Anita Pelle – Sarolta Somosi (eds) 2025: From Policy to Practice: Studies on the Green and Digital Transition in Europe, Szeged, DOI: https://doi.org/10.14232/gtk.ppsgdte.2025.23

Patients' Preferences in Healthcare: A Qualitative Study of Doctor Selection in Hungary

Czégény László

Despite ongoing national and international research on patient satisfaction, there is still no coherent understanding of how patients make decisions and choose their doctors. To address this gap, the first phase of my multi-stage research investigates the background of Hungarian patients' decision-making through narrative in-depth interviews and creative focus groups. The present research aims to explore the criteria Hungarian patients use when selecting a doctor, where they gather information for their decisions, and what influencing factors shape this decision-making process. This research adds to the literature by mapping the processes behind patients' behavior and lays the foundation for the next phase of the study on a larger sample.

Keywords: doctor selection, healthcare marketing, decision-making, qualitative research

1. Introduction

One of the key issues for the efficiency and sustainability of the healthcare system is how and on what basis patients choose their providers. Patients' decisions are not merely the result of individual preferences, but increasingly impact the functioning of the system: they influence competition among providers, bottlenecks in the care system (waiting lists), and the perception of service quality. All this is particularly relevant in Hungary, where the rise of private services, the structural challenges of public care, and the changes in public trust have created a complex decision-making environment. A better understanding of patient decisions made under such circumstances can contribute to both patient pathway planning and the foundation of health policy guidelines.

According to the Hungarian Central Statistical Office (4.1.1.2.) data, Hungarian households' healthcare expenditures have shown a continuous upward trend over the past 20 years; however, since 2017, the pace of growth has accelerated. In 2017, Hungarians spent 232.5 billion HUF on outpatient care, while in 2021, they spent 341.3 billion HUF, representing a 46.8 percentage point increase. The increase in expenditures clearly indicates the strengthening of the private healthcare sector in Hungary. This is also contributed to by the shortcomings of the Hungarian public healthcare system, which were highlighted recently, at the beginning of 2025, by the Hungarian Medical Chamber's social campaign "Hungarians Deserve Better Health." The dynamics of the two seemingly independent yet interconnected healthcare systems (public and private) operating in our country are still evolving, making scientific research on this topic timely and necessary. The long-term functioning of the symbiosis is significantly influenced by the attitude of the users, that is, the patients, therefore, examining the influencing factors behind the choice between care forms is extremely important both for understanding user expectations and for making accurate predictions.

The process of selecting healthcare systems and doctors is extremely complex and poses numerous challenges for researchers. On one hand, we may feel that we are

suffering from a lack of information; we do not know which medical specialities are the most sought after, nor how the demand is divided between private and public providers. On the other hand, it is also clear that consumers tend to use mixed services in healthcare – which we could call a kind of "service cocktail". But what influencing factors affect patients' decisions? Although these factors vary by country based on previous research, including the structure of the healthcare system and its quality differences (Del Vecchio et al. 2015), this study focusses on Hungary and aims to qualitatively explore the factors influencing the choice of physician.

As the first step of a two-phase research, this pilot study examines the background of Hungarian patients' decision-making through narrative in-depth interviews and focus groups.

The research aims to uncover the factors that influence patients' doctor selection process. To achieve this goal, the present study presents the current state of healthcare and patients, and then reveals the influencing factors through narrative in-depth interviews and focus group discussions. The analysis focused on uncovering the factors influencing patients' choice between public and private healthcare providers. However, to describe the phenomenon, the information-gathering habits and preferences of the users were also examined, specifically regarding which specialities they choose public and/or private providers for. The research enriches the literature by mapping the processes underlying patient behaviour and lays the groundwork for the next phase of the study, which will employ a large-sample quantitative methodology.

2. The Context of Healthcare Services

Approaching the topic from a broader perspective, we can see that healthcare is one of the most important factors in life (Wulandari et al. 2023), so it is no wonder that privatisation has also begun in this sector, leading to competition among private healthcare providers in countries with healthcare systems that allow for it (Gilbert et al. 1992, cited by Naidu 2009). This development places increasingly higher expectations on organisations operating in the private healthcare sector. The aforementioned expectations are perceptible not only from the provider-professional side but also from the patient side, and the dual sense of risk characteristic of services is exponentially present in healthcare.

