

THE RELATIONSHIP BETWEEN THE MARKETING MIX OF MOBILE DENTAL SERVICES AND THE INTEREST IN REPEAT VISITS BY PATIENTS AT THE DENTAL HOSPITAL OF JENDERAL SOEDIRMAN UNIVERSITY

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ABSTRACT

Introduction: Educational Dental Hospital of Jenderal Soedirman Purwokerto has been facing problems regarding patient visit numbers in recent years. Evaluation of the marketing using mobile dental services is necessary to determine how effective the service is. One of the strategic efforts made is to use the marketing mix concept, which consists of 7 components: product, price, place, promotion, people, process, and physical evidence. **Aim:** This study aims to understand the correlation between the marketing mix of mobile dental services and patient revisit interest at the Educational Dental Hospital of Jenderal Soedirman University. **Method:** The research used an observational analytical design with a cross-sectional approach. The sample taken for this study consists of 52 individuals using a total sampling technique. This research instrument uses a questionnaire on the marketing mix of dental mobile car, and a questionnaire on interest in repeat visits, distributed to respondents. Data were analyzed using Univariate and Bivariate analysis with Fisher's Exact Test. **Results:** The results of this study indicate that there is a significant relationship between the marketing mix factors of product ($p=0.016$) and promotion ($p=0.010$). However, there is no significant relationship between the marketing mix factors of price ($p=0.245$), place ($p=0.221$), people ($p=0.110$), process ($p=0.129$), and physical evidence ($p=0.481$) with patient revisit interest at the Educational Dental Hospital of Jenderal Soedirman University. **Conclusion:** This research recommends that RSGMP Unsoed improve and optimize the factors of price, place, people, process, and physical evidence in order to increase the interest of patients to visit again.

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INTRODUCTION

The Dental Hospital of Universitas Jenderal Soedirman (RSGMP Unsoed) in Purwokerto is a Type B educational hospital and a pioneering dental healthcare institution in Central Java, accredited at

the highest (paripurna) level.¹ Committed to providing comprehensive oral healthcare, it functions as both a community service provider and a clinical education center. However, sustaining patient engagement is critical for operational viability. Notably, RSGMP Unsoed experienced a significant fluctuation in patient visits, with numbers decreasing from 13,110 in 2022 to 12,707

in 2023 before rising sharply to 25,589 in 2024.² These conditions underscore the importance of implementing effective strategies to encourage patients' interest in revisiting and to maintain RSGMP Unsoed as a preferred provider of dental and oral healthcare services.

Revisit interest refers to a patient's intention to return for future services based on positive evaluations and prior experiences.⁴ Previous studies have demonstrated that patient satisfaction plays a significant role in shaping revisit interest within healthcare settings.⁴ Therefore, healthcare institutions must implement strategies that meet patient needs and enhance satisfaction, as satisfied patients are more likely to exhibit loyalty and repeat utilization of services.

In response to these challenges, RSGMP Unsoed introduced an innovative service in the form of a mobile dental unit aimed at improving patient satisfaction and expanding access to dental and oral healthcare services. Mobile dental units are designed to deliver dental care directly to communities by traveling to various locations and are equipped with essential instruments required for dental treatment.^{5,6}

The mobile dental service of RSGMP Unsoed was officially launched on March 28, 2024, through a Mobile Dental Care Roadshow conducted across several faculties within the Unsoed academic environment. Academic staff and students were selected as the primary target group due to the relatively low utilization of dental and oral health services within this population. In addition to providing dental and oral health education, the roadshow offered free dental examinations. The mobile dental unit was equipped with a dental chair,

sterilized instruments, and supporting materials to ensure service quality and patient comfort.

