

BEYOND ADOPTION: FACTORS INFLUENCING TELEMEDICINE USAGE RETENTION AMONG PATIENTS IN BALI AND WEST NUSA TENGGARA, INDONESIA

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Article History:

Received: 31/03/2026

Accepted: 19/08/2026

Available Online: 31/08/2026

ABSTRACT

The COVID-19 pandemic accelerated the adoption of telemedicine as an alternative mode of healthcare delivery. In the post-pandemic period, however, continued telemedicine use is no longer driven by situational constraints but by patients' evaluations of service value. Evidence on telemedicine usage retention in regions with heterogeneous healthcare access remains limited. This study examines the factors influencing patients' decisions to retain telemedicine use in the post-pandemic context in Bali and West Nusa Tenggara. A quantitative cross-sectional study was conducted involving 102 patients selected through purposive sampling based on their prior telemedicine experience. Data were collected using a structured questionnaire and analyzed using multiple linear regression to assess the effects of service provider quality, price, ease of use, availability of healthcare professionals, supporting facilities, promotion, and distance to healthcare facilities on telemedicine usage retention. The results show that all variables jointly have a significant effect on telemedicine usage retention ($p < 0.001$), explaining 53.39% of the variance. Service provider quality emerged as the strongest determinant (27.19%), followed by price (5.94%), ease of use (5.51%), availability of healthcare professionals (5.40%), distance to healthcare facilities (4.59%), supporting facilities (3.59%), and promotion (1.16%). These findings indicate that telemedicine usage retention is shaped by service-related, technological, and geographical factors. This study concludes that sustaining telemedicine use beyond the pandemic requires prioritizing service provider quality alongside affordability, usability, and access considerations. Telemedicine providers and hospitals should strengthen provider competence and integrate telemedicine into routine care pathways to support long-term utilization.

Keywords: *telemedicine, usage retention, patient decision-making, post-pandemic healthcare*

INTRODUCTION

The COVID-19 pandemic accelerated telemedicine utilization in

Indonesia, with the number of users increasing from approximately 2 million in 2019 to 20 million in 2020 and providers

handling more than 145,000 consultations per day during peak periods^{1, 2}. However, this rapid growth was largely driven by emergency conditions^{3, 4}. As face-to-face healthcare services resumed, the key challenge shifted from encouraging initial adoption to determining whether patients would continue using telemedicine voluntarily. Despite this shift, evidence on post-pandemic telemedicine retention remains limited because previous studies have largely focused on initial adoption and behavioral intention. As a result, the factors that sustain telemedicine use beyond emergency conditions remain insufficiently understood.

Understanding telemedicine retention is particularly important in Indonesia, where geographical barriers and the unequal distribution of healthcare resources continue to restrict access in remote and underserved areas. If telemedicine can be sustained beyond the pandemic, it may provide stronger evidence for investors, healthcare providers, government institutions, and policy-makers to expand digital health services to these populations⁵.

Bali and West Nusa Tenggara were selected because they represent different digital, geographical, and healthcare conditions^{6, 7}. Bali generally has stronger digital connectivity, greater healthcare-resource availability, and more developed service infrastructure, whereas West Nusa Tenggara includes more dispersed communities and more limited healthcare resources⁸. Internet access was approximately 77.56% in Bali and 68.52% in West Nusa Tenggara, while the availability of doctors and specialists was approximately 129 per 100,000 residents in Bali compared with 31 per 100,000 in West Nusa Tenggara⁹. Including both provinces therefore allows the study to capture a

wider range of conditions in which telemedicine may operate. The provinces are not analyzed comparatively; instead, respondents are pooled to identify common factors that may support telemedicine retention across heterogeneous regional settings.

Accordingly, this study examines the factors influencing telemedicine usage retention among patients in Bali and West Nusa Tenggara by integrating service-related, technological, and geographical factors within a single analytical framework. The findings are expected to contribute to the literature on post-adoption digital health behavior and provide preliminary evidence for investment and policy decisions concerning the sustainable expansion of telemedicine, particularly in remote and underserved regions of Indonesia.

METHODS

Study Design and Setting

This study employed a quantitative cross-sectional design to examine the factors influencing patients' decisions to retain telemedicine usage in the post-pandemic period. The research was conducted in the provinces of Bali and West Nusa Tenggara, Indonesia, between November and December 2025, approximately two years after the official revocation of Indonesia's COVID-19 pandemic status, was selected to ensure that usage patterns reflect stable, long-term behavior rather than crisis-driven adoption.

