Research Article

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The Role of Mediation Barriers to Self-Efficacy in Improving Hospital Revisitation: Empirical Evidence in the Healthcare Industry in Indonesia

Andry[1]

Ewaldo[1]

Arrozi Adhikara[2*]

Rokiah Kusumapradja[1]

Sri Handayani[2]

[1]*Graduate Program, Master of Hospital Administration, Universitas Esa Unggul, Jl. Arjuna Utara No.9, Kb. Jeruk, Kec. Kb. Jeruk, Kota Jakarta Barat, Daerah Khusus Ibukota, Jakarta 11510, Indonesia*
[2]*Faculty of Economic and Business, Universitas Esa Unggul, Jl. Arjuna Utara No.9, Kb. Jeruk, Kec. Kb. Jeruk, Kota Jakarta Barat, Daerah Khusus Ibukota, Jakarta 11510, Indonesia*
**Corresponding Author*

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Abstract

This research aims to determine the role of barriers to self-efficacy as mediation on the repeat visits by patients in the National Health Insurance (JKN) at Advanced Referral Health Facilities (FKRTL) Class C in Indonesia. This is an explanatory causality research with the purposive sampling method used to collect data from a cross-sectional survey of 225 patients of class C FKRLT in Jakarta, Bogor, Depok, and Bekasi using a questionnaire. The data collected were analyzed using structural equation modelling (SEM). The results showed that brand image and perception of patient-centered services positively affect barriers to self-efficacy and are a mediator to increasing patient return visits. These findings are helpful for stakeholders to make decisions in improving patient-centered regulations and service standards for the realization of hospital sustainability, good governance, and effective strategies to retain BPJS patients.

Keywords: *hospital brand image, barrier self-efficacy; theory of planned behavior; patient revisits*

1. Introduction

According to Arici and Gucer [2018], a *patient revisit is an individual's* decision that creates a commitment to return to a particular hospital to get health services based on personal experience and those of others. Patients' revisits are influenced by their trust in the hospital, giving rise to the

belief that they will be appropriately treated (Lee and Kim, 2017; Shan et al., 2016). This is specifically true for Professional Care Providers (PPA) who do not perform a *physician-centered care pattern of therapy* where health workers are the main determinant of all treatment decisions undertaken by patients (Jayadevappa, 2017).

This research focuses on the challenges faced by health services during the COVID-19 pandemic, which has caused various problems, such as Advanced Referral Health Facilities (FKRTL) for Class C hospitals. FKRTL is used by patients with National Health Insurance (JKN) and Health Social Security Agency (BPJS) for referrals after being examined by health workers at First Level Health Facilities (FKTP), thereby increasing the visiting number. The COVID-19 pandemic decreased patient visits in FKRTL with a bed occupancy rate (BOR) of approximately 36.8% [Aulia, 2021; Khullar et al., 2020; Adhikara et al., 2022]. Therefore, the government implemented practical prevention efforts such as hand washing with disinfectant [Wang et al., 2021], physical and social distancing [Yezli and Khan, 2021], and the use of masks [Shahnazi et al., 2021] to curb the spread of the virus. Patients experience anxiety and uncertainty regarding visiting FKRLT due to its challenge in dealing with the crisis [Gohel et al., 2021]. Numerous research were scientifically conducted on the safety measure to reduce the spread of the virus, but none explained the barriers to patient self-efficacy [BES] to map quantitative behavior in FKRLT.

One of the main reasons for low patient visits is the inability to overcome the obstacles that prevent from controlling the situation needed to obtain the right health services [Steele et al., 2000; Ma and Yan et al., 2020]. The COVID-19 pandemic crisis caused anxiety and social isolation, thereby resulting in mental morbidity [Zandifar and Badrfam, 2020], exacerbated public fears [Shigemura, 2020], highlighted patient-centered collaborative care, discriminatory services, medical policies, and belief systems [Brown, 2004]. The media provided information that impacts the virus's psychological responses, perceptions, and knowledge-seeking behavior [Xie et al., 2020]. This information was provided because sometimes patients cannot cope with the stress associated with threatening situations [Bandura et al., 2001].