As the mobile dental unit represents an extension of RSGMP Unsoed's services, evaluating its effectiveness is essential. Inadequate fulfillment of patient expectations may reduce revisit interest.⁷ One strategic approach to evaluating and optimizing this service is the application of the marketing mix concept. Initially introduced as four elements by McCarthy and later expanded to seven components (product, price, place, promotion, people, process, and physical evidence) by Booms and Bitner, the marketing mix provides a comprehensive framework for healthcare service management.^{8,9} Each element is interrelated and contributes to the overall effectiveness of service delivery and promotion.^{10,11}

The marketing mix plays a critical role in communicating service value, enhancing patient awareness, and stimulating interest in healthcare utilization.¹² Effective implementation of marketing mix strategies is associated with increased patient satisfaction, which in turn influences revisit interest and loyalty.^{13,14}

Previous studies have reported a significant relationship between marketing mix components and patient satisfaction, loyalty, and revisit interest. Previous studies have reported a significant relationship between marketing mix components and revisit interest, loyalty, and satisfaction. Patient perceptions of the marketing mix were found to significantly revisit interest, while price, physical evidence, people, and process affected both satisfaction and loyalty.^{15,16} Furthermore, studies on mobile dental services have reported high satisfaction levels among users and highlighted

their potential to improve access to healthcare services.¹⁷⁻¹⁹

However, research specifically examining the relationship between the marketing mix of mobile dental services and patients' revisit interest remains limited. This research gap forms the basis of the present study, which aims to analyze the association between the marketing mix of mobile dental services and revisit interest among patients of RSGMP Unsoed. The findings are expected to provide strategic insights and recommendations to enhance patient revisit interest and support the sustainability of mobile dental services at RSGMP Unsoed.

METHODS

This study acquired the ethical clearance from Ethics Committee of the Faculty of Medicine, Universitas Jenderal Soedirman number 025/KEPK/PE/II/2025. Data collection was initiated only after ethical approval had been obtained, followed by the completion of administrative permissions across nine faculties within Unsoed

Recruitment of Subjects

The study population and sample were determined based on predefined inclusion and exclusion criteria. The inclusion criteria for this study were: patients who were members of the Universitas Jenderal Soedirman (Unsoed) academic community and had received treatment from the mobile dental unit between July and August 2024. Patients who agreed to participate as research respondents. Patients who were fully conscious and able to complete the questionnaire independently

without assistance. The exclusion criteria were: Patients from the mobile dental unit who did not provide a response regarding their willingness to participate within one week. Patients with communication limitations, such as an inability to read, hear, or speak. Patients who were neither employees nor former employees of the Unsoed Dental and Oral Hospital (RSGMP Unsoed).

Data Collection

A structured questionnaire on mobile dental services developed for this study was distributed to eligible patients. The researcher sent the questionnaire link via Google Forms to participants through WhatsApp. Patients who agreed to participate proceeded to complete the informed consent form, followed by the questionnaire.

Specific Methods Used

This study employed an analytical observational design with a cross-sectional approach. Data were collected using two instruments: a questionnaire assessing the marketing mix Unsoed mobile dental service and a questionnaire measuring revisit interest, both of which had undergone pilot testing at the Faculty of Cultural Sciences, Universitas Jenderal Soedirman (Unsoed). The study was conducted from February to April across nine faculties at Unsoed. The sample consisted of all individuals in the target population, applying a total sampling technique. A total of 52 respondents participated, representing all patients involved in the RSGMP Unsoed mobile dental roadshow during the period of July-August 2024.

Data Analysis

The collected data were coded and tabulated prior to analysis. All statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS) version 29.

Univariate analysis was conducted to describe the characteristics of respondents, namely members of the Unsoed academic community who had received services from the RSGMP Unsoed mobile dental unit during the July-August 2024 period. The variables analyzed included age, gender, education level, and occupation. Univariate analysis was also used to present the frequency distribution and percentage of each independent and dependent variable.

