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Analysis of Factors Related to Outpatient Revisit at Waled Regional General Hospital, Cirebon Regency

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ABSTRACT

Marketing strategy is important in marketing management. Hospitals need to develop effective strategies to increase outpatient service visits. This research aims to analyze the relationship between the Segmenting, Targeting, and Positioning (STP) strategy and outpatient revisits at Waled Regional General Hospital, Cirebon Regency. The design used was quantitative descriptive with a cross-sectional approach in 110 patients (Slovin, 10% error tolerance) who were selected by consecutive sampling. Primary data were collected using a Likert scale questionnaire that was tested for validity ($p<0.05$) and reliability ($\alpha>0.60$). The analysis included univariate analysis for perception and bivariate analysis using the Chi-Square test ($\alpha=0.05$) and Spearman Rank test ($\alpha=0.05$). The results of the respondent characteristics test showed that they were not related to outpatient revisits at Waled Regional General Hospital, Cirebon Regency. The results showed positive perceptions of segmenting (easy access, services for all ages, easy flow) and positioning (quality is considered good, many polyclinics, affordable prices), while targeting was relatively weak (innovation and promotion are less attractive; routine treatment is low). Although the proportion of repeat visits was higher in the "good" category for each variable, the Spearman Rank test showed no significant relationship between segmenting ($p=0.320$), targeting ($p=0.287$), and positioning ($p=0.491$) and repeat visits. These findings indicate the need to focus attention on other components of healthcare and a follow-up evaluation of hospital marketing strategies to ensure alignment with patient needs and perceptions.

Keywords: *marketing strategy, characteristics, STP, repeat visit, , Waled Hospital*

INTRODUCTION

Hospitals are one of the institutions engaged in the health sector (Bricknell et al., 2021; Gagliardi et al., 2021; Thune & Mina, 2016). Unlike other institutions, hospitals are complex institutions where they are influenced by the development of health science, socio-economic life of the community, technological advances and must be able to provide quality and affordable services in order to realize the highest degree of public health. Hospitals are individual health service institutions that provide emergency, outpatient and inpatient services in a complete manner (Nugroho, 2018).

The development of hospitals is accompanied by high public demands in services, making hospitals compete to find new opportunities and strategies to meet the needs of the community and become the main choice in certain community groups. Limited human resources, funds, and facilities and infrastructure require hospitals to choose certain groups to target their superior products or services. The marketing strategy of hospitals makes the marketing activities carried out more extensive or specific and the efforts carried out become clearer and more directed.

Hospitals in the current era of globalization do not only carry out social missions. The business aspect of managing a hospital has become a natural consequence in the era of globalization. Therefore, hospitals no longer need to rule out efforts to further promote themselves. Business organizations, in this case the hospital industry that are able to provide services that have high competitiveness will be able to dominate the market (Naldi, 2019).

Competition between hospitals also occurs in Cirebon Regency. Based on statistical data in Cirebon Regency in 2020, there are 12 hospitals, consisting of 2 government-owned hospitals and 10 privately owned hospitals. This situation makes competition between health services, especially outpatient services, even tighter. Consumers are easy to choose an alternative hospital choice that suits your wishes both in terms of service, cost and hospital image.

With hospital competition getting tougher, public hospitals need to improve their marketing strategies to attract consumers to their services. Hospitals need to understand their needs and expectations in order to provide medical services that suit their needs. Health service users in hospitals have different characteristics so that hospitals need to conduct a study on the segmentation, targets, and market position of hospitals so that government hospitals can compete with private hospitals whose growth is getting higher (Mufakhhir et al., 2023).

The results obtained from the report on general outpatient visits at Waled Hospital showed that the number of patient visits in 2022 was 95,380 patients, consisting of 11,579 new patients, 83,801 old patients. In 2023, there will be 94,151 patient visits, consisting of 13,802 new patients, 80,349 old patients. In 2024, there will be 81,953 patient visits with 15,744 new patients and 66,209 old patients. Judging from the data on patient visits in the last 3 years, the number of outpatient visits at Waled Hospital every year has decreased.

Outpatient visits at Waled Hospital consist of new visits and old visits. From 2022 – 2024, the average number of new patient visits is 15.33% and the average number of new patients is 83%. Based on this data, it can be seen that the most patients who come to the outpatient services of Waled Hospital are old patients or patients who visit repeatedly. The determination of the performance of Waled Hospital Cirebon Regency for the 2024 fiscal year consists of increasing services to patients with an indicator of coverage of the number of patients served and the second strategic goal is to improve the quality of service with an indicator of increasing bed use with a BOR figure of 60-85%. For outpatient care, the strategic target that is a reference is to improve services to patients.

Judging from the realization that does not reach the target, in 2025 planning is needed in accordance with the characteristics of outpatients of Waled Hospital. The target is made in accordance with the market segmentation of Waled Hospital. The hospital's marketing strategy aims to make marketing activities more widely and specific and businesses carried out more clearly and directed. With the right strategy, hospitals are expected to be able to provide health services according to patient needs, increase the number of visits and customer satisfaction, and be able to compete with other hospitals (Elrod & Fortenberry, 2018).

The revisit plan is one of the important indicators in assessing the success of an institution's services and marketing strategy, especially in the service sector. The respondent's decision to make a repeat visit is influenced not only by the service experience received, but also by the characteristics of the individual as well as how the institution implements a targeted marketing strategy. Therefore, understanding the factors that affect the revisit plan is crucial in efforts to improve service sustainability (Nugraha et al., 2022).

Respondent characteristics, such as age, gender, education, and occupation, play a role in shaping perceptions, needs, and preferences for a service. These differences in characteristics can lead to variations in the way respondents assess the quality of service and determine the intention to return visits. Thus, the analysis of respondent characteristics is an important basis for understanding the behavior of the revisit plan (Ginting et al., 2023).

In addition to individual characteristics, marketing strategies that include segmenting, targeting, and positioning also have a strategic role in influencing visit plans. Segmenting allows institutions to segment respondents based on relatively homogeneous characteristics and needs. Furthermore, targeting helps in determining the most potential segments to serve, so that resources can be used more effectively. Meanwhile, positioning serves to form the image and perception of the service in the minds of respondents so that they have advantages over other alternatives (Amira & Fitriasari, 2020).

Modern marketing strategies have introduced STP (Segmenting, Targeting and Positioning) as a technique to capture market opportunities. Segmenting is a strategy used to separate targets into groups according to the type of product being marketed and according to the mix of certain marketing. Targeting is the process of selecting products or types of services

with the aim of achieving success which is carried out through an evaluation process so that one or more market segments can be selected. Positioning is the activity of placing products or services in competition and establishing a detailed marketing mix (Ariani & Ilyas, 2021; Elrod & Fortenberry, 2018; Nugroho, 2018).

The implementation of proper segmenting, targeting, and positioning will increase the compatibility between the needs of respondents and the services offered. This conformity has the potential to increase respondents' satisfaction, trust, and loyalty, which ultimately encourages the emergence of a revisit plan. Based on the background that has been described, the researcher wants to conduct a study on the analysis of factors related to the outpatient revisit plan of Waled Hospital Cirebon Regency. Where the results of this research are expected to be used as a benchmark for hospitals in developing future strategies.

