

# The Influence of the Public Satisfaction Index on Revenue, with Google Maps Ratings and Occupancy as Intervening Variables, at Persahabatan Hospital, East Jakarta

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**Abstract:** This study examines the influence of the Public Satisfaction Index (Indeks Kepuasan Masyarakat/IKM) on hospital revenue by considering Google Maps Rating and Bed Occupancy Rate (BOR) as intervening variables at RSUP Persahabatan, East Jakarta. The study addresses the need to understand how public service satisfaction, digital reputation, and inpatient utilization interact in determining hospital financial performance. This study employs a quantitative approach using secondary data obtained from official hospital reports, Public Satisfaction Index measurements, Google Maps ratings, Bed Occupancy Rate reports, and hospital financial statements. Path analysis was applied to examine the direct and indirect relationships among IKM, Google Maps Rating, BOR, and hospital revenue. The findings indicate that IKM has a significant relationship with Google Maps Rating but does not significantly affect BOR or hospital revenue. Google Maps Rating also does not have a significant direct effect on hospital revenue. In contrast, BOR has a positive and significant effect on hospital revenue, indicating that inpatient capacity utilization represents an important operational mechanism associated with financial performance. Furthermore, the indirect effect through Google Maps Rating is not statistically significant. The results demonstrate that public satisfaction and digital reputation alone are insufficient to explain variations in hospital revenue. Hospital financial performance requires an integrated management approach that combines service quality improvement, digital reputation management, and optimization of inpatient capacity utilization. The study contributes empirical evidence on the interconnected roles of public satisfaction, online reputation, and operational performance in public hospital revenue management.

**Keywords :** Public Satisfaction Index; Google Maps Rating; Bed Occupancy Rate; Hospital Revenue; Public Hospital.

## 1. Introduction

The healthcare industry has experienced substantial changes as hospitals are increasingly required to balance service quality, patient satisfaction, operational efficiency, digital reputation, and financial sustainability. Hospitals are no longer evaluated solely on their ability to provide medical treatment, but also on how effectively they respond to patients' expectations and create positive service experiences. This development is particularly important in an increasingly competitive healthcare environment, where patients have greater access to information and can compare healthcare providers through both formal and digital channels. Consequently, patient satisfaction has become an important managerial consideration because it reflects patients' perceptions of service quality and may influence subsequent behavioral responses, including recommendations, service utilization, and online evaluations.

The transformation of healthcare services through digital technology has further changed how patients evaluate healthcare providers. Digital platforms such as Google Maps provide patients with opportunities to share their experiences through ratings and reviews, creating an online representation of hospital reputation. Online ratings can function as a form of electronic word-of-mouth (e-WOM) because potential patients can observe the experiences of previous users before deciding whether to access a healthcare provider. In this context, hospital reputation is no longer determined exclusively by institutional communication or formal satisfaction surveys. Instead, it is increasingly shaped by interactions between patients and digital platforms. Recent research on digital healthcare experiences emphasizes that technology has changed the way patients obtain information, interact with healthcare organizations, and evaluate the services they receive. Therefore, integrating formal measures of satisfaction with digital reputation indicators may provide a more comprehensive understanding of hospital performance.

This issue is particularly relevant to public hospitals because they face the dual responsibility of delivering high-quality public services while maintaining organizational sustainability. The Public Satisfaction Index (Indeks Kepuasan Masyarakat/IKM) represents an important instrument for evaluating citizens' perceptions of public services in Indonesia. IKM provides a formal assessment of service quality based on users' experiences with aspects such as service requirements, procedures, completion time, facilities, staff competence, staff behavior, costs or tariffs, and complaint handling. As a public hospital, RSUP Persahabatan has an important strategic position within Indonesia's healthcare referral system. The hospital has developed from a hospital established through Indonesian-Soviet cooperation into a national referral institution with particular expertise in respiratory and pulmonary services. Its strategic position makes service quality and public satisfaction important not only from a healthcare perspective but also from an organizational and financial management perspective. The manuscript identifies RSUP Persahabatan as a major government hospital and reports service revenue of approximately Rp569.64 billion in 2024, following Rp573.08 billion in 2022 and Rp482.03 billion in 2023.

The fluctuation in hospital revenue indicates that financial performance cannot be explained solely by the existence of healthcare demand. Hospital revenue may be influenced by service utilization, patient volume, operational capacity, service mix, reimbursement mechanisms, and patients' decisions to select particular healthcare providers. The decline in revenue experienced by RS Persahabatan in 2023, for example, was associated in the manuscript with the post-COVID-19 transition and the reduction in COVID-19-related treatment revenue. This situation illustrates the importance of identifying managerial factors that can contribute to sustainable hospital revenue beyond temporary external circumstances. One potentially important factor is patient satisfaction. From a service management perspective, satisfied patients are more likely to develop favorable perceptions of an organization and communicate their experiences to others. Positive service experiences may therefore contribute to both behavioral and reputational outcomes. Previous research cited in the manuscript indicates that customer satisfaction can contribute significantly to business revenue, although other studies have reported that satisfaction does not always produce a direct effect on subsequent behavioral or financial outcomes. This inconsistency suggests that satisfaction may influence organizational financial performance through intermediary mechanisms rather than exclusively through a direct relationship.

One such mechanism may be digital reputation, represented in this study by Google Maps Rating (RGM). Google Maps Rating provides a numerical summary of users' evaluations and can be interpreted as an observable signal of service experience. A positive rating may strengthen public confidence and reduce uncertainty when individuals evaluate alternative healthcare providers. Previous studies cited in the manuscript indicate that patient satisfaction and service experiences are associated with online ratings, while high digital ratings may contribute to visibility, attractiveness, trust, and consumer decisions. However, the existing literature has generally examined online ratings as indicators of customer satisfaction or as digital marketing instruments rather than integrating them with formal public satisfaction measures and hospital financial outcomes.