Study Population and Sample

The study population comprised telemedicine users residing in Bali and West Nusa Tenggara who had used telemedicine during the COVID-19 pandemic and continued using it afterward. Because the population size was unknown,

the minimum sample was calculated using the Lemeshow method with a 95% confidence level, a population proportion of 0.50, and a 10% margin of error, resulting in a minimum of 97 respondents. A total of 102 eligible respondents were included. Participants were selected through non-probability purposive and incidental sampling. Respondents had to meet the eligibility criteria, be reachable through digital media, and voluntarily complete the questionnaire.

Data Collection

Data were collected through a self-administered structured questionnaire using Google Forms and distributed to eligible telemedicine users in Bali and West Nusa Tenggara through social media, digital health communities, and other relevant online channels. The questionnaire measured service provider quality, price, ease of use, availability of healthcare professionals, supporting facilities, promotion, and distance to healthcare facilities as independent variables, while telemedicine usage retention was measured as the dependent variable. Validity and reliability tests were conducted before data analysis.

Data Analysis

Data were analyzed using multiple linear regression to examine both the

simultaneous and partial effects of the independent variables on telemedicine usage. The coefficient of determination (R^2) was used to assess the explanatory power of the model, while t-tests and F-tests were applied to evaluate statistical significance. All statistical procedures were processed using SPSS software version 27.0 with the statistical significance at $p < 0.05$.

Ethical Considerations

Participation was entirely voluntary, and informed consent was obtained from all respondents via the digital platform before they accessed the questionnaire. The study ensured respondent anonymity and data confidentiality in accordance with ethical standards for human research. This study was approved by the Ethics Committee of Sangga Buana University with certificate number 022/01-ETIK/XI/2025.

RESULTS AND DISCUSSION

A total of 102 respondents with prior experience in using telemedicine services for medical consultations were included in the analysis. All variables met the validity and reliability criteria, and classical assumption tests indicated no violations of normality, multicollinearity, or heteroskedasticity.

Table 1. Respondent Characteristics (n = 102)

Characteristic	Category	Frequency	Percentage
Gender	Male	37	36.3%
	Female	65	63.7%
Age	20 to 30 years	54	52.9%
	31 to 40 years	35	34.3%
	Above 40 years	13	12.7%
Education	Elementary school	1	1.0%
	Junior high school	5	4.9%
	Senior high school	27	26.5%

Characteristic	Category	Frequency	Percentage
	Diploma, bachelor's degree, or professional degree	50	49.0%
	Master's degree	16	15.7%
	Doctoral degree	3	2.9%
Occupation	Not employed	9	8.8%
	Homemaker	7	6.9%
	Student	14	13.7%
	Government employee, military, or police	20	19.6%
	Private employee	28	27.5%
	Business owner or self-employed	13	12.7%
	Retired	4	3.9%
	Other professional	7	6.9%
Monthly income	Below IDR 1,500,000	11	10.8%
	IDR 1,500,001 to IDR 3,000,000	5	4.9%
	IDR 3,000,001 to IDR 5,000,000	46	45.1%
	IDR 5,000,001 to IDR 10,000,000	30	29.4%
	Above IDR 10,000,000	10	9.8%
Residential area	Urban	51	50.0%
	Suburban	26	25.5%
	Rural	25	24.5%
Payment method	Bank transfer	22	21.6%
	Insurance	15	14.7%
	Credit card	16	15.7%
	Digital wallet	49	48.0%

The respondent profile shows that telemedicine use in this study was more common among women, younger adults, and respondents with middle to higher education. Women represented 63.7% of the sample, while 87.2% of respondents were aged 20–40 years. Nearly half held a diploma, bachelor's, or professional qualification, suggesting that most respondents had sufficient digital and health literacy to use telemedicine services independently^{10–12}.

Most respondents were also economically active, particularly private employees and government, military, or police personnel. The largest income group earned IDR 3,000,001–5,000,000 per

month, indicating that telemedicine utilization was concentrated among middle-income users who may value both affordability and time efficiency^{13–15}.

Telemedicine use was not limited to urban areas. Although 50.0% of respondents lived in urban locations, the remaining 50.0% were distributed across suburban and rural areas. This balance suggests that telemedicine served different needs: convenience and efficiency for urban users, and improved healthcare access for users living farther from conventional health facilities¹³. Digital wallets were the most common payment method, used by 48.0% of respondents, indicating that simple and integrated digital

payment systems may support continued telemedicine use.