The chi-square test was used for the bivariate analysis to examine the association between the mobile dental service marketing mix (independent variables) and patients' revisit interest to RSGMP Unsoed (dependent variable). The assumptions of the chi-square test were ensured, including the absence of cells with an observed frequency of zero and no more than 20% of cells having an expected frequency below five, as typically applied in a 2x3 contingency table. If a 2x2 contingency table did not meet chi-square assumptions, Fisher's exact test was applied instead.

RESULTS

The findings regarding the distribution of respondent characteristics, including age, gender, education level, and occupation, are presented in the Table 1. Univariate analysis presented in Table 1 shows that most respondents from the Unsoed academic community who received mobile dental services during the July–August 2024 period were

early elderly individuals aged 46–55 years, accounting for 21 respondents (40.4%). The majority of respondents were female, totaling 29 individuals (55.8%). Most respondents had a higher education background, with 44 individuals (84.6%) holding a university degree. Regarding occupation, the largest proportion fell into the “other” category, comprising 26 respondents (50%).

Table 1. Repondent characteristics distribution

No	Respondent Characteristics	Frequency(=people)	Percentage (%)
1. Age			
a.	17-25 years	2	3,8
b.	26-35 years	4	7,7
c.	36-45 years	19	36,6
d.	46-55 years	21	40,4
e.	56-65 years	6	11,5
Total		52	100
2. Sex			
a.	Male	23	44,2
b.	Female	29	55,8
Total		52	100
3. Education Level			
a.	No formal education	0	0
b.	Elementary school	0	0
c.	Junior high school	0	0
d.	Senior high school	8	15,4
e.	Higher educatio	44	84,6
Total		52	100
4. Occupation			
a.	Student	2	3,8
b.	Lecturer/Instruc or	24 26	46,2 50
c.	Others		
Total		52	100

Table 2 shows that the marketing mix components of the mobile dental service demonstrate generally favorable assessments. For the product factor, most respondents rated it as good, totalling 38 individuals (73.1%). The price factor was predominantly rated as fairly good by 27 respondents (51.9%). The majority of respondents

rated the place factor as good, with 36 respondents (69.2%). Similarly, most respondents assessed the promotion factor as good, totalling 40 individuals (76.9%). For the people factor, 41 respondents (78.8%) provided a good rating. The process factor was also largely categorized as good by 40 respondents (76.9%). The physical evidence factor received good ratings from 42 respondents (80.8%). In addition, most respondents demonstrated a high level of revisit interest, with 49 individuals (94.2%) falling into the good category.

Table 2. Marketing mix and patient revisit interest distribution

No	Marketing Mix and Patient Interest	Frequency (n=people)	Percentage (%)
1.	Product		
a.	Good	38	73,1
b.	Fair	14	26,9
c.	Poor	0	0
	Total	52	100
2.	Price		
a.	Good	23	44,2
b.	Fair	27	51,9
c.	Poor	2	3,8
	Total	52	100
3.	Place		
a.	Good	36	69,2
b.	Fair	16	30,8
c.	Poor	0	0
	Total	52	100
4.	Promotion		
a.	Good	40	76,9
b.	Fair	12	23,1
c.	Poor	0	0
	Total	52	100
5.	People		
a.	Good	41	78,8
b.	Fair	11	21,2
c.	Poor	0	0
	Total	52	100
6.	Process		
a.	Good	40	76,9
b.	Fair	11	21,2
c.	Poor	1	1,9
	Total	52	100
7.	Physical Evidence		
a.	Good	42	80,8
b.	Fair	10	19,2
c.	Poor	0	0
	Total	52	100

8. Patient Revisit Interest			
a.	Fair	3	5,8
b.	Good	49	94,2
	Total	52	100

The results indicate that all 38 respondents (100%) rated the product factor as good, while 11 respondents (78.6%) rated it as fairly good and showed a good level of revisit interest. The Fisher’s exact test analysis yielded a p-value of 0.016 ($p < 0.05$), indicating a statistically significant association between the product factor and patients’ revisit interest to the RSGMP Universitas Jenderal Soedirman.

