AN INFLUENCE OF QUALITY PHARMACEUTICAL SERVICES TO IMPROVE OUTPATIENT SATISFACTION IN THE PHARMACEUTICAL INSTALLATION OF RSUD TANJUNG PURA

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ABSTRACT

Pharmaceutical services in hospitals are an integral part of the hospital health care system that is oriented towards patient care. The provision of quality and affordable pharmaceutical preparations, medical devices and consumables for all levels of society includes clinical pharmacy services. The purpose of this study was to analyze the effect of pharmaceutical service quality which includes the dimensions of tangibles, reliability, responsiveness, assurance and empathy to increase outpatient satisfaction at the Pharmacy Installation of Tanjung Pura Hospital in 2022. This research is a quantitative study of explanatory research method (explanatory survey). The results showed that there was an influence on service quality which included tangibles, reliability, responsiveness, assurance and empathy variables on outpatient satisfaction at the Tanjung Pura Hospital Pharmacy Installation with a p value <0.05. The variable that has the greatest influence in this study is reliability with a p-value $= 0.253$.

Keywords: Service Quality, Patient Satisfaction, Hospital

I. INTRODUCTION.

Based on Law of the Republic of Indonesia Number 44 of 2009, it is emphasized that Hospitals are health service institutions that organize comprehensive individual health services that provide inpatient, outpatient and emergency services. The plenary service referred to is in the field of health including promotive, preventive, curative and rehabilitative. Law of the Republic of Indonesia No. 44 of 2009 Article 7 also explains that hospitals must meet the requirements for location, buildings, infrastructure, human resources, pharmaceuticals and equipment.

In accordance with the Indonesian Minister of Health Decree No. 129 of 2008 concerning Minimum Hospital Service Standards, it is explained that the Hospital as one of the health facilities that provides health services to the community has a very strategic role in accelerating the improvement of public health status. This situation requires hospitals to be able to provide quality services in accordance with established standards and to reach all levels of society.

The increase in population growth in Indonesia causes the need for community services to increase, especially in the field of health services, therefore the existence of hospitals is considered very important in providing health services to the community. Hospital as one of the service media in the health sector whose population has always increased accompanied by supporting facilities and infrastructure such as hospitalization rooms, number of beds and quality of service.

Kusumapradja and Ali in Hermawati (2015) explain that outpatient services are patient services without staying overnight in a hospital where observation, rehabilitation and other health services are diagnosed. The main door for the hospital is outpatient services because it greatly affects service satisfaction with patients so that they will make a decision to keep returning to use hospital services. A positive attitude towards outpatient services will be built if the service received by the patient is appropriate or even exceeds expectations. This attitude will influence the decision to be loyal so that the patient will come on the next visit to the hospital.

To increase patient satisfaction, it can be done by improving the quality of hospital services, especially in hospital pharmacy, because hospital services in pharmacy are a supporting indicator in increasing health satisfaction. Dissatisfaction that is often experienced by patients is dissatisfaction with behavior, attitude, lack of friendliness of officers and very slow officer service. Officers who are less communicative and informative, the service process is too long and the unavailability of drugs and medical devices can also cause patients to feel dissatisfied with themselves.

According to Satibi, Rokhman and Aditama (2015) that most patients who come to pharmaceutical service facilities want the drugs they need to be available, effective, safe, affordable accompanied by friendly and fast service when buying drugs. Patients will feel satisfied if their needs for medicines are met, besides that over time the image of a quality pharmaceutical service facility will appear accompanied by pharmacists as pharmaceutical service officers in managing and serving patients properly guided by pharmaceutical service standards.

Pharmaceutical services in hospitals are an integral part of the hospital health care system that is oriented towards patient care. The provision of pharmaceutical preparations, medical devices and medical consumables that are satisfactory and affordable for all levels of society includes clinical pharmaceutical services (Permenkes Republik Indonesia, 2016). Permenkes RI No. 72 of 2016 concerning Pharmaceutical Service Standards in Hospitals explains that pharmaceutical service standards are benchmarks used as guidelines for pharmaceutical personnel in organizing pharmaceutical services. Hospitals in implementing pharmaceutical service standards must be supported by the availability of pharmaceutical resources and patient safety-oriented organization and SPO (Standard Operating Procedures). The pharmaceutical resources in question include human resources and infrastructure available at the hospital.

