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**Mediatisation of health discourse:  
A focus group study in Hungary**

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## Abstract

### *Mediatisation of health discourse: A focus group study in Hungary*

The aim of this study was to investigate the mediatisation of health discourse from 2017 onwards. We conducted a focus group study examining participants' perceptions of health, attitudes towards health and self-medication, and media use habits related to health and health-related issues across three age groups (young, middle-aged, and elderly). A qualitative research design was employed: six focus group interviews were conducted at the Department of Communication and Media Studies of the University of Szeged, Hungary, in the winter of 2017 and the summer of 2018. The results of the interviews indicate that participants held a generally positive view of the work carried out by public healthcare employees on an individual level, while simultaneously expressing a negative and sceptical attitude towards public healthcare as a system from the outset. Among other factors, word-of-mouth communication reinforces the widespread perception that doctor — patient relationships are undermined by the sharing of experiences on the Internet.

**Keywords:** mediatisation of health discourse; focus group research; digital health literacy; self-medication and online information; generational differences in media use

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## Framework for research interpretations

At the Department of Communication and Media Studies of the University of Szeged, we conducted research on the mediatisation of health discourse from 2017 onwards. As part of this project, we carried out a focus group study examining participants' perceptions of health, attitudes towards health and self-medication, and media use habits related to health and health-related issues across three age groups (young, middle-aged, and elderly). The present study focuses on the latter aspect, presenting the phenomena and behaviours of the research participants in the context of health, healthcare, and media use.

In this research, both traditional mass media and the Internet—including newer Web 2.0 channels—are treated as media. We adopt the World Health Organization's definition of health, according to which "health is a state of complete physical, mental and social well-being" (WHO, 1946, n.d.).

Accordingly, health is interpreted in relation to all three dimensions: physical, mental, and social health.

The methodological limitations of the present study primarily stem from the nature of the qualitative method employed, namely focus group interviews. While this approach enables an in-depth exploration of participants' attitudes and motivations, the findings are not statistically generalisable to the entire population under study. The limited representativeness of the sample, the potential distorting effects of group dynamics, and the subjective nature of the data all require that the results be interpreted with appropriate analytical caution.

## **Research on the relationship between health and the media**

The penetration of the Internet and the spread of smart devices in Hungary in recent decades have changed people's attitudes toward medicine. According to Eurostat data, the proportion of regular Internet users in Hungary aged 16 to 74 years increased from 48% in 2007 to 75% in 2018, in just 11 years (Eurostat, 2018). This means that three-quarters of people in this age group regularly used the Internet from week to week during the time of our research. Google commissioned Kantar TNS to conduct a statistical survey covering 40 countries, including Hungary. According to data, smartphone usage increased from 22% in 2012 to 65% in 2017. Furthermore, 62% of people used the Internet mainly on smartphones in 2017, during the times of our focus group research (Google, 2017). The use of smartphones has continued to increase by 2023, 71% of people in Hungary browsed the Internet using smartphones, while 29% used a laptop or desktop computer (NMHH, 2023a).

Despite these trends, television use in Hungary was still significant in 2017. According to the 2017 Standard Eurobarometer 88, Hungary still had 84% of regular TV viewers, of which 55% considered it reliable (European Commission, 2017). However, since the focus group research was conducted, this proportion has declined and shifted towards the Internet: by 2023, 73% of Hungarians watched TV daily (NMHH, 2023b). A 2011 study by the Hungary National Media and Infocommunications Authority (NMHH) found that 56% of Hungarians were most interested in health, but received too little coverage on television compared to the level of interest. Some of the above data suggest that people are more likely to search online for health news to

be more comfortable and more accurate, not to mention more likely to avoid unwanted content. Of course, it should also be mentioned that the survey shows that young people are more interested in sensational news, while older people are more interested in public affairs (NMHH, 2011).

Researchers have been talking about the digital society since the rise of the Internet and the emergence of Web 2.0. The most successful in a digital society is the one who gets the information he needs and/or transmits it as quickly and efficiently as possible, and digital technology plays a huge role in this. The Internet is the most important tool for achieving this. Deursen et al. have identified four increasingly complex stages in the nature of the Internet since the public availability of the Web: Web 1.0 enabled content to be read; Web 2.0 enabled content to be created, stored, and shared; Web 3.0 has seen the evolution of human-to-machine communication and thus the development of search engines and various forms and platforms for sharing information; Web 4.0 allows any user to have access to a personalized web interface anywhere, anytime. The Web denotes the main means of accessing the Internet. Deursen refers to this as the “Internet of Things” (IoT), which enables the control and transmission of smart devices and data over the Internet, which facilitates the development of things and thus the development of society (Deursen et al., 2019).

The digital divide between younger digital natives and the older TV population identifies a growing knowledge gap as a problem, as well as a difference in the nature of the devices. Television remains a source of information, but over the last decade this gap does not seem to be widening. This is because the difficulties of accessing digital tools and platforms seem to be disappearing, as illustrated by the above statistics, and the older generation is slowly being replaced by generations that have mastered the basic use of digital tools (Fehérvári, 2017). People use several sources of information at the same time. Therefore, we can no longer really talk about a digital divide but rather a digital gap. In this case, it is not so much a question of accessibility as of the ability to use ICT effectively. Those who use more efficient methods can access more knowledge more quickly. This is also why the European Union is targeting digital literacy education and why more school curricula are built around digital tools (Molnár, 2017).

The constant presence online and the high degree of personalisation have led to distrust of IoT devices. Sceptics see the importance of increasing the accessibility of these devices not in overcoming social differences, but, in

contrast, in increasing disparities (Molnár, 2017). The emergence of constantly innovating hardware seems to facilitate easier access to information, but the rapid release of new changes to the devices only complicates the learning of their use, limiting greater understanding and knowledge acquisition. Thus, the ever-changing differences in levels of access also generate new differences in the ability to master tools and access knowledge.

