Global Scientific and Academic Research Journal of Economics, Business and Management
ISSN: 2583-5645 (Online)
Frequency: Monthly
Published By GSAR Publishers
Journal Homepage Link- https://gsarpublishers.com/journals-gsarjebm-home/

THE EFFECT OF HEALTH CENTRE FACILITY LOCATION ON PATIENT RE-VISIT: A CASE OF SELECTED PRIVATE HEALTH FACILITIES IN NYAMAGANA DISTRICT, MWANZA

By

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Article History

Received: 11/11/2025
Accepted: 19/11/2025
Published: 22/11/2025

Vol –4 Issue – 11

PP: -18-24

Abstract

Purpose of the Study: *This study aimed to examine the effects of health facility accessibility, convenience, and parking availability on patient revisit behavior in Nyamagana District, Tanzania. It sought to identify which facility-related factors most strongly influence patients' decisions to return for follow-up care and to explore barriers and facilitators affecting continuity of healthcare.*

Design/Methodology: *A mixed-methods approach was employed. Quantitative data were collected from 120 patients across three district-level private hospitals using structured 5-point Likert scale questionnaires. Qualitative data were gathered from interviews with six hospital administrative officials. Quantitative data were analyzed using descriptive statistics, correlation analysis, and regression analysis in SPSS version 26, while qualitative data were analyzed through thematic content analysis to provide contextual insights.*

Findings: *Results indicated that accessibility had the strongest influence on patient revisit ($r = .475$, $\beta = .423$, $p < .01$), followed by parking availability ($r = .467$, $\beta = .326$, $p < .05$) and convenience ($r = .324$, $\beta = .240$, $p < .05$). Patients emphasized challenges such as long travel distances, transport costs, waiting times, and limited operational hours. Hospitals have adopted strategies including referral networks, flexible appointment scheduling, and guidance on affordable transport to enhance patient revisit.*

Originality: *This study contributes to the limited literature on facility-related determinants of patient revisit in low-resource urban and peri-urban settings in Tanzania, highlighting the combined influence of accessibility, parking, and convenience on continuity of care.*

Practical Implications: *Healthcare managers and planners can enhance patient revisit rates by improving road access, parking infrastructure, facility convenience, and service scheduling, thus supporting better healthcare utilization.*

Social Implications: *Improved access and facility planning promote equitable healthcare utilization, reduce patient travel burdens, and strengthen community health outcomes.*

Keywords: *Patient Revisit, Health Facility Accessibility, Convenience, Parking Availability, Nyamagana District, Continuity of Care, Mixed-Methods.*

1.0 INTRODUCTION

Globally, the location of health facilities is recognized as a fundamental determinant of access to healthcare services, patient satisfaction, and revisit behaviour. In competitive urban healthcare environments, accessibility and convenience are increasingly viewed as vital complements to service quality. As Tan, Oriade, and Fallon (2014) observe, customer experience and loyalty depend not only on the quality of medical care but also on the ease of reaching the facility. The concept of "location accessibility" extends beyond physical distance to include supporting infrastructure such as road networks, public transport, and parking facilities—all of which influence patients' perceptions and utilization patterns. Distance remains one of the strongest predictors of healthcare utilization. Slusky (2019) demonstrated that greater distances to health facilities discourage the use of essential services such as reproductive and maternal health, with implications for broader population outcomes. Similarly, Lindo and Torres (2020) found that limited access due to long travel distances or poor connectivity can adversely affect health-seeking behaviour, resulting in delayed or forgone care. These findings align with the United Nations Sustainable Development Goal 3, which seeks to ensure healthy lives and

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promote well-being for all ages. Strategically located and well-equipped facilities promote service uptake, equity, and patient continuity, whereas poorly planned locations contribute to underutilization even in urban areas.

