

FACTORS INFLUENCING PATIENTS' REVISIT INTENTION TO PUBLIC HEALTH CENTER DURING COVID-19 PANDEMIC

Faktor yang Memengaruhi Niat Berkunjung Kembali Pasien ke Puskesmas Selama Pandemi COVID-19

*Vera Valentine Saputri¹, Margaretha Pink Berlianto²

¹Department of Management, Faculty of Economics and Business, Universitas Pelita Harapan, Jakarta, Indonesia

Correspondence*:

Address: Universitas Pelita Harapan, Jl. Jendral Sudirman No.50, Jakarta, Indonesia | e-mail: veravalentines@outlook.com

Abstract

Background: COVID-19 was declared a community health emergency, prompting the Indonesian government to implement a large-scale social restriction policy on March 2022. As a result, the number of patients' visits to the Public Health Center (PHC) was decreased.

Aims: This study aimed to analyze the factors affecting the revisit intention of patients at PHC during the COVID-19 pandemic.

Methods: This observational study was conducted at PHC XYZ in West Jakarta in September and October 2022 using a cross-sectional approach. Inclusion and exclusion criteria were employed to select 244 samples. The data collected through a questionnaire with 37 questions were analyzed using PLS-SEM.

Results: Government trust and trust in healthcare facilities positively affect revisit intention, with t-statistics of 4.816 and 0.003 as well as a p-value of 0.000. Meanwhile, perceived crowding and health risk, reputation, self-confidence, familiarity, and brand image did not significantly influence revisit intention at the PHC during the COVID-19 pandemic.

Conclusion: This study showed that trust in government and healthcare facilities affects the revisit intention of patients. Patients' trust that the Government can overcome COVID-19 and that PHC can be trusted during COVID-19 has a positive influence on patient's intention to revisit. It is important to identify the factors influencing revisit intention at PHC during the pandemic, because PHC has a role as a primary healthcare service

Keywords: COVID-19, government trust, Public Health Center, revisit Intention, trust

Abstrak

Latar Belakang: COVID-19 dinyatakan sebagai kegawatdaruratan kesehatan dan pemerintah Indonesia memberlakukan Pembatasan Sosial Berskala Besar (PSBB) di bulan Maret 2022. Akibatnya, jumlah kunjungan pasien di Pusat Kesehatan Masyarakat (Puskesmas) menurun.

Tujuan: Tujuan penelitian ini untuk menganalisa hal-hal yang mempengaruhi niat berkunjung kembali pada pasien di Puskesmas selama pandemi COVID-19

Metode: Penelitian ini menggunakan metode observasional dengan pendekatan cross-sectional. Penelitian dilakukan pada Puskesmas XYZ di Jakarta Barat selama bulan September dan Oktober 2022. Sebanyak 244 sampel memenuhi kriteria inklusi dan eksklusi Data dikumpulkan melalui kuesioner yang berisikan 37 pertanyaan dan dianalisa menggunakan PLS-SEM.

Hasil: Government trust (t-statistic 4.816, p-value 0.000) dan trust (t-statistic 2.765, p-value 0.003) memiliki pengaruh yang positif terhadap niat berkunjung kembali. Sedangkan perceived crowding, perceived health risk, reputation, self-confidence, familiarity, brand image tidak memiliki pengaruh yang signifikan terhadap revisit intention di Puskesmas selama pandemi COVID-19.

Kesimpulan: Penelitian ini menunjukkan kepercayaan baik kepada pemerintah maupun fasilitas kesehatan mempengaruhi niat berkunjung kembali pada pasien di Puskesmas. Penting untuk mengetahui faktor-faktor yang mempengaruhi niat berkunjung kembali di Puskesmas selama pandemi, karena Puskesmas memiliki peran sebagai pelayanan kesehatan primer.