Several studies have examined the application of STP in hospital settings. For instance, Lestari and Suhenda (2022) analyzed outpatient segmentation at Singaparna Medika Citrautama Hospital, finding that 66% of visits were from long-term patients, indicating high loyalty. Similarly, Shodikin (2024) identified four patient segments based on Customer Lifetime Value (CLV)—Champions, Loyal Customers, Potential Loyalists, and Lost Customers—highlighting the importance of segmentation in patient retention and marketing strategy mapping. Soffiyani (2025) affirmed that an integrated STP strategy significantly improves outpatient revisits and patient loyalty, with staff service quality as a crucial influencing factor. Additionally, Nursa et al. (2019) emphasized that effective segmentation allows hospitals to design tailored marketing programs, enhancing patient satisfaction and revisit rates. However, research focusing specifically on the relationship between STP and revisit intention in regional public hospitals like Waled Hospital remains limited, underscoring the novelty of this study.

Marketing strategy plays a crucial role in marketing management. Hospitals need to develop effective strategies to increase outpatient service visits. Therefore, this study aims to analyze the relationship between Segmenting, Targeting, and Positioning (STP) strategy and the interest in outpatient revisits at Waled Regional General Hospital, Cirebon Regency. This leads to the main research question: Are the factors of Segmenting, Targeting, and Positioning related to the interest in revisiting outpatients at Waled Hospital?

The general objective of this research is to determine the relationship between segmenting, targeting, and positioning and the interest in revisiting outpatient services at Waled Regional General Hospital, Cirebon Regency. Specifically, this study aims to: (1) describe the characteristics of patients at Waled Hospital; (2) describe the characteristics of respondents with high revisit intentions; (3) analyze the relationship between respondent characteristics and revisit interest; (4) describe the variables of segmenting, targeting, positioning, and revisit interest; and (5) analyze the relationship between segmenting, targeting, and positioning individually and the interest in outpatient revisits at Waled Hospital.

The findings of this research are expected to provide practical benefits for Waled Hospital's management by offering evidence-based insights to refine its marketing strategy, particularly in segmentation, targeting, and positioning. This can lead to more effective resource allocation, improved service alignment with patient needs, and potentially higher patient retention and loyalty. Academically, the study contributes to the body of knowledge on healthcare marketing in Indonesia, especially regarding the application and impact of the STP framework on patient revisit behavior in a regional hospital setting.

RESEARCH METHODS

The research design on the market segmentation of Waled Regional General Hospital, Cirebon Regency is a descriptive research with a quantitative approach to produce an overview

of the characteristics of the Waled Regional Hospital market segment, Cirebon Regency. The research was conducted using a survey method to obtain information from respondents.

Primary data were obtained through questionnaires taken from outpatients who visited Waled Hospital in Cirebon Regency, then systematic and factual descriptions of the characteristics of the population were carried out. In addition to primary data, secondary data is collected from various sources.

The approach used is cross sectional. Primary data were collected for quantitative analysis through questionnaires completed by respondents, who were outpatients visiting Waled Regional Hospital in Cirebon Regency. Data collection involved administering a set of closed-ended written questions with predefined answer choices to systematically gather information. Using closed-form questions facilitated easier data analysis. Questionnaires were distributed directly to outpatient respondents during their visit. The Likert scale was employed to measure attitudes, opinions, and perceptions regarding the social phenomena under study, which in this research correspond to the defined variables—namely segmenting, targeting, positioning, and revisit intention. Each variable was operationalized into specific indicators, which then formed the basis of the questionnaire items. The scale captured the degree of agreement or disagreement with each statement, ranging from very positive to very negative. For quantitative scoring, responses were coded as follows: (1) Strongly Agree, (2) Agree, (3) Disagree, and (4) Strongly Disagree.

Secondary data can be obtained through various other sources such as annual reports, patient medical records and hospital strategic plans.

The population of this study is general outpatient patients at Waled Hospital, Cirebon Regency in 2024. The number of outpatients visiting in 2024 is 81,953 patients.

Samples are part of an affordable population that can be used as research subjects. There are 2 conditions that must be met when determining a sample, namely representative and sample size must be sufficient. The respondents selected as samples came from outpatients who visited Waled hospital in Cirebon Regency.

Efforts to reduce the bias of the research results, the criteria for inclusion and exclusion from the sample are determined:

Inclusion criteria are characteristics for the research subject of a target population that are affordable and to be researched. In this study, the inclusion criteria set by the researcher are:

1) Patients are willing to be respondents
2) General patients, not JKN participants
3) Patients have been treated at least 1 visit
4) Outpatient specialist polyclinic
5) Outpatients who are able to communicate well
6) Outpatients who are able to read and write well
7) Patients who are not in an emergency (green triage)

a. Exclusion Criteria

Exclusion criteria are used to eliminate or exclude subjects who meet the inclusion criteria from research due to various reasons. The exclusion criteria in this study are:

The sampling technique used is the probability technique, where respondents are randomly selected but to avoid sampling bias, a minimum sample count estimate is used by taking into account the assumption of the proportion of the number of patients and determining the sampling error tolerance limit of 10%.

The sample size to be taken is calculated using the Slovin formula as follows:

$$n = \frac{n}{1 + Ne^2}$$

Where:

n : sample size

N : population size

E : Allowable error limit of 10%

In the Slovin formula there are the following conditions:
Value e = 0.1 (10%) for large population
The value of e = 0.2 (20%) for a small population, so the range of samples that can be taken from the Slovin technique is between 10% - 20% of the study population.

Based on this formula, with a population of 95,380, the number of samples to be taken in this study is:

$$n = \frac{81{,}953}{1+(81{,}953 \times (0.1)^2)} = \frac{81{,}953}{81{,}953} = 99{,}9 \text{ then rounded to } 100.$$

The total sample used in this study was 110 samples, consisting of a slovin calculation of 100 samples and an error tolerance of 10%. The technique or method used in sampling is consecutive sampling, where each sample that is included in the inclusion and exclusion criteria is selected to have its data taken for a certain period of time so that the number of samples can be met.

Data processing was conducted through several stages. First, editing was performed to verify data completeness, including respondent identity, observation sheets, and measurement records. Any discrepancies were corrected immediately. Next, coding involved assigning numeric codes to each response to facilitate data entry and analysis. Rating (scoring) assigned predetermined scores based on the responses recorded in the observation sheets. Subsequently, data entry involved transferring the coded data into a computer software package for further processing. After editing and coding, the data were processed, tabulated into structured tables based on criteria, and cleaned to remove irrelevant or incomplete entries.

Data analysis included univariate and bivariate techniques. Univariate analysis was used to describe respondent characteristics and the distribution of each variable (segmenting, targeting, positioning, and revisit interest) in frequency and percentage tables, using the formula P = (f/n) × 100%, where *P* is percentage, f is frequency, and n is total sample size. Bivariate analysis was applied to examine relationships between two variables. The Chi-Square test was used to analyze associations between respondent characteristics (categorical variables) and revisit interest, with significance determined at $p < 0.05$. The Spearman Rank correlation test was employed to assess relationships between ordinal/non-normally distributed variables—segmenting, targeting, and positioning and revisit interest. Spearman's ρ coefficient was interpreted as follows: 0.00–0.19 (very weak), 0.20–0.39 (weak), 0.40–0.59 (moderate), 0.60–0.79 (strong), and 0.80–1.00 (very strong).