In developed nations, accessibility challenges are often linked to urban congestion, inadequate parking, and unreliable transport systems. Channamallu et al. (2024) report that nearly 30% of urban traffic originates from drivers searching for parking, leading to delays in healthcare access. Joyce (2023) adds that facilities offering convenient parking and public transport connections achieve higher patient retention, since accessibility directly enhances patient satisfaction and loyalty. Moreover, parking challenges are not merely logistical—they have safety and environmental implications. Studies by Zheng et al. (2015) and Kotb et al. (2017) reveal that prolonged vehicle idling while searching for parking increases CO_2 emissions and urban stress, highlighting the need for sustainable healthcare access strategies. Accessibility, therefore, becomes both a physical and environmental factor influencing healthcare utilization, patient experience, and overall system efficiency.

Across sub-Saharan Africa, access to healthcare is deeply influenced by spatial inequalities. Facilities are often concentrated in urban centers, leaving rural communities underserved. Harriet, Poku, and Emmanuel (2013) emphasized that reliable transport networks are critical for equitable healthcare access, noting that the availability of services alone is insufficient without affordable means to reach them. In Tanzania and Uganda, many rural residents travel over 10 kilometers to the nearest clinic (Okwaraji & Edmond, 2012), while Noor et al. (2006) found that nearly 40% of Kenya's rural population lives over an hour from a health facility. Seasonal road disruptions, such as flooding, further reduce access during critical periods. The centralization of specialized health services in major towns also increases costs and delays for rural patients (Alegana et al., 2018). These inequalities reinforce the need for improved spatial planning, investment in transport infrastructure, and community-based healthcare delivery to promote universal health coverage. Without such interventions, disparities in health outcomes and service utilization will persist across Africa.

In Tanzania, efforts such as the Primary Health Care Development Programme (PHCDP) have expanded health infrastructure, especially in rural areas. However, gaps remain in aligning facility placement with urban growth and infrastructure development (Planning Commission, 2020a). In fast-growing districts such as Nyamagana in Mwanza Region, accessibility issues persist despite the presence of multiple private facilities. Patients frequently bypass nearby clinics in favour of those better located or easier to reach via public transport, reflecting the importance of location-related factors in shaping revisit behavior. Ahmed and Atieno (2023) highlight that physical location directly affects a facility's ability to retain patients, especially in urban settings where transport costs and time constraints influence health-seeking patterns. In Nyamagana, where many residents depend on walking or public transport, facilities distant from main routes or with inadequate parking experience lower revisit rates. Mulyani and Akbar (2023) confirm that poor surrounding infrastructure—such as congested roads and limited parking—negatively affects patient satisfaction and service utilization. Similarly, Wahyuni, Edar, and Musda (2023) observe that the absence of organized parking spaces in urban areas like Makassar discourages access to healthcare and public services. The situation is comparable in Tanzanian cities, where the growth in vehicle ownership and limited parking exacerbate congestion and inconvenience for patients. Accessibility, therefore, becomes both a physical and psychological factor influencing loyalty. As Jahangir et al. (2023) assert, urban patients prioritize convenience, and facilities that are centrally located or connected to public transport have higher chances of retaining clients. For private healthcare providers, particularly in urban Tanzania, location planning is thus a strategic component of competitive performance and long-term sustainability.

Despite significant improvements in Tanzania's healthcare sector, patient revisit rates remain low in many urban private health facilities. While service quality and staff competence are well-studied predictors of loyalty, the influence of facility location remains underexplored in local contexts. In Nyamagana District, anecdotal evidence indicates that patients often choose more accessible facilities, bypassing those with poor connectivity or parking constraints. Prior studies (Lu & Slusky, 2019; Lindo & Torres, 2020) confirm that travel distance and transport infrastructure strongly influence healthcare choices, while Nur et al. (2023) report that accessibility alone can increase patient loyalty by up to 66%. However, urban health planning in Tanzania has yet to adequately integrate these insights. Infrastructural challenges—such as congested roads, limited parking, and poor alignment between facility placement and transport networks—continue to hinder patient retention (Channamallu et al., 2024; Wahyuni, Edar, & Musda, 2023). With rapid urbanization and rising vehicle numbers, these barriers risk further reducing the efficiency and inclusiveness of urban healthcare systems. Yet, empirical research on how such location-related factors affect revisit behavior in Tanzania's private healthcare sector remains scarce.