The personalisation of the online interface has also created scepticism towards the content you read on the Internet. People encounter tailored advertisements and content on a daily basis, which only reinforces the feeling that anyone can get intimate information about them through constant online contact (Deursen et al., 2019). Resistance is developing against companies that constantly collect data from users – and sell it – thus depriving them of privacy. Internet users are more likely to question the information they read, because it could easily be tailored to them for business reasons and/or to obtain data.

This sceptical attitude has also spread to the field of self-medication, often involving questioning the doctor. However, in most cases, it can also build a doctor-patient relationship. A qualitative study of 31 people by Joëlle Kivits from France found that a deeper relationship can be built between a well-informed person – someone who knows how to find information and what questions to ask to find it successfully – and a doctor, if the information found supports the information the doctor is telling. In other words, the doctor becomes a trusted source, becomes more credible, and the number of patients visiting the doctor will not decrease, even among those who are informed by the Internet (Kivits, 2009).

The Internet has given a huge boost to self-medication, as anyone can look up their symptoms to see what illness they have to combat and what methods can reduce the severity of symptoms and/or quickly eliminate the illness. Under the eEurope 2005 Action Plan, An Information Society for All, which has since been adapted and further developed several times, the European Union has been working since 2002 to improve access to information for EU citizens via the Internet and smart devices. This program includes e-Health, which aims to make it easier for people to access health information, thus reducing unnecessary tests and healthcare expenditures (COM, 2002).

The emergence of Web 2.0 has also contributed to the increasing spread of self-medication. As social media has grown in popularity, so has the number of lay experts. There are countless health-related forums, Facebook pages,

and thousands of YouTube videos offering advice on how to live healthily and how to heal oneself in alternative ways, even at home. However, the biggest problem with Web 2.0 is also its biggest advantage: anyone can create content on the Internet, and it is inevitable that users will come across false, unauthentic information.

Zsófia Bauer examines lay experts based on two models. According to the deficit model, the knowledge of the layperson always falls short of that of the expert, due to the knowledge gap between them. This contrasts with the constructivist model, which is based on the difference of opinion between the layperson and the expert. It also allows the layperson to express an opinion on things that they experience differently from the expert (Bauer, 2014). In the case of the Web, in the topic of self-medication, when the lay expert creates content, it can have a negative and a positive effect. Negative, since he or she is less likely to have the right information than a healthcare professional with a broad spectrum of knowledge. However, it can also have a positive effect, because anyone can gain relevant information about the field, institutional background, and health and health-related issues from the experience of other lay people.

Smartphone apps also greatly help with self-medication. Dennison et al. found that most of the people interviewed in their focus group interviews were happy to use a phone app to monitor their health. However, they were less likely to share their data with others or to want the app to engage with social media. Having an app helped participants find useful information, but did not encourage them to change to a healthier lifestyle (Dennison et al., 2013).

In recent years, influencers have appeared on social media. Influencers have built a reputation around their shared opinions on social media sites, which has led to a large following. They have become a role model for their followers, which they have translated into a business model: trying to get their own products or sponsored products to as many people as possible. Influencers are sellers, buyers, and merchandise in one. They simultaneously consume products and services in front of their audience, which they promote through the brand they have built (Adibin, 2016). Ideally, this is good for everyone, as the influencer and/or sponsor earns revenue and the consumer gets what they need. Healthy lifestyle influencers have also emerged on social media. They offer different diets to followers and fans and promote related lifestyles and products.

As early as 2003, Skinner et al. showed that the Internet is mostly used by young people, who are more likely to make informed and targeted searches on health issues. In an immersion study of 210 participants from 27 focus groups, they found that while young adults are less attentive to health risks, when they need quick information on an emerging medical condition, they use the Internet because it is faster than reaching a doctor. However, if they need reliable information, they prefer to visit their doctor because it is difficult to find relevant data in the information jungle on the Internet (Skinner et al., 2003).

Although there is scepticism about the Internet as a source, it is still considered one of the most important starting points for those seeking health-related content. Internet searchers use several criteria to determine what makes a health or health-related website credible. They are looking for official websites with professional design, where the author and owner can be verified and where there are links to other websites (Peterson et al., 2003). On the Internet, it is easy to check the credibility of information by finding the same information in several places (Eysenbach-Köhler, 2002).

Online health information seeking is strongly shaped by age, education, income, and digital skills. Younger, better-educated users with higher digital literacy are most active online, while older and less educated groups face more barriers. This supports treating mediatization as socially and generationally differentiated, not a uniform process (Jia et al., 2021). Ceccioni et al. (2025) also argue that digital health literacy is crucial for how different generations perceive health, make decisions, use digital tools, and engage in prevention. Generational differences in digital health literacy are seen as a major driver of health inequalities and vulnerability to misinformation. Based on a European survey data, Vicente and Madden's (2017) paper shows that eHealth skills vary strongly by age, education and socioeconomic status. Good Internet access alone is not sufficient; many people lack the skills to find, appraise and use online health information. This is a solid theoretical basis for your discussion of digital inequalities and the fact that all three age groups in your study use media, but in very different ways. Using a Hungarian sample, Papp-Zipernovszky et al. (2021) argue that digital health literacy declines with age, and that younger generations are more confident, more active online health information seekers and feel more health-empowered. Older generations make more use of health services but struggle more with digital tools (Papp-Zipernovszky et al., 2021).

## Research methodology

We use a qualitative research method: six focus group interviews were conducted at the Department of Communication and Media Studies of the University of Szeged in the winter of 2017 and summer of 2018. We tried to select the interviewees so that they did not know each other. A total of 28 people participated in the interviews and three age groups were selected: young adults aged 20 to 35 years, middle-aged adults aged 35 to 55 years, and adults 55 years or older. Two criteria were established: subjects should live in Szeged and should not have any health work experience. The interviews were recorded with both a video camera and a voice recorder, with one main interviewer and two main assistants. Before recording the interview, the interviewees were informed of the key data and background of the research and were ensured anonymity, which is respected in this study.