Kata kunci: COVID-19, puskesmas, kepercayaan, kepercayaan ke pemerintah, niat berkunjung kembali



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Introduction

The World Health Organization (WHO) declared the novel coronavirus disease (COVID-19) a global pandemic on 11 March 2022. In Indonesia, the first confirmed case was reported on 2 March, 2022. The number reached 1790 confirmed cases, with 170 deaths as of April 2 (Djalante *et al.*, 2020). The virus has a high mortality rate and spreads rapidly between people. Therefore, countries have selected lockdowns, self-isolation, social distancing, and curfews as disease control methods (Hakim, Zanetta and da Cunha, 2021; Untaru and Han, 2021). In response to this, the Indonesian government has declared COVID-19 a community health emergency and implemented a large-scale social restriction policy (Djalante *et al.*, 2020).

Previous literature showed that people avoid hospitals during health crises. This behavior was seen during the Human Immunodeficiency Virus (HIV) outbreak, severe acute respiratory syndrome (SARS) in 2003, and the novel influenza virus A (H1N1) pandemic in 2009 (Cho and Kwon, 2021). Similarly, the impact occurred during the COVID-19 pandemic. Studies showed that non-respiratory emergency visits fell by 57% in Chile in mid-March 2022. Outpatient visits in the U.S. decreased by 40% after the first week of March 2022. Furthermore, follow-up clinic visits in Ethiopia were reduced by 40.4% during the first three months of the pandemic (Abebe *et al.*, 2021; Cho and Kwon, 2021).

The same pattern is also shown in Indonesia. A study found that the number of overall patients' visits in a Public Health Center (PHC) or *Puskesmas* in Central Java dropped by 46.3%. Registered patients' visits decreased by 49% at the start of the pandemic (Rhatomy and Prasetyo, 2020). Also, a decrease in visits was recorded at PHC XYZ in West Jakarta, DKI Jakarta. In Indonesia, DKI Jakarta is the province with the most cumulative COVID-19 cases (Kemenkes RI, 2022). Total visits by patients at the PHC XYZ have decreased by 35.5% between 2019 and 2020. This number decreased again by 21.8% between 2020 and 2021. Furthermore, a drop in the number of visits

was recorded in new and old patients. The number of new patients' visits fell by 28.5% between 2019 and 2020 and by 32.8% from 2020 to 2021. Similarly, the number of visits by old patients dropped by 41.3% between 2019 and 2020 and by 10.8% from 2020 to 2021, respectively. Data at PHC XYZ showed that the number of patients' visits decreased between 2019 and 2021.

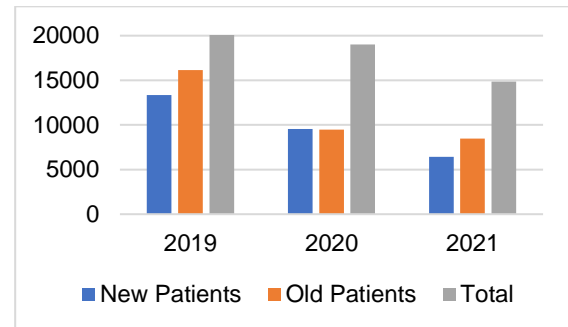


Figure 1. Number of patients' visits at PHC XYZ

Safety became important during the COVID-19 pandemic because it influences attitudes regarding decision-making. According to the Protection Motivation Theory (PMT), the intention to visit in a risky situation relates to the perception of the threat intensity. This theory shows that risky situations such as the COVID-19 pandemic increase protective behavior and reduce patients' revisit intention. Therefore, the intention to visit may be influenced by several factors affecting their threat perception (Castaldo, Penco and Profumo, 2021).

Revisit intention is based on the experience of patients. In this case, patients are willing to return to the same healthcare facility when their expectations are met (Su, Swanson and Chen, 2015). Revisit intention is influenced by government trust (Hakim, Zanetta and da Cunha, 2021), perceived crowding, perceived health risk, trust, reputation, self-confidence, familiarity (Castaldo, Penco and Profumo, 2021), and brand image (Cham *et al.*, 2016). The COVID-19 pandemic and the resulting social restrictions have changed people's attitude regarding their intention to revisit a healthcare facility (Castaldo, Penco and Profumo, 2021; Dedeoğlu and Boğan,

2021; Kim and Liu, 2022). Indonesia's response to the pandemic has been influenced by the country's health system, with PHC as the primary healthcare facility (Agustina *et al.*, 2019; Susanto *et al.*, 2020). Therefore, this study aimed to evaluate the influence of government trust, perceived crowding and health risk, trust, reputation, self-confidence, and familiarity on the intention to revisit PHC during the pandemic. PHC is the primary healthcare facility during the pandemic. However, studies on the intention to revisit the facility are limited.

