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Research Article

THE INFLUENCE OF MARKETING MIX STRATEGY ON OUTPATIENT REVISIT INTENTION AT SARTIKA CLINIC, LAMONGAN

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Abstract:

Background: Intensifying market competition among primary healthcare facilities necessitates that private clinics implement robust marketing frameworks to maintain patient retention and loyalty. The marketing mix (encompassing product, price, place, promotion, people, process, and physical evidence) serves as an essential strategic model; however, outpatient visits at Sartika Clinic Lamongan fluctuated across early 2025 (59 to 97 patients monthly), leaving the empirical influence of its marketing mix on revisit intentions ambiguous.

Objective: To analyze the empirical effect of the marketing mix strategy on outpatient revisit intention at Sartika Clinic Lamongan. Methods: This quantitative observational study utilized an analytical cross-sectional survey design conducted in 2026. A sample of 82 outpatients was recruited from an accessible population of 451 outpatients using non-probability consecutive sampling based on the Slovin formula. Data were gathered via structured Likert-scale questionnaires measuring the 7P marketing mix and revisit intention dimensions. Data were evaluated through descriptive univariate analysis and bivariate simple binary logistic regression.

Results: The vast majority of respondents perceived the clinic's marketing mix in the moderate category (98.8%, n = 81) and reported moderate-to-high revisit intentions (80.5% moderate, n = 66; 4.9% high, n = 4). Simple binary logistic regression confirmed a statistically significant positive effect of the marketing mix on patient revisit intention (B = 0.233, S.E. = 0.065, Wald = 12.736, $p < 0.001$, Exp[B] = 1.263, 95% CI: 1.111–1.435). Each one-unit increase in marketing mix score increased the odds of patient revisit intention by 1.263 times. The Nagelkerke R^2 of 0.368 indicated that 36.8% of the variance in outpatient revisit intention was explained by the marketing mix.

Conclusion: An increased double-job burden among PKRS staff is strongly associated with a severe decline in the effectiveness of hospital health promotion programs. Hospital executive boards should establish dedicated, full-time health promotion staffing and re-engineer task distributions to ensure sustainable preventive services.

Keywords: Cross-sectional study; Healthcare marketing; Logistic regression; Marketing mix 7P; Outpatients; Revisit intention

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1. INTRODUCTION

In the contemporary healthcare landscape, primary healthcare institutions face mounting competitive pressures resulting from demographic shifts, rapid technological innovations, and

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heightened consumer expectations (Firdawati et al., 2024; Pitaloka & Harianto, 2025). In accordance with Indonesian Minister of Health Regulation (Permenkes) Number 9 of 2014, a clinic is defined as a healthcare service facility that organizes personal health services providing basic and/or specialized medical care (Permenkes RI, 2014). As private clinics proliferate across urban and suburban districts, healthcare consumers have gained unprecedented discretion to select, compare, and switch between service providers based on perceived value, service quality, and overall patient experience (Kotler & Keller, 2021; Putri et al., 2025). Consequently, healthcare management can no longer rely solely on clinical technical competencies; institutions must proactively deploy strategic marketing frameworks to foster patient trust, enhance satisfaction, and sustain competitive advantage (Diliasari & Ayuningtyas, 2023; Kotler & Keller, 2021).

The 7P marketing mix—product, price, place, promotion, people, process, and physical evidence—is an essential framework for healthcare service management (Kotler & Keller, 2021; Pitaloka & Harianto, 2025). In clinical settings, these elements encompass service quality, affordability, accessibility, promotion, staff competence, service efficiency, and physical facilities, which collectively influence patient perceptions and institutional reputation (Firdawati et al., 2024; Syukriansyah & Kesumahati, 2024).

Within health service administration, patient revisit intention serves as a critical indicator of organizational sustainability and service excellence, defined as a patient's behavioral readiness and conscious commitment to return to the same healthcare facility for future medical needs, alongside a willingness to recommend the facility to peers via word-of-mouth (Hasanah et al., 2024; Yuniarti & Hidayat, 2021). Retaining existing patients is widely documented to be substantially more cost-effective than acquiring new consumers, providing predictable operational revenues and stabilizing clinic census volumes (Putri et al., 2025). In ambulatory care, revisit intention is fundamentally driven by perceived service value, interpersonal physician-patient communication, administrative efficiency, and tangible clinic cleanliness (Diliasari & Ayuningtyas, 2023).

Sartika Clinic Lamongan experienced fluctuating outpatient visits in the first half of 2025, indicating potential challenges in patient retention. Previous studies reported inconsistent findings on the influence of the 7P marketing mix on revisit intention (Syukriansyah & Kesumahati, 2024; Harianto, 2025). Therefore, this study examined the effect of marketing mix strategies on outpatient revisit intention to provide evidence for improving service quality and patient loyalty.

2. METHODS

2.1 Research Design

This study used a quantitative analytical observational design with a cross-sectional approach to examine the relationship between the marketing mix and patient revisit intention at a single point in time.

2.2 Research Population and Sample

The study involved 82 outpatients selected through consecutive sampling from a population of 451. Eligible participants were aged ≥17 years, able to communicate independently, and willing to participate. Emergency patients, those with cognitive impairment, and those submitting incomplete questionnaires were excluded.