A second potential mechanism is hospital occupancy, particularly the Bed Occupancy Rate (BOR). BOR represents the extent to which available inpatient capacity is utilized during a particular period. From a hospital management perspective, occupancy is strategically important because inpatient services constitute one of the principal mechanisms through which hospital capacity is converted into service volume and revenue. An increase in occupancy can increase the number of patient-care days and, depending on the hospital's service structure and reimbursement system, potentially increase inpatient revenue. The manuscript identifies previous research showing that changes in hospital management strategies can increase BOR and inpatient revenue, while other studies have examined the

relationship between service quality, patient satisfaction, and occupancy. Thus, occupancy can be conceptualized as an operational mechanism linking patients' perceptions of healthcare services with hospital financial performance.

Nevertheless, the relationship between satisfaction, digital reputation, occupancy, and revenue is not necessarily straightforward. The empirical evidence presented in the manuscript demonstrates several important inconsistencies. IKM was found to have a significant relationship with Google Maps Rating, whereas its relationship with occupancy was not significant. Similarly, IKM did not have a significant direct effect on hospital revenue. Google Maps Rating also did not significantly affect revenue at the five-percent significance level, whereas occupancy demonstrated a significant positive relationship with revenue. These findings suggest that formal satisfaction measures may not automatically translate into greater service utilization or financial performance. Instead, the organizational mechanisms through which satisfaction creates economic value require further investigation. This inconsistency represents an important research gap. Existing studies have tended to examine patient satisfaction and online ratings, service quality and occupancy, or occupancy and hospital revenue separately. For example, research on Google Maps-based satisfaction has examined online ratings as a representation of patients' experiences, whereas studies of BOR have focused primarily on operational utilization and its relationship with service quality or patient satisfaction. Other studies have examined satisfaction and business revenue without incorporating digital reputation and hospital occupancy into the same analytical framework. The research mapping contained in the manuscript confirms that previous studies generally did not simultaneously examine IKM, Google Maps Rating, BOR, and hospital revenue within a single model.

The research gap is therefore not simply the absence of a particular variable but the absence of an integrated performance mechanism connecting public satisfaction, digital reputation, service utilization, and financial outcomes. This study addresses that gap by positioning Google Maps Rating and occupancy as intervening variables between IKM and hospital revenue. Such an approach recognizes that hospital performance is multidimensional. Public satisfaction represents the users' evaluation of service quality; Google Maps Rating represents digital reputation and public online evaluation; occupancy represents utilization of hospital capacity; and revenue represents the financial outcome of service activities. The integration of these dimensions enables the study to examine whether satisfaction creates financial value directly or whether its potential effect operates through reputational and operational mechanisms. The setting of RSUP Persahabatan, East Jakarta, provides an appropriate empirical context for examining these relationships. As a government hospital with a national referral role and complex healthcare services, RSUP Persahabatan operates within an environment in which service quality, patient experience, digital reputation, capacity utilization, and financial sustainability are simultaneously important. The hospital's revenue fluctuations during 2022–2024 further demonstrate the importance of understanding the factors associated with financial performance rather than relying on revenue figures alone.

Accordingly, the novelty of this study lies in integrating the Public Satisfaction Index, Google Maps Rating, and hospital occupancy into a single empirical model to explain hospital revenue. In contrast to previous studies that have primarily investigated these constructs separately, this study examines both direct and indirect relationships and specifically evaluates whether digital reputation and service utilization function as intervening mechanisms. The model therefore provides a broader perspective on hospital performance by connecting public-service quality, digital reputation, operational utilization, and financial sustainability. Based on this research gap, the present study aims to examine the influence of the Public Satisfaction Index on hospital revenue, with Google Maps Rating and occupancy as intervening variables at RSUP Persahabatan, East Jakarta. The study specifically examines seven relationships: the effect of IKM on Google Maps Rating, the effect of IKM on occupancy, the direct effect

of IKM on revenue, the effect of Google Maps Rating on revenue, the effect of occupancy on revenue, the mediating role of Google Maps Rating in the relationship between IKM and revenue, and the mediating role of occupancy in the relationship between IKM and revenue.

The study contributes theoretically by extending the discussion of hospital performance beyond conventional service-quality and financial perspectives toward an integrated framework that incorporates patient satisfaction, digital reputation, service utilization, and financial outcomes. Practically, the findings may assist hospital managers in developing integrated performance-management systems that monitor satisfaction, online reputation, occupancy, and revenue simultaneously. This approach is particularly important because the empirical findings indicate that one performance indicator should not be interpreted as a sufficient representation of overall hospital success. The manuscript's findings similarly recommend an integrated performance-management approach combining patient experience, digital reputation, service utilization, and financial performance.

Ultimately, understanding the relationship between public satisfaction and hospital revenue is important because high satisfaction does not necessarily guarantee higher revenue. Instead, the economic consequences of satisfaction may depend on how patients' experiences are translated into digital reputation and actual utilization of healthcare services. By examining Google Maps Rating and occupancy as potential intervening mechanisms, this study seeks to provide a more comprehensive explanation of how public perceptions may—or may not—translate into measurable organizational and financial outcomes at RSUP Persahabatan.

## 2. Research Methodology

### 3.1 Research Design and Setting

This study employed a quantitative explanatory research design to examine the relationships among the Public Satisfaction Index (IKM), Google Maps Rating, Bed Occupancy Rate (BOR), and hospital revenue at RS Persahabatan, East Jakarta. An explanatory design was selected because the study aims to test hypothesized causal relationships and examine whether Google Maps Rating and occupancy function as intervening variables in the relationship between public satisfaction and hospital revenue. The research was conducted at RS Persahabatan, located at Jalan Persahabatan Raya No. 1, Pisangan Timur, Pulo Gadung, East Jakarta, DKI Jakarta, Indonesia. The research period extended from November 2025 to July 2026. The conceptual model consists of one exogenous variable, namely IKM (X1), two intervening variables, namely Google Maps Rating (Z1) and Occupancy/BOR (Z2), and one endogenous variable, namely hospital revenue (Y1). The model was developed to assess both direct and indirect effects among the variables.

