

The Correlation Between The Quality of Pharmaceutical Services and Outpatient Satisfaction at Bhayangkara Level III Hospital, Banjarmasin

Hubungan Kualitas Pelayanan Kefarmasian Terhadap Kepuasan Pasien Rawat Jalan RS Bhayangkara TK. III Banjarmasin

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Abstract

Background: The quality of pharmaceutical services is a crucial factor in the success of treatment and patient satisfaction. **Objective:** This study aims to analyze the relationship between the quality of pharmaceutical services and the satisfaction of outpatients at RS Bhayangkara TK. III Banjarmasin. **Methods:** This study employs a descriptive quantitative method with a survey approach, where data is collected through questionnaires distributed to patients receiving services at the hospital's pharmacy department. **Results:** The results indicate a significant relationship between the quality of pharmaceutical services and patient satisfaction ($p\text{-value} = 0,000 \leq 0,05$) analyzed through five dimensions of service quality: tangibility, reliability, responsiveness, assurance, and empathy. The Chi-Square test analysis showed that all these dimensions positively contribute to patient satisfaction. Additionally, this study evaluated the waiting time for both compounded and non-compounded medications, revealing that the hospital's pharmacy services comply with the time standards set by the Ministry of Health. **Conclusions:** This study confirms the significant relationship between the quality of pharmaceutical services and outpatient satisfaction at Bhayangkara level III Hospital. Higher service quality, greater outpatient satisfaction, highlighting the need for continuous improvement in pharmaceutical services.

Keywords: Pharmaceutical service quality, Outpatient, Patient satisfaction.

Abstrak

Latar Belakang: Kualitas pelayanan kefarmasian merupakan salah satu indikator mutu pelayanan rumah sakit yang berperan penting dalam keberhasilan terapi dan kepuasan pasien. **Tujuan:** Penelitian ini bertujuan untuk mengetahui hubungan antara kualitas pelayanan kefarmasian dengan tingkat kepuasan pasien rawat jalan di Rumah Sakit Bhayangkara Tingkat III Banjarmasin. **Metode:** Penelitian ini merupakan penelitian deskriptif kuantitatif dengan pendekatan survei. Pengumpulan data dilakukan menggunakan kuesioner kepada pasien rawat jalan yang menerima pelayanan di instalasi farmasi rumah sakit. Kualitas pelayanan kefarmasian diukur berdasarkan lima dimensi, yaitu bukti fisik, keandalan, daya tanggap, jaminan, dan empati. Analisis data dilakukan menggunakan uji Chi-Square. **Hasil:** Hasil penelitian menunjukkan terdapat hubungan yang signifikan antara kualitas pelayanan kefarmasian dengan kepuasan pasien rawat jalan ($p\text{-value} = 0,000 \leq 0,05$). Seluruh dimensi kualitas pelayanan kefarmasian berhubungan secara signifikan dengan kepuasan pasien. Selain itu, waktu tunggu pelayanan obat racikan dan non-racikan telah memenuhi standar pelayanan minimal yang ditetapkan oleh Kementerian Kesehatan. **Kesimpulan:** Terdapat hubungan yang signifikan antara kualitas pelayanan kefarmasian dan kepuasan pasien rawat jalan di Rumah Sakit Bhayangkara Tingkat III Banjarmasin. Peningkatan kualitas pelayanan kefarmasian perlu dilakukan secara berkelanjutan untuk meningkatkan kepuasan pasien.

Kata Kunci: Kualitas pelayanan kefarmasian, Pasien rawat jalan, Kepuasan pasien.



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Introduction

Health is one of the most fundamental human needs that cannot be separated from healthcare services and healthcare facilities [1]. Healthcare efforts can be defined as activities carried out in an integrated and coordinated manner, aiming, among other things, to improve and protect public health. These efforts are implemented in the form of Disease Prevention (Preventive), Health Promotion (Promotive), Disease Treatment (Curative), and Health Recovery (Rehabilitative) [2].

The quality of healthcare services refers to healthcare services that can generate patient satisfaction, where the implementation procedures comply with established standards and ethical codes [3]. Satisfaction is an essential part of healthcare services because patient satisfaction is inseparable from the quality of healthcare services [4]. To improve service quality, a survey on the relationship between patient satisfaction and service quality is necessary. There are five dimensions of service quality: reliability, responsiveness, assurance, empathy, and tangibility [5].

