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Reinforcing Patient Acquisition through Integrated Community Healthcare: Qualitative Analysis

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Abstract

Healthcare institutions in semi-rural areas face increasing challenges in attracting general patients due to competition and shifting service expectations. Mojowarno Christian Hospital addresses this issue through its Executive Clinic, a premium service unit aimed at improving patient experience and service reach. This study employs a quasi-qualitative case study with a post-positivist lens to analyze the hospital's marketing management strategy across the seven elements of the service marketing mix. Data were obtained from in-depth interviews and internal documents and analyzed using NVivo-assisted thematic coding. The findings identify three strategic pillars: enhancing service value through premium and personalized care, expanding accessibility via integrated community outreach and multi-channel service pathways, and strengthening visibility through digital communication, referrals, and community engagement. These findings produce an Integrated Community Healthcare Strategy relevant for semi-rural Christian-based hospitals. The study is limited to one site; future research may test the model quantitatively or compare across hospital types.

Introduction

The Indonesian health sector has undergone substantial transformation in the last decade, driven by the implementation of the National Health Insurance (Jaminan Kesehatan Nasional/JKN), rising expectations for service quality, and intensifying competition among public and private hospitals (Kementerian Kesehatan RI, 2023); (WHO, 2024). As one of the oldest hospitals in East Java, Mojowarno Christian Hospital (RSK Mojowarno) occupies a unique position as a faith-based institution that serves semi-rural communities while also competing with more modern urban hospitals. To respond to changing patient preferences, the hospital has developed premium outpatient services branded as an executive-type clinic that targets general patients seeking more comfortable and efficient care. However, recent internal reports indicate that visits from general patients have not grown as expected, raising questions about the effectiveness of its current marketing management strategies. From a normative perspective (*das sollen*), hospitals are expected to design marketing management that integrates the 7P marketing mix, relationship marketing, and digital communication so that services remain accessible, trustworthy, and competitive for diverse patient segments (Kotler et al., 2021; Lupiyoadi, 2018). In practice (*das sein*), many Indonesian hospitals still rely on fragmented promotional activities, limited community engagement, and underutilised digital channels, which weakens their ability to attract and retain patients in a competitive environment (Vikandi et al., 2019; (Lestari & Rindu, 2018). Previous communication research on RSK Mojowarno has shown that strategic public relations and anniversary events can successfully

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strengthen institutional branding (Hermawan & Wono, 2025), yet these studies do not systematically address hospital-level marketing management for patient acquisition. At the same time, empirical work on integrated marketing communication and digital strategy in Indonesia highlights the central role of social media, digital literacy, and coordinated online–offline campaigns in shaping public perception and service choice (Wono & Aji, 2020; Wono et al., 2022; Wono, Novaldo, et al., 2023).

This study addresses three gaps. First, most hospital-marketing studies in Indonesia examine general hospitals or specific service lines, without focusing on premium or executive-type services embedded in a semi-rural, faith-based hospital context (Bisnis et al., 2020; Vikandi et al., 2019; Lestari & Rindu, 2018). Second, prior research is dominated by quantitative or cross-sectional survey designs, which identify which 7P elements correlate with patient visits but provide limited insight into how marketing strategies are actually formulated and implemented at the managerial level. Third, existing literature seldom integrates community-based engagement, service quality management, and digital marketing into a single, coherent marketing-management framework that can guide hospitals in increasing general-patient visits particularly in settings like Mojowarno where accessibility and affordability remain crucial concerns (Hermawan & Wono, 2025). Building on these gaps, this quasi-qualitative case study explores and maps the marketing management strategies of Mojowarno Christian Hospital, producing an integrated strategic concept, *Integrated Community Healthcare*that is intended both to enrich healthcare-marketing theory and to offer practical guidance for similar hospitals in Indonesia.

Literature Review and Hypothesis Development

Marketing Management in Healthcare Services

Marketing management is a strategic organizational function that focuses on identifying, anticipating, and satisfying consumer needs through the creation, communication, and delivery of value (Kotler & Keller, 2016). In the healthcare sector, marketing management becomes increasingly critical due to rising competition, shifting patient expectations, and the need for service differentiation (Purcarea, 2019). The fundamental role of marketing management is not only to promote services but also to align organizational capabilities with patient preferences, ensuring sustainable service utilization. Marketing management involves analyzing market opportunities, selecting target markets, developing value propositions, and implementing integrated marketing programs . In hospital settings, effective marketing management integrates both strategic planning such as positioning and segmentation and operational activities like service design, communication, and relationship management (Sammut-Bonnici & Galea, 2015). This holistic approach is crucial for hospitals in semi-rural regions, where patient expectations, access constraints, and perceptions of service quality differ from urban settings.