RESULTS AND RESEARCH

Univariate Analysis

Variable Segmenting Data Distribution

The results of the analysis of the distribution of the answers found that all statements were dominated by good responses, which indicates that the respondents' perception of the statements tends to be positive. Indicators 4 and 6 show a slight variation in responses, 1.82% and 2.73% of respondents who answered less, respectively. However, this proportion is still very small so that it does not affect the general tendency that respondents give relatively good assessments.

Table 1. Frequency Distribution of Segmenting Variables by Category

No	Category Segmenting	n	%
1	Less	37	33,6
2	Good	73	66,4
	Total	110	100

Source: Primary data processed by researchers, 2024

Table 1 shows the results of the frequency distribution of the variable sebmenting known that most of the respondents had a good segmenting category, which was 66.4%, while the rest of the category was less by 33.6%.

Distribution of Targeting Variable Data

The results of the analysis of the distribution of the answers found that all statements were dominated by good responses, which indicates that the respondents' perception of the statements tends to be positive. Indicators 2, 4, 6, 7 and 8 showed a slight variation in responses, respectively of 2.7%, 0.9%, 40.9%, 0.9% and 5.4% of respondents who answered less.

Table 2. Frequency Distribution of Targeting Variables by Category

No	Category Targeting	n	%
1	Less	50	45,5
2	Good	60	54,5
	Total	110	100

Source: Primary data processed by researchers, 2024

Table 2 shows the results of the distribution of the frequency of the targeting variables, it is known that most of the respondents have a good targeting category, which is 54.5%, while the rest of the category is less than 45.5%.

Variable Positioning Data Distribution

The results of the analysis of the distribution of the answers found that all statements were dominated by good responses, which indicates that the respondents' perception of the statements tends to be positive. Indicators 2, 3, 4, 5 and 6 showed a slight variation in responses, respectively of 3.6%, 0.9%, 0.9%, 0.9% and 1.8% of respondents who answered less. However, this proportion is still very small so that it does not affect the general tendency that respondents give relatively good assessments.

Table 3. Frequency Distribution of Positioning Variables by Category

No	Category Positioning	n	%
1	Less	6	5,5
2	Good	104	94,5
	Total	110	100

Source: Primary data processed by researchers, 2024

Table 3 shows the results of the frequency distribution of the positioning variables , it is known that most of the respondents have a good positioning category , which is 94.5%, while the rest of the category is less than 5.5%.

Data Distribution of Outpatient Follow-Up Visits

The results of the analysis of the distribution of answers, it was found that the proportion of statements was relatively balanced between positive and negative statements. Indicators 1, 2 and 3 showed 47.3%, 9.1% and 50% of respondents who answered less, respectively.

Table 4. Frequency Distribution of Recurring Interest Variables by Category

No	Categories Revisits	n	%
1	Low	42	38,2
2	Height	68	61,8
	Total	110	100

Source: Primary data processed by researchers, 2024

Table 4 shows the results of the variable frequency distribution of repeat visits, it is known that most of the respondents have a good category of visits, which is 61.8%, while the rest of the category is less than 38.2%.

The results of the distribution of the characteristics of respondents who made repeat visits were high. The characteristics of respondents with the same proportion of revisit plans were between young ages 11 – 28 years (50%) and old age 29 – 84 years old (50%). The minimum age for which the revisit plan is high is 11 years old and the maximum is 84 years. The average age of respondents was 34 years old with the most respondents being 28 years old.

Judging from the gender of men (58.8%), the proportion is the most and more than half of the total respondents tend to be married (55.9%) with high school education level (55.9%) the proportion is the most but the majority of the employment status is laborers, traders, farmers and students or students. The average respondent has a family member of 3 people (44.1%), domiciled in Cirebon district (82.4%).

The travel time of respondents to the hospital is quite diverse with a minimum travel time of 5 minutes and a maximum of 80 minutes. The average travel time is 25 minutes with the majority of respondents taking 30 minutes to go to the hospital for treatment. Meanwhile, the distance of respondents to the hospital is a minimum of 1 km with a maximum of 50 km. The average distance traveled was 13 km with the majority of respondents covering a distance of 10 km.

The majority of respondents are low-income (95.6%) with a minimum income of 2,000,000 and a maximum income of 10,000,000. The average income of respondents is 2,700,000 with the majority of respondents' income being 3,000,000. The majority of respondents' health expenditure was low < 500,000 (92.6%).

Analysis of the relationship of independent variables to bound variables

The Relationship of Respondent Characteristics to Interest in Outpatient Revisits

Age Relationship to Interest in Outpatient Revisits

Table 5. Relationship of Age to Interest in Outpatient Revisits

Age	Revisits		Quantity	*p-value*
	Low	Height		
Young	28 (49,1%)	29 (50,9%)	57 (100%)	0,692
Old	29 (54,7%)	24 (45,3%)	53 (100%)	

Source: Primary data processed by researchers, 2024

In the group of respondents with low revisit rates, the proportion of those who were young (49.1%) was smaller than those who were older (54.7%). Although there is a difference, when the test is carried out using *chi square, a* p-value of 0.692 *is obtained* . With a p value of > 0.05, it can be concluded that there is no significant relationship between age and outpatient revisits.

Gender Relationship to Outpatient Revisit Interest

Table 6. Gender Relationship to Outpatient Revisit Interest

Gender	Revisits		Quantity	*p-value*
	Low	Height		
Men – men	28 (47,4%)	31 (52,6%)	59 (100%)	0,428
Women	29 (56,8%)	22 (43,2%)	51 (100%)	

Source: Primary data processed by researchers, 2024

In the group of respondents with low revisit rates, those who were male (47.4%) had a smaller proportion than those who were female (56.8%). Although there is a difference, when the test is carried out using *chi square, a* p-value of 0.428 *is obtained* . With a p value of > 0.05, it can be concluded that there is no significant relationship between sex and outpatient repeat visits.

The Relationship of Marital Status to Interest in Outpatient Revisits

Table 7. Relationship of Marital Status to Outpatient Revisit Interest

Marital Status	Revisits		Quantity	*p-value*
	Low	Height		
Married	25 (41,0%)	36 (59,0%)	61 (100%)	0,633
Unmarried/ Widower/ Widow	17 (34,7%)	32 (65,3%)	49 (100%)	

Source: Primary data processed by researchers, 2024

In the group of respondents with low revisit rates, those who were married (41.0%) had a greater proportion than those who were unmarried/widowed/widowed (34.7%). Although there is a difference, when the test is carried out using chi square, a p-value of 0.633 is obtained. With a p value of > 0.05, there is no significant relationship between marital status and outpatient revisits.

The Relationship of Education to Outpatient Revisit Interest

Table 8. Relationship of Education to Interest in Outpatient Revisits

Education	Revisits		Quantity	*p-value*
	Low	Height		
Low	18 (41,9%)	25 (58,1%)	43 (100%)	0,663
High	24 (35,8%)	43 (64,2%)	67 (100%)	

Source: Primary data processed by researchers, 2024

In the group of respondents with low revisit rates, those with low education (41.9%) were larger than those with high education (35.8%). Although there is a difference, when the test is carried out using chi square, a p-value of 0.663 is obtained. With a p value of > 0.05, there is no significant relationship between education and outpatient revisits.