Bhayangkara Level III Hospital is an official police-owned hospital under the jurisdiction of the South Kalimantan Regional Police. It provides healthcare services to both BPJS and general patients on a daily basis. Based on a preliminary study conducted at Bhayangkara Level III Hospital Banjarmasin, the number of outpatients who redeem prescriptions at the outpatient pharmacy reaches more than 500 prescriptions per day. However, to date, no study has examined the relationship between the quality of pharmaceutical services and outpatient satisfaction at Bhayangkara Level III Hospital Banjarmasin. Therefore, this study aims to analyze the quality of pharmaceutical services at Bhayangkara Level III Hospital Banjarmasin in relation to outpatient satisfaction. Thus, the findings of this study are expected to serve as a new reference for the evaluation and improvement of pharmaceutical service quality in the hospital. Based on the results of this study, it is recommended that future research assess the quality of pharmaceutical service satisfaction among inpatients at the pharmacy installation of Bhayangkara Level III Hospital Banjarmasin.

Methods

This study employed a quantitative descriptive method to assess outpatient satisfaction with pharmaceutical services. Data collection included prescription waiting times for both ready-made and compounded medications, recorded using a time-tracking form, alongside direct operational observations in the hospital pharmacy department. Conducted in November 2024, the study took place at the outpatient pharmacy of Bhayangkara Level III Hospital, Banjarmasin.

Inclusion criteria include outpatients or their family members redeeming prescriptions, respondents aged ≥ 17 years, those capable of objective assessment, willing to complete the questionnaire, and able to read and write. Exclusion criteria include individuals redeeming medication without a prescription, those unable to read or write, and those who do not complete the questionnaire. A purposive sampling method was used, selecting respondents based on predefined criteria [6].

The sample size in this study was determined using the Krejcie & Morgan formula:

$$n = \frac{X^2 \cdot N \cdot P(1 - P)}{(N - 1) \cdot d^2 + X^2 \cdot P(1 - P)}$$

Where:

- n = Sample size
- N = Population size
- X² = Chi-square value for 1 degree of freedom at a 95% confidence level (1.96 × 1.96 = 3.841)
- P = Population proportion (assumed to be 0.5 to maximize sample size)
- d = Margin of error or desired level of precision (0.05 or 5%)

This study employed a purposive sampling method, a sampling technique based on specific considerations, in which samples are selected from groups deemed to possess relevant information and to meet the validity requirements of the study. Data validity was ensured through triangulation techniques, which enhance the researcher's confidence in the accuracy and credibility of the data, thereby allowing valid conclusions to be drawn. Through triangulation, the researchers utilized field observations, interviews, and documentation/photographic evidence to comprehensively support the research process.

The research instrument used in this study was a questionnaire designed to assess patient satisfaction and the quality of pharmaceutical services based on five dimensions: tangibility, reliability, responsiveness, assurance, and empathy. The questionnaire employed a Likert scale with the following categories: very dissatisfied (1), dissatisfied (2), moderately satisfied (3), satisfied (4), and very satisfied (5).⁵

This study was preceded by a preliminary test, which included validity and reliability testing of the questionnaire. These tests were conducted to ensure that the instrument was valid and reliable and could be used as a measurement tool to evaluate the quality of pharmaceutical services and outpatient satisfaction at Bhayangkara Level III Hospital, Banjarmasin. The validity and reliability tests ensured that each questionnaire item was appropriate and eligible for further analysis. According to (Sugiyono,2014), to obtain a distribution of measurement values approaching normality, the minimum number of respondents required for validity and reliability testing is at least 30 respondents. In addition, prescription waiting times were measured using a stopwatch.

Results and Discussion

Service Quality with 5 Dimensions

Tangible Dimensions

Tangible	Mean Score	Mean ± SD
P2 (Adequate seating is available in the pharmacy waiting area)	4,2	4,2±0,41
P3 (Facilities such as air conditioning, fans, and television in the waiting area provide comfort)	4,48	4,48±0,85
P4 (The pharmacy installation has adequate buildings, parking areas, and toilets)	4,36	4,36±0,67
P5 (All prescribed medications are available at the hospital pharmacy installation)	4,57	4,57±0,59

Count	KUALITAS BUKTI FISIK	KEPUASAN BUKTI FISIK								Total	
		cukup puas	3.25	3.50	3.75	puas	4.25	4.50	4.75		sangat puas
	cukup baik	3	2	1	2	3	0	1	0	1	13
	baik	1	6	13	29	32	13	13	8	4	119
	sangat baik	0	2	9	13	15	21	26	44	113	243
Total		4	10	23	44	50	34	40	52	118	375

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	194.286 ^a	16	.000
Likelihood Ratio	164.856	16	.000
Linear-by-Linear Association	122.182	1	.000
N of Valid Cases	375		

Figure 1. The Chi-Square test results showed $p = 0.000$ ($p \leq 0.05$), indicating a significant relationship between the tangible dimension and the quality of service and patient satisfaction in the outpatient department of Bhayangkara Hospital Banjarmasin.