Empirical studies reinforce the importance of strategic marketing management in the healthcare industry. For instance, Almunawar and Anshari (2018) found that hospitals adopting structured marketing management frameworks achieve better patient engagement, higher satisfaction, and improved financial performance. Similarly, Sudharsono & Wilopo (2020) showed that strategic alignment between marketing activities and patient needs significantly increases service utilization in public hospitals. These findings provide a strong theoretical and empirical foundation for exploring marketing management practices at Mojowarno Christian Hospital, which faces unique regional, cultural, and service accessibility challenges. The evolution of marketing management has shifted from the classical *Marketing Mix 4Ps* (Product, Price, Place, Promotion) toward a more comprehensive *Modern Marketing Management 4Ps*(People, Processes, Programs, Performance). This shift reflects the complexity of modern markets, demanding a more holistic and strategic approach that integrates various aspects of

organizational functioning (Kotler & Keller, 2015). In healthcare services, this evolution aligns well with the expansion of the marketing mix to 7Ps, which provides a more nuanced framework for analyzing service-based organizations.

Healthcare services possess unique characteristics: they are intangible, heterogeneous, inseparable, and perishable (Wilson et al., 2020a). These characteristics make marketing in healthcare particularly challenging and emphasize the need for a specialized approach. The 7P marketing mix framework has been widely adopted in healthcare marketing research to address these unique challenges: Product: In healthcare, the product includes medical services, facilities, technology, and patient experience, where Berkowitz (2021) distinguishes core services (treatment) and augmented services (waiting, follow-up, education), requiring executive clinics to emphasize premium quality and personalized, comprehensive care. Price: Healthcare pricing must balance cost recovery, value perception, and competitiveness, and as Elgar (2019) notes, premium services benefit more from value-based pricing than cost-based approaches.

Place: Place strategy requires ensuring physical and digital accessibility, as Kumar & Reinartz (2018) highlight through strategic location, facility design, multi-channel access, referral network integration, and convenient appointment systems. Promotion: Healthcare promotion must integrate traditional and digital channels to build trust and differentiate services ethically, as emphasized by Chaffey & Smith (2022) through digital marketing, referrals, community engagement, education, and reputation management. People: The people element reflects the impact of human resources on perceived service quality, with Wilson et al. (2020) stressing the roles of competence, interpersonal skills, service mindset, training, teamwork, and patient-centred culture. Process: Service processes shape efficiency and quality, with Johnston & Clark (2018) defining them as delivery procedures and Anderson et al. (2020) showing that lean improvements and digital automation reduce wait times by 52% and increase capacity by 28%. Physical Evidence: Physical evidence includes all tangible service components, aligned with Bitner's (1992) services cape dimensions, and Garcia & Lee (2023) demonstrate that enhanced facility design and comfort in executive clinics boost patient satisfaction by 45% and referrals by 33%.

Methods

Population and Sampling Method

This study uses a quasi-qualitative approach within the post-positivist paradigm, where theory is positioned at the beginning of the study, but flexibility in qualitative exploration is maintained. Given the emphasis on depth of understanding, the selection of participants was intentional, based on relevance to the research context and their roles in the Executive Clinic at Mojowarno Christian Hospital. The population for this study consists of individuals directly involved in or connected to the marketing activities of Mojowarno Christian Hospital, particularly those who possess deep insights into the operational, managerial, and experiential aspects of the Executive Clinic. A purposive sampling strategy was employed to select informants who could provide rich, relevant data for the research. The selected informants include:

Table 1. List of Research Informants

Role of Research Informant	Criteria	Name
Hospital Director	Understands the vision, strategic policies, service development direction, and key decisions related to management and marketing strategy of the hospital.	HW

Head of Human Resources	Understands human resource management, recruitment, training patterns, and the role of staff in service quality and promotional activities.	SW
Public Relations (PR) Team Member	Knows the implementation of public relations, marketing strategies, and the management of communication media (online and offline), and relationships with external parties.	LJ
General Patient of RSK Mojowarno	A general patient who has used the services of RSK Mojowarno and can provide experiences, perceptions, and feedback related to services and promotional efforts.	MS

The sampling technique aligns with qualitative research principles, where participants are chosen because they understand the phenomenon deeply and can contribute meaningful data (Rahardjo, 2023). While four informants were selected to represent various perspectives within the hospital, it is acknowledged that the inclusion of a more diverse range of patients would further enrich the study. The choice of only one general patient was based on the aim of obtaining insights into patient experiences, but I recognize the limitation in capturing diverse perceptions. In response to reviewer feedback, future studies will incorporate additional patients from varied backgrounds to strengthen the interpretive depth and enhance the trustworthiness of the findings. The decision to limit the number of informants to four was also influenced by the concept of data saturation the point at which no new insights or themes emerge from additional interviews. Given that the data from these informants began to show repeated patterns and there was sufficient representation of the perspectives of management and service users, further interviews were not deemed necessary.

