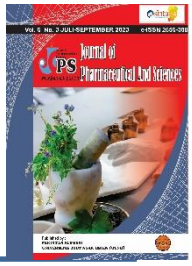
JOURNAL OF PHARMACEUTICAL AND SCIENCES
Electronic ISSN: 2656-3088
Homepage: https://www.journal-jps.com

ORIGINAL ARTICEL JPS |Volume 6 | No. 4 | OKT-DES | 2023 |pp.1675-1685



Level of service satisfaction of health BPJS patients with drug services at pharmacy X Sibolga City

Tingkat kepuasan pelayanan pasien BPJS kesehatan terhadap pelayanan obat di apotek X Kota Sibolga

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ABSTRACT

Health-related issues are one of the most pressing needs of society. Indonesia has government-run health insurance that is directly under its control. When patients obtain services that are considered appropriate or above expectations, patient satisfaction is achieved. This research uses a survey research approach and is descriptive. Surveys distributed to respondents were used to collect data. Eighty respondents who met the inclusion requirements were sampled. The data used is primary data, information obtained directly from respondents, with data collection methods such as providing questionnaires, which are filled in by the respondents themselves and sent back to the researcher. The findings of the study, which were based on SPSS patient characteristics analysis, showed that females accounted for the most significant percentage of respondents (43), followed by the 46-55 years age group (32.5%) and housewives (27.5%), (n=26; 32.5%) had the highest hypertension diagnosis on SPSS analysis, while (n=18; 69%) had the highest drug name of amlodipine. The results, according to the Servqual model, showed that the guarantee dimension had the largest average of 98%(Assurance), while the responsiveness dimension had the lowest average of 92% (waiting time).

***Keywords**: BPJS; patient satisfaction; hypertension; amlodipine; Servqual.*

ABSTRAK

Masalah kesehatan merupakan salah satu kebutuhan yang paling mendesak bagi masyarakat. Indonesia memiliki asuransi kesehatan yang dikelola oleh pemerintah dan berada di bawah kendali pemerintah. Ketika pasien mendapatkan pelayanan yang dianggap sesuai atau di atas harapan, maka kepuasan pasien tercapai. Penelitian ini menggunakan pendekatan penelitian survei dan bersifat deskriptif. Survei yang disebarkan kepada responden digunakan untuk mengumpulkan data. Delapan puluh responden yang memenuhi syarat inklusi dijadikan sampel. Data yang digunakan adalah data primer, informasi yang diperoleh langsung dari responden. dengan metode pengumpulan data berupa pemberian kuesioner, yang diisi sendiri oleh responden dan dikirim kembali kepada peneliti. Temuan penelitian yang didasarkan pada analisis karakteristik pasien SPSS menunjukkan bahwa perempuan menyumbang persentase terbesar responden (43), diikuti oleh kelompok usia 46-55 tahun (32,5%), dan ibu rumah tangga (27,5%), (n=26; 32,5%) memiliki diagnosis hipertensi tertinggi pada analisis SPSS, sedangkan (n=18; 69%) memiliki nama obat tertinggi yaitu amlodipine. Hasil menurut model Servqual menunjukkan bahwa dimensi jaminan memiliki rata-rata terbesar yaitu 98% (Jaminan), sedangkan dimensi ketanggapan memiliki rata-rata terendah yaitu 92% (waktu tunggu).

***Kata Kunci:** BPJS; kepuasan pasien; hipertensi; amlodipin; kualitas layanan.*

INTRODUCTION

One of the most critical demands of society in this era of globalization is health difficulties. The increasing standard of living is reflected in the increasing demands for health values (Yusra, 2020). Health services play an essential role in improving the value of health and well-being of everyone on a global scale. Article 19 of Law No. 36/2009 states that the government is tasked with organizing all health efforts that are quality, safe, effective, and affordable. Bappenas (2009) suggests that the best approach to do this is to offer complete facilities that have no gaps (Panjaitan et al., 2020).

Indonesia has a government-run health insurance that is directly under its control. The Social Security Organizing Agency (BPJS) that oversees insurance was established on January 1, 2014, to satisfy all levels of society in health services (Frida & Putri, 2019). When patients obtain services that are considered appropriate or above expectations, patient satisfaction is achieved.

