

Quality Evaluation of Pharmacy Services in the Outpatients at Hospital in Jakarta

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Keywords: Pharmaceutical Service, Drug Service Time, Satisfaction Level, Hospital.

Abstract: The pharmacy system in a hospital is maintained by a pharmacy unit, assigned to conduct, coordinate, arrange, and supervise all the pharmacy services activities. The fundamental problems in the dimensions of medicine time-serving and consumer satisfaction levels have become the primary indicator in guaranteeing the credibility of pharmacy services for society. This research aims to evaluate the satisfaction level of patients and the dimension of medicine time-serving in the outpatient pharmacy of the pharmacy installation at Rawa Lumbu Hospital. This study was non-experimental with an observational design, which is precisely descriptive using a quantitative approach. The number of respondents therein research is 171. The obtained results based on the standard of pharmacy services are that the tangible aspect reached up to 85,35%, the reliability aspect pursued 88,10%, the assurance dimension achieved 85,91%, the empathy dimension obtained 80,94%, and in the responsiveness, perspective gained 78,46%. Meanwhile, the average serving of medicines and medicines has met the standards according to the Indonesian Minister of Health No. 129/2008, which shows that the prepared recipe can be served in no more than 30 minutes and the recipe for the concoction will be ready within 60 minutes..

1 INTRODUCTION

Patient-oriented hospitals must provide one type of minimum service, namely pharmacy services. Based on Government Regulation of the Republic of Indonesia No. 51/ 2009 pharmacy services are an integral part of the hospital health care system that is intact and oriented to patient services, provision of quality medicine and clinical and affordable pharmacy services for all levels of society (Indonesian Ministry of Health, 2009). Pharmacy services in a hospital are managed by a pharmaceutical installation that is in charge of organizing, coordinating, managing, and overseeing all pharmacy service activities. Pharmaceutical services, according to the Decree of the Minister of Health of the Republic of Indonesia No. 197/2004 is one of the hospital services to support quality health services (Indonesian Ministry of Health, 2004).

The results of the study on pharmacy services showed that 76.86% of the people wanted the appearance of a good drug store, (Muslicnah, M, & Syamsudin, 2010) 80.6% expected a friendly service

provider (Hariany, 2014), whereas according to 86.7% patients were satisfied if you get fast service (Muslicnah et al., 2010). Excellent pharmacy services at pharmacies are still unpracticed much and are still optimally undone. The pharmacy that applies the new pharmaceutical service standards is 47.63% - 56.16% (Ginting, 2009).

At present, the community needs more qualified and friendly health services that are oriented towards their safety. Patient satisfaction using pharmacy services is a reflection of the results of the quality of health systems provided. These services range from interactions with doctors, nurses, and pharmacists, as well as interactions with administrative officers and other health workers. Satisfaction using pharmacy services represents the attitude of consumers in determining the direction and intended destination in the process of interpreting the proper use of drugs or the purchase of a medicinal product so that patient satisfaction using the pharmacy services can be used as a benchmark to reflect how much patient satisfaction the services provided (Ofili, 2014).

Rawalumbu Hospital remains a type C hospital, with the primary task of providing medical services to all levels of society who live in the Rawalumbu area, East Bekasi. Rawalumbu hospital pharmacy installation divides its activities into two main groups, namely clinical and non-clinical pharmacy activities. Prescription systems and drug information services are part of clinical pharmacy activities.

Outpatient pharmacy facilities start at 07.30 pm-21.00 am on Mondays to Fridays with an average of 300 sheets recipe per day. The number of workers on duty is ten people consisting of one pharmacist as the head of the installation, eight pharmacist assistants and one service supervisor.

Based on the background above, we are interested in examining the quality evaluation of pharmacy services in the outpatients at the rawa lumbu hospital Based on Pharmaceutical Service Standards on the dimensions of drug service time and the level of customer satisfaction.

2 MATERIAL AND METHODS

2.1 Subject of Research

The subject was all outpatients (n=171) who were taking drugs at the Hospital Pharmacy Installation that met the inclusion criteria: had taken drugs or received pharmaceutical services at least once, 18-65 years old, able to communicate and read well and willing to fill out questionnaires.

