



**THE INFLUENCE OF HOSPITAL MARKETING MIX AND CONSUMER PERSONAL FACTORS ON THE SELECTION OF REFERRAL HOSPITALS BY PATIENTS**

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**ABSTRACT**

The selection of referral hospitals is not solely determined by the administrative mechanism of the National Health Insurance (JKN) referral system but is also influenced by hospital marketing strategies and patient characteristics. This study aimed to examine the effects of the hospital marketing mix (7Ps) and personal patient factors on referral hospital selection at Segiri Primary Health Center, Samarinda. A quantitative cross-sectional design was employed involving 348 respondents selected through simple random sampling from 1,758 referred patients. Data were collected using a structured questionnaire that had been tested and confirmed to be valid and reliable. Statistical analyses included Chi-square and Fisher's exact tests for categorical variables, as well as Kruskal-Wallis and Mann-Whitney tests for non-parametric comparisons. The results indicated that most personal characteristics, including age, gender, education, occupation, income, and JKN ownership, were not significantly associated with referral hospital selection ( $p > 0.05$ ), except for domicile ( $p < 0.05$ ). Clinical factors, represented by the destination polyclinic, showed a strong association with hospital choice ( $p < 0.001$ ). Among the marketing mix components, Product ( $p = 0.026$ ), Process ( $p = 0.018$ ), and Physical Evidence ( $p < 0.0001$ ) significantly influenced referral hospital selection, while Price, Place, Promotion, and People showed no significant effects ( $p > 0.05$ ). In conclusion, referral hospital selection was primarily influenced by service needs and the quality of patient experience rather than personal characteristics. Prioritizing improvements in physical facilities and optimizing service processes are essential to enhance the effectiveness of the referral system.

Keywords: marketing mix; personal factors; referral hospital; 7Ps

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**INTRODUCTION**

Indonesia's health system positions primary care as the frontline for promotive, preventive, curative, and rehabilitative services. Since the implementation of the National Health Insurance (JKN) in 2014, the referral mechanism has been strengthened, with Puskesmas functioning as gatekeepers that manage most health cases before referral to advanced hospitals (FKRTL), as mandated by Minister of Health Decrees No. 71/2013 and No. 75/2014. Despite this structured system, referral hospital choice is not solely administrative; patients consider perceived service quality, accessibility, prior experiences, and interactions with health personnel. In a competitive healthcare environment, hospitals must strategically apply the service marketing mix (7Ps), product, price, place, promotion, people, process, and physical evidence, to shape patient perceptions and influence referral preferences.

Previous studies show varied results regarding which marketing mix components and patient characteristics significantly affect hospital choice, highlighting the importance of contextual research, especially within Indonesia's primary care to hospital referral pathway. In Samarinda, Segiri Community Health Center recorded 1,758 referral cases of 6,351 illness visits from January

to March 2025, yet the determinants of patients' referral hospital choices remain unclear. Hospitals have requested insights into these patterns to improve collaboration and optimize JKN resource allocation. Therefore, this study examines how the hospital marketing mix and patient personal characteristics influence referral hospital selection among patients referred from Puskesmas Segiri. The findings aim to enrich theoretical understanding of health service marketing and support practical improvements in the referral system.

## **METHOD**

This study used a quantitative analytic approach with a cross-sectional design to determine the relationship between the hospital marketing mix (7Ps) and personal consumer factors in the selection of referral hospitals among patients at Segiri Community Health Center, Samarinda. The research was conducted from January to March 2025 at Puskesmas Segiri, which serves as a first-level health facility in the National Health Insurance (JKN) referral system. The population comprised 1,758 patients who received referrals during the study period, from which 348 respondents were selected as the sample using simple random sampling, calculated based on the Lemeshow formula for cross-sectional research. Respondents included individuals aged 18 years and above who received referrals, were willing to participate, and provided informed consent, while those who were unable to communicate effectively, refused participation, or submitted incomplete questionnaires were excluded.

The variables in this study consisted of the hospital marketing mix elements, product, price, place, promotion, people, process, and physical evidence, alongside personal consumer characteristics such as age, gender, education, occupation, income, domicile, JKN ownership, and previous service experience as independent variables, while the dependent variable was the referral hospital selected by the patient. Data were collected using a structured questionnaire developed based on operational definitions for each variable, where marketing mix indicators were measured using a Likert scale and personal characteristics were recorded through demographic items. The questionnaire had been previously tested and demonstrated acceptable validity and reliability. Data collection was performed by approaching eligible patients after referral issuance, explaining study purposes, ensuring confidentiality, and obtaining written consent prior to administering the questionnaire.

