



## Factors Affecting Outpatients Intention to Revisit Health Services at Public Health Center in Demak District

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### ABSTRACT

The pandemic situation led decreasing in the number of patient visits at Public Health Centers (PHC) due to concerns about contracting Covid-19, including in Demak District which experienced a decrease in visits to 71.7% from 141.2% in 2019. The lack of usage of health services contributed to the poor community health status. The purpose of the study was to analyze the influence of various factors regarding the intention of revisits health services at PHC in Demak District during the Covid-19 pandemic. This is quantitative research with a cross-sectional approach. The population were patients who visited PHC in Demak District. Samples determined by the purposive sampling technique amounted to 332 people. Partial effect test with simple linear regression and simultaneously with multiple linear regression because classical assumption test requirements were met. A total of 57.5% of respondents have a high intention to revisit health services. Partially it's proven that knowledge, health workers' ability, infrastructure, service quality and waiting time affected intentions to revisit health services in PHC. Variables of waiting time, infrastructure, health workers' ability, and service quality were predictors for revisits with an overall effect of 27.7%. Health centres need to develop an online queuing mechanism to reduce waiting times and gradually equip infrastructure and improve service quality through health workers' discipline.

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### Kata kunci:

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### ABSTRAK

Situasi pandemi menyebabkan penurunan jumlah kunjungan pasien di puskesmas karena kekuatiran tertular Covid-19, termasuk di Kabupaten Demak yang mengalami penurunan kunjungan menjadi 71,7% dari 141,2% di tahun 2019. Rendahnya perilaku pemanfaatan layanan kesehatan berkontribusi pada status kesehatan masyarakat yang tidak optimal. Tujuan penelitian menganalisis pengaruh berbagai faktor terhadap niat kunjungan ulang di puskesmas Kabupaten Demak selama pandemi Covid-19. Merupakan penelitian kuantitatif dengan pendekatan cross sectional. Populasi penelitian yaitu seluruh pasien yang berkunjung di puskesmas di Kabupaten Demak. Sampel ditentukan dengan teknik purposive sampling berjumlah 332 orang. Uji pengaruh secara parsial dengan regresi linier sederhana dan simultan dengan regresi linier berganda karena persyaratan uji asumsi klasik terpenuhi. Sebanyak 57,5% responden memiliki niat tinggi melakukan kunjungan ulang. Secara parsial terbukti pengetahuan, kemampuan tenaga kesehatan, sarana prasarana, kualitas layanan dan waktu tunggu mempengaruhi niat kunjungan ulang di puskesmas. Waktu tunggu, sarana prasarana, kemampuan tenaga kesehatan dan kualitas pelayanan menjadi prediktor untuk niat kunjungan ulang dengan pengaruh keseluruhan sebesar 27,7%. Puskesmas perlu mengembangkan mekanisme antrian online untuk mengurangi waktu tunggu dan secara bertahap

melengkapi sarana prasarana dan meningkatkan kualitas layanan melalui kedisiplinan tenaga kesehatan.

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## INTRODUCTION

Public Health Center (PHC) is a health service facility that organizes public health efforts and first-level individual health efforts by prioritizing promotive and preventive health efforts. In order to realize optimal community health status during Covid-19 pandemic, various efforts must continue to be made complying to standard health protocols contained in the guidelines for health services for PHC during Covid-19 pandemic (Kementerian Kesehatan RI, 2020). Fulfillment of health protocol standards requires PHC to reorganize the services provided. Study at Ranotana Weru Health Center and Teling Atas Health Center in Manado City showed that Covid-19 pandemic affected health services at the PHC such as changes in the service flow, the application of screening and changes in operating hours which led to a decrease in the number of visits at Public Health Centers (Pangoempia et al., 2021). Windarwati's study showed that as many as 73.7% of health workers felt disturbed during work due to Covid-19 pandemic (Windarwati et al., 2021), even though they had tried to provide optimal services, as study in Israel that showed 81.4% of nurses believed they had provided optimal treatment to patients during Covid-19 pandemic (Sperling, 2021). Another study in Yemen showed that 85.1% of health workers had an optimistic attitude in providing services during Covid-19 pandemic (Alrubaiee et al., 2020). These results showed that during Covid-19 pandemic, health workers continued trying to provide maximum service, even though in early period of pandemic they were faced with stress, emotional and high pressure which ultimately resulted in the morale of the health workers falling, although currently there has been an increase due to motivation, and strong support from public and leaders (Ismail & Siron, 2020).