The Relationship of Work to Outpatient Revisit Interest

Table 9. Relationship of Employment to Interest in Outpatient Revisits

Jobs	Revisits		Quantity	*p-value*
	Low	Height		
Work	17 (39,5%)	26 (60,5%)	43 (100%)	0,974
Not Working	25 (37,3%)	42 (62,7%)	67 (100%)	

Source: Primary data processed by researchers, 2024

In the group of respondents with low revisit rates, those who worked (39.5%) had a greater proportion than those who did not work (37.3%). Although there is a difference, when

the test is carried out using chi square, a p-value of 0.974 is obtained. With a p value of > 0.05, it can be concluded that there is no significant relationship between work and outpatient revisits.

The Relationship of the Number of Family Members to Interest in Outpatient Revisits

Table 10. Relationship of Number of Family Members to Interest in Outpatient Revisits

Number of Family Members	Revisits		Quantity	*p-value*
	Low	High		
Small	17 (32,7%)	35 (67,3%)	52 (100%)	0,355
Large	25 (43,1%)	33 (56,9%)	58 (100%)	

Source: Primary data processed by researchers, 2024

In the group of respondents with low revisit rates, those with small family members (32.7%) had a smaller proportion than those with large family members (43.1%). Although there is a difference, when the test is carried out using chi square, a p-value of 0.355 is obtained. With a p value of > 0.05, there is no significant relationship between the number of family members and outpatient repeat visits.

The Relationship of Domicile to Interest in Outpatient Revisits

Table 11. Relationship of Domicile to Interest in Outpatient Revisits

Domicile	Revisits		Quantity	*p-value*
	Low	High		
Cirebon Regency	31 (36,0%)	55 (64,0%)	86 (100%)	0,525
Outside of Cirebon Regency	11 (45,8%)	13 (54,2%)	24 (100%)	

Source: Primary data processed by researchers, 2024

In the group of respondents with a low rate of repeat visits, those who lived in Cirebon Regency (36.0%) had a smaller proportion than those who lived outside Cirebon Regency (45.8%). Although there is a difference, when the test is carried out using chi square, a p-value of 0.525 is obtained. With a p value of > 0.05, there is no significant relationship between domicile and outpatient revisits.

The Relationship of Travel Time to Interest in Outpatient Revisits

Table 12. Relationship of Travel Time to Interest in Outpatient Revisits

Travel Time	Revisits		Quantity	*p-value*
	Low	High		
Fast	15 (33,3%)	30 (66,7%)	45 (100%)	0,502
Old	27 (41,5%)	38 (58,5%)	65 (100%)	

Source: Primary data processed by researchers, 2024

In the group of respondents with low revisit rates, those with fast travel time (33.3%) were smaller than those with long travel times (41.5%). Although there is a difference, when the test is carried out using chi square, a p-value of 0.502 is obtained. With a p value of > 0.05, it can be concluded that there is no significant relationship between travel time and outpatient revisits.

The Relationship of Mileage to Interest in Outpatient Revisits

Table 13. Relationship of Distance Travelled to Outpatient Revisit Interest

Mileage	Revisits		Quantity	*p-value*
	Low	High		
Nearby	16 (34,0%)	31 (66,0%)	47 (100%)	0,566
Far away	26 (41,3%)	37 (58,7%)	63 (100%)	

Source: Primary data processed by researchers, 2024

In the group of respondents with low revisit rates, those who traveled close (34.0%) were smaller than those who traveled long distances (41.3%). Although there is a difference, when the test is carried out using chi square, a p-value of 0.566 is obtained. With a p value of > 0.05, it can be concluded that there is no significant relationship between distance traveled and outpatient repeat visits.

The Relationship of Family Income to Interest in Outpatient Repeat Visits

Table 14. Relationship of Family Income to Interest in Outpatient Revisits

Family Income	Revisits		Quantity	*p-value*
	Low	High		
Low	28 (42,4%)	38 (57,6%)	66 (100%)	0,357
Height	14 (31,8%)	30 (68,2%)	44 (100%)	

Source: Primary data processed by researchers, 2024

In the group of respondents with low revisit rates, those with low family income (42.4%) had a greater proportion than those with high family income (31.8%). Although there is a difference, when the test is carried out using chi square, a p-value of 0.357 is obtained. With a p value of > 0.05, it can be concluded that there is no significant relationship between family income and outpatient repeat visits.

The Relationship of Health Expense Expenditure to Interest in Outpatient Revisits

Table 15. Relationship of Health Expense Expenditure to Interest in Outpatient Revisits

Health Expenses	Revisits		Quantity	*p-value*
	Low	High		
Low	35 (35,7%)	63 (64,3%)	98 (100%)	0,227
Height	7 (58,3%)	5 (41,7%)	12 (100%)	

Source: Primary data processed by researchers, 2024

In the group of respondents with low revisit rates, those with low health expenses (35.7%) had a smaller proportion than those with high health expenses (58.3%). Although there is a difference, when the test is carried out using chi square, a p-value of 0.227 is obtained. With a p value of > 0.05, it can be concluded that there is no significant relationship between health expense expenditure and outpatient revisits.

The *Relationship of Segmenting* to Interest in Outpatient Revisits

Table 16. Relationship *of Segmenting* to Outpatient Revisit Interest

Variable	Revisits	
	R	***p-value***
Segmenting	0,320	0,001

Source: Primary data processed by researchers, 2024

Based on the table above, it shows that between the segmenting variable and the interest of repeat visits, there is a correlation coefficient (R) of 0.320 and a significance value of 0.001 < 0.05. This can be interpreted as that there is a positive and significant relationship between the two variables with a weak relationship level.

The Targeting Relationship to Outpatient Revisit Interest

Table 17. Relationship of Targeting to Interest in Outpatient Revisits

Variable	Revisits	
	R	***p-value***
Targeting	0,320	0,001

Source: Primary data processed by researchers, 2024

Based on the table above, it shows that between the targeting variable and the interest of repeat visits, there is a correlation coefficient (R) of 0.287 and a significance value of 0.002 < 0.05. This can be interpreted as that there is a positive and significant relationship between the two variables and the level of weak relationship.

The Relationship of Positioning to Interest in Outpatient Revisits

Table 18. Relationship of Positioning to Interest in Outpatient Revisits

Variable	Revisits	
	R	***p-value***
Positioning	0,320	0,001

Source: Primary data processed by researchers, 2024

Based on the table above, it shows that between the positioning variable and the interest of repeat visits, there is a correlation coefficient (R) of 0.491 and a significance value of 0.000 < 0.05. This can be interpreted as that there is a positive and significant relationship between the two variables with sufficient relationship levels.

Analysis of the Relationship of Respondent Characteristics to Outpatient Revisit Plans

Analysis of the Relationship of Age to Outpatient Revisit Plans

The absence of a relationship between age and repeat visits is possible because basically every patient, young and old, wants attention and affection, every complaint wants to be heard by health workers, especially doctors and nurses. In addition, Maslow in his theory of human needs also explained that every human being needs to want to have and be possessed, love and affection and self-respect, so that between the young and the old want good interpersonal relationships (Ginting et al., 2023).