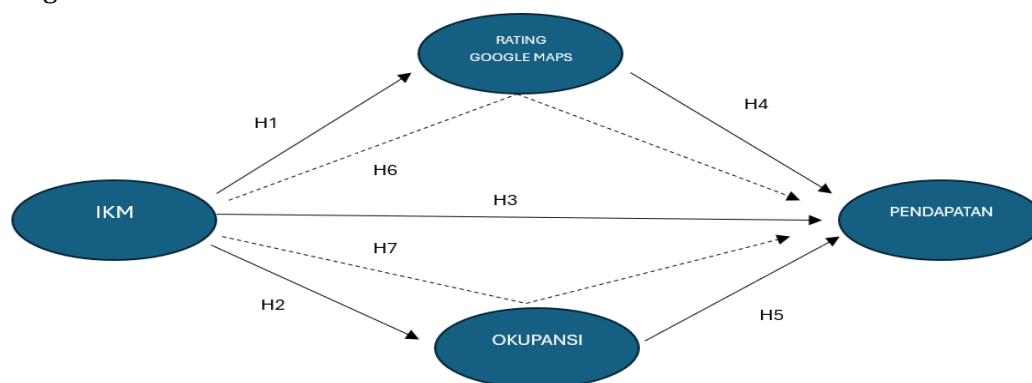


Figure 1. Conceptual Research Model

*Note: The figure should illustrate the hypothesized relationships: IKM → Google Maps Rating; IKM → BOR; IKM → Revenue; Google Maps Rating → Revenue; and BOR → Revenue.*

### 3.2 Population and Sample

The population comprised monthly secondary data on IKM, Google Maps Rating, occupancy/BOR, and hospital revenue at RS Persahabatan during the 2023–2025 observation period. The research document identifies a total population of 36 monthly observations. Because the population was relatively small, the study employed a total sampling (saturated sampling) technique, in which all available observations were included in the analysis. Thus, the final analytical dataset consisted of 36 monthly observations covering the four research variables. The use of the complete available population was intended to avoid sampling loss and ensure that the analysis represented the observed monthly performance of the hospital during the study period.

### 3.3 Data Sources and Data Collection

The study relied entirely on secondary data. Data were collected through systematic observation and documentation of information available from relevant hospital and digital sources. IKM data were obtained from official hospital satisfaction reports, while occupancy/BOR data were obtained from monthly hospital operational reports. Hospital revenue data were obtained from the hospital's internal financial reporting system. Google Maps Rating data were collected from the hospital's Google Maps/Google Business Profile through systematic data recording and scraping. The use of multiple data sources enabled the study to combine measures of public satisfaction, digital reputation, operational utilization, and financial performance within a single empirical framework.

### 3.4 Variables and Measurement

Four variables were examined. IKM was treated as the independent variable (X1), Google Maps Rating (Z1) and occupancy/BOR (Z2) as intervening variables, and hospital revenue (Y1) as the dependent variable. Each construct was represented by one observed indicator based on the available secondary data.

Table 1. Operationalization and Measurement of Variables

| Variable                        | Role        | Operational Definition                                                                           | Indicator                  | Measurement Scale | Data Source                         |
|---------------------------------|-------------|--------------------------------------------------------------------------------------------------|----------------------------|-------------------|-------------------------------------|
| Public Satisfaction Index (IKM) | Exogenous   | An index representing the level of public satisfaction with healthcare services received         | Overall Hospital IKM Score | Interval          | Official hospital IKM report        |
| Google Maps Rating              | Intervening | User-generated star-based evaluation reflecting perceptions of the hospital's service experience | Total Rating Score         | Interval          | Google Maps/Google Business Profile |
| Occupancy/BOR                   | Intervening | The proportion of available inpatient bed capacity utilized                                      | Bed Occupancy Rate (BOR)   | Ratio             | Monthly hospital operational report |

|                  |            | during a given period                                                      |               |       |                           |
|------------------|------------|----------------------------------------------------------------------------|---------------|-------|---------------------------|
| Hospital Revenue | Endogenous | Monetary income generated from hospital services during a specified period | Total Revenue | Ratio | Hospital financial report |

*Source: Compiled from the research data and measurement framework.*

The operationalization follows the original research framework, which defines IKM through the overall hospital index, Google Maps Rating through the total rating score, occupancy through BOR, and revenue through its monetary value.

### 3.5 Analytical Model

The relationships among the variables were examined using a path-based mediation framework. The analytical structure was designed to estimate direct effects of IKM on Google Maps Rating, BOR, and revenue, as well as the effects of Google Maps Rating and BOR on revenue. Indirect effects were subsequently examined to determine whether the intervening variables transmitted the effect of IKM to hospital revenue.

### 3.6 Data Analysis

Data analysis was conducted using Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS. PLS-SEM was selected because the research model includes intervening relationships and requires simultaneous assessment of direct and indirect effects. The original methodology specifies PLS-SEM as the principal analytical approach for examining the relationships among the observed variables. The analysis consisted of several stages. First, the research model was specified by connecting the variables and their indicators according to the proposed hypotheses. Second, the measurement model was assessed in terms of convergent validity, discriminant validity, and construct reliability where applicable. The criteria specified in the research framework include outer loading  $\geq 0.70$ , AVE  $\geq 0.50$ , Cronbach's alpha  $\geq 0.70$ , and composite reliability  $\geq 0.70$ . Third, the structural model was evaluated using the coefficient of determination ( $R^2$ ), effect size ( $f^2$ ), predictive relevance ( $Q^2$ ), and relevant model-fit information.  $R^2$  was used to assess the explanatory power of the model, while  $f^2$  was used to assess the contribution of individual predictors.  $Q^2$  was considered to evaluate predictive relevance.