2.3 Research Setting and Time

The research was conducted at the Outpatient Department of Sartika Clinic Lamongan, situated in Lamongan Regency, East Java Province, Indonesia during 2026.

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2.4 Research Procedures

The research procedure followed four structured phases: (1) administrative licensing and institutional permissions from clinic management; (2) questionnaire distribution to consecutive outpatients in waiting lounges following clinical consultation; (3) independent questionnaire completion by respondents; and (4) immediate data checking for completeness and computerized coding. Informed consent was obtained prior to instrument distribution.

2.5 Data Collection Techniques

Primary data were collected using structured, closed-ended self-administered questionnaires. The survey captured evaluations of clinic marketing mix components and outpatient revisit intentions.

2.6 Research Instruments

The marketing mix was measured using the 7P dimensions, while revisit intention covered repeat visits, preferential choice, and positive recommendations. Both variables were assessed using Likert-scale questionnaires and categorized as low, moderate, or high. Revisit intention was dichotomized into intended and not intended to revisit for logistic regression analysis.

2.7 Data Analysis

Data were analyzed using SPSS. Descriptive statistics were presented as frequencies and percentages, while binary logistic regression examined the relationship between marketing mix and revisit intention. Model significance and fit were assessed using the Omnibus test, −2 Log Likelihood, Cox and Snell R^2, and Nagelkerke R^2, with a significance level of 0.05.

2.8 Scope and Limitations of the Research

The study's scope was delimited to ambulatory outpatients at a single private clinic in Lamongan. Methodological limitations include the cross-sectional design precluding temporal causality and reliance on self-report questionnaires

2.9 Ethical Considerations

This study was conducted after obtaining informed consent from all respondents. The purpose, procedures, and objectives of the study were explained to the participants, and their participation was entirely voluntary. All respondents provided their consent before participating in the study.

3. RESULTS AND DISCUSSION

3.1. Result

Table 1. Univariate Frequency Distribution of Marketing Mix and Revisit Intention (n = 82)

Research Variable	Category / Level	Frequency (f)	Percentage (%)	Operational Interpretation
Marketing Mix 7P (X)	Poor / Low	0	0.0	Unfavorable promotional appraisal
	Moderate / Fair	81	98.8*	Acceptable promotional appraisal
	Good / High	1	1.2*	Highly favorable promotional appraisal
Patient Revisit Intention (Y)	Low / Reluctant	12	14.6	Low intention to return
	Moderate / Neutral	66	80.5	Moderate intention to return
	High / Committed	4	4.9	Strong commitment to return

**Note: In the primary manuscript Table 1, the percentage for Cukup was rounded as 98% and Baik as 2% (81/82 = 98.78% and 1/82 = 1.22%). Source: Primary research survey data, Sartika Clinic Lamongan, 2026.*

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As detailed in Table 1, almost all outpatient respondents evaluated the clinic's marketing mix in the 'Moderate/Fair' category (98.8%, n = 81), with only one respondent (1.2%) rating it 'Good' and none rating it 'Poor'. Regarding revisit intention, 80.5% of outpatients (n = 66) demonstrated 'Moderate' intention to return, 14.6% (n = 12) exhibited 'Low' revisit intention, and 4.9% (n = 4) showed 'High' revisit commitment.

Table 2. Cross-Tabulation of Marketing Mix Category with Patient Revisit Intention Decision (n = 82)

Marketing Mix Category (X)	Revisit Intention Decision (Y)		Total Respondents	Observed Revisit Rate (%)
	No / Not Intending n (%)	Yes / Intending n (%)		
Poor / Low	0 (0.0%)	0 (0.0%)	0 (0.0%)	0.0%
Moderate / Fair	17 (20.7%)	64 (78.0%)	81 (98.8%)	79.0%
Good / High	0 (0.0%)	1 (1.2%)	1 (1.2%)	100.0%
Total Respondents	**17 (20.7%)**	**65 (79.3%)**	**82 (100.0%)**	**79.3%**

Source: Cross-tabulation derived from primary survey data, 2026.

Table 2 illustrates the distribution of revisit decisions across marketing mix categories. Among the 81 respondents who perceived the marketing mix as moderate, 79.0% (n = 64) intended to revisit Sartika Clinic, while 21.0% (n = 17) did not intend to revisit. The single respondent rating the marketing mix as good expressed affirmative revisit intention.