According to Sudibyo, the concepts of health and illness apply equally to both children and adults, only the symptoms may be different. Every patient who comes in sick, both young and old, they are full of hope such as wanting to recover quickly, be treated quickly, and be able to return to work quickly. So, both young and old feel that if their condition has begun to

improve or feel healed, they can feel the suitability of seeking treatment at related health services (Saru et al., 2020).

Gender Relationship Analysis on Outpatient Revisit Plans

The results of the analysis also showed that there was no relationship between sex and repeat visits. Dolinsky posited that perceptions and reactions to pain disorders are influenced by sex, race, education, economic class and cultural background. From this statement, men and women will be relatively the same in feeling the desire to visit/seek treatment again or not (Nugraha et al., 2022; Zafasia et al., 2022).

Analysis of the Relationship of Marital Status to Outpatient Revisit Plans

The plan for revisits to outpatient services is basically more influenced by individual health needs, such as disease conditions, perceived complaints, and the sustainability of therapy. Marital status—whether married or unmarried—does not directly determine the level of a person's medical needs. Thus, the decision to return to treatment is based more on an individual's perception of the importance of follow-up treatment than on social conditions in the form of marital status (Kusumastuti et al., 2017).

Thus, the absence of a relationship between marital status and outpatient revisit plans shows that patients' decisions to return to health services are more influenced by factors of medical need and quality of services than by social demographic factors. These findings underscore the importance of hospitals to focus on improving the quality of services to encourage patient revisits.

Analysis of the Relationship of Education to Outpatient Revisit Plans

Outpatient revisit plans are primarily driven by the health needs and sustainability of treatment, rather than by the patient's formal education level. Patients with low and higher education are equally likely to return if they still need follow-up medical care, routine check-ups, or therapeutic evaluations. Thus, education level is not the main determining factor in the formation of a revisit plan (Nugraha et al., 2022).

The absence of a relationship can also be caused by the relatively homogeneous distribution of respondents' education levels, so that data variation is limited. This condition can reduce the power of statistical analysis in detecting a meaningful relationship between education and revisit plans.

Analysis of Occupational Relationships to Outpatient Revisit Plans

Health financing system support, such as insurance or health insurance, can reduce the economic barriers often associated with employment status. When the cost of services is not the main obstacle, the employment status no longer has a significant effect on the patient's decision to make a repeat visit. Patients focus more on the usefulness of the services they receive than their work background (Ginting et al., 2023).

The job categories used in the study are often generic and do not describe in detail the workload, hours worked, or job stress levels. This condition can cause differences between work groups to not be noticeable in real terms, so that no meaningful relationship with the revisit plan is found.

Analysis of the Relationship of the Number of Family Members to Outpatient Revisit Plans

The plan for revisits in outpatient services is more determined by the patient's individual health condition and medical needs, rather than by the number of family members owned. Regardless of whether the patient is from a small or large family, the decision to return to treatment is generally based on the continuation of treatment, disease control, and the recommendations of health professionals (Nugraha et al., 2022).

Outpatient services relatively do not require a high dependence on family members in the visit process, especially for patients who are still independent. Patients can come in alone for follow-up check-ups or check-ups, so the number of family members is not a determining factor in planning a repeat visit.

Analysis of Domicile Relationship to Outpatient Revisit Plans

The results of the study showed that there was no significant relationship between domicile and outpatient revisits. The closer and easier the patient has access to health facilities, the higher the level of compliance with repeat visits. Distance, transportation, socioeconomic conditions and comfort are all factors that come into play.

Based on research in Canada, it shows that the farther the domicile from a health facility, the lower the likelihood of patients returning for follow-up control, especially within 30 days of hospitalization (Rotenberg et al., 2023). In other studies, the focus was not only distance but the utilization of health services. In general, long distances are often combined with low knowledge, accessibility, and transportation facilities that lead to low revisits or utilization (Manjang & Endriani, 2021).

Analysis of the Relationship between Travel Time and Outpatient Revisit Plans

The results of the analysis showed that there was no significant relationship between travel time and outpatient revisits. The majority of respondents who made high repeat visits were respondents who had fast travel times. This reflects the existence of people who take advantage of health services at Waled Hospital driven by several things, one of which is travel time.[47]

Analysis of the Relationship of Distance Travelled to Outpatient Revisit Plans

The results of the analysis showed that there was no significant relationship between travel time and outpatient revisits. The majority of respondents who made high repeat visits were respondents who had fast travel times. This reflects the existence of people who take advantage of health services at Waled Hospital driven by several things, one of which is travel time (Zafasia et al., 2022).

Analysis of the Relationship of Income to Outpatient Revisit Plans

The results of the analysis showed that income was not related to outpatient revisits. This could be caused by the management providing services that are not in accordance with the patient's demands so that patients with low or high incomes do not feel their satisfaction which causes them not to make repeat visits. In accordance with Rustanti Marti's statement in her research that previous research has revealed that the higher the income of the patient or the patient's family, the higher the patient's demands on the ability of health workers. In this case, it means that the higher a person's income, the higher the obligation of health workers in providing good services. If health workers provide services in accordance with demands, they can be said to be satisfied. The satisfaction felt by patients is what makes them come back for treatment (Lestari & Suhenda, 2022; Fadhilah et al., 2020).

Analysis of the Relationship between Health Expense Expenditure on Outpatient Revisit Plan

The plan for a revisit in outpatient services is primarily determined by medical needs and the sustainability of treatment, not solely by the amount of costs incurred. Patients will still plan a revisit if they feel that their health condition has not improved or requires follow-up control, even if they have to pay certain costs. As such, health costs are not always a major consideration in revisiting decisions (Permana et al., 2023).

Health expenditure plays a more role as an indirect factor that influences revisit behavior through other variables, such as patient satisfaction and perception of service quality. In bivariate analysis, the influence of costs can be masked by these variables so that they do not show a statistically significant relationship with the revisit plan.

Segmenting Relationship Analysis *to* Revisit Plans

Several studies show that proper market segmentation has a significant impact on patient satisfaction and loyalty. Effective segmentation allows hospitals to design marketing programs that fit the specific needs of patients. This means providing relevant services and increasing patients' positive perception of hospitals. When services are tailored to the needs and preferences of patients, they will feel cared for and get the service that they expect, which in turn increases satisfaction (Kusumastuti et al., 2017).

If viewed from the results of the existing questionnaire, respondents were more dominant in agreeing and even choosing to strongly agree with the existing statements, this proves that the respondents included in this study already really liked the service products offered by Waled Hospital even though there were respondents who did not agree but the percentage was small. This is in accordance with the theory put forward by Hasan (2013: 331), namely "The process of dividing the market for a product into smaller groups/communities where the members of each group have the same perception, desire and motivation towards the factors that affect demand". Therefore, segmentation is one of the important considerations for consumers in determining the choice of revisit in treatment.

The results of this study show that there is a relationship between segmentation and interest in outpatient repeat visits. However, the level of such relationships falls into the weak category. This positive relationship shows that the better the patient segmentation carried out by the hospital, the higher the patient's plan to make a repeat visit. Segmentation allows hospitals to group patients based on relatively homogeneous characteristics and needs, so that the services provided are more in line with patient expectations.

