

# Effect of Marketing Mix on Doctor Satisfaction and Implications for Prescribing Decisions

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**Abstract:-** Competition between pharmaceutical companies and physicians' need for efficacious drugs to respond effectively to changing disease and patient needs has increased the need to identify factors that influence prescribing decisions. This paper aims to examine the effect of the marketing mix on physician satisfaction, which has implications for defining decisions. Factors that affect satisfaction (product quality, price following the benefits obtained, sales promotion, and drug availability). Physician satisfaction factors (drug performance and acceptable expectations) influenced prescribing decisions (intrinsic and extrinsic). A research model is proposed to examine the effect of marketing mix factors on physician satisfaction with implications for prescribing decisions using a structural equation modeling approach. The research population is doctors in the Greater Jakarta area, and the sample is doctors aged between 25 to 60 years. The number of samples is 130. The sampling technique used was purposive sampling. The results show that the product does not have a significant effect on the Doctor's Satisfaction variable. It shows that the Doctor's expectations of the desired drug are influenced by other aspects such as price, promotion, and drug availability. Price, Promotion, and Distribution variables have a significant effect on the Doctor's Satisfaction variable. The Doctor's Satisfaction variable has a significant impact on the decision to write a prescription variable.

**Keywords:-** Marketing Mix; Doctor's Satisfaction; Prescribing Decisions.

## I. INTRODUCTION

The pharmaceutical industry plays an important role in improving global health care. Competition is important because it compels industry to provide higher quality goods and services at lower prices. In the pharmaceutical industry, competition can motivate brand companies to create new and improved medicines and encourage generic companies to offer less expensive alternatives (UNCTAD, 2015). Competition becomes the main problems faced by national pharmaceutical manufacturers. The Indonesian drug and pharmaceutical market is increasingly open to foreign pharmaceutical companies. Many global pharmaceutical companies have entered the market with strong brands and are focused on building relationships with doctors. Marketing has become the backbone of drug and pharmaceutical companies. Pharmaceutical companies produce medicines that can save

lives, the marketing of drugs and pharmaceutical companies is also a crucial aspect to pay attention to. The primary goal of pharmaceutical companies is to achieve customer satisfaction (Anita, 2009; Charles et al., 2012; Prashant et al., 2012). Every mature pharmaceutical company in a highly competitive market needs customer satisfaction to sign that the company is excellent and robust in customers' minds. Doctors satisfaction is one of the most critical factors affecting their loyalty to pharmaceutical companies (Hani et al., 2012; Sweidan et al. 2012), which leads to an increase in market share (Morgan et al. 2005; Osman et al., 2014) also leading to an increase in word of mouth (Guo et al. 2009); Osman et al., 2014). Customer satisfaction can maximize profitability, market share, and return on investment from pharmaceutical companies (Anderson, Fornell, and Lehmann, 1994). In addition, doctor satisfaction can influence doctors to recommend drugs to patients. (Sweidan et al., 2012; Kalaskar et al., 2012). Therefore, doctor satisfaction is an issue that cannot be ignored in the marketing of drug and pharmaceutical companies, as it provides the foundation for pharmaceutical companies to build marketing and value creation programs (Yang and Peterson, 2004; Osman et al., 2014). et al., 2012). Therefore, understanding the relationship between the marketing mix and achieving a high level of physician satisfaction is the most critical issue for many pharmaceutical manufacturers. This problem is the main focus of this research.

This study conducted preliminary research to determine what factors influence doctor satisfaction which impacts doctors' decisions in writing prescriptions. The doctors surveyed in this preliminary study consisted of eight Internal Medicine Specialists (Sp. Pd), sixteen Urology Specialists (Sp. U), and six general practitioners in the Greater Jakarta area. The survey results report shows that most (above 50%) doctors choose product, price, distribution, and promotion as influencing factors. and the rest (below 50%) chose influential people, brand awareness and brand image factors. Thus, this study makes product factors, distribution prices and promotions or what is called the marketing mix as independent variables that will affect doctor satisfaction and the impact on doctors in writing drug prescriptions.

The marketing mix strategy needs to pay more attention to pharmaceutical companies to achieve physician satisfaction (Prashant et al., 2012). One of the less explored gaps in the relationship between marketing mix strategy and customer satisfaction in specific pharmaceutical industries (Cengiz et

al., 2007). It remains unclear whether there is a direct relationship between marketing mix strategy and satisfaction in the pharmaceutical industry and its impact on physicians' decisions to prescribe. Therefore, this research wants to fill the research gap.