Methods

This observational quantitative study was conducted using a cross-sectional approach on patients who visited PHC XYZ in West Jakarta in September and October 2022. The samples were determined using purposive sampling with two criteria, including individuals aged above 17 who have visited the PHC once within the last one year. This study has 244 respondents. Furthermore, respondents filled out a questionnaire containing 37 closed-ended questions using a five-point Likert scale. The scale ranged from (1) to (5) for strongly disagree and strongly agree, respectively.

The indicators developed and used in this study were taken from several previous literature. Figure 1 shows the study model. In this model, Government Trust was measured using four indicators adopted from Hakim, Zanetta and da Cunha (2021). Perceived Crowding and Perceived Health Risk were measured using three and two indicators, respectively. Furthermore, Trust and Familiarity were measured using five indicators each, while Self-Confidence used four indicators adopted from Castaldo, Penco and Profumo (2021). Reputation was measured with five indicators adopted from Su, Swanson and Chen (2015) and Castaldo, Penco and Profumo (2021). Brand Image was also measured with four indicators adopted by (Cham *et al.*, 2016).

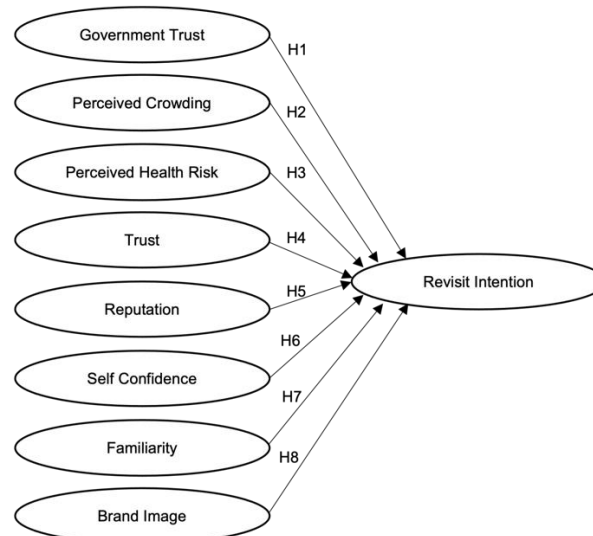


Figure 2. Study Model
Source: (Developed for this study)

The Theory of Planned Behavior (TPB) is an example of predicting individual behavior based on attitudes and beliefs. Attitudes, subjective norms, and perceptions of controlled behavior determine behavioral intentions, which influence behavior based on TPB (Bae and Chang, 2021). In line with this, revisit intention is the willingness to return to the same healthcare facility in the future. This future intention is usually based on patients' experience. Therefore, patients whose expectations are met are more likely to revisit the same healthcare facility (Su, Swanson and Chen, 2015; Isa, Lim and Chin, 2019).

The COVID-19 pandemic makes people anxious due to the resulting uncertainty. In this situation, government authorities are responsible for providing information and guidelines. People with trust in the government are more accepting of risk and uncertainty (Min *et al.*, 2020; de Rooij, van Liempt and van Bendegom, 2022). Therefore, the following hypothesis was proposed.

H1: Government Trust positively affects revisit intention

Crowding results from spatial, sociological, and individual interactions (Yin *et al.*, 2020; Castaldo, Penco and Profumo, 2021). A study found that patients do not seek medical help fearing that the healthcare facility is overcrowded (Lidin *et al.*, 2021). This perceived crowding is a negative feeling in a high-density setting (Kim and Kang, 2021). In line with this, the following hypothesis was formulated.

H2: Perceived Crowding negatively affects revisit intention

The perceived health risk is the judgment of a potential danger to health or well-being. Individuals make decisions intuitively based on their perceived risk of a possible adverse event (Hakim, Zanetta and da Cunha, 2021). In this case, the perceived health risk is a negative perception related to anxiety, insecurity, and fear of the COVID-19 pandemic. This perception influences the intention to visit (Castaldo, Penco and Profumo, 2021). Therefore, the following hypothesis was proposed.