Data Collecting Method

Data collection primarily relied on structured in-depth interviews, selected for their ability to provide consistency across responses while allowing informants to elaborate on their experiences. Structured interviews are particularly suitable when the researcher has a clear understanding of the categories of information being sought, but they also allow room for further exploration of themes that may emerge unexpectedly (Lexy J, 2021). Probing strategies were utilized during interviews to encourage informants to reflect more deeply on their answers and provide additional detail. For instance, I employed questions such as "Can you elaborate on that?" or "How did you feel about that experience?" to prompt deeper reflection and ensure comprehensive responses. This approach ensured that the interviews were not merely confirmatory but exploratory in nature (Sugiyono, 2020). In addition to the interviews, data was also collected through observational notes and internal documents relevant to the marketing strategies and service processes at Mojowarno Christian Hospital. These additional data sources were intended to provide context and help triangulate the interview data, ensuring that the findings were credible and well-supported by multiple data points (Agustinova, 2015).

Data Analysis Method

The data analysis was conducted using a quasi-qualitative case study approach, which allowed for a deep understanding of the hospital's marketing management strategy. The analysis was assisted by NVivo 15, a qualitative data analysis software that facilitated systematic coding, pattern recognition, and theme development. The interviews with the four informants were transcribed verbatim and combined with the supplementary data from observations and documents to ensure a comprehensive analysis (Creswell & Poth, 2016). The coding process followed an iterative approach. I began with open coding to identify recurring keywords and concepts, which were then grouped into categories and refined into parent and child nodes. Through this process, three main strategic pillars emerged: Market Penetration & Community

Engagement, Service Quality Enhancement, and Strategic Marketing & Digital Integration. These themes were refined through a progressive categorization approach, as described by Miles et al. (2014), and reflect the dynamic nature of the data analysis process. I also applied two-stage triangulation to enhance the trustworthiness of the findings. In the first stage, source triangulation was conducted by comparing data from the hospital director, the head of marketing/PR, and the patient/community informant. In the second stage, expert triangulation was carried out by presenting preliminary themes and codes to a marketing expert for feedback, which was used to refine the thematic structure and ensure that the emerging Integrated Community Healthcare framework was grounded in the data (Moon, 2019).

Reflexivity and the Role of the Researcher

A key aspect of qualitative research is the role of the researcher in shaping the analysis. In this study, I actively reflected on my own subjective role in the research process. As the researcher, I acknowledged that my background and perspectives could influence the selection of themes and the coding process. To mitigate potential biases, I engaged in regular self-reflection throughout the data analysis process and sought feedback from colleagues and mentors to ensure that the interpretations were as objective and grounded in the data as possible (Woolf & Silver, 2017). I also ensured that the analysis process was transparent, regularly revisiting the coding framework to examine competing interpretations and refine themes. This process was critical in ensuring that the final framework Integrated Community Healthcare emerged inductively from the data rather than being imposed conceptually. The final analysis reflects a balance between the empirical data and the theoretical framework, ensuring that the findings were both contextually relevant and methodologically rigorous (Woolf & Silver, 2017).

Result and Discussion

The findings of this study were generated through a systematic thematic analysis using NVivo 15, where interview transcripts were coded, categorized, and grouped into major strategic themes. The coding process revealed clear patterns in how Mojowarno Christian Hospital conducts its marketing management and which areas have the greatest potential to strengthen general patient acquisition. These themes were then organized into three main pillars: Market Penetration & Community Engagement, Service Quality Enhancement, and Strategic Marketing & Digital Integration, that reflect the hospital's distinctive position as a 130-year-old Christian institution serving a semi-rural population. From these pillars, an integrative framework termed Integrated Community Healthcare was inductively formulated to capture how community orientation, service quality, and marketing systems interact in a coherent strategy.