Therefore, this study seeks to examine the effect of health centre facility location on patients' revisit in Nyamagana District, focusing on how accessibility, facility conveniences, and parking availability influence patients' willingness to return for services. The findings are expected to provide critical insights for healthcare managers and urban planners in improving healthcare accessibility, patient satisfaction, and the overall performance of private health services in urban Tanzania.

1.1 Definition of ley terms

1.1.1 Accessibility of Health Facility

Accessibility refers to the ease with which patients can reach healthcare services, encompassing physical distance, transport systems, and service availability. Shorter distances and reliable transport enhance access, while long travel times and

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poor infrastructure hinder utilization (Hansen, 2019). Additionally, the presence of qualified healthcare staff determines whether accessible facilities can deliver quality care (Graham & Dube, 2017).

1.1.2Conveniences of Health Facility

Convenience reflects how easily patients can use health services in terms of location, operating hours, and service flexibility. Facilities near homes or workplaces and those with extended hours improve patient satisfaction and revisit likelihood (Liu, He, & Wang, 2021). Reduced waiting times, easy scheduling, and public transport access further increase convenience and utilization (Baker & Haines, 2017; Gilbody & Blakemore, 2020).

1.1.3 Parking Facility Availability

Parking facility availability refers to the adequacy, proximity, and safety of parking spaces for patients and visitors. Sufficient and secure parking enhances accessibility and reduces delays, especially for elderly or disabled patients (Healy & Gage, 2020). Conversely, limited or unsafe parking deters visits and negatively affects perceptions of the facility (Grose & Hines, 2017; Harrison & Thompson, 2021).

1.1.4 Patient Revisit

Patient revisit denotes the likelihood of patients returning to the same healthcare provider for follow-up or continued care. High satisfaction, effective treatment, and convenience in location or scheduling encourage repeat visits (Haas & Kaplan, 2017; Liu & Zee, 2020). Strong provider–patient relationships and accessible facilities enhance trust, continuity of care, and revisit behavior (Reid & Fishman, 2018; Mojtabai & Olfson, 2017).

2.0 LITERATURE REVIEW

2.1 Theory Underpinning the study

The Access and Utilization Theory, rooted in Andersen's Behavioral Model (1960s) and refined by Penchansky and Thomas (1981), explains how various factors influence individuals' use of healthcare services. It conceptualizes access not just as the physical presence of healthcare facilities but as the degree of "fit" between patients and the health system. The theory identifies five key dimensions accessibility, availability, affordability, acceptability, and accommodation which collectively determine whether people can and will use available health services. These dimensions reflect the interplay between individual characteristics, social and economic conditions, and the organization of healthcare delivery, providing a comprehensive understanding of disparities in healthcare utilization.

2.1.1 Assumptions of the Theory

The theory assumes that healthcare utilization is determined by both the availability of services and the patients' ability and willingness to access them. It posits that people's decisions to seek care depend on geographical location, cost, cultural acceptability, and the organization of healthcare systems. The model also assumes that removing structural barriers such as distance, cost, or lack of transport will increase healthcare utilization and revisit rates. Furthermore, it assumes that patient satisfaction and perception of accessibility are vital to continuous use of services, implying that even when healthcare is available, utilization depends on perceived convenience and service quality.

2.1.2 Strengths of the Theory

A major strength of the Access and Utilization Theory lies in its comprehensive and adaptable framework, which captures multiple dimensions influencing health service use. It highlights the importance of patient-centered factors such as accessibility, convenience, safety, and satisfaction, making it suitable for diverse settings, including urban and rural contexts. The theory has been effectively applied in studies analyzing healthcare barriers in low-income countries (Peters et al., 2008) and evaluating travel time and facility access (Ouma et al., 2018). Its flexibility allows for integration into behavioral models, enabling researchers to examine outcomes like patient loyalty, revisit intention, and service utilization.