Table 3. The correlation between the product factor with patient revisit interest

No	Marketing Mix	Patient Revisit Interest						
		Good		Poor		Total	P-Value	
		N	%	N	%	N		%
1	Good	38	100%	0	0,0%	38	100%	
2	Fair	11	78,6%	3	21,4%	14	100%	0,016
3	Poor	0	0	0	0	0	0	

Table 4 shows that most respondents rated the price factor as fairly good, accompanied by good revisit interest, totalling 26 respondents (89.7%), while 3 respondents (10.3%) rated it as poor. The Fisher’s exact test conducted after merging the “poor” and “fair” categories produced a p-value of 0.245 ($p > 0.05$). This indicates that there is no statistically significant association between the price factor and patients’ revisit interest to the RSGMP Universitas Jenderal Soedirman.

Table 4. The correlation between the product factor with patient revisit interest

No	Marketing Mix	Patient Revisit Interest						
		Good		Poor		Total	P-Value	
		N	%	N	%	N		%
1	Good	23	100%	0	0,0%	23	100%	
2	Fair	26	89,7%	3	10,3%	29	100%	0,245
3	Poor	0	0	0	0	0	0	

Table 5. The relationship between *place* factors and patient repeat visit interest

No	Marketing Mix	Patient Revisit Interest						P-Value
		Good		Poor		Total		
		N	%	N	%	N	%	
1	Good	35	97,2 %	1	2,8%	36	100%	
2	Fair	14	87,5 %	2	12,5 %	16	100%	0,221
3	Poor	0	0	0	0	0	0	

The findings from 52 respondents indicate that the place factor was rated as fairly good by 14 respondents (87.5%) who also reported good revisit interest, while 2 respondents (12.5%) rated it as poor. The Fisher’s exact test yielded a p-value of 0.221 ($p > 0.05$), indicating that there is no statistically significant association between the place factor and patients’ revisit interest to the RSGMP Universitas Jenderal Soedirman.

Table 6. The correlation between the promotion factor with patient revisit interest

No	Marketing Mix	Patient Revisit Interest						P-Value
		Good		Poor		Total		
		N	%	N	%	N	%	
1	Good	40	100%	0	0,0%	37	100%	
2	Fair	9	75,0%	3	25,0%	15	100%	0,010
3	Poor	0	0	0	0	0	0	

The results show that all 40 respondents (100%) who rated the promotion factor as good also reported good revisit interest. The Fisher’s exact test yielded a p-value of 0.010 ($p < 0.05$), indicating a statistically significant association between the promotion factor and patients’ revisit interest to the RSGMP Universitas Jenderal Soedirman.

Table 7 shows that among respondents who rated the people factor as good, only 1 respondent (2.4%) reported poor revisit interest, while two respondents (18.2%) who rated this factor as fairly good also reported poor revisit interest. The Fisher’s

exact test resulted in a p-value of 0.110 ($p > 0.05$), indicating that there is no statistically significant association between the people factor and patients’ revisit interest to the RSGMP Universitas Jenderal Soedirman.

Table 7. The correlation between the people factor with patient revisit interest

No	Marketing Mix	Patient Revisit Interest						P-Value
		Good		Poor		Total		
		N	%	N	%	N	%	
1	Good	40	97,6%	1	2,4%	41	100%	
2	Fair	9	81,8%	2	18,2%	11	100%	0,110
3	Poor	0	0	0	0	0	0	

Table 8. The correlation between the process factor with patient revisit interest

No	Marketing Mix	Patient Revisit Interest						P-Value
		Good		Poor		Total		
		N	%	N	%	N	%	
1	Good	39	97,5 %	1	2,5%	40	100%	
2	Fair	10	83,3 %	2	16,7 %	12	100%	0,129
3	Poor	0	0	0	0	0	0	

The findings indicate that 39 respondents (97.5%) who rated the process factor as good also reported good revisit interest. The Fisher’s exact test—performed after merging the poor and fair categories yielded a p-value of 0.129 ($p > 0.05$), indicating that there is no statistically significant association between the process factor and patients revisit interest to the RSGMP Universitas Jenderal Soedirman.