Although the level of relationships obtained is relatively weak, these results still show that segmentation has contributed to the formation of revisit plans. This indicates that segmentation alone is not strong enough to significantly encourage revisit intentions without being supported by other factors such as service quality and patient perception of hospitals.

When viewed from the characteristics of respondents, it is found that the characteristics of consumers or outpatients of Waled Hospital tend to be homogeneous. The majority of Waled Hospital patients have a high school education, have a low income of < 2,500,000 and the distance from home to the hospital is quite far, which is > 15 km with a travel time of > 30 minutes. These characteristics affect the relationship between segmentation and outpatient repeat visits.

The main obstacles include geographical factors, the location of hospitals in rural areas affecting people's proficiency in using modern technology. People with low economies have difficulty buying adequate android phones. Many elderly patients come in without assistance and do not have android phones. Other technical issues such as missed control dates, long loads, not being able to print SEPs, or changes in patient data.

Previous research has concluded that market segmentation helps hospitals plan effective marketing programs that can be tailored to patients' needs and wants, thereby increasing outpatient visits (Amira & Fitriasari, 2020; Ningsih & Marwati, 2023). Satisfied patients are more likely to return to the same service and even recommend it to others (Amira & Fitriasari, 2020; Mufakhhir et al., 2023; Purwantiningrum & Susanto, 2021). Proper segmentation can also create patient loyalty, as found at the Faisal Islamic Hospital Makassar, where the Hospital Care Maximizer segment shows high intensity of hospital use and loyalty (Saru et al., 2020).

Previous studies by Lestari and Suhenda found that 66% of visits were long-time patients, indicating a high level of loyalty to the hospital (Lestari & Suhenda, 2022). Study by Shodikin Identify four patient segments based on Customer Lifetime Value (CLV), including Champions and Loyal Customers, which demonstrates the importance of segmentation in retaining patients and mapping marketing strategies (Saru et al., 2020). Previous research by Soffiyani affirms that an integrated STP strategy can significantly improve outpatient revisits and patient loyalty, with staff service quality as a crucial factor influencing patient perception (Lestari & Suhenda,

2022). Proper segmentation also helps identify underserved segments and direct more effective health promotion efforts (Kusumastuti et al., 2017).

Analysis of Targeting Relationship *to* Revisit Plans

Targeting is a crucial stage after market segmentation, where hospitals select the most attractive market segments and have the potential to be served specifically (Mufakhhir et al., 2023; Ningsih & Marwati, 2023). This process aims to direct marketing efforts to be more focused, effective, and efficient, so that it can save marketing costs (Saru et al., 2020). Hospitals need to combine a variety of variables to identify smaller, clearer consumer criteria (Mufakhhir et al., 2023).

The results of the study showed that there was a relationship between targeting and interest in outpatient revisits. These results show a positive and significant relationship with a relatively weak level of relationship. This relationship indicates that the hospital's accuracy in determining the service target group is related to the patient's plan to return to visit. Patients who feel that outpatient services have been adapted to their needs and characteristics tend to have a desire to reuse services in the same hospital. However, the weak level of relationships shows that targeting strategies have not yet become a dominant factor in shaping revisit plans. This can be due to other factors that are more influential, such as service experience, patient satisfaction, and hospital image

If viewed from the results of the existing questionnaire, respondents were more dominant in disagreeing and even choosing to strongly disagree with the existing statements, this proves that the target of Waled Hospital is not specific or is still too broad. Like Wangaya Denpasar Hospital, hospitals do not set specific targets for their inpatient services, but rather serve all classes (III to VIP) (Rotenberg et al., 2023). This overly broad approach, while aiming for inclusivity, can lead to a lack of focus in developing an in-depth marketing strategy for each segment.

Several studies show that the right targeting strategy has a great influence on patient loyalty and retention. Research by Shodikin Identify four patient segments based on CLV: Champions, Loyal Customers, Potential Loyalists, and Lost Customers (Ginting et al., 2023). This segmentation helps hospital management in mapping out better marketing strategies to retain patients (Saru et al., 2020). Patients Champions (2% inpatients, 8% outpatients) have high average transaction values, frequent visits, and short visit intervals, indicating the highest loyalty (Saru et al., 2020).

Analysis of the Relationship of Positioning to Revisit Plans

Positioning in the context of a hospital refers to the hospital's efforts to design its image and service offerings in order to gain a clear, different, and desirable place in the minds of its target consumers compared to competitors.(Mufakhhir et al., 2023)[9] This is a crucial stage after segmentation and target market determination, which aims to create added value for patients.[12, 19]

The results of the Spearman Rank correlation analysis showed that the positioning variable had a positive and significant relationship with the interest in outpatient revisits. And this level of relationship falls into the category of sufficient. These results show that positioning is the variable that has the strongest relationship compared to segmentation and targeting. Good positioning reflects the positive perception of patients towards the hospital, both in terms of service quality, professionalism of health workers, and the comfort of facilities. Patients who have a positive perception of the hospital's position compared to other health facilities tend to have higher revisit plans. This confirms that the image and perception of hospitals are important factors in shaping outpatient loyalty.

Patient satisfaction is greatly influenced by the interaction between the officer and the patient, including friendliness, proficiency, responsiveness, attention, and speed of service (Permana et al., 2023). At Waled Hospital, complaints about a lack of sympathetic attitude, slow

response, and rarely good communication by nurses. Strong positioning is at the heart of hospital branding (Shodikin, 2024). A strong hospital brand not only attracts patients but also builds trust and loyalty (Amira & Fitriasari, 2020; Shodikin, 2024). Anuntaloko Parigi Hospital, for example, with a strategy to improve comfort, cleanliness, and cooperation with BPJS, aims to improve the image and attract patients (Desy Purnamasari et al., 2024).

In building a strong brand image, hospitals need to communicate their excellence consistently through various marketing mixes (Amira & Fitriasari, 2020; Shodikin, 2024). Wangaya Denpasar Hospital, although it has a fairly good positioning, still needs to conduct a promotional evaluation to maintain and improve services (Putu et al., 2019). In order for hospital positioning to be optimal, marketing communication strategies need to be more consistent and, most importantly, supported by real improvements in the quality of service and patient experience across all touchpoints (Ningsih & Marwati, 2023; Shodikin, 2024). Without consistency in delivering the promised services, the positive image built will be only temporary and vulnerable to competition (Shodikin, 2024).

Analysis of Characteristics of Respondents with High Revisit Plans

Age

The results of the study show that most of the respondents are at productive age. Productive age has high mobility characteristics so that the decision to make a repeat visit is greatly influenced by the availability of time and the perception of needs. Individuals of productive age tend to postpone health visits if they do not feel severe symptoms.

These findings are in line with health behavioral theory that age influences the perception of risk, need, and priority in seeking health services (Mufakhhir et al., 2023). Other studies have shown that productive age groups have a lower tendency to perform routine controls than older age groups (Andersen, 1995). Thus, the high proportion of respondents of productive age has the potential to reduce the plan of revisit if the service is perceived to be less efficient.

Gender

The majority of respondents were male. In general, men have lower health-seeking behavior than women. Men tend to seek health services only when conditions are considered severe. The Health Belief Model theory states that perceptions of disease severity and vulnerability are the main determinants of service-seeking actions (Andersen, 1995). This explains the tendency of men to re-control less often if symptoms are considered mild.