Fourth, bootstrapping was performed to assess the statistical significance of the structural relationships. The analysis considered path coefficients, t-statistics, and p-values. A relationship was considered statistically significant when the p-value was below 0.05 and the corresponding t-statistic exceeded 1.96 at the 5% significance level.

### 3.7 Hypothesis and Mediation Testing

The direct effects tested in the structural model were:

1. IKM  $\rightarrow$  Google Maps Rating;
2. IKM  $\rightarrow$  Occupancy/BOR;
3. IKM  $\rightarrow$  Hospital Revenue;
4. Google Maps Rating  $\rightarrow$  Hospital Revenue; and
5. Occupancy/BOR  $\rightarrow$  Hospital Revenue.

The indirect effects were assessed using the Specific Indirect Effects output generated by SmartPLS. Two mediation pathways were examined: IKM → Google Maps Rating → Revenue and IKM → Occupancy/BOR → Revenue.

Mediation was interpreted based on the significance of the indirect effect and its relationship with the direct effect. An indirect effect that is not statistically significant indicates the absence of mediation. When the indirect effect is significant, the pattern of the direct and indirect effects is used to distinguish between full and partial mediation.

Table 2. Hypothesis Testing Framework

| Hypothesis | Relationship                       | Expected Assessment       |
|------------|------------------------------------|---------------------------|
| H1         | IKM → Google Maps Rating           | Direct effect             |
| H2         | IKM → Occupancy/BOR                | Direct effect             |
| H3         | IKM → Revenue                      | Direct effect             |
| H4         | Google Maps Rating → Revenue       | Direct effect             |
| H5         | Occupancy/BOR → Revenue            | Direct effect             |
| H6         | IKM → Google Maps Rating → Revenue | Indirect/mediation effect |
| H7         | IKM → Occupancy/BOR → Revenue      | Indirect/mediation effect |

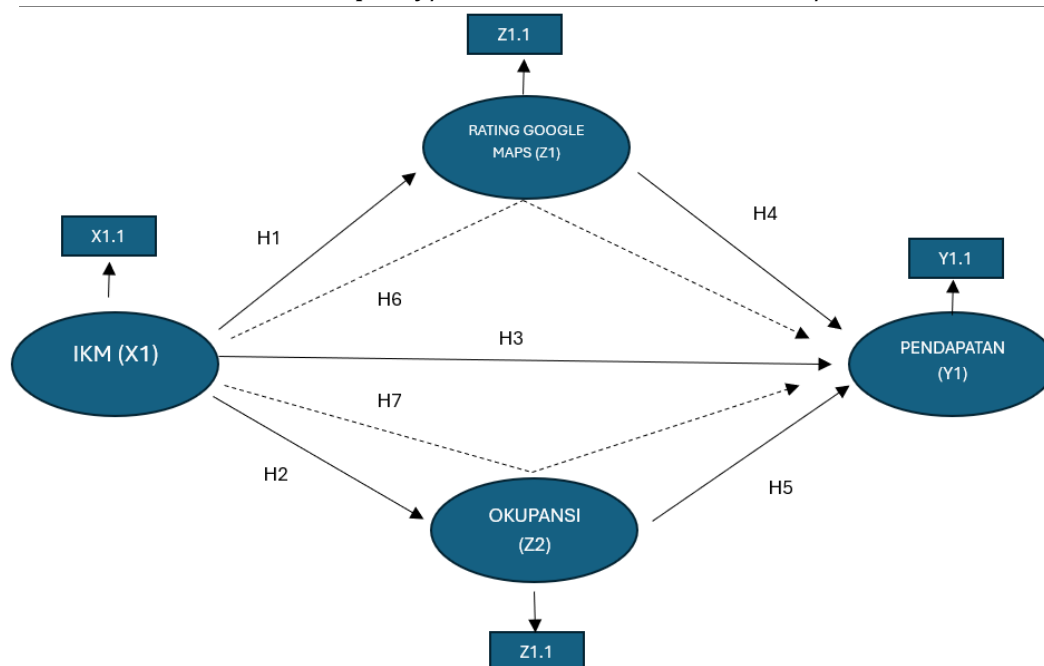


Figure 2. PLS-SEM Structural Model

*Note: Insert the final SmartPLS model output showing path coefficients,  $R^2$  values, and relationships among IKM, Google Maps Rating, BOR, and Revenue.*

### 3.8 Ethical and Data Management Considerations

The study used secondary institutional and publicly accessible digital data and did not involve direct intervention with patients or respondents. Google Maps Rating data were treated as aggregated digital reputation information rather than individual-level personal information. Hospital operational and financial data were analyzed in accordance with the availability and authorized use of institutional reports. Overall, the methodological design integrates public satisfaction, digital reputation, operational utilization, and financial performance within a single quantitative framework. This approach enables the study to evaluate not only whether IKM is associated with hospital revenue, but also whether Google

Maps Rating and inpatient occupancy provide potential mechanisms through which service-related perceptions may be connected to financial outcomes.

### 3. Results and Discussion

#### 3.1. Research Setting and Data Characteristics

The study was conducted at RS Persahabatan, East Jakarta, a national referral hospital with a particular role in respiratory and pulmonary healthcare services. The hospital operates under the Public Service Agency (Badan Layanan Umum/BLU) framework, which provides greater flexibility in financial management while maintaining its function as a public healthcare institution. The empirical analysis used monthly observations covering the 2023–2025 period. The dataset consisted of 36 observations for four variables: Public Satisfaction Index (IKM), Google Maps Rating, Bed Occupancy Rate (BOR), and hospital revenue. IKM and BOR were obtained from official hospital reports, revenue data were obtained from the hospital's accounting and financial records, while Google Maps Rating was reconstructed from publicly available historical rating information.

#### 3.2. Descriptive Analysis

##### 3.2.1. Public Satisfaction Index

The Public Satisfaction Index was measured monthly through the hospital's formal satisfaction survey. The dataset contained 36 monthly observations covering 2023–2025. The observed IKM values ranged between 85.14 and 89.70. The lowest value occurred in February 2025, whereas the highest value was recorded in several months of 2023. Overall, the observed values remained within the "satisfied" category.