Table 2. Pearson Correlation between Independent Variables and Telemedicine Usage Retention

Variables	Pearson r	p-value
Service provider quality	0.512	<0.001
Price	0.200	0.044
Ease of use	0.212	0.032
Availability of healthcare professionals	0.207	0.037
Supporting facilities	0.187	0.060
Promotion	0.073	0.465
Distance to healthcare facilities	0.193	0.051

Table 2 demonstrates that the relationships between the independent variables and telemedicine usage retention fundamentally reflect how patients evaluate risk and value within digital healthcare services. The strongest correlation, observed for service provider quality ($r = 0.512$), indicates that retention is primarily driven by trust and clinical assurance. This finding is consistent with prior studies by Gu et al. (2021) and Mason (2022), which show that service quality, particularly professional competence, communication quality, and patient-centered care, plays a central role in shaping patient satisfaction and subsequent usage intentions^{16, 17}.

In healthcare contexts, patients tend to prioritize professional competence and clarity of communication over other considerations^{18, 19}. Meanwhile, price, ease of use, and availability exhibit lower yet statistically significant correlations, suggesting that these factors function as facilitating conditions rather than primary determinants of continued usage. Patients tend to consider affordability and convenience only after the perceived quality of care meets acceptable standards²⁰. In contrast, the relatively weak correlations of promotion and supporting

facilities imply that, once direct experience has been established, patients' decisions shift away from external influences toward evaluations grounded in actual service encounters. Consequently, promotional efforts become less relevant in sustaining continued use^{21, 22}. Distance to healthcare facilities, although showing a limited correlation, remains relevant as telemedicine continues to serve as a solution to geographical barriers, particularly in regions with constrained access to healthcare services^{23–25}.

Table 3. Regression Model Summary and ANOVA

Source	Sum of Squares	df	Mean Square	F	p-value
Regression	1063.130	7	151.876	15.361	<0.001
Residual	926.680	94	9.858		
Total	1989.810	101			

The regression model is statistically significant ($F = 15.361$; $p < 0.001$) indicating that patients' decisions to continue using telemedicine are not driven by a single factor, but rather by a structured combination of evaluative considerations (see Table 2). Conceptually, this significance can be understood within the

post-pandemic context, telemedicine usage has shifted from forced adoption driven by external constraints (e.g., lockdowns and infection risk) to a value-based decision-making process, in which continuance intention is primarily determined by perceived usefulness, satisfaction, and trust. This indicates that users now actively evaluate the benefits of telemedicine rather than relying on necessity alone^{26, 27}. Consequently, variables such as service quality, price, ease of use, and accessibility

operate simultaneously in shaping patients' overall perceived value²⁸. These findings underscore that enhancing telemedicine retention cannot be achieved through isolated interventions (e.g., merely reducing price or improving features). Instead, a systemic approach is required—one that integrates service quality, accessibility, and user experience—since patients tend to make decisions holistically rather than in a fragmented manner.

Table 4. Multiple Linear Regression Coefficients

Variables	β	t-value	p-value
Service provider quality	0.531	7.390	<0.001
Price	0.297	3.895	<0.001
Ease of use	0.260	3.458	0.001
Availability of healthcare professionals	0.261	3.429	0.001
Distance to healthcare facilities	0.238	3.257	0.002
Supporting facilities	0.192	2.604	0.011
Promotion	0.159	2.164	0.033

All variables exhibit positive and statistically significant effects on telemedicine usage retention, although differences in the magnitude of the coefficients (β) reflect how patients prioritize these factors in their decision-making processes (see Table 3). The dominance of service provider quality ($\beta = 0.531$) can be explained by the inherent uncertainty and high-risk nature of healthcare services, where the quality of clinical interactions becomes the primary basis for establishing patient trust. In contrast, variables such as price, ease of use, and availability ($\beta \approx 0.26$ – 0.30) function as utilitarian enablers that support continued usage but are insufficient to substitute for the fundamental need for high-quality care. The effect of distance ($\beta = 0.238$) suggests that telemedicine continues to serve a structural role in

mitigating geographical barriers to healthcare access. Meanwhile, the relatively smaller coefficients for supporting facilities and promotion indicate that, once direct experience has been established, patients' decisions are increasingly grounded in evaluations of tangible benefits rather than in external stimuli or supplementary features.