The Covid-19 pandemic had an impact on reducing the number of community or patient visits to Public Health Centers. Based on data from the Indonesian Ministry of Health, the number of patients visits to PHCs decreased to 83.6%, where the decline occurred due to fear of contracting Covid-19 (Pertiwi, 2021). In district of Demak, patient visits to utilize health services at PHC also tend to decrease during Covid-19 pandemic. Based on the data of Health Profile in Demak district, number of outpatient visits compared to the population in 2019 was 141.2%, while in 2020 it fell to 71.7% (Dinas Kesehatan Kabupaten Demak, 2021). The Dempet Health Center and Karangawen I Health Center were health centers that received Plenary Accreditation by the Ministry of Health from 27 existing health centers. Based on the Health Profile of Demak Regency, it was known that the visit data at the Dempet Health Center and Karangawen I Health Center fluctuates every month. (Dinas Kesehatan Kabupaten Demak, 2021).

Out patients visits to health centers to use health services were the behavior of their need of health service, where its behavior was influenced by knowledge, availability of health workers and infrastructure, limited access, service quality, and perceptions of illness. Community or patient behavior in utilizing health services was also determined by trust in their

perceived disease, so the greater the perceived risk, the greater the possibility to reduce the risk (Fatimah & Indrawati, 2019). Through interviews in preliminary survey conducted on 25 PHC visitors, it was found that 48% of visitors used health services at PHC for reasons of illness, 32% because they felt it was the need, 44% because of the availability of infrastructure, 44% because the service rates were relatively cheap, and 44% because the services provided are classified as good, 12% because of the health workers availability who were considered according to their competences. However, as many as 72% stated that in fact they were lazy to visit PHC because they had to wait a long time for get services. Some respondents stated that during Covid-19 pandemic, they limited themselves from coming to PHCs and chose a closer paid service, because they were afraid and uncomfortable coming and going to PHCs because of fear Covid-19 contracting.

Study Djuwa et-al at Public Health Center of Bakunase, Sub district of Kota Raja proved that there's a relationship between outpatient perceptions of the dimensions of reliability, assurance, empathy, and direct evidence to outpatient interest in repeated visits (Djuwa et al., 2020). Study at Bangetayu Health Center in Semarang City also showed a relationship between perceptions of quality which included perceptions of responsiveness, assurance aspects, perceptions of empathy, and perceptions of physical evidence with the satisfaction of pregnant mothers at Bangetayu Health Center (Kusumastuti et al., 2014). The quality of health services was a form of perfection of health services that creates a sense of satisfaction in every patient who tends to argue that the more satisfied the sense of perfection was, the better the health services quality (Nasrihah & Hudawi, 2021). Patient satisfaction was a partial mediator between dimensions of service quality in the form of physical evidence, reliability, responsiveness, assurance, and empathy for the interest in repeat visits, where patients who were very satisfied will be interested in repeated visits (Helmawati & Handayani, 2014). Furthermore, study in Yogyakarta in 2014 also showed that health workers must have competent knowledge and skills to ensure the quality of services provided according to standards and include the principles of patient safety that made patients feel safe doing examinations at the clinic and were able increasing satisfaction and attract patients to revisit. (Helmawati & Handayani, 2014). Study of Simpson et-al at Indiana University Hospital also proved that easy access and health care that meets patient expectations would increase repeated visits to the hospital (Simpson et al., 2019). Based on this description, the purpose of this study was to determine the effect of knowledge, ability of health workers, infrastructure, quality of service, waiting time and perception of illness on patients intention to revisit health services in Health Center of Demak District during Covid-19 pandemic, either partially or simultaneously.

## METHOD

### *Participant characteristics and research design*

This study was a quantitative survey research with cross-sectional approach. The unit analysis was the community who received health services at PHC. The target population of study was the patients who visited and received health services at the Health Center in District of Demak, while affordable population was the total outpatients who visited the Dempet Health Center and Karangawen I Health Center in 2021 for the January-June 2021 period as many as 11,695 people with an average visit of 1,950 patients per month.

### *Sampling procedures*

Determination of sample using purposive sampling technique based on PHC with plenary accreditation status, so that from 27 health centers in District of Demak, the 2 (two) health centers were obtained, namely Dempet Health Center and Karangawen I Health Center.