The current phenomenon of the Social Security Organizing Agency (BPJS) has drawn criticism from various sides, including delays in service and payment of contributions, BPJS referrals to health institutions that are also rigid and limited, challenges in providing services with a tiered flow, and selection of facilities. Health referrals are limited to one per person, and BPJS cannot cover all medicines, including other restrictions (Maharani et al., 2019). This will happen once again in 2022; BPJS Health services are expected to experience frequent problems, ranging from patients being discharged due to low reimbursement costs to difficulties in accessing health services (DPR RI, 2022).

Inadequate medical care can hinder health improvement efforts in all countries (World et al. et al., 2018). Patient satisfaction is influenced by several elements, including emotional, financial, and service quality. Patient happiness is an essential component of healthcare. Therefore, it cannot be separated from service quality. The SERVQUAL model identifies five factors that contribute to service quality: tangibility (actual evidence), responsiveness (responsiveness), assurance (guarantee), and empathy (feeling concerned) (Meila, 2020).

A pharmacy is one of the health service providers. A pharmacy is a type of company that offers access to the general public to pharmaceutical services and drug distribution. The standard of pharmaceutical services pharmacies provide includes clinical pharmacy services and management of pharmaceutical preparations (Habibie et al. et al., 2022). The government determines the waiting period for drug services to meet the need for drugs, both formulations and finished preparations, based on the Decree of the Minister of Health (2008). By the Ministry of Health's minimum criteria of < 30 minutes, patients must wait from submitting prescriptions to receiving drugs to complete treatment services. In contrast, patients have to wait until they fill the prescription up to 60 minutes before receiving the combination medicine. Pharmacy is one of the health service providers.

A pharmacy is a type of business that provides access to the general public to the distribution and manufacturing process of drugs. The guidelines for pharmaceutical services provided by pharmacies include distributing prescription drugs and pharmaceutical services (Habibie et al., 2022). According to the Minister of Health (2008), the government sets a time limit for drug services to meet patient needs, including formulations and finished products.

According to the provisions of the Ministry of Health, at least 30 minutes, the patient must start the examination, then fill the prescription, and finally, the after-sales service. In contrast, patients must wait at least 60 minutes after completing the survey to receive combination drugs. Two hundred ninety respondents of research by Mumu et al. (2020) entitled "Analysis of Patient Satisfaction of National Health Insurance Participants at Kimia Farma 396 Tumining Manado City" revealed similar dissatisfaction with pharmacy services.

Based on the above problems, it is necessary to conduct research again with the title "Level of Service Satisfaction of BPJS Patients with Drug Services at Pharmacy X Sibolga City".

RESEARCH METHODS

This research method uses a descriptive method using a survey taken using a questionnaire given to respondents conducted at Pharmacy X Sibolga City. The population used is BPJS health respondents at Pharmacy X. In selecting samples for this study using Non-Probability Sampling type Consecutive Sampling (samples that have met the

selection criteria until the number is met) (Sastroasmoro, 2014).

Inclusion and exclusion criteria in this study:

The inclusion criteria in this study are:

1. BPJS respondent who submitted a prescription at Pharmacy X, Sibolga City
2. BPJS Health respondents are willing to spend time on the questionnaire collection process.

The exclusion criteria in this study are:

1. Respondents who are not BPJS participants
2. Respondents who are not willing to take the time to fill out the questionnaire.

Data collection technique

Primary data is information obtained directly from respondents by distributing questionnaires and asking them to fill them in themselves. Researchers distributed questionnaires first. Find out from the patients whether they have BPJS and are willing to donate their time to this study.

Validity and Reliability Test

Two tests were carried out to determine the validity and reliability of the questionnaire. A validity test is used to evaluate data sources and instruments that can be trusted; reliability testing is a test of instrument measurements that, when repeated, will give the same results. Software for computer statistics is used to conduct validity and reliability tests (Siburian, 2020).

Data processing

Data processing is done in several stages, namely:

Editing

Editing is done to check or collect the completeness of all data that has been done.

Coding

Researchers code data to make it easier for researchers.

Entry

Corrected data is entered into statistical software.

Data Cleaning

Rechecking the data that has been entered so that no errors occur.

