
The Influence of Location, Price Value Perception, and Staff services on Patient Visitation Interest P40 Services: Implications in the Blue Ocean Strategy Perspective

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ABSTRACT: Accessible, affordable, and quality health services are important needs of the community. Amid competition in the healthcare sector, a private main clinic in Cirebon City offers the P40 service as a form of value innovation. However, the success of these services is not only determined by price, but also influenced by location, perceived price value, and officer service. Therefore, this study aims to analyze the influence of these three variables on patient visit interest, with Blue Ocean Strategy used as a strategic interpretive perspective to interpret the results of the study, rather than as a variable to be tested. The study used a quantitative method with a descriptive and explanatory approach to 99 respondents determined using the Slovin formula. Data were collected through questionnaires and analyzed using multiple linear regression. The results of the descriptive analysis showed that the location, staff services, and interest in patient visits were in the sufficient category, while the perceived price values was in the good category. The results of the explanatory analysis showed that simultaneously and partially location, perceived price value, and staff services had a positive and significant effect on the interest of patient visits. The research model had an Adjusted R Square value of 0.774, with officer service as the most dominant variable ($\beta = 0.679$). The findings are further interpreted in the perspective of the Blue Ocean Strategy to explain the strategic implications of the development of P40 services through value creation. In conclusion, increasing interest in patient visits can be done through strengthening location access, improving the quality of service of officers, and maintaining a balance between price and service benefits.

Keywords: location, perceived price value, service officers, interest in patient visits, Blue Ocean Strategy

I. INTRODUCTION

Health is a fundamental aspect that plays an important role in improving the quality of life, productivity, and welfare of the community (Alshugeer et al., 2024). As the public's need for accessible and quality health services increases, health service facilities in Indonesia also continue to develop as an effort to expand access and equitable distribution of health services (Kruk et al., 2018). First-level health service facilities have a role as the front line in the provision of health services to the community (Ridwan & Ramadhan, 2023). One of the forms of first-level health service facilities that are developing in Indonesia is clinics, both government-owned and private (Asmara & Muhandi, 2020). Based on the Regulation of the Minister of Health Number 28 of 2011, clinics are health service facilities that provide basic and specialist medical services (Hafiz, 2019). In its implementation, clinics are required to provide services that are in accordance with the needs of patients through quality services as a form of professionalism and ethics of health services (Purwaningrum, 2020).

The development of the health service sector in Indonesia shows increasingly complex dynamics as the number of primary health care facilities, including private clinics and independent practices, increases, (Lukito & Gani, 2024). This condition causes competition between health service facilities to be more intense so that clinics are required to be able to adapt and strengthen organizational strategies to maintain their competitiveness (Apriza et al., 2026). In the face of this competition, healthcare providers need to develop innovative strategies that are able to create new value for patients through different services and in accordance with the needs of society (Hammer, 2022). One approach that can be used is the Blue Ocean Strategy, which is a strategy that focuses on creating new market spaces through value innovation, so that organizations not only compete in existing markets, but also create new demands from service users (Kim & Mauborgne, 2016). Through this approach, organizations can provide more valuable services so that competition is no longer the main focus, including for clinics operating in the midst of increasingly fierce competition for health services (Purwadhi et al., 2025).

One of the health service facilities that plays a role in providing health services to the community is a private main clinic located in Cirebon City. This clinic provides a variety of health services, including general practitioners, dentists, internal medicine

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specialists, beauty clinics, supporting examinations, and in collaboration with BPJS Kesehatan. Located in an area with fairly high community activity and located on the main road, the clinic is relatively accessible to the public and has been registered on the Google Maps application and equipped with an easily visible signage.

One form of service innovation developed by the private main clinic is the P40 service program, which offers a general practitioner consultation and basic health examination package at a fixed cost of IDR 40,000, providing patients with access to basic health services at an affordable price. Through this service, patients receive general practitioner consultations, basic health checks, and medications according to the terms of the service package, while service needs outside the scope of the package are subject to additional fees transparently. The P40 service is a form of value innovation that is in line with the Blue Ocean Strategy approach, because it offers health services that are simple, affordable, and easily accessible to the public. However, the success of the P40 service is not only determined by the low price, but also by the patient's perception of the price value, ease of access to the location, and the service of the officer. Therefore, this study does not place the Blue Ocean Strategy as a statistically tested variable, but rather as a strategic interpretive perspective to understand the implications of the research results on the development of P40 services.

Although the private main clinic has introduced service innovation through the P40 program at a relatively affordable cost, several issues remain regarding patients' perceptions of price value and the quality of services provided. The service price of IDR 40,000 does offer a more economical cost than some similar health services. However, in healthcare, the patient's assessment of the price is not only based on the cheapness or high cost incurred, but also on the suitability between the cost and the benefits received. If the services obtained have not met the patient's expectations, then the affordable price is not necessarily perceived to have a high value.

