

Understanding Youth Experience in Healthcare: Focus on Accessibility, Compassion and Satisfaction

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Abstract. *Youth perception regarding the use of public and private healthcare services is a topic of interest nowadays due to the impact they can have on improved accessibility and trust for the users. The literature review showed the present youth perception regarding the public and private healthcare services, and the impact worldwide, as well as in Romanian healthcare. The purpose of this research is to investigate the perspectives of Romanian young people towards the public and private healthcare system, focusing on characteristics such as accessibility, quality, communication and compassion with patients, as well as the satisfaction they had as a result of the healthcare services they received. The research method used for this study is quantitative research using a self-administered questionnaire, with structured questions. The 190 responses received were processed with Chi-square, Spearman and Kendall's Tau B, Kruskal-Wallis, Mann-Whitney U tests, ordinal logistic regression and CB-SEM with the help of Jamovi software. The results showed that the youth population appreciates easy access to medical services and a certain continuity in the care and treatment process, together with a high degree of quality of the services provided, this leading to the satisfaction of the users that benefit from the healthcare services in private and public systems. Importance and relevance of the proper communication and compassion of the medical workers contribute to the overall satisfaction for the services received by the youth population. The managerial implications following these findings are relevant to the current reality of the healthcare sector, with emphasis on quality and satisfaction that leads to improved accessibility and trust of the youth population. In addition, research complements the theoretical framework through the empirical information received through the analysis.*

Keywords: public healthcare, private healthcare, youth perception, management, accessibility, trust.

Introduction

Youth represent a key component of the population for the development, prosperity, and long-term viability of healthcare systems (Kruk et al., 2018). Also, the well-being of young people is a key factor for a country's growth because they drive productivity and maintain advancements in society (Malla et al., 2018). Acemoglu and Restrepo (2021) point up the importance of demographic trends that impact economic growth by claiming that young populations play an important role in driving

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innovation and advances in technology, which in turn promotes economic growth. As Sandu et al. (2018) state, young people in Romania experience a series of challenges which impact long term well-being and engagement in the labor market, including high emigration rates, inadequate medical care, and financial instability.

Due to their potential harmful lifestyle choices, substance abuse, and inconsistent use of medical services, young adults are particularly prone to preventable diseases and mental health issues according to Rice et al. (2018). Also, because of unhealthy eating habits and physical inactivity, they are becoming even more affected by obesity and heart diseases (Poobalan & Aucott, 2016; Gooding et al., 2020). Moreover, the high prevalence of STIs (Sexually Transmitted Infections) related to risky habits and improper screening appear to be a significant concern in this age group (Shannon & Klausner, 2019). In regard to these issues, it's important to understand how youth see healthcare services to be able to develop initiatives that increase access and trust. As stated by Al-Yateem (2019) young adults encounter barriers like stigma, misinformation, and a sense of inadequate care, which causes them to use healthcare services less frequently.

Guided by the theoretical framework, the purpose of this research is to investigate the perspectives of young people in Romania towards the public and private healthcare system, focusing on characteristics such as accessibility, quality, communication and compassion with patients, as well as the satisfaction they had as a result of the healthcare services they received, through quantitative research of the answers received to the research questionnaire and analyzed via non-parametric tests and using Jamovi software. Based on the results obtained, the conclusions will be used together with the theoretical framework to identify potential solutions to the present state of this research.

Literature review

In Romania, when analyzing the segmentation of the population, the young demographic, between 18 to 35, has decreased over the past decade due to high emigration rates, low birth rates, and urbanization. The total population fell from 20.1 million to 18.8 million between 2013 and 2023, with the younger age group being the most affected demographically (National Institute of Statistics, 2023). About 5.8 million people in Romania were between 18 and 35 in 2013, but by 2023, decreased to 4.9 million, a 15.5% drop over a ten-year period (Mitrică et al., 2019). Emigration is the main cause of this trend, with more than 40% of Romanian emigrants belonging to this age group. Many Romanians migrate to Germany, Italy, Spain, and the UK because of the better career opportunities available (Sandu et al., 2018). Young people with higher levels of education are far more inclined to move out of Romania, generating the "brain drain" which has a negative impact both on the number of healthcare professionals and economic growth (Pripoaie et al., 2022). Urbanization process had a big impact on the geographic distribution of young individuals between rural and urban regions. Around 40% of young adults were living in rural areas in 2013. By 2023, only 35% of them remained in the countryside (Bălan, 2019).

Romania faces serious inequalities between young men and women when it comes to migration and healthcare access. According to Hărăguș and Földes (2020), men between 18 and 35 years old are more likely to migrate from rural to urban areas in search of job opportunities in the industrial, IT, and construction businesses. Romania represents the origin country for many young doctors and nurses who practice in Western Europe as a result of the country's high emigration rates and decreasing youth population (Pripoaie et al., 2022). As a consequence, rural youth lose the chance to receive specialized medical care and preventative programs, leading to the continuing growth of urban-rural healthcare gaps (Mitrică et al., 2019). These issues could be solved by

implementing focused healthcare policies including telemedicine development, young adults' insurance assistance, and bonuses for rural healthcare workers (OECD & European Union, 2023b).