### *Sample size, power, and precision*

By using the Slovin formula, the calculation of minimum sample size was 332 patients who were proportionally divided into the two locus of health centers, namely 159 people for the Dempet Health Center and 173 people for the Karangawen I Health Center. The research's inclusion criteria: has ever visited PHCs at least twice, aged 18 years and over, not being confirmed positive for Covid-19, having a minimum education of high school/equivalent and having no history of chronic disease, while the exclusion criteria were those patients who were not willing to become research respondents.

### *Measures and covariates*

The independent variables of these study were knowledge, ability of health workers, infrastructure, service quality, waiting time, and perception of sickness, while the dependent variable was the intention to make repeat visits health services at PHC. Primary data collection was carried out using a questionnaire method with an instrument in form of questionnaire that had been declared valid and reliable. Questionnaires were given to respondents who met the inclusion and exclusion criteria, after previously being given an explanation according to ethical standards and respondents giving informed consent to be involved in this study. The secondary data of the research was obtained through PHC report documents, literatures, health profiles and all other related documents.

### *Data analysis*

The data collected from research results were processed bivariate using linear regression analysis to see the effect of independent variables partially on the dependent variable and multivariate analysis using multiple linear regression analysis to see the effect of independent variables together on the dependent variable, as well as knowing the linear regression equation model formed. Multiple linear regression analysis could be carried out in this study because based on the classical assumption test, the prerequisites have been carried out including the normality test, linearity test, autocorrelation test, multicollinearity test, and heteroscedasticity test. The results of the classical

assumption test showed that all variables were normally distributed on the residuals. The results of linearity test showed that there was a distribution of the residual points based on the resulting scatterplot diagram which does not form certain patterns so that the assumptions were met. The autocorrelation test also did not prove that there was an autocorrelation because Durbin-Watson value was  $>2.00$ . Based on multicollinearity test to determine whether each independent variable was linearly related or correlated with each other, the VIF value was  $<10$  so it stated that there's no multicollinearity. Heteroscedasticity test to check whether regression model had the same error diversity or not, it showed that there is no heteroscedasticity because the points spread above and below the number 0 on the Y axis and do not describe a clear pattern (the points were spread out). This research has also been declared to have passed ethical review through a certificate from the Health Research Ethics Commission, Faculty of Public Health, Diponegoro University with Number 335/EA/KEPK-FKM/2021

## RESULTS AND DISCUSSION

Based on its characteristics, it was known that majority of respondents were female (61.7%), the most were in the age range of 36 to 45 years (41.3%) with details of 20.4% in the 36-40 year old range and 20.9% in the 41-45 year old range. Most of respondents had a high school education or equivalent (91.9%), had visited the PHC more than two times, namely for three times (62%) and more than three times (31.6%). Regarding marital status, the majority were married (58.1%). Most of the respondents have also registered BPJS (agency of health social security) membership, where the PBI (beneficiary of contribution) group dominates (38%).

Based on the variables studied, it was known that most of respondents have good knowledge (52.1%), with perceptions related to health workers ability who were also good (54.2%). A total of 56.9% respondents thought that infrastructure at the PHC was classified as good with good quality health services (52.4%). Regarding the service waiting time, as many as 51.2% said it was not too long or short. As many as 51.8% of respondents have a good perception of illness and 57.5% have the intention of making repeated visits.

If viewed from the value of central tendency, it was known that mean score of knowledge was 76.53 (SD 10.65), the mean score of the health workers ability was 37.77 (SD 6.38), the mean score of infrastructure facilities was 43.90 (SD 6.02), the mean score of service quality was 62.96 (SD 8.06), the mean score of waiting time was 27.25 (SD 12.87) and perception with mean score of 32.61 (SD 7.05). In variable of intention to make revisit health services, the mean score was 37.88 and the SD was 6.07. Table 1 illustrate the cross-table analysis between independent variables and dependent variable which showed that outpatients belonging to the group with low revisit intentions, who have less knowledge, have a higher percentage than respondents with good knowledge. There was a tendency for outpatients with less knowledge, their intention to revisit was low also. The same pattern also seen for the variables of health workers ability, infrastructure, service quality, waiting time and perception. Based on the influence test conducted using simple linear regression, the p value  $<0.05$  was obtained, except for the effect of perception on revisit health services intention because the p value = 0.998 ( $p > 0.05$ ). Statistically it could be concluded that partially there was significant effect of knowledge, ability of health workers, infrastructure, quality

of services and waiting time on intention to revisit health services to health centers during Covid-19 pandemic. The

perception variable proved to have no effect on the intention to revisit.