It is not economically feasible to reduce the number of patient visits at FKLRT, a class C BPJS referral hospital. According to preliminary research, the uncertainty of patient-centered care can be conducted properly as a partnership involving various patients rather than a few specific individuals [Martin, 2008; Beresford, 2013; Okloo, 2020; Anwar, et al., 2021]. Doctors' ability to communicate with their patients through digital platforms can widen the disparity between low-income and minority patients [Saha and Mary, 2011]. This has a negative impact on the value of expectations, the hospital's reputation [Sillence, 2019; Al-Hemiary, 2020], and creates a quality service that does not meet patients' needs, thereby eliminating the revisiting intentions [Htun *et al.,* 2015]. This means, as an alternative measure, this research proposes using patient-centered care and brand image to shape patient commitment and preference to a hospital, leading to several revisits.

Patients' preferences and beliefs affect their intention to return to the hospital [Arici and Gucer, 2018; Shan, 2016]. For example, the empathic performance of health workers perceived by patients in caring, understanding, and prioritizing their needs [Wong *et al.,* 2004; Lee and Kim, 2017; Brucu *et al.,* 2020], as well as families involvement and empowerment as a patient-focused service [Sutoto, 2019]. In addition, an emotional bond is formed between patients and the hospital, which grows their image and confidence through returning visits [Cham, 2016; Dalaki et al., 2019]. There is a stronger desire to revisit than those with a weaker preference [Kuipers et al., 2019; Jayadevappa, 2017; Sadeghi-Bazargani, 2019], which is in accordance with the search for quality health services [Kim, 2017; Lee and Kim, 2017]. Patients feel that patient-centered care individualizes, provides adequate care [Saha and Mary, 2011], is equally distributed between patients and physicians [21], promotes positive interaction [22], and reduces disparate interpersonal behaviors [Pelzang, 2010; Johnson et al., 2004; Van Ryn, 2002].

This research adopts a theoretical perspective of cognitive psychology by highlighting the cognitive factors of patients admitted to FKRLT with the right ability to prevent anxiety. The health problems used to determine individual cognitive processes are endogenous and expected value-

driven factors. A robust construct of avoidance in health care was proposed and used to map the re-treatment prevention behaviors. The ability of planned behavior theory [TPB] and self-efficacy barriers to predict preventive behaviors were examined to prevent patients from returning to FKRLT.

The results of this research have two significant contributions: firstly, it broadens the spectrum of self-efficacy by discussing barriers to present their strategic role in the perception of health-avoidance prevention behaviors in FKRLT Indonesia. Secondly, it combines views of health care barriers [Jacobs et al., 2012], beliefs [Sillence, 2019], and TPB [Ajzen, 1991] to underscore the role of the normative environment in conceptualizing health avoidance behaviors for re-treatment. Although several research focused on patient-centered care and revisit, those on self-efficacy barriers to mapping the quantitative behavior of patients in FKRLT class C were still limited.

2. Literature Review

Theories in health psychology underscore the role of socio-psychological constructs by conceptualizing the behavior of concerned individuals. Most health protection theories emphasize constructs that can help avoid the associated challenges, such as vaccination to prevent crisis during a pandemic [Zampetakis and Melas, 2021]. The theories used to describe people's behaviors are TPB and Theory of Self Efficacy (TSE). TPB was used to predict individual attitudes towards re-medication visits during the COVID-19 crisis. It opens up opportunities for model development because it does not refuse when influenced by other variables aside from attitudes, subjective norms, and intention to act. This research replaces perceived behavioral control variables with self-efficacy barriers because the ability to explain behavior is higher [Conner and Norman, 1995; Kraft et al., 2005].

The second theory is TSE, which explains an individual's belief and ability to perform the behavior in certain situations [Carpenter, 2010], namely how much pressure and depression are experienced when facing a threatening situation. Carpenter [2010] stated that the essence of self-efficacy is rarely used, although it has explanatory power to define public health problems and protective behavior [Mirzaei-Alavijeh et al., 2020; Tajeri et al., 2020; Shahnaz et al., 2020]. Zhou et al. [2020] suggested the need to reduce the spread of the pandemic with correct and effective information that is valid and reliable [Shang and Zuo, 2020]. This creates a good understanding of phenomena that avoid threatening conditions needed to explain or predict public health behavior [Park et al., 2021]. This condition will prevent barriers to self-efficacy, which reflects the patient's belief that they can overcome obstacles needed to obtain health services [Jacobs et al., 2012].

Although several research analyzed public health behavior using TSE and TPB, these theories are considered separate and have not been widely applied. This research adopts the main attributes of self-efficacy from social learning theory [Bandura, 1997] and introduces its barriers in the TPB setting. The power of regulation [Al-Sabbagh et al., 2021] and the role of the normative environment [Cheng et al., 2020] during the pandemic have been studied. This literature does not state where external and normative support can be considered in an integrated manner when adopting TPB, hence, this research reinforces its novelty and addresses the gaps [Jacobs et al., 2012; Levesque et al., 2013; Urban and Kujinga, 2017].