Table 9. The correlation between the physical evidence factor with patient revisit interest

No	Marketing Mix	Patient Revisit Interest						P-Value
		Good		Poor		Total		
		N	%	N	%	N	%	
1	Good	40	95,2 %	2	4,8%	42	100%	
2	Fair	9	90,0 %	1	10,0 %	10	100%	0,481
3	Poor	0	0	0	0	0	0	

The results presented in Table 9 show that among respondents who rated the physical evidence factor as good, 2 individuals (4.8%) reported poor revisit interest, while 1 respondent (10.0%) who rated this factor as fairly good also reported poor revisit interest. The Fisher's exact test yielded a p-value of 0.481 ($p > 0.05$), indicating that there is no statistically significant association between the physical evidence factor and patients revisit interest to the RSGMP Universitas Jenderal Soedirman.

DISCUSSION

Product factor and patients' revisit interest

The results of this study indicate a significant association between the product factor and patients' revisit interest at the educational dental hospital of Jenderal Soedirman University. Most respondents rated the product component positively, including satisfaction with the dental examination results, the appropriateness of the dental services provided, and the perceived benefits of the oral health education and examinations for their overall health.

The significance of the product variable may be explained by the characteristics of mobile dental services as an extension of hospital-based care. In this context, the service product encompasses not only clinical dental examinations but also preventive measures and oral health education delivered in a more accessible setting. Patients' evaluations are therefore largely influenced by the perceived relevance, clarity, and benefits of the services received. Consequently, patients tend to place greater emphasis on service outcomes and

perceived value, which may account for the stronger association between the product component and revisit interest compared to other elements of the marketing mix.

These findings are supported by a study conducted by previous study, which reported a significant association between the product factor and patients' return visits at the Outpatient Clinic of Bahteramas General Hospital.²⁰ Similar results were observed in other studies, demonstrating that the product component of the marketing mix was related to the number of visits at Karunia Bunda Mother and Child Hospital.⁸ The present study extends these findings by demonstrating that the product component remains influential even when healthcare services are delivered through a mobile platform, where infrastructure and environmental factors are inherently limited.

In the present study, the majority of respondents were female. This aligns with findings reported by previous study, that men are more likely to avoid visiting the dentist within a 12-month period.²¹ Consequently, female patients may be more attentive to the quality and perceived benefits of dental services, thereby strengthening the influence of the product factor on revisit interest.

RSGMP Unsoed has made efforts to increase patients' revisit intention by offering a distinctive service product, namely dental and oral healthcare delivered through a mobile dental unit. This initiative is expected to enhance patient satisfaction and encourage them to return for future services provided by RSGMP Unsoed. This finding is supported by previous study who reported that 98.3% of respondents were satisfied

with the mobile dental service facilities.¹⁷ Service providers must ensure that the products offered meet quality standards and foster patient satisfaction, as revisit intention is strongly influenced by patients' prior experiences with the services received.^{4,22}

Product is a key element that patients consider when choosing a service; therefore, greater attention must be given to the product factor, as it can influence patients' decisions to remain loyal.²³ It is essential for RSGMP Unsoed to continuously optimize and maintain the quality of its services by improving facility standards, enhancing the competencies and clinical skills of dentists, and strengthening the expertise of oral health personnel. These efforts are necessary to sustain patient satisfaction with the mobile dental service product.

Price factor and patient revisit interest

The results of this study indicate that there is no significant relationship between the price factor and patients' interest in making repeat visits to the Dental Hospital of Jenderal Soedirman University. This finding suggests that service pricing did not play a decisive role in influencing patients' intentions to return to mobile dental services. A plausible explanation lies in the service context: all dental services delivered through the mobile dental unit were provided free of charge during the study period. As a result, variations in price perception were minimal, limiting the influence of this factor on patients' decision-making.