Figure 1. Monthly Public Satisfaction Index at RS Persahabatan, 2023–2025

*Insert the line graph showing the monthly movement of IKM from January 2023 to December 2025.*

##### 3.2.2. Google Maps Rating

Google Maps Rating was obtained from publicly available Google Maps information. Because the available scraping output provided the rating at the time of extraction rather than a complete historical series, historical monthly ratings were reconstructed using the available review information and

manual calculations. The resulting monthly rating values ranged from 2.99 in September 2024 to 3.53 in December 2025.

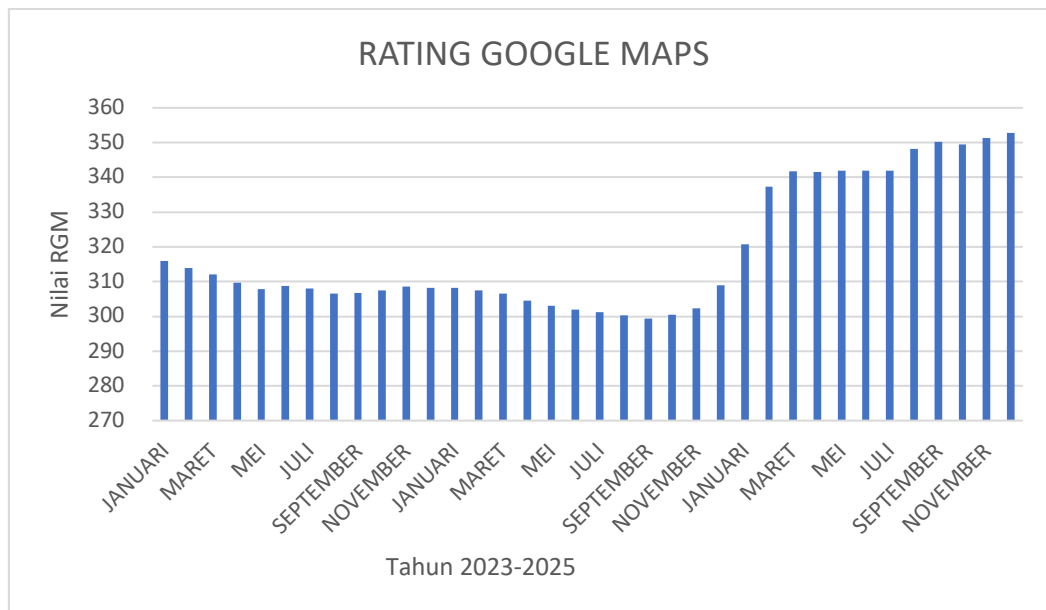


Figure 2. Monthly Google Maps Rating at RS Persahabatan, 2023–2025

*Insert the line graph showing the monthly Google Maps Rating from January 2023 to December 2025.*

### 3.2.3. Bed Occupancy Rate

Bed Occupancy Rate (BOR) was obtained from the hospital's monthly operational records. The observed BOR values ranged from 63.00% to 81.97%, with the lowest value occurring in March 2025 and the highest in July 2024. The observed values generally remained within the operational range considered appropriate in the research context.

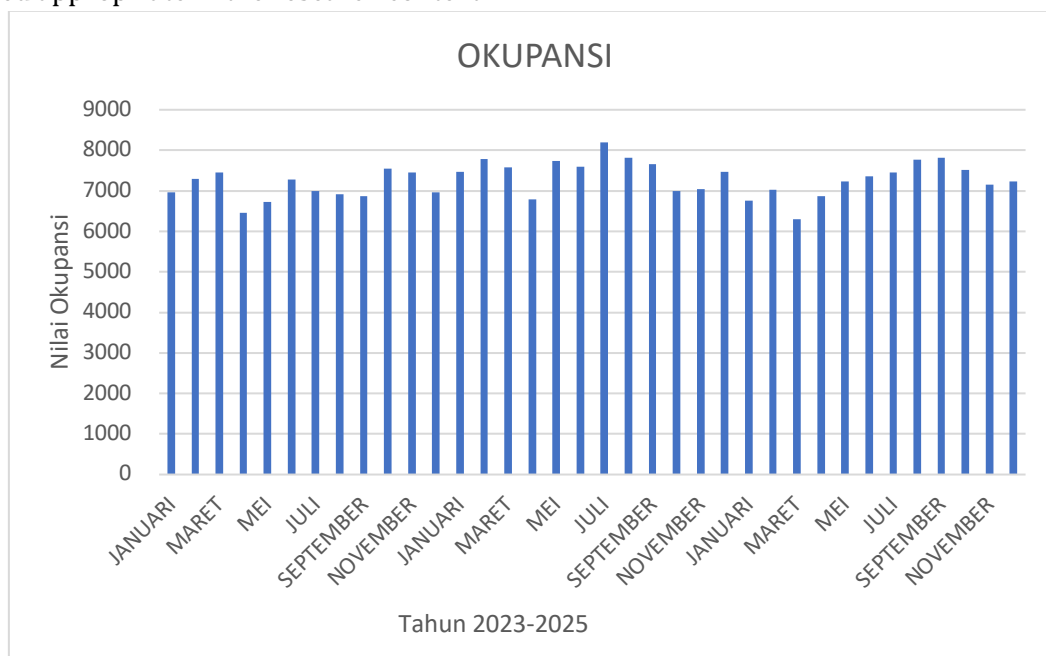


Figure 3. Monthly Bed Occupancy Rate at RS Persahabatan, 2023–2025

*Insert the line graph showing monthly BOR from January 2023 to December 2025.*

### 3.2.4. Hospital Revenue

Hospital revenue also demonstrated substantial monthly variation throughout the observation period. The lowest monthly revenue was recorded in January 2025 at approximately IDR 91.98 million, while the highest was recorded in December 2025 at approximately IDR 99.03 billion. Despite the monthly fluctuations, annual revenue reportedly remained within the hospital's target.