The social health insurance model serves as the foundation for Romania's healthcare system, which combines public and private healthcare providers. Public healthcare financing and service delivery are managed by the National Health Insurance House, which is largely financed by required health insurance contribution which consists in 10% from gross income monthly (Vlădescu et al., 2016). Public healthcare provides universal coverage, but access to specialized services often requires referrals and long waiting times (Pop et al., 2020). Although it is not covered by public insurance, the private healthcare industry, which has grown recently, provides higher-quality services and quicker access (Antohei et al., 2022). As the main provider, the public healthcare system faces funding constraints, old facilities, and a lack of workers, all of which affect the quality and efficiency of services (Petre et al., 2023). Even with reforms, financial limitations and the differences in healthcare between urban and rural areas continue to be major issues (Duran et al., 2018).

Romania's healthcare system was under enormous pressure during the COVID-19 pandemic. This public health emergency brought to light systemic weaknesses, insufficient resources, and bad crisis management, and had an impact on patient outcomes (Filip et al., 2022). The private medical industry developed quickly in response to patients increasing frustration with public healthcare, as they searched for quicker and better services, indicating that external funding could fill in the shortages in public healthcare (Druică et al., 2020). However, there are still discrepancies in access to private healthcare, particularly in rural areas with limited access to medical services (Dumitrache et al., 2020). Recent policies have aimed to improve healthcare efficiency through electronic health services and digital records, yet implementation has been slow and uneven (Luca et al., 2021). Effective management interventions are essential to improve healthcare services delivery, trust and long-term relationships between young patients and healthcare providers, especially in regard to the continual challenges that young people in Romania come across when seeking access to healthcare services. Public-private partnerships, youth-centered healthcare engagement initiatives, and digital health integrations are examples of effective managerial strategies that have been shown to dramatically enhance healthcare outcomes and lower inequities (Sfetcu, 2024).

Addressing the differences in youth access to healthcare, particularly among rural areas, requires the use of telemedicine and mobile health technologies. Telehealth services have significantly shortened the time needed for a clear diagnosis and offered preventative care in Sweden by cutting down on waiting times for youth healthcare appointments (Gabrielsson-Järhult, et al., 2021). However, Romania encounters important obstacles in implementation of telemedicine, including limited digital infrastructure, poor provider cooperation, and legal constraints (Luca et al., 2021).

Cross-border collaboration in government contracting has also been successful in lowering the price of digital health solutions throughout Europe. In Nordic countries, governments have reached agreements on lower prices for AI-based health monitoring systems, diagnostic tools, and telemedicine technologies through collaborative procurement approaches, improving accessibility for young people (Espín et al., 2016). Romania could address healthcare accessibility gaps by implementing a similar approach, which would enable telehealth services to be more economically provided to youngsters in rural areas (Motorga, 2022). Specialists advise that despite the benefits of digital healthcare solutions, the digital divide is still an important problem, especially for young adults from low-income and disadvantaged backgrounds. To teach young people how to use digital

healthcare services efficiently, the United Kingdom and Germany have put in place national e-health literacy programs (van Kessel et al., 2022). This is still a big problem in Romania because a significant percentage of the youth are not sufficiently educated about digital health, which limits their ability to use online medical services (Sfetcu, 2024). Youth involvement with telemedicine, health monitoring applications, and AI-based diagnoses may rise with a focused digital literacy program integrated into school curricula and youth health awareness campaigns (Jakab et al., 2023).

Public-private partnerships have played an important role in expanding healthcare accessibility and service quality across Europe. They allowed the growth of medical facilities to grow in Germany, which relieved the load on public healthcare systems and reduced waiting periods for younger patients (Wright et al., 2019). Denmark integrated public and private digital health, promoting youth mental health services via national telemedicine programs (Wong et al., 2022). However, the private healthcare system in Romania remains primarily available in urban centers, which disadvantages young people in rural areas. As a way to foster an even distribution of medical services, an organized public-private partnership strategy in Romania could encourage investors to finance telehealth platforms, youth-friendly clinics, and AI-based diagnostics tools. A more accessible and inclusive health care sector can be achieved through supporting educational programs intended for young people, creating public-private partnerships, and creating a telemedicine infrastructure. Authorities need to consider making digital health education an absolute priority, involving AI-powered healthcare models, and ensure adequate funding for youth-friendly healthcare (Luca et al., 2021; Wong et al., 2022). With electronic health records (EHR) and full access to telemedicine, Estonia and Finland are leaders in healthcare digitalization. Thereby, they provide complete integration between primary care, ambulatory consultations and online appointments (OECD & European Union, 2023a; OECD and European Union, 2023c). Young adults' usage of healthcare services has expanded in Estonia because this system enables them to access their medical records, schedule appointments, and obtain prescription medications via online methods. By creating a national EHR system and extending access to telemedicine, Romania might replicate Estonia's success (Kalvet & Aaviksoo, 2008).

