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Conclusions:





doctor (GP). A total of 92.8% of patients thought that it was necessary to go to the ED, but the number of admissions to other hospital wards was low (28.29%). At the end of their ED stays, 92.4% read the outpatient paper, and 27.3% did not inform their GPs about the results of their ED visits.

Regarding the question “Do you know what triage means?”, 65.2% of the participants answered “Yes”, but when they had to select an answer to indicate the definition of triage, only 46.8% of them chose to the correct answer. A total of 86.5% of participants wanted to have more information about the Hungarian health care and emergency health care system. The desired means of receiving information included personal interaction (41.3%), the internet (52.1%), television (33.1%), brochures (22.3%), the radio or other applications (13.2%) and other forums (e.g., school) (8.3%). There was no significant difference in knowledge about the triage system based on the number of ED admissions ( $p$

There was no significant difference in cHL level by gender ( $p = 0.393$ ). There were significant difference in cHL level by health education ( $p = 0.001$ ), presence of children in the household ( $p = 0.029$ ), educational level ( $p = 0.02$ ), and type of settlement ( $p = 0.36$ ). People living in towns had higher cHL level than those living in villages and cities. Economic status also had a strong impact on cHL level ( $p = 0.035$ ). Examining the relationship between HL level and educational level according to the Scheffe Post Hock Test there was significant difference between the low educational level (primary school) and the high educational level (university degree). According to the residency relationship was found between villagers and those who are living in county towns. People with below-average income regularly had lower HL level than those with above-average income.

Satisfaction and HL level were not correlated significantly ( $p > 0.05$ ); only satisfaction with radiographers showed a significant difference by HL level ( $p = 0.038$ ).

There were also significant differences in cHL level between those who had chronic diseases and were taking medication ( $p = 0.021$ ) or not taking medication ( $p = 0.007$ ).

#### Discussion

In this study we measured the HL level among Hungarians from regions with low socio-economic status.

The main achievement of the study was the summary of data from one questionnaire/survey of the demographics, economic and health statuses, knowledge of triage system and satisfaction with the EDs and HL level.

We found that 46.1% of the participants had limited



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