Table 3. Binary Logistic Regression Analysis of Marketing Mix on Outpatient Revisit Intention

Model Component / Predictor	B	S.E.	Wald	df	p-value (Sig.)	Exp(B) [OR]	95% CI Lower	95% CI Upper
Omnibus Model Test (Chi-square)	21.984	—	—	1	< 0.001*	—	—	—
-2 Log Likelihood / R^2 Summary	61.718	Cox & Snell R^2 = 0.235	Nagelkerke R^2 = 0.368	—	—	—	—	—
Marketing Mix Strategy (X)	**0.233**	**0.065**	**12.736**	**1**	**< 0.001***	**1.263**	**1.111**	**1.435**
Constant	-24.170	7.044	11.775	1	0.001*	0.000	—	—

**Statistically significant at alpha < 0.05. Dependent variable: Revisit Intention (0 = Tidak, 1 = Iya). Source: Processed SPSS logistic regression output, 2026.*

The logistic regression analysis showed that the marketing mix strategy significantly influenced the outcome (B = 0.233; p < 0.001), with an odds ratio (Exp(B)) of 1.263 (95% CI: 1.111–1.435). The overall model was statistically significant (χ^2 = 21.984; p < 0.001), with Cox and Snell R^2 of 0.235 and Nagelkerke R^2 of 0.368, indicating that the model explained approximately 36.8% of the outcome variation.

3.2 Discussion

The central finding of this investigation confirms that the marketing mix strategy exerts a statistically significant, positive empirical effect on outpatient revisit intention at Sartika

Clinic Lamongan (B = 0.233, Wald = 12.736, p < 0.001, Exp[B] = 1.263). The Nagelkerke R^2 value of 0.368 demonstrates that over one-third (36.8%) of outpatient revisit decisions are directly governed by patient appraisals of the clinic's marketing mix elements. Outpatients who evaluate the marketing mix more favorably have a 26.3% greater probability of returning for subsequent care. Descriptive findings revealed that 98.8% of patients perceived the marketing mix as moderate and 80.5% exhibited moderate revisit intentions. These metrics indicate that while Sartika Clinic provides acceptable basic services, there remains substantial untapped potential to elevate patient retention from moderate compliance to enthusiastic, committed brand loyalty.

These empirical outcomes are strongly consistent with contemporary healthcare marketing and patient retention literature. Syukriansyah & Kesumahati (2024) demonstrated that marketing mix components significantly govern revisit intentions through patient satisfaction in hospital outpatient installations. Similarly, Pitaloka & Harianto (2025) and Harianto (2025) established that process, people, and physical evidence exert robust positive impacts on patient loyalty in regional hospital clinics in Blitar. In ambulatory primary care, Firdawati et al. (2024) confirmed that marketing mix dimensions directly dictate patient choice and retention. Furthermore, our findings align with Diliasari & Ayuningtyas (2023) and Putri et al. (2025), who highlighted that patient perceptions of fair pricing, staff empathy, and streamlined clinical processes serve as critical prerequisites for repeat facility utilization in urban Indonesian healthcare markets.

This finding is supported by Service Marketing Mix Theory and the Perceived Value Model, which suggest that patients assess healthcare services through the 7P elements. Quality facilities, empathetic staff, and efficient processes enhance perceived value by outweighing monetary and non-monetary costs, thereby strengthening revisit intentions and positive recommendations (Kotler & Keller, 2021; Zeithaml, 1988; Hasanah et al., 2024).

The Nagelkerke R^2 of 0.368 indicates that 63.2% of revisit intention variance is explained by factors outside the model, such as clinical outcomes, BPJS coverage, geographic proximity, physician reputation, and patient trust (Diliasari & Ayuningtyas, 2023; Hasanah et al., 2024). Additionally, 98.8% of respondents rated the marketing mix as moderate, indicating limited variation in this category.

This study demonstrates that marketing mix strategies significantly influence patient revisit intention (OR = 1.263; p < 0.001), highlighting their importance as an integrated management strategy for improving patient retention and clinic sustainability.

3.2 Implications

Clinic management should improve digital queue systems, upgrade waiting facilities and signage, strengthen staff communication skills, and ensure transparent pricing and social media promotions.

3.3 Research contribution

This study offers quantitative empirical documentation from a private primary clinic in Lamongan, providing valuable baseline reference data on 7P marketing mix implementation and outpatient revisit intentions for Indonesian healthcare administration literature.

3.4 Limitations

Several limitations must be acknowledged: (1) The cross-sectional design captures associations rather than longitudinal behavioral causality; and (2) Non-probability consecutive sampling was restricted to 82 outpatients at a single private clinic.

3.5 Suggestions

Future research should use longitudinal, multicenter designs, track patient revisits through medical records, assess each 7P dimension using multivariable analysis, and examine patient trust and perceived clinical quality as mediating factors.

4. CONCLUSION

The marketing mix strategy significantly and positively influences outpatient revisit intention at Sartika Clinic Lamongan (B = 0.233, Wald = 12.736, p < 0.001, Exp[B] = 1.263), explaining 36.8% of the variance in revisit intention (Nagelkerke R^2 = 0.368). Each one-unit enhancement in the clinic's marketing mix score increases the likelihood of patient return by 1.263 times. While the majority of outpatients evaluated the marketing mix (98.8%) and revisit intentions (80.5%) as moderate, strategic improvements in clinic processes, physical facilities, and staff responsiveness are vital to cultivate lasting patient loyalty.

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AUTHOR CONTRIBUTIONS STATEMENT

MIS: Conceptualization, Methodology, Investigation, Data curation, Formal analysis, Writingoriginal draft. MGS, EMS, NVR: Supervision, Validation, Methodology, Writing, review and editing, Project administration.

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