Saving

Data that has been analyzed and then saved

RESULTS AND DISCUSSION

Distribution of Respondents Based on Gender

Table 1. Distribution of Respondents Based on Gender.

Gender	Frequency	%
Man	37	46.3
Woman	43	53.8
Total	80	100.0

Based on the research findings, there were 43 female and 37 male respondents, with proportions of 46.3% and 53.8% respectively (table 1). As they have more free time than men, women accounted for the majority of responses.

Distribution of Respondents Based on Age

Table 2. Distribution of respondents by age

Age	Frequency	%
17-25 Years	9	11.3
26-35 Years	10	12.5
36-45 Years	8	10.0
46-55 Years	26	32.5
56-65 Years	18	22.5
>65 Years	9	11.3
Total	80	100.0

Table 2 shows the age distribution of respondents. The 46-55 age group has the highest number of respondents (26), 32.5% of the total age range. This age group is followed by 56-65 years old. There were 18 respondents with a percentage of 22.5%, ten respondents in the 26-35 year age range with a percentage of 10%, nine respondents in the 17-25 year age range with a percentage of 11.3%, nine respondents in the 65+ age range with a percentage of 11.3%, and eight people in the 36-46 year age range with a percentage of 10.0%. Patients in age groups that are getting closer to old age are more prone to fatigue, so this is possible and weakened immunity (Yuliana et al., 2021).

Table 3 shows the distribution of respondents by occupation. Of these, 22 were employed as housewives, accounting for 27.5% of the total respondents. Next in line were self-employed, with 15 respondents and a percentage of 18.8%; civil servants, with ten respondents and a percentage of 12.5%; and retirees, with seven respondents and a percentage of 8.8%. A total of six respondents reported not working, accounting for 7.5% of the sample; a total of four respondents reported working, accounting for 5.0% of the sample; a total of three respondents reported farming, accounting for 3.8% of the sample, drivers, two respondents reported driving, two respondents reported teaching, two respondents reported working, two respondents reported fishing, two students rate of 2.5%, one respondent from the TNI-AD with a percentage of 1.3%, one nurse with a percentage of 1.3%, and one respondent from a pedicab driver with a percentage of 1.3%. This is because women have enough free time to fulfill all household needs, including earning a living. Compared to those who work, they take more medicine for themselves and their families (Robiyanto & Lestari R. L., 2018).

Distribution of Respondents Based on Occupation

Table 3. Distribution of respondents by occupation

Work	Frequency	%
Drivers	2	2,5
Retire	7	8,8
Teacher	2	2,5
Not Working	6	7,5
PNS	10	12,5
Housewife	22	27,5
Farmers	3	3,8
Self-employed	15	18,8
Employee	4	5,0
Nurse	1	1,3
Labor	2	2,5
Army	1	1,3
Fisherman	2	2,5
Student	2	2,5
Pulling a rickshaw	1	1,3
Total	**80**	**100,0**

