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Health Insurance Purchase Decisions Among University Non-Teaching Staff: Application of Theory of Planned Behavior

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Abstract*—Healthcare insurance plans are one of the most important aspects to consider by most employees around the globe. It is not just a benefit given by the government and even by their employers but a primary component of the total reward system of the organization. The researcher aims to investigate what are the determinants that influence the purchase intention of non-teaching personnel in a state university through the application of the theory of planned behavior model. Moreover, the researcher aims also to find out how the profile of the respondents influences the component of TBP theory to purchase intention. The researcher utilized PLS-SEM to analyze the mediation of the influence of TPB dimensions – attitude, subjective norms, and perceived controlled behavior on the intention to purchase of non-teaching personnel in terms of their demographic variables such as age, gender, income level, and highest educational attainment. The findings highlight that attitude, perceived behavioral control, and age as one of the demographic characteristics of the respondents are significant predictors of the intention to purchase healthcare insurance, while subjective norms and demographic variables such as gender, civil status, income level, and highest educational status do not have a significant influence. This underscores the importance of fostering positive attitudes and enhancing perceived behavioral control to encourage high intention to purchase healthcare insurance plans. Furthermore, as supported by the results age emerged to be a potential indicator variety of demographic variables among respondents did not have a significant effect. Future studies should investigate in greater detail how diverse age groups react to different buying intention determinants and adjust strategies accordingly*.

***Keywords*—** *Attitude, subjective norms, perceived control behavior, theory of planned behavior, purchase intention*.

JEL CODE: M30, I12, I13, D12

I. INTRODUCTION

Healthcare insurance plans are one of the most important aspects to consider by most employees around the globe. It is not just a benefit given by the government and even by their employers but a primary component of the total reward system of the organization. Companies that offer comprehensive health benefits have a competitive edge in recruiting and retaining top talents (Farre, 2023). This can give employees a sigh of relief at higher hospitalization costs and somewhat financial freedom. For some people, this can also be a good investment. The Philippines' healthcare system is very fragmented. Modern healthcare facilities and excellent standards are common in urban places in the country however, the condition of medical services is quite poor which makes Filipinos have a second thought or doubtful about purchasing health insurance policies. Healthcare is delivered through both private and public hospitals in the Philippines, and it is a primary a top priority of the past and existing administration, but we cannot also deny the fact that there are so many existing private and public hospitals in the country that accommodate any form of hospitalization but still, many average Filipinos considered it as exclusive for those who can afford it. Increasing the coverage of healthcare insurance is one of the significant mechanisms in attaining universal health coverage and cutting economic obstacles to health care. (Nosratnejad, et.al., 2016).

Based on the report of International Citizens Insurance in 2022, many Filipinos both have private health insurance. The benefit of having private health insurance can have full access to all hospitals and clinics in addition to PhilHealth, which is a government-owned and controlled corporation and is the country's national health insurance provider. It gives both private and public employees health coverage by means of deducting a certain percentage from employees' salaries as their contribution. It is somehow probably the reason why some employees, particularly the target respondents of this study, which are the non-teaching personnel in a state university. Knowing what influences people's decisions to get health insurance is crucial in the complicated and changing healthcare environment of today. In more serious cases, whether public or private, hospitalization is a critical matter to most average non-teaching employees because it is very costly in terms of medication, security, laboratories, and comfortable hospital stay. Philhealth cards sometimes do not suffice the demand for financial payments of these hospitals. The thought of purchasing health insurance policies can only cause financial burdens. An insurance company might help many Filipinos in getting out of these costly and uncomfortable hospitalization circumstances but still, this is not enough for many health insurance companies to easily attract and influence potential clients to purchase their product because there are many factors that influence purchasing intention.

Numerous existing literature studies explored determinants of insurance purchasing behavior such as demographic variables, knowledge, income protection, and risk attitude (Yinzi and Donglan, 2016; Yadav and Sudhakar, 2017; Salari, et.al, 2019; Wan, et.al., 2020; Pinilla and Valcárcel, 2020). While there is research on the intention to purchase health insurance, most of this literature focuses more broadly on specific consumer groups (such as tobacco and alcohol

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consumers; and middle-income groups). This study specifically addresses a niche group, the non-teaching personnel in higher educational institutions (HEIs) where research often overlooks such groups. Although the TPB has been widely used in many studies investigating consumer behavior, this study further developed it by adding selected contextually relevant factors for non-teaching personnel working at a university. Thus, this method allows us to better understand the effects of attitudes made subjectivism corresponding to beliefs, norms, and perceived control on purchase intention in health insurance of the target respondents.

This study also explores the factors that influence the decision of non-teaching personnel to purchase healthcare insurance through the application of Theory of Planned Behavior (TPB). In relation to this aspect, the researcher aims to investigate what are the determinants that influence their purchase intention. Moreover, the researcher aims also to find out how the profile of the respondents influences the component of TBP theory to purchase intention. Lastly, the findings of this study will be recommended as the basis of the health insurance company's promotional strategy in the future. The results will also contribute to the marketing discipline of consumer buying behavior, employee health, and financial well-being. The results of this inquiry have important implications for public and private universities as a whole as well as for specific personnel. Improving our understanding of the reasons underlying health insurance purchases can help guide strategic planning initiatives meant to increase non-teaching staff members' access to and affordability of health benefits. Additionally, it might aid in the creation of focused interventions intended to enhance favorable health outcomes and lessen inequalities among diverse demographic groups in the campus community.