**Table 1**  
**Cross Tabulation of Independent Variables with Intention of Revisit Health Services at the PHC**

Variables	Intention of Revisit				Amount		p-value
	Low		High		F	%	
	F	%	F	%			
<b>Knowledge</b>							
Less	84	52.8	75	47.3	159	100.0	0.000
Good	57	32.9	116	67.1	173	100.0	
<b>Health Workers Ability</b>							
Less	88	57.9	64	42.1	152	100.0	0.000
Good	53	29.4	127	70.6	180	100.0	
<b>Infrastructre</b>							
Less	83	58.0	60	42.0	143	100.0	0.000
Good	58	30.7	131	69.3	189	100.0	
<b>Service Categories</b>							
Less	86	54.4	72	45.6	158	100.0	0.000
Good	55	31.6	119	68.4	174	100.0	
<b>Waiting Time</b>							
Long	75	46.3	87	53.7	162	100.0	0.000
Short	66	38.8	104	61.2	170	100.0	
<b>Perception</b>							
Less	78	48.8	82	51.3	160	100.0	0.998
Good	63	36.6	109	63.4	172	100.0	

To find out the effect and the value of linear equation of independent variables partially on the dependent variable, it could be seen in Table 2. The results of regression test of knowledge variable on the intention to revisit health services showed a coefficient value of 0.175 and a constanta 24,510 so the regression equation formula was  $Y = \text{constanta} (24,510) + (0.175X^1)$  which means that every 1% addition of knowledge will increase the intention to revisit health services at PHC by 0.175 times bigger. It's proven that there was an effect of knowledge on the intention to revisits with a large effect of 9.4%. The results of regression test for variable of health workers ability obtained a constanta value of 28.125 and a regression coefficient of 0.273, which means that each additional 1% of the health workers ability would increased the intention to revisit 0.273 times with a large effect of 8.2% with the regression equation  $Y = \text{constanta} (28.125) + (0.273X^2)$ . An increase of 1% in infrastructure

would increased the intention to revisit by 0.410 times greater with a large effect of 16.8% with the regression equation  $Y = \text{constanta} (19.887) + (0.410X^3)$ . In test of the effect of service quality, the constanta value acquired was 18.794 and the regression coefficient was 0.307 so that it could be interpreted that every 1% addition of service quality could increasing repeated visits by 0.307 times with an effect of 16.7% (with the regression equation  $Y = 18.794 + 0.307X^4$ ). Likewise for the results of the equation test on the effect of waiting time on the intention to revisit which showed the regression equation  $Y = 34,223 + 0,134X^5$ , which it means that every 1% improvement in service waiting time will increased the intention to revisit health services by 0.134 with a large effect of 8.1%. Table 2 also proved that there's no effect of perception on the intention to revisit health services at the PHC.

**Table 2**  
**The Partial Analysis of Independent Variables Effect on Intention to Revisits Health Services to the PHC**

Variables	Constant Value	Coefficient Value	Sig.	R <sup>2</sup> Value
Knowledge	24,510	0,175	0,000	0,094
Workers Ability	28,125	0,273	0,000	0,082
Infrastructure	19,887	0,410	0,000	0,168
Quality of Service	18,794	0,307	0,000	0,167
Waiting Time	34,223	0,134	0,000	0,081
Perception	0,000	0,000	0,998	0,000

To see the overall effect of independent variables on the intention to revisit health services, a multiple linear regression test was performed with enter method. In the first modeling, all variables were included except for perception variable ( $p > 0,25$ ). The results showed that knowledge variable was not significant so it was excluded from multivariate modeling. The final results of the test could be

seen in Table 3 which showed only 4 (four) variables that were simultaneously proven affected the intention to revisit health services at public health center, namely: the health workers ability, infrastructure, service quality and waiting time with a total effect of 27.7%. From the test results obtained the equation was  $Y = 11.083 + 0.146X^2 + 0.276X^3 + 0.106X^4 + 0.104X^5$  which means that the intention to revisit

PHC was 11,083 greater if all variables were assumed to be constant (0). With an increase in each independent variable of 1%, the intention to return to the PHC services will also increase by:  $11.083 + 0.146$  (knowledge)  $+ 0.276$  (infrastructure)  $+ 0.106$  (quality of service)  $+ 0.104$  (waiting time). The better of knowledge, infrastructure, services quality and shorter waiting times, the greater opportunity for increased revisits health services of out patients to the health center.

