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The Influence of Predisposing Factors, Enabling Factors, and Need Factors on Revisit Intention of BPJS Outpatients

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Abstract

Background: The implementation of Indonesia's National Health Insurance (JKN) has increased access to healthcare providers, sustaining patients' intention to revisit remains a major challenge for healthcare providers. Based on Andersen's Behavioral Model, healthcare utilization is influenced by predisposing, enabling, and need factors, yet limited studies have examined their role in explaining revisit intention.

Objective: To analyze the influence of predisposing, enabling, and need factors on revisit intention among BPJS outpatients at RS Qona'ah Sampang.

Methods: A quantitative cross-sectional design was employed, with a purposively sampled sample of 160 respondents. Data were collected through structured questionnaires and analyzed using multiple linear regression with SPSS.

Results: Enabling factors (β =0.382; p <0.001) and need factors (β= 0.115; p =0.012) had a significant positive effect on revisit intention, while predisposing factors (β = 0.163; p = 0.256) were not statistically significant. The model explained 73.1% of the variance in revisit intention (R^2 = 0.731). Patients' decisions to return are primarily influenced by access to healthcare providers and perceived health needs rather than demographic characteristics

Conclusion: Improving accessibility, administrative efficiency, and responsiveness to patients' health needs is essential to enhance revisit intention and patient retention in healthcare providers.

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INTRODUCTION

The implementation of the National Health Insurance (Jaminan Kesehatan Nasional/JKN) program in Indonesia has significantly expanded access to healthcare providers, particularly outpatient care. As the number of insured patients increases, healthcare providers face new challenges in service utilization and patient retention. In this context, revisit intention becomes an important indicator of patient loyalty and the sustainability of the healthcare provider. However, increased access does not necessarily guarantee that patients will return to the same healthcare facility.

Previous studies have consistently demonstrated that patients' decisions to utilize healthcare providers are influenced by multiple determinants. Andersen's Behavioral Model explains that healthcare utilization is shaped by three main factors: predisposing factors, enabling factors, and need factors[1,2,3]. Predisposing factors include demographic characteristics and patients' beliefs that influence health behavior, while enabling factors refer to the availability of resources and access to healthcare providers. Need factors, on the other hand, represent the perceived or evaluated health conditions that drive patients to seek medical care [4]. Empirical studies have confirmed that these factors significantly influence healthcare utilization patterns. Cheng et al. show that age, gender, and perceived health status are key determinants of outpatient service utilization in Indonesia[5]. Similarly, Idris and Mursyid found that patients' characteristics, insurance ownership, and health perceptions are associated with healthcare service use [6].

While many studies have focused on healthcare utilization, fewer studies have examined revisit intention as a behavioral outcome. Revisit intention reflects a patient's willingness to return to the same healthcare provider and is closely related to patient satisfaction and prior service experience. Research in healthcare settings indicates that patients are more likely to revisit a facility when they perceive positive service experiences and when their healthcare needs are adequately addressed[7,8,9]. In the Indonesian context, particularly among BPJS outpatients, several issues, such as long waiting times, administrative complexity, and inconsistent service quality, remain prevalent and may influence patients' decisions to return [10]. Preliminary data from RS Qona'ah Sampang indicate that the proportion of returning patients has not been consistently optimal, suggesting that patient loyalty has not been fully established.

Despite the growing body of literature, empirical evidence remains limited on how predisposing, enabling, and need factors explain revisit intention, particularly in the context of BPJS outpatient services. Therefore, this study aims to analyze the influence of these factors on the intention to revisit among BPJS outpatients at RS Qona'ah Sampang. The findings are expected to provide evidence-based insights for improving patient retention and healthcare service management.

METHODS

This study employed a quantitative approach with an analytical observational design using a cross-sectional method. This design was employed to examine the causal relationships between the independent variables (predispo-

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sing, enabling, and need factors) and the dependent variable (revisit intention) at a single point in time. Cross-sectional studies are commonly used in health research to assess associations between variables efficiently within a defined population.

The study was conducted at RS Qona'ah Sampang, Indonesia, from November 2025 to April 2026. The population consisted of all BPJS outpatient patients visiting the hospital. The sample included patients who met the inclusion criteria, namely: aged ≥17 years, willing to participate, able to communicate effectively, and visiting the outpatient department during the study period. Patients with emergency conditions or incomplete medical records were excluded.

The sample size was determined using the suggested rule of thumb based on the number of indicators, with a minimum of 5–10 respondents per indicator[11]. With 32 questionnaire items, the minimum required sample size was 160. A non-probability sampling technique, purposive sampling, was used to select respondents who met the inclusion criteria.

