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DETERMINANT FACTORS OF INPATIENT REVISIT INTENTION BASED ON SERVICE QUALITY

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ABSTRACT
Hospital services constitute a critical sector within the healthcare system, and the proliferation of hospitals — particularly in Tuban, East Java — has intensified competition among providers. To attract and retain patients, hospitals must deliver high-quality services capable of generating satisfaction. Patient revisit intention, a key indicator of loyalty and hospital sustainability, is substantially shaped by patients' perceptions of service quality dimensions. Inpatient visits at RS Nahdlatul Ulama (RSNU) Tuban declined over the three-year observation period, while inpatient complaints increased by 20.7% of total hospital complaints in 2021, raising concerns about future patient retention. This study aims to identify determinant factors of inpatient revisit intention based on service quality dimensions at RSNU Tuban. A quantitative cross-sectional design was employed. The study population comprised 911 inpatients, from which 278 participants were recruited through purposive sampling. Data were collected via structured questionnaires whose validity (Pearson product-moment correlation) and reliability (Cronbach's alpha, α = 0.758–0.806) had been confirmed and analysed using univariate, bivariate (Chi-square), and multivariate (binary logistic regression) approaches at a significance level of $\alpha = 0.05$. Three service quality dimensions — tangibles ($p = 0.001$), reliability ($p = 0.000$), and assurance ($p = 0.005$) — demonstrated statistically significant associations with revisit intention. The assurance dimension exhibited the strongest influence, with the highest odds ratio (OR = 1.401). The responsiveness and empathy dimensions did not reach statistical significance. Tangibles, reliability, and assurance are significant determinants of inpatient revisit intention at RSNU Tuban. Assurance constitutes the most influential dimension, underscoring the importance of patients' trust, perceived competence, and safety in shaping their willingness to return.

Keywords: assurance; inpatient care; revisit intention; service quality; SERVQUAL

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INTRODUCTION

Hospital services are among the most socially consequential domains of service delivery, and their quality has direct implications for patient outcomes, institutional sustainability, and public trust. Pursuant to Indonesian Law No. 44 of 2009 on Hospitals, healthcare institutions are mandated to provide comprehensive, equitable, and high-quality services encompassing inpatient, outpatient, and emergency care (Ministry of Health Republic of Indonesia, 2009). In an era of intensifying healthcare market competition, service quality has emerged as a strategic imperative rather than a regulatory obligation.

The globalisation of healthcare has compelled hospitals to orient their operations around patient satisfaction as a mechanism for retaining existing patients, attracting new ones, and sustaining institutional viability (Prasetya & Suhita, 2017). The relationship between perceived service quality and patient satisfaction is well-established in the literature: when delivered service meets or exceeds patient expectations, favourable behavioural intentions — including revisit intention — are more likely to materialise (Mishbahuddin, 2020). This dynamic is particularly relevant in the context of

inpatient care, where prolonged provider–patient interaction creates multiple touchpoints for quality assessment.

The SERVQUAL model, developed by Parasuraman et al. (1988) and operationalised across five dimensions — tangibles, reliability, responsiveness, assurance, and empathy — remains the dominant framework for measuring service quality in healthcare settings (Tjiptono & Chandra, 2016). Each dimension captures a distinct aspect of the service encounter: tangibles reflect the physical environment and equipment; reliability concerns the accurate and dependable delivery of promised services; responsiveness denotes staff willingness to assist and respond promptly; assurance encompasses staff competence, courtesy, and trustworthiness; and empathy refers to individualised care and understanding.

Revisit intention, broadly conceptualised as a patient's willingness to return to the same healthcare facility for future needs, is a critical construct in hospital management. It reflects not merely satisfaction but a behavioural commitment indicative of loyalty (Oliver, 1999 as cited in Dona, 2019). Previous research has identified service quality as a primary antecedent of revisit intention, though the relative importance of specific SERVQUAL dimensions varies across contexts (Habibi et al., 2019; Ginting et al., 2021; Veronica, 2021).