This research aims to examine the direct effect of brand image and perception of patient-centered care on barriers to self-efficacy and patient repeat visits. It also tests the indirect effect of brand image and perception of patient-centered care on their return visits mediated by self-efficacy barriers. Figure 1 shows the hypothesized constructs and relationships.

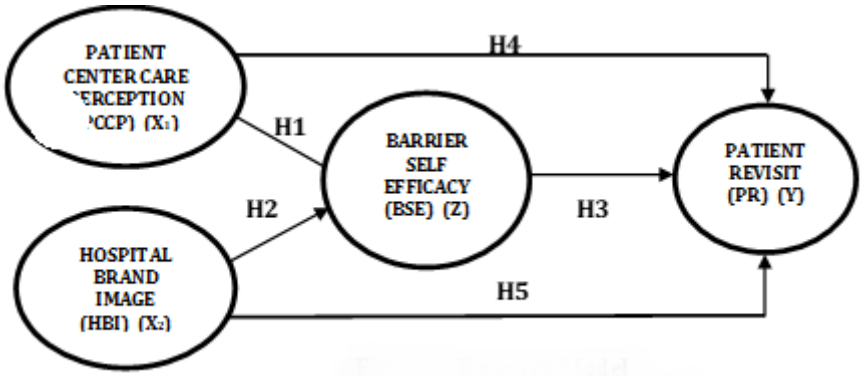

Figure 1: Research Model

Preliminary research conducted by Wang et al. (2021), Kuipers et al. (2019), and Al-Hemiary (2020) showed that the perception of patient-centered care has a positive influence on self-efficacy barriers. Patient experience and cognitive characteristics shape willingness to engage in safety [Docherty, 2012; Berger et al., 2014; Vaismoradi et al., 2014]. Park et al. (2021) and Stewart et al. (2006) found that the practice of patient-centered care will improve their health status, quality of care, and efficiency of care. The perception of patient-centered care is in accordance with their families through the various active health involvement needs, preferences, and beliefs [Mason, 2018]. This will strengthen health services for relationships with patients and nurses to prevent disease [UK NHS, 2014; UK NHS, 2017] as well as improve quality and safety [Peat et al., 2010; Francis, 2013]. It also creates a close relationship between patients and hospitals by providing satisfaction with PPA services as an essential element in building trust [Shan, 2016]. Based on this, the hypothesis developed is as follows:

H $_1$: Patient-centered care affects the self-efficacy barrier.

The results showed that a hospital brand image that was successfully formed could increase the patient's self-confidence and trust [Dalaki et al., 2019; Sciulli et al., 2015; Renee and Chao, 2019]. Therefore, it enables the ability to be true and effective in reducing the spread of disease [Zhou et al., 2020] because self-efficacy allows individuals to search for valid and reliable information related to health more systematically [Shang, 2020]. Provision of information, knowledge, and communication is positively related to involvement in safety [Docherty, 2012; Berger, 2014]. Although access to information increases self-efficacy, monitoring, and error-detecting ability [Vaismoradi, 2014], not all patients are knowledgeable [Berger, 2014]. Some of the barriers include limited knowledge and experience in settings that can limit engagement [Leonard et al., 2003], difficulty in integrating the experience into evidence-based guidelines [UK NHS, 2017], and lack of knowledge about professional engagement [Medina et al., 2016], and numerous guides for telling personal stories [Shang and Zhuo, 2020]. Based on this, the hypothesis developed is as follows:

H $_2$: Hospital brand image affects barrier self-efficacy.

The results showed that the higher the patient's confidence, the stronger their behavior to check health regularly and seek treatment at the same facility [Shan, 2016; Cham, 2016; Sadhegi-Bazargani; 2019]. Patients believe in the quality of hospital services that provide a satisfying experience and are willing to go to the hospital under any circumstances [Sillence, 2019]. The pandemic increased the need for return visits [Park et al., 2021], involvement in self-efficacy, feeling confident and comfortable with error prevention, extraversion as a personality trait, and attitudes about fear or risk of error, increasing willingness to act [Docherty, 2012; Berger et al., 2014; Vaismoradi, 2014]. Self-efficacy is strongly related to behavior that considers the impact of nursing care on patient health [Hayes et al., 2012; Ausili, 2013]. Provision of appropriate knowledge and information, as well as positive communication related to safety [Docherty, 2012; Vaismoradi,

201461,63], which increases self-efficacy and monitoring in detecting errors [Berger et al., 2014]. Patients have confidence to make decision to seek treatment at the hospital because they receive satisfactory service, resulting the expectation for gaining the same service quality while revisit [Castelfranchi and Rino, 2070]. Based on this, the hypothesis developed is as follows:

H $_3$: Barrier self-efficacy affects patient repeat visits.