Based on patient reviews submitted through the Google Review platform, a number of complaints were found related to the attitude of the officers' service which was considered less friendly, communication of health workers that lacked comfort, and the length of the waiting time for services, especially in drug services when the number of patients increased. This condition has the potential to affect patients' perceptions regarding the suitability between the fees paid and the quality of services received. In addition, the limitation of waiting rooms and parking areas at certain times also affects the comfort and perception of patients towards the ease of access to the location. On the other hand, the increasing number of competing clinics with similar services in the surrounding area also has the potential to influence patient preferences in choosing health care facilities and patient visit interests.

Interest in patient visits is one of the important indicators in assessing the success of a health service facility in providing services that meet the needs of the community (Hendarto et al., 2023). Patients tend to choose health facilities that are able to provide the best value, so that service quality, comfort, and service benefits are considerations in determining health service choices. The value that patients feel towards these health services is an important factor that influences the patient's decision to use the same service again in the future (Kusniati et al., 2016).

To obtain an overview of the utilization of the P40 service at the private main clinic, a review was conducted of patient utilization data for the period from July to December 2025. The data represents the number of patients (unique patients), so each patient is only counted once in the observation period. Based on this data, the number of P40 service patients showed a fluctuating pattern, namely 18 patients in July, increased to 25 patients in August, then decreased slightly to 24 patients in September and remained in October, then decreased again to 21 patients in November and 19 patients in December. Overall, the number of patients with P40 services during the period reached 131 patients. These fluctuations show that the utilization of the P40 service still does not show a consistent upward trend even though this service was developed as a healthcare innovation by offering affordable prices and simpler services.

In addition to showing fluctuations in visit patterns, the number of patients using the P40 service remained below the target set by the private main clinic, which was 50 patients per month or 300 patients over a six-month period. Thus, the realization of new visits reached around 43.7% of the target that had been set. This condition indicates that the utilization of P40 services is still not optimal and shows that the service innovations offered have not been fully able to increase the interest in patient visits consistently. Therefore, further studies are needed to identify the factors that affect patient visitation interest as a basis for formulating more effective strategies to increase the utilization of P40 services.

Several previous studies have shown that the quality of service has an important role in influencing patient interest in visiting health care facilities. The quality of service has an important role in influencing the interest of patient visits, because good service can improve the experience and encourage repeat visits (Rahmawati, 2022). In addition, the perception of prices that are in accordance with the benefits of services also influences patient decisions (Khasanah & Mahendri, 2023), as well as location factors related to ease of access (Sidik & Yusuf, 2024). Overall, the combination of service quality, price, and other factors is the main consideration of patients in choosing health services (Sutiono et al., 2023).

However, the results of previous studies show that the magnitude of the influence of each variable on patient visit interest still varies, so there is still an empirical gap regarding the most dominant factors in influencing patients' decision to use health services. In addition, no previous study has specifically examined patients' intention to visit for the P40 service at a private main clinic, despite the distinctive characteristics of this service as a fixed-cost health service package designed as a form of service innovation.

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Previous research has also generally not used the Blue Ocean Strategy as a strategic perspective to interpret research results and formulate implications for health service development. Therefore, this study examines the influence of location, perceived price value, and attendant services simultaneously on patient visitation interest in P40 services, using Blue Ocean Strategy as a strategic interpretive perspective in analyzing the results of the study.

II. FORMULATION OF THE PROBLEM

1. How do location, perceived price value, and staff services simultaneously affect the interest of P40 service patient visits?
2. How does location partially affect the interest of P40 service patient visits?
3. How does the perceived price value partially affect the interest of P40 service patient visits?
4. How does the officer's service partially affect the interest of P40 service patient visits?
5. How can the results of the research be interpreted from the perspective of the Blue Ocean Strategy as the basis for the preparation of strategic implications for the development of P40 services?

III. RESEARCH METHODS

A. Research Design

This study uses a quantitative approach with descriptive and explanatory methods as well as a cross-sectional research design. Descriptive analysis was used to describe location conditions, perceived price value, staff services, and patient visit interests based on respondents' perceptions. Meanwhile, the explanatory analysis was used to test the influence of location, perceived price value, and officer service on the interest of patient visits through statistical analysis. The cross-sectional design is carried out by collecting data at one observation time so that the relationships between variables can be analyzed objectively based on the conditions that occurred at the time of the study.

B. Population and Sample

The population in this study comprised all patients who used the P40 service at a private main clinic during the July–December 2025 period, with a total of 131 patients based on internal clinic data. The population is a unique number of patients, so each patient is only counted once in the observation period. The determination of the number of samples was carried out using the Slovin formula with an error rate of 5%, so that a sample number of 99 respondents was obtained. The number is considered to have represented the population to measure the influence of location, perceived price value, and staff services on the interest of patient visits.

The sampling technique used is purposive sampling, which is a technique of determining samples based on certain criteria that are tailored to the purpose of the research. This technique was chosen to ensure that respondents have experience using P40 services so that they can provide relevant assessments of the research variables. The inclusion criteria were patients who had used the P40 service at the private main clinic and were willing to participate as respondents by completing the research questionnaire. The exclusion criteria include patients who are not willing to participate in the study or do not complete the complete questionnaire. With the application of these criteria, the data obtained is expected to be able to represent the condition of the respondents in accordance with the research objectives.