Marital Status

Most of the respondents have married status. Partner support is considered one of the protective factors that can increase motivation and adherence to the control schedule. Friedman stated that the family plays an important role in health decision-making, both as a reminder, motivator, and supervisor (Friedman, 2010). The findings of this study reinforce the assertion that married patients are more likely to make repeat visits than patients with minimal family support.

Education

Higher education is usually related to good health literacy, making it easier for patients to understand the benefits of revisits as well as the risks of non-adherence to therapy. Green states that education is an important predisposing factor that influences Health behavior (Green & Kreuter, 2005).

Previous research has also found that higher education significantly increases the utilization of outpatient services (Badan Penelitian dan Pengembangan Kesehatan, 2018). Thus, the high level of education in the respondents is a supporting factor for the revisit plan.

Jobs

Although some respondents did not work, this condition actually had a double effect. On the one hand, not working gives more time to be present on repeat visits. But on the other hand, the absence of stable income is an economic obstacle in utilizing health services. Other research

states that employment status is an important determinant in access to health services, especially as it relates to income and the ability to pay indirect costs (Prasetyo, 2018). Thus, non-working status can reduce the revisit plan if accompanied by limited economic conditions.

Domicile and Geographic Access

Although most of the respondents are domiciled in the same district, long travel time and long distances are significant obstacles. Geographical access is one of the factors that greatly determine the use of health services. Andersen stated that physical access is one of the main components in the Behavioral Model of Health Services (Andersen, 1995). Geographical barriers have a greater impact on patients with low economic conditions, as transportation costs and travel time are important considerations before making a repeat visit.

Revenue

Low income is the most powerful factor influencing a patient's decision not to make a repeat visit. Although some patients use health insurance, indirect costs such as transportation, consumption, and the cost of lost time are still felt as a burden.

WHO states that socioeconomic status is the main determinant of health-seeking behavior and adherence to therapy (World Health Organization, 2010). National research also shows that low-income households have a lower tendency to take advantage of routine health services (Green & Kreuter, 2005).

Health Expenses

Low health expenditure can indicate a lack of economic ability or dependence on health insurance. However, in some cases this illustrates the low utilization of overall health services.

A study by Nugroho found that households with very low health expenditures often delay or avoid health control due to financial limitations (Nugroho, 2018). The low expenditure on respondents in this study may explain the low tendency to make repeat visits, especially for patients who require routine check-ups.

CONCLUSION

Most respondents were in the productive age group, predominantly male, married, with high school education or equivalent, not working, living in households of 3-4 members in Cirebon Regency, traveling >15 km in over 30 minutes, earning <Rp.2,500,000 monthly, and spending <Rp.500,000 on health. Patient revisit intentions at Waled Regional General Hospital, Cirebon Regency were influenced by predisposing factors (age, gender, education), enabling factors (income, geographic access), and boosting factors (family support), with low income, long distance, and travel time as key barriers, and higher education plus marital status as supports. STP marketing perceptions were positive for segmenting (66.4% good) and positioning (94.5% good), but weaker for targeting (54.5% good); however, respondent characteristics and all STP variables (segmenting, targeting, positioning) showed no significant relationship with outpatient revisits. For future research, a longitudinal study incorporating multivariate analysis (e.g., logistic regression) and additional variables like service quality or digital health promotions could explore causal pathways and interventions to address income and access barriers.

REFERENCES

Amira, H., & Fitriasari, N. (2020). Importance of segmenting, targeting, and positioning as a marketing strategy? *Jurnal Kedokteran Brawijaya*. http://dx.doi.org/10.21776/article

Andersen, R. (1995). Revisiting the behavioral model and access to medical care. *Journal of Health and Social Behavior*, *36*(1), 1–10.

Ariani, N. P. R., & Ilyas, Y. (2021). Analysis of dental emergency room service products at RSGM YARSI based on STP (segmenting, targeting, positioning). *Jurnal Medika Hutama*, *3*(1), 1331–1336.

Asamrew, N., Endris, A. A., & Tadesse, M. (2020). Level of patient satisfaction with inpatient services and its determinants: A study of a specialized hospital in Ethiopia. *Journal of Environmental and Public Health*, *2020*, Article 2016929. https://doi.org/10.1155/2020/2016929

Badan Penelitian dan Pengembangan Kesehatan. (2018). *Riskesdas 2018*. Kementerian Kesehatan Republik Indonesia.

Badan Pusat Statistik. (2023). *Statistik Indonesia 2023*. BPS-Statistics Indonesia.

Bricknell, M., Hinrichs-Krapels, S., Ismail, S., & Sullivan, R. (2021). Understanding the structure of a country's health service providers for defence health engagement. In *BMJ Mil Health* (Vol. 167, Issue 6, pp. 454–456). British Medical Journal Publishing Group.

Desy Purnamasari, N., AB, S., & Sudirman. (2024). Model of strategy to increase patient interest in visiting hospitals after the COVID-19 pandemic. *Indonesian Journal of Global Health Research*, *6*(s6), 515–524. https://doi.org/10.37287/ijghr.v6iS6.4640

Elrod, J. K., & Fortenberry, J. L. (2018). Target marketing in the health services industry: The value of journeying off the beaten path. *BMC Health Services Research*, *18*(3), Article 923. https://doi.org/10.1186/s12913-018-3678-5

Fadhilah, I. Q., Murti, B., & Prasetya, H. (2020). Factors affecting the quality of outpatient registration service and patient satisfaction at the community health center in Surakarta and Karanganyar, Central Java. *Journal of Health Policy and Management*, *5*(2), 92–102. https://thejhpm.com/index.php?journal=thejhpm&page=article&op=view&path%5B%5D=175&path%5B%5D=pdf

Friedman, M. M. (2010). *Family nursing: Theory and practice* (5th ed.). Prentice Hall.

Gagliardi, A. R., Martinez, J. P. D., Baker, G. R., Moody, L., Scane, K., Urquhart, R., & Wodchis, W. P. (2021). Hospital capacity for patient engagement in planning and improving health services: a cross-sectional survey. *BMC Health Services Research*, *21*(1), 179.

Ginting, R., Ginting, C. N., & Septianto, T. (2023). Patient segmentation: An analysis based on demographic characteristics, geography, and patient behavior. *Jurnal Aisyah: Jurnal Ilmu Kesehatan*, *8*(2), 1011–1016.

Green, L. W., & Kreuter, M. W. (2005). *Health promotion planning: An educational and ecological approach*. McGraw-Hill.

Ika, H., Arista, Y., Suryawati, C., & Sriatmi, A. (2025). Market segmentation analysis in hospitals: A literature review. *Malahayati International Journal of Nursing and Health Science*, *7*(11), 1368–1378.

Indonesia. (2009). *Undang-Undang Republik Indonesia Nomor 44 Tahun 2009 tentang Rumah Sakit*. Lembaran Negara Republik Indonesia Tahun 2009 Nomor 153.

Istinaroh, T., Khumayah, S., & Permana, I. (2025). Implementation of online registration application policy for outpatients at Waled Hospital, Cirebon Regency. *COMSERVA: Jurnal Penelitian dan Pengabdian Masyarakat*, *4*(11), 5154–5167.