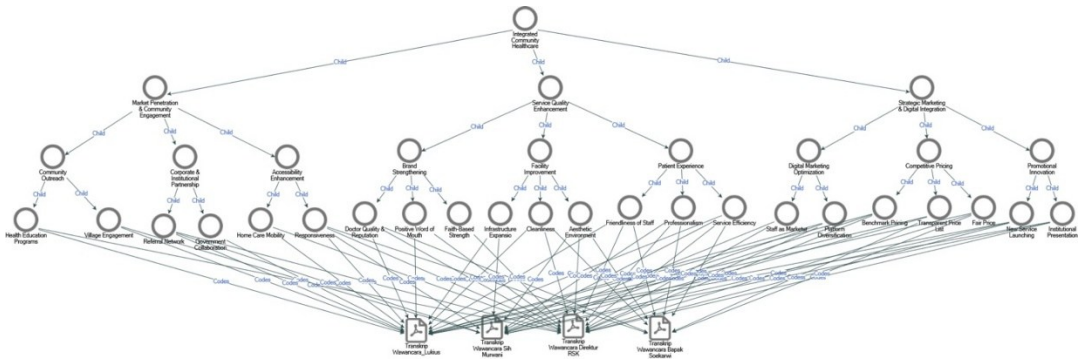

Figure 1. NVivo Thematic Map of RSK Mojowarno's Marketing Management Strategy

Market Penetration & Community Engagement

From inductive coding of the four interview transcripts, the first strategic pillar that emerged is Market Penetration & Community Engagement. This pillar consists of three interrelated sub-themes: (1) Accessibility Enhancement, (2) Community Outreach, and (3) Corporate & Institutional Partnership. Together, these themes describe how Mojowarno Christian Hospital (RSK Mojowarno) extends its reach beyond the hospital gate to overcome geographic, social, and institutional barriers faced by general patients in a semi-rural setting. This logic is consistent with evidence that multi-component interventions; combining outreach, transport facilitation, and home-based services are among the most effective ways to improve access to health care in low- and middle-income countries (Bright et al., 2017; Hamiduzzaman et al., 2017).

The findings on Market Penetration & Community Engagement reveal a range of initiatives that reflect Mojowarno Christian Hospital's commitment to increasing its visibility and accessibility. However, the analytical depth of this section is weakened by the dominance of institutional voices, with management and marketing staff providing the majority of the narrative. Although strategic intentions and organizational self-descriptions are important, they risk overshadowing the patient experience, which is crucial to validating the effectiveness of these initiatives.

For example, Bapak Soekarwi, a patient from Wonorejo, mentioned that he became aware of the Executive Clinic service only after he was offered the option by a staff member at the registration desk, saying, "I knew about the service only when I arrived here, and the staff offered it directly at the registration counter." This on-site promotion proved effective, as it provided immediate solutions to a patient already in need of care. However, this highlights a limitation in the reach of promotional activities. While the hospital may have effective strategies within the hospital, the outreach may not sufficiently penetrate external community networks before patients arrive.

Furthermore, Bapak Soekarwi's account suggests that the hospital's community engagement activities are not consistently experienced across all patient demographics. He noted, "I was offered the executive service right at the counter, but others may not be aware of this option unless it's explicitly offered to them." This shows that although community engagement is portrayed as inclusive, awareness of services among patients remains uneven. More efforts are needed to ensure these services are promoted beyond the hospital and are more inclusive across different socioeconomic groups.

Accessbility Enhacement

The Accessibility Enhancement sub-theme highlights the availability of home care services and feedback mechanisms aimed at improving patient access to healthcare. However, while these services are presented as positive features, a closer examination reveals significant areas of improvement.

It focuses on reducing distance and responsiveness barriers through home care mobility and complaint-handling mechanisms. The director explicitly framed home care as a *jemput bola* strategy to solve the distance problem: "we can do *jemput bola* with home care… access for accidents with ambulance, and we also cooperate with *mobil siaga desa*" (Hospital Director, Interview, 2025). A marketing staff member elaborated that home care is designed "to speed up services" when people cannot visit the hospital, allowing them to request doctors or nurses to come home, including for blood sampling (Lukius, Marketing Staff, Interview, 2025).

In the other hand, Bapak Soekarwi shared that although the hospital offers home care services, he felt that the information about the service was not easily accessible. He mentioned, "I know

about home care, but I feel that there isn't enough clear information on how to use it or how to get it." This indicates that despite the hospital offering such services, the lack of visibility and accessibility remains a significant barrier. Furthermore, the capacity limitations of home care services were not explored in the data provided. For example, there is no discussion about whether these services can meet growing demand or whether there are significant delays in response times.

Additionally, feedback mechanisms, such as the dedicated call center and patient satisfaction surveys, were mentioned by Bapak Soekarwi as helpful, but his comments revealed a potential gap in patient perception. He said, "I trust that complaints would be handled, but I didn't know exactly how to file them." This reflects a potential lack of clarity in the complaint resolution process. The hospital's feedback mechanisms might not be widely utilized if patients are unclear about the procedure, which could undermine the hospital's efforts to improve service quality.

Responsiveness is also strengthened through multiple feedback and complaint channels. The director explained that patient satisfaction is monitored through Google Reviews, external BPJS feedback, internal satisfaction surveys, and even results from independent student or researcher surveys on patient satisfaction (Hospital Director, Interview, 2025). The marketing officer added that there is a dedicated call center for public complaints, which are routed to the relevant units, and that staff actively respond to reviews on Google, JKN Mobile, Instagram, and TikTok so that "society feels satisfied with our services" (Lukius, Marketing Staff, Interview, 2025). Another informant confirmed that a formal patient satisfaction survey is conducted according to Ministry of Health requirements (Sih Murwani, Human Resources, Interview, 2025).