H3: Perceived Health Risk negatively affects revisit intention

A previous study showed that trust is a positive indicator of intention to visit. It reduces risk levels in decision-making, specifically during uncertain situations such as the COVID-19 pandemic (Castaldo, Penco and Profumo, 2021; Dedeoğlu and Boğan, 2021). In healthcare industry, trust is defined as a patient's belief that a doctor's words and actions are credible and reliable. Trust plays an important role in maintaining patients' relationships with service providers within the organization and its members (Isa, Lim and Chin, 2019). Therefore, a hypothesis was proposed as follows.

H4: Trust positively affects revisit intention

Reputation is the overall evaluation of the organization, reflecting on its good and bad qualities (Castaldo, Penco and Profumo, 2021). Customers with a positive reputation of a company are recognized

through their loyalty (Su, Swanson and Chen, 2015). Therefore, the following hypothesis was formulated.

H5: Reputation positively affects revisit intention

Self-confidence is the capability to research before making a decision. Therefore, it reflects a subjective evaluation of the ability to make positive decisions. A previous study found that higher self-confidence influences people's visit intention (Castaldo, Penco and Profumo, 2021). Based on this explanation, a hypothesis was proposed as follows.

H6: Self-Confidence positively affects revisit intention

Familiarity is the number of experiences that individuals have accumulated with the product. It influences various aspects of decision-making and is considered a significant factor in explaining consumer choices and behavioral intentions. A previous study showed that familiarity positively influences revisit intention (Kim, Leht and Kandampully, 2019). Therefore, the following hypothesis was formulated.

H7: Familiarity positively affects patients' revisit intention

Brand image is the perception of the organization based on previous experiences (Khoo, 2022). Studies showed that a hospital's brand image significantly impacts future visit decision (Cham *et al.*, 2016). Therefore, the following hypothesis was proposed.

H8: Brand Image positively affects revisit intention

This study analyzed data using Partial Least Squares-Structural Equation Modeling (PLS-SEM). The method was used to explore an existing theory development and prediction (Hair, Ringle and Sarstedt, 2011) PLS-SEM has measurement and structural models. The measurement model consists of a

unidirectional predictive relationship between latent constructs, while the structural model shows the path between the latent constructs (Hair, Ringle and Sarstedt, 2011). There are several rules of thumb in the measurement model, such as Internal Consistency Reliability. In this case, the model should have Composite Reliability (CR) value exceeding 0.7, while Indicator Reliability should have an Indicator Loadings value exceeding 0.4. Furthermore, Convergent Validity should have the Average Variance Extracted (AVE) value of more than 0.50, while Discriminant Validity should have the Heterotrait-Heteromethod (HTMT) value of less than 0.95 (Sarstedt *et al.*, 2022). The rules of thumb for structural model evaluation are R² values of 0.75, 0.50, or 0.25 for substantial, moderate, or weak endogenous latent variables, respectively. Bootstrapping is used to assess the path coefficient's significance with a minimum t-statistics value of 1.65 in a one-tail test (Hair, Ringle and Sarstedt, 2011).

A preliminary study was conducted to evaluate the validity and reliability of all indicators. The study used 40 respondents and analyzed the data using PLS-SEM. The results showed that the CR value for all indicators exceeded 0.7. The loading and AVE values also exceeded 0.4 and 0.5, respectively, while the HTMT value was less than 0.95. The results indicated that all items' values are valid and reliable.

Results and Discussion

Demographic profiles from this study displayed in Table 1. The data showed that 67.6% of the respondents are female, 51.2% are aged 26-41, 63.5% completed high school, 42.6% were housewives, 47.5% visited the PHC between 2-5 times within the last year, and 94.7% used BPJS as payment method.