RS Nahdlatul Ulama (RSNU) Tuban is a type-C private hospital in Tuban Regency, East Java, with 136 inpatient beds. Institutional data revealed a troubling trajectory: inpatient visits declined by 15% between 2020 and 2021, while inpatient complaints rose to 20.7% of all hospital complaints in the same year. Qualitative complaint records identified concerns spanning multiple SERVQUAL dimensions, including physician communication patterns, nurse responsiveness, ward cleanliness, and facility maintenance. A preliminary survey of ten patient families corroborated these findings, with 10% explicitly expressing unwillingness to return. Against this backdrop, the present study was designed to systematically examine which service quality dimensions function as determinants of inpatient revisit intention at RSNU Tuban, and which dimension exerts the greatest influence. The findings are intended to provide evidence-based guidance for quality improvement prioritisation in the hospital's inpatient setting.

METHOD

This study employed a quantitative approach with a cross-sectional design. Data were collected from inpatients at RSNU Tuban during the period January–March 2023. The study population consisted of 911 inpatients, derived from the monthly average of inpatient admissions from August to October 2022. Sample size was determined using the Slovin formula at a margin of error of 5%, yielding a minimum required sample of 278 participants. Participants were recruited via purposive sampling according to the following inclusion criteria: (1) newly admitted patients who had received at least two days of inpatient care, or patients being discharged following completion of treatment; (2) patients or accompanying family members willing to participate; (3) adult family members or legal guardians capable of providing informed responses; and (4) exclusion of patients from the Intensive Care Unit or those receiving specialised medical procedures.

Data collection utilised a structured self-administered questionnaire comprising two instruments. The service quality instrument consisted of 43 items distributed across five SERVQUAL dimensions: tangibles (10 items), reliability (10 items), assurance (10 items), responsiveness (7 items), and empathy (6 items). Items were scored on a four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree), with reverse scoring applied to negatively worded items. The revisit intention variable was assessed with a single binary item (yes/no) based on the Guttman scale. Instrument validity was assessed using Pearson product-moment correlation against an r-table value of 0.361 ($n = 30$, $\alpha = 0.05$). All 43 items demonstrated r-values exceeding the threshold, confirming validity. Reliability was confirmed via Cronbach's alpha coefficients for each subscale:

tangibles (α = 0.758), reliability (α = 0.767), assurance (α = 0.774), responsiveness (α = 0.782), and empathy (α = 0.806), all surpassing the accepted minimum of 0.60.

Continuous SERVQUAL subscale scores were dichotomised at the median into 'good' and 'poor' categories for inferential analysis. Statistical analysis proceeded in three stages. Univariate analysis described the distribution of each variable. Bivariate analysis employed Pearson Chi-square tests to examine associations between each service quality dimension and revisit intention. Variables achieving $p < 0.25$ at bivariate stage were entered into a binary logistic regression model for multivariate analysis. The variable with the highest odds ratio in the final model was identified as the dominant determinant. All analyses were conducted using SPSS software at a significance threshold of α = 0.05. Ethical approval was obtained from the institutional ethics committee prior to data collection (Approval No. 015/05/VI/EC/KEP/UNIK/2022, Research Ethics Committee, Universitas Kadiri).

RESULT

Respondent Characteristics

The sample comprised 278 inpatients or their accompanying family members. Female respondents constituted the majority (54.7%), and the most prevalent age group was 31–40 years (29.5%). Secondary education (SMA) was the most common educational attainment (39.9%), and wiraswasta (self-employment) was the predominant occupational category (26.6%). Full demographic characteristics are presented in Table 1.