C. Technical Data Collection

The data collection technique in this study was carried out using a questionnaire that was compiled based on the operationalization of the research variables, where each variable was lowered into dimensions, indicators, and statement items according to the theoretical basis used. The questionnaire was used to measure respondents' perceptions of the location, perceived price value, staff services, and patient intention to visit. The questionnaire was distributed online through Google Forms to patients who had previously used the P40 service at the private main clinic. The measurement scale used is an ordinal scale with five categories of answers, namely Strongly Disagree (1), Disagree (2), Doubt (3), Agree (4), and Strongly Agree (5). The higher the score given, the more positive the respondent's perception of the statement submitted. Furthermore, the collected data is processed and analyzed using statistical techniques to test the influence between variables in the research.

D. Validity and Reliability Tests

The validity test is carried out to determine the ability of each statement item in measuring the research variables in accordance with the concept being studied. Validity testing was performed using Pearson Product Moment correlation with the help of IBM SPSS Statistics version 29, which is by testing the relationship between the score of each item and the total score of the variable. A statement item is declared valid if the calculated r value is greater than or equal to the r of the table and has a positive value at a significance level of 5%, while an item that does not meet the criteria is declared invalid and needs to be corrected or removed.

The reliability test was carried out to determine the level of consistency of the research instrument in measuring the variables studied. Reliability testing using Cronbach's Alpha method with the help of IBM SPSS Statistics version 29. A research instrument

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is declared reliable if it has a Cronbach's Alpha value greater than 0.60, which indicates that each statement item has a good level of consistency so that it is suitable for use as a research instrument.

E. Data Analysis Techniques

1) Classic Assumption Test

Classical assumption tests are carried out to ensure that the regression model meets statistical assumptions so that the results of the analysis can be interpreted appropriately. The tests in this study include normality tests, heteroscedasticity tests, and multicollinearity tests.

a) Normality Test

The normality test aims to find out whether the residual in the regression model is normally distributed. The test was carried out through two approaches, namely graph analysis using the Normal Probability Plot (Normal P-P Plot) and statistical analysis using the Kolmogorov-Smirnov test. Residual is declared to be normally distributed when the points on the graph follow a diagonal line and an Asymp value. Sig. greater than 0.05.

b) Heteroscedasticity

The heteroscedasticity test aims to find out whether there is residual variance inequality in the regression model. The test was carried out using a scatterplot and a Glejser test. The regression model is declared to be free of heteroscedasticity if the dots on the scatterplot are randomly spread without forming a specific pattern and the significance value on the Glejser test is greater than 0.05.

c) Multicollinearity Test

The multicollinearity test aims to find out whether or not there is a correlation between independent variables in the regression model. The test was carried out by looking at the value of Tolerance and Variance Inflation Factor (VIF). The regression model is declared free of multicollinearity if the Tolerance value is greater than 0.10 and the VIF value is less than 10.

2) Hypothesis Testing

The hypothesis test was carried out to test whether the location, perception of the price value, and the services of the officers had an effect on the interest of P40 service patients. Hypothesis testing in this study was carried out using simultaneous tests (F test) and partial tests (t tests) with a significance level of 5% ($\alpha = 0.05$).

a) Simultaneous Test (F Test)

The simultaneous test (F test) was used to find out whether location, perceived price value, and attendant services together had an effect on the patient's interest in visits. Decision-making is based on the significance value (Sig.), that is, if the value of Sig. is 0.05, the three independent variables simultaneously have a significant effect on the patient's interest in visits. On the other hand, if the Sig. value > 0.05 , the three independent variables simultaneously did not have a significant effect on the patient's interest in visits. $\leq$

b) Partial Test (t-test)

The partial test (t-test) was used to determine the influence of each independent variable, namely location, perceived price value, and officer service, on the interest of patient visits. Decision-making is based on significance values (Sig.), where the value of Sig. 0.05 indicates that independent variables have a significant effect on patient visit interest, while Sig. > 0.05 indicates that independent variables do not have a significant effect on patient visit interest. $\leq$

IV. RESULT AND DISCUSSIONS

A. Validity and Reliability Tests

Table 1. Validity Test Results

Research Variables	Number of Items	Number of Valid Items	r Table	Description
Location (X1)	10	10	0.197	All items are valid
Price Value Perception (X2)	4	4	0.197	All items are valid
Service Officer (X3)	8	8	0.197	All items are valid
Patient Visitation Interest (Y)	6	6	0.197	All items are valid

Source: Primary data processed, 2026

Based on the results of the validity test in Table 1, all statements in each research variable were declared valid. The location variable (X1) has 10 valid items, the perception of the price value (X2) has 4 valid items, the service officer (X3) has 8 valid items, and the patient's visit interest (Y) has 6 valid items. All items have a correlation coefficient value (r calculated) that is greater than the r-value of the table of 0.197, so that all items of the statement are declared capable of measuring each research variable and are suitable for use as a data collection instrument.