The age of the interviewees ranged from 20 to 82 years, 15 men and 13 women participated in the interviews. All participants live in Szeged. The six groups were divided as follows: two interviews with the young age group were conducted, with a total of 9 participants (5 men and 4 women) aged between 20 and 35; two interviews with the middle-aged group were conducted with a total of 10 participants (5 men and 5 women) aged between 35 and 55; and two interviews with the elderly age group were conducted with a total of 9 participants (4 men and 5 women) aged 55 and over. Several of the interviewees were related to someone working in the health sector, but this did not influence the interviews in any relevant way.

The focus group research was conducted based on a semi-structured questionnaire: during the interview, we followed a predefined sequence of questions, but, where justified, we also allowed room for additional questions and minor topics related to the subject, in light of the subjects' answers and interactions. The interview questions can be grouped into the following major thematic clusters.

1. Image of a healthy lifestyle, Szeged as a suitable/not suitable city for a healthy lifestyle.
2. Definitions of health (who is a healthy person, what are the most important components of health).
3. Experiences and opinions about health, doctors, care.
4. Association questions (what fruit, animal, object, food would be health?).



5. Health promotion tools.
6. Self-medication.
7. Information about health and health care (press, television, Internet forums and websites, social media, pharmacy magazines, product launches, drug advertising).

As for the analytical procedure, at first, all the transcripts were read multiple times to identify recurrent themes related to health perceptions, self-medication, media use, and attitudes toward different media platforms. This initial immersion also allowed us to note age-specific patterns emerging across the three groups. Segments of text were coded line-by-line according to the meanings expressed by participants. Codes were generated inductively rather than imposed a priori, reflecting the exploratory nature of the study. Related codes were then grouped into broader categories that reflected thematic clusters present in the interview guide and in participants' responses. Coded categories were examined across the young, middle-aged, and elderly groups to identify how mediatization influences each cohort differently.

In this study, we focus primarily on health and health-related information, based on the interviews available to us. This is a multifaceted topic, which was also evident in the interviews. For this reason, self-medication, health promotion tools, and opinions about doctors and health care are often discussed.

## **Social networking sites and forums as sources of health-related information**

### **A convincing majority and personal experience: Credibility criteria for young people**

Younger people are the most exposed to the different platforms that can be connected to the Internet. Two main camps have emerged when searching for health-related content. One says that most forum users themselves and the design are more likely to judge authenticity, while the other is based on how factual the information is. In the first camp, the information shared by the author of the post is not the primary consideration. Rather, it is who responded to it. They place the wisdom of the majority above the knowledge of the individual. If the majority finds what is shared in the post to be true, then

there shouldn't be much of a problem with the site. This is complemented by the look of the page. Today, it is not so surprising that design lends a sense of credibility to a website, when in fact there is no necessary link between the credibility of the content and the design.

– Well, by default, if you type something in, I think the first three rounds will have Frequently Asked Questions. So everyone has already done everything there, and everyone can answer everything.

– Or if not, they will make up something.

– Yeah. If I am scratching my throat, then there is really that call to the priest; let it go, it will go away tomorrow, you will sleep it off. So, it is all there. Then how you select is up to you. Obviously it is influential to some extent, if there are 30 coherent answers, it might be good.

– There are good things.

– I used to just laugh at it, but then there was one time when I actually found an answer. Then I felt ashamed there. You probably shouldn't necessarily condemn it all, but the bigger part of it is more humorous. (Focus 1, 11.12.2017)

– [...] I don't know any other way, because some of them you look at and wow, it is professional, but it is well done! But it does not depend on how well they write the truth; it depends on how good their, I don't know, web designer was, and that is it. So, it is better to go into it like that. (Focus 2, 25.01.2018)

The other side compares the facts with their own experiences. If the described symptom complex matches what they feel, then the website is already credible. If not, it is discredited. The anatomy of different people is not that unique, according to them. If they are not unique, then the symptom complexes should be true for most people. If not, then the information read is discarded and a new source must be found. Especially in medicine, this is interesting: trying to make a non-exact science measurable, or exact. Healthcare is increasingly trying to treat people through standardisation rather than individual diagnostics. However, this approach has been adopted by non-health professionals: a healthy person is implicitly defined as someone whose body fits standardised parameters of weight, height, and vital signs.

Well, I don't really know that much, because if I have a major problem, I am looking at that organ, or say if it is my muscle, I am looking at that or the ankle. What can happen

or what do you feel when? So, I try to find more general descriptions, so I don't usually read the comments, but rather a medical or biological approach. If [...] the ligament is like this, then you feel this, so something like that [...] I don't know that that is the maximum, so I usually put them next to each other, but obviously there are things that don't seem realistic, so I don't, but I try to aim for the facts. But not so often, but when I look at it this way, I usually do. (Focus 2, 25.01.2018)

## Internet-sceptical middle-aged people and misleading advertising

For middle-aged people, the use of media platforms is relatively widespread. They use the Internet to search for diseases and gather health-related information. And they self-diagnose themselves on the basis of the data collected. However, only a small percentage of people consider the Internet content to be reliable. They tend to browse through comments in forum discussions but rarely take advice. They perceive that on these sites, all contributors share their personal experiences, and that those experiences may no longer be true for them. They are passive recipients and do not actively participate in the life of the forum.