Kusumastiti, A. R., Harjayanti, N. D., & Hariyanti, T. (2017). Market segmentation analysis of Mitra Delima General Hospital. *JMMR (Jurnal Medicoeticolegal dan Manajemen Rumah Sakit)*, *6*(2), 120–127. https://jmmr.umy.ac.id/index.php/jmmr/article/view/271

Lestari, E. D., & Suhenda, A. (2022). Analysis of outpatient segmentation at Singaparna Medika Citrautama Hospital, Tasikmalaya Regency. *Media Informasi*, *17*(1), 28–36.

Manjang, Y., & Endriani, E. (2021). *The relationship between distance of residence and community knowledge with the utilization of health services at the Muara Bungo 1 Jambi Health Center*. Universitas Adiwangsa Jambi.

Mufakhhir, A., Jati, S. P., & Arso, S. P. (2023). Marketing strategy analysis based on segmenting and targeting in hospital: A literature review. *Malahayati International Journal of Nursing and Health Science*, *6*(6), 432–441.

Mustikasari, L. A., Agushybana, F., & Pawelas Arso, S. (2024). Analysis of marketing strategy in hospital health institutions: A systematic literature review. *EKOMBIS Review: Jurnal Ilmiah Ekonomi dan Bisnis*, *12*(2), 2183–2190.

Naldi, Y. (2019). Implementation of medical service regulations for medical students at Waled Hospital, Cirebon Regency. *Syntax Literate: Jurnal Ilmiah Indonesia*, *4*(9).

Ningsih, K., & Marwati, T. A. (2023). Marketing strategy analysis based on segmenting, targeting, and positioning in hospital. *Disease Prevention and Public Health Journal*, *17*(1), 47–54.

Notoatmodjo, S. (2014). *Promosi kesehatan dan perilaku kesehatan*. Rineka Cipta.

Nugraha, A., et al. (2022). *Faktor-faktor yang berhubungan dengan kunjungan berulang pasien peserta Jaminan Kesehatan Nasional (JKN) di Fasilitas Kesehatan Tingkat Pertama (FKTP) (Studi di Klinik Pratama Orinda Kuningan) tahun 2021*. Sekolah Tinggi Ilmu Kesehatan Kuningan.

Nugroho, Y. (2018). Household health expenditure and its impact on health facility visits. *Journal of Indonesian Health Economics*, *3*(2), 90–98.

Nursa, F., Hardisman, H., & Semiarty, R. (2019). Segmentation analysis and determination of customer target installation of Andalas University Hospital. *Jurnal Kesehatan Andalas*, *8*(3), 650–660. https://jurnal.fk.unand.ac.id/index.php/jka/article/view/1054

OECD. (2024). *Society at a glance 2024: Fertility*. OECD Publishing.

Ozdenerol, E., & Seboly, J. (2022). The effects of lifestyle on Covid-19 vaccine hesitancy in the United States: An analysis of market segmentation. *International Journal of Environmental Research and Public Health*, *19*(13), Article 8090.

Parenti, U. L., & Prayoga, D. (2025). Analysis of outpatient repeat visit interest using the marketing mix method: Literature review. *Jurnal Kesmas Prima Indonesia*, *9*(1), 143–151.

Permana, I., Suryaman, S., & Febrian, F. (2023). The influence of tangible aspects, reliability, responsiveness, assurance, and empathy on patient satisfaction in inpatient services in hospitals (Study at Waled Hospital, Cirebon Regency). *Jurnal Greenation Ilmu Akuntansi*, *1*(3), 128–136.

Pertiwi, R. (2019). Factors related to the utilization of outpatient services. *Journal of Public Health*, *11*(1), 45–52.

Prasetyo, S. (2018). Health service search behavior based on age group. *Journal of Public Health*, *9*(2), 112–120.

Purwantiningrum, H., & Susanto, A. (2021). *Analysis of the relationship between patient characteristics and pharmaceutical service satisfaction level at Siti Hadjar Clinic, Tegal City*. Politeknik Harapan Bersama Kota Tegal.

Putu, N., Wahyuni, S., & Positioning, P. (2019). Inpatient service product analysis at Wangaya Denpasar Hospital based on STP (segmenting, targeting, positioning) and 4P (product, price, place, promotion). *Jurnal ARSI: Administrasi Rumah Sakit Indonesia*, *6*(1).

Rahayu, N. H., Yuniarsih, T., Gaffar, V., & Dirgantari, P. D. (2024). Analysis segmentation, targeting, and positioning as a marketing strategy at Mother and Child Hospital of Bunda Aisyah. In *Proceedings of the 7th Bandung Creative Movement International Conference on Creative Industries* (pp. 1893–1898). Atlantis Press International. http://dx.doi.org/10.2991/978-94-6463-234-7_199

Rosenstock, I. M. (1974). The health belief model and preventive health behavior. *Health Education Monographs*, *2*(4), 354–386.

Rotenberg, M., et al. (2023). The role of geography and distance on physician follow-up after a first hospitalization with a diagnosis of a schizophrenia spectrum disorder: A retrospective population-based cohort study in Ontario, Canada. *Canadian Journal of Psychiatry*, *68*(5), 321–330.

Santrock, J. W. (2019). *Educational psychology* (7th ed.). McGraw-Hill.

Sari, W. (2020). Social determinants of health service utilization. *Media Kesehatan Masyarakat Indonesia*, *16*(3), 234–241.

Saru, A. A. A., Arifin, M. A., & Marzuki, D. S. (2020). Analysis of health service market segmentation in the inpatient room of Faisal Islamic Hospital Makassar. *Window of Public Health Journal*, *1*(3), 177–188.

Shodikin, M. (2024). Patient segmentation based on customer lifetime value analysis using recency, frequency, monetary and interpurchase time. *Jurnal Teknologi Informasi dan Ilmu Komputer*, *35*(1), 1–10.

Soffiyani, N. (2025). Segmenting, targeting, and positioning analysis of outpatient revisits. *Riwayat: Educational Journal of History and Humanities*, *8*(3), 3940–3944.

Thomas, P., Sulistiadi, W., & Oktamianti, P. (2023). Analysis of Kembangan Regional Hospital marketing strategies. *Journal of Social Research*, *3*(1), 176–183.

Thune, T., & Mina, A. (2016). Hospitals as innovators in the health-care system: A literature review and research agenda. *Research Policy*, *45*(8), 1545–1557.

Warda, Sumiaty, Hasan, C., Rusyidi, A. R., & Andayanie, E. (2022). Overview of inpatient market segmentation at Dr. Tadjuddin Chalid Hospital Makassar. *Window of Public Health Journal*, *3*(6), 1061–1069.

World Health Organization. (2010). *Equity, social determinants and public health programmes*. WHO.

World Health Organization. (2022). *Gender and health*. WHO.

Yasrizal, M. A., & Sulistiadi, W. (2022). Study of segmentation, targeting, positioning (STP) on the marketing mix of oral dental hospital executive clinic products during the COVID-19 pandemic. *Jurnal Telenursing*, *4*(1), 168–176.

Zafasia, A. F., Deli, H., & Arneliwati. (2022). *The relationship between home distance and travel time with the utilization of health services during the pandemic*. Universitas Riau.