Table 5. Regression Model Summary

Statistic	Value
R	0.730
R ²	0.534
Adjusted R ²	0.499
Std. Error of the Estimate	2.63
Sample size (n)	102

The model indicates a reasonably strong explanatory capacity, accounting for

53.4% of the variance in telemedicine usage retention ($R^2 = 0.534$; Adjusted $R^2 = 0.499$), with a substantial correlation coefficient ($R = 0.730$), suggesting that the included variables reflect key determinants of patient behavior (see Table 4). This level of explanatory power suggests that the model successfully incorporates several critical dimensions relevant to digital healthcare contexts, including service quality, economic and technological considerations, and geographical accessibility, which are central to patients' evaluations of telemedicine usage.

The discrepancy between R^2 and Adjusted R^2 , alongside the remaining 46.6% of unexplained variance, reflects that the model has sufficiently captured the principal variables within the defined scope of the study, while acknowledging the presence of additional influencing factors beyond those included. This residual variance is likely associated with unobserved psychological dimensions, such as trust, habit, or prior experience that may further shape patient decision-making.

Subsequently, to examine the relative importance of each determinant, an effective contribution (EC) analysis was performed based on standardized regression coefficients (β) and Pearson correlation coefficients (r).

Table 6. Relative Contribution of Determinants to Telemedicine Usage Retention

Variables	β	r	EC (%)
Service provider quality	0.531	0.512	27.19
Price	0.297	0.200	5.94
Ease of use	0.260	0.212	5.51
Availability of healthcare professionals	0.261	0.207	5.40
Distance to healthcare facilities	0.238	0.193	4.59

Variables	β	r	EC (%)
Supporting facilities	0.192	0.187	3.59
Promotion	0.159	0.073	1.16
Total explained variance			53.39

When examined through effective contribution (EC), the distribution of explained variance in Table 5 reveals that telemedicine usage retention is not governed by a simple additive or linear evaluation process, but rather by a layered, asymmetric decision architecture characterized by dominance, conditionality, and diminishing marginal influence across determinants. The most striking feature of this distribution is the disproportionate contribution of service provider quality (27.19%), which alone accounts for more than half of the total explained variance (53.39%). This concentration of explanatory power indicates that patient decision-making is anchored in a single dominant evaluative axis, rather than distributed evenly across multiple attributes. Conceptually, this reflects a risk-resolution prioritization mechanism, where individuals allocate the majority of cognitive and evaluative weight to attributes that directly mitigate uncertainty regarding outcomes.

In the context of telemedicine, where patients cannot directly verify diagnostic accuracy, treatment appropriateness, and safety before using the service, service provider quality becomes the main factor patients use to judge reliability^{29, 30}. Consequently, this variable operates not as one determinant among many, but as a foundational screening criterion that determines whether telemedicine is even considered a viable option for continued use. This dominant role suggests the presence of a non-compensatory decision

rule at the upper level of the hierarchy, where insufficient perceived quality cannot be offset by improvements in any combination of secondary attributes. This is a critical distinction from many digital service contexts, where trade-offs between price, convenience, and features are often acceptable^{31, 32}. In contrast, the effective contribution structure observed here implies that telemedicine retention is governed by a threshold-based inclusion logic, where service provider quality defines a minimum acceptable standard. Only after this threshold is satisfied does the decision process transition into a more flexible evaluative mode. This helps explain why the magnitude of service provider quality is not only large but also structurally dominant, as it effectively controls the entry point into the decision set.

Beneath this primary layer, the effective contribution values for price (5.94%), ease of use (5.51%), and availability of healthcare professionals (5.40%) exhibit a tightly clustered pattern, suggesting the existence of a secondary convergence layer of determinants. The near-equivalence of their contributions is analytically significant, as it indicates that no single variable within this group independently drives retention. Instead, these variables collectively shape what can be conceptualized as a functional utility envelope, within which trade-offs are possible. In contrast to the non-compensatory nature of the primary determinant, this layer operates under a bounded compensatory logic, meaning that deficiencies in one attribute can be partially offset by strengths in another, but only within the limits of this layer. For instance, a slightly higher price may be tolerated if ease of use is high, or limited provider

availability may be offset by superior usability. However, this compensatory mechanism is strictly subordinate to the primary trust condition established by service provider quality, indicating a nested decision structure in which optimization occurs only after feasibility has been established.