Employer-based health programs in Germany offer young workers affordable private health insurance, management of stress courses, and preventive checkups, which improves worker productivity and health outcomes (Wright et al., 2019). Sweden reduces stress-related disorders among young professionals by requiring businesses to offer free mental health care check-ups (Al-Yateem, 2019). Companies in Romania can be motivated to implement comparable workplace health guidelines by using tax deductions, guaranteeing in this way access to preventive treatment without additional payments for young individuals. Young people receive free or cheaper psychotherapy without big waiting time in the Netherlands and Norway because of state-funded online therapy platforms and youth-specific mental health programs (Arora & Koval, 2022). To close the gap in the availability of mental health services, Romania should take into account implementing a similar digital mental health plan that provides free online counseling and telepsychiatry to young individuals.

In Denmark and France, where public funded annual checkups for those between 18 and 35 years old it leads to increased early detection of chronic diseases (OECD & European Union, 2020). Undetected long-term illnesses have fallen in France because people under 30 are eligible for free dietary evaluations, STI testing, and cardiovascular examinations (Kounta et al., 2024). Mobile health clinics were successfully introduced in Germany and the UK. In Germany, young people who cannot go to urban healthcare facilities can receive primary care, screenings, and

immunizations from government-funded mobile clinics that go to poor communities (World Health Organization, 2022). To expand access to youth healthcare services, Romania might benefit from applying this strategy and setting up mobile clinics in rural areas.

One of the most innovative policies in Europe is the youth healthcare insurance subsidy model used in Austria. The cost of medical bills is reduced in Austria for people under 30 because they are eligible for state-subsidized health insurance plans (Carroll & Johansson, 2022). In an effort to spread awareness and provide access to necessary services, Spain provides government-funded reproductive health clinics with programs aimed at young people (Al-Yateem, 2019). A similar national youth reproductive health program might be implemented in Romania, expanding young adults' access to public STI screening, contraception, and sexual health education. By implementing these proven strategies from leading countries in the EU, Romania may significantly improve young adults' trust in, access to, and quality of healthcare.

Hypothesis 1: There is a significant difference in young people's preferences for public versus private healthcare services based on their income level.

Young people's healthcare preference may be influenced by their financial status, which determines how they choose between public and private care. According to Marin-Pantelescu and Hint (2020) those with fewer resources mainly rely on public healthcare because their access to private services may be limited by their economic status. Higher-income youth, on the other hand, prefer private healthcare because of its better doctor-patient interaction, quicker appointments, and superior service (Schneider & Popic, 2018).

Hypothesis 2: Young people who are more informed about available healthcare services have a higher level of trust in them.

As stated by Roșioară et al. (2024), Romanian youth that has health literacy are inclined to trust the healthcare system, either public or private, resulting in better health outcomes for them (Sørensen et al., 2015). Young people's trust in medical institutions can be improved via enhanced health literacy and promoting transparency in healthcare services.

Hypothesis 3: The level of trust young people have in both public and private healthcare services differs significantly depending on their level of information.

A lack of knowledge regarding medical information among young people has a huge impact on their trust in both public and private healthcare systems. People who actively look for trustworthy health information have more trust in physicians (Brătucu et al., 2022). Also, it has been demonstrated that digital health literacy improves confidence considering that people who search for online medical resources show higher levels of satisfaction with the healthcare system (Petre et al., 2023).

Hypothesis 4: As a result of the quality of healthcare services provided and patient satisfaction, young people develop greater trust in both public and private healthcare.

Young people's thoughts on the quality of the healthcare system and their satisfaction have a major impact on how they relate to public and private healthcare providers. Young patients' satisfaction is influenced by quality, which impacts their trust in healthcare providers (Druică et al., 2020). Many young people chose private care because they believe to have a higher level of satisfaction and as a result of their frustration with the public healthcare system, where they blame the long waiting times and limited access to specialists (Mirescu et al., 2024). In addition, Druică et al. (2021) indicate that patients' trust in medical institutions is affected directly by the accessibility, communication, and transparency of the medical staff.

Hypothesis 5: There is a significant difference in young people's perception of healthcare service quality, accessibility, communication, compassion and satisfaction between the public and private sectors.

Bancsik et al. (2024) shows that access to healthcare will not guarantee fulfillment alone unless it is paired with high-quality medical care, which reduces the discomfort caused by lengthy wait times and inefficiency. Better patient experiences result from higher confidence and involvement achieved through compassionate care and efficient communication (Bulatnikov & Constantin, 2023). On the other hand, poor interactions with healthcare providers decrease satisfaction, particularly among public healthcare institutions with financial issues (Claponea & Iorga, 2023).