All data were processed and analyzed using statistical data analysis software. Descriptive statistics were used to summarize respondent characteristics. Inferential analyses were performed using the Chi-square test and Fisher's exact test for categorical variables, as well as the Kruskal-Wallis and Mann-Whitney tests for non-parametric data, to determine the significance of associations between independent and dependent variables at a significance level of  $p < 0.05$ . The study received ethical approval, and all participants were assured of voluntary participation, anonymity, and confidentiality throughout the research process.

## **RESULT**

A total of 348 respondents participated in this study. Presentation of results includes respondent characteristics, marketing mix variables, and statistical association tests against referral hospital selection. Full summary is presented in Tables 1 and 2.

### **Characteristics of Respondents (Personal Factors) Related to Referral Hospital Selectio**

The majority of respondents showed variation in age, gender, education, employment type, income, and JKN status. However, statistical results indicated that these personal characteristics were generally not associated with referral hospital selection ( $p > 0.05$ ), implying that socio-demographic attributes did not determine preference. Only domicile demonstrated a significant relationship ( $p < 0.05$ ), indicating that proximity or ease of access influenced selected hospitals. The polyclinic type was highly significant ( $p < 0.001$ ), showing that patients tended to choose hospitals based on clinical service needs and specialist availability.

Table 1.  
Characteristic of Respondents by Referral Hospital Selection

Respondent Characteristics/Personal Consumer Factors	Referral Hospital Selection								p-value
	Dirgahayu		Siaga		SMC		Others		
	f	%	f	%	f	%	f	%	
Sex*									0,341
Male	22	6,3	30	8,6	33	9,5	40	11,5	
Female	47	13,5	68	19,5	46	13,2	62	17,8	
Age (years)**									0,054
17 - <25	7	2	9	2,6	11	3,2	18	5,2	
25 - <35	7	2	14	4	16	4,6	17	4,9	
35 - <45	14	4	12	3,4	12	3,4	16	4,6	
45 - <55	17	4,9	36	10,3	16	4,6	21	6	
55 - <65	16	4,6	12	3,4	13	3,7	25	7,2	
≥65	8	2,3	15	4,3	11	3,2	5	1,4	
Religion**									0,647
Islam	61	17,5	88	25,3	69	19,8	84	24,1	
Christian/Catholic	8	2,3	10	2,9	9	2,6	17	4,9	
Hindu/Buddhist/Confucianism	0	0	0	0	1	0,3	1	0,3	
Ethnicity*									0,087
Sumatera, Bali, Nusa Tenggara, Timor, Others	1	0,3	4	1,1	5	1,4	9	2,6	
Java, Madura	29	8,3	55	15,8	37	10,6	43	12,4	
Kalimantan	24	6,9	25	7,2	21	6	21	6	
Sulawesi	15	4,3	14	4	16	4,6	29	8,3	
Adress**									0,047
Loa Janan Ilir, Palaran, Samarinda Seberang, Sambutan	4	1,1	1	0,3	2	0,6	5	1,4	
Samarinda Ulu, Samarinda Utara, Sungai Kunjang	55	15,8	81	23,3	74	21,3	83	23,9	
Samarinda Kota, Samarinda Ilir, Sungai Pinang	3	0,9	3	0,9	2	0,6	2	0,6	
Outside Samarinda	7	2	13	3,7	1	0,3	12	3,4	
Education**									0,899
Elementary	17	4,9	24	6,9	15	4,3	18	5,2	
Junior High School	6	1,7	16	4,6	13	3,7	17	4,9	
Senior High School	28	8	38	10,9	34	9,8	38	10,9	
Diploma	4	1,1	2	0,6	4	1,1	4	1,1	
Bachelor	12	3,4	16	4,6	12	3,4	23	6,6	
Postgraduate or higher	2	0,6	2	0,6	1	0,3	2	0,6	
Occupation**									0,089
Civil Servant/Army/Police/Retiree	7	2	9	2,6	7	2	16	4,6	
Private employee	8	2,3	23	6,6	12	3,4	21	6	
Entrepreneur	11	3,2	14	4	18	5,2	13	3,7	
Student	2	0,6	7	2	4	1,1	10	2,9	
Housewife	38	10,9	45	12,9	35	10	36	10,3	
Others	3	0,9	0	0	3	0,9	6	1,7	
Monthly income*									0,111
≤ Rp2.000.000	49	14	64	18,4	51	14,7	53	15,2	
Rp2.000.001 – Rp5.000.000	15	4,3	27	7,8	25	7,2	36	10,3	
> Rp5.000.000	5	1,4	7	2	3	0,9	13	3,7	
Insurance Ownership**									0,482
Yes	69	19,8	98	28,2	78	22,4	100	28,7	
No	0	0	0	0	1	0,3	2	0,6	
Insurance Utilization**									0,480
Yes	69	19,8	98	28,2	78	22,4	100	28,7	
No	0	0	0	0	1	0,3	2	0,6	
Polyclinic Type**									0,0001
Pediatric	1	0,3	3	0,9	0	0	0	0	
Surgery	6	1,7	13	3,7	9	2,6	2	0,6	
Interna	12	3,4	31	8,9	20	5,7	6	1,7	
Cardiology	5	1,4	1	0,3	5	1,4	4	1,1	
Psychiatry	1	0,3	2	0,6	5	1,4	11	3,2	
Dermatology & Venereology	0	0	1	0,3	1	0,3	1	0,3	
Ophthalmology	0	0	0	0	2	0,6	44	12,6	