Intention was the driving force that causes a person to pay attention to an object. The intention to revisit was a form of patient behavior to come back, give positive word of mouth, stay longer than expected, and shop more than expected (Wulanjani & Derriawan, 2017). A person's intentions were determined because of an attitude that describes a person's desire to behave based on their beliefs and evaluations of the results that will be generated, important norms and subjective norms in the form of person's perception of what other people think (Arafat & Mohamed Ibrahim, 2018). Patient satisfaction with services will affect patient interest in determining the place of health service for repeat visits (Siripipatthanakul & Bhandar, 2021). Patient satisfaction occurred when the perceived services was

as expected (expected service), but if it's lower then it's perceived as the services quality of health facility was bad or not good (Permana et al., 2019). If the services obtained meet the patient's expectations, it will generate interest and intentions to reuse that health service facility (Febriawati et al., 2022). The results of this study were in line with study in Padang City that quality of service affected the intention to revisit at Ibnu Sina Hospital. Perceptions of quality affected the interest in revisiting BPJS patients to Specialist Polyclinic, where the performance quality resulting from specialist polyclinic services provided was positive for patients who have utilized that services, thus creating high dependence on willingness to reuse it (Faaghna et al., 2019). The availability of facilities and infrastructure were factors that encourage and motivate people to take advantage of health services or another treatment efforts. Services with incomplete health facilities will make people choose other places that were felt to have more complete facilities. This study also in line with study at Surya Insani Hospital Pasir Pengaraian Riau which proved that availability of poor facilities tends to be 0.185 times more likely having an effect on dis-interest of patients revisiting in the hospital (Satria negara et al., 2016).

**Table 3**  
**Multivariate Analysis of the Effect of Independent Variables on Intentions to Revisits Health Services at Health Center**

	Coefficient Value (B)	SE	t Value	Sig.	R <sup>2</sup> Value
(Constant)	11,083	2,564	4,323	0,000	0,277
Workers Ability (X <sup>2</sup> )	0,146	0,048	3,029	0,003	
Infrastructure (X <sup>3</sup> )	0,276	0,063	4,371	0,000	
Service Quality (X <sup>4</sup> )	0,106	0,030	2,126	0,034	
Waiting Time (X <sup>5</sup> )	0,104	0,023	4,576	0,000	

Waiting time is the total time a patient spends waiting for outpatient services at PHC from registration to getting an examination by a doctor or other health worker. Long waiting times reduce patient satisfaction which causes patients to seek other health services that were considered faster and better (David et al., 2014). The study results were also in line with study of Insani et-al at the Eye Polyclinic of William Booth General Hospital in Semarang regarding waiting times which showed that long waiting times cause discomfort to patients, because they will feel very bored and even frustrated in waiting for get services which could affected satisfaction and intention to revisit. At the other hand, long waiting times could cause feelings of tightness, angry, irritation and boredom (Insani et al., 2020). The study at the Outpatient Unit of Indramayu Public Hospital also showed that the length of waiting time was due to performance of health workers in providing outpatient care which includes a lack of discipline in starting and ending services to all patients, a lack of cooperation sense between health workers in providing services, and low awareness of health workers about the importance of guarantee service waiting time for patient services in outpatients units, so efforts were needed increasing the discipline of health workers so that health workers could provide services quickly and accurately (Laeliyah & Subekti, 2017). The research at first-level health facilities in Dubai was stated that there was a need for leaders role and managers who were responsible for solving waiting time problems in a planned manner and reducing patient complaints while waiting with a policy of making advance appointments for getting services (Aburayya et al., 2020). Online queuing services (e-health) were able creating access to efficiency

and effectiveness of service process and break long queues at the PHC, because patients could estimated arrival times at PHC so there's no need to wait for long queues (Prabowo et al., 2020).