Responsiveness Dimensions

Responsiveness	Mean Score	Mean ± SD
P1 (Medications are dispensed on time by pharmacy staff)	4,6	4,6±0,25
P2 (The procedures for delivering information are clear and easy to understand)	4,67	4,67±0,59
P4 (Pharmacy staff are competent in providing services at the pharmacy installation)	4,62	4,62±0,58
P5 (Information counters are available when patients have questions regarding medication)	4,4	4,40±0,69

KUALITAS DAYA TANGGAP * KEPUASAN DAYA TANGGAP Crosstabulation											
Count		KEPUASAN DAYA TANGGAP									Total
		cukup puas	3.25	3.50	3.75	puas	4.25	4.50	4.75	sangat puas	
KUALITAS DAYA TANGGAP	cukup baik	8	2	4	3	2	2	2	2	1	26
	baik	0	2	4	6	46	16	8	7	2	91
	sangat baik	0	0	1	0	4	15	20	57	161	258
Total		8	4	9	9	52	33	30	66	164	375

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	371.333 ^a	16	.000
Likelihood Ratio	308.153	16	.000
Linear-by-Linear Association	223.802	1	.000
N of Valid Cases	375		

Figure 2. The Chi-Square test results showed $p = 0.000$ ($p \leq 0.05$), indicating a significant relationship between the responsiveness dimension and the quality of service and patient satisfaction in the outpatient department of Bhayangkara Hospital Banjarmasin.

Empathy Dimension

Empathy	Mean Score	Mean ± SD
P1 (Pharmacy staff understand patient needs)	4,51	4,51±0,24
P4 (Good communication between patients and pharmacy staff)	4,63	4,63±0,64
P5 (Pharmacy staff take an active role in addressing patient medication-related problems)	4,43	4,43±0,65

KUALITAS PERHATIAN * KEPUASAN PERHATIAN Crosstabulation

Count		KEPUASAN PERHATIAN							Total
		cukup puas	3.30	3.60	puas	4.30	4.60	sangat puas	
KUALITAS PERHATIAN	cukup baik	4	1	3	2	0	0	0	10
	3.50	3	7	7	10	3	1	0	31
	baik	1	4	6	49	13	6	3	82
	4.50	0	0	1	7	16	29	11	64
Total	sangat baik	0	0	0	4	7	27	150	188
		8	12	17	72	39	63	164	375

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	459.281 ^a	24	.000
Likelihood Ratio	403.135	24	.000
Linear-by-Linear Association	261.416	1	.000
N of Valid Cases	375		

Figure 3. The Chi-Square test results showed $p = 0.000$ ($p \leq 0.05$), indicating a significant relationship between the empathy dimension and the quality of service and patient satisfaction in the outpatient department of Bhayangkara Hospital Banjarmasin.

Assurance Dimension

Assurance	Mean Score	Mean ± SD
P1 (Patients are confident that the medications provided can cure their illness)	4,38	4,38±0,33
P2 (Patients are confident in the accuracy of the medications they receive)	4,55	4,55±0,70
P3 (The services provided are fast and accurate)	4,61	4,61±0,63
P5 (Patient information privacy is always maintained by pharmacy staff)	4,66	4,66±0,59

KUALITAS JAMINAN * KEPUASAN JAMINAN Crosstabulation

Count		KEPUASAN JAMINAN											Total	
		cukup puas	3.25	3.50	3.75	puas	4.25	4.50	4.75	sangat puas	5.25	35.00		475.00
KUALITAS JAMINAN	cukup baik	5	0	1	0	2	1	2	2	0	0	0	0	13
	baik	2	4	7	14	39	11	8	4	2	0	0	0	91
	sangat baik	0	0	0	9	7	20	34	38	160	1	1	1	271
Total		7	4	8	23	48	32	44	44	162	1	1	1	375

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	301.301 ^a	22	.000
Likelihood Ratio	249.487	22	.000
Linear-by-Linear Association	.815	1	.367
N of Valid Cases	375		

Figure 4. The Chi-Square test results showed $p = 0.000$ ($p \leq 0.05$), indicating a significant relationship between the assurance dimension and the quality of service and patient satisfaction in the outpatient department of Bhayangkara Hospital Banjarmasin.