2.1. Definition of the Healthcare System

According to Simon (2016), the definition of the healthcare system in each country has a significant impact on the overall marketing tasks, including consumer research and the examination of decision-making processes. In light of this relationship, I consider it important to define the use of the term healthcare system and to clarify that within the framework of my research, I do not deal with the healthcare industry as an extended definition of the healthcare system (including the pharmaceutical industry and health tourism). Based on this, the concept of the healthcare system used *"includes all activities whose primary purpose is to support, restore, and maintain health, and includes patients and their families, healthcare workers and carers within organisations and communities, as well as the health policy environment in which health-related activities take place."* (WHO, cited by Simon 2016). According to current forecasts, in Hungary *"the complete*

separation of the public and private sectors will not occur" (Lengyel–Tóth 2022, cited by Szigeti 2023, p. 2) and private providers will not serve as substitutes but rather as complementary to public healthcare services. Thus, alongside the emergence of new players and the strengthening of competition, the dynamic development of the Hungarian private healthcare market continues (Szigeti 2023).

A system similar to the Hungarian Bismarck model (Meleddu et al. 2020) can be found in Argentina, Austria, Belgium, Costa Rica, South Korea, Egypt, France, the Netherlands, Japan, China, Colombia, Germany, Taiwan, and Tunisia (Karner 2008), where the healthcare system is based on mandatory contributions. Moreover, this study is not solely based on the studies conducted in the aforementioned countries, as factors influencing physician choice decisions in other countries are also relevant.

2.2. The Literature Background of the Physician Selection Decision-Making Process

In Hungary, with the strengthening of the private sector, a division among consumers can be observed, as they assemble a kind of "service cocktail" according to their individual preferences. The mix includes both private and public services, but it is still unknown on what criteria and in what proportions the individual providers are included in the mix during the decision-making process of the users.

Despite ongoing research at both international and national levels regarding the measurement of patient satisfaction, we still do not see a coherent picture of patients' decision-making and doctor-selection processes.

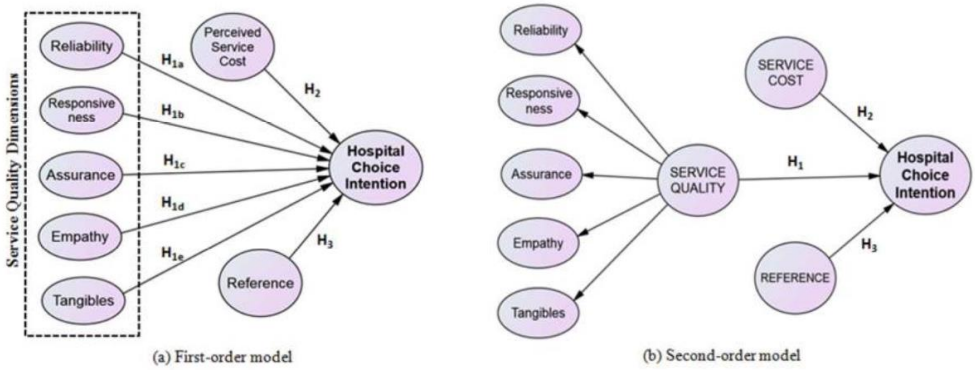
Decision-making between private and public healthcare has been at the forefront of health policy research, particularly in understanding patient preferences and system-level disparities. A consistent assertion in the studies is that perceived quality, affordability, and accessibility have a significant impact on this decision. Hanson and colleagues' (2004) analysis reveals that in low- and middle-income countries, patients often overlook free public services in favour of private providers, as they offer better service quality and shorter waiting times. Conversely, financial constraints often force economically disadvantaged groups to rely on public services, despite their shortcomings.

Basu and colleagues (2012) used nationally representative survey data from several developing countries to demonstrate that while public healthcare was more affordable, private healthcare was deemed superior in terms of responsiveness and patient care. In contrast, Papanicolas and colleagues (2018) focused on the subjective aspects of decision-making, conducting comparative interviews in several OECD countries, and found that trust in providers, prior experiences, and social circles (friends, family, etc.) played a key role in shaping patients' choices. Based on their findings, although cost and accessibility are crucial, cultural and relational dimensions such as respect and communication also have a significant impact on decisions. This highlights the importance of patient-centered approaches in both sectors.

Mixed-methods approaches have further enriched the literature by combining the strengths of qualitative and quantitative designs. Alfonso and his co-authors (2013) conducted a systematic review that included both statistical data and patient reports. Their study concluded that interventions focussing on cost reduction were not sufficient. Improving infrastructure (the location of the clinic), communication, and provider training (competence) was also crucial in influencing patient behaviour.