2.2 Research Design

This study is a non-experimental with an observational and descriptive design with a quantitative approach. The researcher preferred descriptive research because we wanted to describe the relevant forms regarding the practice of pharmaceutical standards carried out at the Rawalumbu Hospital pharmacy installation. The data are obtained directly from the respondents in the selected scope using a questionnaire (Kothari, 2004).

2.3 Research Subject

The population in this study was all outpatients who were taking drugs at the Hospital Pharmacy Installation. Samples are outpatients who meet the inclusion criteria that are involved in the drug or received service at least once, aged 18-65 years, able to communicate and read properly and are willing to

fill out questionnaires. The sample in this study was collected using accidental sampling technique. Considering the population varies, the characters are heterogeneous. Besides, the validity and reliability of the questionnaire were previously tested with 30 different outpatients. The sufficient number of respondents based on calculations adopting the Slovin (Setiawan, 2007) formula comprise 171 people.

2.4 Research Instruments

Data were collected using a set of questions and observation sheets. The questionnaire consisted of 25 questions that covered five dimensions of satisfaction (tangibles, reliability, responsiveness, assurance, empathy). All questions in this used questionnaire were naturally adapted from questionnaire examinations in the Kautsar (2017) study. Observation sheets are utilized to record the time of each recipe service process from receipt of the prescription by the official to the delivery of the drug to the patient using a digital clock.

2.5 Evaluation of Research Instrument

The research instrument evaluation was conducted through questionable validity and reliability testing. The specific test was carried out by distributing initial questionnaires to 30 outpatient respondents who were taking drugs at the Rawalumbu hospital pharmacy installation. A validity test is done by accurately measuring the level of patient satisfaction using the SERVQUAL questionnaire (Daniel & Berinyuy, 2010). The set of questions is declared validly if the value of Corrected item-total Correlation 0.361. Reliability tests were performed applying the Cronbach α technique, and the data obtained were statistically analyzed using IBM SPSS 22 software.

2.6. Data Analysis

2.6.1 Descriptive Statistical Analysis

This analysis was attempted to affect the distribution of respondents' characteristics. Patient characteristics noted consisted of gender, age, education level, occupation, monthly income, and distance of the house from the hospital. The data distribution is presented in the form of tabel.

2.6.2 Gap Test

The gap is a mismatch between the services received by customers with the services expected. Gap test

calculates the difference between the average performances with the average expectation. The difference figures illustrate the level of patient satisfaction (Daniel & Berinyuy, 2010). The sentence must end with a period.

2.6.3 Importance and Performance Analysis

Importance-Performance Analysis (IPA) represents an analysis of the level of conformity between customer expectations or interests and the performance or reality received by the customer. To find out the assessment score of the average level of company performance and the grade of the level of useful customer interest to correctly determine the primary issue of increasing attributes that affect satisfaction used Cartesian diagram, with the following formula:

$$\bar{\chi} = \frac{\sum X_i}{n} \quad Y\bar{1} = \frac{\sum Y_i}{n} \quad (1)$$

Where $\bar{\chi}$ = The average score of performance appraisal of an attribute or service quality dimension; $Y\bar{1}$ = The average score of expectation rating of an attribute or service quality dimension; and n= number of respondents (Abalo, Varela, & Manzano, 2007)

3 RESULTS AND DISCUSSION

3.1 Evaluation of Research Instrument

The research instrument test was carried out by distributing questionnaires to 30 selected respondents. The results show that the reliable questionnaire with Cronbach’s alpha is 0.745 for the expectation level, and 0, 738 for the performance level. In the validity, parameter obtained Corrected item-total Correlation > 0.361. The instrument test results show that the questionnaire is reliable and valid and can be used in research.

3.2 Descriptive Statistical Analysis

Results of descriptive statistical analysis (patient characteristic) can be seen in table 1. From table 1, it can be seen that most of the research respondents were female, that is, 54%. Some theories state that women have a higher level of satisfaction compared to men; women tend to be more satisfied with health services than men (Gigantesco et al., 2019). Most of the research respondents were aged 36 to 45 years at 30% while the least aged 65 years at 0.5%. At

productive age (adults), unwholesome habits frequently occur because of unhealthy lifestyles, shortage of rest, consuming unhealthy food, and lack of physical activity. Age is present one of the contributing factors that influence one's health behavior. Age affects the way of thinking, experience, and patient satisfaction. Respondents aged 36-45 years are adults who want quality health services (Deeks, Lombard, Michelmore, & Teede, 2009). At the education level, the majority of respondents had a diploma and bachelor education (56%). Zimmerman stated that educated community groups more quickly accept themselves as sick people if they experience a specific symptom. They are more

Table 1: Patient characteristic.