2.1.3 Weaknesses of the Theory

Despite its broad applicability, the theory primarily focuses on structural barriers such as distance, affordability, and availability while giving limited attention to personal, emotional, and behavioral factors influencing healthcare-seeking behavior. It may overlook subjective elements such as fear of diagnosis, cultural beliefs, and past negative experiences that strongly affect patients' willingness to revisit health facilities. Studies in sub-Saharan Africa have shown that patients sometimes avoid accessible facilities due to mistrust, privacy concerns, or dissatisfaction with care quality (Aregbeshola & Khan, 2018). Thus, while the theory effectively identifies physical and economic constraints, it underrepresents the role of perceived service quality and emotional dimensions in healthcare decisions.

2.1.4 Applicability to This Study

In this study on the effect of health center location on patient revisit in Nyamagana District, the Access and Utilization Theory provides a solid conceptual foundation. It explains how factors such as facility accessibility, convenience, and parking availability influence patients' likelihood to revisit. The theory emphasizes that even high-quality services may be underutilized if facilities are poorly located or inaccessible due to distance, transport issues, or inconvenient hours. By aligning the study variables with the theory's dimensions—accessibility, convenience (availability), and parking (accommodation)—the framework helps explain the behavioral patterns of patients in relation to physical access and perceived convenience. Therefore, the theory's application is instrumental in understanding how geographical and organizational factors affect patient retention and healthcare utilization in the Nyamagana context.

2.2 Empirical Literature Review

2.2.1 Effects of Health Facility Accessibility on Patients' Re-visit

Health facility accessibility plays a critical role in influencing patient revisit and retention across diverse healthcare contexts. Studies such as Virtua Health (2022) and Barrett (2019) highlight that strategically located facilities with adequate

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parking, clean environments, and proximity to transport networks enhance patient satisfaction and loyalty. In Tanzania, Sanga, Mosha, and Bwana (2019) found that long distances, poor transport, and inadequate services significantly reduced patient revisits, while Langat and Cherono (2020) in Kenya showed that convenient location, flexible hours, and reliable transport systems increased patient retention. Similarly, Bécher and Zunzunegui (2019) demonstrated that distance to facilities significantly affects maternal health service utilization in Burkina Faso, confirming accessibility as a determinant of sustained healthcare use. However, while accessibility strongly influences revisit behavior, urban challenges such as congestion, transport costs, and poor scheduling also affect continuity of care, as seen in Nyamagana District. Overall, evidence consistently shows that improving facility accessibility through better location planning, infrastructure, and convenience enhances patient loyalty, equitable healthcare utilization, and long-term retention.

2.2.2 Effects of Health Facility Conveniences on Patients' Re-visit

Previous studies show that health facility convenience including distance, wait time, and service availability strongly influences patient satisfaction and revisit behavior. Researchers such as Thornton et al. (2017), Bleustein et al. (2014), and Topp (2020) found that shorter wait times, available physicians, and efficient services enhance satisfaction and loyalty, while long waits and inconvenient access reduce it. Studies by Bliss et al. (2012) and Okwaraji & Edmond (2012) further revealed that long travel distances and poor transport infrastructure discourage patients from returning for follow-up care. Similarly, LaSalle (2023) and Whittaker et al. (2016) demonstrated that proximity, flexible hours, and integrated services encourage continuity of care. However, most of these studies were conducted in high-income or urban settings, leaving a gap in understanding how facility convenience and location affect patient revisit in low-resource areas like Nyamagana District. This study therefore seeks to address this gap by examining how the physical location and accessibility of health facilities influence patients' decisions to revisit for care.

2.2.3 Effects of parking facilities availability on patient revisit in health facilities

Previous studies consistently show that inadequate parking facilities significantly affect healthcare accessibility and patient satisfaction, but few have explored their impact on patient revisit behavior. Asyari, Hidayat, and Rahman (2019) found that hospital parking at Dr. M. Djamil Hospital was insufficient during peak hours, highlighting the need for expanded capacity. Similarly, Channamallu et al. (2024) and Hassan and Mkamba (2020) revealed that poor parking access and transport challenges reduce patient attendance and continuity of care, particularly in low-resource and semi-urban settings. Studies such as Srisawat, Tan, and Wichian (2021) and Ahmad, Othman, and Ghani (2020) emphasized that parking demand exceeds supply and that better management and infrastructure are needed to improve accessibility. However, most of these studies were conducted in high-income or Asian contexts and focused on general healthcare utilization rather than revisit behavior. This study addresses that gap by examining how parking facilities influence patient revisit rates in Nyamagana District, where limited parking, poor road infrastructure, and socio-economic factors may hinder consistent healthcare access.

