of diverse degrees and impact were of concern to them, encompassing emotional, psychological and physical wellbeing. Some had moments to relish from kind native Hungarians but for most, there was a thread of mental instability running through the shared accounts associated with culture shock.

### Health since arrival in Hungary

For this particular question, a good number of six (6/21, 28.5%) participants said they have been well

just as they were in their home country:

“Nothing has changed. I’m okay like I was before.” FGD/2023/FBR

Nine (9/21, 42%) said they had slight problems adjusting to the cold weather: The rest (6/21, 28.5%) reported actually falling sick and needing medical interventions.

“I’ve been to hospital many times. I was falling sick often.” FGD/2023/FBD

But one of such had a different approach to health intervention:

“I tried to take care of myself at home...like making some soup, like taking some pills that I have like antibiotics and some pain killers...and I used kind of natural antibiotics like honey, ginger and healthy drinks or different stuff that we can do at home.” FGD/2023/FBQ

For this segment of the discussion, participants’ responses were categorised in three main segments. There were those who have been in stable health since they arrived in Hungary irrespective of the change in environment, those whose health got disrupted by the change in weather conditions and those who actually fell sick and had to be treated in hospital. Interestingly, someone preferred to use traditional means to remedy the situation at home.

### **Current health status versus health status in home country**

The documented evidence that migration affects health necessitated this question and responses from participants were intriguing:

“My health status is ok. It is better than before...maybe because I have come to Europe. More milk, new friends.” FGD/2023/FBY

For someone, there seem to be a feeling of frustration already and the best to show up was a feeling of nostalgia:

“Really, it’s cold even with all these sweaters and winter jackets, I still feel it. Honestly, I miss being home and walking around in simple clothes in a little sunshine. Missing that makes me feel a bit sick...unhealthy.” FGD/2023/FBY

Others admit the weather in Hungary was cold but they were not unfamiliar with much more freezing temperatures:

“In my country, we have temperatures as low as -13 °C so this one cannot make me sick. I eat well and drink well. I also wear the right clothing.” FGD/2023/FBL

Finally, a note of balance was reached in this response:

“Well, in general like right now, I think I have a stable...emmm...health” FGD/2023/FBR

In this section, most of the participants preferred not to compare the situations for personal reasons while four of them decided to share their experiences.

### **Experience with healthcare facilities in Hungary**

Speaking on this note, majority of participants (18/21, 85.7%) have had or attempted engaging the services of healthcare professionals in state owned hospital facilities while a minority of them (3/21, 14.3%) had not, neither had they attempted seeing a physician for various reasons:

“I arrived in Hungary 3 months ago so I’ve not been to the hospital yet” FGD/2023/FBP

Another participant also explained why it has been so:

“If I wanted to go to the hospital, I could. I paid for insurance before because I am a self-fund student so I needed to do that on my own just to be sure that if there was an accident or anything so I did that and since I came to university...I take care of myself. I didn’t go to any hospital...so I didn’t have any contact with any of the healthcare facilities, yes.” FGD/2023/FBS

Traversing a new terrain for orthodox medical interventions, participants revealed there were reliefs and shocks pertaining to the demands of the healthcare system and how proceedings were approached by healthcare professionals. To begin with, access to healthcare services seem to be

heavily guarded and probably twisted in the civil and sacred name of bureaucracy for reasons not readily known to participants. Majority of them indicated they encountered some degree of difficulty when they needed healthcare services:

“I contact the general practitioner by email then I got my appointment. It was quite disappointing to me because I sent the email and then they answer like OK, but first you have to take the test and after, if it's negative twice then we will give you the appointment.” FGD/2023/FBI

So much more continued to be said about the entry point and quality of responsiveness:

“And I got appointment from my school hospital and they just gave me appointment after a few hours, and it was pretty fast too, but I was not satisfied...because I didn't get enough information about...my illness and they just gave me a plant-based medicine.” FGD/2023/FBZ

Participant's testimonies were given in acknowledgement of what was perceived as good or bad in appreciation or detestation of an act committed or omitted:

“Mmhm...not like everything hasn't been good but hasn't been bad at the same time. I've had very good experiences. The bad experience was for some reason I do not understand...why the general practitioners are always recommending this hospital where nobody speaks English. FGD/2023/FBC