Hypothesis 6: In young people's perception, the level of healthcare service accessibility, as well as communication and compassion toward patients, leads to an improvement in service quality.

Accessibility, communication, and the compassion of the medical staff have an important effect on how young people perceive the quality of treatment received. Lower contentment is secondary to limited access to quick medical services, particularly in public hospitals because of administrative barriers and longer waiting lists (Bancsik et al., 2024). The private clinics seem to be more patient-centered, and efficient interaction and compassion from healthcare providers increase trust and improve service quality (Buckè et al., 2020). Better health outcomes and general satisfaction are strongly correlated with compassionate treatment (Brătucu et al., 2022). These aspects support the belief that communication, empathy, and accessibility are important in youth perception.

Hypothesis 7: In young people's perception, the level of healthcare service accessibility, communication, compassion toward patients, and medical service quality determines an increase in patient satisfaction.

The relationship between communication, compassion, and patient satisfaction, as well as between accessibility and satisfaction, are influenced by the quality of medical services. According to Pentescu et al. (2014), providing easy access to healthcare raises service use, increases satisfaction and trust. Patient perceived experience is directly impacted by sensitive provider-patient interactions and effective communication, which further improve the perception of care quality (Bancsik et al., 2024).

Hypothesis 8: The quality of medical services mediates both the relationship between accessibility and satisfaction, as well as the relationship between communication, compassion, and satisfaction.

Accessibility, communication, compassion, and satisfaction among patients are all generated by the quality of medical care. In Romania, healthcare compassion and responsiveness have a major impact on patient satisfaction (Onofrei et al., 2023). European healthcare models demonstrate that patient involvement rises when competent, compassionate care is coupled with accessibility, confirming that quality improves trust and retention (Bulatnikov & Constantin, 2023; Karaferis & Niakas, 2024). Therefore, enhancing healthcare experiences requires high-quality services.

Methodology

The purpose of this paper is to investigate the perspectives of young people in Romania towards the public and private healthcare system, focusing on characteristics such as accessibility, quality, communication and compassion with patients, as well as the satisfaction they had as a result of the healthcare services they received.

Initially, an electronic questionnaire, Google Forms type, was created, which included a series of questions with a single answer, allowing us to see how young patients position themselves toward the particularities of the healthcare services that were offered to them in our country. The first section of the questionnaire included questions related to demographic characteristics such as age, gender, educational level, background, and net monthly income. The questions also targeted the main source of healthcare services, the place where they get information about the available healthcare services, the degree of information, as well as the trust they have in the public and private healthcare environment. The second section of the questionnaire consisted of four scales with items inspired and adapted from certain academic works, as follows: a scale for the quality of medical services (Lee, 2017; Ghosh & Mandal, 2019); a scale for the accessibility of health services (Gulliford et al., 2002); a scale for communication and compassion toward patients (Lee, 2017; Ghosh & Mandal, 2019); a scale for patient satisfaction (Lee, 2017; Ghosh & Mandal, 2019). When responding to questions about the dimensions of medical services, the respondents referred to their previous experience of this kind.

The questionnaire was distributed to people aged at least 18 and up to 35 years, using convenience sampling, with a filter question related to the age range in which they fit. The data collection period was January 23 - February 27, 2025, obtaining 196 responses in the end, six of them being removed due to the null standard deviation in order not to affect the analysis process. The total analyzed was 190 responses, mainly from women (66.5%), aged between 18 and 25 years (84.9%), the last completed level was high school (71.1%), from urban areas (75.5%), with a net monthly income of less than 2,500 RON (56.9%).

In the analysis stage, non-parametric tests were mainly used because of the abnormal distribution of the data. Among the econometric tests used to confirm the research hypotheses are: Chi-square, Spearman and Kendall's Tau B, Kruskal-Wallis, Mann-Whitney U tests and ordinal logistic regression. The second part of the analysis is characterized by a more complex approach, integrating a structural model. To create the structural model, Covariance-Based Structural Equation Modelling (CB-SEM) was used, being a highly flexible data analysis method, used mainly for management and activity within organizations (Zhang, et al., 2021) and which estimates a series of characteristic parameters (Reinartz et al., 2009). This is one of the two main SEM approaches, along with Partial Least Squares Structural Equation Modeling (PLS-SEM). The technique is based on the common factor model and deals with the estimation of the model parameters, which reduces the differences between the initial covariance matrix and the one resulting from the revision of the theoretical model (Hair Jr et al., 2017). To perform the scientific paper statistical analyses, support was provided by Jamovi 2.6 software (2024).

Results and discussions

The Chi-square test (Tallarida et al., 1987) was used to investigate whether there is an association between young people's income level and their choice of receiving medical services offered by public or private medical institutions. The Chi-square test results are presented in Table 1.