Community Outreach

The second sub-theme, Community Outreach, captures how the hospital enters community spaces through health education programs and village engagement activities. The director described health education as being delivered through meetings and "counseling or educational sessions in community places" (Hospital Director, Interview, 2025). Marketing staff further detailed that RSK Mojowarno promotes its services directly to the community via *posyandu*, *bakti sosial*, and participation in local events such as Mojowarno Fair or company celebrations (e.g., Bank Jombang's anniversary) (Lukius, Marketing Staff, Interview, 2025). Another informant mentioned regular visits to puskesmas, as well as a network of *posyandu lansia* in several villages (Bongso, Ngoro, Mindi, Wonorejo), which are used to introduce non-BPJS services (Sih Murwani, Human Resources, Interview, 2025).

In RSK Mojowarno, such outreach is uniquely colored by its long-standing faith-based identity and 130-year presence in Mojowarno, so that health promotion activities (e.g., *bakti sosial* and posyandu support) are simultaneously perceived as diaconal social service and as a soft, relational form of market penetration. Rather than relying solely on mass media advertising, the hospital "goes to the village" and embeds itself into existing community routines to attract general patients.

However, the analysis does not sufficiently interrogate whether these activities lead to measurable changes in patient behavior. For instance, while Bapak Soekarwi acknowledged the hospital's engagement with the community through posyandu and bakti sosial, he did not link these activities to an increase in service utilization. He commented, "I know the hospital is involved in community health programs, but I have not seen these activities directly encouraging more people to visit for regular treatment." This highlights a potential gap in the effectiveness of outreach programs in terms of translating community engagement into long-term patient loyalty.

Moreover, Bapak Soekarwi pointed out that outreach activities such as social events might be more value-driven than strategic marketing interventions. He said, “The hospital’s activities are good, but they feel more like a service to the community, not necessarily a way to attract new patients.” This observation calls for a more critical distinction between outreach as a social service and outreach as a strategic marketing initiative. The hospital could benefit from a more targeted approach to community outreach, ensuring that certain programs are aligned with the goal of increasing patient acquisition.

Corporate & Intitutional Partnership

Broadens market penetration through government collaboration and referral network development with both corporate and healthcare institutions. Given that Mojowarno is located in an area prone to traffic accidents, the marketing staff explained: “we cooperate with the police… we provide a free pick-up service for accident patients, especially accidents,” and the police “often use our ambulance for accidents” (Lukius, Marketing Staff, Interview, 2025). This collaboration positions the hospital as the primary referral destination for trauma cases and operationalizes a community-level emergency care network, echoing international evidence that close coordination between police, ambulance, and hospitals improves post-crash response and directs patients efficiently into the health system (Soltani et al., 2024).

On the corporate side, the director noted that the hospital visits pensioner groups (e.g., BNI retirees with private insurance) to build relationships and promote services (Hospital Director, Interview, 2025). Public relations staff added that RSK Mojowarno approaches company HR departments, both to promote the hospital and to provide Basic Life Support (Bantuan Hidup Dasar/BHD) training for employees (Sih Murwani, Human Resources, Interview, 2025). Marketing staff also described conventional visits to institutions such as puskesmas, clinics, private-practice doctors, midwives, and nurses to establish referral cooperation: “We come directly to leadership to make cooperation… and we also visit health facilities to increase general patients” (Lukius, Marketing Staff, Interview, 2025).

Service Quality Enhancement

The Service Quality Enhancement pillar is strongly grounded in established service quality frameworks, such as SERVQUAL. However, the findings appear to reinforce known models rather than introducing new insights or challenging existing assumptions.

From Bapak Soekarwi’s feedback, it is clear that he perceived the quality of service to be high, particularly in terms of staff professionalism and efficiency. He commented, “The doctor explained my condition well, and the nurses were friendly and thorough in their checks.” These observations align with SERVQUAL dimensions such as assurance and empathy. However, his description also reveals an element that goes beyond the SERVQUAL model: the interpersonal touch. He noted, “The doctor didn’t rush, and the nurse was kind enough to chat during the checkup, making me feel more at ease.”

This personalized approach to care is not fully captured by SERVQUAL and could be an area for further exploration in the research. The integration of personalized communication and patient-centered care into service quality frameworks could enhance the theoretical contribution of this study, shifting focus from standardized service delivery to a more holistic patient experience.

Brand Strengthening

Brand strengthening at RSK Mojowarno is anchored in doctor quality, continuous professional development, and a distinct faith-based identity. Patients describe unhurried consultations and clear explanations that build trust, while the Director explains how doctors and nurses are routinely sent for specialist and ICU training through scholarship partnerships; findings that

echo quantitative evidence that effective doctor–patient communication significantly increases satisfaction and loyalty in hospital settings (Lampus & Wuisan, 2024).