“Yeah, what's the motive? What's behind the scene? I even asked them if I can go there [400 bed hospital]. They were like ‘No’, you can't but then I went and it didn't cost me anything and the doctors are better and everything is more new.” FGD/2023/FBC

Complaints about waiting time was not left out as patients and clients the world over would cite short waiting time as an indicator of quality healthcare service:

“I had to wait 20 minutes to find a person that can understand my problems and the hospital is like very bad...even the doctor didn't want to do his job and he just examined me very quickly and did nothing to help me out.” FGD/2023/FBG

Plausible to the discussion was the reality of health insurance coverage:

“When I arrived in Hungary...I realised the Stipendium Hungaricum health funding package covers for everything apart from your teeth and eyes...any other thing...be it surgery...” FGD/2023/FBW

In like manner:

“I still receive the bill for the surgery and it was expensive intervention. But fortunately I didn't have to pay it. I had the protection of the TAJ card that allows me to access healthcare in Hungary.” FGD/2023/FBD

And yet, another:

“They pay my medical insurance from the government, so I don't have to really worry about my medical insurance.” FGD/2023/FBU

As nature would have it, the individuality of man will always manifest to break the chain of a particular order:

“The only problem is you as a student, buying drugs and their drugs here is[are] always expensive” FGD/2023/FBT

### **Perception about health facilities in Hungary**

This question called for participant's honest impression about not just physical structures but policies and administrative processes in which services are anchored. Majority of participants who have had access to healthcare services gave pleasant remarks about the services rendered and the resourcefulness of the facility. The liberal opportunity brought along some honest confessions as reflected by this student:

“Comparatively the healthcare is better compared to my country.” FGD/2023/FBY

A participant saw things from a different angle:

“I feel like...what do you call it...group ‘B’ students. Yeah, we don’t feel like prioritized as the Hungarian students...like so should be all students...same thing. Yeah, I just don’t feel like they are very prepared for English programs and they advertised otherwise.” FGD/2023/FBK

### **Issues affecting mental health**

The realisation that one’s mental health is a conglomerate of their feelings, emotions and other factors, drew participants into the invitation to share their problems related to studies, healthcare, general well-being that has affected their mental health:

“It’s like anxiety all over...study is hard...like faculty, it’s rough there. They are not very supportive.” FGD/2023/FBK

A series of similar sentiments were verbalised:

“Yeah, it’s always anxiety for next semester or next exam, you finish paying and you worry about the next thing to come. Yeah, until we get there.” FGD/2023/FBK

Then an expression of what seems like helplessness was voiced:

“We can’t expect much from the school...because they require these stuff and then they are like we don’t care. You fail, you fail. They don’t have...they won’t like... give favour to anyone special.” FGD/2023/FBK

The chain of comments kept pouring in conveying with them the inescapable pressure of a busy semester:

“One of the stressful things about mental health of students was education. A lot of things to do, study Hungarian, study that, do a lot of stuff or perhaps I’ve chosen the wrong country to study in. In my country, we don’t take many hours in a semester... nine (9) credits for three (3) courses per semester but the minimum credit hours here are thirty (30).” FGD/2023/FBW

Although there was a kind of agreement to the earlier submission, the reaction towards adjusting to the new culture was different based on a previous experience:

“The course work is a lot but I was used to it before. The course at Bachelor’s was more than this. So, this is better. FGD/2023/FBP

Again, some people may have had tough times melting into their new environment and the discussion provided a chance to letting it all out as presented in this voice:

“Yes, yes...I definitely have anxiety at least every day. I came with anxiety before but it has gotten worse here. Definitely, it’s like pressures in the faculty...adapting to the new culture, having to be in a hostile environment of Hungarians...and it’s definitely a hard environment to adapt. It’s not for everyone and for someone who comes from a liberal community [we are very smiling people], it is very unwelcoming. You can feel the cultural shock immediately. FGD/2023/FBV

“I have to force myself to go to the hospital because I am afraid that what if they cannot translate into English or what if they don’t know about...my full...history about my illnesses etc. so, it was like kind of middle, I would say the experience was.” FGD/2023/FBZ