Well, when it comes to me, I wait and see if it goes away first, if it does not, I change my mind. The second step is to search the Internet for symptoms of the disease. Then the final is the doctor. If it is the child, then the doctor should be called sooner, at least a phone call. (Focus 3, 13.03.2018)

I looked on the Internet once, but any [website] I looked at had all the symptoms. I gave up. I had everything. (Focus 3, 13.03.2018)

Not because it is such a dead end. And there is so much contradictory stuff in it, I am really giving you a completely roundabout example, that they can put so much bullshit into a symptom complex that if you start to sit on it, in the end, even if I didn't feel so sick, I would end up with a terminal illness, I would end up dead. It is not worth it. (Focus 4, 16.04.2018)

For online health sites, reliability is reduced if there is a lot of advertising on the interface and incorrect language. They do not write in the comments section, but they read the reviews. Lay expertise is displayed. According to him, one subject already has such a wide range of knowledge that he could even replace a doctor.

I do a lot. I do a lot of research. [...] My experience is that many sites are very much the same. So, they pick each other off, and you read the same thing. [...] And then what is also striking is that if there is too much advertising, I don't find it reliable if there is too much. Well, the language. So that is another criterion that I can identify which of these [is good or bad]. Now, very often, if we are talking specifically, I tend to bring the home pharmacy, which I think is quite good for simple things like disease descriptions, to the level that an average lay user needs. So I think I read home pharmacy most of the time, but probably because it is certainly on the first few hits on Google. It is the one that the other sites tend to rank down. (Focus 3, 13.03.2018)

## Silent Internet use among older people

Older people also tend to search the Internet, but do not give much credence to the information they find there. Some people use the Internet if they disagree with their doctor's prescription. They believe in writing where they see a credible source. One participant prefers old methods that he thinks have worked well, such as old books on medicine and medicine. For him, old books provide more credible information, even compared to the daily updated content on the Internet, which is less likely to provide outdated information.

Well, on the Internet. Google.

— Me too, although it is not good according to the doctors.

— I was convinced because I didn't want to accept that I had to take medicine for something, and I looked at a site that didn't tell me what kind of doctor it was and where he practiced. (Focus 5, 14.06.2018)

My mother has a large library. She is a naturopath and she also has old medical encyclopedias [...] from different eras. [...] in the 1950s and 1960s, family doctor, doctor in the family, but from life she had everything and she would look it up right away [...] and read some of the articles right away. (Focus 5, 14.06.2018)

So there are people who search online, but they don't do much research either, because they think it is a waste of time. It is informative, but they do not take it completely seriously. Many people think that doctors do not like people to search on the Internet because they think it would offend them and harm the doctor-patient relationship. As they do not dare ask the doctor directly about information obtained on the Internet, respondents did not

provide concrete evidence of this. They think this is based on social media channels rather than real experience.

I don't have the patience to read these opinions, only if I notice a symptom, then if it matches what is written there, I believe it, but I also tend to believe it conditionally. (Focus 5, 14.06.2018)

I never tell the doctor that I read this and that on the Internet, because I know that they are allergic to it. So I never say what I read about the disease. The most I do is that [...] the things that I have listed, these natural remedies, I ask about them because, as we know, at least it is common, if you can afford it, you can get it for everything. (Focus 5, 14.06.2018)

## Following health and healthy trends on social media

Young people deliberately exclude health-related content from social networking sites. Sometimes their eyes are caught by a health-related news item, but you can decide whether or not you are interested by the title. Most follow diet-related sites and some famous people. Influencers are seen as credible, a kind of guarantee for a product. For example, Szafi or Krisztián Berki, who were mentioned. Szafi, for example, deals with nutrition and recipes, while the bodybuilding interviewee follows Rubint Réka or Krisztián Berki because he thinks that the advice they give about bodybuilding is worth following.

I also follow you on Instagram, but [...] they don't fall into the celebrity category like that, but rather [...] they are influencers. More everyday people. I have always been used to watching Szafi and her products... Anyway, you have to watch them, it doesn't matter. And then I go in for my own sake. I mean, who is less well known is a girl and her partner, they had this raw vegan diet. And I don't think I could ever do that, just eating fruit and everything. They are depriving themselves of all the other earthly good things that we love. But it is very interesting that you describe how it affected your body. There are so many posts [about] how much better you feel spiritually since you are just eating fruit, and it makes you feel so much clearer, or I don't know. So I use her because she is so inspiring, she should [...]. Just knowing enough to read what she wrote and see if it has an effect one day. (Focus 2, 25.01.2018)

Well, yes. Well part of being fit is nutrition, so I follow many bodybuilders who post pictures like this. I will not name them now because there are many of them. But if I had to

pick one person, it would be Krisztián Berki. He also posts a lot of stuff like this, which is about eating and healthy living. (Focus 2, 25.01.2018)

They do not find the articles on the Facebook newsfeed very interesting and do not follow health-related sites and forums, at most only recipes sites and posts. Only a few middle-aged people follow healthy lifestyle-related content and people on Facebook or other sites, but all but one are not members of groups on this topic. This interviewee is an active reader of several groups on lifestyle, exercise, and mental health.

Well it is about running for women, [...] they are live-streamed and include programmes tailored specifically for them. They have several websites, but I can hardly list them all [they are linked to well-known fitness gurus [...] so there are quite a few, quite a few ticked for me. And then it is really just to come up in the newsfeed and what is interesting to read, but I don't read them all, I am just kind of right there. There is something interesting about all of them. (Focus 3, 13.03.2018)

Another participant is a regular visitor to a website that contains information on running. She also used the information on the website to determine which vitamins she should take to keep her body in the best possible condition.

Futanet has short articles like this, if you are running this distance, what to take or what to eat. Say, two hours before a half marathon, you need to eat a proper breakfast. It cannot be that you go there with a coffee and then run. (Focus 3, 13.03.2018)

The use of social networking sites and forums is less common among older people. They also only look at Facebook to keep in touch with family, but they are not active actors. However, even if they use social networks, their attitude is different from what we have seen among young and middle-aged people. This seems to be the age group that takes health forums more seriously. They write about their problems and are happy to receive a response, preferably from a professional. However, scepticism is also evident here.