According to the results of Regidor and colleagues (2008), socioeconomic factors have a primary impact on the choice of doctor, and patients belonging to different socio-economic groups receive varying levels of care. The authors suggest that future research should focus on identifying the factors behind the inequality. Jacobsen and his co-authors (2012), in their work examining the doctor choices made by mothers for themselves and their children, identified three main influencing factors: costs, the doctor's reputation, and the location of the practice. However, they also concluded that no correlation could be established between socioeconomic factors and the aforementioned factors considered in the choice of doctor. Islam (2018) proposes two models for interpreting the factors influencing the choice of hospital services (*Figure 1*): a second-order model that treats the five dimensions of SERVQUAL (reliability, responsiveness, assurance, empathy, and tangibles) as a common service quality construct, and a first-order model in which these factors individually affect the intention to choose, supplemented by the factors of "perceived service cost" and "reference" (e.g., recommendations from acquaintances). In the author's empirical analysis, the second-order model did not prove to be fitting: the dimensions of service quality did not show a close enough relationship to be treated as a common construct. Thus, the author applied the first-order model for the structural equation model (SEM) analyses. This model fit the data well, and the most important influencing factor was "responsiveness" ($\beta = 0.449$), which had a significant and the strongest effect on the intention to choose a hospital. The model was able to effectively capture the individual effects of the variables influencing hospital choice. The model found six out of the seven exogenous constructs to be significant, except for "perceived cost." The model found six out of the seven exogenous constructs to be significant, except for the "perceived cost" factor, which did not prove to be influential. The author recommends using the primary model for future analyses, particularly in the development of healthcare marketing strategies in developing countries.

Figure 1. Islam's (2018) research models



Source: Islam (2018, p. 11)

The recently published research by Lengyel and Lám (2024), conducted on a Hungarian sample, examined the motivations behind the private institutional choices of Hungarian patients preparing for major joint (hip and knee prosthesis) surgeries.

According to the research, the strongest influencing factor in doctor selection is the orthopaedic surgeon's identity: nearly 87% of patients opting for private surgery first chose the doctor, and this typically determined the surgical location as well. In addition, the recommendation of the doctor and the available information about them (personal experiences, online searches, opinions of other patients) play a significant role. Another important factor is speed, or the possibility of avoiding waiting lists: more than two-thirds of respondents chose a private institution because they did not want to wait a long time for public care. The demand for quick treatment is related to the patients' quality of life, pain tolerance, and the psychological burdens caused by limited mobility. The research also highlights that patients often postpone the decision even after recognising the necessity of the surgery, and when they finally make up their minds, they want the intervention to be as quick as possible. Although the cost of surgery could be a significant factor, the study found that it is not a dominant one in the decision-making process. Patients are price-sensitive, but most of the respondents choose not based on the price but on the doctor and the expected results. The price is more emphasised when there are multiple clinics and doctors to choose from – at the same time, the majority did not request alternative offers. In choosing a doctor, professional trust, the quality of information sources, and medical recommendations are far more decisive factors than cost or the geographical proximity of the institution.

Overall, the examined studies (*Table 1*) emphasise the complexity of healthcare decision-making, shaped by a combination of economic, social, and perceptual factors.

Table 1. Factors influencing the physician selection process discussed in the literature sources

Sources	Factors influencing choice
Hanson et al. (2004)	expected quality, waiting time, costs
Basu et al. (2012)	expected quality, responsiveness
Papanicolas et al. (2018)	trust, previous experience, recognition, costs, accessibility, respect, communication
Alfonso et al. (2013)	costs, accessibility, communication, competence
Regidor et al. (2008)	socioeconomic factors
Jacobsen et al. (2012)	costs, accessibility, recognition
Islam (2018)	reliability, responsiveness, assurance, empathy, tangibles, references
Lengyel–Lám (2024)	competence, recognition

Source: own construction

The methodologies range from large-scale surveys and regression analyses to in-depth interviews and systematic reviews, each providing valuable insights. The common intersection of the studies is the compromise between cost and perceived quality, where the latter often directs the wealthier towards private options, while the less advantaged rely on public services out of necessity.

3. Methodology

Data collection was conducted qualitatively, using narrative in-depth interviews and focus groups. The qualitative data will later be analysed based on a large-scale questionnaire study, so I have structured the guidelines accordingly. The results of the narrative in-depth interviews also helped in shaping the course of the focus groups, so in order to ensure the chronological order and the traceability of the research logic, we will start with the presentation of this methodology and then move on to discussing the focus groups.