This laser beam from one participant confirmed they were not looking for a perfect Hungary. They only wanted a little bit of commitment from Hungarians:

“The city in general, it’s not very prepared to receive this amount of international students. I do not expect every Hungarian to know English, I don’t expect the lady at the bakery to reply to me in English. But I mean if I go to a doctor’s office, I would expect them to speak English. So, it’s a bit weird that they don’t have staff that has a reasonable level of English.” FGD/2023/FBX

Weighty in this discussion is the dominance of adaptation to the new location that continues to take the centre stage:

“I had this problem of being in a new environment...also communication barrier was a

problem to me when I came. With some of the attitude people here displayed, it was so alarming for me but as time goes [went] on, I adjusted to the whole situation.” FGD/2023/FBT

Undoubtedly, language barrier remains a big hurdle to cross:

“Honestly, I feel like I have to force myself to go to the hospital because I'm afraid... what if they cannot translate into English?” FGD/2023/FBZ

Typical situations were mentioned as areas deficient in lending support to international students:

“I'm talking more about my faculty in particular the healthcare...they are like I think not prepared for international programs...like I feel we look at the Hungarian students; they are like more accommodated.” FGD/2023/FBK

Meanwhile, University of Pecs has made provision for students' mental health services. The centre addresses their concerns in alignment with helping students in general to keep contact with their environment through chats, common events, transportation, etc. It also assists with the proper treatment for possible mental harm (finding the proper expert, if needed) and preventing crisis situations or treating actual crises. Yet, it still may not be a means to an end without an extra measure of expanded services as depicted in this tone of a participant:

“I can't get therapy because there's no psychologist that speaks English here.” FGD/2023/FBX

and in the dimension of adequacy of the sessions allowed a student per semester, this concern was raised:

“First, these counselling services are limited to five (5) per semester so I think they are not enough because mostly they are dealing with personality problems, mental problems or health problems...like be recognized and diagnosed.” FGD/2023/FBZ

### **Challenges with health matters**

This segment attracted the patronage of most participants. As familiar with every project is the possibility to face challenges especially in its fundamental stages. Being an international student in Hungary is not excluded from this. Discussions on this subject matter brought to bare some situations that appear to be obstacles in the way of international students attempting to gain entry into health facilities in Hungary:

“As a student, I encountered a challenge when I got sick on Friday and had to wait for an email response on Monday” FGD/2023/FBY

Apparently, the protocol of booking an appointment by email is strictly adhered to so that if a student walked to the healthcare facility without doing the needful, they were denied any care service and redirected to book an appointment online or go to the emergency room(ER):

“Once I even went personally to the medical consultation and they told me, like, no, we can't see you...you have to ask for the appointment by email, and I was like, okay, so then what? So everything has to be via email. That's weird, because when you are sick, you of course need the doctor to see you in person.” FGD/2023/FBI

The above expectation may sound as though the participant was asking for too much but that may not be the case since the idea of out-of-hours services are typically common in countries like Germany, Spain, France, Italy, the United Kingdom and Sweden. This service offers organised, suitable, synchronised services in response to client's call during times when medical practices and primary care centres are closed.

Strangely, much as that is the road map to follow, response to such emails are allegedly delayed or ignored leaving the student in a state of helplessness:

“I got an appointment and I contacted the doctor. She gave an appointment for two months or later. What it means? The doctor in question responded that he has free time after two months and I go simply to pharmacy...sold certain medication to me and now I'm okay.” FGD/2023/FBM

Further discussions attested to this statement in various ways expressing shock at some instances:

“It's just that I send like an email requesting a medical consultation, but the only thing they do...just ask for my symptoms and they ask for photos. In that case I have like sore throat so they said like, OK, send me a photo of your throat and that's it. So I sent like the photo of my throat, my symptoms and then they just prescribed my medication.” FGD/2023/FBI

Participants consistently verbalised their experiences were strange:

“I would call them and then they ask me my symptoms, what kind of doctor I need and then tell me, okay so this address and this address are available and this time and this time and then I could go and everything would be free.” FGD/2023/FBQ