Respondent Characteristics/Personal Consumer Factors	Referral Hospital Selection								p-value	
	Dirgahayu		Siaga		SMC		Others			
	f	%	f	%	f	%	f	%		
Obstetrics & Gynecology	5	1,4	3	0,9	6	1,7	10	2,9	0,289	
Oncology	2	0,6	2	0,6	2	0,6	1	0,3		
Orthopedic	5	1,4	12	3,4	4	1,1	5	1,4		
Pulmonology	5	1,4	1	0,3	4	1,1	1	0,3		
Radiotherapy	0	0	0	0	0	0	5	1,4		
Neurology	15	4,3	21	6	13	3,7	8	2,3		
ENT	6	1,7	5	1,4	5	1,4	3	0,9		
Urology	6	1,7	3	0,9	3	0,9	1	0,3		
Referral visit*										0,289
New	31	8,9	41	11,8	39	11,2	56	16,1		0,155
Return	38	10,9	57	16,4	40	11,5	46	13,2		
Recommendation for Hospital Choice **									0,155	
None	39	11,2	51	14,7	45	12,9	45	12,9	0,155	
Family	7	2	7	2	11	3,2	12	3,4		
Friends	0	0	1	0,3	2	0,6	3	0,9		
Hospital health workers	4	1,1	10	2,9	9	2,6	17	4,9		
PHC health workers	16	4,6	28	8	9	2,6	22	6,3		
Others	3	0,9	1	0,3	3	0,9	3	0,9		

\*Chi-Square Test

\*\*Fisher's Exact Test

### Hospital Marketing Mix (7P) Related to Referral Hospital Selection

Table 2  
Hospital Marketing Mix (7P) by Referral Hospital Selection

Marketing Mix	Referral Hospital Selection				p-value*
	Dirgahayu	Siaga	SMC	Others	
Marketing Mix	112 (84,140)	107 (74,140) <sup>a</sup>	110 (78,140)	109 (28,140)	0,030
Product (Total Score)	16 (12,20)	16 (11,20) <sup>a</sup>	16 (12,20)	16 (4,20)	0,026
Product Elements:					
Availability of required services.	4 (3,5)	4 (3,5)	4 (3,5)	4 (1,5)	0,414
High-quality medical services.	4 (3,5)	4 (2,5)	4 (3,5)	4 (1,5)	0,083
Complete health facilities.	4 (3,5)	4 (2,5)	4 (2,5)	4 (1,5)	0,027
Adequate availability of medicines.	4 (3,5)	4 (2,5)	4 (3,5)	4 (1,5)	0,007
Price (Total Score)	16 (12,20)	16 (12,20)	16 (12,20)	16 (4,20)	0,184
Price Elements:					
Costs align with benefits received.	4 (3,5)	4 (3,5)	4 (3,5)	4 (1,5)	0,300
Affordable for personal financial capacity.	4 (3,5)	4 (3,5)	4 (3,5)	4 (1,5)	0,377
Transparent cost information.	4 (3,5)	4 (2,5)	4 (3,5)	4 (1,5)	0,258
Flexible payment methods.	4 (3,5)	4 (3,5)	4 (3,5)	4 (1,5)	0,195
Place (Total Score)	16 (12,20)	16 (12,20)	16 (7,20)	16 (4,20)	0,124
Place Elements:					
Easily accessible location.	4 (3,5)	4 (2,5)	4 (1,5)	4 (1,5) <sup>a</sup>	0,002
Good transportation access.	4 (3,5)	4 (3,5)	4 (2,5)	4 (1,5)	0,305
Adequate parking space.	4 (2,5)	4 (1,5) <sup>a</sup>	4 (1,5)	4 (1,5) <sup>a</sup>	0,014