Table 1. Descriptive Statistics of the Research Variables

| Variable                  | N  | Minimum  | Maximum  | Mean     | Standard Deviation |
|---------------------------|----|----------|----------|----------|--------------------|
| Public Satisfaction Index | 36 | [insert] | [insert] | [insert] | [insert]           |
| Google Maps Rating        | 36 | [insert] | [insert] | [insert] | [insert]           |
| Bed Occupancy Rate        | 36 | [insert] | [insert] | [insert] | [insert]           |
| Hospital Revenue          | 36 | [insert] | [insert] | [insert] | [insert]           |

*Note: Insert the exact descriptive statistics generated by SmartPLS 4.*

### 3.3. Structural Model Assessment

Because all variables were operationalized as observed single-item measures, the analysis focused on the structural relationships rather than multi-item measurement-model assessment. The structural model was estimated using SmartPLS 4.1.1.8. The analysis assessed explanatory power through  $R^2$ , predictive relevance through  $Q^2$ , effect size through  $f^2$ , and hypothesis testing through bootstrapping.

#### 3.3.1. Coefficient of Determination ( $R^2$ )

The  $R^2$  results indicate that the research model explains 37.2% of the variance in Google Maps Rating, 1.3% of the variance in BOR, and 27.1% of the variance in hospital revenue. These findings indicate that IKM provides relatively greater explanatory power for Google Maps Rating than for BOR, while the combined predictors provide limited explanatory power for hospital revenue.

Table 2. Coefficient of Determination ( $R^2$ )

| Endogenous Variable | $R^2$ | Adjusted $R^2$ |
|---------------------|-------|----------------|
| Google Maps Rating  | 0.372 | 0.353          |
| Bed Occupancy Rate  | 0.013 | -0.016         |
| Hospital Revenue    | 0.271 | 0.203          |

*Source: SmartPLS 4.1.1.8 output.*

#### 3.3.2. Predictive Relevance ( $Q^2$ )

The predictive relevance assessment produced  $Q^2$  values of 0.340 for Google Maps Rating, -0.050 for BOR, and 0.113 for hospital revenue. These results indicate different levels of predictive performance across the endogenous variables. Google Maps Rating demonstrates the strongest predictive relevance, while the negative  $Q^2$  value for BOR indicates limited predictive capability for this endogenous variable within the specified model.

Table 3. Predictive Relevance ( $Q^2$ )

| Endogenous Variable | $Q^2$ Predict |
|---------------------|---------------|
| Google Maps Rating  | 0.340         |
| Bed Occupancy Rate  | -0.050        |
| Hospital Revenue    | 0.113         |

*Source: SmartPLS 4.1.1.8 output.*

### 3.3.3. Effect Size ( $f^2$ )

The effect-size assessment indicates that IKM has a relatively substantial effect on Google Maps Rating, with an  $f^2$  value of 0.591. Google Maps Rating has an  $f^2$  value of 0.104 in predicting revenue, while the remaining relationships demonstrate comparatively smaller effects. These results suggest that the strongest explanatory contribution in the model concerns the relationship between IKM and Google Maps Rating.

Table 4. Effect Size ( $f^2$ )

| Relationship                          | $f^2$ |
|---------------------------------------|-------|
| IKM → Google Maps Rating              | 0.591 |
| IKM → Hospital Revenue                | 0.027 |
| IKM → BOR                             | 0.013 |
| Google Maps Rating → Hospital Revenue | 0.104 |
| BOR → Hospital Revenue                | 0.092 |

Source: SmartPLS 4.1.1.8 output.

### 3.4. Hypothesis Testing

Hypotheses were tested using bootstrapping at a 5% significance level. A relationship was considered statistically significant when the p-value was below 0.05 and the absolute t-statistic exceeded 1.96. The results are presented in Table 5.

Table 5. Direct and Indirect Effects

| Hypothesis | Relationship                       | Path Coefficient | t-statistic | p-value | Decision      |
|------------|------------------------------------|------------------|-------------|---------|---------------|
| H1         | IKM → Google Maps Rating           | -0.610           | 5.677       | 0.000   | Supported     |
| H2         | IKM → BOR                          | 0.112            | 0.646       | 0.518   | Not supported |
| H3         | IKM → Revenue                      | -0.176           | 1.124       | 0.261   | Not supported |
| H4         | Google Maps Rating → Revenue       | 0.348            | 1.892       | 0.059   | Not supported |
| H5         | BOR → Revenue                      | 0.261            | 2.209       | 0.027   | Supported     |
| H6         | IKM → Google Maps Rating → Revenue | -0.212           | 1.716       | 0.086   | Not supported |
| H7         | IKM → BOR → Revenue                | 0.029            | 0.534       | 0.594   | Not supported |

Source: SmartPLS 4.1.1.8 output.

### 3.5. Discussion

#### 3.5.1. Effect of IKM on Google Maps Rating

H1 is supported. IKM has a statistically significant negative effect on Google Maps Rating ( $\beta = -0.610$ ;  $t = 5.677$ ;  $p < 0.001$ ). This finding indicates that higher formal satisfaction scores were associated with lower Google Maps Ratings during the observation period. The negative relationship suggests that formal satisfaction measurement and digital reputation may capture different dimensions of patient experience. IKM is generated through a structured institutional survey, whereas Google Maps Ratings represent voluntary public evaluations expressed in an open digital environment. Therefore, the two indicators should not necessarily be interpreted as interchangeable measures of patient satisfaction. From a managerial perspective, the finding emphasizes the importance of integrating

formal satisfaction measurement with digital patient feedback. Management should examine differences between survey results and online evaluations to identify service issues that may not be adequately captured by conventional satisfaction surveys.