Some students said the bottlenecks associated with following this protocol is exasperating. For such reasons and more, they resort to some homemade remedies or over-the-counter drugs:

“I heard about how uneasy it can be to get medicine at the pharmacy, unless you've doctor's prescription.” FGD/2023/FBJ

And some friends became the lifeline to the deadlines of their colleagues:

“Like if I didn't have my partner with me and she wasn't Hungarian, I would have been scared because every time I got sick here, she was the one who searched for the doctor, find [got] an appointment for me. I just showed up. Sometimes she was on a call with me and she translates what I should have answered. And it was like not very convenient experience for me. FGD/2023/FBM

A participant lamented over how an exigency had to be personally funded but thought the service rendered did not merit the fee charged:

“Once I had a problem where I needed to go to the[specialist] clinic and for some reason [the specialist consultation] is not supported by any healthcare so it's private. You can't get an examination from a [specialist] doctor for free so I had to pay 35,000Ft...the people at the state hospital and the GP also told me to go to the private clinic so yeah, I had to pay like 35,000Ft just for an exam...just for the doctor to prescribe antibiotics for me which I think shouldn't cost that much. FGD/2023/FBG

All through the discussion, most participants hammered on access to the facilities as their main hindrance but this singular perspective made a strong point:

“My opinion is that Hungary has actually good medical services, good access but the only problem is that entry level. FGD/2023/FBH

From the outpour of experiences shared, participants had difficulty securing appointments with GPs. These difficulties in the form of delayed responses to emails, long waiting times before consultation, more fees for less value and language barrier have registered the displeasure of international students at the healthcare services they received.

### **Support systems enjoyed so far**

International students participating in the study mostly stated family and friends were their only support systems:

“I have found like also a nice community of Hungarians. I also work with Hungarians which is pretty nice but it took...at least a year to find the nice Hungarians. it's definitely a hard environment to adapt. FGD/2023/FBV

The relevance of support systems cannot be underestimated at this time and building such became a necessity as echoed in this voice:

“My colleagues in school...that's the best support...encourage each other and everyone. If someone is giving up, we help them. We get like a help and you get help also...it's like we are in this together.” FGD/2023/FBV

For someone, help came faster than may have been anticipated:

“I was lucky enough to find a support group here in Hungary quickly.” FGD/2023/FBI

A participant did not withhold that innate joy by sharing with others that cordial relations shared with a native Hungarian:

“Yes, and also in my place of work. I had this lady. She is Hungarian. The woman was so nice to me so each time I come her way, she’s so welcoming so I made her my Hungarian mother. So, she comes around to check on me. I also go to her place...since then, she became my family.” FGD/2023/FBT

As mental health issues continue to advance the discussions, notable acknowledgements in favour of the Hungarian health system were made:

“My general mental health is awesome and Hungary has good support system for supporting mental [mentally] related issues. The psychiatrists are doing a commendable job in restoring the mental health of patients. This comes from a few students whom I have interacted with and had mental [mentally] related issues.” FGD/2023/FBY

Despite the availability of such services, some students are unable to benefit from it due to factors beyond their control: On the issue of seeking counselling to deal with the effects of some of these negative encounters, this was unravelled:

“I heard that there is one psychologist in my university, I had a little bit of mental problems, it’s hard to adapt in the new environment and it gets a little bit harder but... there’s just little time to cope...deal with my mental problems.” FGD/2023/FBZ

To finalise this section, a participant said:

“Mentors, friends and family” are the core of support. FGD/2023/FBT

Participants spoke extensively about the support group they draw strength from to survive in a foreign land. From their contributions, it can be deduced that life in a host nation is not exactly as in one’s home country. Everyone gets to make some commitment towards some other person or comes to a compromise on some issues for mutual or collective benefit.

At the point of making recommendations to authorities of healthcare services to international students, the most striking call was one to avert impending dangers associated with drug administration errors. This participant called for a position on pharmacovigilance and accessible databases of patient’s records for educated referencing:

“I also want to add that the general practitioners, they should be more serious in their work...they gave me medicines that shouldn’t mix...they don’t have any evidence from your past.” FGD/2023/FBC

Based on what participants have said about the kind of support they had, they understand the importance of support systems and have demonstrated through personal efforts to play a complementary role to what the host institution has put in place by being there for their colleagues as a way of supporting them when they needed them.