## II. LITERATURE REVIEW

### A. *Effect of Marketing Mix on Doctor's Satisfaction*

Consumer satisfaction is a person's feeling of pleasure or disappointment that comes from a comparison between his impression of a product's performance (or results) and his expectations (Thamrin and Francis, 2012; Kotler & Keller, 2013). If performance fails to meet expectations, consumers will be dissatisfied. If the performance matches the expectations, the consumer will be satisfied. If the performance exceeds the expectations, the consumer will be very satisfied or happy (Howard & Sheth in Shih, Yu, & Tseng, 2015). Satisfied customers will stay loyal for a more extended time, are willing to buy again when the company introduces new products and updates old products. Satisfied customers will talk about good things about the company and its products to others. Satisfied customers will pay less attention to competitors' products. They are also not very sensitive to price, offering product or service ideas to companies. Service costs are lower than new customers because transactions can be carried out routinely (Kotler & Keller, 2013). Companies must focus their activities on customers to find out customer needs (Hwang and Zhao in Chinomona's research, 2013).

This study adopts the dimensions of customer satisfaction (Oliver, 2010), namely performance outcome and expectation. Performance outcome refers to the consumer's experience of the actual performance of goods or services without being influenced by their expectations. When the actual performance of the product is successful, the consumer will feel satisfied. Expectation refers to the customer's expectations of an item or service before the consumer buys the product or service.

A product is anything that can offer to a market for attention, purchase, use or consumption that might satisfy a want or need. (Kotler and Armstrong, 2012). Quality, features, brand, packaging, product development, and availability affect the product (Shandy, 2015: 180). Stanton et al. (2007) in Gichohi (2006:11) argues that a product is a set of attributes that make in an identifiable form, each product recognize through the product name (or generic). Like Squibb aspirin and Moyer aspirin, they are different products. Every change in a feature (design, color, packaging), however small, has created another product. Vinayak (2001) in Gichohi (2006:11) explains that the product has always been a critical component of the marketing mix. The majority of doctors view the first brand of certain drugs usually sold in that country as genuine drugs from their country of origin (Naikuni, 2001 in Gichohi, 2006:12). This study adopted the research dimensions of Gichohi (2006). These dimensions are product quality, origin, packaging, form, and label.

Drug quality refers to drugs that have a high level of efficacy against specific indications of disease. Drug Origin refers to the country where the drug is manufactured, which determines the brand reputation of the drug. Drug packaging refers to how well and safely the medicine is packaged. The form of the drug relates to the ease of consumption and helps doctors determine the dose of the drug. Labeling refers to the completeness of information about drugs such as indications or side effects, how to use them.

Quality drugs are drugs that have a high level of efficacy against indications of certain diseases. High efficacious drugs have high value and customer satisfaction. Efficacious drugs have a close relationship with the doctor's expectations. Generally, the doctor's expectations are the doctor's estimates or beliefs about what he will receive. This study argues that according to product characteristics significantly affect physician satisfaction. Thus, the following hypothesis is proposed:

Hypothesis 1 (H1). Products significantly affect doctors' satisfaction.

Price is the amount of money that is exchanged for a product or service. Furthermore, price is the amount of value consumers exchange for several benefits by owning or using an item or service (Kotler and Armstrong, 2012). High prices are always proportional to the value of the designation of products and services (Lorenzo, 2009) in Muhklisa Jamin, 2013:27). Price is a perception of value, which is never constant. The challenge is lowering drug prices or increasing drug benefits, or increasing drug benefits beyond increasing drug prices (Kubiru, 2004; Gichohi, 2006). Doctors are drug customers who can conclude the patient's ability to pay a higher price (Gonul. 2001 in Gichohi, 2006). Patients believe that concerns about the price they feel have been handled in the best way by doctors according to their condition (Smorn, 1994 in Gichohi, 2006:15). Price is related to all marketing mix variables, and the price is one of the most manageable variables to change (Ferrell A Pride, 1996; Gichohi, 2006). This study adopted the research dimensions of Gichohi (2006). These dimensions are competitive, perceived value, product benefits, and buying power.