### 3.5.2. Effect of IKM on BOR

H2 is not supported because the relationship between IKM and BOR is statistically insignificant ( $\beta = 0.112$ ;  $t = 0.646$ ;  $p = 0.518$ ). The finding indicates that increases in formal satisfaction scores do not necessarily correspond to higher inpatient bed utilization. This result suggests that occupancy is determined by a broader set of operational and healthcare-market factors. Patient admission patterns, referral flows, bed availability, length of stay, case mix, physician availability, and healthcare financing mechanisms may influence BOR independently of satisfaction levels. Therefore, improving IKM should not be regarded as a standalone strategy for increasing inpatient utilization. Hospital management needs to simultaneously strengthen referral networks, optimize bed allocation, and improve operational coordination.

### 3.5.3. Effect of IKM on Hospital Revenue

H3 is not supported. The relationship between IKM and hospital revenue is negative but statistically insignificant ( $\beta = -0.176$ ;  $t = 1.124$ ;  $p = 0.261$ ). This finding indicates that improvements in formal public satisfaction do not automatically generate higher hospital revenue. In a public hospital, revenue is influenced by multiple factors, including patient volume, service mix, reimbursement mechanisms, tariffs, utilization, and the composition of healthcare services. The result reinforces the distinction between service quality outcomes and financial outcomes. Patient satisfaction remains important as an indicator of service performance, but it should not be interpreted as a direct financial-performance indicator.

### 3.5.4. Effect of Google Maps Rating on Hospital Revenue

H4 is not supported. Google Maps Rating has a positive but statistically insignificant relationship with hospital revenue ( $\beta = 0.348$ ;  $t = 1.892$ ;  $p = 0.059$ ). Although the positive coefficient suggests a potential association between stronger digital reputation and higher revenue, the p-value exceeds the 5% significance threshold. Consequently, the study does not provide sufficient statistical evidence that Google Maps Rating directly increases hospital revenue. This finding indicates that digital reputation may require an intermediate behavioral mechanism before it can influence financial outcomes. For public hospitals, patients' healthcare choices are likely influenced by referral systems, clinical needs, insurance arrangements, physician availability, and hospital specialization rather than online ratings alone.

### 3.5.5. Effect of BOR on Hospital Revenue

H5 is supported. BOR has a positive and statistically significant effect on hospital revenue ( $\beta = 0.261$ ;  $t = 2.209$ ;  $p = 0.027$ ). This finding demonstrates that inpatient capacity utilization represents a more direct operational mechanism associated with hospital financial performance than either formal satisfaction or digital reputation. Higher utilization of available inpatient capacity can increase the volume of billable healthcare services and consequently contribute to revenue generation. The finding highlights the importance of operational capacity management. Hospital management should therefore monitor bed utilization together with patient admission, length of stay, case mix, referral patterns, and service capacity to improve both operational efficiency and financial sustainability.

### 3.5.6. Mediating Role of Google Maps Rating

H6 is not supported. The indirect relationship between IKM and hospital revenue through Google Maps Rating is statistically insignificant ( $\beta = -0.212$ ;  $t = 1.716$ ;  $p = 0.086$ ). Although IKM significantly affects Google Maps Rating, the latter does not significantly transmit the effect of IKM to revenue. This finding demonstrates that a strong relationship between the independent variable and mediator does not necessarily imply a significant mediation effect. The result also emphasizes the distinction between digital reputation and financial conversion. Online evaluations may provide valuable information about patient experience and service quality, but their contribution to revenue may depend on additional factors such as patient acquisition, referral mechanisms, insurance coverage, and service utilization.

### 3.5.7. Mediating Role of BOR

H7 is not supported. The indirect effect of IKM on revenue through BOR is statistically insignificant ( $\beta = 0.029$ ;  $t = 0.534$ ;  $p = 0.594$ ). Although BOR significantly affects revenue, IKM does not significantly affect BOR. Consequently, the conditions required for a significant mediation pathway are not satisfied. The finding indicates that the financial contribution of inpatient utilization does not originate from variation in formal satisfaction scores within the observed period. This result provides an important managerial implication: strategies aimed at improving hospital revenue should distinguish between patient-experience management and capacity-utilization management. Satisfaction improvement remains essential for service quality, whereas revenue optimization requires additional operational strategies targeting utilization and service delivery.

## 3.6. Summary of Empirical Findings

Overall, the findings reveal that the relationships among satisfaction, digital reputation, operational utilization, and hospital revenue are not uniformly positive or significant. IKM significantly affects Google Maps Rating, but the relationship is negative. IKM does not significantly affect either BOR or revenue. Google Maps Rating also does not significantly affect revenue, although its coefficient is positive and relatively close to the conventional significance threshold. In contrast, BOR demonstrates a significant positive relationship with revenue. *Insert a visual summary distinguishing statistically significant and non-significant paths in the final structural model.* These findings indicate that operational utilization is more closely associated with hospital revenue than satisfaction or digital reputation in the observed period. Therefore, hospital performance management should adopt an integrated framework that combines patient-experience measurement, digital reputation monitoring, capacity utilization, and financial-performance evaluation.

## 4. Conclusions

### 4.1. Conclusion

This study examined the influence of the Public Satisfaction Index (IKM) on hospital revenue by incorporating Google Maps Rating and Bed Occupancy Rate (BOR) as intervening variables at RS Persahabatan, East Jakarta. The findings demonstrate that the relationship between patient satisfaction, digital reputation, operational utilization, and financial performance is more complex than the initially proposed linear model. Of the seven hypotheses tested, only two were statistically supported. IKM was found to have a significant negative effect on Google Maps Rating, while BOR had a significant positive effect on hospital revenue. In contrast, IKM did not significantly affect BOR or hospital revenue. Google Maps Rating also did not have a statistically significant direct effect on revenue. Furthermore, neither Google Maps Rating nor BOR significantly mediated the relationship between IKM and hospital revenue.