3.1. Narrative In-Depth Interviews

As the first step of the primary data collection, the researcher conducted narrative in-depth interviews, during which I asked my subjects about their doctor selection processes. The essence of the narrative methodology is that the researcher intervenes minimally in the data collection beyond the initial topic introduction. In my case, the initial prompt was that I asked my subjects to talk about their visits to doctors over the past few years, when and with what complaints they consulted which doctors, and what their experiences were. During the interviews, I was curious about what factors influence the subjects in their choice between private and public healthcare, and which specialities they typically choose for public and private services. Furthermore, I wanted to map out the most common sources of information gathering.

During the interviews, I questioned 9 subjects, one-third of whom were women and two-thirds were men. Among the respondents, 5 were in the 25-30 age group, 2 were in the 35-40 age group, and another 2 were in the 60-65 age group. Based on the results of the narrative in-depth interviews, I undertook the organisation of focus groups in the next phase of the research.

3.2. Heterogeneous Focus Groups

Based on the results of the narrative interviews, I found it appropriate to form heterogeneous groups according to the use of private and public healthcare services. Based on this, the groups could include patients who choose only one or the other type of service, as well as those who use both types of services in a mixed manner. The focus group guide consisted of 4 units. After the warm-up questions discussing the general health situation, I enquired about the subjects' doctor visit and information-gathering habits, specifically which specialist doctors they regularly visit and where they gather information before making a choice. Following this, in the third phase, I applied a creative technique, asking the subjects to categorise cards representing different medical specialities (*Figure 2*) according to the typical service forms through which they access those specialists.

Figure 2. Cards used in the focus groups

Source: own construction

In addition to the specified areas, the subjects had the opportunity to propose additional specialisations. With the help of the cards, the subjects could share their experiences and logic regarding the care provided in each speciality. In the fourth step, I applied another creative technique, asking the participants to create an individual priority list of 10 items regarding the factors they consider when choosing their healthcare provider. From the individual lists, the participants compiled a common list as a conclusion of the group, and they could also address factors that influence them beyond the top 10. As part of the pilot study, two focus groups were conducted, one with 6 participants and the other with 5 participants.

4. Results

The results will be presented in accordance with the research objectives through the information-gathering characteristics of the respondents, the choice logic between private and public service forms, and the factors influencing the process.

4.1. Information Gathering

During the process of choosing a doctor, the respondents primarily gather information from online reviews and the opinions of friends and family members. During the research, several subjects mentioned online reviews; however, a deeper analysis of their role is warranted. The digital space (doctor search portals, social media groups, Google reviews, forums) plays an increasingly significant role in the decision-making process for choosing a doctor. Patients often search for the names of specialists, examine the clinics' websites, and look at the available reviews and average ratings. These online traces are particularly important when the patient has no personal or family experience. The issue of the reliability of opinions, however, came up several times in the focus groups. Several subjects expressed that only positive reviews seem suspicious to them, and they prefer platforms where not only star ratings but also specific textual experiences can be read. This supports the observation that digital information is not effective on its own, but rather in conjunction with personal or indirect experiences. Online reviews most often reinforce or question an existing choice, and less frequently initiate a new search process.

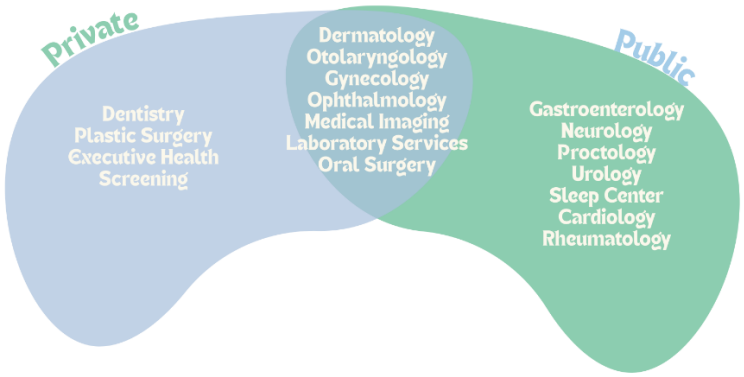
Moreover, specialist recommendations also play a key role. By this, the subjects understand that a private doctor often refers them to another, whether it is the same or a different speciality, and this also includes cases where their private doctors recommend public services to the patients. Furthermore, in several cases, the participants shared that they did not actually choose the form of service themselves; rather, they followed their parents' previous choices. In many cases, dental and gynaecological care were mentioned, which they initially sought based on their parents' decisions, typically from private providers, and this influenced their later consumer choices as well.