The hospital's explicit Christian values; Ramah, Setia, Kristiani, Mulia are translated into a welcoming "loving and trusting" atmosphere, which parallels research in sharia/faith-based hospitals where religiously infused service quality and spiritual ambience strengthen satisfaction, loyalty, and recommendation intentions (Widiastuti et al., 2024; Alfarizi & Arifian, 2023), but here applied in an explicitly Christian yet inclusive context. Finally, leadership and marketing staff highlight positive word of mouth (*getok tular*) as their "most powerful promotion", generated by humble doctors, privacy, and a pleasant environment; consistent with studies showing that service quality and satisfaction drive WOM in hospitals and dental clinics (Syah & Wijoyo, 2021; Wibowo & Junaedi, 2019).

The analysis of Brand Strengthening and Facility Improvement focuses primarily on managerial interpretations of brand identity and facility upgrades. However, patient voices are sparse, and their role in interpreting the value of these improvements is limited.

Bapak Soekarwi appreciated the cleanliness and comfort of the executive lounge, saying, "The waiting area is comfortable, and the rooms are clean and well-maintained." However, there was a lack of deeper engagement with the patients' perspectives on how these improvements aligned with their expectations or how they contributed to a stronger brand perception. The hospital could benefit from more explicit patient feedback on these aspects, particularly on whether they perceive these improvements as adding real value to their care experience, or if they are merely seen as cosmetic upgrades.

Facility Improvement

The *Aesthetic Environment* theme shows how RSK Mojowarno strategically leverages its physical setting to support healing and strengthen its brand. Patients distinguish the Executive area from regular polyclinics through cooler, air-conditioned waiting rooms and more comfortable seating, while managers emphasize green-building concepts and the maintenance of gardens and orchids to enhance trust in the hospital as a place of care. These accounts suggest that the hospital *servicescape* encompassing spatial layout, greenery, and ambient comfort—functions as an affective and symbolic context that shapes emotional responses and perceived service quality.

Cleanliness and infrastructure expansion further consolidate this facility-based value: respondents depict very clean interiors, supported by formal sanitation, maintenance, and bacteriological monitoring systems, reflecting the "tangibles" dimension of service quality and corroborating evidence that cleanliness is a salient determinant of satisfaction and trust in hospitals, particularly in Asian settings (Goula et al., 2021; Akthar et al., 2023). In parallel, the expansion of the emergency department and the conversion of old doctor housing into modern outpatient and Executive areas illustrate how infrastructure upgrades are used to increase capacity, comfort, and institutional image, consistent with studies linking facility adequacy and infrastructure quality to a stronger hospital image and higher patient satisfaction (Siregar, 2024; AlOmari, 2022).

Patient Experience

Patient experience at RSK Mojowarno is shaped by three interrelated elements: staff friendliness, professionalism, and service efficiency. In terms of friendliness, personalized greetings on arrival, the nurses' casual yet caring conversations, and surprise room upgrades illustrate an effort to highlight "the human side, not only the medical side," in line with evidence that empathy, warmth, and respectful communication are key drivers of patient satisfaction and loyalty, often outweighing purely technical aspects of care (Tappy & Mandagi, 2024; Widayati & Rachmania, 2025). Professionalism is reflected in clear medical

explanations from doctors, rapid relief of symptoms, paripurna accreditation by KARS, compliance with government regulations, and systematic staff development through training, mentoring, and competency-based assessments practices that reinforce the assurance dimension of SERVQUAL, namely knowledge, courtesy, and the ability to inspire trust (Hutabarat, 2025; Kristianti, 2025). At the same time, efficiency is realized through processes that are "fast and not complicated," supported by multiple access channels (marketing staff, online queuing, centralized registration), as well as WhatsApp and call-center–based pre-registration and scheduling, especially for out-of-town patients and Executive Lounge users.

Strategic Marketing & Digital Integration

From inductive coding of the four interview transcripts, the third strategic pillar that emerged is Strategic Marketing & Digital Integration. This pillar consists of three interrelated sub-themes: (1) *Competitive Pricing*, (2) *Digital Marketing Optimization*, and (3) *Promotional Innovation*. Together, these themes describe how Mojowarno Christian Hospital (RSK Mojowarno) constructs a marketing system that is sensitive to local purchasing power, increasingly reliant on digital channels, and supported by programmatic promotional activities targeted at communities and institutions. These patterns show that pricing, media, and promotion are not treated as isolated tactics but as a coherent response to a JKN-dominated, semi-rural market where patients are both price-conscious and highly influenced by word of mouth.

Competitive Pricing

Interview data indicate that tariff strategy at RSK Mojowarno is shaped by continuous comparison with nearby hospitals and by an explicit concern not to "shock" patients with unexpected bills. The Director emphasized that "we always adjust our tariffs to the economic condition of people in Mojowarno and we benchmark with other hospitals so that patients do not feel burdened" (Hospital Director, Interview, 2025). A general patient confirmed this perception, stating that the hospital is "comfortable but still affordable for villagers, and at the cashier there is no surprise because the price list is clear from the beginning" (Mr. Sukarwi, General Patient, Interview, 2025).