Table 1. Youth preferences for medical services by income

Net monthly income (RON)	Medical services provider		Total
	Private organizations	Public organizations	
Under 2500	26	92	118
2500 - 3500	12	12	24
3500 - 5000	11	11	22
Over 5000	12	14	26
Total	61	129	190
Chi-square Test			
N	χ^2	Cramer's V	p
190	14.6	0.277	0.002

N - sample; χ^2 - Chi-square coefficient

Source: Authors using Jamovi (2024).

The results show that most of the respondents fall into the category of those with an income less than 2,500 RON ($N = 118$), which is natural considering their age and experience. It should be noted that most of them ($N = 92$) prefer the services of public health organizations, while for the others income groups almost equal shares go to public and private facilities. Considering the Chi-square test results ($\chi^2_{(3)} = 14.6$; Cramer's $V = 0.277$; $p < 0.01$), H_1 is supported. The result is expected since public institutions in the Romanian medical sphere offer services to young people up to 26 years of age who do not earn income from salaries, are still studying full-time, and are insured without paying contributions (Parliament of Romania, 2015).

However, 61 respondents expressed their preference for the private sector. A study on the Romanian medical system conducted by Basturescu and Kechagias (2014) highlights that the most interesting aspects when the population chooses a medical service offered by a private organization are the doctors, the available technology, and the waiting time, which makes them competitive. We can, therefore, understand that going to the private sector is the option that responds more efficiently to the needs of patients. In addition, the paper aimed to analyze the connection between the level of information young people have about available medical services and the level of trust they have in both private and public healthcare settings, according to Table 2.

Table 2. Correlation between information and degree of trust in medical services

Relations	Spearman Test			Kendall's Tau B Test	
	ρ	df	p	τ_B	p
Information - Trust in public health organizations	0.182	188	0.006	0.158	0.007
Information - Trust in private health organizations	0.217	188	0.001	0.197	0.001

df - degrees of freedom

Source: Authors using Jamovi (2024).

The use of the Spearman test (Hauke & Kossowski, 2011) highlighted the existence of a significant positive correlation both in the case of the relationship of information and trust in the public system ($\rho = 0.182$; $p < 0.01$) and trust in the private system ($\rho = 0.217$; $p < 0.01$), supporting H_2 . However, the intensity of the association is not accentuated. The study by Baroudi et al. (2022) reveals the link between trust in the medical system and socio-demographic factors such as gender, age, educational level, income, and even the level of economic stress. Table 3 presents the extent to which young people's trust in public and private organizations differs depending on the degree of information about them.

Table 3. The difference between trust in public and private organizations

Variables	Kruskal-Wallis Test	df	p
Trust in public health organizations	6.83	4	0.145
Trust in private health organizations	9.95	4	0.041

Source: Authors using Jamovi (2024).

Using the Kruskal-Wallis test (McKight & Najab, 2010), we note a significant difference only in the case of the private medical system ($\chi^2_{(4)} = 9.95$; $p < 0.05$). A probable reason may be that, given that the use of private health services involves a series of costs, beneficiaries prefer to be more informed about the advantages they can obtain because of paying the fees related to the necessary care. In the case of the public environment, being mostly insured, they do not necessarily seek to have information regarding what each necessary investigation entails. Next, Table 4 presents how the quality and satisfaction perceived by young patients are reflected in their degree of trust in medical services. Thus, H3 is partially validated.

Table 4. Predictors of trust in public and private healthcare organizations

Variables	Predictor	Estimate (β)	SE	Z	p
Trust in public health organizations	Quality	0.781	0.173	4.51	< 0.001
	Satisfaction	0.818	0.168	4.87	< 0.001
Trust in private health organizations	Quality	0.498	0.170	2.93	0.003
	Satisfaction	0.585	0.165	3.55	< 0.001

Source: Authors using Jamovi (2024).

Ordinal logistic regression (Abreu et al., 2009) helped to highlight the level of trust of young people in the healthcare system because of perceived quality and satisfaction. Thus, in the case of public organizations, we note that the level of quality ($\beta = 0.781$; $p < 0.001$) and satisfaction ($\beta = 0.818$; $p < 0.001$) stand out as significant predictors of trust. The situation is similar in the case of private medical organizations, both from the perspective of quality ($\beta = 0.498$; $p < 0.01$) and patient satisfaction (0.585; $p < 0.001$), which fully confirms H4. These are supported by the Lien et al. (2014) study which shows the positive relationship between the quality of interactions and the medical service provided and the level of trust of patients in the healthcare organization, as well as Chenet et al. (2010) that reveals the influence of quality on a rough level of customer trust and loyalty. However, Tang's (2011) study also shows the other side of the discussion, treating trust as a determining factor in satisfaction with the medical experience. Table 5 presents the differences between young patients' perceptions of quality, accessibility, communication, and compassion, as well as perceived satisfaction depending on the environment of origin of medical services, performed using the Mann-Whitney U test (MacFarland et al., 2016).