Competitive refers to how the price of the drug competes with the price of similar drugs. Perceived value refers to how the price of a drug is associated with the desired efficacy. Product benefit refers to price sensitivity, high drug prices as a sign of quality. Buying power refers to the ability to buy from patients.

The price of drugs that have a competitive advantage will have a close relationship with the price performance of drugs that can show an honest and reasonable price. The price offers the value of the product. The benefits received exceed the costs incurred to get the drug, and the price-performance follows what is desired by the consumer. The doctor will satisfy. If the doctor's need for drug prices that reflect the quality of the drug can be met by the drug company by the doctor's expectations, the doctor will be satisfied.

This study argues that according to price characteristics significantly affect physician satisfaction. Thus, the following hypothesis is proposed:

Hypothesis 2 (H1). Price significantly affect doctors' satisfaction.

Promotion is informing, influencing and persuading, and reminding target customers about the company and the services it offers. Promotion is an activity that communicates the benefits of a product and persuades target consumers to buy it. The promotional mix is the specific mix of advertising, sales promotion, public relations, personal selling, and direct marketing tools that a company uses to communicate customer value and build customer relationships persuasively. The Promotional mix is a mix of promotional tools designed to achieve goals and provide information that directs consumers to be persuaded to make a purchase (Kotler and Armstrong, 2018). The pharmaceutical industry mainly uses personal selling and sales promotion to doctors and pharmacies in their respective marketing activities (Misumi, 2003 in Gichohi, 2006).

This study adopts the dimensions of Gichohi's (2006) research, namely Advertising, Personal Selling, Sales promotion, and Publicity. Advertising refers to promotional advertisements as reminders of doctors. Personal Selling refers to direct persuasion by Sales Medical Representatives. Sales promotion refers to demand-stimulating activities designed to complement advertising and facilitate personal selling. Finally, publicity refers to promotion through referrals and drug recommendations given by fellow doctors.

In the pharmaceutical industry, advertising is a form of promotion as a reminder for doctors. Advertisements provide literature information on current modes of therapy. The structure of promotion Ads that are attractive and easy to remember will have a close relationship with the performance of advertisements desired by doctors to be satisfied. Ads that are interesting and easy to remember will have a close relationship with the doctor's expectations. Generally, the doctor's expectation is the doctor's estimate or belief about what he will receive. This study argues that according to promotion characteristics significantly affect physician satisfaction. Thus, the following hypothesis is proposed:

Hypothesis 3 (H3). Promotion significantly affect doctors' satisfaction.

The place is one element of the marketing mix that plays an essential role in distributing goods or services from producers to final consumers (Assauri, 2013). Area of distribution of products or services is not easy to do without adequate distribution channels. Commercial distribution channels play an essential role in local, domestic and international marketing. The distribution channel is a container or place that can be the purpose of marketing activities for products and services from one place to another according to the distribution of marketing activities (Keller, 2012). The success of marketing activities is determined by access to network information (Jispher, 2001). The role of distributors in the marketing mix is to deliver products to the target market (Stanton et al., 1994 in Gichohi, 2006). Distribution channels

in the pharmaceutical industry must have an effective distribution network supported by a skilled marketing team. It helps the marketing character of ethical drugs that can sell through prescription drugs from doctors. It means that ethical drugs must be distributed so that they will be available where doctors need them. With the increasing competition in the pharmaceutical industry, making drugs available in pharmacies is important for marketers. Doctors want their patients to get medication as soon as possible after the drug is prescribed without delay (Vioayak, 2001 in Gichohi, 2006).

This study adopts the dimensions of Gichohi's (2006) research, namely Point of need, Outlet, and Convinient. Point of Sales refers to the availability of drugs at the Hospital Pharmacy and outside the Hospital, and is registered in the Hospital Formulary. Outlet refers to the distribution network of drugs to the final consumer. Convinient refers to the ease of obtaining the drug.

The strategic location, the availability of drugs, and the ease of obtaining drugs according to prescription drugs will have a close relationship with the doctor's satisfaction and performance of the distribution channel of the drug, making it easier for patients to obtain drugs so that doctors will be satisfied. The strategic location, the availability of drugs, and the ease of getting drugs also have a close relationship with doctors' expectations of a distribution channel that satisfies doctors. This study argues that according to distribution characteristics significantly affect physician satisfaction. Thus, the following hypothesis is proposed:

Hypothesis 4 (H4). Distribution significantly affect doctors' satisfaction.