Theoretical Framework

This study is anchored to the Theory of Planned Behavior of Ajzen (1985). The theory of planned behavior (TPB), a widely used expectancy-value model of attitude-behavior interactions, has had some success in the prediction of a wide range of behaviors (Ajzen, 1988, 1991, 1996a; Conner & Sparks, 1996; Godin & Kok, 1996). The TPB describes the factors that influence a person's decision to engage in a specific behavior. The purpose of the present paper is to advance our understanding of the relationship between attitudes and behavior. Rather than reviewing the evidence supporting the TPB (Ajzen, 1991; Conner & Sparks, 1996; Eagly & Chaiken, 1993; Godin & Kok, 1996; Jonas & Doll, 1996; Manstead & Parker, 1995; Sutton, 1998), we look at potential directions for its development.

Ajzen's (1991) social psychology theory posits that an individual's behavior is mostly determined by their intentions, which are, in turn, influenced by their attitudes, subjective norms, and perceived behavioral control. An individual's assessment of a certain behavior as either positive or bad is considered to be their attitude. The attitude component is a function of a person's salient behavioral beliefs, which represent perceived outcomes or attributes of the behavior. An individual's sense of societal pressure to engage in a behavior is known as subjective norms. This can be believed as shared demands and consists of both the observed expectations of others and how much a person recognizes or values those expectations (Sansom, 2022). It is a function of normative beliefs, which represent perceptions of specific significant others' preferences about whether one should or should not engage in the behavior. Moreover, ***perceived behavioral control*** refers to an individual's belief in their ability to successfully perform a behavior (Bandura, 1977 and 1982). Judgments of PBC are influenced by beliefs concerning whether one has access to the necessary resources and opportunities to perform the behavior successfully, weighted by the perceived power of each factor to facilitate or inhibit behavior (Ajzen, 1988, 1991). Control beliefs are the understanding of the variables that might either help or hinder the behavior. These elements comprise external control variables (e.g., opportunities, dependence on others, barriers) as well as internal control variables (e.g., information, personal deficiencies, skills, abilities, emotions). People who perceive that they have access to the necessary resources and that there are opportunities (or lack of obstacles) to perform the behavior are likely to have a high degree of PBC (Ajzen, 1991).

The TPB asserts that a person is more likely to engage in a behavior the stronger their intentions are. In this manner, subjective norms can be a determinant for a person to have the intention to purchase an insurance plan. Additionally, the TPB suggests that perceived behavioral control has a direct effect on behavior, while attitudes and subjective norms influence behavior indirectly through their impact on intentions. A planned theory when buying a health insurance plan involves a strategic approach that meets a client's specific healthcare needs and financial goals. Such determinants can be coverage options, insurance premiums and deductibles, income protection, coverage options, customer service, and others. The TPB has been applied to a wide range of behaviors, including health behaviors, environmental behaviors, and consumer behaviors. It has also been used in interventions aimed at promoting behavior change by targeting attitudes, subjective norms, and perceived behavioral control.

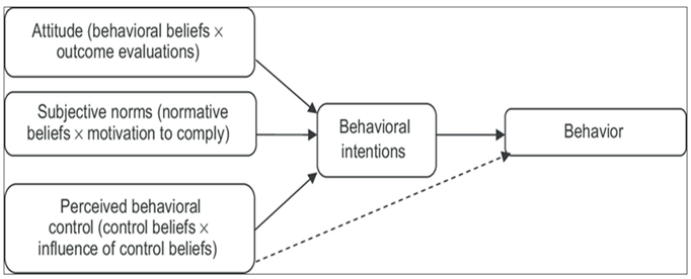

Figure 1. The Theory of Planned Behavior

Conceptual Framework

In figure 2, the purchase intention of the respondents is represented by the variables attitude (H1), subjective norms (H2), and perceived behavior control (H3) which the respondents hypothesized to have a mediating effect. The moderating variables – age, gender, civil status, income

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statement, and educational attainment (H4) hypothesized by the researcher moderately influenced intention to purchase health care insurance.

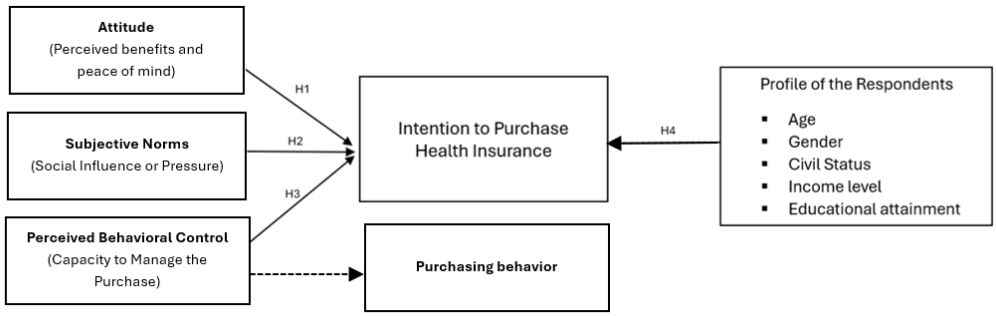

Figure 2. The Research Paradigm

II. Review of Related Literature

Health Insurance Plans

Health insurance has a pivotal role in the healthcare financing system. In some countries, evidence suggests that ownership of health insurance improves access to health care (Bakar and Samsudin). Access to healthcare is a major policy concern. Healthcare insurance plans are a type of insurance that provides financial protection against the cost of medical care. Health insurance plans typically cover a variety of medical expenses, including doctor visits, hospital stays, prescription drugs, and other medical services. Furthermore, healthcare insurance plans are designed to help individuals and families manage the costs associated with medical care, and the type of plan you choose will depend on your personal needs and preferences, it confers benefits to the previously uninsured, including improvements in health, reductions in out-of-pocket spending, and reduced medical debt (Remler and Glied, 2003; Brown et. al., 2017).