## Discussion of the findings

While existing literature has extensively dealt with challenges of international students in host countries <sup>[19]</sup>, this study contributes a wealth of knowledge to the research space by giving an exposition on the concerns of 21 international students of youthful exuberance aged 22-38 years. Although international students appreciate the blueprint for service provision, reviewing the policies guiding it may be necessary since this is the most significant move in shaping how to improve healthcare services to lessen risks for future projects <sup>[20]</sup>. The accounts rendered by each participant in their attempts to access healthcare or the reality of having encountered a healthcare service provider showed similarities. Both sides raised concerns about the authenticity or deficiencies of the services. While there remain many avenues to improving health services for international students in Hungary, this study throws more light on the peculiar difficulties hindering access to services and receiving dignified treatment at these service points. Consequently, it supports the quest for further research focusing on a wider scope to involve service providers and facility managers.

In a thematic analysis, qualitative data generated pin-points a number of inconsistencies and barriers to effective communication for satisfactory services. This substantiates earlier findings that international students do encounter difficulties when it comes to getting their health needs met <sup>[21]</sup>.

Some of the complaints made in this study stand to supersede arguments that have been advanced in justifying the actions of service providers in manners in which they were reported. The target of SDG3 is to improve healthcare delivery to people of all walks of life irrespective of their geographical location. The essence of primary healthcare (PHC) should not be underestimated in the face of vigorous and rigorous global efforts to combat disease and its attending issues <sup>[22]</sup>. From what participants said, one of their major challenges has to do with being scheduled for timely medical consultations. They felt their attempts have been deeply frustrated by delayed replies to emails purported to book appointments, long waiting times before having a review of their health conditions. This unmet need tends to thwart their efforts at receiving those services they feel entitled to per their understanding of what comprehensive healthcare referred to in their scholarship package <sup>[53]</sup>.

The stalemate in this report gives an impression these group of students feel left out through what may be artificial resistance to them gaining access to healthcare services. Meanwhile, a lack of, or moderated access to essential health services is an infringement on fundamental human rights as advocated in SDG 3. This finding resonates with literature that states that though the right to the best achievable standard of health, irrespective of the migrant's geographical location or status, is protected in numerous human rights policies, national interests do override these entitlements due to the bureaucracies involved <sup>[23]</sup>. Providing skilled attendance for preventive medical screening on regular basis as a matter of commitment to collaborative efforts of stakeholders is needed at all levels <sup>[24]</sup>. Much as bureaucracy puts systems in check and maintains order, it is also rigid and sometimes stalls the progress of an otherwise functional system <sup>[25] [26]</sup>. Empirically, certain diagnoses cannot be made by simply viewing them in photos. A careful patient history and physical examination is the starting point. Diagnosis over the phone is not advised <sup>[27]</sup>. Viewing from the lens of existing literature, this finding is similar to the work that found that long waiting time for medical consultation is a recipe for dissatisfaction with the service which may eventually stop people from patronising it in a competitive healthcare world <sup>[28]</sup>. Acknowledging the threats of COVID-19 pandemic at the time in reference, two negative confirmation tests were a prerequisite to having any medical consultation in Hungary. Hence the reason why general practitioners insisted students complied with their directives. Even with that, other participants with similar concerns have been in the system before the pandemic.

It is therefore more pressing to scale up access to GPs and specialists through systems over-hauling to equip facilities with the needed human resource training and supplies that allow a smooth flow of care services to this minority group. Again, it is very much unexpected to learn some GPs and specialists did not want to have much to do with examining some international students at the time of their despair when they needed their attention most.