It has happened maybe twice in my life.

— I have had it once. And there was no response.

— [Interviewer] That is what I wanted to ask, was there any communication with the people there afterwards?

- I got an answer to one of them.
- [Interviewer] And was it from a doctor or from another patient?
- No. From a doctor. A doctor replied.
- And [name] didn't get one.
- No. I didn't.
- It seems to me now that I just happened to get a response. (Focus 5, 14.06.2018)

## Health, health-related programmes, and their impact on immersion

### Young people's participation and their defence mechanisms

The young generation is already beginning to move away from television. They rarely watch health-related series and programmes on TV. Yet, they could list quite a few series that were placed on a kind of reality-hyperreality axis. The more credible shows were considered realistic, and the less credible ones hyperrealistic.

Two groups have emerged in this respect. Here is where the typical defence mechanism for media violence in adults emerges. Some people get involved, get into the situation. Some said that they believed – with a bit of exaggeration – that it could happen to them at any time and therefore adopted the strategy of “what I don't know will not hurt me,” i.e. they would rather turn it off than let it cause a potential psychological problem. Of course, this depends on many things: life situation, age, experience, etc.

- At Dr. House, it is harmful because you are sure to associate it with the fact that [...] there you have a disease that only three out of 6 billion people have. Well, not specifically for me, but I know people who I know who do. They are a bit hypochondriacs, and it is having a detrimental effect on those people, I think.
- I still maintain that I think people immediately project everything onto themselves, the illness, and everything [...].
- It is not good to watch when you are sick. I used to watch Dr. House when I was sick and then sometimes, oh my God, oh my God. I would turn it off because it doesn't feel good. And that is really how you take it personally. (Focus 1, 11.12.2017)
- Yeah, I am always diagnosing myself. Just that thing, it was just on Doctor House, and not too long ago, it was on a rerun on one of the channels, and the man had some kind of

vascular inflammation, but he had had to have his leg amputated. And I had a vascular problem and I said “Oh my God! Oh, my God! It still hurts sometimes because that is what I have.” Wow, and so many times, when I was getting better on the main show, they told me many times how much nonsense they were saying on this show and everything, but then I remember that I couldn’t even sleep. So I was completely out of it. Then of course the next day I realised that it was stupid, but I was really upset that there might be something to it. (Focus 2, 25.01.2018)

In the other camp, they prefer the defence of distancing themselves from what they have seen, trying to somehow disbelieve the information, and thus treat the fiction as fiction. Some have simply not allowed themselves to live with what they have seen. Of course, that doesn’t mean they didn’t enjoy the series.

—I didn’t have that experience specifically while watching the series. I was a little distracted at times. I cannot remember watching a series or a film about a hospital when I was sick. I don’t have one now.

You are aware [of] a film and a series. You don’t have to take everything for granted. At least I think so... (Focus 1, 11.12.2017)

## Television is credible, yet manipulative according to middle-aged people

For middle-aged people, television is more trusted when it is not an entertainment program about health issues. They watch health-related series and films for entertainment. Sometimes they self-diagnose based on what they are told in stories, but this is particularly rare in this age group. However, there was a broad consensus that news should not be watched, as it also gives false information.

You should not watch such series on TV because it doesn’t look like the reality of doctors just zigzagging around. So far, it has been another eight and a half hours waiting to get to bed in the emergency room. You should not watch the movie or the news.

(Focus 3, 13.03.2018)

However, we cannot talk about conscious search in relation to television. The majority do not search for health-related magazine programmes



or thematic channels, except two participants. They are casual viewers and mildly critical of the programs, but they enjoy them, nonetheless.

– Life Network used to have these health promotions, little bits of whatever. If I happen to be there.

– Yes, the Life network can be like that.

– I like the ones where it's about food or something like that, fitness [stuff]. Yeah, Bob's got the burger buffet. He has eaten his way across America specifically.

(Focus 3, 13.03.2018)

## The experience of television

Because of their greater experiential knowledge of entertainment series, older people no longer believe that they deal with real illnesses and watch them mostly for the twists and turns and the excitement. They like them because they have a positive atmosphere and the patient always cures at the end. They are fully aware that these stories are fictions and not realistic in relation to reality, which is why they do not have the panic that was noticeable in young people.

– No, that is what I just thought of, here we go, the mountain doctor. And there are always cases, and it is always possible to cure them, but it is a great struggle. So it is interesting, exciting.

– [Interviewer] And have you ever had a disease or a sickness that you knew yourself from, and you wondered if I might have the same problem?

– No.

(Focus 5, 14.06.2018)

This is the age group that watches the most television, so most of them may occasionally come across a magazine programme on health, but they do not specifically look for it or regularly watch it. They may therefore be described as casual consumers.

– I have watched Uncle Gyuri's tea stuff on Family Friend a couple of times, but only occasionally. (Focus 5, 14.06.2018)

– Unfortunately, I miss most of the time, I just always have something to do and I cannot watch it. (Focus 5, 14.06.2018)

They are the most informed about the news, which is why they are also the most critical. They feel that the media paints a contrasting picture of the current state of health care compared to what they themselves experience. The news depicts a very positive upward phase of development. Many new hospitals are being built, modern equipment is being purchased, and efforts are being made to raise the salaries of professionals as much as possible. In contrast, the picture that has emerged in the minds of most of the respondents is negative, with much of the money invested in health care invisible draining away. In their opinion, investments are not being recouped because more money is being spent on communicated development plans than is actually being used for innovation and modernization. At the same time, some also perceive that there is still effort on the part of health workers, but their experiences are mixed. They list various articles and mention Dr. Tóth's TV program. Media consumption is generally not deliberate, but if it reaches them, they are happy to consume it. No specific investigation is conducted.