According to López-Valcárcel, et. al (2020), for many years, health insurance has played a vital role in the healthcare system in high and middle-income countries across the regions with a universal and welfare state provided by the government. Moreover, the study of Khalimid, et. al (2023) revealed that even in the presence of subsidized public healthcare, the high proportion of public healthcare insurance, uptake reflects a demand for private health insurance. In a third-world country like India, numerous micro health insurance (MHI) schemes have emerged as health financing mechanisms to reduce medical illness-induced poverty. Existing research shows that the purchase of health insurance is most likely to be determined by health status, expected healthcare expenditure, and past health experiences in addition to socio-economic variables (Lozano et. al., 2020). In Malaysia, health insurance policyholders may access both public and private healthcare providers. For utilization in private health providers, insurance companies usually provide reimbursement for the total health expenditures while for utilization at public health institutions, the insured usually receives daily cash income based on the number of hospital days (Bakar and Samsudin, 2016).

A study of Ng, et. al (2019) state that the Philippines has a fragmented and decentralized healthcare delivery system, with well-established private healthcare providers coexisting with the public health system. Local government units (LGUs) support secondary or primary care, whereas the public system offers tertiary care at hospitals run by the Department of Health (DOH). The latter is a network of provincial and district hospitals (secondary care), rural health units and barangay health stations (Bersales, 2017). Same with the mentioned above countries, Iran' insurance healthcare system is almost fully financed by the government and aims at delivering services such as public health, immunizations, mother and child health, and limited services for chronic disease management (Nosratnejad, 2016). It also includes an expanding program of family physician service. Most of these services are delivered free of charge or incur small fees and are offered to all legal residents of the country. In Europe and America, government-sponsored health insurance is a central pillar of the modern welfare state (Jacker, 1998; Hoffman, 2001; Atun, et.al., 2015; and WHO, 2020).

The Theory of Planned Behavior

According to the Theory of Planned Behavior, a person's desire to engage in a behavior is directly influenced by these three variables: attitude, subjective norm, and perceived behavioral control (Ajzen and Kruglanski (2019). Additionally, it is believed that behavior's immediate predecessor is intention. In other words, a person is more likely to carry out an action if they have a strong purpose to do so and believe they have the required control over it. The TPB also acknowledges that by changing these three fundamental elements, outside circumstances and individual variations can indirectly affect behavior as well. An individual's attitude, subjective norm, and perception of control, for instance, can be influenced by prior experience, knowledge, and personality factors. On the other hand, the TPB incorporates a more diversified set of explanatory factors (attitude, subjective norm, and perceived behavior control), these components were also formed after the buying experience (De Canniere, et.al, 2008).

A study by Seang (2014) stated that TPB also acknowledges that by changing these three fundamental elements, outside circumstances and individual variations can

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indirectly affect behavior as well. An individual's attitude, subjective norm, and perception of control, for instance, can be influenced by prior experience, knowledge, and personality factors. By investigating the role of attitudes, subjective norms, and perceived behavioral control in forming intents, which in turn shape behavior, TPB offers a systematic framework for comprehending and predicting human behavior, especially in the aspect of consumer decision to purchase and other health-related behaviors (Cheah and Phau, 2011).

Attitude towards Health Insurance Plans

The term attitude refers to a person's positive or negative perception of a certain conduct. The degree of one's favorable or negative judgment of the act in issue is referred to as one of the three conceptually independent determinants of intention in TPB (Ajzen, 1991; Klockner, 2013; Ha & Janda, 2012). In a similar study, Greaves et al. (2013) emphasized that one's attitude toward conduct conveys their overall assessment of the activity based on their views if the actions will have the desired effects or not. It is concerned with evaluating the potential outcomes of engaging in the behavior and will result in varied decisions depending on the evaluation of a particular behavior. It represents how one feels about consuming a certain product whether positively or negatively (Li and Shanyong, 2019). People may have varying opinions on their decision to purchase health insurance even though they are well aware of its benefits. Policyholders will likely purchase health insurance if they feel positive about it; otherwise, they will not be interested. It is argued (Ajzen, 2020) that easily available views about the expected effects of conduct, or behavioral beliefs, determine attitude toward the behavior. A behavioral belief is a person's subjective likelihood of engaging in an action that will lead to a particular outcome or provide a particular experience, such as the belief that purchasing a healthcare product can give people peace of mind and less financial obligation or can also be a financial burden for some.

The role of attitude on purchase intention through an evaluation procedure that might be favorable or negative through an evaluation procedure (Sentot et.al, 2017), attitude represents the preferences of a customer (Armitage and Conner, 2001). Regarding general consumption or the use of a particular product, attitude shows personal preferences for engaging in or refraining from certain behaviors; the stronger the purpose of displaying the behavior, the more positive the attitude (Azjen, 2015). Most of the available research demonstrates that the consumer mindset is the most significant indicator of the desire to purchase, particularly a product like health insurance plans.