Distribution of Respondents Based on Diagnosis

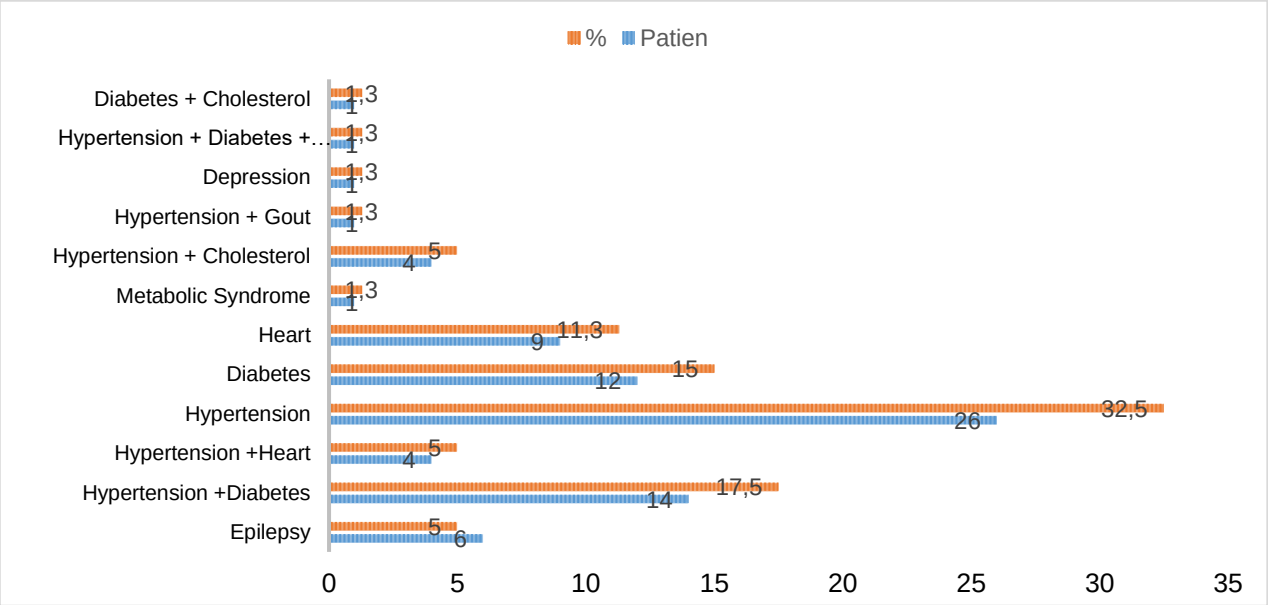

Figure 1. Bar diagram of respondents' diagnoses

Based on the distribution of respondents based on diagnosis, hypertension had the most significant percentage of 26 respondents (32.5%), followed by hypertension + diabetes with as many as 14 respondents (17.5%), diabetes with as many as 12 respondents (15.0%), and heart disease as many as nine respondents. Respondents. As many as six respondents with a percentage of 7.5%, epilepsy as many as four respondents with a percentage of 5.0%, hypertension + heart disease as many as four respondents with a percentage of 5.0%, metabolic syndrome as many as one respondent with a 5.0%. Percentage of 1.3%, hypertension + gout as many as one respondents with a percentage of 1.3%, depression as many as one respondent with a percentage of 1.3%, and hypertension + diabetes + heart disease as many as four respondents with a percentage of 5.0%. A total of 1 respondent represents 1.3% of the sample, and as much as diabetes plus cholesterol, 1.3% of respondents or one person answered. A total of 26 respondents (32.5%) had the most common diagnosis of hypertension. The World Health Organization (2023) reported that the leading cause of premature death globally is hypertension. Worldwide, an estimated 1.28 billion people aged between 30 and 79 years are estimated to have hypertension; the majority of these people live in low- and middle-income countries. Up to 46% of adult hypertensive patients are unaware that they have the disease (world, 2023). From 25.8% in 2013 to 34.1% in 2018, Indonesia experienced a considerable increase in hypertension prevalence (Kurnianto et al., 2020).

DistributionList of Medications Based on Diagnosis

Table 4. List of medications based on patient diagnosis

No.	Diagnosis	Frequency (n= 80)	Diagnosis (%)	List of Drugs and Percentage of Drug Users
1	Hypertension	26	32.5	Amlodipine (n=18; 69%), Candesartan (n=7; 26%), Valsartan (n=6; 23%), Spironolactone (n=3; 11%), Adalat Oros (n=2; 6%),