Data were collected using both primary and secondary sources. Primary data were obtained through structured questionnaires administered to respondents after informed consent was obtained. The questionnaire consisted of items measuring predisposing factors (6 items), enabling factors (10 items), need factors (8 items), and revisit intention (8 items), adapted from established theoretical constructs. The questionnaire was adapted from Andersen's Behavioral Model and previous validated studies. Prior to data collection, the instrument was tested for validity using Pearson's product-moment correlation. All questionnaire items showed significant correlations ($p < 0.05$), with coefficients exceeding the critical value, indicating satisfactory validity. Instrument reliability was assessed using Cronbach's Alpha, and all constructs achieved values above 0.70, indicating acceptable internal consistency[11]. Secondary data were obtained from hospital archives to support contextual analysis.

All questionnaire items (except demographic variables) were measured using a five-point Likert scale ranging from 1 (strongly disagree/never) to 5 (strongly agree/always). Predisposing variables such as age, gender, education, and occupation were collected using categorical questions.

Data analysis was performed using Statistical Package for the Social Sciences (SPSS). Descriptive statistics were used to summarize respondent characteristics. Inferential analysis included multiple linear regression to examine the effects of predisposing, enabling, and need factors on revisit intention. Prior to regression analysis, classical assumption tests were conducted, including tests for normality, multicollinearity, and heteroscedasticity. Statistical significance was determined at the 95% confidence level ($p< 0.05$).

This study obtained ethical clearance from the authorized institutional ethics committee of RS Qona'ah Sampang No 116/KEPK/F/VI/FIK/2026. All respondents provided informed consent prior to participation, and confidentiality of the data was strictly maintained.

RESULTS

Table 1 summarizes the demographic characteristics of the respondents. Based on gender,

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the majority of respondents were female (55.0%). In terms of age distribution, the largest share of respondents was in the productive age groups of 20–40 years (44.4%) and 41–60 years (43.1%), indicating that most patients were adults with active healthcare needs. Only a small proportion of respondents were aged below 20 years (1.9%) and above 60 years (10.6%).

Regarding educational level, most respondents had completed senior high school (44.4%), followed by junior high school (26.3%), and bachelor's degree (18.1%). A smaller proportion had only completed primary school (11.3%). These findings suggest that the majority of respondents had a moderate level of education, which may influence their health-seeking behavior and decision-making regarding the use of healthcare providers.

A multiple linear regression analysis, as shown in Table 2, was conducted to examine the influence of predisposing, enabling, and need factors on the intention to revisit among BPJS outpatients. Prior to the regression analysis, multicollinearity was assessed using tolerance and Variance Inflation Factor (VIF) values. The results indicated that all variables had tolerance values greater than 0.10 and VIF values less than 10, suggesting that multicollinearity was not a concern in this model [11]

Table 1. Demographic Characteristics of Respondents.

Characteristics	Number (N=160)	Percentage (%)
Gender		
Male	72	45.0
Female	88	55.0
Age		
< 20 years old	3	1.9
20-40 years old	71	44.4
41-60 years old	69	43.1
> 60 years old	17	10.6
Educational Levels		
Primary School	18	11.3
Junior High School	42	26.3
High school	71	44.4
S1 (Bachelor)	29	18.1

Source: Processed by the authors using SPSS

Table 2. Results of Multiple Linear Regression Analysis

Variable	Tolerance	VIF	R Square	T	Unstandardized Coefficients	Sig.
Constant				5.116	4.814	0.000
Predisposing factors	0.387	2.584	0,731	1.140	0.163	0.256
Enabling factors	0.696	1.437		14.102	0.382	0.000
Need factors	0.374	2.676		2.547	0.115	0.012

Source: SPSS

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The regression model explains 73.1% of the variance ($R^2 = 0.731$) in revisit intention, indicating that the independent variables collectively have a strong explanatory power. Individually, enabling factors were found to have a positive and statistically significant effect on revisit intention ($\beta = 0.382$; $p = 0.000$). This finding indicates that better access to healthcare providers, including ease of access, financial capability, and information availability, significantly increases the likelihood that patients return to the same healthcare facility. Similarly, need factors also showed a positive and significant influence on revisit intention ($\beta = 0.115$; $p = 0.012$). This suggests that patients with higher perceived health needs or more frequent health complaints are more likely to revisit the healthcare facility. In contrast, predisposing factors did not have a statistically significant effect on revisit intention ($\beta = 0.163$; $p= 0.256$). This implies that demographic characteristics such as age, gender, education level, and occupation may not directly determine patients' decisions to revisit a healthcare provider in this context. Overall, the findings indicate that access-related factors (enabling factors) and health-related needs (need factors) play a more dominant role in influencing revisit intention than basic demographic characteristics.

DISCUSSION

This study examined the influence of predisposing, enabling, and need factors on the intention to revisit among BPJS outpatients at RS Qona'ah Sampang. The results showed that enabling factors and need factors had a significant positive effect on revisit intention, while predisposing factors were not statistically significant. These findings indicate that patients' intention to revisit is more strongly driven by access and health needs than by demographic characteristics.