The preliminary research by Kim (2017), Al-Hemiary (2020), and Hower (2019) showed that access to patient-centered care has a positive impact on patient satisfaction for repeat visits [Plewnia and Korner, 2016]. This access is one way to reduce costs and improve clinical utility. Increased access is conducted through online communication, group visits, telephone, and office appointments with non-physician providers [Leoanard et al., 2003; Breen et al., 2009]. Group visits increase efficiency and lead to greater compliance and satisfaction with better health outcomes [Corner and Norman, 1995; Cheng et al., 2020; Tajeri et al., 2020; Leonard et al., 2003; Breen et al., 2009]. Satisfaction as an outcome of patient-centered care is the main factor in the emergence of patients' desire to return for treatment. The perception of patient-centered care is also a variable that significantly influences a person's intention to do something [Ajzen, 1991], namely repeat visits to the hospital. However, this process is avoided assuming the patient has an unpleasant experience on a return visit [Park et al., 2021], leading to avoiding a cooperative relationship [Zampetakis and Melas, 2021; Vaismoradi, 2014]. Based on this, the hypothesis developed is as follows:

H $_4$: Perception of patient-centered care effect on patient follow-up.

The results showed that the hospital's brand image positively affected patient repeat visits [Arici and Gucer, 2018; Kuipers et al., 2019; Awua-Ikhia and Kalu, 2018] and a substantial factor against negative news circulating in the community [Medina et al., 2016]. The establishment of brand image aims to increase public interest in visiting, influencing new consumers to select hospitals in seeking health services, and emotionally binding old patients, hence, they do not switch to competitors. An established hospital brand image should positively stimulate future return visits [Sciulli and Tracey, 2015]. Provision of information and communication is positively related to safety in a return visit, thereby increasing perceived risk in the intention to act and error detection ability [Docherty, 2012; Berger et al., 2014; Vaismoradi, 2014]. Based on this, the hypothesis developed is as follows:

H $_5$: Hospital brand image affects patient repeat visits.

3. Method

3.1 Research Design

This is an explanatory causality research with a *cross-sectional survey* used to determine the sample size of patients. Data were collected by distributing questionnaires to BPJS patients at FKRLT class C aged 20 – 80 years, as well as conducting face-to-face interviews and self-administrative online survey from October 2020 to December 2021.

The sample consists of 225 in patients in the FKRLT class C areas of Jakarta, Bogor, Depok, and Bekasi in Indonesia. The sampling technique used the research criteria 5-10 times the number of indicators [Hair et al., 2017]. This means that 43 indicators required the minimum sample size of 215–430 respondents, which were analyzed using Structural Equation Modeling (SEM) and mediation test. Therefore, SEM analysis through the AMOS structural equation model as mediation in the simultaneous relationship was used to estimate the relationship between patient-centered care, hospital brand image, and self-efficacy barriers as mediating variables needed to explore the structural relationship of revisit patients. The intervening variable in the research model is the self-efficacy barrier. Its effect is examined using Pardo and Roman's [2013] method, consisting of three-way regression, namely independent, independent, and dependent variables on the intervening, dependent, and dependent variables. The independent variable must affect the intervening and the dependent in the first and second path equations. Meanwhile, the intervening variable must affect the dependent in the third path equation.

3.2 Definition of the Operational Variables

A patient revisit is a loyal attitude of those who return to the hospital to get health services. This follow-up instrument was developed by Arici and Gucer (2008) from a modified tool with seven statements, namely re-medication, undergoing treatment, recommendations, constructive criticism, reporting goodness, demonstrating merit on social media, and the primary choice of therapy. Measurement of variables was conducted using a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) to state that patients visited again.

Barrier Self-Efficacy is patients' belief in overcoming the obstacles that prevent them from obtaining health services in any situation. This instrument was developed from modifications in preliminary research [Jacobs et al., 2012; Levesque and Russell, 2013; Sillence, 2019] and consists of eight statement items, namely getting health services, knowing the types, determining the services, understanding the imperfections, evaluating the inconsistencies faced, obstacles, feeling satisfied, understanding explanations during therapy services, and obtaining information in the mass media. The variables were measured using a Likert scale ranging from 1 (very unsure) to 5 (very sure) to express patients' beliefs.