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Table 2. Reliability Test Results

Research Variables	Cronbach's Alpha	Alpha Coefficient	Description
Location (X1)	0.743	0.60	Reliable
Price Value Perception (X2)	0.811	0.60	Reliable
Service Officer (X3)	0.865	0.60	Reliable
Patient Visitation Interest (Y)	0.808	0.60	Reliable

Source: Primary data processed, 2026

Based on the results of the reliability test in Table 2, all research variables were declared reliable because they had a Cronbach's Alpha value greater than the minimum limit of 0.60. The location variable (X1) had a Cronbach's Alpha value of 0.743, the perception of the price value (X2) of 0.811, the service of the officer (X3) of 0.865, and the interest of patient visits (Y) of 0.808. These results show that all research instruments have a good level of internal consistency, so it is feasible to measure research variables consistently in the data collection process.

B. Classic Assumption Test

1) Residual Normality Test

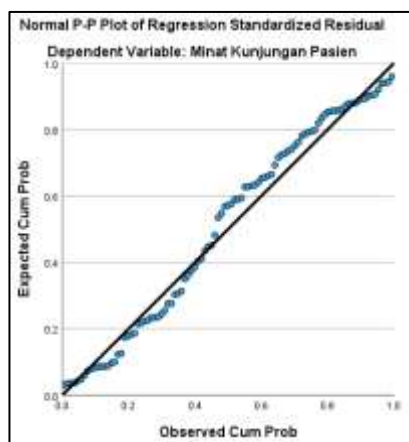


Figure 1. Residual Normality Test Results P-P Plot

Based on Figure 1, the results of the normality test using the Normal Probability Plot (P-P Plot) graph show that the residual points are scattered around the diagonal line and follow the direction of the line. This condition shows that the residual has a normal distribution, so that the assumption of normality in the regression model has been met. To support the results of the analysis visually, normality testing is also carried out using the Kolmogorov-Smirnov test. The results of the statistical test are presented in Table 3.

Table 3. Kolmogorov-Smirnov Normality Test Results

One-Sample Kolmogorov-Smirnov Test		
		Unstandardized Residual
N		99
Normal Parameters, b	Red	.0000000
	Std. Deviation	.22638226
Most Extreme Differences	Absolute	.085
	Positive	.065
	Negative	-.085
Test Statistic		.085
Asymp. Sig. (2-tailed) ^c		.075

Source: Primary data processed, 2026

Based on Table 3, the results of the normality test using Kolmogorov-Smirnov show an Asymp value. Sig. (2-tailed) is 0.075, which is greater than 0.05. These results show that the residual is distributed normally, so the normality assumption in the regression model has been fulfilled and the data is suitable for further regression analysis.

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2) Heteroscedasticity Test

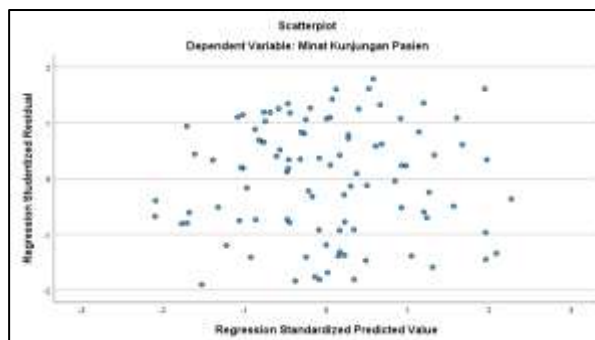


Figure 2. Heteroscedasticity Test Results

Based on Figure 2, the results of the heteroscedasticity test through scatterplots show that the residual points are randomly scattered around the zero line and do not form a specific pattern. The findings show that the regression model does not experience symptoms of heteroscedasticity so that it meets one of the classical assumptions. To confirm the results of the visual analysis, the test was also carried out statistically using the Glejser test, with the results presented in Table 4.

Table 4. Results of the Glejser heteroscedasticity test

Coefficient						
Models		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.083	.113		.735	.464
	Location	.024	.022	.112	1.076	.285
	Price Value Perception	-.002	.015	-.012	-.118	.906
	Staff services	.012	.017	.073	.716	.476
a. Dependent Variable: ABS_RES						

Source: Primary data processed, 2026

Based on Table 4, all independent variables have a significance value (Sig.) greater than 0.05, namely location of 0.285, perceived price value of 0.906, and service of officers of 0.476. These results show that there are no symptoms of heteroscedasticity in the regression model, so the residual variance is constant. Thus, the regression model has fulfilled the assumption of homogeneity and is feasible to use for multiple linear regression analysis.

3) Multicollinearity Test

Table 5. Multicollinearity Test Results

Coefficient			
Models		Collinearity Statistics	
		Tolerance	VIF
1	Location	.960	1.042
	Price Value Perception	.959	1.043
	Staff services	.999	1.001
a. Dependent Variable: Patient Visit Interest			

Source: Primary data processed, 2026

Based on Table 5, the results of the multicollinearity test showed that the variables of location, perceived price value, and staff services had Tolerance values of 0.960, 0.959, and 0.999 (>0.10), respectively, and Variance Inflation Factor (VIF) values of 1,042, 1,043, and 1,001 (<10). These results show that there are no symptoms of multicollinearity between independent variables, so the regression model meets the assumption of multicollinearity.