The significant role of enabling factors indicates that accessibility and resource availability are key determinants of revisit intention. In line with Andersen's Behavioral Model, enabling factors serve as facilitating conditions that allow patients to seek care from a healthcare provider when needed. Previous studies consistently demonstrate that supporting factors such as insurance status, financial capability, and access to healthcare providers significantly influence healthcare utilization behavior [5,6]. Research in the USA found that lack of insurance and financial barriers significantly impact healthcare access [12], while structural barriers experienced by Chinese students in South Korea, such as language and social support, influence service utilization [13]. In the context of BPJS, where financial barriers are partially reduced, other enabling factors, such as ease of access, administrative efficiency, and service availability, play a crucial role in encouraging patients to revisit healthcare providers. This finding further strengthens Andersen's Behavioral Model, which posits that enabling factors are the resources that facilitate healthcare utilization once patients have developed a need for care. In healthcare systems where financial barriers are minimized through national insurance schemes such as BPJS, enabling resources shift from affordability toward organizational accessibility, including convenient administrative procedures, service availability, and continuity of care. Previous studies consistently reported that healthcare accessibility, insurance coverage, and facility availability remain important determinants of healthcare utilization even when financial protection is available [14,15,16,17].

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Therefore, improving organizational accessibility may encourage patients not only to use a healthcare provider but also to develop stronger intentions to revisit that provider.

Need factors were also found to significantly influence revisit intention, supporting the theory that health needs are the most direct driver of healthcare-seeking behavior. Patients with health problems are more likely to seek healthcare. This finding is consistent with previous research indicating that perceived health status and disease severity are strong predictors of healthcare utilization[5,6,18, 19,20]. Furthermore, studies have shown that patients with greater health needs tend to prioritize healthcare utilization despite potential barriers[12]. In this study, these conditions were accommodated to increase intentions to revisit the healthcare provider, particularly among patients requiring ongoing care. The present finding is consistent with Andersen's proposition that need factors constitute the strongest and most immediate predictor of healthcare utilization because they directly reflect patients' perceived and evaluated health conditions. Several systematic reviews demonstrated that, compared with predisposing and enabling characteristics, need factors show the most consistent association with healthcare utilization across different healthcare settings [14,21]. Likewise, studies conducted in migrant populations and community-based healthcare reported that patients with poorer perceived health status, chronic diseases, or greater healthcare needs were more likely to seek continuous healthcare provider [15,16]. These findings explain why BPJS patients requiring continuous treatment exhibit stronger intentions to revisit.

In contrast, predisposing factors did not significantly influence revisit intention. This finding suggests that demographic characteristics such as age, gender, education, occupation, and attitudes may not directly influence patients' decisions to return to a healthcare provider. This finding is consistent with Andersen's Behavioral Model, which explains that predisposing factors primarily function as background characteristics that shape patients' general health behaviors but may have limited direct influence on specific healthcare utilization decisions [4]. Consistent with the present findings, a study among Indonesian National Health Insurance (JKN) participants reported that several predisposing characteristics, particularly age and education, were not significantly associated with the utilization of dental prosthetic services [22]. Predisposing factors exerted only a limited influence on healthcare utilization among rural residents in China, whereas need factors emerged as the dominant predictor [23]. Although some studies report significant associations between demographic variables and healthcare utilization [24, 25], these effects tend to vary depending on context and population characteristics.

These findings also align with broader research on revisit intention, which emphasizes the importance of contextual and experiential factors. Studies have shown that perceived value, satisfaction, and service-related experiences play a crucial role in shaping patients' intention to return[26,27,28]. Although this study did not directly include service quality as a variable, the strong influence of enabling factors may reflect patients' evaluation of healthcare accessibility and service delivery.

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Overall, this study supports extending Andersen's Behavioral Model to explain revisit intention as a form of repeated healthcare utilization. The findings suggest that healthcare providers should prioritize improving accessibility and addressing patients' health needs to enhance patient retention.

CONCLUSION

Enabling factors and need factors had a significant positive influence on revisit intention among BPJS outpatients at Qona'ah Hospital in Sampang, while predisposing factors showed no significant effect. Patients' decisions to return to a healthcare provider were determined by access-related conditions and perceived healthcare needs, rather than demographic characteristics. These results reinforce Andersen's Behavioral Model by demonstrating that facilitating access to health resources and conditions remains the dominant driver of repeat healthcare use.

From a practical perspective, improving accessibility, administrative efficiency, and the availability of healthcare providers are crucial for increasing revisit intention. Furthermore, meeting patients' health needs through responsive, continuous care is crucial to maintaining patient retention, especially for those with ongoing or chronic conditions. Further research is recommended to explore additional factors such as service quality, patient satisfaction, and trust, and to apply different analytical approaches or broader populations to provide a more comprehensive understanding of revisit intention in healthcare settings.

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