3.0 RESEARCH METHODOLOGIES

3.1 Research Design

The study adopted a descriptive and correlational research design. The descriptive design enabled the researcher to systematically describe variables without manipulation, while the correlational design established the relationship between independent variables (facility accessibility, convenience, parking) and the dependent variable (patient revisit).

3.2 Research Approach

A mixed-methods approach was used, combining quantitative and qualitative methods. The quantitative design allowed statistical analysis of numerical data using correlation and regression, while the qualitative approach provided deeper insights from hospital administrators through interviews to explain underlying reasons and perceptions influencing patient revisit.

3.3 Research Philosophy

The study was guided by both positivism and interpretivism philosophies. The positivist paradigm emphasized objective measurement and statistical analysis through questionnaires, whereas the interpretivist approach helped understand participants' experiences and perceptions through qualitative interviews, enriching the findings.

3.4 Area of Study

The research was conducted in Nyamagana District, Mwanza Region, due to its mixed urban and peri-urban characteristics, diverse population, and varying accessibility to healthcare services. The district hosts several hospitals, making it an ideal location to assess how spatial factors such as distance, convenience, and infrastructure influence patient revisit.

3.5 Population and Sample Size

The target population comprised 28 private hospitals in Nyamagana District. The study focused on three district-level hospitals: Dr. Chacha Memorial, Mwananchi Trust, and St. Clare Hospitals. From each hospital, 40 patients were selected, totaling 120 respondents, along with 2 administrative officials knowledgeable about hospital operations.

3.6 Sampling Method

Stratified sampling was used to select district-level hospitals, ensuring representation of different hospital categories. Purposive sampling was employed to select administrative officials with relevant expertise and experience in hospital management.

3.7 Data Collection Tools

Data were collected using structured questionnaires and interviews. Questionnaires were administered to patients, while interviews were conducted with hospital officials to gain qualitative insights.

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3.8 Questionnaires

Closed-ended 5-point Likert scale questionnaires were used to ensure consistency and facilitate quantitative analysis. This method allowed standardized data collection, minimizing bias and improving reliability (Fink, 2017; Creswell & Creswell, 2018).

3.9 Interview

Interviews were conducted with two hospital staff members from the management level to gather in-depth information about how facility location and convenience affect patient revisit behavior.

3.10 Data Analysis

Data analysis involved descriptive statistics (mean, standard deviation), and inferential statistics (correlation and regression analysis) to examine relationships between variables using SPSS version 26 (Tabachnick & Fidell, 2013). Qualitative data were analyzed using content analysis to interpret themes from interviews, providing complementary insights into the quantitative findings.

4.0 FINDINGS

4.1 Regression analysis results

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.
1	(Constant)	1.777	.341		5.209	.000
	ACCESS	.423	.169	.378	2.502	.008
	CONVEN	.240	.145	.137	1.655	.025
	PARK	.326	.162	.238	2.012	.017

a. Dependent Variable: REVIST

Patient revisit = 1.777 + 0.423(ACCESS) + 0.240(CONVEN) + 0.326(PARK)

Accessibility of health facilities has an unstandardized coefficient of B = 0.423, indicating that for every one-unit increase in perceived accessibility, patient revisit intention rises by 0.423 units, assuming other factors remain constant. This effect is statistically significant, demonstrating that improved accessibility—such as better roads, transport links, and ease of physically reaching the facility—substantially enhances the likelihood of patients returning.

The convenience of health services has an unstandardized coefficient of B = 0.240, meaning that a one-unit increase in perceived convenience leads to a 0.240-unit increase in revisit intention. With a significance level of p = 0.025 (< 0.05), this effect is statistically significant. While convenience positively influences patient revisit, its impact is comparatively weaker than that of accessibility and parking.