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C. Multiple Linear Regression Analysis Results

Multiple linear regression analysis was carried out to determine the influence of location, perceived price value, and staff services on the interest of P40 service patients. The results of multiple linear regression analysis are presented in Table 6.

Table 6. Multiple Linear Regression Analysis Results

Models	Unstandardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error	Beta	
(Constant)	0.418	0.230	–	0.072
Location	0.262	0.045	0.283	< 0.001
Price Value Perception	0.341	0.031	0.535	< 0.001
Staff services	0.480	0.034	0.679	< 0.001

a. Dependent Variable: Patient Visit Interest

Source: Primary data processed, 2026

Based on Table 6, the multiple linear regression equation is obtained as follows:

$$Y = 0.418 + 0.262(X_1) + 0.341(X_2) + 0.480(X_3)$$

The equation shows that a constant value of 0.418 is the basic value of patient visit interest when the variables of location, perceived price value, and officer service are considered constant. The location regression coefficient of 0.262 indicates that each one-unit increase in the location variable will increase the patient's visit interest by 0.262 units, assuming the other variables are fixed. The regression coefficient of price value perception of 0.341 indicates that every one unit increase in price value perception will increase patient visit interest by 0.341 units, assuming other variables are fixed. Meanwhile, the regression coefficient of staff services of 0.480 shows that every increase in one unit of staff services will increase the interest in patient visits by 0.480 units, assuming other variables are fixed.

Based on the standardized beta coefficient value, officer service had the highest standardized beta coefficient ($\beta = 0.679$), followed by perceived price value ($\beta = 0.535$) and location ($\beta = 0.283$). These results indicate that staff service is the variable with the most dominant influence on patients' visit intention toward P40 services.

D. Hypothesis Test

1) The Influence of Location, Price Value Perception, and Officer Service on Patient Visit Interest

To determine the influence of location, perceived price value, and service of officers together on the interest of patient visits, a simultaneous test (F test) was carried out. In addition, the magnitude of the contribution of the three independent variables to the patient's visit interest was analyzed using the simultaneous determination coefficient (Adjusted R Square).

Table 7. Test F Results (Simultaneous)

Source of Variation	Sum of Squares	df	Mean Square	F statistic	Sig.
Regression	17.891	3	5.964	112.802	< 0.001
Residual	5.022	95	0.053	–	–
Total	22.913	98	–	–	–

Source: Primary data processed, 2026

Based on Table 7, the F value of 112,802 was obtained. When compared to the value of the F of the table of 2.70, it can be seen that F statistics > F of the table ($112.802 > 2.70$). In addition, the significance value obtained was < 0.001 smaller than 0.05, so it can be concluded that the variables of location, perceived price value, and staff services simultaneously had a significant effect on the interest of P40 service patient visits.

The contribution of location, perceived price value, and service of officers to the patient's visit interest was analyzed using a determination coefficient (Adjusted R Square). The test results are presented in Table 8.

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Table 8. Simultaneous Determination Coefficient

<i>Model Summary</i>				
Models	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.884a	0.781	0.774	0.22993
a. Predictors: (Constant), Officer Service, Location, Perceived price value				

Source: Primary data processed, 2026

Based on Table 8, the Adjusted R Square value is 0.774. The Adjusted R Square value is used because it provides a more accurate estimate of the model's ability to explain the variation of dependent variables by considering the number of independent variables and the sample size. These results showed that the variables of location, perceived price value, and staff services were simultaneously able to explain 77.4% of the variation in the interest of P40 service patients, while the remaining 22.6% were influenced by other factors outside the research model.

2) The Influence of Location on Patient Visit Interest

To analyze the influence of location on patient visitation interest, a partial test (t-test) was performed. Furthermore, the magnitude of the contribution of the location variable to the interest of patient visits was calculated using the partial determination coefficient (effective contribution) to determine the magnitude of the influence exerted by the variable on the dependent variable.

Table 9. Results of the t-test (Location)

Variable	B	Beta	t statistic	r (Zero Order)	Sig.	Remarks
Location (X1)	0.262	0.283	5.769	0.167	< 0.001	Significant

Source: Primary data processed, 2026

Based on Table 9, the results of the partial test show that the location has a positive and significant effect on the patient's interest in visits. This is shown by the value of the regression coefficient (B) of 0.262, which means that every one unit increase in the location variable will increase the interest of patient visits by 0.262 units assuming the other variables are fixed. A beta coefficient value () of 0.283 indicates that location has a positive influence on patient visit interest in the regression model. In addition, the calculated t value of 5,769 is greater than the table t of 1,984, and is supported by a significance value of < 0.001 which is smaller than 0.05, so it can be concluded that the location has a significant effect on the interest of P40 service patient visits. A zero-order correlation value of 0.167 indicates a positive relationship between location and patient visit interest, which is then used to calculate the partial contribution or effective contribution of the location variable.