The perception of patient-centered care determines the hospital's quality and safety in focused services. This instrument was developed by Mason (2018) and consisted of fourteen statements, namely patients are involved in the selection of alternative therapy, approval of the selected alternative, explanation of the entire series of therapies conducted, analyzing the therapeutic progress, periodic health checks, completing information about the next plan, receiving therapy according to the approved plan, obtaining information from all health workers, considering personal choices in a series of therapy, non-isolation of trust value, getting the therapy needed, explanations for maintaining health at home, determine the strategies needed to take care of oneself, the required health plan information, and notifying the correct authorities for related problems. A Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) was used to measure the variables of state health services from patients.

Brand image is patients' perception of the hospital's promotion, experience, and reputation while receiving health services. Its instrument which consists of fourteen statements, namely health socialization, cyber health promotion, social activities, health service advertisements, superior health services, comfort, happiness, desired services, undergoing therapy as expected, maintaining good relationships, friendly hospital administrative staff, having emotional attachments, providing reliable health services, using health facilities for examinations, and lack of obstacles during therapy was developed by Eiff and Wilfred [2019]. Measurement of variables using a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) was involved to express patients' impression of the hospital.

4. Research Results and Discussion

4.1 Research Result

4.1.1 Descriptive Statistics

Data were collected from 225 respondents consisting of 142 or 63.1% male, with 203 or 90.2% married. The largest age group was between 41 – 50 years, with 99 or 44% of respondents. Meanwhile, the highest education level and several repeat visits were undergraduate and 3 days, with 115 or 51.5% and 108 or 48% respondents, respectively. Table 1 shows the description of respondents' characteristics.

Table 1: Description of Respondents' Characteristics

Gender	Total	Percentage
Male	142	63.1%
Female	83	36.8%
Total	225	100%

Marital status	**Total**	**Percentage**
Married	203	90,2%
Not married	22	9,7%
Total	225	100%
Age group	**Total**	**Percentage**
20 – 30 years	2	0,88%
31 – 40 years	28	12,4%
41 – 50 years	99	44%
51 – 60 years	63	28%
61 – 70 years	29	12,88%
71 – 80 years	4	1,78%
Total	225	100%
Education	**Total**	**Percentage**
Elementary School–High School	8	3,55%
Diploma (D1–D3)	84	37,33%
Bachelor Degree (S1)	115	51,11%
Postgraduate Degree (S2/S3)	18	8%
Total	225	100%
Number of Visits	**Total**	**Percentage**
3 times	78	34,66%
4 times	108	48%
More than 4 times	39	17,33%
Total	225	100%
Hospitalization Day	**Total**	**Percentage**
1 day	8	3,55%
2 days	76	33,77%
3 days	108	48%
More than 3 days	33	14,66%
Total	225	100%

Source: Processed Data, 2021

The descriptive statistics in Table 2 show the behavioral tendencies of patients in the hospital. This indicates that it has an outstanding reputation, with significant patients confident in its health services during the pandemic and loyal by revisiting.

Table 2: Descriptive Statistical Test Results

Variable	**N**	**Minimum**	**Maximum**	**Means**	**Std Deviation**
Hospital Brand Image (X1)	225	3.00	5.00	4.5928	.77144
Perception of Patient-Centered Care (X2)	225	3.00	5.00	4.8707	.92629
Barrier Self Efficacy (Z)	225	3.00	5.00	4.6898	.74722
Patient Return Visit (Y)	225	2.00	5.00	4.9562	.95976

Source: Processed Data, 2021

4.1.2 Normality test

The normality test examines whether the data distribution is normal or abnormal. The distribution in the multivariate model has a significant value and a critical ratio (cr) value of less than 2.58. Based on Table 3, the critical ratio value is 1.273 < 2.58, indicating normal data distribution.

Table 3: Normality Test

Variable	Min	max	Skewness	cr	Kurtosis	Cr
Hospital Brand Image	.479	1,736	.000	.000	-.785	-1.785
Patient-Centered Care Perception	.000	1,245	.220	.902	-1.467	-3.104
Self Barrier Efficacy	.529	1.574	-.080	-.314	-.939	-2.069
Patient Return Visit	.410	1.103	.915	3.826	.325	.673
Multivariate					1,744	1.273

Source: Processed Data, 2021

4.1.3 Data Quality Test

A validity test is used to examine the concept to be measured, and it is accepted when the loading factor value ≥ 0.5. Meanwhile, the reliability test is used to measure the consistency of a variable, and it is reliable, assuming it gives a composite value ≥ 0.60. The validity test results of each variable indicator showed the lowest and highest loading factors of 0.637 and 0.883, while the reliability test was 0.889 and 0.953, respectively.