No	Description	Percentage (%)
1	Gender	
	- Women	54
	- Man	46
2	Aged (year)	
	- <18	4.4
	- 18-25	21
	- 26-35	18
	- 36-45	30
	- 46-55	13
	- 55-65	13
- >65	0.6	
3	Education	
	- elementary school / equivalent	1
	- junior high school / equivalent	6
	- high school / equivalent	33
	- diploma / bacelor	56
- master and doctor	4	
4	Occupation	
	- Student	11
	- College student	16
	- Government employees	9
	- Private employees	28
	- entrepreneur	11
	- state-owned enterprises	2
	- Housewife	19
- Retired	4	
5	Income (rupiah)	
	- 1,000,000	10
	- 1,000,001-2,500,000	25
	- 2,500,001- 5,000,000	46
	- 5,000,001-10,000,000	18
- 10,000,001	1	
6	distance of residence to the hospital (km)	
	- <10	3
	- 10 - 25	23
	- > 25	74

active in seeking help from doctors than those with lowly social status. Someone who is less educated may because of ignorance will choose not to seek treatment as long as he can still withstand the pain. The higher level of education a person will also increase the knowledge and information obtained. A person's perception of health services is influenced by several factors, namely, resources, knowledge, education, and attitudes. External factors include culture, socio-economy, family, and the situation at hand (Zimmerman & Woolf, 2014).

From table 1, it can be seen that most of the research respondents were female, that is, 54%. Some theories state that women have a higher level of satisfaction compared to men; women tend to be more satisfied with health services than men (Gigantesco et al., 2019). Most of the research respondents were aged 36 to 45 years at 30% while the least aged 65 years at 0.5%. At productive age (adults), unwholesome habits frequently occur because of unhealthy lifestyles, shortage of rest, consuming unhealthy food, and lack of physical activity. Age is present one of the contributing factors that influence one's health behavior. Age affects the way of thinking, experience, and patient satisfaction. Respondents aged 36-45 years are adults who want quality health services (Deeks, Lombard, Michelmores, & Teede, 2009). At the education level, the majority of respondents had a diploma and bachelor education (56%). Zimmerman stated that educated community groups more quickly accept themselves as sick people if they experience a specific symptom. They are more active in seeking help from doctors than those with lowly social status. Someone who is less educated may because of ignorance will choose not to seek treatment as long as he can still withstand the pain. The higher level of education a person will also increase the knowledge and information obtained. A person's perception of health services is influenced by several factors, namely, resources, knowledge, education, and attitudes. External factors include culture, socio-economy, family, and the situation at hand (Zimmerman & Woolf, 2014).

3.3 Assessment of Expectations on Service Quality Attributes

The performance and quality of service expected by patients are assessed using several dimensions, namely, reliability, responsiveness, assurance, empathy, and tangibility. The average value of expectation on service quality attributes can be referred to in table 2.

Table 2: The average value of expectation on service quality attributes.

No	The attributes of Pharmaceutical Services	Score (mean)
1	Dimension of Reality	3.5
2	Dimension of Responsiveness	3.38
3	Dimension of Assurance	3.46
4	Dimension of Emphaty	3.24
5	Dimension of Tangibles	3.36

Table 2 shows that the reliability dimension has the tallest average (3.50) compared to other dimensions, meaning that the highest level of expectation is found in that dimension. The dimension that has the lowest average value is present the empathy dimension (3.24), meaning that the most elementary level of expectation is found in that dimension. So that patients feel that these attributes do not affect the ongoing service. Within the empathy dimension, the attribute of pharmaceutical service quality that has the highest average value is that the patient is convinced of the cure that will be achieved in treatment. This attribute is considered essential by patients because this is one form of attention carried out by officers who will influence patients to recover rapidly. The quality of pharmaceutical service attributes in the dimension of responsiveness, which has the highest average value, is how to obtain drugs quickly. How to receive drugs easily is considered essential because the ease inside receiving drugs will increase the level of patient confidence in the service at this hospital. In the assurance dimension, the service quality attribute that has the highest average value remains the drug given in good condition. Medication dispensed with the right conditions is considered necessary by the patient because the drug obtains the most crucial element in the healing process. If the drug is given in a condition that exists not well, this will undoubtedly cause adverse effects for patients and hospitals (M. A. Abujarad Alhuwitat & Salem, 2017).