#### *B. Effect of Doctor's Satisfaction on Prescribing Decisions*

Prescribing medication is usually the last step in consulting the patient and doctor. Drugs prescribed by a doctor must meet the criteria for rational drug prescribing. Reasonable drug prescribing fulfills the stages of a logical decision-making process, starting from collecting patient data through history taking, physical examination, laboratory examination, or other support. The doctor will make a working hypothesis or diagnosis, which will then guide him to determine the therapeutic steps to be taken, including the drugs to be given to the patient.

At least six factors influence the rational use of drugs or therapy, namely, 1) Drug regulation, 2). Education, 3). The influence of the drug industry, 4). Information, 5). Health care system, 6). Socio-cultural (a doctor-patient relationship that tends to be patrilineal, uncritical, etc.) (Darmansyah, 2010 in Simatupang, 2014). The six factors are interrelated, so it is not easy to make irrational therapeutic and treatment practices rational. The World Health Organization (WHO) defines the meaning of rational use of drugs, namely: patients receive drugs according to clinical needs, in appropriate doses, in the right way and at affordable prices.

Decisions are influenced by intrinsic factors and extrinsic factors (environment). Intrinsic factors include perceptions, interests, aspirations, and extrinsic factors, including diagnosis, consistency, and collaboration between

doctors and pharmaceutical companies in promotions and rewards. Perception is included in the elements that form the basis for a doctor's decision to write a prescription. From an extrinsic point of view, diagnosis is one of the reasons doctors prescribe drugs to patients. However, writing a prescription is not easy because it must pay attention to several factors, one of which is a diagnosis which includes the nature and type of disease and cases of complications. (Aprillia and Ayuningtyas, 2013).

The absolute satisfaction of doctors with the performance of drug products, price performance, promotion performance, and distribution performance of drug companies is as desired by doctors. When the actual implementation is following what is expected by the doctor, the doctor will feel satisfied. The doctor's satisfaction with the actual performance will have a close relationship with the doctor's perception, which will motivate him to decide to write a drug prescription according to the drug formulary list or write it outside the drug formulary list—having a close relationship with the interests of doctors who will motivate doctors to write prescriptions according to their interests or reasons. This study argues that according to Doctor's Satisfaction characteristics significantly affect Prescribing Decisions. Thus, the following hypothesis is proposed:

Hypothesis 5 (H5). Doctor's Satisfaction significantly affect Prescribing Decisions

### III. METHODOLOGY

The population in this study is the medical profession that practices doctors in the Greater Jakarta area in 2020. The sample used in this study is a professional doctor who practices in the Greater Jakarta area in 2020. Age ranges from 25-60 years, male and female. The sample used in this study is a professional doctor who practices in the Greater Jakarta area in 2020. Age ranges from 25-60 years, male and female. The sampling method in this study used a sampling technique: purposive sampling. Determination of the minimum number of representative samples to achieve 80 percent power at five percent alpha according to Hair (2006) in Jogiyanto (2015) is five, or better if ten samples per indicator for the estimation model. With 26 indicators, so the number of samples is 130. The data analysis technique in this study used the Structural equation Modelling (SEM) with the LISREL (Linear Structural) program version 8.80.

### IV. RESULT

Respondents in this study were mostly male doctors as many as 68 people or 52.3%, and the rest were women. Most of them are aged 20 - 30 years as many as 51 people 39.3%, aged 31 - 40 years as many as 49 people or 37.3%, and a small portion aged 41-50 years as many as 20 people or 15.3%, and above 50 years as many as 10 people or 7.7% of the total doctors studied. Most of them practice medicine in private hospitals as many as 81 people or 62.3%, at government hospitals as many as 29 people or 22.3%, at clinics 11 people

or 8.5%, at Puskesmas 6 people or 4.6 % and at home as many as 3 people or 2.3%. Jakarta as many as 63 doctors or 48.6%, Tangerang 34 doctors or 26.1%, Bekasi 25 doctors or 19.2%, Depok 7 doctors or 5.4 %, and Bogor 1 doctor or 0.7%.