According to Liwun (2018) in his research concluded that to improve patient service satisfaction in outpatient care for pharmaceutical services at the Pharmacy Installation of RSUD dr. Hendrikus Fernandez Larantuka, it was found that the index for improving outpatient service satisfaction was 77.2% with a satisfied value, this is because the Hospital Pharmacy Installation still experiences drug unavailability and there is still a lot to be addressed at the Hospital Pharmacy Installation such as expanding the waiting room, adding seating and completing drug supplies in order to improve service quality.

Tanjung Pura Regional General Hospital is one of the regional hospitals that provides services to the community related to the treatment of patients. RSUD Tanjung Pura was built with the aim of providing high quality health services to the people of Langkat Regency, North Sumatra Province, especially Tanjung Pura Region. RSUD Tanjung Pura offers comprehensive health services with a variety of superior services and facilities, and is supported by a paperless hospital information system, making it easier for people to access and obtain the information needed regarding the patient's health condition, but there are several factors that cause services at RSUD Tanjung Pura to decline. One of the causes is the service factor of the Pharmacy Installation in the outpatient department, which was identified by the researchers.

Based on observations in the outpatient department on patients who use pharmaceutical installation services in August 2022, there were several outpatients who complained about the unavailability of some prescription drugs when they redeemed drugs at the Pharmacy Installation. This situation is also supported by statements from general practitioners and specialists on duty at the hospital that there are still drug vacancies when prescribing to patients so that patients complain. According to research by Febreani and Chalidyanto (2016) concluded that drug vacancies occur as a result of stagnant and stockout drugs that are held in excess or shortage, causing the quality of IFRS services to be lacking. Adelheid (2018) in her research states that the quality of service is less than optimal due to drug vacancies in pharmaceutical installations, thus triggering patient complaints because they feel dissatisfied.

The Pharmaceutical Installation of Tanjung Pura Hospital is a revenue support unit that contributes to more than 41.1% of hospital revenue from inpatient and outpatient prescriptions. This is confirmed by Djojodibroto (1997) in his book entitled Tips for Managing Hospitals, which explains that the Pharmacy Installation provides revenue to the Hospital of approximately 30.0%.

Based on the results of interviews with patients and families of patients in the outpatient department, 56.6% expressed dissatisfaction with the Pharmacy Installation service. Dissatisfaction was obtained due to inadequate infrastructure by 10.53% and 15.79% respectively due to the lack of friendly pharmaceutical service officers and the lack of services in terms of providing communication, information and education to patients regarding the drugs they will use. For the availability of drugs obtained by 21.05% and the rest of the patients were dissatisfied with the long waiting time in prescription services amounting to 36.84%. Research by Herjunianto, Wardhan

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Based on the results of interviews conducted with patients at the Outpatient Department of Tanjung Pura Hospital, it was found that pharmacists who work at the time of service sometimes do

not/lack of communicating pharmaceutical services to patients/patient families such as information and education about the drugs to be used. As a result of this situation, nurses feel they have to provide extra services to replace the duties of pharmaceutical services in terms of explaining the use of drugs received by patients / families of these patients. According to Mayefis, Halim and Rahim (2015) in their research stated that service comfort in terms of attention when providing drug information will contribute to increasing patient service satisfaction. According to the conclusion of Putra's research (2013) that there is a relationship between therapeutic communication to increase patient service satisfaction.

II. LITERATURE REVIEW.

2.1. Definition of Hospital (RS)

According to Permenkes Number 3 of 2020, the definition of a hospital is a comprehensive individual health service institution that provides inpatient, outpatient and emergency services. Chletsos and Saiti (2019) argue that the hospital is the most important health care unit in which there are several elements (humans, buildings, machines, etc.), each of which has its own function but interacts, cooperates and harmonizes in achieving goals.

Hospitals in carrying out their duties have various functions, such as organizing medical services, medical and non-medical support, nursing services and care, referral services, education and training, research and development as well as general and financial administration (Siregar and Amalia, 2004).

According to Permenkes Number 3 of 2020, hospitals are classified based on:

1. Service type criteria. These criteria include: (1). General Hospital (RSU); (2). Specialized Hospital (RSK).

2. Criteria based on ownership. These criteria consist of: (1) government hospitals, namely hospitals directly managed by the Ministry of Health, local government hospitals, military hospitals and state-owned enterprise (SOE) hospitals as well as hospitals managed by the community (private); (2) central and local government hospitals (Siregar and Amalia, 2004).