Subjective Norms

Subjective norms can be described as how people perceive the pressure from the outside world to engage in a specific action. People who matter a lot are mostly to blame for the stress people might experience (Fishbein and Ajzen, 2000). Subjective standards are connected to outside remarks and views in this instance (Kaushik and Rahman, 2015). Neighbors, family, and other close or reputable friends and acquaintances will provide information and opinions to individuals. People often adapt to societal norms or general behavioral standards and see demands or assumptions as a component of the code of conduct, claims the idea of reasoned action. As stated by Toft, et. al. (2014), people may experience pressure and criticism from others when they voice their opinions or make decisions, especially from those who are close to them In other words, how an individual perceives and responds to social stress influences their behavior such as intention to purchase insurance plans due to the pressure brought by the people that surround them. According to Park (2000), social pressure like subjective standards was more obvious in the context of Chinese culture. Chinese customers are more susceptible to the thoughts and deeds of others when faced with novel situations, and they may end up changing their original objective. Therefore, it can be implied that subjective norms affect customers' propensity to buy.

According to Conner and Armitage (2016), attitude, subjective norm, and PBC are variables which are frequently referred to as indirect determinants of intentions. The attitude element depends on a person's prominent behavioral convictions, which stand for the expected results or characteristics of the conduct. The model defines outcomes as the synergistic combination of the anticipated chance that engaging in the activity would result in a certain consequence and appraisal of that outcome, using expectancy-value concepts (Peak, 2015). The numerous salient implications are then added together using these expectancy value products.

Perceived Behavior Control

The Theory of Planned Behavior (TPB) assumes that perceived behavioral control is modest – attitude and subjective norms' effects on purpose and performance. It is believed that behavioral control will temper the impact of purpose on behavior (Castanier, et al., 2013), that is, a positive outlook and a motivating inner voice to the degree that people feel they are capable of completing the action; an issue, norms are considered to contribute to the creation of desirable behavioral intentions. Similarly, as reiterated, people have control over how the activity is carried out. Ajzen (2020) emphasized that when knowledge about actual behavioral control is limited, perceived behavioral control can be used as a proxy to aid in the prediction of behavior under the assumption that perceived control reflects actual control reasonably well.

Perceived behavioral control is considered to be based on available control beliefs, just as attitudes are assumed to be based on accessible behavioral beliefs and subjective norms on accessible normative beliefs. These beliefs are concerned with the existence of elements that may help or hinder behavior performance. Control elements include necessary knowledge and skills, the presence or absence of time, money, and other resources, other people's participation, and so forth. A control belief is a person's subjective probability that a given supporting or restricting factor would exist in the situation of interest. In conjunction with the factor's perceived ability to aid or impair the performance of the activity, each control belief influences perceived behavioral control. This

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idea has two components namely the *control beliefs* that reflect a person's perception of something's existence or absence of perceived and actual (e.g., time, money, and skills) facilitators and *inhibitors of the behavior power*, which refers to his or her assessment of how much these elements contributed to or hindered (Ajzen, 1991; Huchting et al., 2008; Lam & Hsu, 2006) preventing the particular behavior. The influence of each belief inside the TPB framework is combined and weighted by the assessment of the result (behavioral beliefs), the desire to adhere to the normative views of the relevant referents, and the apparent consequence of beliefs) and perceived outcome of the control factor (control beliefs), correspondingly.

Intention to Purchase Health Insurance Plan

According to the TPB, intentions are the direct cause of conduct, it also completely moderates the effects of attitude toward the activity, subjective norm, and perceived behavioral control (Ajzen, 2001). The majority of empirical TPB applications, including those in marketing (Armitage and Conner, 2001; Davies, Foxall and Pallister, 2002; Ouellette and Wood, 1998), attempt to explain or forecast newly introduced behavior that directly connotes purchasing conduct.

Health insurance is an important financial safety net that can provide protection against unexpected medical expenses. As such, it is important to consider several factors when making a decision about whether to purchase a health insurance plan. A study by Nambiar, et. al., (2020) found that the impact of the global pandemic caused by COVID-19 pushed the respondents to purchase healthcare insurance. Soe (2018) stated that overall marketing mix factors can affect customer's buying decisions. People factors mostly influence customer buying decisions followed by product- factors while physical evidence factors slightly influence customer buying decisions. Other factors such as promotion, place, process, and price moderately influence decision-making to purchase health insurance.

Most of the specific behavioral factors are associated only with the decision to buy health insurance in which the most significant factors are individual experiences regarding insurance companies, previous insurance policies, the individual's perception of the role of health insurance, and the resort to specialized institutions in the event of financial difficulties (Dragosa, 2020). The service quality provided by the insurance company has a significant effect on patient satisfaction, and satisfaction in turn has a positive relationship to purchase intentions and customer loyalty (Cronin and Taylor, 1992; O'Connor and Shewchuk, 2003; Kalaja, et., 2016). Another study shows that better cognitive capacity significantly increases the odds of purchasing or owning insurance. Better cognitive capacity is considered a significant consumer decision-making ability (Mcgarry, et. al., 2018).

Purchase Intention and the Demographics Variables

As many research findings reveal, the demographic variables of the respondents have a significant impact on the decision to purchase a healthcare insurance plan. A study by Nosratnejad (2016) states that the factors contributing to the decision to purchase basic and complementary healthcare insurance are the increase in age, education, wealth, the opportunity to work in the government sector, and the past utilization of inpatient and outpatient care and this was supported by Nsiah-Boateng et. al (2019) that education, wealth, marital status, and age (to some extent) are positively associated with insurance decision to purchase. Gender was found also as an indicator to purchase intention as to the findings of the study of Mulenga, et. al. (2017) in Zambian women. The proportion of women in Zambia with health insurance was found to be extremely low, and being married, having access to media, higher age category, higher education level, and being employed have a positive influence on health insurance purchased. However, province and type of place of residence are negatively associated with health insurance coverage among women in Zambia.