Reliability Dimensions

Reliability	Mean Score	Mean ± SD
P1 (Pharmacy staff explain how to use medications)	4,72	4,72±0,32
P4 (Pharmacy staff explain how to store medications)	4,41	4,41±0,53
P5 (Pharmacy staff explain medication side effects)	4,31	4,31±0,77

KUALITAS KEHANDALAN * KEPUASAN KEHANDALAN Crosstabulation

Count		KEPUASAN KEHANDALAN								Total	
		cukup puas	3.25	3.50	3.75	puas	4.25	4.50	4.75		sangat puas
KUALITAS KEHANDALAN	cukup baik	5	2	1	0	0	0	0	0	0	8
	3.50	0	1	5	2	1	1	0	0	0	10
	baik	0	0	1	9	53	7	3	0	0	73
	4.50	0	0	0	0	1	12	9	5	0	27
	sangat baik	0	0	0	0	1	1	18	54	183	257
Total		5	3	7	11	56	21	30	59	183	375

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	894.720 ^a	32	.000
Likelihood Ratio	524.766	32	.000
Linear-by-Linear Association	325.554	1	.000
N of Valid Cases	375		

Figure 5. The Chi-Square test results, $p = 0.000$ ($p \leq 0.05$), indicating a significant relationship between the reliability dimension and the quality of service and patient satisfaction in the outpatient department of Bhayangkara Hospital Banjarmasin.

Waiting Time for Compounded and Non-Compounded Medicine

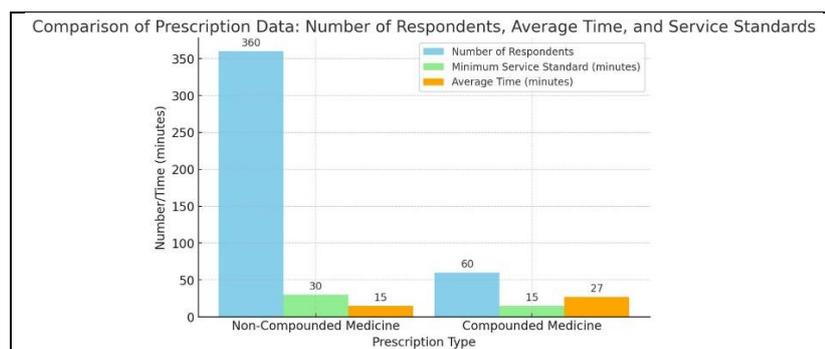


Figure 6. The average completion time for compounded (formulated) medication is 27 minutes, while the average waiting time for non-compounded medication is 12 minutes.

Comparison with Other Studies

The tangible dimension in healthcare services encompasses facilities, equipment, cleanliness, and the appearance of medical and non-medical staff, all of which can be directly observed by patients. Bhayangkara Hospital Pekanbaru provides adequate facilities and a comfortable environment, which are key priorities in delivering an optimal service experience in the inpatient unit [7]. The findings of this study are consistent with previous research conducted at Ciremai Hospital, Cirebon City, which demonstrated that the tangible dimension has a significant relationship with inpatient satisfaction [8]. Similarly, a study at Buton Tengah Regional General Hospital reported a positive relationship between tangible aspects and inpatient satisfaction, highlighting the importance of physical facilities in hospital services, Permatasari *et al.*, [9], who reported that both physical and non-physical facilities at Noongan Regional General Hospital were categorized as good. The responsiveness dimension includes timely medication dispensing, clear information delivery, and quick responses to patient concerns. Responsiveness is crucial outpatient care and significantly influences satisfaction, as supported [10], who found it to be a dominant factor in patient satisfaction at Wangaya Regional Hospital. The empathy dimension involves staff attentiveness, understanding patient needs, and providing individualized service. Good communication between pharmacy staff and patients enhances service quality. Studies [11], The assurance dimension refers to communication, service security, and courtesy in the delivery of hospital services to patients in order to enhance patient satisfaction. The findings of this study are consistent with previous research conducted by Widuri and Wujoso, [12] entitled *The Effect of Service Quality on Inpatient Satisfaction at Muhammadiyah Karanganyar Hospital*, which reported a positive relationship between service quality and patient satisfaction. Pharmaceutical service standards serve as benchmarks and

guidelines for pharmaceutical personnel in the provision of pharmaceutical care. These standards are intended to enhance the quality of pharmaceutical services, ensure legal and professional accountability for pharmaceutical personnel, and protect patients and the public from irrational drug use in order to promote patient safety [13–16]. Hospitals operating as Regional Public Service Agencies are required to prepare and submit administrative documents to fulfill administrative obligations, including the Minimum Service Standards (MSS)[17,18] [19].

Conclusions

There is a significant relationship based on the results of the Chi-Square test, which obtained $p=0.000$ ($p \leq 0.05$), between service quality and outpatient satisfaction at Bhayangkara TK. III Hospital Banjarmasin in the dimensions of Tangible, Responsiveness, Empathy, Assurance, and Reliability.

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