I think what got me thinking is that such a huge hospital center is going to be built in Budapest. And there will be one in Buda and two in Pest. Somehow I feel that, on the one hand, we are scolding the health system – not for nothing – but at the same time there is an attempt and a will. For example, never before has so much money been spent on health care in the world as is now being spent in Hungary. It is now, so this hospital has never been built in Hungary. That is why they are doing a lot of things, and now it is a different question whether all this money is having an effect [...] I don't know. But in any case, they want to do something, so I am sure this will go ahead. And, for example, they have tried to sort out the salaries of doctors, they are going abroad to work, and all that, but I feel that there are a lot of events like this, which shows that health is not a peripheral issue at the current level of state management, even if it has a lot of faults. (Focus 6, 10.08.2018)

### Brochures and advertising brochures: paper waste or necessary sources of information

Due to their age, the two groups of young people do not visit doctors and pharmacies very often, so they do not read brochures and magazines very often, except when they have to go to the doctor for some reason and have to wait a long time. What they put in their letterboxes, they just put in the bin.

I don't know. They are just like advertisements. It is actually dribbling on the bed [...] I wouldn't think it is that newsworthy. Because everything is obviously something that you either get from your peers or from the circle that surrounds you, that is where you get your information from, or you look it up on the Internet. They are more like advertising newspapers, just like any other. More like advertising. (Focus 1, 11.12.2017).

Health brochures are more common among the middle aged, but even they do not experience great benefit. Mostly, they only encounter such brochures in waiting rooms until they are called in, but mostly, they consider them unnecessary and rubbish.

Once or twice I have read such a Pharmacy magazine, but only because I do not really remember, perhaps because I was waiting in the pharmacy, doctor's office, or somewhere similar. (Focus 3, 13.03.2018)

The problem is that 70% of it is advertising. I think 70% is realistic, maybe more than that. That you can turn off at the drop of a hat on the Internet. Now the same content is taken home on paper as additional junk. (Focus 3, 13.03.2018)

However, in the elderly, browsing brochures and pharmacy magazines is now quite common. Pharmacy leaflets and publications are perceived to be for commercial gain rather than for the maintenance of health. A critical attitude is important. A conscious choice between literature and advertising is needed. Some subjects will use promotions if they advertise a product at a discount that they take daily so that it is financially worthwhile for them.

Sometimes I make use of them for that reason alone. (Focus 5, 14.06.2018)

that is what I was going to say, that when we take out the medicine, we always have the pharmacy leaflet in the bag without asking. We always take it out to Penguin, they always put a leaflet like that in. Well, they often have such big letters with different things that you look at them involuntarily, especially if you think it is important for you, so I look at them. And then I either take it or I don't, but the fact is that I do look at them. (Focus 5, 14.06.2018)

If you read the Pharmacy magazine, if you read it without thinking, you should buy all the medicines and eat them all, because they are all good for me. (Focus 6, 10.08.2018)

## Health-related advertising and teleshopping

Most of the younger generation do not watch teleshopping. Some even condemn it, while others prefer to turn on for background noise. They also mention that young children may be more easily persuaded by these products. It is on in a time slot when it is practically only seen by children and pensioners, so pensioners are more likely to buy teleshopping products. But today, people are more resistant to such programs. They have seen these blocks so many times that they have exceeded the tolerance threshold. They are defending themselves against “dumbing-down” commercials. It may not necessarily be awareness, but rather that they are bored with the same structure and do not want to consume the same content over and over again.

I used to watch it back in the day, when I used to go to work early, while getting ready and turning on the television. And it doesn't matter where you turn it on, they are on anyway. Then I say let him know! But about 99% of them are under the title of “rural naivety,” and the other 1% I don't know. A potato peeler is a potato peeler; they cannot go wrong with that. (Focus 1, 11.12.2017)

Middle-aged people do not tend to watch tele-shopping product launches, but they can still list some products. But they are more likely to have heard of them than to be active consumers of such content.

Older people also do not watch teleshopping content, but like the younger age group, they also disapprove of such content. They see it as a scam. Young people's preconceptions were practically confirmed: They were not necessarily concerned with the usefulness of the products presented but with the structure of the programs they were watching.

I cannot stand it. It is pure brainwashing. I get upset when I switch it off and then back on [...] but it is always on. To be told briefly several times would not annoy me so much, but it annoys me so much. (Focus 6, 10.08.2018)

Young adults could recall quite a few drug advertisements. The ones that stuck with them tended to be the ones that had a good story, were funny, had a memorable character, or were simply so annoying that they couldn't get them out of their heads. They cannot really remember the names of the drugs, so they prefer to remember the other details.

Yeah, that is how everyone responds. Because they are actually very bad, they are ridiculed, but [...] I can't think of any that were good advertisements. Or an ad for a useful medicine. (Focus 1, 11.12.2017)

The middle-aged people were more critical. They also mentioned story-centricity and characters meant to be funny, but they went beyond these. Participants feel that strong symbiosis has emerged between pharmaceutical companies and television in recent years. Pharmaceutical companies pay big money for advertising time on the various TV channels and in prime time. According to the interviewees, most of the advertising is pharmaceutical advertising. A respondent also noted that most pharmaceutical advertisements are aimed at women.

It's the money. That is where the money is. They cannot, in my opinion, advertise more obviously harmful products on TV. So it is always the pharmaceutical industry. (Focus 3, 13.03.2018)

I always get this impression from commercials in general that basically [...] 70% of the ads are about health things. I was just looking at the fact that the target area is women. I wondered whether I was mistaken or whether it was actually true. [...] So what the target area is... they are advertising to ladies 30+, 40+. (Focus 4, 16.04.2018)

Due to more experience, older people tend to conclude from advertising that the products advertised may not in reality deliver what the advertisements promise. If you are using an advertised product, you experience something different from what the advertisements say. Most of the time, they think that advertising exaggerates. Due to all the advertisements, none of them can get a concrete grip. They prefer to remember the product through the plot and the actors.