According to Lim, et. al. (2020), social influence agents, including family members, peers and the internet significantly explain peoples' perception toward health insurance purchase intention. Trust in insurance companies and the advice of a financial consultant do not distinguish between intention and decision for health insurance; the most significant of the economic and socio-demographic variables is marital status. An individual who is in a stable relationship perceives more correctly and strongly the need for protection and investment in the long term. High levels of education and income are also strong incentives for life insurance and private pensions (Dragosa, 2020).

The findings of the study by Dash (2019) showed that public workers are buying a smaller number of policies which shows that life insurers are more concerned with salaries and obviously can pay regular premiums while younger individuals have shown to be more customary in paying the premium and renewing the policy & willing to renew health insurance policy. The group that has renewed health insurance has also rated the tax savings component higher (Ahire and Rishipathak, 2018).

III. METHODOLOGY

Research Design. The research design employed a quantitative method through descriptive-correlational design to link the independent factors (that can be controlled) to the dependent variables (that can be measured), giving predictions for dependent variable values and specified values for the independent variables. Rather than attempting to infer causes and effects, the goal of descriptive correlational research is to characterize the connection among variables (Calmorin and Calmorin, 2007). When the researcher has no control over the independent variables—the variables thought to produce or impact on the dependent or outcome variable— descriptive correlational studies are helpful for explaining how one phenomenon is connected to another. The researcher will employ this research design to determine the determinants of the decision to purchase health insurance plans of non-teaching personnel in a state university in Manila.

Respondents of the Study and Population and Sample Size. subject venue of this study is the main campus of a state university in Manila where it has 647 non-teaching personnel; out of 647, 250 was target participants of the study.

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Convenience sampling will be used as the sampling technique for the computed number of target respondents of the study. This type of non-probability sampling involves the researcher selecting the participants for the sample based on a range of factors, such as the participant's willingness and ability to engage in the research, or the researcher's expert knowledge of the research question (Sedgwick, 2013). The method is straightforward to the point where the researcher has to exclude members of the community who do not meet the predetermined requirements in order to produce a sample size population.

Research Instrument. The research questionnaire that was utilized in this study is an adapted questionnaire from Kim and Han (2010) for TPB constructs attitude towards the behavior, subjective norm, perceived control behavior, and intention to purchase. These items were included in the initial questionnaire. The questionnaire used a 7-point Likert scale of 1-7 (1= extremely unimportant and 7= extremely important for the variable attitude toward the behavior while subjective norms and PCB have the same scale but with the verbal interpretation of 1 as strongly disagree and 7 as strongly agree. A seven-point Likert scale provides seven unique response choices pertaining to the agreement that would satisfy respondents' needs without being too confusing. The most accurate Likert scales are those with seven points, and they usually have a neutral or mild middle. The survey instrument run through Cronbach's alpha for internal consistency and assessed through validity and reliability testing. The survey questionnaire was divided into two parts. Part 1 will consist of the profile of the respondents while Part 2 will cover the determinants that significantly influence the decision to purchase health insurance of the respondents.

Data Gathering Procedure. The researchers used the Cronbach alpha to examine the validity and reliability of the survey questionnaire. A measure of the internal consistency reliability of a group of items or questions in a questionnaire or test. Cronbach's alpha assesses the degree of correlation between the items in a scale or test in order to ascertain its reliability or consistency. The survey questionnaires were distributed and can be responded to by the participants through an online form created via Google form or can be also distributed to the target respondents via hard copy through onsite data gathering after the letter of approval to conduct a study on the subject venue.

Ethical Consideration. The researchers rigorously adhered to the University Reserach Ethics Committee's (UREC) requirements in technical and academic standards in writing, referencing all sources of ideas, information, and data to the best of the researcher's understanding. The researcher secured an ethics clearance approval to the institution to safeguard the privacy, wellness, and security of the human subject. The work was appropriately submitted to the adviser for review and consideration of ideas for improving the research study. Before disseminating the survey questionnaire, it underwent a validity testing, which was aided by the researcher's statistician. A letter of request for other pertinent papers to support this study was also sent to the respective e-mail addresses of the concerned offices which were involved in the study.

Statistical Treatment of Data. The researchers treated the data gathered using *frequency and percentage distribution* to determine the proportions of the given category to the whole population. *Weighted mean* was employed to measure the significance of an outcome to the sample. Using a 7-point Likert scale, respondents can choose from seven alternative answers pertaining to an agreement that would be unique enough to them without being perplexing. Typically, it includes a moderate or neutral midpoint, and 7-point Likert scales are known to be the most accurate of the Likert scales.

Standard Deviation to determine if the values tallied for each question are close or spread out to the weighted mean. Moderating analysis for the profile of respondents involves examining how demographic or personal characteristics (such as age, gender, experience, education, or position) influence the relationship between key variables in the study and lastly, *Partial Least Square Structural Equation Model (PLS-SEM)* that allows the researcher to analyze relationships simultaneously. It is interesting to compare and contrast this approach with the variables stated in this paper to analyze the mediation relationships between or among variables. In addition to statistical data, logical arguments are presented supported by two case studies from PLS-SEM and regression models. It evaluates linear causal links across variables, while concurrently accounting for sampling errors.

IV. Results and Discussion

The following results were analyzed through thematic analysis of the qualitative transcripts generated after the interviews conducted. These results were thematically organized based on the participants' financial challenges, coping strategies, financial opportunities, and financial stability as freelancers in the gig world.