In the tangibles dimension, the service quality attribute that has the highest average value remains a pristine waiting room. A clean waiting room is considered primary because this will cause comfort in the patient.

3.4 Assessment of Performance Level on Service Quality Attributes

Evaluation of the level of performance on service quality attributes is done by filling out the questionnaire conducted by respondents based on the dimensions of reliability, responsiveness, assurance,

empathy, and tangible. The results of the evaluation of the level of performance in the service quality attributes can be seen in table 3.

Table 3: The average value of performance in the service quality attributes.

No	The attributes of Pharmaceutical Services	Score (mean)
1	Dimension of Reality	3.08
2	Dimension of Responsiveness	2.66
3	Dimension of Assurance	2.97
4	Dimension of Emphaty	2.62
5	Dimension of Tangibles	2.83

Table 3 shows that the reliability aspect maintains the most elevated average level of satisfaction (3.08) compared to other service dimensions. The Directors of Rawalumbu Hospital always emphasize their employees to be professional, work optimally, and provide an excellent facility within a variety of services, especially in drug services. This appropriate attitude will convey the patient's confidence to seek treatment and not switch to another hospital consistently. The empathy dimension possesses the deepest average level of satisfaction (2.66). This value means the patient considers that the drug service officer is still unable to satisfy the patient. Officers have been unable to convince patients about healing, and in providing services, officers still distinguish patients. Overall, the level of conformity obtained from the comparison between the level of expectation and the level of performance against 25 attributes of pharmaceutical services at Rawalumbu Hospital represent an appropriate category (Saraswati, Kristina, & Zulkarnain, 2018).

3.5 Importance and Performance Analysis

Importance and Performance Matrix is a diagram that is divided into four quadrants, which are bounded by two lines that intersect the perpendicular to the point (X, Y). The X-axis (horizontal axis) will fill the performance level score, while the Y-axis (vertical axis) will provide the score for the level of expectation (importance) (Abalo et al., 2007). The position of 25 pharmacy service quality attributes can be observed by using the Importance and Performance Matrix based on the score of expectation/importance and the reality/performance score of 171 Rawalumbu Hospital patients. However, before that, it is necessary to calculate the average value of the expectation level score and the performance level score, which will be plotted on the

Cartesian diagram. Patient satisfaction is known for assessing the level of expectation and satisfaction during the patient's treatment at Rawalumbu Hospital. The mean score of importance (Y) and the average score of satisfaction (χ) are totaled, then averaged overall. The score of expectation and performance assessment of each attribute can be seen in the following table 4.

Table 4: The score of expectation and performance assessment of each attribute.

No	Quality Attributes of Pharmaceutical Services	Average Expectation Score	Average Level of Performance Score
Dimension of Reality			
1	How the use of drugs is written clearly on the packages of drugs	3,54	3,15
2	Drug wrapped neatly	3,44	3,17
3	Pharmacy staff provides information on how to use drugs	3,59	3,18
4	Prescription services easy and straightforward	3,23	3,08
5	Pharmacists provide information about the side effects of drugs	3,59	3,14
6	Patients get the appropriate dosage, how to utilize it, and when to merely take it	3,64	3,15
Dimension of Responsiveness			
7	The time for waiting for drugs is fast.	3,29	2,48
8	Medicine is easy to get.	3,53	2,91
9	Opening hours of service on time	3,46	2,83
10	Officers are responsive to patient problems	3,27	2,43
Dimension of Assurance			
11	The pharmacy staff provides consulting services that satisfy.	3,40	2,55
12	Pharmacists serve recipes politely.	3,57	3,06
13	Medication services are well served when the patient asks for an explanation of the drug.	3,43	2,87
14	Patients receive proof of payment of the drug.	3,25	3,09
15	Medications are given in good condition	3,65	3,29

Table 4: The score of expectation and performance assessment of each attribute (cont.).