Distance to healthcare facilities (4.59%) introduces an additional layer that reflects contextual dependency rather than intrinsic service evaluation. Unlike other variables, distance does not directly alter the perceived attributes of telemedicine itself, but instead modifies the relative attractiveness of telemedicine compared to offline alternatives. This suggests the presence of a reference-dependent evaluation mechanism, where the utility of telemedicine is partly derived from the limitations of competing options. In geographically constrained settings such as Bali and West Nusa Tenggara, longer travel distances and limited healthcare infrastructure increase the opportunity cost of offline care, thereby enhancing the relative utility of telemedicine^{25, 31, 32}. This interpretation is consistent with Bašković (2021), who highlights that telemedicine improves access to healthcare services by overcoming geographical barriers and enabling continuity of care without physical presence, particularly in resource-constrained environments³³. However, the moderate effective contribution value indicates that this contextual advantage is not sufficient to independently sustain retention. Rather, functions as a utility amplifier that interacts with the primary determinant, reinforcing telemedicine usage only when acceptable levels of service quality are already present. This positions distance as a conditional contextual driver, whose effect is

contingent upon the fulfillment of core evaluative criteria.

At the lowest end of the effective contribution distribution, supporting facilities (3.59%) and promotion (1.16%) reflect what can be described as a post-adoption attenuation dynamic. Their minimal contributions suggest that these variables primarily influence early-stage adoption rather than sustained usage. From a behavioral perspective, this indicates a shift from externally driven decision-making to internally validated evaluation, where initial exposure and persuasion give way to experience-based judgment. Promotion, in particular, exhibits negligible explanatory power, implying that once patients have direct interaction with telemedicine services, informational asymmetry is largely resolved, and further persuasive efforts have limited incremental impact. This pattern is also supported by Jin et al. (2025), who demonstrate that user evaluations of telemedicine platforms are predominantly shaped by experiential factors such as service effectiveness and provider capability rather than external marketing stimuli, indicating that as users gain direct experience, their reliance on promotional cues diminishes and decision-making becomes increasingly grounded in internally validated service performance³⁴. Supporting facilities, while slightly more influential, remain peripheral because they enhance the delivery context rather than the core clinical value proposition. This reflects a diminishing marginal utility effect, in which improvements in peripheral attributes yield progressively smaller gains in retention once core expectations are met^{35, 36}.

Taken together, the effective contribution distribution provides strong evidence that telemedicine usage retention

is governed by a multi-layered decision system combining non-compensatory and compensatory mechanisms across hierarchical levels. At the highest level, service provider quality establishes a trust threshold that determines whether telemedicine is acceptable as a mode of care. At the intermediate level, price, ease of use, and availability jointly optimize the user experience within the bounds defined by this threshold. At the contextual level, distance reshapes the comparative utility landscape by altering the relative costs of alternatives. Finally, at the peripheral level, promotion and supporting facilities play a limited reinforcing role with diminishing influence over time.

This hierarchical structure has important strategic implications. Interventions aimed at improving telemedicine retention must prioritize alignment with the underlying decision architecture rather than treating all determinants as equally actionable. Investments in clinical service quality, including provider competence, communication effectiveness, and reliability, are likely to generate disproportionately high returns because they operate at the primary decision layer. In contrast, improvements in price, usability, and availability will yield incremental gains that are contingent upon the prior establishment of trust, while efforts focused on promotion or additional features may encounter rapidly diminishing returns if the core service does not meet patient expectations. This suggests that sustainable telemedicine implementation depends less on expanding features or intensifying marketing, and more on the ability to institutionalize trust through consistently high-quality clinical interactions in a digital environment.

CONCLUSION

This study finds that telemedicine usage retention is primarily driven by service provider quality, which functions as the central determinant shaping patient trust and continued use, while price, ease of use, availability, and access act as secondary enablers rather than substitutes. The results indicate that retention decisions are inherently risk-sensitive and non-compensatory, meaning that deficiencies in perceived clinical quality cannot be offset by advantages in cost or convenience. Although the model explains a substantial portion of the variance, unobserved behavioral factors may still contribute to patient decisions-making. Practically, these findings suggest that efforts to sustain

telemedicine should prioritize strengthening clinical service quality as the core value proposition, with supporting improvements in affordability, usability, and access, whereas promotional and feature-based strategies are likely to yield limited impact on long-term retention.

ACKNOWLEDGMENT

The authors would like to express their sincere appreciation to the research supervisors for their valuable guidance and constructive feedback throughout the completion of this study. The authors also thank Sangga Buana University for providing the administrative support necessary for the completion of this study.

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