Table 1 shows the demographic profile of the respondents. The highest age ranges from 29 to 40 years old with a frequency of 99 with a percentage of 39.60%. represents the largest age cohort. Among all the age brackets, the age ranges from 61 years old and above has the smallest representation, suggesting that very few respondents (8) with a percentage of 3.20% in the older age bracket. The gender distribution shows a predominance of female respondents (45.60%) compared to males (40.40%) while 35 respondents (14.00%) preferred not to say their gender identity, possibly due to privacy concerns or personal preferences. Civil status presents that the proportion of respondents who are single (93) and married (93) is equal, each comprising 37.20%. This suggests that the distribution of these two typical relationship statuses is balanced, moreover, 10 respondents (4.00%) chose not to disclose their relationship status, that could indicate privacy concerns or discomfort with the question. In terms of the income level of the respondents, income level ranges 25,000.00php and below and 25,001.00-50,000.00php are mostly answered by the respondents having the same frequency (93), comprising 37.20% both. The fact that both lower income brackets are tied in frequency indicates a substantial portion of the population while the income level of

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101,000.00php and above has the smallest representation, with only 0.80% of respondents. This suggests that very few individuals in the surveyed population have this income level, indicating a concentration of lower to middle-income levels

TABLE 1. Profile of the Respondents

Profile	Frequency	Percent
Age	**Age**	**Age**
19 to 28 years old	72	28.80%
29 to 40 years old	99	39.60%
41 to 50 years old	48	19.20%
51 to 60 years old	23	9.20%
61 years old and above	8	3.20%
Total		
Gender		
Female	114	45.60%
Male	101	40.40%
Prefer not to say	35	14.00%
Total		
Civil Status		
Single	93	37.20%
Married	93	37.20%
Separated	52	20.80%
Widow/er	2	0.80%
Prefer not to say	10	4.00%
Total		
Income Level		
25,000.00php and below	93	37.20%
25,001.00 and 50,000.00php	93	37.20%
50,001.00 and 75,000.00php	52	20.80%
75,001.00 and 100,000.00php	10	4.00%
101,000.00php and above	2	0.80%
Total		

TABLE 2. Attitude as a Determinant that Influences Intention to Purchase

Indicators	Mean	Std. Deviation	Variance	Verbal Interpretation
A1	6.42	0.950	0.903	Extremely Important
A2	6.31	1.040	1.081	Extremely Desirable
A3	6.43	0.930	0.864	Extremely Favorable
A4	6.00	1.435	2.060	Highly Easy
A5	6.44	0.981	0.963	Extremely Wise
A6	6.46	0.982	0.964	Extremely Good
Overall Mean	6.34	0.241	0.174	

Table 2 presents the mean scores for all indicators exceeding 6.00, indicating that respondents consider attitude to be an extremely important factor in their intention to purchase a healthcare insurance plan. The overall mean of 6.34 supports this finding. The standard deviations range from 0.930 to 1.435, suggesting a relatively low level of variability in responses. The variances, which are also relatively low, indicate that the responses are clustered closely around the mean, suggesting consistency in the opinions of the participants. All indicators are categorized as A1 "Extremely Important" (wm=6.42; std=0.950), A2 "Extremely Desirable" (wm=6.31; std=1.040), A3 "Extremely Favorable" (wm=6.43; std=0.930), A4 "Highly Easy" (wm=6.00; std=1.435), A5 "Extremely Wise" (wm=6.44; std=0.981), and A6 "Extremely Good" (wm=6.46; std=0.982), which all indicates a strong agreement among respondents regarding the importance of attitude in their intention to purchase healthcare insurance plans. This finding is supported by Mishra, et.al (2024) suggest that attitude is one of the key determinants of behavioral intention, along with subjective norms and perceived behavioral control.

TABLE 3. Subjective Norms as Determinant that Influences Intention to Purchase

Indicators	Mean	Std. Deviation	Variance	Verbal Interpretation
SN1	5.50	1.30	1.69	Highly Agree
SN2	5.42	1.31	1.71	Highly Agree
SN3	5.42	1.29	1.66	Highly Agree
SN4	5.30	1.41	2.00	Highly Agree
SN5	5.31	1.38	1.91	Highly Agree
Overall Mean	5.36	1.34	1.79	Highly Agree

Table 3 suggests a strong consensus among respondents regarding all the indicators (SN1 to SN5), as indicated by their high mean scores. The relatively low standard deviations and variances suggest that the indicators are reliable measures of the constructs they represent. When conducting further analysis or drawing assumptions, researchers can be more confident that the respondents' opinions are consistent. However, the presence of slightly higher variance in some indicators (SN4) may indicate areas for further exploration. Understanding why certain indicators elicited more varied responses could provide valuable insights into the factors influencing respondents' purchase intention. In terms of verbal interpretation, all measurements fall in the "Highly Agree" category. Hsu, et. al. (2017), Basha and Lal (2019), and Jain (2020) have similar findings and suggest that subjective norms are important in determining consumers' purchase intention.