No	Quality Attributes of Pharmaceutical Services	Average Expectation Score	Average Level of Performance Score
Dimension of Emphaty			
16	The patient's family supervises regular drug use.	3,26	2,70
17	Patients gain confidence in the healing that will be achieved in treatment.	3,31	2,58
18	Officers provide the same service regardless of patients.	3,15	2,58
Dimension of Tangibles			
19	Pharmacy staff dressed neatly	3,29	3,20
20	The waiting room is clean	3,56	2,89
21	Seating in the lounge is comfortable.	3,49	2,68
22	The atmosphere of the waiting room is calm.	3,53	2,47
23	There are television facilities in waiting room.	3,37	3,08
24	Spacious waiting room with air conditioner	3,43	3,09
25	The waiting room provides the latest newspapers/magazines.	2,91	2,45
Overall average score		3,43	2,91

Importance and Performance Matrix is a diagram that is divided into four quadrants, which are bounded by two lines that intersect perpendicular to the point (X, Y). The X-axis (horizontal axis) will fill up the performance level score, while the Y-axis (vertical axis) will fill the score for the level of expectation (importance). In figure 1, it can be seen that the

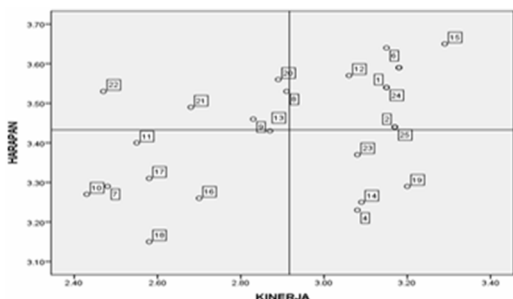


Figure 1: Cartesian Diagram of Pharmaceutical Services attributes at Rawalumbu Hospital.

location of the pharmaceutical service attributes analyzed divided into four parts, namely quadrant A (top priority), quadrant B (maintain performance.), quadrant C (low priority), and quadrant D (excessive) (Abalo et al., 2007) (Minta & Stephen, 2017).

The attributes of each dimension that are in quadrant A indicate the attributes that are considered to influence patient satisfaction. The handling of attributes in this quadrant needs to be prioritized by the hospital management because the existence of these attributes is considered essential for patients but cannot be fulfilled by the hospital. Attributes in this quadrant indicate the weakness of the management of Rawalumbu Hospital in meeting the needs of patients. In figure 1 it can be seen that the attributes included in this quadrant exist: medicine is easy to get, opening hours of service on time, Medication services are well served when the patient asks for an explanation of the drug, the waiting room is clean, Seating in the lounge is comfortable, and the atmosphere of the waiting room is calm. Minta and Stephen states that quadrant A is present the location of various aspects or attributes of health services felt to be distinguished by patients, but cannot be felt optimal by patients. Quadrant A is an attribute position that possesses high importance, low performance. From quadrant A, it can be seen that the quality of service performance of the attribute is still below expectations so that it affects the patient's dissatisfaction with the attribute. This dissatisfaction can cause the patient to switch to another hospital. Customer satisfaction essentially remains the goal of a business. The creation of customer satisfaction can provide a satisfactory basis for repeat purchases and the creation of customer loyalty. It exists worth noting that customer satisfaction is a long-term strategy that requires commitment, both in terms of funds and human resources (Minta & Stephen, 2017).