This result contrasts with the previous findings, which reported that the cost of dental

services offered through a mobile dental unit should remain affordable.¹⁷ Their study emphasized that patients may face potential income loss due to the time required to access mobile dental services, making service costs an important consideration in that context.

These findings are consistent with previous study which reported no influence of price on patient loyalty.²⁴ This outcome may be attributed to the widespread implementation of the BPJS payment system, resulting in uniform service costs regardless of patients' occupational or socioeconomic differences. Similarly, previous research found no association between the price component of the marketing mix ($p = 1.000$) and the utilization of inpatient services.²⁵ These studies suggest that factors other than service price may play a more substantial role in influencing patients' interest in returning to utilize mobile dental services.

Affordable pricing, price competitiveness, and the alignment between price, product quality, and perceived benefits are key indicators of the price component. Consumers typically consider price affordability as their initial point of evaluation before deciding to purchase a service. However, in this study, the price factor of the mobile dental service was not a relevant consideration, as patients were not informed transparently about the service fees at RSGMP Unsoed.²⁶

Although the price variable was not associated with patients' revisit interest, it remains important for RSGMP Unsoed to further refine and strengthen the price component within its marketing mix strategy. Enhancing this aspect

may help encourage more informed decision-making among patients and potentially increase their likelihood of returning for future services.

Place factor with patient revisit interest

The results of this study indicate that there is no significant relationship between the place factor and patients' revisit interest at the Dental Hospital, Jenderal Soedirman University. This finding suggests that most respondents perceived aspects such as comfort, ease of access, and the convenience of mobile dental services coming directly to their location as insufficient to encourage a return visit to RSGMP Unsoed. Furthermore, the place component does not appear to be a primary consideration influencing patients' decisions to revisit.

These findings are consistent with previous study which reported no association between the place factor and revisit interest among general outpatients at Labuang Baji Regional Hospital in Makassar.²⁷ Similarly, previous research found no significant relationship between the place component ($p = 1.000$) and the utilization of health services.²⁵ In contrast, the present study highlights a distinctive advantage of the mobile dental service its ability to travel and reach patients in various locations indicating that accessibility needs have already been adequately met.

Place refers to the activities involved in delivering a product from the provider to the consumer. It encompasses distribution mechanisms that ensure the service reaches its target users. One key indicator of place is availability, which relates to the completeness

and adequacy of the types and quantities of services offered to consumers. Another important indicator is accessibility, including factors such as transportation, travel distance to the service location, operating hours, and service fees. The availability of these components can enhance public access to health services.

Previous studies have reported that accessibility challenges and transportation barriers commonly faced by communities in reaching health services can be effectively addressed through mobile dental programs.⁵ However, in the present study, accessibility did not appear to be an obstacle for patients, indicating that the place factor alone was insufficient to encourage repeat visits to RSGMP Unsoed. Therefore, it remains essential for RSGMP to continue enhancing and optimizing location-related aspects in order to support patients' decisions to return for future visits.

Promotion factor with patient revisit interest

The findings of this study indicate a significant relationship between the promotion factor and patients' revisit interest at the Dental Hospital of Jenderal Soedirman University. This suggests that patients' decisions to return are influenced by the mobile dental service as a promotional medium and by how effectively information about RSGMP Unsoed is communicated to patients during the service. The mobile dental unit also provides a distinct promotional advantage, offering a unique and innovative approach that has been implemented for the first time by RSGMP Unsoed. These results align with the previous study which found

that effective product promotion can help maintain patient loyalty to healthcare services.²⁰

The results of this study are consistent with previous study which reported significant association between the promotion component of the marketing mix and revisit interest among outpatient general patients at Aro General Hospital, Pekalongan, in 2020.³¹ Consequently, individuals within this age range tend to exhibit higher levels of health awareness and are more likely to utilize available healthcare services, such as Medicine Polyclinic at Gunungtua Hospital.²¹