Parking availability has an unstandardized coefficient of B = 0.326, suggesting that a one-unit increase in parking adequacy results in a 0.326-unit increase in patient revisit intention. The effect is statistically significant (p = 0.017 < 0.05) and indicates that adequate parking is a moderately strong determinant of patient return, stronger than convenience but slightly weaker than accessibility. This highlights the importance of sufficient and accessible parking in urban settings like Nyamagana, where traffic congestion is common.

4.2 Discussion of findings

4.2.1 Effect of Health Centre Facility Accessibility on Patient Re-visit

The study revealed that health facility accessibility has the strongest influence on patient revisit among the structural predictors analyzed. Quantitative findings showed a moderate positive correlation between accessibility and revisit intention ($r = 0.475$, $p < 0.01$), while regression analysis confirmed it as the most significant predictor ($\beta = 0.423$, $p < 0.01$). This indicates that patients who perceive health facilities as easy to reach are more likely to return for healthcare services. Accessibility encompasses not only geographic proximity but also transportation availability, road conditions, and ease of physical entry into facilities (Penchansky & Thomas, 1981). In Nyamagana District, where transport infrastructure varies between urban and peri-urban areas, these factors significantly affect patients' decisions to maintain regular visits, aligning with findings from Sanga, Mtui, and Msuya (2020).

Qualitative insights from hospital interviews supported the quantitative results. Respondents consistently highlighted distance and transport costs as major barriers to follow-up visits. Patients residing near hospitals in Nyamagana town were more likely to attend scheduled check-ups, while those from distant villages often faced challenges due to long travel distances and limited transportation options. One participant noted, *"Since the hospital is in Nyamagana town, patients who live close by usually come back for their follow-up visits. But patients from far villages sometimes fail to return because of distance and transport costs."* Another emphasized the effect of poor infrastructure, especially during the rainy season, on patient adherence to appointments.

Hospitals have adopted strategies to mitigate these challenges, including referral networks with local clinics, scheduling follow-ups considering patients' travel constraints, advising on affordable transport, sending health workers to nearby areas, and providing flexible appointment dates. These adaptive measures reflect efforts to enhance continuity of care, particularly for patients in peri-urban and rural areas, and underscore the relevance of the Access and Utilization Theory (Andersen, 1968; Penchansky & Thomas, 1981), which emphasizes that physical access significantly influences healthcare utilization. Collectively, the findings suggest that improving geographic and transport accessibility is crucial for fostering patient revisit behavior and retention in Nyamagana District.

4.2.2 Effect of Health Centres' Facilities and Conveniences on Patient Re-visit

The study found that the convenience of health facilities is positively associated with patient revisit intention, though its effect is weaker compared to accessibility and parking. Quantitative results showed a moderate correlation between convenience and revisit ($r = 0.324$, $p < 0.01$), and regression analysis indicated a statistically significant but relatively small contribution ($\beta = 0.240$, $p < 0.05$). This suggests that while patients value convenience—such as travel time, proximity, and integration of visits into daily routines—it is often secondary to factors like accessibility and infrastructure

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quality. The findings align with the Access and Utilization Theory (Andersen, 1968; Penchansky & Thomas, 1981), emphasizing that convenience alone does not strongly dictate healthcare utilization, and patients may bypass nearby facilities in favor of those perceived to provide better quality care (Naanyu et al., 2013; Afolabi et al., 2017).

Qualitative insights reinforced these results. Interviews revealed that hospital working hours are generally suitable for most patients, but some—especially those with employment obligations or long travel distances—prefer evening or weekend services. Respondents also highlighted the impact of waiting times, with long queues discouraging follow-ups, while efficient service delivery encourages revisit. One participant noted, *"Long waiting times sometimes discourage patients from returning. When services are quick, patients are more likely to revisit."* Additionally, patients appreciated that hospitals are generally easy to locate within town, though internal navigation could be improved through better signage. Collectively, these findings suggest that while convenience contributes to patient revisit behavior, it functions more as a supportive factor, enhancing the effects of accessibility, parking availability, and overall service efficiency. Policies aimed at improving convenience—such as flexible hours, reduced waiting times, and improved facility navigation—can strengthen patient loyalty and continuity of care in Nyamagana District.