- There are drug commercials all the time. Too many. It is nail fungus and so on. Too much. The one the little kid sang fake at first, now it is not fake, now I remember [...].
- A lot of famous actors have added their names to the list, having to cancel a performance because they simply did not have a voice, etc. And they drank Salvus water. Well, he never worked such a miracle with me. (Focus 5, 14.06.2018)

## Conclusions

In Hungary, the influence of television is still strong. As can be seen from the responses of the Szeged focus group respondents, it is still significantly involved in their daily lives in relation to health and health-related issues, but they are increasingly critical of what they hear and see on TV. Young people also watch television but prefer to browse the Internet for health-related topics. On television, they only watch health-related programmes that are entertaining or that they can associate with a person they follow and see as a role model. Middle-aged people tend to watch health TV channels for fun, as a kind of guilty pleasure, but do not follow the news there. They no longer believe in the ever-changing effects of television, which is still found in young people in relation to medical drama series and films. This disappears completely among the older generation, who have experienced a lot about health and can assess what is exaggerated and what is worth fearing.

The use of the Internet and social networks is common in all three age groups, although less so in the older generation. Young people are the most active users of social media. They most often refer to influencers whom they follow and are active shapers of some social platforms. Middle-aged people also follow social networking sites and forums, but they are passive, only readers and observers. Older people tend to use them only to keep in touch with their families. Forums are actively used only by some older people, who are happy to find what they consider credible information. The other two age groups also follow forums but tend to laugh or be horrified by the content. They do not really consider the answers of many contributors to be credible and, therefore, do not really consider forums to be reliable sources.

According to the findings of the interviews, the influence of the media can be attributed to the phenomenon that, while the participants had a mostly positive opinion of the work done by public employees on an empirical basis, they had a negative and sceptical view of public health care in general from the beginning. The shortcomings in the functioning of the institutional system were pointed out from several angles. In most cases, these failures were not only reported by people they knew but also reported in the news. They also received positive news, but this was not a dominant feature of the interviews. Health-related programs and programs in the media also have an impact on people who do not actively consume them or do not consume them at all, as the information is passed on to them by those around them. Among

other things, this word-of-mouth information also reinforces the common perception that doctor-patient relationships are harmed by the sharing of experiences on the Internet.

The pharmaceutical industry affects the elderly most of all, but we are all subjected to some level of exposure to drug advertising, partly because it is broadcast in such quantities by all media that we are unable to avoid it. The group of young people found the content to be the most ridiculous, while middle-aged people thought more about the purpose of the advertisement. They think the ads are aimed at middle-aged women with families and that they only see a lot of money behind them, not any desire to cure. In fact, it was suggested that ultimately the aim is to keep people sick at a certain level to achieve the most intense demand. They see a conflation of medicine and the pharmaceutical industry. These two age groups are not yet very well informed by pharmacy publications and leaflets, at most only when they must wait to see a doctor. Older people consider most advertising to be exaggerated, because if they use an advertised product, they experience that it has a different effect from what is advertised. But they make a lot of use of pharmacy publications, even though a critical attitude can be observed in most cases. However, none of these groups liked to be pushed to buy products that were supposed to be healthy. For this reason, they did not watch teleshopping or participate in any other product demonstrations, or if they did, it was only once and they regretted it.

If we have a look at the impact of mediatization on age groups, we can say that young adults experience the strongest effects of mediatization through their active and influential use of digital platforms, especially social media. They rely primarily on online sources for health information, engage with influencers, and evaluate credibility based on design and peer consensus. This age group demonstrates the highest degree of integration of mediatized health content into everyday practices. Middle-aged participants are influenced by mediatization in a more cautious and ambivalent manner. While they frequently search the Internet for health-related information, they tend to be sceptical of online content, perceive advertising as manipulative, and consume media passively. Elderly participants are least influenced by digital mediatization, relying more heavily on traditional media and printed materials. Nevertheless, they display both scepticism and trust depending on the source: they are more likely than other groups to use health forums in hopes of receiving expert responses yet simultaneously question advertising and the accuracy of online information. Their mediatization experience is

therefore limited but still meaningful in shaping perceptions of health care and the doctor – patient relationship.

The results show several ethically relevant patterns across age groups. First, misinformation risks are evident, especially among young participants who frequently rely on forums, influencers, and visually credible websites that may not provide medically verified information. As the findings indicate, young people often judge credibility by design or by majority opinion, while some middle-aged and elderly participants occasionally misinterpret symptoms based on non-expert content, which raises concerns about potential misdiagnosis or potentially harmful self-medication. Privacy concerns emerge from participants' awareness of personalised content and data collection practices. Young users can recognise that targeted advertisements and algorithmically tailored content shape what they encounter online, leading to scepticism regarding the motives of platforms that collect intimate health-related data. This observation aligns with broader concerns about the exploitation of user data in digital health environments. The findings underscore the ethical issue of commercial influence in health communication. Across age groups – though most clearly among middle-aged and elderly participants – there is a perception that pharmaceutical advertising dominates media spaces and often exaggerates product effectiveness. Participants can associate televised and printed pharmaceutical advertising with manipulation, overmedicalisation, and the blurring of boundaries between public health information and commercial interests.

Of course, these small groups cannot be representative of the wider population of Szeged. Since we are talking about six small groups, it was perhaps inevitable that some degree of cohesion would develop between group members during the discussions, which may have somewhat distorted their own opinions. It would be worthwhile to conduct further large-scale research using quantitative tools, mainly questionnaires, to obtain more representative results for both Szeged and Hungary.