Most respondents in the present study were aged 46-55 years, a group considered to be at a stage of life with increased vulnerability to health issues. Consequently, individuals within this age range tend to exhibit higher levels of health awareness and are more likely to utilize available healthcare services.²¹

Hospital promotion serves as an initial stage through which patients become aware of the available services, develop interest in utilizing them, and ultimately proceed to use the services and share information about them with others.³¹ Previous studies have reported that mobile dental services can function as an important bridge connecting patients with healthcare providers.¹⁸ Unsoed's findings support the results of the present study, indicating that the mobile dental unit is an effective promotional medium for RSGMP Unsoed.

Promotional efforts can be implemented through various approaches, including the mobile dental services of RSGMP Unsoed utilized in this study. A hospital's ability to attract and retain

patients is influenced not only by its promotional activities or the services and products it offers, but also by its reputation and the quality of care provided.²³ The significant relationship observed between the promotional factor of the mobile dental service and patients' revisit interest in this study may also be shaped by other promotional strategies previously implemented, such as the 24-hour dental care service at RSGMP Unsoed. This initiative has likely contributed to strengthening the hospital's reputation in the perception of patients.

The success of a program is often determined by the effectiveness of its promotional activities. Even high-quality products may fail to attract interest if consumers are not familiar with them or do not understand their benefits.¹⁷ Therefore, it is recommended that RSGMP Unsoed further optimize the use of the mobile dental unit as a promotional medium and strengthen other promotional strategies. The institution may consider incorporating visual branding elements such as the RSGMP Unsoed logo within the mobile dental unit, as well as utilizing roll banners, posters, and routine collaborations with schools or various public events to enhance the visibility and reach of its mobile dental services.

People factor with patient revisit interest

The results of this study indicate that there is no significant relationship between the people factor and patients' revisit interest at the Dental and Oral Hospital of Jenderal Soedirman University. This suggests that the staff providing dental education and examinations through the

mobile dental unit were not sufficient to encourage patients to return to RSGMP Unsoed. These findings align with those of Shalamah and Indrawati, who reported no effect of the people component of the marketing mix on revisit interest at the Community Health Center. Similarly, Octavianti et al. (2024) found that the people dimension ($p = 1.000$) was not significantly associated with outpatient loyalty at RSPI Prof. Sulianti Saroso.

The people component refers to the personnel who play an essential role in delivering services and introducing products to consumers. However, in the context of this study, the interactions within the mobile dental unit were relatively brief, as the services primarily consisted of basic dental education and examinations. Consequently, the role of staff or personnel in the mobile dental service did not receive substantial attention from patients. Although employee performance is generally considered an important indicator influencing patients' interest to revisit, the limited scope and duration of interactions in the mobile dental setting may have reduced the perceived impact of the people factor on patients' revisit interest. Human resources are a critical determinant of a hospital's overall performance. Hospital management must carefully assess both hard skills and soft skills during the recruitment process, as the quality of services provided by healthcare providers directly influences patient satisfaction.¹⁰ Therefore, although the people factor was not found to be associated with patients' interest in revisiting, it remains essential for RSGMP Unsoed to continuously enhance and

optimize the competencies of dentists, dental health personnel, and hospital marketing staff.

Process factor with patient revisit interest

The results of this study indicate that there is no significant association between the process factor and patients' revisit interest at the Educational Dental Hospital of Jenderal Soedirman University. This suggests that the process component of the mobile dental service has not been sufficient to influence patients' decisions to return to RSGMP Unsoed. These findings differ from those of Balharith et al. (2023) who reported that patients were satisfied with mobile dental services because they did not require lengthy waiting times to receive care.