4.2. Selection of the Form of Care

The logic of the subjects in choosing between public and private healthcare services is quite different; however, it becomes apparent that the manner of utilising these services can be categorised according to medical specialities and the subjects' attitudes towards the types of services.

In the case where I asked the subjects to group the individual disciplines based on *Figure 2* according to which service form they typically use, the result shown in *Figure 3* emerged.

Figure 3. Grouping of individual fields according to the type of service typically used by the subjects

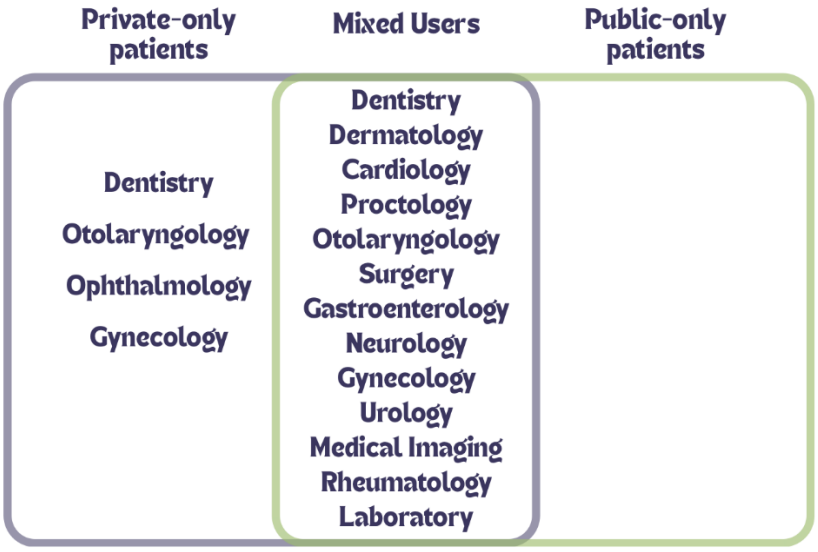


Source: own construction

The individual service areas were categorised into three groups based on the service forms utilised by the subjects participating in the interviews and focus groups. If a field appeared in both private and public forms, they were included in the intersection, while the services used exclusively in the respective form were included in the two sets. Dentistry and plastic surgery appeared only as private services based on the subjects' mentions. In this sense, dentistry does not only refer to dental care, as oral surgery appeared in both private and public forms during the interviews and focus groups. Gynaecology and dermatology were indeed included in the cross-section, but only one subject referred to them when listing the services used in the public health system. Oral surgery, otorhinolaryngology, medical imaging, laboratory diagnostics, and ophthalmology were utilised in various ways by the subjects. The specialities that can be categorised as exclusively utilised in public healthcare include gastroenterology, neurology, proctology, rheumatology, urology, sleep diagnostics, and cardiology. In the latter group, it is important to emphasise, but this applies to all sets, that specialities were included in the list only if at least one subject mentioned them, so there are some that were mentioned only once.

The specialities can also be grouped according to the type of care preferred by the patients who use them. *Figure 4* shows that among the subjects, there was no patient who exclusively used public healthcare services. Out of the 20 respondents, 2 stated that they exclusively use private medical services. Although there were subjects who initially claimed to use only public healthcare services, it was revealed during the survey that there are indeed specialities (typically dentistry and gynaecology) for which they use private healthcare services. In this type of categorisation, individual specialities can appear multiple times, such as dentistry, which is utilised by both patients who only visit private institutions and respondents who use both forms of care.

Figure 4. Grouping the specialities according to the types of care preferred by patients who utilise them



Source: own construction

Although the data is not representative, it provides a valuable foundation for hypothesis formation and large-sample survey-based testing of the categorisation of different forms of care. The data also revealed that there is an inherent negative attitude towards public healthcare, which can be overridden by the doctor's reputation or financial implications.

4.3. Factors Influencing the Choice of Doctor

We can primarily find answers to the factors influencing doctor choice from the focus group data. During the group sessions, I asked the subjects to create a top ten list of the most important factors that influence their choice of doctor. The participants had the opportunity to present their individual top ten lists, and from those, we created a common list that was approved by all group members (*Table 2*). In the two focus groups, similar factors emerged, but they were weighted differently in the lists. In both groups, the severity of the complaint was the most important factor, which also includes the degree of uncertainty and pain that arises.