Table 1.
Sociodemographic characteristics of respondents (n = 278)

Characteristic	f	%
Sex		
Male	126	45.3
Female	152	54.7
Age group (years)		
< 30	70	25.2
31–40	82	29.5
41—50	70	25.2
51—60	35	12.6
> 60	21	7.6
Education		
No formal schooling	6	2.2
Primary (SD)	30	10.8
Junior secondary (SMP)	48	17.3
Senior secondary (SMA)	111	39.9
Diploma/Bachelor's degree	83	29.9
Occupation		
Farmer	34	12.2
Self-employed (Wiraswasta)	74	26.6
Private-sector employee	52	18.7
Homemaker (IRT)	64	23.0
Other	54	19.4

Service Quality Perceptions and Revisit Intention

Table 2.
Distribution of service quality perceptions and revisit intention (n = 278)

Variable	f	%
Tangibles		
Poor	112	40.3
Good	166	59.7
Reliability		
Poor	136	48.9
Good	142	51.1

Variable	f	%
Assurance		
Poor	139	50.0
Good	139	50.0
Responsiveness		
Poor	188	67.6
Good	90	32.4
Empathy		
Poor	198	71.2
Good	80	28.8
Revisit intention		
No	121	43.5
Yes	157	56.5

Univariate analysis revealed that the majority of respondents rated tangibles (59.7%) and reliability (51.1%) as good, while assurance was rated good by exactly half (50.0%) of the sample. In contrast, responsiveness (67.6%) and empathy (71.2%) were predominantly rated as poor. Regarding the outcome variable, 56.5% of respondents indicated a willingness to revisit RSNU Tuban for future inpatient care (Table 2).

Bivariate and Multivariate Analysis

Chi-square tests indicated statistically significant associations between revisit intention and three SERVQUAL dimensions: tangibles (p = 0.003), reliability (p = 0.003), and assurance (p = 0.001). Among respondents who rated tangibles as good, 63.9% expressed revisit intention, compared to 45.5% among those rating it poorly. For reliability, 71.8% of respondents with good perceptions reported revisit intention versus 47.8% among those with poor perceptions. The assurance dimension showed 66.2% revisit intention among those with good perceptions versus 46.8% among those with poor perceptions. Responsiveness (p = 0.181) and empathy (p = 0.068) did not achieve statistical significance (Table 3).

Table 3.
Bivariate analysis: service quality dimensions and revisit intention

Dimension	Revisit: Yes n (%)	Revisit: No n (%)	Total n (%)	p-value
Tangibles – Good	106 (63.9)	60 (36.1)	166 (100)	0.003*
Tangibles – Poor	51 (45.5)	61 (54.5)	112 (100)	
Reliability – Good	102 (71.8)	40 (28.2)	142 (100)	0.003*
Reliability – Poor	65 (47.8)	71 (52.2)	136 (100)	
Assurance – Good	92 (66.2)	47 (33.8)	139 (100)	0.001*
Assurance – Poor	65 (46.8)	74 (53.2)	139 (100)	
Responsiveness – Good	56 (62.2)	34 (37.8)	90 (100)	0.181
Responsiveness – Poor	101 (53.7)	87 (46.3)	188 (100)	
Empathy – Good	52 (65.0)	28 (35.0)	80 (100)	0.068
Empathy – Poor	105 (53.0)	93 (47.0)	198 (100)	

*Statistically significant at $p < 0.05$

Table 4.
Binary logistic regression: determinants of inpatient revisit intention

Dimension	B	SE	Wald	p-value	OR (95% CI)
Tangibles	0.263	0.396	10.441	0.001*	1.301 (0.60–2.83)
Reliability	0.301	0.392	19.591	0.000*	1.352 (0.63–2.92)
Assurance	0.337	0.468	7.518	0.005*	1.401 (0.56–3.51)
Responsiveness	0.127	0.313	0.166	0.684	1.136 (0.62–2.10)
Empathy	0.305	0.327	0.871	0.351	1.356 (0.72–2.57)
Constant	−1.039	0.294	12.485	0.000	—

*Statistically significant at $p < 0.05$; B = regression coefficient; SE = standard error; OR = odds ratio; CI = confidence interval

Binary logistic regression was conducted incorporating all five SERVQUAL dimensions. Results confirmed that tangibles (B = 0.263, p = 0.001, OR = 1.301), reliability (B = 0.301, $p < 0.001$, OR = 1.352), and assurance (B = 0.337, p = 0.005, OR = 1.401) retained independent significant

associations with revisit intention. Responsiveness (OR = 1.136, p = 0.684) and empathy (OR = 1.356, p = 0.351) were non-significant in the multivariate model. The positive B coefficients across all significant dimensions indicate that better perceived service quality increases the probability of revisit intention. Assurance emerged as the dominant determinant, carrying the highest OR value (Table 4).