No.	Diagnosis	Frequency (n= 80)	Diagnosis (%)	List of Drugs and Percentage of Drug Users
				Irbesartan (n=1; 3%), Nifedipine (n=1; 3%), Captopril (n=1; 3%),
2	Hypertension + Diabetes	14	17.5	Metformin (n=11; 78%), Amlodipine (n=8; 57%), Glimepiride (n=7; 50%), Valsartan(n=4; 28), Candesartan (n=4; 28%), Vitamin B (n=3; 21%), Diamicron (n=2; 14%), Spironolactone (n=1; 7%), Glibenclamide (n=1; 7%), Novomix (n=1; 7%), Glimepiride (n=1; 7%)
3	Diabetes	12	15	Metformin, (n=11; 91%), Glimepiride (n=4; 33%), Diclofenac sodium (n=3; 25%), Diamicron (n=2; 13%), Acarbose (n=1; 8%), Glibenclamide (n=1; 8%)
4	Heart	9	11.3	Bisoprolol (n=8; 88%), Valsartan (n=3; 33%), Spironolactone (n=2; 22%), Amlodipine (n=1; 11%), Imidapril (n=1; 11%), Furosemide (n=1;11%), Acetolol (n=1; 11%), Nitrocaf (n=1; 11%)
5	Epilepsy	6	7.5	Valproic Acid (n=5; 83%) Phenytoin (n=4; 66%), Diclofenac sodium (n=1;16%), Vitamin B (n=1; 6%)
6	Hypertension +Heart	4	5	Spironolactone (n=4; 100%), Bisoprolol (n=4; 100%), Candesartan (n=3; 75%), Furosemide (n=2; 50%), Adalat Oros (n=1; 25%), Valsartan (n=1; 25%), Vitamin B (n=1; 25%), Amlodipine (n=1; 25%),
7	Hypertension + Cholesterol	4	5	Simvastatin (n=4; 100%), Amlodipine (n=2; 50%), Candesartan (n=1; 25%), Valsartan (n=1; 25%), Adalat Oros (n=1; 25%), Spironolactone (n=1; 25%)
8	Metabolic Syndrome	1	1.3	Candesartan (n=1; 100%), Metformin (n=1 ; 100%), Bisoprolol (n=1; 100%), Simvastatin (n=1; 100%)

No.	Diagnosis	Frequency (n= 80)	Diagnosis (%)	List of Drugs and Percentage of Drug Users
9	Hypertension + Gout	1	1.3	Candesartan (n=1; 100%), Allopurinol (n=1; 100%),
10	Depression	1	1.3	Risperidone (n=1; 100%),Trihexyphenidyl (n=1; 100%)
11	Hypertension + Diabetes + Heart	1	1.3	Metformin (n=1; 100%), Valsartan (n=1; 100%), Bisoprolol (n=1; 100%)
12	Diabetes + Cholesterol	1	1.3	Metformin (n=1; 100%), Simvastatin (n=1; 100%)

Based on the diagnoses listed in the records of drug administration to patients at Pharmacy X Sibolga City, as in Table 5 above, the diagnoses with the highest distribution are chronic diseases such as Hypertension (n = 26; 32%), Hypertension + Diabetes Complications (n = 14; 17.5), Diabetes (n = 12; 15%) and Heart Disease (n = 9; 11.3%). These diseases require high costs and long-term treatment, so the absorption of Health insurance funds from BPJS is mainly focused on managing the treatment of these diseases.

Based on the treatment given by doctors to BPJS patients in Sibolga City, in hypertensive disease conditions, the most common type of drug given is calcium-channel blockers (CCBs) or calcium antagonists, namely Amlodipine. This drug works by relaxing the blood vessel muscles so that the blood vessels will widen, and then the blood can flow more smoothly so blood pressure can decrease. Amlodipine is used as a first-line alternative to various antihypertensive drugs. According to Bulsara and Cassagnol (2023), it can be used alone or together with other antihypertensive drugs. Amlodipine also offers the advantage of once-daily dosing due to its most extended half-life of 30 to 50 hours.

In diabetes, the class of diabetes drugs most commonly prescribed by doctors to BPJS patients is metformin. Metformin is a generic antidiabetic drug that can control and reduce blood sugar levels in people with type 2 diabetes. Metformin is included in the Biguanide class of antidiabetic drugs, which works by inhibiting glucose production (gluconeogenesis) in the liver. This inhibition results in a delay in the absorption or uptake of glucose in the intestine, thus lowering plasma glucose, both basal and postprandial (after meals). In addition, Metformin also works by improving insulin sensitivity by increasing glucose uptake and utilization in peripheral tissues, resulting in improved glucose tolerance in patients with type 2 diabetes. This drug can be taken alone, combined with other antidiabetic drugs, or given with insulin.

In heart disease conditions, the drug with the highest prescription is bisoprolol. Bisoprolol is a class of beta-blocker drugs that work by inhibiting the work of the sympathetic nervous system in the heart by inhibiting beta-adrenergic receptors of the heart. Beta-adrenergic blocking drugs such as Bisoprolol reduce heart rate and are helpful in the treatment of abnormally fast heart rhythms. Bisoprolol also reduces the force of heart contraction and lowers blood pressure. By lowering the heart rate and force of muscle contraction, beta-adrenergic blocking drugs will lower the heart's need for oxygen. Thus, it is used to treat hypertension as monotherapy or in combination with other antihypertensives and the treatment of angina and chronic heart failure.