Table 5. Differences between the youth's perceptions of the characteristics of public and private medical services

Variables	Group	N	M	SD	SE	Median	Mann-Whitney U	p	Mean difference	Effect size
CLT	Public medical services	110	3.74	0.845	0.081	3.88	3661	0.048	0.250	-0.168
	Private medical services	80	3.97	0.883	0.099	4.19				
ACC	Public medical services	110	3.68	0.845	0.081	3.80	4036	0.330	0.200	-0.083
	Private medical services	80	3.78	0.867	0.097	4.00				

Variables	Group	N	M	SD	SE	Median	Mann-Whitney U	p	Mean difference	Effect size
COM	Public medical services	110	3.85	0.821	0.079	4.00	4147	0.498	0.000	-0.057
	Private medical services	80	3.95	0.833	0.092	4.00				
SAT	Public medical services	110	3.82	0.935	0.089	4.00	3490	0.014	0.333	-0.207
	Private medical services	80	4.15	0.817	0.091	4.33				

N - sample; *M* - mean; *SD* - standard deviation; *SE* - standard error

Source: Authors using Jamovi (2024).

We can note that in the case of the quality dimension, there are significant differences between the two groups, the private sector being considered more endowed in terms of the characteristics studied ($U = 3661$; $p < 0.05$). The situation is similar in the case of satisfaction, where the private sector also rises to the level of patient expectations more because of the focus on these particularities ($U = 3490$; $p < 0.05$). In the case of accessibility, communication and compassion, even if there is a similar trend to those previously encountered, the results regarding these are not characterized by statistical significance. Our results confirm Kwateng et al.'s (2019) on the higher score for the dimensions related to the quality of private healthcare services (tangibility, reliability, reactivity, assurance and empathy) in the private sector, the authors recommend a collaborative approach between the two environments, especially in empathy and reliability where neither seems to excel.

Figure 1 captures the CB-SEM structural model highlighted by the relationships between the main concepts. It helps us to notice how the quality and accessibility of medical services in the Romanian public and private spheres, communication and compassion towards patients and the satisfaction felt by them interact.

The reliability indices specific to the variables used in the structural model are presented in Table 5. The first measured coefficient is Cronbach Alpha, each scale passing the minimum accepted threshold of 0.70, and the Average Variance Extracted (AVE) related to each scale is above the generally recommended level of 0.50 (Afthanorhan, 2013) supporting their high reliability.