Table 2 shows the measurement model analyzed using PLS-SEM. All the indicators' CR value exceeds 0.7, meaning the internal consistency reliability is verified. Furthermore, all indicators' loading value exceeds 0.4. The convergent reliability is fulfilled because all indicators' AVE values are more than 0.5. Discriminant

validity is also adequate because all HTMT values are less than 0.95. Additionally, there is no multicollinearity because each indicator's Variance Inflation Factor (VIF) is less than 5 (Hair, Ringle and Sarstedt, 2011; Sarstedt *et al.*, 2022).

Hypotheses were tested using the SEM approach. The structural model results in Table 3 showed that hypotheses H1 and H4 are supported because the t-value is >1.65 and the p-value is <0.05. Meanwhile, H2, H3, H5, H6, H7 and H8 are not supported. The R² value for revisit intention is 0.501, meaning that government trust, perceived crowding and health risk, trust, reputation, self-confidence, familiarity, and brand image moderately affect revisit intention.

Table 1. Demographic Profile

Category	n	%
Gender		
Female	165	67.6
Male	79	32.4
Age (years)		
17-25	68	27.9
26-41	125	51.2
42-57	59	20.5
≥58	1	0.4
Education		
Elementary School	22	9.0
Junior High School	28	11.5
High School	155	63.5
Diploma	2	0.8
Bachelor	36	14.8
Magister	1	0.4
Professions		
Government Employee	3	1.2
Private Sector	98	40.2
Employee	15	6.1
Entrepreneur	104	42.6
Housewife	23	9.4
Student	1	0.4
Other		
Number of visits within the last 1 year		
1 time	96	39.3
2-5 times	116	47.5
6-10 times	17	7.0
≥11 times	15	6.1
Payment		
BPJS	231	94.7
Non-BPJS or Private	13	5.3

Source: research output

Table 2. Results of the Measurement Model

Indicators	Loading
Government Trust (CR=0.932; AVE=0.775)	
GT1: I trust the government to offer intensive care unit beds to everyone in need due to COVID-19	0.862
GT2: I trust the government to control the risk due to COVID-19	0.907
GT3: I trust the government's information about the COVID-19 pandemic	0.872
GT4: I trust the government's news about the COVID-19 pandemic	0.879
Perceived Crowding (CR=0.861; AVE=0.679)	
PC1: There are too many people in this PHC	0.973
PC2: Overall, the waiting time to use the facilities at this PHC is too long	0.702
PC3: This PHC is too crowded for me	0.773
Perceived Health Risk (CR=0.911; AVE=0.837)	
PHR1: COVID-19 is more dangerous than other pandemics (i.e. N1-H1, SARS)	0.895
PHR2: I am afraid because COVID-19 is a very frightening disease	0.934
Trust (CR=0.941; AVE=0.760)	
T1: I trust this PHC	0.842
T2: Other people can trust this PHC	0.858
T3: This PHC kept its promises	0.872
T4: This PHC has my best interests first	0.877
T5: This PHC is trustworthy	0.909
Reputation (CR=0.939; AVE=0.756)	
R1: The reputation of this PHC is good	0.855
R2: The reputation of this PHC is satisfactory during COVID-19	0.846
R3: This PHC is highly valued by patients in providing services	0.859
R4: This PHC is very successful in providing services	0.908
R5: This PHC is well-established in providing services	0.878
Self Confidence (CR=0.921; AVE=0.745)	
SC1: When I am selecting a PHC, I know where to find the right information	0.835
SC2: When I am selecting a PHC, I am confident about my research abilities	0.888
SC3: When I am selecting a PHC, I know exactly what I need	0.882
SC4: When I am selecting a PHC, I trust my judgment	0.845
Familiarity (CR=0.925; AVE=0.713)	
F1: I am well-informed about this PHC	0.852
F2: My level of expertise about this PHC is higher than my friends	0.893
F3: My level of expertise about this PHC is higher than my acquaintances	0.901
F4: I am familiar with this PHC	0.690
F5: My knowledge about this PHC is high	0.869
Brand Image (CR=0.905; AVE=0.703)	
BI1: This PHC has adequate medical services	0.838
BI2: This PHC has adequate medical facilities	0.824
BI3: This PHC has a positive image	0.850
BI4: I feel that this PHC brand can provide me with a pleasant service experience	0.843
Revisit Intention (CR=0.878; AVE=0.594)	
R11: I will consider this PHC as my first choice in the future when I need healthcare services	0.625
R2: I will visit this PHC in the future if I need healthcare services	0.720
R3: I intend to revisit this PHC	0.812
R4: This PHC would always be my first choice	0.830
R5: I would like to come back to this PHC in the future	0.844