The magnitude of the partial contribution of the location variable to the patient's visit interest was calculated using the partial determination coefficient (effective contribution), namely by multiplying the value of the beta coefficient (0.283) by the zero-order correlation value (0.167), then multiplied by 100%. Based on this calculation, an effective contribution value of 4.7% was obtained. These results show that the location variable contributes 4.7% to the variation in patient visit interest, while the rest is influenced by other factors outside the location variable.

3) The Effect of Price Value Perception on Patient Visit Interest

To determine the influence of the perceived price values on the interest of patient visits, a partial test (t-test) was carried out. In addition, the contribution of price value perception to patient visit interest was analyzed using a partial determination coefficient through the calculation of effective contribution.

Table 10. Results of the t-test (Price Value Perception)

Variable	B	Beta	t statistic	r (Zero Order)	Sig.	Remarks
Price Value Perception (X2)	0.341	0.535	10.906	0.496	< 0.001	Significant (p < 0.05)

Source: Primary data processed, 2026

Based on Table 10, the results of the partial test showed that the perceived price value had a positive and significant effect on the interest of patient visits. This is shown by the value of the regression coefficient (B) of 0.341, which means that every one unit increase in the perception of the price value will increase the interest of patient visits by 0.341 units assuming other variables are fixed. A beta coefficient value of 0.535 indicates that the perception of the price value has a positive influence with a fairly high

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influence on the interest of patient visits in the regression model. Furthermore, a t-value of 10,906 shows that the perceived price values has been shown to have a significant effect on patient visit interest. The results were reinforced by a significance value of <0.001 , which is smaller than 0.05, so that the influence obtained was statistically significant and the research hypothesis was accepted. A zero-order correlation value of 0.496 indicates a positive relationship between the perceived price value and the interest of patient visits, which is then used to calculate the magnitude of the partial contribution or effective contribution of the variable perceived price value to the interest of patient visits.

The amount of contribution of price value perception to patient visit interest was analyzed using a partial determination coefficient through the calculation of effective contribution, namely by multiplying the beta coefficient value (0.535) by the zero-order correlation value (0.496) and then multiplying it by 100%. Based on this calculation, the effective contribution value of 26.5% was obtained. These results show that the perceived price value contributes 26.5% to the variation in patient visit interest, while the rest is influenced by other variables outside of the perceived price value.

4) The Influence of Staff services on Patient Visit Interest

To determine the influence of staff services on patient visits, a partial test (t-test) was carried out. In addition, the amount of service contribution of officers to the interest of patient visits was analyzed using a partial determination coefficient through the calculation of effective contributions.

Table 11. Results of the t-test (Service Officer)

Variable	B	Beta	t statistic	r (Zero Order)	Sig.	Remarks
Service Officer (X3)	0.480	0.679	14.123	0.690	< 0.001	Significant ($p < 0.05$)

Source: Primary data processed, 2026

Based on Table 11, the results of the partial test show that the officer's service has a positive and significant effect on the interest of patient visits. This is shown by the value of the regression coefficient (B) of 0.480, which means that every increase in one unit of officer service will increase the interest in patient visits by 0.480 units assuming other variables are fixed. A beta coefficient value of 0.679 indicates that the officer's service has a positive influence with a high power of influence on patient visit interest in the regression model. Furthermore, the t-value of 14,123 shows that the service of the officer has been proven to have a significant effect on the interest of patient visits. The results were reinforced by a significance value of <0.001 , which is smaller than 0.05, so that the influence obtained was statistically significant and the research hypothesis was accepted. A zero-order correlation value of 0.690 indicates a positive relationship between officer service and patient visit interest, which is then used to calculate the amount of partial contribution or effective contribution of the officer service variable to patient visit interest.

The amount of officers' service contribution to the patient's interest in visits was analyzed using the partial determination coefficient through the calculation of effective contribution, namely by multiplying the beta coefficient value (0.679) by the zero-order correlation value (0.690) then multiplied by 100%. Based on this calculation, an effective contribution value of 46.9% was obtained. These results show that the officer's services contributed 46.9% to the variation in patient visit interest. These findings show that the quality of officer interaction, which includes speed, thoroughness, friendliness, and professionalism in providing services, is the most dominant factor in influencing patient visit interest compared to other variables studied. This indicates that the patient's experience during interaction with the officer is an important aspect in encouraging the patient's desire to return to using the P40 service.

E. Discussion

1) The Influence of Location, Perceived price value, and Staff services on Patient Visit Interest

The results of simultaneous testing showed that the variables of location, perceived price value, and staff services had a significant effect on the interest of P40 service patient visits. This is indicated by the calculated F value of 112,802 which is greater than the F of the table of 2.70, as well as the significance value of < 0.001 . In addition, the Adjusted R Square value of 0.774 showed that the three variables were able to explain 77.4% of the variation in patient visit interest, while the remaining 22.6% were influenced by other factors outside the study model. These findings show that patients' decisions to use P40 services are not only influenced by one factor, but are the result of a combination of ease of location access, perception of price suitability with the benefits received, and the quality of service provided by the officer.