DISCUSSION

Tangibles and Revisit Intention

The significant association between the tangibles dimension and inpatient revisit intention (p = 0.003, OR = 1.301) in the present study aligns with findings from multiple prior investigations in comparable healthcare contexts. Puji et al. (2020) reported a significant relationship between tangibles and revisit intention at RS Bhineka Bakti Husada (p = 0.01), while Veronica (2021) identified tangibles as a predictor of revisit intention in a general hospital inpatient setting (p = 0.002, OR = 14.476). Similarly, Sari et al. (2017) and Habibi et al. (2019) demonstrated that tangibles significantly predict patients' willingness to return in outpatient and specialised hospital contexts.

Physical evidence constitutes the most visually immediate dimension of service quality assessment. Patients use tangible cues — including the cleanliness and comfort of wards, the condition of beds and sanitary facilities, staff appearance, and the availability of medical equipment — as proxies for overall service quality when intangible dimensions are difficult to evaluate directly (Tjiptono & Chandra, 2016). In the inpatient context, where patients are confined to the physical environment for extended periods, these cues become particularly salient. The present study's complaints data substantiate this interpretation, with recurring grievances about ward cleanliness, malodorous bathrooms, and non-functional amenities. Healthcare institutions seeking to improve revisit rates should therefore treat environmental quality as a strategic, rather than purely operational, concern.

Reliability and Revisit Intention

Reliability demonstrated a statistically significant association with revisit intention (p = 0.003, OR = 1.352), with 71.8% of patients rating this dimension favourably also expressing revisit intention. This finding is consistent with the broader literature. Veronica (2021) found a significant reliability–revisit intention relationship in an inpatient context (p = 0.001), and Gobel et al. (2019) reported a similar association in a primary care setting (p = 0.023). Aprilia et al. (2022) likewise documented a significant reliability–revisit intention link in a dental clinic context (p = 0.003).

Reliability, operationally defined as the accurate, consistent, and timely delivery of promised services, is a foundational component of trust in healthcare relationships. When physicians adhere to visitation schedules, nurses execute clinical tasks correctly and in a timely manner, and nutritional staff provide appropriately tailored dietary counselling, patients develop confidence in the institution's technical competence. This confidence, when positively established, translates into willingness to re-engage with the institution for subsequent healthcare needs. Conversely, inconsistencies in service delivery — such as irregular physician rounds and delayed nursing responses reported in RSNU's complaint data — erode trust and depress revisit intention. Standardised operating procedures, clinical governance mechanisms, and staff accountability systems are therefore likely to be productive interventions for improving this dimension.

Assurance as the Dominant Determinant

The assurance dimension exhibited the strongest association with revisit intention across both bivariate (p = 0.001) and multivariate analyses (OR = 1.401), designating it as the most influential determinant. Respondents with favourable assurance perceptions were 1.4 times more likely to express revisit intention than those with poor assurance perceptions. This finding resonates with research by Ginting et al. (2021), who found assurance to be a significant independent predictor of

outpatient revisit intention ($p < 0.05$), and by Yassir et al. (2023), who identified assurance as a significant predictor in a clinical setting ($p = 0.011$). Pajow et al. (2017) similarly reported a significant assurance–revisit intention relationship in a primary care context ($p = 0.000$). More recently, Rahmatia et al. (2025), in a cross-sectional study of inpatients at a regional hospital in Indonesia, found that assurance was the second-strongest predictor of patient satisfaction among all five SERVQUAL dimensions ($\beta = 0.502$, $p < 0.001$), corroborating the centrality of assurance identified in the present study.