These narratives suggest that *fairness* and *transparency* in pricing function as marketing tools that lower psychological and financial entry barriers for general patients. In a context where many households rely on JKN and have limited disposable income, aligning tariffs with local purchasing power is consistent with value-based pricing principles in healthcare, where prices are set relative to perceived benefits and ability to pay rather than purely on cost-plus formulas (Elgar, 2019). Empirical findings in Indonesian primary care similarly show that perceived price fairness and clarity of information strengthen satisfaction and loyalty among patients who are highly sensitive to out-of-pocket expenditure (Setyawan et al., 2020). In this sense, competitive pricing at RSK Mojowarno operates as a strategic marketing lever that supports patient acquisition without undermining trust.

Digital Marketing Optimization

The interviews also reveal a gradual but clear shift from conventional promotion toward a hybrid, digitally oriented communication model. A marketing staff member explained that the hospital still uses "radio, banners, and leaflets," but that "now every new program we try to upload on Instagram, TikTok, and YouTube because the younger generation and migrant workers mostly see information there" (Lukius, Marketing Staff, Interview, 2025). Staff are not only managing official accounts but are also encouraged to become everyday promoters: "we ask employees to share hospital content through their personal WhatsApp and social media, so they become our marketers in their own circles" (Lukius, Marketing Staff, Interview, 2025).

These accounts illustrate an emerging strategy where *institutional social media* and *employee advocacy* are combined to extend reach while maintaining a relational tone. The pattern aligns with digital marketing literature that positions social media as a key platform for building awareness, engagement, and trust in service brands, particularly when content is distributed through both official channels and employees' personal networks (Kannan, 2017; Chaffey & Smith, 2022). Research on corporate social responsibility and internal branding further shows that when employees feel connected to institutional values, they are more willing to act as authentic brand ambassadors in their everyday interactions, thereby amplifying marketing impact (Glavas, 2016). In the context of RSK Mojowarno, encouraging staff to share content from a Christian, service-oriented hospital reinforces the Integrated Community Healthcare positioning by linking digital visibility to lived values and personal relationships (Wono et al., 2023).

Promotional Innovation

A third set of inductively derived codes concerns *Promotional Innovation*, where RSK Mojowarno designs programs that simultaneously provide value to external stakeholders and showcase its clinical capabilities. The Director noted that the hospital "often goes to companies or pensioner groups not only to introduce services but also to give health talks and Basic Life Support training so they can directly feel our service" (Hospital Director, Interview, 2025). Marketing staff added that cooperation with pension funds and corporate HR departments is used to "offer check-up packages, trauma services, and our new executive lounge so that they think of RSK Mojowarno when they need a referral" (Lukius, Marketing Staff, Interview, 2025).

NVivo coding clustered these activities with nodes related to "new service promotion" such as the 32-slice CT-scan, baby spa, and expanded trauma facilities, which are presented as symbols of modernization and improved capability. This pattern reflects a shift from passive promotion to *programmatic campaigns* that bring hospital expertise into workplaces and communities while highlighting concrete service innovations. In the marketing literature, such initiatives resemble business-model and product-line innovation, where organizations redefine how they create and communicate value to reposition themselves in more competitive markets (Sorescu et al., 2011). For hospitals, combining educational outreach (e.g., health talks, BLS training) with the introduction of new diagnostic and comfort services has been shown to strengthen institutional image and stimulate referrals among both individual and corporate clients (Chaffey & Smith, 2022).

The qualitative analysis of interviews at RSK Mojowarno converged into three interrelated strategic pillars; Market Penetration & Community Engagement, Service Quality Enhancement, and Strategic Marketing & Digital Integration, which together form a coherent core strategy of Integrated Community Healthcare to increase general-patient visits. These pillars are consistent with evidence that hospitals which simultaneously strengthen their marketing mix, upgrade service quality, and systematically manage patient touchpoints across channels tend to achieve higher satisfaction and loyalty, especially in competitive health-care markets (Budiman & Achmadi, 2023; Darzi et al., 2023; Kannan & Li, 2017).

First, the pillar of Market Penetration & Community Engagement reflects a shift from hospital-centric to community-oriented outreach. Interview data showed that RSK Mojowarno intensifies off-site health education, free screening, and collaboration with churches, schools, and local organisations to "go to where people are," not merely wait for them to come. Conceptually, this resonates with the idea of *community health outreach* as a purposive, often temporary and mobile intervention that collaborates with communities to reach populations at health risk and improve accessibility and health promotion (Shin et al., 2020). Experimental evidence also shows that structured community-engagement interventions can increase health-