Table 4: Instrument Quality Test Data

No	Variable	*Loading Factor*	*Composite Reliability*
1	Hospital Brand Image	0.692 - 0.829	0.953
2	Patient-Centered Care Perception	0.780 – 0.851	0.946
3	Barrier Self Efficacy	0.749 – 0.883	0.931
4	Patient Revisit	0.637 - 0.791	0.889

Source: Processed Data, 2021

The Goodness of Fit test results shown in Table 5 indicates that the model meets the assumption.

Table 5: Goodness of Fit Test Results

Criteria	Cut Off Value	Model Results	Information
X2 – Chi Square	It is expected that the value is small with DF=1	0.150	Very nice
Probability	≥ 0 , 05	0 , 482	Very nice
CMIN / DF	≤ 2	1 , 232	Very nice
GFI	> 0.90 _	0 , 992	Very nice
RMSEA	≤ 0 , 08	0 , 029	Very nice
AGFI	≥ 0 , 90	0 , 973	Very nice
TLI	≥ 0 , 90	0 . 993	Very nice
CFI	> 0 , 90	0 . 998	Very nice

Source: Processed Data, 2021

4.1.4 Hypothesis test

Table 6 shows the hypothesis testing results of the effect of patient-centered care perception (PCCP), hospital brand image (HBI), and barrier self-efficacy (BSE) on patient return visits (PR) of the structural test.

Table 6: Hypothesis Test Results

Variable	Estimating	SE	CR	P	Information
PCCP →BSE	0.186	0.044	2.172	0.021	H1 Accepted _
HBI →BSE	0.446	0.063	3.167	0.000	H2 Accepted _
BSE →PR	0.132	0.086	2,981	0.017	H3 Accepted _
PCCP →PR	0.311	0.097	2,745	0.007	H4 Accepted _
HBI →PR	0.281	0.098	3,732	0.001	H5 Accepted _
Multiple of Square R ²			Chi-Square = 0.151		
Barrier Self Efficacy = 0.410			Sign P = 0.482 [Matches above 0.05]		
Patient Return Visit = 0.631			Covariance determinant matrix = 0, 0364		

Source: Processed Data, 2021

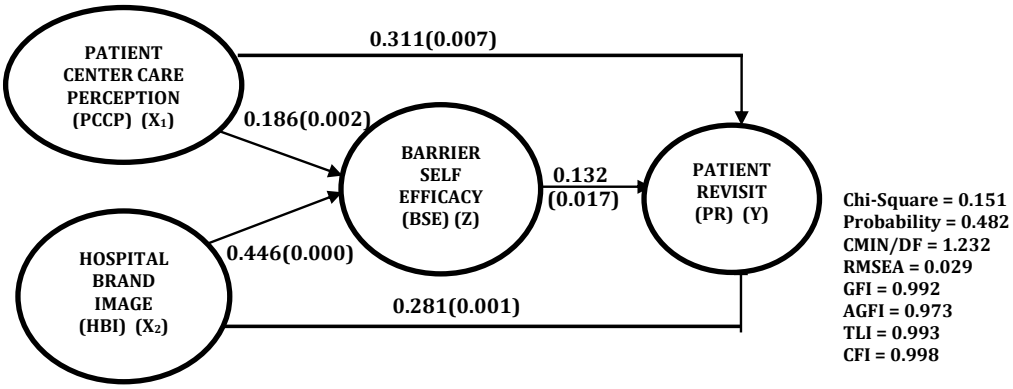

Figure 2: Research Results

4.1.5 Intervening Test

The SEM test result of the intervening variables are shown in Table 7. It indicates that the value of the indirect effect is more significant than the direct, showing the effect of hospital brand image on patient return visits and Patient-Centered Service Perception is 0.092 and 0.191. The indirect effect of the barrier self-efficacy mediating variable gives a better value of 0.271 and 0.301, respectively, with a positive value. Barrier self-efficacy functions as a mediating variable with increasing influence of hospital brand image and Patient-Centered Service Perception on revisits.