TABLE 4. Perceived behavior as a Determinant that Influences Intention to Purchase

Indicators	Mean	Std. Deviation	Variance	Verbal Interpretation
PBC1	6.40	1.068	1.141	Strongly Agree
PBC2	6.36	1.001	1.002	Strongly Agree
PBC3	6.20	1.135	1.288	Strongly Agree
PBC4	6.49	0.793	0.628	Strongly Agree
PBC5	6.28	1.019	1.038	Strongly Agree
Overall Mean	6.35	1.003	1.019	Strongly Agree

Table 3 signifies that indicators have mean scores above 6.20, indicating that respondents generally perceive behavioral control as a significant factor influencing their intention to purchase healthcare insurance. The overall mean of 6.35 suggests a strong agreement among respondents regarding the importance of perceived behavioral control. The standard deviations range from 0.793 to 1.135, indicating a moderate level of variability in responses. The variances, which range from 0.628 to 1.288, suggest that while most respondents agree on the importance of perceived behavioral control, there are some differences in individual views. In terms of verbal interpretation, all indicators are categorized as "Strongly Agree" which reflects a strong agreement among respondents about the significance of perceived behavioral control regarding their intention to purchase healthcare insurance. This finding is supported by Achmadi, et. al. (2024) revealed that higher levels of perceived control correlate with increased purchase intentions, as individuals feel more capable of

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navigating the complexities of insurance options and processes.

TABLE 5. Respondents' Intention to Purchase a Healthcare Insurance Plan

Indicators	Mean	Std. Deviation	Variance	Verbal Interpretation
PI1	6.43	0.968	0.937	Strongly Agree
PI2	6.44	0.922	0.850	Strongly Agree
PI3	6.48	0.888	0.789	Strongly Agree
PI4	6.47	0.906	0.820	Strongly Agree
PI5	5.65	1.337	1.787	Highly Agree
Overall Mean	6.29	1.004	1.037	Strongly Agree

Table 5 signifies that shows the mean scores for indicators IP1 to IP4 are above 6.43, 6.44, 9.48, and 6.47 with a standard deviation of 0.968, 0.922, 0.888, and 0.906 respectively indicating that the majority of respondents strongly agree with their intention to purchase healthcare insurance. However, IP5 has a lower mean score of 5.65, categorized as "Highly Agree." This suggests that while respondents generally have a positive intention, there may be some hesitance or inconsistency regarding the specific aspect measured by IP5 (wm=5.65) with the statement "My desire to be financially worry-free regarding sickness led me to purchase an insurance plan". The standard deviations range from 0.888 to 1.337, indicating a moderate level of variability in responses. The variances, which range from 0.789 to 1.787, suggest that while most respondents agree on their intention to purchase, there are notable differences in individual perceptions, particularly for IP5, which has the highest standard deviation and variance. The consistent categorization of the first four indicators as "Strongly Agree" reflects a robust agreement among respondents about their intentions. IP5 with the verbal interpretation "Highly Agree" indicates that this aspect may require further exploration to understand the underlying reasons for the slightly lower agreement of the respondents. The findings align with existing literature that explores the factors influencing the intention to purchase healthcare insurance. Maurya, and Yasmeen (2023) and Jayaraman, et.al. (2017) indicate that various determinants, including attitudes, perceived behavioral control, and subjective norms, substantially influence customer intention to purchase.

TABLE 6. Determinants of the Respondents' Purchase Intention

Hypothesis	Path Coefficient (β)	P-Value	Result
H1: Attitude → Intention to Purchase	0.10	<0.05	Significant
H2: Subjective Norms → Intention to Purchase	0.06	0.18	Not Significant
H3: Perceived Behavioral Control → Intention	0.13	<0.01	Significant

Table 6 presents the hypotheses results of the three variables – attitude, subjective norms, and perceived behavioral control to the purchase intention of the respondents. Attitude (H1) towards purchasing healthcare insurance significantly affects the intention to purchase with a path coefficient of $\beta = 0.10$ and p-value of < 0.05 indicating that respondents' attitude leads to a higher intention to purchase healthcare insurance. Guan et al. (2020) conveyed that a positive attitude is a specific factor that highly influences consumer purchase decisions toward insurance products. The TPB has been used in several types of research to evaluate the relationship between consumers' attitudes and intentions to buy goods and services (Casidy, et.al., 2016 and Mamun, et.al., 2021). Subjective Norms (H2) however do not significantly affect the intention to purchase healthcare insurance ($\beta = 0.06$, $p = 0.18$). This does not support H2, indicating that the perceived social pressure to purchase healthcare insurance is not a significant predictor of the intention to purchase. This is supported by the findings of the study of Mamun, et.al. (2024) suggesting that while there is some influence, it is not strong compared to other factors such as perceived usefulness and attitude toward health insurance however there are also numerous researchers have suggested a positive and significant relationship between subjective norms and intent to purchase (Judge, et. al., 2019; Guan, et.al., 2020; Photcharoen, et. al., 2020; and Raza, et.al., 2020). Perceived behavioral control (H3) significantly affects the intention to purchase healthcare insurance ($\beta = 0.13$, $p < 0.01$). This only indicates that individuals who feel more in control of their capability to purchase healthcare insurance are more likely to intend to purchase it. Moreover, their customer perception and ability to engage in a specific activity directly influence their purchase intention. Several researchers have shown the significant effect of perceived behavior control on purchase intention (Mas'ud, 2016; Md Husin and Ab Rahman, 2016; Dzulkipli, et.al., 2017; and Photcharoen, et. al., 2020).