service utilisation and insurance enrollment, demonstrating that engagement is not only symbolic but can measurably change health-seeking behaviour (Duku et al., 2022). Similarly, Pol et al. (2017) found that a hospital community-engagement programme in Cambodia improved mutual understanding between hospital staff and local communities and enhanced trust in paediatric services, suggesting that RSK's emphasis on relational presence in villages and congregations is theoretically sound and empirically supported. In the RSK case, this pillar is further coloured by Christian values of service and compassion, which strengthen the credibility of health messages and can differentiate the hospital among non-insured and low-income segments that rely heavily on interpersonal trust when choosing a provider. Second, the Service Quality Enhancement pillar situates RSK Mojowarno within a large body of research that links perceived service quality, patient satisfaction and repeat utilisation. Meta-analytic evidence synthesising studies from multiple countries confirms that healthcare service quality often measured through SERVQUAL-type dimensions such as reliability, responsiveness, empathy, assurance and tangibles is positively associated with patient satisfaction and behavioural intentions, including loyalty and word-of-mouth (Darzi et al., 2023; Rauf et al., 2024). Indonesian findings echo this pattern: Anam (2023) showed that service quality and satisfaction significantly affect outpatient loyalty in a general hospital, indicating that patients are more likely to return when they perceive competent clinical care, clear communication, and respectful interpersonal treatment. The RSK interviews in which patients repeatedly highlighted friendliness of nurses, clarity of doctors' explanations, and a "family-like" atmosphere—suggest that the hospital's efforts to standardise clinical pathways, improve amenities, and train staff in hospitality are aligned with these empirical drivers. In faith-based settings, where spiritual and emotional comfort are central expectations, such enhancements arguably have a multiplied effect on perceived value, helping RSK convert historical reputation into sustained loyalty among general patients.

Third, the Strategic Marketing & Digital Integration pillar highlights that RSK is moving from ad-hoc promotion toward a more systematic management of the patient journey across offline and online touchpoints. Contemporary digital-marketing frameworks position websites, search engines, and social media as key tools to support the entire decision process—from need recognition to post-service advocacy rather than mere advertising channels (Kannan & Li, 2017; Chaffey & Smith, 2022). Empirical research in the hospital context shows that social-media marketing can significantly raise visit intentions through its effect on brand awareness, making digital presence highly relevant for hospitals that want to attract new patients in competitive regions (Hariyanti & Wirapraja, 2023). Likewise, digital-marketing strategies that build brand awareness and trust have been found to influence outpatient visit decisions in Indonesian hospitals (Kristianawati & Sulistyani, 2023). Integrating community stories, educational content, and service information into RSK's website and social-media channels, and linking them back to on-the-ground outreach activities, the hospital effectively extends its community engagement into the digital space while reinforcing its Christian identity and value proposition to general patients.

Taken together, the three pillars suggest that the most relevant theoretical framing for RSK Mojowarno is not a single, isolated model but an Integrated Community Healthcare strategy that synthesises community-engagement logic, service-quality theory, and digital-marketing perspectives. Community-engagement literature emphasises purposive collaboration with at-risk groups to reduce access barriers (Shin et al., 2020; Duku et al., 2022), while service-quality research stresses continuous improvement in servicescape, personnel and administrative processes to sustain satisfaction and loyalty (Darzi et al., 2023; Rauf et al., 2024). Digital-marketing frameworks, in turn, argue that patients increasingly evaluate and compare hospitals through hybrid online offline journeys (Kannan & Li, 2017; Chaffey & Smith, 2022). When these strands are combined, the RSK findings can be interpreted as a context-specific refinement of existing theories: they show that, in a faith-based, semi-rural Indonesian setting,

the synergy between community presence, high-touch service quality, and integrated digital communicationis more critical for general-patient growth than any single variable alone. Conceptually, this strengthens the argument that hospital strategies in emerging economies should move toward integrated, community-anchored models of care, while practically it provides a roadmap for RSK Mojowarno to prioritise resources in ways that are both theoretically justified and locally resonant.

Conclusion

This study aimed to identify an effective marketing management strategy to increase general patient visits at a faith-based, semi-rural hospital in a JKN-dominated context. Through inductive qualitative analysis, three interrelated pillars emerged Market Penetration & Community Engagement, Service Quality Enhancement, and Strategic Marketing & Digital Integration, which together form a coherent core strategy termed Integrated Community Healthcare. The findings confirm that RSK Mojowarno cannot rely on stand-alone promotional activities or tariff changes; sustainable growth in general patients requires being present in the community, delivering consistently high-quality, patient-centred services, and communicating this value through integrated offline online channels. Substantively, Integrated Community Healthcare aligns the hospital's Christian mission with its market objectives: community engagement brings the hospital closer to people's daily lives, service quality translates values into concrete patient experiences, and strategic marketing and digital integration make these strengths visible and accessible for current and potential general patients. For practice, this framework can guide RSK in designing more structured outreach, experience management, and digital communication programmes. For future research, the model offers a basis for quantitative testing of its components, comparative studies across hospitals and regions, and longitudinal analysis of how such integrated strategies influence patient volumes, satisfaction, and loyalty over time.

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