Distribution of Respondents Based on Satisfaction

The distribution of responses based on satisfaction is shown in Table 6. The calculations get the criteria as follows: $Interval = highest\ scale\ score - lowest\ scale\ score$

$$Interval\ (\%) = \frac{interval}{total\ scale\ score} \times 100\%$$

Table 5. Satisfaction Level Criteria

Criteria	Intervals
Good	51% - 100%
Not good	≤ 50%

To obtain the criteria for each dimension, the following formula is used:

$$= \frac{Total\ Skor}{Total\ Skor\ Tertinggi} \times 100\%$$

Table 6. Distribution of Respondents Based on Satisfaction

No	Statement	F=80		%
		T.S	S	
	***I. Tangibles* (Conclusive evidence)**			
1.	The pharmacy environment looks clean and tidy	7	73	**95%**
2.	The layout of the pharmacy room looks neat and good	6	74	
3.	You feel comfortable throughout waiting for medicine	11	69	
	Total	24	216	
	***II. Reability* (Reliability)**			
4.	Pharmacy staff will help you in understanding how to use it drug	12	68	**95%**
5.	The pharmacy staff was able to answer questions when you experience difficulty in understanding how drug use	4	76	
6.	You get that information clear and easy to understand about how to use the medicine	6	74	
	Total	25	215	
	***III. Responsiveness* (Responsiveness)**			
7.	Pharmacy staff serve you quickly and responsively	13	67	**92%**
8.	Pharmacy staff provide non-medication concoct (finished medicine) in time less than 30 minutes.	16	64	
	Total	31	131	
	***IV. Assurance* (Guarantee)**			
9.	The medicine given is packaged with neat so the quality is maintained	1	79	**98%**
10.	Pharmacy staff provides medication according to recipe	7	73	
	Total	8	152	
	***V. Empathy* (Care)**			
11.	Pharmacy staff will serve you well and politely	8	72	**96%**
12.	The pharmacy clerk gave it	10	70	

No	Statement	F=80		%
		T.S	S	
	service to you with friendly and smiling			
13.	Pharmacy staff do not discriminate between patients	6	74	
14.	Pharmacy staff are honest and able trusted	3	77	
	Total	27	293	

Information:
S = Agree
TS = Disagree

The distribution of respondents based on satisfaction is in the tangible dimension (tangible evidence), which consists of 3 statements as in Table 6. Then, for overall satisfaction, the statement "the arrangement of the pharmacy room looks good and neat" has the most approval (74), with a total approval of 73. the statement that the atmosphere of the pharmacy looks clean and orderly is followed. With a total approval of 69, the statement feels comfortable when waiting for the medicine to last. A total of 95% of all statement items fall into the "Good" category, which indicates that respondents are satisfied with the level of comfort, neatness, and cleanliness of Pharmacy X Sibolga City. As stated by Adhim (2022), maintaining cleanliness is very important to increase client happiness-quantification of the physical dimension.

The responsiveness dimension consists of 2 statements with the statement that pharmacy officers serve you quickly and responsively has the highest level of agreement, namely 67. They were followed by a statement that pharmacy officers serve you quickly and responsively and have the highest level of agreement, namely 67. Then, it was followed by a statement that pharmacy officers provide non-recombinant drugs (finished drugs) in less than 30 minutes 64, and the total percentage is 92% with the 'Good' category. This dimension has the lowest average of the other dimensions because BPJS itself has a flow that respondents must go through before receiving medicine, a large number of patients, inadequate human resources, and no special officers in handling BPJS and Non-BPJS prescriptions make officers unable to complete according to the predetermined time. Pharmacy X has morning-afternoon (09.00-17.00) 1 employee, morning-evening (09.00-22.00) 5 people, and afternoon-evening (15.00-22.00) 1 person.

However, three staff members are always on standby. With an average of 30 prescriptions entering every day and pharmacists not being in place to serve these prescriptions, the service is not optimal for patients according to the standard of pharmaceutical services at the Pharmacy, according to Permenkes RI No. 58 of 2014 concerning the number of pharmacists and pharmacist assistants based on the number of prescriptions entering the Pharmacy. In addition to services to BPJS patients, Pharmacy X Sibolga City also provides pharmaceutical services to patients other than BPJS, such as private patients and patients of companies that cooperate with insurance that is not BPJS so that patient drug services using prescriptions and non-prescriptions can reach 80 to 100 patients at Pharmacy X Sibolga city.