TABLE 7. Influence of Respondents' Profile on their Purchase Intention

Hypothesis	Path Coefficient (β)	P-Value	Result
H4a: Age → Intention to Purchase	0.02	0.29	Not Significant
H5b: Gender → Intention to Purchase	0.00	0.34	Not Significant
H6c: Civil Status → Intention to Purchase	0.03	0.32	Not Significant
H7d: Income Level → Intention to Purchase	0.02	0.36	Not Significant
H8e: Educational Attainment → Intention	0.03	0.21	Not Significant

Table 7 presents the p-value for H4a which is 0.02, which is greater than the commonly used significance level of 0.05 with β=0.29. The finding indicates that age alone may not significantly impact purchasing decisions, aligning with the concept that the p-value is not significant in some analyses, leading researchers to reject the hypothesis regarding age's influence on purchase intentions. This finding is supported by Mishra, et. al (2024) that suggests that while age may have some influence, it is often overshadowed by other behavioral and perceptual factors. Moreover, the other moderating variables such as gender (β=0.00; p-value=0.34), civil status (β=0.03 p-value=0.32), income level (β=0.02 p-value=0.36), and highest educational attainment (β=0.03 p-value=0.21). These findings reveal that the profiles of the respondents are insignificant predictors of their intention to purchase a

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healthcare insurance plan. Similar findings were suggested by Jayaraman, et. al., (2017) and Guan et. al, (2020).

V. Conclusion

Attitude emerged as an influential determinant for the intention to purchase healthcare insurance plans. The high mean scores, low response variability, and consistent verbal interpretations across indicators further bolster this interpretation. The results add to the current knowledge about attitudes toward healthcare insurance purchase intention and the specific attitudinal constructs determining healthcare insurance purchase intentions. The subjectivity of norms shows that there is a high degree of agreement among the respondents on any indicator, confirmed by statistical consistency. Lastly, perceived behavioral control is also found to be a determinant that has a significant effect on the purchase intention of the sample size. The high mean scores, moderate variability in responses, and consistent verbal interpretations across indicators support this conclusion.

It is also concluded that most of the indicators indicate a high agreement to have the intention to purchase interest in health insurance. However, the indicator IP5 has the lowest score which points to potential issues that are area-specific and may need to be addressed. The findings are in line with a portion of the existing literature regarding intention, predicting actual purchase behavior, and different factors shaping consumer intentions for healthcare insurance. Knowing the dynamics of these channels can be beneficial to insurance providers as they could redesign their marketing strategies and customer engagement. The findings highlight that attitude, perceived behavioral control, and age as one of the demographic characteristics of the respondents are significant predictors of the intention to purchase healthcare insurance, while subjective norms and demographic variables such as gender, civil status, income level, and highest educational status do not have a significant influence. This underscores the importance of fostering positive attitudes and enhancing perceived behavioral control to encourage high intention to purchase healthcare insurance plans.

VI. Recommendations

Researchers strongly recommend deepening positive attitudes in the workplace through academic managers' initiative to develop educational campaigns that primarily focus on the benefits of purchasing a healthcare insurance plan. This initiative should aim to change the mindset of non-teaching personnel in the university to have a positive attitude by providing them with clear, significant information about the advantages of having insurance, such as financial security, its positive impact on health insurance on individuals' lives, and access to healthcare services. To influence subjective norms, non-teaching personnel might be highly encouraged to engage with community leaders and social media-driven influencers who advocate health insurance. Their endorsements can shape subjective norms positively, encouraging individuals to consider purchasing insurance as a socially accepted behavior or might also engage with colleagues who are current insurance holders that can share their experiences. This can create a supportive environment that reinforces the social norm of obtaining health insurance. To improve the perceived behavioral control of the respondents, insurance companies are encouraged to provide comprehensive resources that enhance consumers' knowledge about healthcare insurance options. This includes clear explanations of different plans, coverage details, and the enrollment process, which can empower their clients to feel more in control of their decisions. Leveraging technologies through the use of various existing social media platforms with the presence of a “warm body” – a customer agent or sales representative to implement these strategies is highly stimulated for customers' easy accessibility to the company offers, insurance information, and best practices. To identify target populations that are less likely to enroll in insurance, insurance companies can use data analytics. An adapted outreach effort can address specific barriers faced by these groups, enhancing overall enrollment rates. Addressing specific concerns of certain groups in the university that delve into the reasons behind hesitations or barriers to purchasing insurance. This can be done through targeted communication strategies implemented by the insurance providers that specifically address the identified concerns such as information about subsidies, payment plans, incentives, or financial assistance available to potential healthcare policyholders that lead to their purchase intention. Lastly, examine demographic insights to adjust the insurance providers’ marketing strategies. Age was identified as one of the biggest determinants in purchasing insurance providers will need to tailor marketing efforts, so they resonate with different age groups. If they were to offer a marketing program or strategy geared towards the younger crowds it would be based on directing energy into long-term gains of being insured early, while those that targeted an older demographic could focus on things like coverage for managing ongoing and chronic conditions. A sustained effort is required around market research and consumer sentiment collection in order to better calibrate marketing strategies. That way, marketing will continue to be served as it ought to link individuals and groups of demographic clusters in a very applicable manner.

For future research direction, it is proposed that henceforth, marketing strategies take into account these earlier study results (i.e., from consumer behavior and healthcare insurance literature). By doing so, it can help to create more relevant campaigns that are rooted in practices and theories which have been proven best practice. Therefore, although subjective norms were not found to have a direct effect on the intention to purchase healthcare insurance from this study's results, they may function in an indirect manner. Further investigating these concerns by qualitative methodology as exploratory studies perhaps interviews and focus groups. Furthermore, as supported by the results age emerged to be a potential indicator variety of demographic variables among respondents did not have a significant effect. Future studies should investigate in greater detail how diverse age groups react to different buying intention determinants and adjust strategies accordingly.

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