## References

- Abidin, C. (2016). "Aren't These Just Young, Rich Women Doing Vain Things Online?": Influencer selfies as subversive frivolity. *Social Media + Society*, 2(2), 1 – 17. <https://doi.org/10.1177/2056305116641342>



- Bauer, Z. (2014). "Laikus szakértő" páciensek, avagy a változó orvos-beteg viszony megélése és értékelése a meddőségkezelési eljárásban. *Kultúra és Közösség*, 3(5), 159 – 72.
- Cecconi, C., Adams, R., Cardone, A., Declaye, J., Silva, M., Vanlerberghe, T., Guldemon, N., Devisch, I., & van Vugt, J. (2025). Generational differences in healthcare: The role of technology in the path forward. *Frontiers in Public Health*, 13, 1546317. <https://doi.org/10.3389/fpubh.2025.1546317>
- COM. (2002, May 28). eEurope 2005: An information society for All. *Commission of the European Communities*. <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2002:0263:FIN:EN:PDF>
- Dennison, L., Morrison, L., Conway, G., & Yardley, L. (2013). Opportunities and challenges for smartphone applications in supporting health behavior change: qualitative study. *Journal of Medical Internet Research*, 4(15), e86. <https://doi.org/10.2196/jmir.2583>
- European Commission. (2017). *Media use in the European Union. Standard Eurobarometer 88 Autumn 2017*. <https://ec.europa.eu/commfrontoffice/publicopinion/index.cfm/ResultDoc/download/DocumentKy/81148>
- Eurostat. (2018). *Individuals regularly using the internet*. <https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tinoo091>
- Eysenbach, G., & Köhler, C. (2002). How do consumers search for and appraise health information on the world wide web? Qualitative study using focus groups, usability tests, and in-depth interviews. *BMJ*, 324(7337), 573 – 577. <https://doi.org/10.1136/bmj.324.7337.573>
- Fehérvári, A. (2017). Digitális egyenlőtlenségek Magyarországon. *Educatio*, 2(26), 157 – 168. <https://doi.org/10.1556/2063.26.2017.2.1>
- Google. (2017). *Consumer barometer with Google 2017. Trending data Hungary*. <https://www.consumerbarometer.com/en/trending/?countryCode=HU&category=TRN-NOFILTER-ALL>
- Jia, X., Pang, Y., & Liu, L. S. (2021). Online health information seeking behavior: A systematic review. *Healthcare*, 9(12), 1740. <https://doi.org/10.3390/healthcare9121740>
- Kivits, J. (2009). Everyday health and the internet: a mediated health perspective on health information seeking. *Sociology of Health & Illness*, 5(31), 673 – 687. <https://doi.org/10.1111/j.1467-9566.2008.01153.x>
- Molnár, S. (2017). A megrekedt magyar modernizáció kiütkeresése a sokrétű digitális megosztottság útvesztőjéből. *Információs Társadalom*, 2(17), 30 – 47. <https://doi.org/10.22503/infars.XVII.2017.2.2>

- NMHH. (2011). *Nemzeti Média- és Hírközlési Hatóság Médiatanács: Közvélemény-kutatás a magyar lakosság hírfogyasztási szokásairól és a média megítéléséről*. [http://nmhh.hu/dokumentum/3127/Kozvelemenykutatas\\_a\\_magyar\\_lakossag\\_hirfogyasztasi\\_szokasairol\\_es\\_a\\_media\\_megiteleserol.pdf](http://nmhh.hu/dokumentum/3127/Kozvelemenykutatas_a_magyar_lakossag_hirfogyasztasi_szokasairol_es_a_media_megiteleserol.pdf)
- NMHH. (2023a). *Nemzeti Média- és Hírközlési Hatóság Médiatanács: Internethasználati szokások, digitális média- és tartalomfogyasztás*. [https://nmhh.hu/cikk/235951/Internethasznalati\\_szokasok\\_digitalis\\_media\\_es\\_tartalomfogyasztas](https://nmhh.hu/cikk/235951/Internethasznalati_szokasok_digitalis_media_es_tartalomfogyasztas)
- NMHH (2023b). *Nemzeti Média- és Hírközlési Hatóság Médiatanács: Kronosz és kairoosz küzdelme, avagy a tévézési szokások változása az elmúlt huszonöt évben*. [https://nmhh.hu/cikk/242197/Kronosz\\_es\\_kairoosz\\_kuzdelme\\_avagy\\_a\\_tevenezesi\\_szokasok\\_valtozasa\\_az\\_elmult\\_huszonot\\_evben#242197\\_szokasok](https://nmhh.hu/cikk/242197/Kronosz_es_kairoosz_kuzdelme_avagy_a_tevenezesi_szokasok_valtozasa_az_elmult_huszonot_evben#242197_szokasok)
- Papp-Zipernovszky, O., Horváth, M. D., Schulz, P. J., & Csabai, M. (2021). Generation gaps in digital health literacy and their impact on health information seeking behavior and health empowerment in Hungary. *Frontiers in Public Health*, 9. <https://doi.org/10.3389/fpubh.2021.635943>
- Peterson, G., Aslani, P., & Williams, K. A. (2003). How do consumers search for and appraise information on medicines on the Internet? A qualitative study using focus groups. *Journal of Medical Internet Research*, 4(5), e33. <https://doi.org/10.2196/jmir.5.4.e33>
- Skinner, H., Biscope, S., Poland, B., & Goldberg, E. (2003). How adolescents use technology for health information: implications for health professionals from focus group studies. *Journal of Medical Internet Research*, 4(5), e32. <https://doi.org/10.2196/jmir.5.4.e32>
- Van Deursen, A. J. A. M., Van der Zeeuw, A., De Boer, P., Jansen, G., & Van Rompay, T. (2019). Digital inequalities in the Internet of Things: differences in attitudes, material access, skills, and usage. *Information, Communication & Society*, 2(24), 258–276. <https://doi.org/10.1080/1369118X.2019.1646777>
- Vicente, M. R., & Madden, G. (2017). Assessing eHealth skills across Europeans. *Health Policy and Technology*, 6(2), 161–168. <https://doi.org/10.1016/j.hlpt.2017.04.001>