Table 2. The lists of the most important factors in doctor selection based on the two focus groups

Order of factors	Group no.1	Group no.2
1	The severity of the problem	The severity of the problem
2	Previous experience	Experiences of acquaintances
3	Price	The doctor's competence
4	Experiences of acquaintances	Price
5	Location	Online reviews
6	Online reviews	The clarity of the process description, the convenience of the booking
7	Distance to the appointment	Empathy
8	Empathy	Characteristics of a doctor
9	Environment	Environment
10	The convenience of booking	Staff attitude

Source: own construction

The elements appearing in the lists can be grouped as follows:

- Previous experiences (previous experience, experience of acquaintances, online reviews), which in both cases were among the six most important factors. Among these, "previous experience" differs from the others, as it assumes the given patient's prior experience with a specific provider, while the other elements are based on experiences from external sources.
- Price, as an influencing factor, also plays a significant role in the doctor selection process, depending on the context: it can be a main consideration not only when choosing between two forms of care but can also affect the choice among private healthcare providers.
- Location and environment form a common dimension. While participants in both cases interpreted the environment more narrowly (referring to the appearance of the clinic), the first group understood location as the geographical placement of the clinic.
- Empathy, doctor characteristics, competence, and staff attitude refer to a kind of interpersonal relationship. In these cases, the question may arise as to how patients can interpret these factors during the decision-making process. The group members also found this question difficult to answer; they evaluated these factors based on their own or others' previous experiences. This result supports Islam's (2018) hypothesis that perceived service quality can also influence the decision-making process.
- In addition, the temporal distance of the nearest available appointment and the convenience of booking also appeared as influencing factors in the lists.

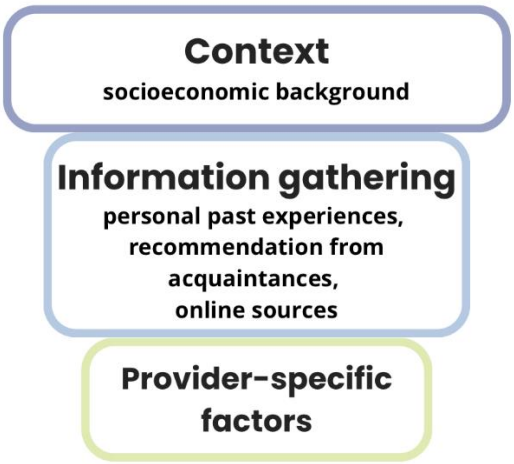
Most of the factors listed in the top ten also appear in studies on patient satisfaction, which suggests that the factors influencing the decision-making process are closely related to

expectations and the satisfaction or dissatisfaction that arises in the later stages of the care process.

5. The Theoretical Model of Patient Decisions

The aspects uncovered during the research should be organised into a structured theoretical model, which can assist in formulating the hypotheses for the quantitative phase. Based on the narrative in-depth interviews and focus group results, it is advisable to outline the decision-making model at the following three levels: (1) context, (2) information acquisition, (3) provider selection (*Figure 5*). These levels guide the process of patients' doctor selection decisions like a funnel.

Figure 5. The three levels of the decision-making model



Source: own construction

Under context, it is advisable to examine the patient's health condition, the urgency of the complaint, financial possibilities, and place of residence, so this level primarily scrutinises the socio-economic background and determines the decision-making frameworks (e.g., in urgent cases, price carries less weight).

At the level of information acquisition, personal past experiences, recommendations from acquaintances, and online sources are examined. It is worth examining the subjective evaluation of the reliability of information in the case of online (from strangers) opinions and opinions from acquaintances, family members, and friends.

At the third level, factors directly related to the service provider come to the forefront, such as competence, availability, empathy, the convenience of the appointment booking process, and price.

The model fits well with the classic structure of consumer decisions, but due to the peculiarities of the healthcare sector – especially vulnerability, asymmetric information, and emotional factors (Vajda 2019) – specific distortions can also be observed (e.g., the parental model as an implied decision pathway). The model can serve

as the basis for the quantitative phase, where the weighting of factors associated with each level is carried out.

6. Conclusions

The aim of the present study was to explore the factors determining the physician selection decisions of Hungarian patients using qualitative methods. The background of the research is the duality of the Hungarian healthcare system – the parallel presence of public and private services – whose operation and acceptance are still in development. The starting point of the study was that patients' decisions significantly influence the development of the system, therefore understanding them is of fundamental importance.