	Referral Hospital Selection				p-value*
	Dirgahayu	Siaga	SMC	Others	
Safe location.	4 (2,5)	4 (2,5)	4 (1,5)	4 (1,5)	0,718
Promotion (Total Score)	16 (8,20)	14 (5,20)	15 (10,20)	15 (4,20)	0,251
Promotion Elements:					
Information is easy to obtain.	4 (2,5)	4 (2,5)	4 (1,5)	4 (1,5)	0,423
Active on social media.	4 (2,5)	3 (1,5)	4 (2,5)	3 (1,5)	0,162
Attractive promotional materials.	4 (2,5)	3 (1,5)	4 (2,5)	3 (1,5)	0,534
Good patient reviews.	4 (2,5)	4 (1,5)	4 (2,5)	4 (1,5)	0,238
People (Total Score)	16 (10,20)	16 (11,20)	16 (12,20)	15 (4,20)	0,070
People Elements:					
Friendly and polite staff.	4 (2,5)	4 (2,5) <sup>a</sup>	4 (2,5)	4 (1,5) <sup>a</sup>	0,034
Fast and accurate service.	4 (2,5)	4 (2,5)	4 (3,5)	4 (1,5)	0,087
Professional and competent staff.	4 (3,5)	4 (2,5)	4 (3,5)	4 (1,5)	0,051
Routine and continuous training.	4 (3,5)	4 (2,5)	4 (3,5)	3 (1,5)	0,080
Process (Total Score)	16 (12,20)	15 (7,20)	16 (12,20)	16 (4,20)	0,018
Process Elements:					
Orderly administration.	4 (3,5)	4 (2,5) <sup>a</sup>	4 (3,5)	4 (1,5) <sup>a</sup>	0,001
Clear service flow.	4 (2,5)	4 (2,5) <sup>a</sup>	4 (3,5)	4 (1,5) <sup>a</sup>	0,001
Short waiting time.	4 (2,5)	4 (1,5)	4 (2,5)	4 (1,5)	0,807
Detailed explanations provided.	4 (3,5)	4 (2,5) <sup>a</sup>	4 (3,5)	4 (1,5) <sup>a</sup>	0,011
Physical Evidence (Total Score)	16 (11,20)	15 (8,20) <sup>a</sup>	16 (11,20)	16 (4,20)	<0,0001
Physical Evidence Elements:					
Cleanliness is well maintained.	4 (3,5)	4 (2,5) <sup>a</sup>	4 (3,5)	4 (1,5)	<0,0001
Waiting room, toilets, and facilities are complete.	4 (2,5)	4 (2,5) <sup>a</sup>	4 (3,5)	4 (1,5)	0,010
Appealing physical appearance.	4 (3,5)	3,5 (1,5) <sup>a</sup>	4 (1,5)	4 (1,5) <sup>a</sup>	<0,0001
Clear and well-organized information.	4 (2,5)	4 (1,5)	4 (3,5)	4 (1,5)	0,008

\*Kruskal-Wallis test was performed due to non-normal data distribution. Data are presented as median (minimum, maximum).

<sup>a</sup>Significantly different from Dirgahayu Hospital based on Mann-Whitney post-hoc analysis.

Analysis using the Kruskal-Wallis test revealed significant differences in several components of the hospital marketing mix across the four referral hospital choices (Dirgahayu, Siaga, SMC, and others). The overall marketing mix score differed significantly among hospitals ( $p=0.030$ ), with post-hoc analysis indicating that Siaga Hospital had significantly lower median scores compared with Dirgahayu Hospital. In the Product dimension, the total product score showed a significant difference across hospitals ( $p=0.026$ ), with Siaga Hospital demonstrating a lower median score than Dirgahayu. Among the product elements, significant differences were found for the completeness of health facilities ( $p=0.027$ ) and adequate availability of medicines ( $p=0.007$ ), in which Siaga scored significantly lower than Dirgahayu. In contrast, availability of required services ( $p=0.414$ ) and perceived quality of medical services ( $p=0.083$ ) did not differ significantly between hospitals.