#### A. Analisis Deskriptif Frekuensi

The frequency description analysis was based on the results of research conducted on 130 doctors through a questionnaire. Obtained answers to doctors' opinions and views to the questions asked for each research indicator based on a Likert scale range of 1-5. The results are as follows:

- 1) *Product*: The interpretation of the product quality dimension score is interpreted very well, with 87.2%. With this, doctors have a perfect understanding of product quality as a dimension that affects product variables.
- 2) *Price*: The interpretation of the Perceived value dimension score is interpreted very well with a score of 85%. With this, doctors have a very good interpretation of the Perceived value as a dimension that affects the price variable.
- 3) *Promotion*: The interpretation of the Sales Promotion dimension score was interpreted very well with a score of 85.2%. With this the doctor has a very good interpretation of sales promotion as a dimension that affects the Promotion variable.
- 4) *Distribution*: The point of need dimension score interpretation is interpreted very well with a score of 85.6%. With this the doctor has a very good interpretation of the point of need as a dimension that affects the distribution variable.
- 5) *Satisfaction*: The interpretation of the Expectancy dimension score was interpreted very well with a score of 84.8%. With this, doctors have a very good interpretation of Expectancy as a dimension that affects the Doctor's Satisfaction variable.
- 6) *Prescribing Decisions*: The interpretation of the Extrinsic dimension score was interpreted very well with a score of 80%. With this, doctors have a very good interpretation of Extrinsic as a dimension that affects the Prescribing Decision variable.

#### B. Structural Equation Model Test

Based on the test results, the research questionnaire instrument showed that all the research instruments used were valid and reliable. The next test is to test the hypothesis by using a structural equation model. Test the structural equation model using the Lisrel 8.80 Structural Equation Model (SEM) program. There are three stages in the structural equation model test, namely:

- The overall fit of the model.
- The fit of the measurement model.
- The fit of the structural model



1) The overall fit of the model.

Table 1. Good Of Fit

Goodness of Fit Index	Cut of Value	Result	Remark
$\chi^2/df$	$\chi^2/df \leq 2.00$	3.52	Good Fit
Root Mean Square Error of Approximation (RMSEA)	$RMSEA \leq 0.08$	0.06	Good Fit
Expected Cross Validation Index (ECVI)	$ECVI (Model < Saturated < independence)$	9.53<15.04<66.76	Good Fit
AIC	$AIC (Model < Saturated < independence)$	1229.22<1650.00<8709.20	Good Fit
CAIC	$CAIC (Model < Saturated < independence)$	1453.54<1906.95<8709.20	Good Fit
Normed Fit Index (NFI)	$NFI \geq 0.90$	0.93	Good Fit
Non-Normed Fit Index (NNFI)	$NNFI \geq 0.90$	0.94	Good Fit
Comparatif Fit Index (CFI)	$CFI \geq 0.90$	0.96	Good Fit
Incremental Fit Index (IFI)	$IFI \geq 0.90$	0.96	Good Fit
Relative Fit Index (RFI)	$0.08 \leq RFI \leq 0.90$	0.91	Good Fit
Root Mean Square Residual Index (ECVI)	$RMR \leq 0.05$	0.034	Good Fit
Goodness of Fit Index (GFI)	$0.08 \leq GFI \leq 0.90$	0.95	Good Fit
Parsimony Goodness of Fit Index (PGFI)	$PGFI > 0.60$	0.94	Good Fit

Source: Primary Data (2020)

The model in this research has a good fit, has good accuracy. The model is well-replicated for the following research. The research model is suitable, indicated by almost the entire Goodness of Fit Index having a value that meets the required Cut of Value.

C. The fit of the measurement model

Table 2. Product Variable Validity Test

Indicator	Standardized Loading	Criteria	Reliability	Conclusion
PROD1	0,75	> 0,50		
PROD2	0,65	> 0,50		
PROD3	0,57	> 0,50	CR=0,80	Valid and
PROD4	0,61	> 0,50	VE=0,54	Consistent
PROD5	0,60	> 0,50		

Source: Primary Data (2020)

All indicators have a Standardize Loading Factors value > 0.5 then all indicators are valid. So that the indicators in the Product variables used in this study are all valid and can be used for the next test. The product variable has a CR value of > 0.70 which is 0.85 and VE > 0.50 which is 0.54. The variable is declared reliable or consistent.