The two main methods of data collection were narrative in-depth interviews and focus group studies. During the narrative interviews, 9 individuals shared their personal experiences. Based on the narrative in-depth interviews, it was found that it is not advisable to create distinct, inwardly homogeneous focus groups according to the pathways through which patients access healthcare services.

In the focus groups (one with 5 members and another with 6 members), the author used creative techniques to identify the factors influencing decision-making. Based on the results, personal recommendations, family experiences, and online reviews play a decisive role in the information-gathering process of patients. The choice between doctors is also influenced by the severity of the problem, previous experiences, price, the location and environment of the practice, and the personal characteristics of the doctor (empathy, competence). The results are consistent with previous research findings, as interpersonal relationships have a significant impact on information-seeking and the decision-making process. The factors discussed in the literature sources also appeared in the results of the current research, thus the decision-making theories regarding healthcare services can be transferred to the Hungarian context as well. However, the factor regarding the severity of the problem has received less emphasis in previous research, so at this point, the author wishes to highlight this result. This factor, although not influenced by the providers, is closely related to the factor of ease of access to the doctor, which also appeared among the influential elements and which the providers can affect.

Based on the results, the majority of participants use a mix of private and public services, and their decisions follow different logics depending on the field of expertise. For example, dentistry and plastic surgery appeared almost exclusively as private services, while other areas (e.g., gastroenterology, neurology) were predominantly provided through public healthcare. The research found that the negative attitude towards public healthcare can often be overridden by the doctor's reputation or the consideration of financial possibilities.

The results confirm that the factors influencing the choice of doctor are closely related to patient satisfaction and the expectations associated with different forms of care. Although the pilot study is not representative, it lays the groundwork for formulating hypotheses that can be tested on a larger sample, allowing us to gain a more accurate understanding of the decision-making mechanisms of Hungarian patients.

7. Research Limitations and Further Research Directions

The study serves as a pilot research based on qualitative methodology; accordingly, one of the main limitations is the lack of sample size and representativeness. During the research, the author drew conclusions based on a total of 9 narrative in-depth interviews and 2 focus groups (11 people), which, although sufficient for uncovering primary patterns and logical structures, are not suitable for making generalisable statements about the entire Hungarian population.

Another limitation is that the individuals participating in the study volunteered for the research, which may introduce self-selection bias, meaning that the respondents are likely to have greater awareness and interest in health decisions than the average patient. Moreover, the interpretation of qualitative techniques used during data collection - such as narrative inquiry or creative focus group methods - can be subjective, especially in determining influencing factors, as participants often found it difficult to articulate the specific reasons behind their decisions.

Conceptual clarification also posed a challenge, especially in interpreting the factors influencing the choice of doctor. Elements mentioned by some respondents (e.g., empathy, trust, competence) are difficult to measure and could only be interpreted indirectly in the focus groups. Therefore, future studies may benefit from a more precise operationalisation of the factors so that they can be reliably measured in quantitative form.

Based on the above, the primary direction for further research could be a large-sample, quantitative study that allows for the statistical examination of the factors uncovered in the current research. With the help of a structured questionnaire, it could be measured which aspects are the most determining among groups with different demographic, socioeconomic, and health backgrounds. Additionally, it would allow for the examination of significant differences in preferences between service forms (public vs. private). Further research opportunities arise from exploring regional disparities, particularly comparing healthcare accessibility between smaller towns and large cities, as well as examining the differences in doctor selection criteria in this context. In addition, it would be worthwhile to deepen the analysis of specialty-specific aspects and conduct separate research in the field of individual services. In addition, the role of digital information sources (e.g., online reviews, social media) in decision-making could form a separate research axis, as their impact is becoming increasingly significant yet remains a relatively unexplored area. The examination of patients' attitudes towards these platforms – such as their sense of reliability and the assessment of the credibility of the opinions they read – can contribute to the development of patient education and health communication strategies.

Overall, the present research provides a solid foundation for the quantitative continuation, which is capable of shedding deeper light on one of the most important aspects of the transformation of the Hungarian healthcare system: the nature of patient decisions.

8. Practical Implications

The research contains practical conclusions that are relevant and can be utilised in terms of service development and healthcare marketing.