4.2.3 Effect of Parking Facility Availability on Patient Re-visit

The study revealed that parking availability is moderately correlated with patient revisit intention ($r = 0.467$, $p < 0.01$) and has a statistically significant impact in regression analysis ($\beta = 0.326$, $p < 0.05$), making it the second most influential predictor after accessibility. Adequate and secure parking was shown to substantially influence patients' decisions to return, particularly in urban and semi-urban contexts where private or shared vehicle use is common. The strong correlation between access and parking ($r = 0.857$, $p < 0.01$) indicates that insufficient parking can reduce perceived accessibility, reinforcing findings from Goudge et al. (2009) and Sanga et al. (2020) that structural and transport-related barriers strongly affect healthcare utilization. According to the Access and Utilization Theory (Andersen, 1968; Penchansky & Thomas, 1981), parking functions as a structural component of accessibility, facilitating service utilization by reducing physical and logistical barriers.

Qualitative findings reinforced these observations. Interviewees noted that limited parking, especially during peak hours, creates stress and frustration, which may indirectly influence patient satisfaction and revisit behavior. Respondents highlighted recurring complaints regarding insufficient spaces, poor organization, blocked exits, and the need for designated areas for elderly or disabled patients. One participant remarked, *"Parking space is limited, and this sometimes causes stress for patients. Even though they still return for treatment, it affects their comfort and satisfaction."* Another added, *"Patients sometimes complain about a lack of parking space. The most common complaint is congestion during peak hours."*

Interviews also identified additional barriers to follow-up, including long travel distances, high transport costs, extended waiting times, and lack of awareness about the importance of follow-up care. Respondents emphasized that these combined challenges often discourage patients from returning consistently. Strategies suggested to mitigate these barriers included improving parking facilities, reducing waiting times, offering flexible hours (evening or weekend appointments), and providing guidance on affordable transport options. Overall, adequate parking is not merely a convenience; it is a critical determinant of perceived accessibility and a significant factor in encouraging patient revisit and continuity of care in Nyamagana District.

5.0 CONCLUSION

The findings of this study indicate that health facility factors specifically accessibility, convenience, and parking availability play a significant role in influencing patient revisit behavior in Nyamagana District. Among these factors, accessibility emerged as the strongest predictor of revisit intention. Patients who perceive health facilities as easy to reach, with good transport links, manageable distances, and supportive infrastructure, are more likely to return for follow-up visits. This underscores the critical importance of geographical and transport accessibility in promoting continuity of care, particularly in resource-constrained settings where uneven infrastructure can pose significant barriers. The study also revealed that convenience, while positively associated with revisit intention, has a relatively weaker impact compared to accessibility and parking. Elements such as flexible appointment scheduling, integration of healthcare visits into daily routines, and operational hours affect patient satisfaction and revisit decisions, but they do not outweigh structural determinants like accessibility. Parking availability was identified as the second most influential factor in patients' revisit behavior. Adequate, secure, and well-organized parking facilities enhance perceived accessibility and reduce stress associated with facility visits, particularly in urban and semi-urban settings where congestion is common. Interviews highlighted that limited or poorly organized parking can frustrate patients, potentially affecting long-term retention, even when other facility attributes are favorable. Furthermore, qualitative insights revealed that barriers such as long travel distances, high transport costs, long waiting times, and lack of awareness about follow-up care compound the effect of structural limitations, emphasizing the complex nature of patient revisit behavior.

Overall, the study confirms that patient revisit is shaped by a combination of structural, operational, and informational factors. Improving physical access to healthcare facilities, optimizing parking infrastructure, and enhancing convenience through flexible scheduling and efficient service delivery are essential strategies for promoting regular patient engagement. These findings align with the Access and Utilization Theory,

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which posits that physical, structural, and organizational aspects of healthcare significantly influence utilization patterns. In the context of Nyamagana District, addressing these factors is critical for ensuring continuity of care, increasing patient satisfaction, and strengthening health system performance.

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