3. Criteria based on service, staffing, physical and equipment elements. These criteria include: (1). Class A hospitals; (2). Class B hospitals; (3). C class hospital; (4). Class D hospitals (Siregar & Amalia, 2004).

4. Bed capacity criteria. This criterion is regulated in Permenkes Number 3 of 2020, where RSUs are divided into: (1). Class A hospitals have a minimum capacity of 250 beds; (2). Class B hospitals with a minimum capacity of 200 beds; (3). Class C hospitals with a minimum capacity of 100 beds; (4). Class D hospitals have a minimum capacity of 50 beds. Meanwhile, RSK is divided into: (1). Class A hospitals with a minimum capacity of 250 beds; (2). Class B hospitals with a minimum capacity of 200

beds; (3). Class C hospitals with a minimum capacity of 100 beds; (4). Class D hospitals have a minimum capacity of 50 beds.

The organizational structure of the hospital consists of the Foundation Board, Board of Trustees, Board of Trustees, Advisory Board, and Organizing Board. The Organizing Body is adjusted to the class of the hospital itself. The Organizing Body for class A and class B hospitals consists of the Director, Deputy Director, Medical Committee, Supervisory Unit, and various parts of the installation. A hospital may have more than one deputy director (wadir), depending on the size of the hospital. Deputy directors generally consist of the deputy director of medical services, the deputy director of medical support and nursing, and the deputy director of finance and administration. Functional Medical Staff (SMF) is under the coordination of the medical committee. The SMF consists of general practitioners, dentists, and specialists from all disciplines in the hospital. The medical committee is a non-structural forum consisting of the heads of the SMF (Siregar & Amalia, 2004).

2.2. Duties and Functions of IFRS Services

The main task of IFRS services according to Rusli in Suherman and Nurwahyuni (2019) begins with carrying out management of pharmaceutical preparations and health supplies. Pharmaceutical preparations and medical supplies in question are drugs, medicinal materials, medical gases and medical devices, which start from the time of planning, selection, procurement, receipt, storage, distribution, control, elimination, administration and reporting and evaluation required in outpatient and inpatient service activities. The role of IFRS is very central to hospital services, especially in the management and control of pharmaceutical preparations and supply management.

IFRS functions as a service and production unit, the purpose of the service unit is non-clinical services (management), namely services with patients and other health workers who do not interact directly. Examples of services provided by providing logistical elements or medical supplies and administrative aspects (Suherman & Nurwahyuni, 2019).

Furthermore, Rudi in Ratna and Solandjari (2019) stated that the clinical (non-management) function of IFRS is in the form of services that directly interact with patients and other health workers. Because this function is patient-oriented, it requires a broader understanding of aspects related to disease and the use of drugs by upholding ethics and behavior as a unit that carries out reliable and professional pharmaceutical care.

2.3. IFRS Organizational Structure

According to Siregar and Amalia (2004), pharmaceutical installations establish an organizational structure in accordance with the scope of services and existing resources, especially human resources. The organizational structure must describe responsibility and authority, coordination, and communication flow. The organizational structure generally consists of various functional units, namely:

(1). Procurement/purchasing/storage;

(2). Production and packaging;

(3). Sterilization center;

(4). Inpatient/outpatient drug supply and service;

(5). Clinical services for patients and hospital programs;

(6). Drug/poisoning information center;

(7). Satisfaction guarantee and satisfaction system documentation;

(8). Education/training;

(9). Research;

(10). Satisfaction testing laboratory; kinetic pharmacy laboratory.

According to Ratna and Solandjari (2019), the organizational structure consists of: (1). Head of IFRS, namely the Pharmacist who is overall responsible for all aspects of implementation in pharmaceutical services in the hospital; (2). The Pharmacy and Therapy Committee (PFT) which is an integral part of the IFRS so that it has a coordination path and is responsible to the hospital leadership. The task of the PFT is to monitor and evaluate services and management of pharmaceutical preparations and management of medical supplies. This PFT consists of health professionals (doctors, dentists, pharmacists, nurses) to monitor and evaluate the service and management of pharmaceutical preparations and the management of medical supplies. Accountability for the credibility and accountability of monitoring and evaluating services in the management of pharmaceutical preparations and health supplies. Clinical Pharmacy (FK) is in charge of aspects of pharmaceutical care, especially in terms of monitoring drug therapy. FK is in charge of patient counselling, drug information services and evaluation of patient drug use in the room and ambulatory patients.