Assurance encapsulates the patients' perception of provider competence, courtesy, and trustworthiness — elements that assume heightened significance in inpatient care, where clinical vulnerability is amplified and patients depend heavily on providers for information, decision-making, and safety. When physicians communicate procedural details before undertaking clinical interventions, consistently wear appropriate personal protective equipment, and engage patients and families in a respectful and explanatory manner, patient anxiety is attenuated and trust is cultivated. This trust, once established, functions as a powerful driver of loyalty and return behaviour. The primacy of assurance in the present model underscores a broader principle in healthcare quality management: technical and interpersonal competence, when reliably demonstrated, may compensate for deficiencies in other service dimensions.

Non-Significant Dimensions: Responsiveness and Empathy

Neither responsiveness ($p = 0.181$) nor empathy ($p = 0.068$) demonstrated statistically significant associations with revisit intention in this study. These results are consistent with those reported by Mardianingsih and Tamri (2018), who found no significant association between either dimension and revisit intention in a primary care clinic context, and Lela et al. (2020), who similarly reported a non-significant responsiveness–revisit intention relationship ($p = 0.48$). Rahmiati and Temesvari (2020) reported analogous null findings for responsiveness ($p = 0.858$) and empathy ($p = 0.833$) in a general hospital outpatient context. Notably, findings on which dimensions matter most are not uniform across settings: Sharka et al. (2024), examining revisit intention at a dental teaching hospital, found that tangibles, reliability, and assurance were non-significant once responsiveness, cost-effectiveness, and staff-related factors were accounted for, underscoring that the relative salience of SERVQUAL dimensions is context-dependent.

These findings do not imply that responsiveness and empathy are inconsequential to patient experience; rather, they suggest that these dimensions may not function as primary drivers of revisit decision-making when other more fundamental factors — such as perceived competence and reliability — are accounted for. Several explanatory mechanisms may account for this finding. Need-driven healthcare utilisation — whereby patients return to the same facility irrespective of responsiveness perceptions simply because of illness recurrence or limited alternatives — may attenuate the responsiveness–revisit intention relationship (Pratiwi & Raharjo, 2017). The non-significance of empathy may reflect inter-patient heterogeneity in its evaluation, as perceptions of personalised care are highly subjective and contingent on individual expectations, cultural background, and communication styles. Furthermore, the majority-poor ratings for both dimensions (67.6% for responsiveness, 71.2% for empathy) suggest that, while these dimensions are areas for improvement, they may currently be so uniformly suboptimal that their variance does not discriminate between patients who intend to revisit and those who do not. Sustained improvement in both dimensions remains a management priority for improving overall quality of care.

Limitations

This study is subject to several limitations. The cross-sectional design precludes causal inference; associations identified should be interpreted as directional rather than definitively causal. The single-item binary measure of revisit intention may not fully capture the multidimensional nature of behavioural intentions. Furthermore, purposive sampling introduces potential selection bias, as

patients who agreed to participate may systematically differ from those who declined. Future research employing prospective designs, validated multi-item revisit intention instruments, and random sampling strategies would strengthen the evidence base.

CONCLUSION

This study identified tangibles, reliability, and assurance as statistically significant determinants of inpatient revisit intention at RS Nahdlatul Ulama Tuban. Of these, assurance — encompassing provider competence, courtesy, and the cultivation of patient trust — emerged as the most influential dimension, indicating that patients' confidence in their caregivers is the foremost driver of return behaviour in this context. Responsiveness and empathy, while rated poorly by the majority of respondents, did not reach statistical significance as determinants of revisit intention. These findings contribute to the empirical literature on healthcare service quality by delineating dimension-specific effects in an Indonesian private inpatient setting, and they offer a prioritisation framework for hospital management: strategic investment in assurance-enhancing practices — including clinical competence development, physician communication training, and systematic use of informed consent protocols — alongside improvements in physical environment quality and service consistency, is most likely to improve patient retention and institutional sustainability.

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