The results indicate that hospital revenue during the observation period was more closely associated with the utilization of inpatient capacity than with formal satisfaction scores or digital ratings. Thus, patient satisfaction and digital reputation should not automatically be interpreted as direct financial determinants. Instead, they represent distinct dimensions of hospital performance that require integration with operational and financial management. The significant negative relationship between IKM and Google Maps Rating is particularly important. It suggests that formal satisfaction measurements and voluntarily generated online evaluations may capture different aspects of patient experience. Consequently, hospitals should not rely exclusively on a single satisfaction indicator when evaluating service quality and public perception. Overall, the study contributes empirical evidence that the relationship between patient experience and financial performance in public hospitals cannot be explained solely through satisfaction or digital reputation. Operational utilization, particularly BOR, appears to play a more direct role in explaining revenue performance within the context examined.

#### 4.2. Theoretical Implications

This study provides several theoretical implications for the literature on healthcare management and service performance. First, the findings extend the application of the Service-Profit Chain perspective by demonstrating that the expected relationship between satisfaction and financial outcomes may not occur directly in a public hospital setting. While satisfaction is an important indicator of service quality, its translation into revenue may require additional organizational and operational mechanisms. Second, the significant relationship between IKM and Google Maps Rating, combined with the negative direction of the relationship, suggests that formal satisfaction indicators and digital reputation should be conceptualized as related but distinct constructs. Formal satisfaction surveys are institutionally structured, whereas Google Maps ratings represent voluntary evaluations generated in an open digital environment. The difference between these two mechanisms provides an important theoretical basis for future research on digital patient experience and online reputation management. Third, the significant effect of BOR on revenue strengthens the importance of operational utilization as a mechanism linking healthcare service delivery to financial performance. The finding suggests that financial outcomes in hospitals are influenced not only by perceptions of service quality but also by the extent to which available healthcare capacity is effectively utilized. Finally, the absence of significant mediation effects indicates that the transformation of patient satisfaction into financial outcomes is not necessarily sequential through digital reputation or occupancy. This finding opens opportunities for developing more comprehensive theoretical models incorporating referral systems, service mix, clinical capacity, insurance mechanisms, patient acquisition, and other operational determinants.

#### 4.3. Managerial Implications

The findings provide several implications for the management of RS Persahabatan. First, management should integrate formal IKM results with Google Maps reviews and ratings as complementary sources of information. The significant negative relationship between IKM and Google Maps Rating indicates that improvements reflected in formal satisfaction surveys do not necessarily translate into more favorable digital evaluations. Therefore, management should systematically compare survey results with online feedback to identify discrepancies in patient perceptions. Second, hospital management should avoid using IKM as the primary instrument for achieving revenue or occupancy targets. Since IKM was not found to significantly affect either BOR or revenue, satisfaction improvement should primarily remain a service-quality objective rather than a standalone financial strategy.

Third, BOR should receive greater strategic attention because it demonstrated a significant positive relationship with revenue. Management can improve capacity utilization through more

effective referral management, bed allocation, discharge planning, service coordination, and optimization of specialized healthcare services. However, increasing occupancy should be pursued within appropriate operational and clinical limits rather than through excessive utilization. Fourth, Google Maps Rating should be managed as an element of digital reputation rather than treated as a direct revenue-generation target. Regular monitoring of ratings and patient reviews can help management identify recurring service problems, particularly those involving waiting time, communication, accessibility, staff responsiveness, and other aspects of the patient experience.

#### 4.4. Limitations of the Study

Several limitations should be considered when interpreting the findings. First, the study relies on secondary monthly data from a single hospital. Consequently, the findings are context-specific and may not be directly generalizable to other hospitals with different organizational structures, service characteristics, patient populations, or financial systems. Second, Google Maps Rating represents an open digital evaluation mechanism and may not capture the experiences of all hospital patients. Patients who choose to submit online ratings may differ systematically from patients who do not provide digital feedback. Therefore, the rating variable should be interpreted as an indicator of online public perception rather than a complete representation of overall patient satisfaction. Third, the model incorporates only IKM, Google Maps Rating, BOR, and hospital revenue. The relatively limited explanatory power for BOR and revenue suggests that other determinants may play important roles but are not included in the present model. In particular, the model does not explicitly incorporate referral volume, patient case mix, service mix, physician availability, insurance reimbursement, length of stay, tariff structure, or marketing activities. Fourth, the study is based on a limited observation period. Changes in healthcare demand, post-pandemic conditions, government policies, JKN mechanisms, and hospital operational strategies may influence the relationships among the variables over time. Therefore, caution is required when interpreting the results as long-term structural relationships.

#### 4.5. Recommendations for Future Research

Future research should extend the present model by incorporating additional operational, behavioral, and financial variables. Variables such as patient volume, referral intensity, Average Length of Stay (ALOS), Bed Turnover Rate (BTO), Turn Over Interval (TOI), service mix, case severity, physician availability, and JKN reimbursement could provide a more comprehensive explanation of hospital revenue and occupancy. Future studies should also consider expanding the research to several public and private hospitals to enable cross-institutional comparison. Such comparative research could determine whether the relationships identified at RS Persahabatan are specific to public hospitals or represent broader patterns in healthcare organizations.

The measurement of digital reputation should also be developed beyond the aggregate Google Maps Rating. Future research may incorporate the number of reviews, review frequency, review sentiment, response rate, review content, and changes in rating over time. Combining quantitative ratings with sentiment analysis of review texts could provide a more comprehensive representation of digital patient experience. Longitudinal research is additionally recommended to examine whether the relationship between satisfaction, digital reputation, occupancy, and revenue changes over longer periods. Future researchers may employ panel-data methods, time-series analysis, or more advanced structural models to capture temporal dynamics and potential lagged effects. Finally, future research should investigate other mediating or moderating mechanisms that may explain how patient satisfaction contributes to financial performance. Variables such as patient loyalty, perceived value, trust, referral intention, patient acquisition, service utilization, and digital engagement may provide a

more comprehensive explanation of the pathway from patient experience to hospital financial performance.

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