The Price dimension did not show significant variation across referral hospitals, either in the total price score ( $p=0.184$ ) or in any of its individual elements, including cost benefit alignment ( $p=0.300$ ), affordability ( $p=0.377$ ), transparency of cost information ( $p=0.258$ ), and flexible payment methods ( $p=0.195$ ). For the Place dimension, no significant difference was observed in the total place score ( $p=0.124$ ). However, two place-related elements showed statistically significant differences: ease of access to the hospital location ( $p=0.002$ ) and adequacy of parking space ( $p=0.014$ ). Post-hoc analysis indicated that Siaga Hospital scored significantly lower than Dirgahayu on these indicators. Other elements, including transportation access ( $p=0.305$ ) and perceived safety of the location ( $p=0.718$ ), were not significantly different.

The Promotion dimension demonstrated no significant differences across hospitals, both in the total score ( $p=0.251$ ) and in all promotional elements, such as ease of obtaining information ( $p=0.423$ ), social media activity ( $p=0.162$ ), attractiveness of promotional materials ( $p=0.534$ ), and patient reviews ( $p=0.238$ ). In the People dimension, the total score did not reach statistical significance ( $p=0.070$ ). Nevertheless, one element, friendly and polite staff, showed a significant difference ( $p=0.034$ ), with Siaga Hospital scoring lower than Dirgahayu. Other people-related elements, including fast and accurate service ( $p=0.087$ ), professional and competent staff ( $p=0.051$ ), and routine training ( $p=0.080$ ), showed no significant differences. The Process dimension exhibited significant variation in the total process score among hospitals ( $p=0.018$ ). Significant differences were observed in orderly administration ( $p=0.001$ ), clarity of service flow ( $p=0.001$ ), and provision of detailed explanations ( $p=0.011$ ), with Siaga Hospital again performing significantly worse than Dirgahayu. Waiting time did not differ significantly across hospitals ( $p=0.807$ ).

The most pronounced differences were found in the Physical Evidence dimension. Both the total physical evidence score ( $p<0.0001$ ) and all individual elements showed statistically significant differences, including cleanliness ( $p<0.0001$ ), completeness of waiting rooms and supporting facilities ( $p=0.010$ ), appealing physical appearance ( $p<0.0001$ ), and clarity and organization of information ( $p=0.008$ ). Post-hoc analysis consistently demonstrated lower scores for Siaga Hospital compared with Dirgahayu Hospital. Overall, these findings indicate that differences in patients' referral hospital choices are particularly influenced by product attributes, accessibility, staff interactions, service processes, and most strongly by physical evidence, whereas price and promotion factors appear to play a less differentiating role among the hospitals studied.

## **DISCUSSION**

The findings of this study indicate that the hospital marketing mix as a whole significantly influences patients' referral hospital choices ( $p=0.030$ ), suggesting that patients assess hospitals through an integrated evaluation of multiple service attributes rather than relying on a single factor. Among the four referral hospitals, Dirgahayu achieved the highest overall marketing mix score (median = 112), followed by SMC (110), other hospitals (109), and Siaga (107). Post-hoc analysis demonstrated that Siaga Hospital scored significantly lower than Dirgahayu, reflecting comparatively weaker patient perceptions of its overall service performance. This pattern supports marketing mix theory, which posits that the combined interaction of service attributes shapes perceived value, particularly in complex and high-involvement services such as hospital care.

The Product dimension showed a significant association with referral hospital choice ( $p=0.026$ ). Although the total product scores were numerically similar across hospitals, post-hoc analysis indicated lower product performance at Siaga Hospital compared with Dirgahayu. At the element level, significant differences were identified for completeness of health facilities ( $p=0.027$ ) and adequate availability of medicines ( $p=0.007$ ), both of which favored Dirgahayu. In contrast, availability of required services ( $p=0.414$ ) and perceived quality of medical services ( $p=0.083$ ) did not differ significantly. These findings suggest that while core clinical services may be perceived as comparable, supporting facilities and medication availability remain critical differentiators in patients' referral preferences. This aligns with prior studies emphasizing that tangible clinical

support resources strengthen perceptions of hospital capability (Ravangard et al., 2020; Mandasari et al., 2024).

The Price dimension did not significantly influence referral hospital choice, either in the total score ( $p=0.184$ ) or in any of its individual elements, including cost benefit alignment, affordability, transparency of cost information, and payment flexibility (all  $p>0.05$ ). This finding is consistent with the JKN/BPJS context, where standardized reimbursement mechanisms largely neutralize price as a competitive factor. Similar results have been reported in East Kolaka, Semarang, and Medan, where BPJS users demonstrated limited price sensitivity in hospital selection (Parendreng et al., 2019; Azizah & Raharjo, 2020; Lubis et al., 2021). Nevertheless, price-related aspects may still hold relevance for non-BPJS or elective services, even though they did not differentiate referral choices in this study.