Table 7: Intervening Test

Variable	Hospital Brand Image		Patient-Centered Care Perception	
	Live Effect	Indirect Effect	Live Effect	Indirect Effect
Self-Barrier Efficacy	0.436	0.000	0.176	0.000
Patient Return Visit	0.092	0.271	0.191	0.301

Source: AMOS Output Data

5. Discussion

5.1 Effect of Patient-Centered Care Perception on Barrier Efficacy

The results showed a positive effect of Patient-Centered Care Perception on the self-efficacy barrier. In the context of the pandemic crisis, the placement of patients and their families as centers of health services carried out by PPA improves service quality and patient safety. Furthermore, their preferences are considered through coordination between PPA to get the necessary nursing care. It makes patients feel safe and enables them to check the health condition regularly, with excellent care. The implication is that patients have confidence and trust in the health services received and the patient-focused services provided, thereby building self-efficacy [Ekman et al., 2011; Bandura, 1997]. Greater trust helps patients adopt positive health-protective behaviors by following health protocols [Stosic et al., 2021].

The results of this research are supported by Yang and Wu (2018), Hower (2019), Al-Hemiary (2020), and Kuipers et al. (2019) regarding the close relationship between patients and the services provided by PPA, which is an important element in the beliefs of patients and their families. Therefore, it helps to map the motivation to take preventive action during COVID-19 and helps to reduce psychological [Shahnazi et al., 2020] and behavioral barriers to health protection provided [Didarloo and Khalkhali, 2017]. This condition is met when positive beliefs are given to develop good self-efficacy and learn to apply strategies to achieve specific goals [Garcia et al., 2012].

5.2 Positive Effect of Hospital Brand Image on Barrier Efficacy

The results showed a positive effect of hospital brand image on the self-efficacy barrier, indicating the higher the image, the greater the patient's confidence. Hospitals are responsible for safety measures to deal with COVID-19, with Perceived exposure having a more significant impact on social media, specifically digital media dependence. An image identity built based on commercial and social promotions on the experience of previous visits with family changed patient cognition and behavior during the pandemic and ensured they get the right nursing care. Patients feel safe providing health services of good quality, hence, self-efficacy plays a strategic role in formulating protection behavior.
These results support the preliminary research conducted by Sciulli and Tracey (2015), Renee and Chao (2019), and Alexandra et al. (2021), stating that a hospital successfully forms a brand image to increase patient confidence and trust. Moreover, it determines individual cognitive and behavioral changes during the pandemic [Cheng et al., 2020; Yang and Wu, 2018].

5.3 The Positive Effect of Barrier Self-Efficacy on Patient Revisit

The hypothesis testing indicates a positive effect of barrier self-efficacy on patient repeat visits, which is in line with the results of preliminary research [Stocic and Ruben, 2021; Niu et al., 2021; Wang et al., 2021]. This means the higher the patient's trust in hospital health services, the greater the possibility of revisiting for treatment. Barrier self-efficacy describes the patient's belief in overcoming obstacles to obtain health services safely in hospitals. Therefore, individual cognitive and behavioral changes lead to consent to repeat treatment visits due to belief in service quality. The role of PPA is to eliminate misaligned gaps by highlighting the current pandemic crisis and the urgency to address barriers to prevent care delivery by enhancing effective communication with patients and families. Self-efficacy barriers are beneficial during the treatment of illness in nursing care services, including better lifestyle behaviors and attendance at health services.

These results support research that the higher the level of trust between patients and their families, the stronger their attitude to keep checking their health and receiving care from the same hospital [Shan, 2016; Cham, 2016; Sadhegi-Bazargani, 2019; Street et al., 2009; Kaplan, 2020]. Moreover, trust in information and knowledge in the current pandemic crisis are significant

constructs that define public health-protecting behavior [Niu and Wang, 2021] and determine risk perception [Wang et al., 2021].

5.4 Effect of Patient-Centered Care Perception on Patient Revisit

Test results hypothesis shows that the perception of patient- cantered care positively affects their repeat visits. Patient perception shows that the hospital provides high-quality, patient-focused services for proper treatment. It is needed to upgrade behavior care nursing, and this condition provides trust and positive confidence to enforce strategies to achieve the desired goals [Garcia et al., 2012].

This is in accordance with the research by Renee and Chao [2019], Hower [2019], and Al-Hemiary [2020], stating that patient-centered care influences return visits. This means satisfaction occurs as an outcome of patient-centered care which is the main driving factor for the emergence of revisit to health care facilities [Kuipers et al., 2019; Hower, 2019; Shankar et al., 2014].