Logistics is in charge of preparing and monitoring medical supplies, planning and procurement, storage systems in warehouses, as well as the production of drugs in the capacity of nonsterile and aseptic hospitals. Distribution duties are responsible for the flow of distribution of pharmaceutical preparations as well as the management of medical supplies (drugs, medicinal raw materials, medical devices and medical gases) for outpatients, IRD, ICU / ICCU, operating rooms, wards or rooms. Diklat is tasked with facilitating health and non-health education personnel in carrying out work practices as curriculum demands as well as carrying out training. R&D tasks facilitate research and community service.
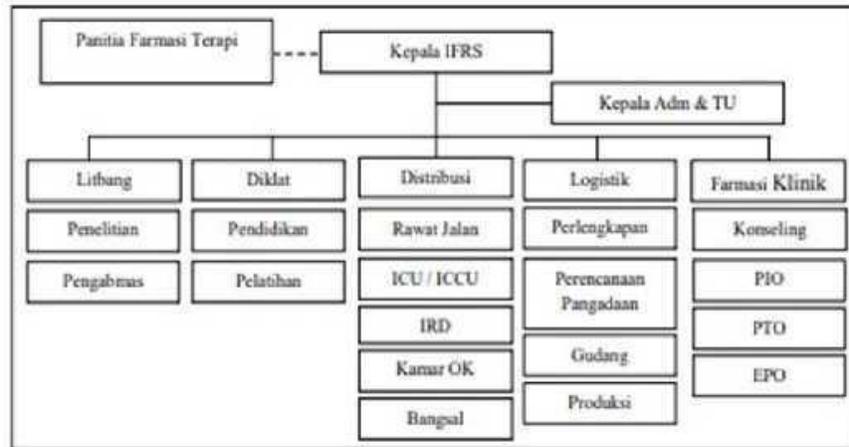
Gambar 1. Structure of IFRS

III. METHOD.

This type of research is quantitative research explanatory research method (explanatory survey) which aims to explain the influence between pharmaceutical service quality variables, namely dimensions: tangibles, reliability, responsiveness, assurance, empathy to increase outpatient satisfaction at the Pharmaceutical Installation of Tanjung Pura Hospital in 2022.

This research will be conducted in January 2023 until completion. The research schedule is determined from the initial survey conducted until this research ends by conducting literature searches, preparing proposals, proposal seminars, research and data analysis and preparing final reports.

Population is a collection of all subjects that have certain characteristics. The population in this study were all users of Pharmaceutical Installation services in the Outpatient unit of Tanjung Pura Hospital in 2022 as many as 20,871.

The sample is part of the population. Samples were taken using accidental sampling techniques or accidental sampling, namely taking by chance, that is, anyone who happens to meet the researcher can be used as a sample, but the person who happens to meet the researcher's criteria. Sample selection criteria are divided into inclusion and exclusion criteria (Sugiyono, 2014).

A research variable is a property to be measured or observed whose value varies from one object to another and is measurable, determined by a researcher with the aim of studying so that information is obtained about it and a conclusion is drawn (Sugiyono, 2017).

1. Independent variables are variables that affect or cause the dependent variable to arise. The independent variable in this study is service quality (dimensions: tangibles, reliability, responsiveness, assurance and empathy).

2. The dependent variable is the variable that is influenced as a result of the independent variable, the dependent variable in this study is to increase outpatient service satisfaction at the Hospital Pharmacy Installation.

Operational definition is scientific information that is very helpful for researchers to provide instructions so that it is easier to understand and make measurements:

1. Service quality. The ability of IFRS to provide services to IFRS service users, which consists of five dimensions, namely:

a. Tangibles. The ability of IFRS to provide services to IFRS service users in real (concrete) form, which can be directly seen and felt by patients.

b. Reliability. The ability of IFRS to provide services to IFRS service users in real (abstract) form, which is directly related to patient expectations.

c. Responsiveness. The ability of IFRS to provide services to IFRS service users in the form of accuracy, speed and responsiveness.

d. Assurance. The ability of IFRS to provide services to IFRS service users in the form of guarantees, so that patients feel safe when using the service.

e. Empathy. The ability of IFRS to provide services to IFRS service users in the form of privacy such as sincere attention and closeness to patients.

3. To increase outpatient satisfaction at IFRS. To increase the service satisfaction of patients/families in outpatient care on the quality of IFRS services, whether what is received is equal to or less than what patients/families expect.