Another fact in consonance with prior research studies is the kind of support systems that participants built for themselves with themselves. To appreciate the importance of fellow students in surviving outside home is certainly one of their smartest initiatives to augment the distant affection from family back home just to cushion them emotionally and psychologically so students can keep their focus on their academic engagements. This re-echoes what available research has established that international students rely mostly on friends, family and few native allies in their host countries as their most assured support system in order to navigate forward in their academic pursuits <sup>[29] [30]</sup>. This is exemplified in the narratives of participants on how they had to rely on native friends to translate medical information to doctors or fall on them in times of need <sup>[31]</sup>. This finding agrees with studies that have proven language barrier is a palpable obstacle to achieving academic excellence <sup>[52]</sup>. Asserting that foreign students are at a greater risk of peculiar challenges, prevention and intervention programs may need to be designed to handle their specific problems and prevailing state

of affairs <sup>[19]</sup>. Such timely interventions have the potential to break the barriers of language non-proficiency of immigrant students which frequently emerge as the single impediment between countries, stalling the smooth take off of international programs <sup>[32]</sup>.

One more concern raised by respondents is the fact that some Stipendium Hungaricum students, although covered by comprehensive national health insurance actually pay for drugs prescribed them by attending physicians in government hospitals. It has been established that comprehensive health insurance still leaves a quota for the client to fund and purchasing medications could be one of such. Thus, students having to pay for their medications is because medications are not totally covered by the TAJ insurance. Holistically, despite a lot of successes chalked by the health sector, every small deficit remains big as long as it affects human lives and threaten their very existence <sup>[33]</sup> especially for international students who have to survive in a city with limited student job opportunities to augment their stipends that have not witnessed any upward adjustments (except for Ph.D candidates) in the face of increased costs for goods and services.

Important to the flurry of discussions is the subject of language minority and immigrant status of students' social background, factors that shape students' preparation for higher learning <sup>[34]</sup>. Perhaps, France has set an example that others can look up to and follow. It adopted the most methodological and extensive approach as part of its pedigree hallmark innovations toward worming its alluring influence into other areas of the world to capture more foreign students. This massive evolution is being nourished through a matrix of strong structural systems that encompass realistic policies, formidable investments, juicy scholarships, relaxed immigration policies, and pedagogic policies for language learning skills to galvanize its position for foreign programs <sup>[35]</sup>.

Igniting the vim to encourage student mobility is an action woven in trusted dedication to reaching future milestones <sup>[36]</sup>. Integration of foreign students is symptomatically weak due to a lack of adequate and appropriate preparation for staff at the host institution and bias towards African students in particular within the local community of host nations <sup>[37]</sup> <sup>[38]</sup>. Socio-demographic characteristics, personal beliefs, and institutional track records are but a few to mention which portray such biases <sup>[39]</sup>.

#### The tussle with acculturation

According to available literature, acculturation to the host culture and to the culture of origin are both adaptive but in different ways <sup>[40]</sup>. Therefore, getting adjusted to new environments after migration is understood as a dynamic process <sup>[41]</sup>. It may also be said that although international students in Hungary knew about these changes before embarking on their journey, they were also to some extent completely unaware of some of these changes they experienced. Changes occur in individuals as a result of negative experiences such as labelling, stereotyping, humiliation, inexistent moral and physical support, isolation, linguistic barriers, etc, a precursor to mental breakdown. Projections must be made as a matter of responsibility by institutions who are under obligation to balance the numbers of students with support services that promote student success <sup>[42]</sup>.

#### Culture versus standards

Hospital procedures are crafted in both art and science and each has its own unique purpose. It should be noted that the way and manner these things are done tend to express the values of the society at large <sup>[43]</sup>. Based on this empirical illumination, to superimpose deficient cultural practices on effective scientific procedures is strongly refuted.

#### Counselling and support

Often times, it is said that immigrant students do suffer academically compared to their counterparts who are indigenes of their host nation <sup>[44]</sup>. Deducing that what participants raised on mental health are issues that may be considered as 'normal' to the flora of migrant student predicaments, some of the concerns affecting them may be negatively impacting their studies. Perhaps, language barrier already

presenting an impression that native students get better treats compared to a picture of an assumed neglect in the case of international students is a perfect point of reference in the awakening call to reassess services being rendered to them. Harboursing fears that one's health problems might not be properly understood during medical consultation is the presence of a medical exigency on its own—an unsatisfactory feedback on the services. Treating this matter fairly is also admitting the provision of psychological counselling services by the university. Stress management, difficulties in studying, lack of motivation, depression, integration difficulties, relationship issues are but a few of the issues handled by the guidance and counselling unit. Perhaps, awareness of the availability of these services may not be well communicated to the target body or rather, the extension of services may need to be entertained. However this finding is viewed, it confirms earlier works which prompted that language barriers in healthcare result in misrepresentation of what is being communicated by the patient to the health personnel and what the medical professional perceives the patient to be communicating to them, thus sinking the value of satisfaction on both sides of the communication loop. The quality of healthcare delivery and patient safety is threatened right there [45].