Table 2. Price Variable Validity Test

Indicator	Standardized Loading	Criteria	Reliability	Conclusion
PRIC1	0,53	> 0,50		
PRIC2	0,58	> 0,50	CR=0,90	Valid and
PRIC3	0,66	> 0,50	VE=0,70	Consistent
PRIC4	0,59	> 0,50		

Source: Primary Data (2020)

All indicators have a Standardize Loading Factors value > 0.5 then all indicators are valid. So that the indicators in the Price variables used in this study are all valid and can be used for the next test. The product variable has a CR value of > 0.70 which is 0.90 and VE > 0.50 which is 0.70. The variable is declared reliable or consistent.

Table 3. Promotion Variable Validity Test

Indicator	Standardized Loading	Criteria	Reliability	Conclusion
PROM1	0,86	> 0,50		
PROM2	0,71	> 0,50	CR=0,77	Valid and
PROM3	0,58	> 0,50	VE=0,52	Consistent
PROM4	0,56	> 0,50		

Source: Primary Data (2020)

All indicators have a Standardize Loading Factors value > 0.5 then all indicators are valid. So that the indicators in the Promotion variables used in this study are all valid and can be used for the next test. The product variable has a CR value of > 0.77 which is 0.90 and VE > 0.50 which is 0.52. The variable is declared reliable or consistent.

Table 4. Distribution Variable Validity Test

Indicator	Standardized Loading	Criteria	Reliability	Conclusion
DIS1	0,88	> 0,50		
DIS2	0,46	> 0,50	CR=0,79	Valid dan
DIS3	0,59	> 0,50	VE=0,51	Consistent

Source: Primary Data (2020)

All indicators have a Standardize Loading Factors value > 0.5 then all indicators are valid. So that the indicators in the Distribution variables used in this study are all valid and can be used for the next test. The product variable has a CR value of > 0.79 which is 0.90 and VE > 0.50 which is 0.51. The variable is declared reliable or consistent.

Table 5. Doctor's Satisfaction Variable Validity Test

Indicator	Standardized Loading	Criteria	Reliability	Conclusion
SATY1	0,81	> 0,50		
SATY3	0,69	> 0,50	CR=0,87	Valid dan
SATY3	0,85	> 0,50	VE=0,63	Consistent
SATY4	0,82	> 0,50		

Source: Primary Data (2020)

All indicators have a Standardize Loading Factors value > 0.5 then all indicators are valid. So that the indicators in the Doctor's Satisfaction variables used in this study are all valid and can be used for the next test. The product variable has a CR value of > 0.79 which is 0.87 and VE > 0.50 which is 0.63. The variable is declared reliable or consistent.

Table 6. Prescribing Decisions Variable Validity Test

Indikator	Standardized Loading	Kriteria	Reliability	Kesimpulan
PRES1	0,79	> 0,50		
PRES2	0,81	> 0,50		
PRES3	0,87	> 0,50	CR=0,88	Valid dan
PRES4	0,56	> 0,50	VE=0,57	Reliabilitas
PRES5	0,78	> 0,50		
PRES6	0,68	> 0,50		

Source: Primary Data (2020)

All indicators have a Standardize Loading Factors value > 0.5 then all indicators are valid. So that the indicators in the Prescribing Decisions variables used in this study are all valid and can be used for the next test. The product variable has a CR value of > 0.79 which is 0.88 and VE > 0.50 which is 0.57. The variable is declared reliable or consistent.

D. The fit of the structural model

In a structural model, in general, the direction of the relationship hypothesized between one construct and another construct has one direction of causality. A variable is concluded to significantly affect if the statistical t value meets the criteria for  $t\text{-count} > t\text{-table}$ . Likewise, for variables that do not substantially affect the statistical t value, they meet the requirements for  $t\text{-count} < t\text{-table}$ . The t-table for the significance value ( $\alpha$ ) used is 0.05 or 5% with the t-table value of 1.96. So, the output  $t\text{-count} > 1.96$ .