The present study is supported by Octavianti et al. (2024) who found no significant relationship between the process, people, and physical evidence dimensions and outpatient loyalty at RSPI Prof. Dr. Sulianti Saroso. Similarly, the findings align with Indraswati et al. (2023) who reported no association between the process component of the marketing mix ($p=0.021$) and repeat utilization of outpatient services at RSUD Labuang Baji Makassar in 2022.

The process refers to a series of activities including scheduling, procedures, and mechanisms through which a service is delivered and experienced by consumers.²³ It is essential to ensure that staff or healthcare personnel perform their duties in accordance with established operational standards so that service delivery runs efficiently and effectively. Key process

indicators include procedures, mechanisms, and workflow arrangements.²²

The quality of service processes provided to patients significantly influences the hospital's marketing mix. Prompt and accurate care delivered by nursing staff represents an important element of the service process. The fundamental principle of nursing services is to meet the needs and expectations of patients, thereby ensuring the achievement of patient satisfaction.²⁰

Service processes can influence consumer loyalty, as satisfaction is often shaped by the manner in which services are delivered and managed.³³ Variations in service processes may lead to different patient perceptions, even when the services received are essentially the same. Accuracy and efficiency in service procedures can serve as important factors in generating patient interest.²³ Therefore, it is recommended that RSGMP Unsoed continue to enhance the quality of its service processes to better support patients' revisit interest.

Physical evidence factor with patient revisit interest

The results of this study indicate that there is no significant relationship between the physical evidence factor and patients' revisit interest at the Educational Dental Hospital of Jenderal Soedirman University. This finding suggests that the physical evidence associated with the mobile dental service is not sufficiently influential in motivating patients to return to RSGMP Unsoed, as patients appear to place greater emphasis on the benefits and outcomes of the services provided.

The findings of this study contrast with those of Dasa et al. (2024) who reported a significant relationship between the physical evidence component of the marketing mix and patient visits at RSIA Karunia Bunda. In contrast, research by Pinandita and Sulistiadi² indicated that promotional, pricing, process, people, and physical evidence factors were not substantial predictors in patients' decisions to seek hospital services. This result is also consistent with Indraswati et al. (2023) who found no association between the physical evidence element and patients' interest in returning.

Physical evidence is considered an important factor influencing patients' decision-making when selecting healthcare services.²³ According to Dasa et al. (2024) physical evidence refers to elements that consumers can perceive, observe, and experience, which collectively reflect the quality and integrity of the services delivered by healthcare providers. In the context of hospital services, physical evidence includes environmental ambiance, medical equipment, facility conditions, and overall cleanliness. Although the mobile dental unit in this study met the expected physical evidence standards, the relatively brief duration of dental care provided in the mobile setting likely limited patients' awareness and perception of these aspects.

A key component of the marketing process is the provision of physical evidence, which involves creating differentiation through unique and appealing physical facilities that attract the intended consumer target.²³ Therefore, RSGMP Unsoed is encouraged to continually enhance and optimize its physical evidence elements such as

the use of high quality medical equipment, improved supporting facilities, and consistently maintained cleanliness to ensure patient comfort and strengthen the overall service experience.

This study should be interpreted with consideration of several methodological aspects. The sample was drawn from a specific service setting, which enabled a focused analysis of patient perceptions within the mobile dental service program, while future studies involving more diverse populations and multiple institutions may further enhance the applicability of the findings. The cross-sectional design allowed the identification of associations between marketing mix factors and revisit intention at a single point in time, longitudinal approaches may offer additional insight into changes over time. In addition, the use of self reported data provided direct patient perspectives, although future research combining these responses with objective service indicators could strengthen the evidence base. Despite these considerations, the study offers valuable insights into the marketing mix of mobile dental services and supports the continued development of outreach-based dental care programs.

CONCLUSION

This study concludes that there is a significant association between the marketing mix components of product and promotion with patients' interest to revisit the Dental and Oral Hospital of Jenderal Soedirman University. In contrast, the marketing mix components of price, place, people, process, and physical evidence

show no significant relationship with patients' in revisiting interest.

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