Strategically, the results of this study show that increasing interest in patient visits cannot be achieved by improving just one aspect of service, but requires integrated management between location, perceived price value, and staff services. These findings indicate that the patient's decision to use the P40 service is the result of an evaluation of the overall service experience, starting from the ease of access, the suitability of the cost with the benefits received, to the quality of the service provided during the service

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process. In the perspective of Blue Ocean Strategy, the results of this study show that the competitive advantage of P40 services can be built through value innovation, namely creating value felt by patients through the integrated management of various aspects of services. Thus, the service development strategy does not only focus on the physical aspect, but also on improving the quality of services and the value received by patients so as to be able to increase the competitiveness of the clinic.

The findings of this study are in line with the theory of Wibowo et al. (2019) which states that patient interest is reflected through transactional, referential, and preferential interests, which show the tendency of patients to return to use, recommend, and make a service the main choice. The results of this study are also consistent with the research of Khasanah and Mahendri (2023) who found that the perception of price and service quality simultaneously have a significant effect on the interest in patient return visits, as well as the research of Aulia et al. (2025) which shows that facilities, services, and other supporting factors together affect the interest in patient revisits. In contrast to the previous research, this study integrates location variables, price value perceptions, and staff services in one model and interprets the results using the perspective of the Blue Ocean Strategy, thereby providing empirical contributions and strategic implications for the development of P40 services.

2) The Influence of Location on Patient Visit Interest

The results of the partial test showed that the location variable had a positive and significant effect on the interest of P40 service patient visits. This is shown by a calculated t-value of 5.769 with a significance value of < 0.001 , as well as a positive regression coefficient ($B = 0.262$). In addition, an effective contribution value of 4.7% indicates that location contributes to patient visitation interest, although the contribution is relatively small compared to other variables in the study model. These findings indicate that the more strategic and accessible the service location is, the higher the patient's interest in utilizing the P40 service.

Managerially, the results of this study show that location remains one of the factors that need to be considered in increasing the interest of patient visits, especially through the ease of access and comfort of the clinic environment. However, the relatively small location contribution indicates that patients not only consider the physical aspects of the clinic, but also assess the overall experience of the services received. From the perspective of Blue Ocean Strategy, these findings show that the competitive advantage of P40 services is not only determined by location, but also by the clinic's ability to create value innovation through services that provide added value to patients. The private main clinic needs to maintain easy access to its location while improving the quality of the service experience as part of its strategy to strengthen service competitiveness.

The findings of this study are in line with the theory of Senggetang et al. (2019) which states that location consists of the dimensions of access, visibility, parking lots, expansion, and environment that affect the ease of patients in accessing health services. The results of this study are also consistent with the research of Hidayati et al. (2023) which shows that service and facility factors affect the interest of patient revisits, as well as the research of Zahra et al. (2025) which found that the physical environment of health facilities has a positive effect on the interest of patient revisits. In contrast to the previous study, this study examines the influence of location on P40 services and integrates it with the variables of perceived price value and staff services in a regression model interpreted using the perspective of Blue Ocean Strategy, thus making an empirical contribution to the development of health service strategies.

3) The Effect of Price Value Perception on Patient Visit Interest

The results of the partial test showed that the variable perception of the price value had a positive and significant effect on the interest of P40 service patient visits. This is shown by a calculated t-value of 10.906 with a significance value of < 0.001 , as well as a positive regression coefficient ($B = 0.341$). In addition, the effective contribution value of 26.5% indicates that the perceived price value contributes significantly to the interest of patient visits. These findings indicate that the higher the patient's perception of the suitability between the costs incurred and the benefits received, the higher the patient's interest in using P40 services.

Managerially, the results of this study show that the perceived price value is one of the important factors in increasing the interest of patient visits. This condition indicates that the patient not only considers the amount of the cost paid, but also assesses whether the benefits of the service received are worth the cost. From the perspective of Blue Ocean Strategy, these findings show that the perceived price value is one of the sources of value innovation in P40 services. The private main clinic should maintain an appropriate balance between service costs and service quality to preserve the value perceived by patients and strengthen its differentiation from other health facilities.

The findings of this study are in line with the theory of Sweeney and Soutar (2001) which states that the perceived price value is formed through the dimensions of functional value and economic value. Functional value is related to the benefits and quality of services that patients perceive, while economic value is related to affordability of costs compared to benefits obtained. The results of this study are also consistent with the research of Khasanah and Mahendri (2023) which shows that price perception has a positive effect on the interest of patient revisits, and the study of Marpaung (2024) which found that the price aspect is one of the dominant factors in influencing the interest of patient revisits. In contrast to the previous study, this study examines the perceived price values in P40 services with the concept of fixed-cost service packages and integrates them with location variables and staff services in a

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regression model interpreted using the perspective of the Blue Ocean Strategy, thereby making an empirical contribution to the development of health service strategies.