5.5 Positive Effect of Hospital Brand Image on Patient Revisit

The hypothesis testing result indicates a positive effect of hospital brand image on patient repeat visits. The formation and strengthening of a brand image increase public interest in visiting, hence, the hospital has a magnetic effect on new patients and binds the old ones emotionally. A well-built hospital brand image provides a stimulus for future return visits. Patients' response to a hospital with a good image due to promotion, experience, and reputation pays attention to the image as a consideration factor for treatment. Therefore, those with loyalty share good things about the hospital with others. This research supports the results which stated that hospital brand image has a positive influence on repeat visits and is a strong factor in combating negative news, which sometimes circulates in the community [Steele et al., 2000; Abubakar et al., 2017; Abubakar et al., 2016; Kaiser et al., 2020; Medina et al., 2016; Eiff and Wilfried, 2019; Sciulli, at al., 2015; Awua-Ikha and Kalu, 2018; Sharma, 2010].

5.6 Intervention Test

The self-efficacy barrier variable functions as an intervening variable with a positive direction. It is a mediator between environmental, psychological, and other normative variables with health behavior, thereby making them mediators to increase the influence of hospital brand image and patients' repeat visits. Patients can overcome obstacles in health services during the pandemic due to their ability to receive information from hospital socialization and communicate with PPA. Those who were confident in health services during the pandemic were loyal and confident. The function as a mediator is supported by Darker et al. (2010), Motl et al. (2002), Ashford (2010), and Chariyeva et al. (2013).

6. Conclusion

In conclusion, the perception of patient-centered service, hospital brand image, and barrier self-efficacy positively affected patient visits in the health care industry in Indonesia. Self-efficacy barrier acts as a mediating variable and increases the positive influence of the perception of patient-centered care and hospital brand image.

The results also propose a persuasive psychological model to conceptualize the behavior of returning to the hospital during the pandemic. It theoretically contributes to the role of self-efficacy barriers in modeling repeat visit behavior. In addition, the role of normative cues is also expanded by using the existing TPB. Further research is needed in the following areas: a.) a holistic communication strategy in a pandemic, specifically in the presence of barriers to effective

communication, b.) the role of classification of human cognitive abilities, namely how self-control and cognitive abilities help reduce pandemic situations, and c.) the role of trust in technology and institutions, as well as social capital in terms of individual social networks, need to be examined to map the behavioral intentions of re-medication visits under normal and turbulent conditions.

7. Implication

This research has several theoretical and practical implications. The theoretical implication is that it differs because the model proposed was adopted from TPB (Psycho-sociological Model), which predicts and understands the behavior of repeat visits for treatment. The central pillar adopted from TSE, where normative support addresses one of the least studied parts of this theory, as stated in the literature. Therefore, this research contributes its unique stance to the existing literature on TPB. Self-efficacy as a construct was also reviewed, and proposes the vital role of its barriers as determinants of perceived behavior for repeat visits during the pandemic. Theoretically, reviewing self-efficacy as a construct is part of a social cognitive theory or an empirical research-based initiative to deepen understanding and effectiveness of TPB. The currently adopted self-efficacy view is used to examine return visit behavior in social settings.

Meanwhile, the effect of perceived effectiveness and a sense of connectedness between hospitals, PPA, and patients in dealing with a pandemic crisis show behavioral similarities. The literature argued that patients typically feel anxious, worried, and insecure during infectious disease epidemics. In particular, the significant impact of regulatory cues implies no difference between institutions, PPA, and patients in hospitalized cases. These findings imply that effective communication and dissemination with patients is an area of future concern for academics and policymakers. The main responsibility of the institution is to mobilize and involve every member of patients and family in nursing care services to create a successful and effective patient care management strategy.

8. Limits

This research is limited by the health protocols implemented during hospital visits due to the pandemic. Subsequently, data collection led to a perceptual bias towards questionnaire items, which confused some respondents, even though the questionnaire had clear instructions. Respondents were unable to provide answers according to questions because there were no face-to-face meetings during the pandemic.

9. Recommendation

Hospital management needs to develop the following strategies to increase patient return visits. Firstly, the head of the inpatient installation needs to run a monitoring and evaluation system to supervise nursing staff and ensure they check the patients' health conditions they regularly treat and on time. Secondly, the visiting system must provide direction to medical personnel conducting examinations to always involve patients in the discussion on selecting alternative therapies while respecting patients' personal choices and values. Thirdly, the head of the marketing department needs to make a promotion improvement program with health socialization on social media to create opportunities for patients to submit constructive criticism and suggestions through WhatsApp, telephone hotlines, and 24-hour customer service, or provide suggestion boxes at strategic corners.

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