Arguably, some students need therapy to heal from the emotional and psychological trauma they reportedly suffered. Counselling services need to focus more on students' coping strategies as an efficient way to improve their psychological wellbeing in academic and general life contexts [46]. A state of psychological safety is to be secured through functional systems laid down in the fundamental operations of such institutions [47].

It is also evident international students may not necessarily have to rely solely on natives of their host country to support their interests but through the creation of their own support systems with the recognition of the power in reciprocity to help each other in their lowest moments, they can reap meaningful gains aside a robust formal (such as guidance and counselling services) system. This melts into the earlier works that concluded that having a collective culture gives individuals the feeling of belongingness to a group whose role of social support will be momentous for curing any maladjustment felt by international students [48].

A timely caution is sounded to be empirically circumspect in drawing conclusions about immigrants as their advantages may be overestimated in studies that flaunt a perfectly accurate institutional record rather than a self-reported one from students. This conflicts existing literature that immigrant advantage may be overrated in studies that settle on self-reported rather than school-reported achievement as participants of this study have reported what they consider irregular to their expectations of what was stated in the institutions records and therefore feel disadvantaged in that regard [49].

From a telescopic zoom point and a panoramic point of view, global health education must be incorporated into residency programs in an ethically sound and sustainable manner [50]. Recognizably, beautifully outlined in Hungary's legislation Act CLIV, 1997 on health is its pleasant commitment statements:

*“The purpose of this Act is to:*

- b) contribute to ensuring equal access to health care services for all members of society,*
- c) create the conditions whereby all patients may preserve their human dignity and identity, and their right of self-determination and all other rights may remain unimpaired.”*

## Conclusion

Despite the availability of a good number of hospital complexes with state of the art equipment dotting every nook and cranny of Hungary's beautiful landscape, and the warmth of crisp professional touch it promises from a high calibre trained staff, there is a strong impression migrant healthcare services for international students still fall short of flexibility and responsiveness as a section of

students complained they either had difficulty accessing care or got access but were treated distastefully in animosity.

Participants also appeared not to have in-depth understanding of how much entitlement they had under the health insurance coverage. More importantly, for a participant who is a Stipendium Hungaricum scholarship holder to prefer the services of a private health insurance provider over the state-owned facilities may be a signal the latter did not meet their expectation. There could be legit reasons accounting for the shortfalls in government hospitals as in rationing scarce resources to treat a limitless influx of demands but technically, accelerating the process (doing more within a specific time frame), does not mean it should be violated. Therefore, it will be more profitable for all stakeholders to make commitment the watchword towards their targeted objectives. Otherwise, where there is no commitment, persecution becomes the order of the day where parties concerned embark on a fault-finding agenda against each other.

General findings suggest the need for enhanced patient-doctor or patient-nurse relations through platforms like health fora that encourage conversations about health policies, guidelines and protocols on service access and delivery. General practitioners and specialist doctors, nurses and administrators who often lead care teams should re-ignite their awareness on culturally sensitive healthcare needs of diverse patients/clients in the light of scientific luminance for a much more humane care. International students must be deliberate and intentional at learning Magyar for their own self-efficacy.

#### Limitations of the study

Participants came from predominantly one university and therefore the findings cannot be said to be the exact situation in all other institutions of higher learning in Hungary. In addition to the aforementioned, this study did not involve other stakeholders. The study was therefore unilateral. Secondly, much of the data was self-reported. Thus, the possibility of introducing some degree of recall bias by subjectivity to vulnerability of the participant's memory. Transcription of data might have distorted the meaning of what participants relayed in minute details. These notwithstanding, the study, offers an exposition on a lot of important lessons.

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