Health workers who have good communication with patients and the availability of competent health workers were reinforcing factors for patients to revisit healthcare places to get treatment (Darkwa et al., 2015). This study was in line with study at RSIA PKU Muhammadiyah Cipondoh regarding the interest in outpatient visits which stated that there was a relationship between the quality of nursing services regarding dimensions of tangible physical evidence, reliability, responsiveness, assurance and empathy with interest in repeated visits (Habibi et al., 2020). Accessibility, attitudes, and interpersonal problems could affected the visits to health services, even though a person was hindered by accessibility (distance and cost) but if they had a good attitude towards services where these attitudes were formed due to experiences related to waiting times, service quality, perceptions of preventive services and medical interventions and also supported by good interpersonal support, including relationships with health care providers would encouraged someone to make repeated visits (Andrew et al., 2014). The existence of good services provided by health workers makes people willing to make repeat visits because they were satisfied. Good service needs to be provided starting from the registration process to carrying out examination actions and the treatment process according to the code of ethics and service standards set (Akbar et al., 2020). The quality of PHCs services need to be continuously improved, especially in aspects that were the main priority, such as the comfort of waiting room, providing disease information and medical

action information by health officers clearly, medical services, health officers skill, speed of handling complaints, and employee empathy in giving patients the opportunity submitted their complaints, so that later it will have an impact on increasing interest in patient visits for treatment and checking their health again at PHC (Suryani & Arini, 2020). Study at Leyangan Health Center in Semarang District showed that health workers who were less friendly and less concerned about the patient's conditions were able to influence the low community interest in seeking treatment at the PHC (Taekab et al., 2019). It was necessary to discipline and empowering health workers by conducting skills training and improving job services to improve the quality of officers in providing health services (Backhouse & Ogunlayi, 2020).

Perception was a long process from sensing to giving meaning, both regarding health care and about psychological well-being (Thersya & Batlajery, 2019). Illness perception was person's assessment of illness as a direct experience, which was different for each person because it was influenced by physical, social and mental factors that produce illness conditions which were also influenced by affective, cognitive and interpersonal (Pillay et al., 2014). This research was in line with study at Padang Selasa Health Center which stated that there was no relationship between perception of pain and the use of health services for JKN participants (Pebriani, 2021). In society there were various concepts of health and illness, the difference usually in concept of disease with feel of sick, where people who were actually affected by the disease but do not feel sick, people tend to think sick when lying weak and unable to carry out activities, and health was a condition where person condition was functioning properly starting from physical, mental, social and even spiritual so that they were able carrying out activities and express their potential in the environment where they live (Svalastog et al., 2017). In this study, respondents who did not have intention to revisit PHCs due to fear of contracting Covid-19 and prefer to seek treatment at the nearest clinic. Factors of fear and anxiety were indicators that influence patient behavior. It was in line with study in Australia which stated that there were differences in the level of anxiety in patients who had been given knowledge about breast cancer and those who doesn't, so it could be concluded that providing knowledge to patients can reduce patient anxiety (Jimenez et al., 2018).

Knowledge was result of knowing and occurred after a person have sensed an object so that it could influenced a person's perception to be different (Abdel Wahed et al., 2020). The higher of person's knowledge about health, the more they needed a health service center, because the increasing knowledge insight would increased awareness that health was important factors so they were motivated to make visits (Kamo et al., 2018). This study wss in line with study on the interest in revisits of pregnant mothers at Karangany Health Center, where knowledge about antenatal care could increasing interest of pregnant mothers in re-checking their pregnancies, because they feel that when they check their pregnancy at PHC they were given information about health conditions and fetal growth and development and could find out health conditions periodically (Suryani & Arini, 2020). Study at Barrang Lompo Health Center in Makassar City also proved that patients who have good education and knowledge and have a good level of understanding about health services will be motivated to reuse PHC services (Munawar, 2017). Therefore, it was necessary to health workers support, including cadres to improve their cognitive aspects, such as perceptions,

knowledge, and beliefs about something so as not to cause misunderstandings and wrong perceptions in community, including for patients. In addition, interaction with peer groups have also been shown increasing knowledge, perceptions and beliefs (Oktadevi et al., 2021). Knowledge and perception of health services was the key factors to health services utilization.

## CONCLUSIONS AND SUGGESTIONS

Most of respondents have a high intention to make revisits health services at public health centers. Factors of knowledge, ability of health workers, facilities and infrastructure, quality of services and waiting time partially affected the intention to revisit at PHC. While waiting time, infrastructure, ability of health workers and quality of service were predictors for revisit intentions with an overall effect of 27.7% because it's proven that these four variables together affect revisit intentions. Health centers need to develop an online queuing mechanism to reduce waiting times and gradually equip infrastructure and improve service quality through the discipline of health workers. There was a need for further research related to service quality and perception of illness with revisitsat PHCs.

## ETHICAL CONSIDERATIONS

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