The responsiveness dimension consists of 2 statements, with the statement that the pharmacy staff serves you quickly and responsively having the highest level of agreement, namely 67. This is followed by the statement that the pharmacy staff serves you quickly and responsively and has the highest level of agreement, namely 67. Then, it was followed by a statement that pharmacy staff provided non-recombinant drugs (finished drugs) in less than 30 minutes 64, and the total percentage was 92% in the 'Good' category. This dimension has the lowest average compared to the other dimensions because BPJS has a path that respondents must go through before receiving medicine, the number of patients is significant, human resources are inadequate, and no special officers are handling BPJS and non-BPJS prescriptions. Officers were unable to complete the work within the specified time. Pharmacy, However, three staff are always on standby. With an average of 30 prescriptions coming in every day and the

pharmacist not being there to serve these prescriptions, the service to patients is less than optimal according to pharmaceutical service standards in pharmacies, according to the Republic of Indonesia Minister of Health Regulation No. 58 of 2014 concerning the number of pharmacists and pharmacist assistants based on the number of prescriptions entered at the pharmacy. Apart from providing services to BPJS patients, Apotek has 100 patients at Pharmacy X, Sibolga City.

The assurance dimension consists of 2 statements with the statement that the drugs provided are neatly packaged so that the quality is maintained and has the highest level of approval, namely 79. They were then followed by the statement that pharmacy officers provide drugs according to the prescription by agreeing as much as 73. The total percentage is 98% in the 'Good' category. This dimension has the highest average compared to other dimensions because officers are pretty good at packing and giving prescriptions according to prescriptions.

The empathy dimension (Caring) consists of 4 statements, with the statement that pharmacy officers are honest and trustworthy, having the highest level of approval, namely 77. The statement that pharmacy officers do not discriminate against patients is 74. The statement that pharmacy officers provide drugs according to prescription 72 and finally, that pharmacy officers provide services to you with a friendly and smiling 70. The total percentage is 96% in the 'Good' category. In this dimension, it can be seen that the officers are very good at serving respondents by not discriminating against each other and telling respondents honestly if deficiencies occur. This research is also in line with the research of Nugraheni and Kirana (2018). In health services, it can be interpreted that empathy is the attention of medical and non-medical personnel to the needs of patients and their families (Fernandes et al., 2022).

Validity and Reliability Test

Validity and reliability tests were carried out on the questionnaires sent to participants in this study. A validity test evaluates data sources and instruments that can be trusted. If r count > r table, then a variable is considered valid. A test to measure the reliability of an instrument is a test that, if carried out repeatedly, will give the same results. The Cronbach Alpha technique is used in calculating reliability. If the Cronbach Alpha value of a questionnaire is more than 0.6, it is considered reliable (Siburian, 2020).

Table 7. Test the Validity of the Respondent Questionnaire

Statement	r-count	r-table	Information
Statement 1	0.335	0.283	Valid
Statement 2	0.520	0.283	Valid
Statement 3	0.767	0.283	Valid
Statement 4	0.504	0.283	Valid
Statement 5	0.596	0.283	Valid
Statement 6	0.459	0.283	Valid
Statement 7	0.766	0.283	Valid
Statement 8	0.636	0.283	Valid
Statement 9	0.349	0.283	Valid
Statement 10	0.799	0.283	Valid
Statement 11	0.834	0.283	Valid
Statement 12	0.372	0.283	Valid
Statement 13	0.784	0.283	Valid
Statement 14	0.599	0.283	Valid

In Table 7 above, it can be seen that the questionnaire has 14 statement items. Each statement is valid because it has an r-count value > r-table (0.283).

CONCLUSION

The level of satisfaction of BPJS Health respondents with drug services at Pharmacy X Sibolga City is included in the excellent category group. The assurance dimension has the highest level of satisfaction (98%), which consists of 2 statements with the statement that the drugs provided are neatly packaged so that the quality is maintained has the highest approval level of 79. In comparison, the dimension of responsiveness to the waiting time for receiving drugs has the lowest level of satisfaction (92%) at the point of patient waiting time.