Source: research output

Table 3. Hypothesis Testing

	t-Statistic	P-value	Conclusion
H1	4.816	0.000	Supported
H2	1.016	0.155	Unsupported
H3	0.809	0.209	Unsupported
H4	2.765	0.003	Supported
H5	0.621	0.267	Unsupported
H6	1.018	0.154	Unsupported
H7	0.363	0.358	Unsupported
H8	1.530	0.063	Unsupported

Source: research output

Government Trust positively affects patients' revisit intention in PHC during the COVID-19 pandemic, supporting H1. This result is consistent with Min *et al.* (2020), Dedeoğlu and Boğan (2021), Hakim, Zanetta and da Cunha (2021), and Hsieh, Chen and Wang (2021). Therefore, it is important for the government to ensure that the availability of intensive care unit beds is sufficient for the community. It is also important for the government to provide information and news regarding the COVID-19 pandemic. The findings showed that trust positively affects patients' revisit intention in PHC during the pandemic, supporting H4. This result is consistent with Castaldo, Penco and Profumo (2021), Dedeoğlu and Boğan (2021), and de Rooij, van Liempt and van Bendegom (2022). These results illustrate that it is important for PHC to gain the trust of patients. Health centers need to maintain patient trust and make the patient's interests the main priority in providing services. It means that patients in PHC trust the healthcare facility and the government. Therefore, their anxiety and risk level toward the COVID-19 pandemic are decreased, positively influencing the revisit intention.

The results showed that Reputation (H5), Self-Confidence (H6), Familiarity (H7), and Brand Image (H8) do not positively affect revisit intention. This finding contradicts Cham *et al.* (2016), Kim, Leht and Kandampully (2019), and Castaldo, Penco and Profumo (2021). Based on descriptive analysis, respondents agreed that PHC has a good reputation. Therefore, the respondents are confident in making decisions and familiar with PHC, which has a good brand image. The

respondents have a positive perception of this PHC, though this does not affect their revisit intention. During the COVID-19 pandemic, people with mild conditions were discouraged to visit healthcare facilities to reduce the risk of infection (Rhatomy and Prasetyo, 2020). As a result, this could lead to patients' hesitation to revisit PHC. It is recommended that the PHC maintain all these factors well so that they do not become a problem in the future.

Conclusion

This study found that government trust and confidence in healthcare facilities positively affect the intention to revisit PHC during the COVID-19 pandemic. Perceived Crowding, Perceived Health Risk, Reputation, Self-Confidence, Familiarity, and Brand Image did not significantly influence the revisit intention. Based on the findings, PHC must re-evaluate its role as a primary healthcare service in Indonesia because it is depended upon by most Indonesians. Patients are not willing to revisit PHC, specifically during a health crisis. This could lead to changes in the health status of the community. However, this study had limitations and should be repeated in different pandemic periods.

Abbreviations

COVID-19: Coronavirus Disease of 2019; BPJS: *Badan Penyelenggara Jaminan Sosial*; HIV: Human Immunodeficiency Virus; PHC: Primary Health Center; PLS-SEM: Partial Least Squares-Structural Equation Modeling; PMT: Protection Motivation Theory; SARS: Severe Acute Respiratory Syndrome; TPB: Theory of Planned Behavior; WHO: World Health Organization.

Declarations

Ethics Approval and Consent Participant

The Research Committee Ethics, Faculty of Economics and Business, Universitas Pelita Harapan, granted Ethical Approval for this study. All respondents were informed about the study objectives and

have provided verbal consent to participate in this study.

Conflict of Interest

The authors declared that there is no conflict of interest for this article.

Availability of Data and Materials

The availability of data and study material could be provided by request.

Authors' Contribution

VVS and MPB conceptualized the study and created the methodology; VVS wrote the manuscript; MPB reviewed and edited the manuscript; VS wrote the original draft.

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