It has been found that an increasing proportion of surveyed patients are seeking online reviews, making it important for doctors and institutions to provide a credible, informative, and easily accessible presence. Aesthetic, well-structured websites, reviewable profiles, and detailed service descriptions can reduce feelings of uncertainty. The study highlighted that the transparency and convenience of the process appear as independent decision-making criteria. A well-communicated patient journey, the clarity of service packages, and pricing increase trust, which appeared as a decision-making factor in the literature review. Empathy, the humanity of the doctor, and the staff attitude are subjective factors that patients particularly value. Their development should be supported by internal training and communication workshops. The stronger influence of digital channels on the younger age group, while the dominance of direct recommendations in the older group, justifies different communication strategies.

References

Alfonso, E. A. – Diaz Cuervo, B. Y. – Giedion, U. (2013): The impact of universal coverage schemes in the developing world : a review of the existing evidence. *Universal Health Coverage* (UNICO) 25 Washington D.C.: The Worldbank. http://documents.worldbank.org/curated/en/349621468158382497 Date of access: 16 April, 2025.

Basu, S. – Andrews, J. – Kishore, S. – Panjabi, R. – Stuckler, D. (2012): Comparative performance of private and public healthcare systems in low- and middle-income countries: a systematic review. *PLOS Medicine*, 9(6), DOI: 10.1371/journal.pmed.1001244

Del Vecchio, M. – Fenech, L. – Prenestini, A (2015): Private healthcare expenditure and quality in Beveridge systems: cross-regional differences in the Italian NHS. *Health Policy*, 119(3), DOI: 10.1016/j.healthpol.2014.10.014

Hanson, K. – Kumaranayake, L. – Thomas, I. (2004): Ends versus means: what is the purpose of the health sector? *Health Policy and Planning*, 19(1), https://tinyurl.com/yfpkdus6 Date of access: 16 April, 2025.

Islam, S. (2018): Understanding health consumer value: service marketing perspective. *South Asian Journal of Business Studies*, 7(1), DOI: 10.1108/SAJBS-04-2017-0051

Jacobsen, K. H. – Ansumana, R. – Abdirahman, H. A. – Bockarie, A. S. – Bangura, U.– Meehan, K. A. – Jimmy, D. H. – Malanoski, A. P. – Sundufu, A. J. – Stenger, D. A. (2012): Considerations in the selection of healthcare providers for mothers and children in Bo, Sierra Leone: reputation, cost and location. *International Health*, 4(4), DOI: 10.1016/j.inhe.2012.09.004

Karner, C. (2008): Nemzetközi egészségügyi finanszírozási modellek és az állam szerepvállalása. *Egészségügyi Gazdasági Szemle*, 46(2), https://weborvos.hu/adat/egsz/2008maj/3-12.pdf Date of access: 16 April, 2025.

Lengyel, L. – Lám, J. (2024): Az intézményválasztás döntési háttere és páciensmotivációja a magánfinanszírozású nagyízületi protetikai műtétek esetében. *IME Innováció Menedzsment Egészségügy*, 23(1), DOI: 10.53020/IME-2024-103

Meleddu, M. – Pulina, M. – Scuderi, R. (2020): Public and private healthcare services: What drives the choice? *Socio-Economic Planning Science*, 70(2020), DOI: 10.1016/j.seps.2019.100739

Naidu, A. (2009): Factors affecting patient satisfaction and healthcare quality, *International Journal of Health Care Quality Assurance*, 22(4), DOI: 10.1108/09526860910964834

Papanicolas, I. – Woskie, L. R. – Jha, A. K. (2018): Health care spending in the United States and other high-income countries. JAMA, 319(10), DOI: 10.1001/jama.2018.1150

Regidor, E. – Martinez, D. – Calle, M. E. – Astasio, P. – Ortega, P. – Dominguez, V. (2008): Socioeconomic patterns in the use of public and private health services and equity in health care. *BMC Health Services Research*, 8(183), DOI: 10.1186/1472-6963-8-183

Simon, J. (2016): *Marketing az egészségügyben*. Akadémiai Kiadó, Budapest. DOI: 10.1556/9789630597807

Szigeti, Sz. (2023): Az állami és a magán egészségügy fogyasztói szemmel Magyarországon. *Egészségügyi Innovációs Szemle*, 2(1), DOI: 10.56626/egis.v2i1.12293

Vajda, B. (2019): Az egészségügyi ellátás minőségének SERVQUAL szempontú mérése. *Marketing & Menedzsment*, 48(1).

Wulandari, M. – Sriwahyuni, S. – Gunawan, D. (2023): Quality management of health services on patient satisfaction at montella private hospital west aceh district, *Medalion journal: Medical Research, Nursing, Health and Midwife Participation*, 4(2), DOI: 10.59733/medalion.v4i2.75