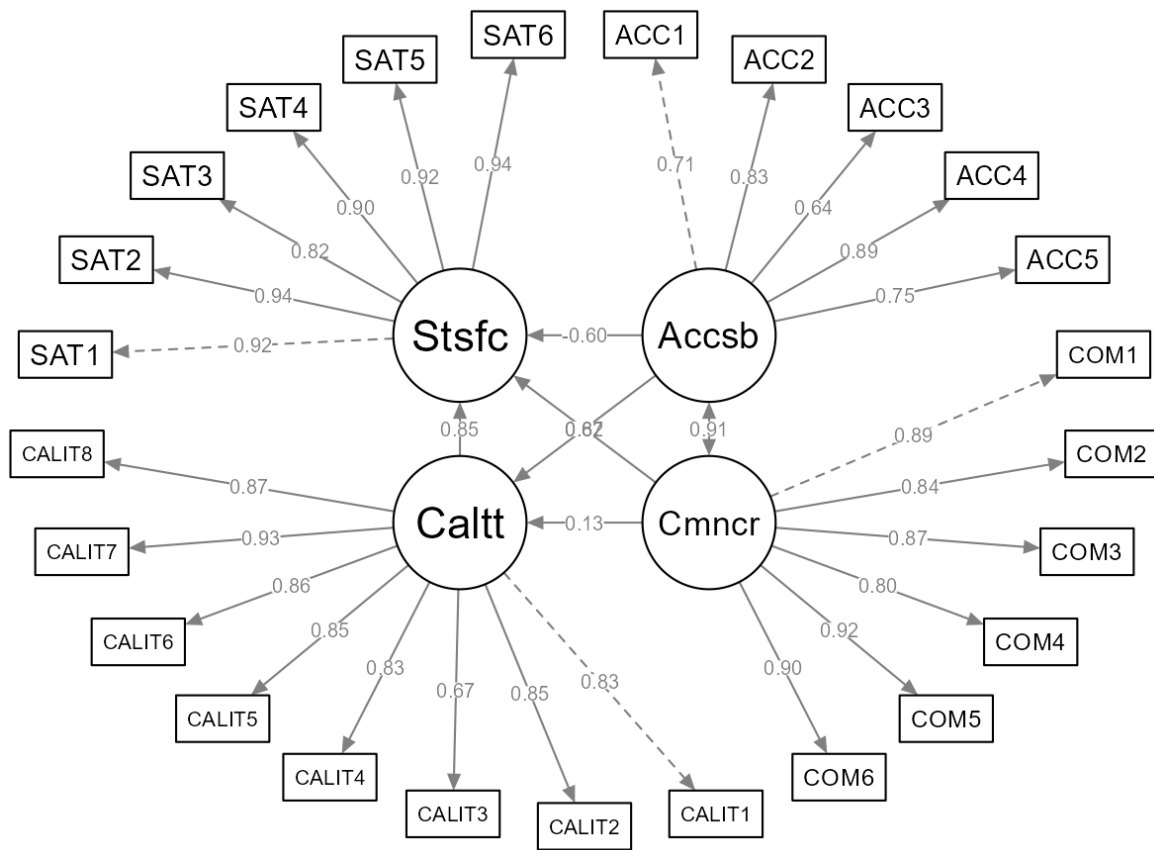


Figure 1. Structural model

Source: Authors using Jamovi (2024).

Table 5. Reliability indices

Constructs	α	ω_1	ω_2	ω_3	AVE
Accessibility	0.838	0.847	0.847	0.842	0.592
Communication and compassion	0.920	0.927	0.927	0.939	0.755
Quality	0.927	0.933	0.933	0.947	0.706
Satisfaction	0.942	0.948	0.948	0.958	0.823

α - Cronbach's Alpha Coefficient; ω - McDonald's Omega Coefficient; AVE - Average Variance Extracted

Source: Authors using Jamovi (2024).

Table 6 presents a series of indicators to measure the structural model. The first of these is Chi-square and evaluates the general fit of the model. Most of the time, a statistically significant value shows a not so good fit, as in the present case ($\chi^2_{(269)} = 661$; $p < 0.001$). However, to decide to keep the model, it is also necessary to approach other indicators. With reference to Standardized Root Mean Square Residuals, a value of 0.05 is widely accepted, reaching even up to the 0.08 tolerated threshold (SRMR = 0.047), and the Comparative Fit Index above a level of 0.95 emphasizes a suitable model (CFI = 0.098) (Dash & Paul, 2021). As a result, the decision was made to continue the structural model approach, as it falls within the accepted fit limits.

Table 6. Model measurement indices

χ^2	df	p	Standardized Root Mean Square Residuals (SRMR)	Comparative Fit Index (CFI)
661	269	< 0.001	0.047	0.098

Source: Authors using Jamovi (2024).

Table 7 shows the direct effects manifested by the constructs that make up the structural model.

Table 7. Model direct effects

Predictor	Dependent variable	Estimate	SE	β	z	p
Accessibility	Quality	0.960	0.176	0.824	5.459	< 0.001
Communication and compassion	Quality	0.121	0.137	0.128	0.882	0.378
Quality	Satisfaction	0.937	0.247	0.852	3.794	< 0.001
Communication and compassion	Satisfaction	0.690	0.124	0.667	5.565	< 0.001
Accessibility	Satisfaction	-0.774	0.365	-0.603	-2.118	0.034

Source: Authors using Jamovi (2024).

We observe that accessibility of medical services increases the level of quality associated with them ($\beta = 0.824$; $p < 0.001$). However, it appears that the presence of accessibility does not lead to an increase in the satisfaction felt by young patients, but to a decrease in it ($\beta = -0.603$; $p < 0.034$). According to Cabrera-Barona et al. (2017), the role of access to medical services is that of a facilitator of the population's health status and a determinant of life quality. Referring to communication with patients and the compassion shown by them ($\beta = 0.128$; $p > 0.05$), the dimension does not directly lead to an increase in quality, but a trend in this direction is noted, although statistically insignificant. Ai et al. (2022) reveal that the provision of medical services depends mostly on the interaction established by providers with their clients and that responsiveness, empathy and kindness are expected from them, ensuring comfort and even prioritization depending on the severity of situations.

However, the level of satisfaction of those who benefit from health services is determined by the communication and compassion of the staff ($\beta = 0.667$; $p < 0.001$). The study conducted by Waselewski et al. (2024) notes the desire of young people to have communication, respect and compassion from those who provide them with medical services, the relationship with the patient having the possibility of impacting the way in which health services are provided and their results. Last but not least, quality manifests itself positively on the degree of satisfaction ($\beta = 0.852$; $p < 0.001$), having the greatest effect among those discussed. Thus, H6 and H7 are partially supported. Likewise, Dayasiri & Lekamge (2010) argue that, to emphasize quality, feedback from the beneficiaries of medical services is essential and that, likewise, their satisfaction derives in a higher level of quality. Table 8 presents the indirect effects characteristic of the relationships established between the constructs of the research.

Table 8. Model indirect effects

Relations	Estimate	SE	β	z	p
Accessibility $\Rightarrow$ Quality $\Rightarrow$ Satisfaction	0.900	0.360	0.702	2.498	0.012
Communication and compassion $\Rightarrow$ Quality $\Rightarrow$ Satisfaction	0.113	0.113	0.109	0.996	0.319

Source: Authors using Jamovi (2024).