Based on the highest diagnosis of BPJS Health respondents regarding drug services at Pharmacy X Sibolga City, namely hypertension (n = 26; 32.5%) and the highest number of drugs is the use of Amlodipine drugs (n = 18; 69%).

REFERENCE

Dewi, R. R., Arifin, A., & Naiem, F. (2020). The Influence of Medication Availability in BPJS Patient Satisfaction in Inpatient Rsud Lanto DG. Pasewang Jeneponto Regency. *International Journal of Multicultural and Multireligious Understanding*, 576–581.

Fernandes, N., Choirul Afif, N., & Sutrisna, E. (2022). *International Conference on Sustainable Competitive Advantage 2022 The Relationship between Service Quality and Loyalty of Outpatient BPJS Patients at Kartini General Hospital with Patient Satisfaction Mediation as Variable*. 96–104.

Frida, E. M., & Putri, H. (2019). *Hubungan pelayanan keperawatan dengan kepuasan pasien bpjs rawat inap dirumah sakit umum herna medan*. *VI*, 117–123.

Habibie Deswilyaz Ghiffari, Delladari Mayefis, & Reni Novianti. (2022). Tingkat Kepuasan Pasien Rawat Jalan Peserta Jaminan Kesehatan Nasional Terhadap Pelayanan Kefarmasian di Puskesmas Sekupang Kota Batam. *SEHATMAS: Jurnal Ilmiah Kesehatan Masyarakat*, *1*(4), 622–628. https://doi.org/10.55123/sehatmas.v1i4.954

Kurnianto, A., Kurniadi Sunjaya, D., Ruluwedrata Rinawan, F., & Hilmanto, D. (2020). Prevalence of Hypertension and Its Associated Factors among Indonesian Adolescents. *International Journal of Hypertension*, *2020*. https://doi.org/10.1155/2020/4262034

Maharani, C., Afief, D. F., Weber, D., Marx, M., & Loukanova, S. (2019). Primary care physicians' satisfaction after health care reform: A cross-sectional study from two cities in Central Java, Indonesia. *BMC Health Services Research*, *19*(1), 1–12. https://doi.org/10.1186/s12913-019-4121-2

Meila, O. (2020). Analisis Tingkat Kepuasan Pasien BPJS Pada Pelayanan Kefarmasian Di Apotek Klinik Satkes Pusdokkes Mabes Polri. *Journal of Herbal, Clinical and Pharmaceutical Science (HERCLIPS)*, *1*(02), 29. https://doi.org/10.30587/herclips.v1i02.1520

Panjaitan, R. F., Sitio, S. P., & Siregar, R. (2020). Hubungan Kualitas Pelayanan Kesehatan Dengan Kepuasan Pasien Pengguna Bpjs Rawat Inap Di Rsu. Sembiring. *Jurnal Kajian Kesehatan Masyarakat*, *1*(2), 16. http://ejournal.delihusada.ac.id/index.php/JK2M

Siburian, M. S. (2020). *Hubungan Waktu Tinggu Pelayanan Resep Terhadap Kepuasan Pasien BPJS di Apotek Sabitah Farma Bengkulu*. http://eprints.stikesalfatah.ac.id/id/eprint/62/1/KTI mariana shinta siburian.pdf

Sirait, R. A., & Simatupang, S. I. (2022). Relationship Of Health Service Quality With Bpjs Patient Satisfaction In The Outpatient Unit Lubuk Pakam Grandmed Hospital. *Jurnal Kebidanan Kestra (Jkk)*, *4*(2), 157–162. https://doi.org/10.35451/jkk.v4i2.1079

Yuliana, D., Bayani, F., Bimmaharyanto, D. E., Amalia, L., Rahmat, S., Pomeistia, M., & Olivia, R. (2021). *Dan Non Racikan Pada Pasien Rawat Jalan Di Apotek Program Studi Farmasi , Fakultas Kesehatan , Universitas Qamarul Huda Badaruddin , Indonesia Program Studi Farmasi , Fakultas Kesehatan , Universitas Bumigora , Indonesia Pendahuluan Apotek adalah sarana p*. *9*(2), 659–665.