For the Place dimension, the total place score did not show a significant difference across hospitals ( $p=0.124$ ). However, two specific elements, ease of access to the hospital location ( $p=0.002$ ) and adequacy of parking space ( $p=0.014$ ), did differ significantly, with Siaga Hospital scoring lower than Dirgahayu. Other elements, including transportation access ( $p=0.305$ ) and location safety ( $p=0.718$ ), were not significantly different. These results indicate that while geographic location overall may not be a dominant determinant in Samarinda, practical accessibility features such as ease of entry and parking availability still shape patient perceptions in the referral decision process.

The Promotion dimension did not demonstrate a significant association with referral hospital choice, either in the total score ( $p=0.251$ ) or across all promotional elements ( $p>0.05$ ). This likely reflects the nature of the referral-based JKN system, in which patients primarily follow recommendations from primary care providers rather than promotional exposure. Nonetheless, existing literature suggests that promotion remains important in settings with greater patient autonomy, such as elective care and private hospital services (Alfani et al., 2023; Bayty et al., 2022; Astarika et al., 2021). Thus, while promotion did not influence referral choice in this context, it continues to play a strategic role in long-term hospital branding and public engagement.

The People dimension did not reach statistical significance at the aggregate level ( $p=0.070$ ). However, one key element, friendly and polite staff, showed a significant difference across hospitals ( $p=0.034$ ), with Siaga Hospital scoring lower than Dirgahayu. Other elements, including fast and accurate service, professional competence, and routine training, did not differ significantly. This suggests that while overall human resource quality may be perceived as relatively uniform, interpersonal behavior remains a salient factor influencing patient impressions. These findings are consistent with studies highlighting the importance of staff attitudes in shaping perceived service quality and patient satisfaction (Fuad et al., 2019; Hong & Cho, 2021).

The Process dimension demonstrated a significant relationship with referral hospital choice ( $p=0.018$ ). Significant differences were observed in orderly administration ( $p=0.001$ ), clarity of service flow ( $p=0.001$ ), and provision of detailed explanations ( $p=0.011$ ), all of which favored Dirgahayu over Siaga. Waiting time, however, did not differ significantly ( $p=0.807$ ). These results underscore the importance of administrative efficiency and clear service navigation in influencing referral preferences, particularly in high-demand urban hospitals. Efficient processes reduce uncertainty and patient burden, thereby enhancing perceived service quality and institutional reliability.

The most pronounced differences were found in the Physical Evidence dimension. Both the total physical evidence score ( $p<0.0001$ ) and all individual elements showed statistically significant differences, including cleanliness ( $p<0.0001$ ), completeness of waiting rooms and supporting facilities ( $p=0.010$ ), appealing physical appearance ( $p<0.0001$ ), and clarity and organization of information ( $p=0.008$ ). Post-hoc analysis consistently indicated lower scores for Siaga Hospital compared with Dirgahayu. These findings highlight the critical role of the physical environment in

reducing service uncertainty and shaping first impressions, particularly in healthcare settings where service outcomes are not immediately observable.

Overall, the updated analysis demonstrates that although not all marketing mix components independently influenced referral hospital choice, their combined effect, particularly through product support, accessibility features, service processes, and most strongly physical evidence, plays a decisive role. In the JKN context, where price differentials are minimized and hospital locations are relatively comparable, quality of service delivery and the tangibility of the care environment emerge as the most influential competitive factors in shaping patients' referral hospital preferences.

## **CONCLUSION**

In summary, referral hospital selection among patients from Puskesmas Segiri is primarily influenced by service-related components of the marketing mix. The most influential elements are process and physical evidence, highlighting the central role of efficient administrative procedures, clear service flow, cleanliness, and adequate physical facilities in shaping patient preferences. The product element follows in importance, reflecting the relevance of clinical readiness, facility completeness, and availability of medicines.

The influence of people and place is more moderate, contributing mainly through staff behavior and accessibility, but with limited differentiation across hospitals. Meanwhile, price and promotion show the least influence on referral decisions, consistent with the standardized financing and structured referral mechanisms of the JKN system. Overall, these findings indicate that improving service processes, physical infrastructure, and clinical capacity should be the main priorities for hospitals seeking to strengthen their role within the referral network.

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