The results were obtained as a result of a mediation analysis, examining whether the effect of the independent variables on the dependent ones can be explained by the effects of the independent variables on some mediatory intermediates, which will subsequently manifest themselves on the dependent ones (Fiedler et al., 2011). Mediation is an analysis of interest for scientific works in the field of medical management in Romania (Popa & Ștefan, 2019; Popa et al., 2022). The quality dimension plays the role of mediator in the relationship between accessibility and satisfaction. Since, in the discussion on direct effects, they were negatively related, this time the meaning changes due to the quality intervention ($\beta = 0.702$; $p < 0.010$), the relationship gaining positive marks and being noted as statistically significant. In this case, the mediation is partial. Although people generally appreciate easy access to medical services and a certain continuity in the care and treatment process (Raivio et al., 2014), it is not enough to simply have access to medical services. If these are not of high quality, resulting in appropriate treatments and favorable patient outcomes, satisfaction does not make its presence felt.

The second situation seems to be adverse, since communication along with compassion and satisfaction were directly proportional and showed statistical significance, but with the appearance of quality the significance disappears, and the mediation effect is reduced ($\beta = 0.109$; $p > 0.05$). People are often impressed by the nice manner in which the staff behaves with them and stop focusing on the actual quality of the service they receive, even confusing it in practice with a good impression as a result of the appropriate communication and attention received. Therefore, H8 is only half confirmed.

Conclusion

Our research shows that youth perception regarding the use of public and private healthcare services is a topic of interest nowadays due to the impact these can have on the improved accessibility and trust for the users, as well as of the differences between Romania and the other countries analyzed. Considering the research results, we can state that it is necessary to elaborate managerial strategies focused on accessibility and quality of Romanian medical services, communication and compassion of the healthcare staff, as well as the satisfaction of young patients. The area of communication has been explored by Tran (2021) who outlines a model focused on communication effectiveness in the context of patient-centered care. He recalls in the paper that the interaction between the health care provider and the patient is marked by a multitude of factors specific to the circumstances in which it takes place, such as constraints related to space, layout and time, the balance of power, the attitudes of the participants and social dynamics.

Omaghomi et al. (2024) highlight the imperative for strategic frameworks that consider leadership approaches, excellence in communication processes, quality improvement, and a patient-centered organizational culture as key elements for patient satisfaction. In addition, the authors view technology as a significant opportunity to revolutionize the entire medical system. Regarding increasing patient trust in the services provided by healthcare institutions, the study by Greene and Samuel-Jakubos (2021) identified three mechanisms that can serve to create trust, namely: (1) competence found in how to effectively provide services, with favorable outcomes for patients and efficiency in their care; (2) caring, an aspect that takes into account the comfort of those being treated; (3) clear communication through which they bring the necessary information to the attention of patients in a way that is understandable to them. Considering all this, it will be necessary for the strategies that will be elaborated, although there is a developed scientific basis for them, to be characterized by a contextual approach, which allows for respecting the situations encountered particularities.

Theoretical implications. Research contributes theoretically by extending the understanding of youth perception regarding healthcare services in the public and private sector in Romania. The theoretical framework together with the results of our analysis highlights the different aspects of the medical sector and the importance of developing further strategies to overcome the challenges identified, with emphasis on improvement of the access and trust of the youth population.

Organizational and practical implications. Youth population is an important part of the population that uses the medical services, in public and private healthcare systems, and the impact of this population is significant in terms of the impact of the medical sector when analyzing their accessibility and trust. Furthermore, the research identifies certain challenges for the youth population in the healthcare system in Romania regarding access and trust, which presents an opportunity for the public and private medical system to observe and develop specific initiatives and take appropriate measures to overcome these challenges and improve the youth population's medical experience. Practical implications can be linked to the identified needs of the youth population, such as accessibility, quality, communication and compassion of the medical workers in regard to the patients' relationship, as well as the satisfaction experienced by the youth population as a result of the healthcare services received. The managerial implications following these findings are relevant to the current reality of the healthcare sector, with emphasis on quality and satisfaction that leads to improved accessibility and trust of the youth population.

Limits and future research directions. Regarding the limitations of this research, one of them is given by the sample size of the analyzed population and the specific characteristics of the country analyzed, Romania. It is interesting to observe and analyze whether, in a larger sample, the conclusions obtained are supported or if other success factors or obstacles regarding youth perception regarding healthcare private and public services are identified. The use of technology and mostly artificial intelligence will definitely change the way of providing the medical services and together with the development of health concepts and approaches in the youth population in the future represents an upcoming reality with unknown implications at the present moment that can be analyzed in the following research. Moreover, future studies can address in depth the subject of managerial strategies appropriate to medical contexts both in Romania and in other European countries, focusing on the dimensions of accessibility, quality, satisfaction associated with health services, as well as communication and compassion shown towards patients.

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