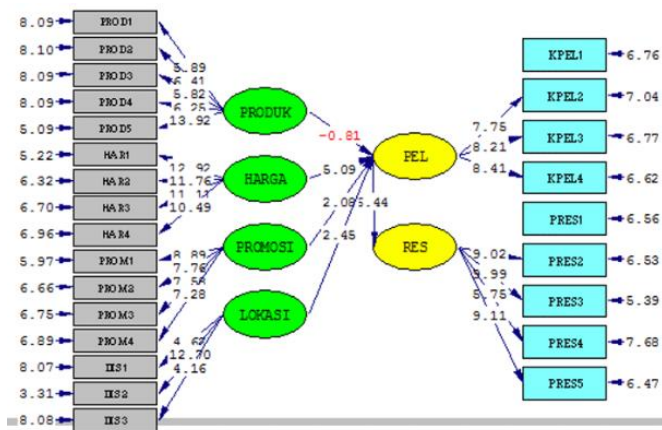


Fig. 1. Path Diagram Basic Model - t-Value  
Source: Primary Data (2020)

Table 7. Influence Between Research Variables

Hypothesis	Path	t-Value	Conclusion
H1	Product → Doctor's Satisfaction	-0.81	Not Significant
H2	Price → Doctor's Satisfaction	5.09	Significant
H3	Promotion → Doctor's Satisfaction	2.08	Signifikan
H4	Distribution → Doctor's Satisfaction	2.45	Signifikan
H5	Doctor's Satisfaction → Prescribing Decision	6.44	Signifikan

Source: Primary Data (2020)

The product variable has an insignificant effect on the Doctor's Satisfaction variable. Price, Promotion, and Distribution variables have a significant impact on the Doctor's Satisfaction variable. The doctor's Satisfaction variable has a significant influence on the prescribing decision.

Table 8. Comparison of the Level of Direct and Indirect Relationship

Path	Indirect	Direct
Product → Prescribing Decision	-0.13	-0,09
Price → Prescribing Decision	0.62	0,43
Promotion → Prescribing Decision	0.25	0,17
Distribution → Prescribing Decision	0.41	0,38

Source: Primary Data (2020)

The doctor's satisfaction variable can increase the effect of price, promotion, and distribution variables for prescribing decisions, but not for product variables.

V. DISCUSSION AND CONCLUSION

The product variable does not have a significant effect on the Doctor's Satisfaction variable. The quality of drugs with indicators of "drug efficacy and composition of drug content is one factor that makes doctors happy in writing drug prescriptions." strongly influences product variables. This conclusion refers to the highest loading factor value. These results indicate that doctors' expectations of drugs written in prescriptions for patients follow doctors' expectations, desires, and beliefs influenced by quality drugs with a high level of efficacy for specific disease indications. However, the hypothesis test results show that the Product variable does not have a significant effect on the Doctor's Satisfaction variable. It shows that the doctor's expectations of drugs following the wishes are influenced by other aspects such as price, promotion, and availability of drugs. The following researchers consider this finding to explore product quality as a variable that affects physician satisfaction, implications for prescription writing.

Based on the study results, we can conclude that the Product variable does not significantly affect the Doctor's Satisfaction variable. This result is not following the findings of Gichohi (2006) in Nairobi, Yamin, and Lesmana (2019) in Indonesia and Hidayad, Febriani, and Albar (2017) in Indonesia, concluded that the product affected physician satisfaction. The price variable has a significant effect on the doctor's satisfaction variable. These results are in line with the findings of Gichohi (2006) in Nairobi, Yamin, and Lesmana (2019) in Indonesia and Sayandhan, Kodithuwakku, and Gunaratne (2008) in Sri Lanka, it is concluded that price affects physician satisfaction. The Promotion variable has a significant effect on the Doctor's Satisfaction variable. These results are consistent with previous research by Biswas and Ferdousy (2016) in Bangladesh, Yamin and Lesmana (2019) in Indonesia, and Campoa, Staebelb, Gijsbrechtsc, and Waterschootd (2011) in Germany, concluded that promotion affected physician satisfaction. The distribution variable has a significant effect on the doctor's satisfaction variable. These results follow previous research from Sayandhan, Kodithuwakku, and Gunaratne (2008) in Sri Lanka and Febriawati, Yanuarti, and Puspasari (2017) in Indonesia, which concluded that distribution affects physician satisfaction. Finally, the Doctor's Satisfaction variable has a significant influence on the Prescription Decision Variable. These results are following previous research by Gichohi (2006) in Nairobi, Yamin, and Lesmana (2019) in Indonesia, and Hidayad, Febriani, and Albar (2017) in Bangladesh.

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