IV. RESULT

4.1. Univariate Analysis Results

Based on the results of the study, the characteristics of respondents can be seen in the following table.

Table 1. Frequency Distribution of Respondents' Characteristics Based on Age, Gender, Occupation and Education at the Pharmaceutical Installation of Tanjung Pura Hospital in 2022

No	Characteristics	Total	
		f	**%**
1	Ages		
	< 15 Years	12	12,0
	15-64 Years	67	67,0
	> 65	21	21,0
	Total	**100**	**100,0**
2	Gender		
	Woman	62	62.0
	Man	38	38.0
	Total	**100**	**100,0**
3	Job		
	Self-employed	6	6.0
	Employee / State-owned Enterprise	10	10.0
	CIVIL SERVANT	5	5.0
	Laborer	8	8.0
	Farmer	37	37.0

Table 1. above shows that some respondents were aged <15 years as many as 12 people (12.0%), aged 15-64 years as many as 67 people (67.0%) and aged >65 years as many as 21 people (21.0%). Based on gender, most respondents were female as many as 62 people (62.0%), a small proportion were male as many as 38 people (38.0%). Based on education, most of the respondents had a high school / equivalent education as many as 69 people (69.0%), a small proportion had an elementary education as many as 2 people (2.0%). Based on occupation, most respondents worked as farmers as many as 37 people (37.0%), a small proportion of respondents worked as civil servants as many as 5 people (5.0%).

4.2. Quality of Pharmaceutical Services

Based on the research results from the quality of pharmaceutical services which include the dimensions of tangibles, reliability, responsiveness, assurance and empathy, the frequency distribution of these answers is:

Table 4.2. Frequency Distribution of Respondents Based on Tangibles, Reliability, Responsiveness, Assurance and Empathy Variables

No	*Tangibles*	f	%
1	Low	6	6.0
2	Enough	24	24.0
3	Good	70	70.0
	Value	**100**	**100,0**

No	*Reliability*	f	%
1	Low	13	13.0
2	Enough	25	25.0
3	Good	62	62.0

	Value	**100**	**100,0**
No	*Responsiveness*	**f**	**%**
1	Low	11	11.0
2	Enough	32	32.0
3	Good	57	57.0

	Value	**100**	**100,0**
No	*Assurance*	**f**	**%**
1	Low	24	24.0
2	Enough	18	18.0
3	Good	58	58.0

	Value	**100**	**100,0**
No	*Empathy*	**f**	**%**
1	Low	12	12.0
2	Enough	16	16.0
3	Good	72	72.0
	`Value	100	100,0

Table 2. above shows that most respondents stated that the tangibles process was in the poor category as many as 6 people (6.0%), 24 people (24.0%) in the moderate category and 70 people (70.0%) in the good category. Based on the distribution of respondents' answers to the reliability dimension, some respondents stated that they were in the insufficient category as many as 13 people (13.0%), 25 people (25.0%) in the sufficient category and 62 people (62.0%) in the good category. The distribution of respondents' answers to the responsiveness dimension, some respondents stated that they were in the

fewer categories as many as 11 people (11.0%), quite category as many as 32 people (32.0%) and good category as many as 57 people (57.0%). Distribution of respondents' answers to the dimensions

V. CONCLUSION

Based on the results of the research and discussion previously described, the conclusions that can be drawn are:

1.   There is an effect of pharmaceutical service quality (tangibles dimension) on outpatient satisfaction at the Pharmacy Installation of Tanjung Pura Hospital with a value (p value = 0.078).

2.   There is an effect of service quality (responsiveness dimension) of pharmacy on outpatient satisfaction at the Pharmaceutical Installation of Tanjung Pura Hospital with a value of (p value = 0.068).

3.   There is an effect of pharmaceutical service quality (assurance dimension) on outpatient satisfaction at the Pharmaceutical Installation of Tanjung Pura Hospital with a value of (p value = 0.422).

4.   There is an effect of service quality (empathy dimension) of pharmacy on outpatient satisfaction at the Pharmaceutical Installation of Tanjung Pura Hospital with a value of (p value = 0.029).

5.   The results of multivariate logistic regression testing show that the most dominant dimension of pharmaceutical service quality that affects patient satisfaction at the pharmaceutical installation of Tanjung Pura Hospital is reliability with a p-value = 0.253.

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