4) Officers' Service to Patient Visitation Interest

The results of the partial test showed that the variables of officer service had a positive and significant effect on the interest of P40 service patient visits. This is shown by a calculated t-value of 14.123 with a significance value of < 0.001 , as well as a positive regression coefficient ($B = 0.480$). In addition, the effective contribution value of 46.9% shows that the officer's services contribute the largest to patient visit interest compared to other variables. These findings indicate that the better the service provided by the officers, the higher the interest of patients to reuse the P40 service.

Managerially, the results of this study show that officer service is the main factor in shaping patient visit interest because direct interaction between officer and patient plays a role in creating a sense of comfort, security, and trust during the service process. From the perspective of Blue Ocean Strategy, these findings show that staff services are the main source of value innovation in P40 services. The private main clinic should continue to improve the competence, accuracy, friendliness, and professionalism of its staff to maintain service quality and create a valuable patient experience that can serve as a competitive advantage.

The findings of this study are in line with the theory of Hurriyati (2015) which states that officer service can be measured through the dimension of good, fast, thorough, and friendly service, which together is able to create a positive service experience for patients. This finding is also in line with the research of Kusumahwardani et al. (2025) which shows that the quality of service has a significant effect on patient trust. The study confirms that quality services are able to build patient trust, which ultimately supports loyalty and sustainability in the use of health services. The results of this study are also consistent with the research of Wijaya et al. (2025) which shows that satisfaction with health worker services affects the interest of patient revisits, as well as the research of Amrina et al. (2026) which found that the quality of responsive, friendly, and professional service has a significant effect on the interest in outpatient revisits. In contrast to the previous study, this study examines the service of officers in P40 services and integrates them with location variables and price value perceptions in a regression model interpreted using the perspective of Blue Ocean Strategy, thus showing that the competitive advantage of services is not only built through affordability of prices, but also through the creation of a service experience that is valuable for patients.

5) Interpretation of Research Results in the Perspective of Blue Ocean Strategy

The results of the study showed that the service of the officer and the perception of the price value had a more dominant influence on the interest of patient visits than the location. From the perspective of Blue Ocean Strategy, these findings indicate that the competitive advantage of P40 services is no longer only determined by physical aspects, but more is formed through value innovation, namely value creation through quality service experiences and the compatibility between costs and benefits received by patients. Based on these results, the strategic implications of the development of the P40 service can be formulated using the Eliminate-Reduce-Raise-Create (ERRC) framework as presented in Table 12.

Table 12. Strategic Implications for P40 Service Development Based on the ERRC Framework

ERRC Strategy	Strategic Program	Success Indicator	Priority
Eliminate	Eliminate ambiguity of information regarding the cost and scope of P40 services and minimize service communication that is less informative.	Service information is clearer and there are fewer complaints related to services and costs.	Medium
Reduce	Reduce wait times, simplify administrative procedures, and minimize barriers to access services.	Shorter wait times, more efficient administrative processes, and fewer complaints about service flows.	Medium
Raise	Improving the quality of service of officers through friendliness, speed, precision, and communication skills, as well as improving the comfort of supporting facilities.	Increased patient satisfaction, reduced service complaints, and increased positive perception of facilities.	High
Stuart T	Develop service innovation through improvements to the P40 package, simpler information systems, reminders, patient feedback channels, and faster service flows.	The availability of new service innovations, the increasing use of P40 services, and the increasing interest in patient revisits.	High

Source: Primary data processed, 2026

The ERRC strategy was compiled based on the results of regression analysis which showed that staff services were the most dominant factor in influencing patient visitation interest, followed by the perceived price value, while location had a relatively

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smaller contribution. Therefore, the Raise and Create strategy is a top priority because it focuses on improving service quality and creating service value, while the Eliminate and Reduce strategy is directed to improve the service process and reduce operational barriers to improve the overall patient experience.

CONCLUSIONS

- 1) Simultaneously, location, perceived price value, and staff services have a significant effect on the interest of P40 service patient visits. This suggests that the patient's decision to utilize the service is influenced by a combination of various complementary aspects of the service.
- 2) Partially, the location has a positive and significant effect on the interest of P40 service patient visits. However, location plays a supporting factor and is not the main factor in increasing the interest of patient visits.
- 3) Partially, the perceived price values has a positive and significant effect on the interest of P40 service patient visits. These findings suggest that the appropriateness between the costs paid and the benefits received is one of the important considerations in patients' decisions to avail services.
- 4) Partially, the service of the officer has a positive and significant effect on the interest of P40 service patient visits and is the most dominant factor. This shows that the quality of interaction and service provided by the officer is the main aspect in encouraging patients to return to using services.
- 5) In the perspective of Blue Ocean Strategy, the results of the study show that the development of P40 services needs to be focused on creating value innovation through improving the quality of service of officers and strengthening the perceived price value, while maintaining the ease of access to location as a supporting factor. This strategy is expected to increase the competitiveness of services while encouraging interest in patient visits.

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