Attributes that are in quadrant B shows that need to be maintained by the hospital in providing services needed by patients. Carrying out of the attributes in this quadrant has been considered in conformity with patient expectations resulting in satisfaction. Attributes that are in this quadrant are attributes that are considered crucially essential and have been implemented satisfactorily. As for the attributes included in this quadrant are as follows: how the use of drugs is written clearly on the packages of drugs, Drug wrapped neatly, Pharmacy staff provides information on how to use drugs Pharmacists provide information about the side effects of drugs, Pharmacists serve recipes politely. Medications are given in good condition, Spacious waiting room with air conditioner, The waiting room provides the latest

newspapers/magazines. The quality improvement strategy for this quadrant is to maintain the performance of these attributes. As explained by Minta and Stephen that all aspects or attributes contained in the quadrant B are attributes that are considered fundamentally crucial by patients, and performance has been above the average rating. Quadrant B is an attribute position that has high importance, high performance. This means that the quality of service performance of these attributes is by patient expectations so that it has an impact on patient satisfaction. For this reason, the attributes in this quadrant need to be maintained to create patient loyalty and interest in repurchases (Minta & Stephen, 2017).

Quadrant C shows the service attributes that are considered to be the expectations of the patient and his family, where the hospital has run them. The attributes included in this quadrant have not remained the key priority to be corrected because the patient is satisfied with what obtains presently, but will indicate satisfaction if it is increased again. The attributes included in the C quadrant are the time for waiting for drugs is fast, Officers are responsive to patient problems, the pharmacy staff provides consulting services that satisfy, the patient's family supervises regular drug use, Patients gain confidence in the healing that will be achieved in treatment and Officers provide the same service regardless of patients. The quality improvement strategy for this quadrant is to improve the performance of these attributes after increasing the performance of the attributes contained in quadrant A. As granting to Deng and Pierskalla states, all aspects or attributes contained in quadrant C are attributes that are considered less important by patients. Attributes in quadrant C need to be improved, but the priority is still below the attributes contained in quadrant A. Quadrant C is a position attribute that assumes limited importance, low performance. This means the quality of service performance of these attributes is still below the average performance appraisal, thus impacting on the patient's dissatisfaction with these attributes. This dissatisfaction receives consequences for the transfer of patients from other hospitals (Deng & Pierskalla, 2018).

Quadrant D represents an attribute that is considered less valuable by the patient, while the implementation is proper, so it seems excessive but is considered satisfactory. Attributes included in quadrant C are as follows: prescription services easy and straightforward, patients receive proof of payment of the drug, pharmacy staff dressed neatly, and there are television facilities in waiting room. The attributes contained in quadrant D do not need a

quality improvement strategy. Quadrant D is an attribute position that possesses low importance, high performance. This means that the quality or performance of the service attributes accordingly outperforms patient expectations so that it impacts on patient satisfaction. The attributes in this quadrant do not need to be increased. They are sufficiently maintained to encourage patient loyalty and patient interest in rehearsing purchases (Abalo et al., 2007) (Deng & Pierskalla, 2018).

3.6 Gap Analysis

The value of the gap will provide information about how much a pharmaceutical service attribute at Rawalumbu Hospital has fulfilled the expectations of its patients. Part of the resulting difference is negative, and the smaller the negative value, the better. The possibility of a positive gap is unusually slight. Gap analysis results presented in Table 5.

Table 5: Gap analysis between performance and Expectation Level on Attributes Quality of Pharmacy Services.

No	Average Performance	Average Expectations	Gap
1	3,15	3,54	-0,39
2	3,17	3,44	-0,27
3	3,18	3,59	-0,41
4	3,08	3,23	-0,15
5	3,18	3,59	-0,41
6	3,15	3,64	-0,49
7	2,48	3,29	-0,81
8	2,91	3,53	-0,62
9	2,83	3,46	-0,63
10	2,43	3,27	-0,84
11	2,55	3,40	-0,85
12	3,06	3,57	-0,51
13	2,87	3,43	-0,56
14	3,09	3,25	-0,16
15	3,29	3,65	-0,36
16	2,70	3,26	-0,56
17	2,58	3,31	-0,73
18	2,58	3,15	-0,57
19	3,20	3,29	-0,09
20	2,89	3,56	-0,67
21	2,68	3,49	-0,81
22	2,47	3,53	-1,06
23	3,08	3,37	-0,29
24	3,09	3,43	-0,34
25	2,45	2,91	-0,46
Average			-0,57

From table 5, it can be perceived that the attributes that contain the enormous gap are the quiet waiting room atmosphere (-1.06), pharmacists providing

satisfactory consulting services (-0.85), and officers responding to patient problems (-0.84). These attributes possess the deepest level of compatibility between patient expectations and the performance of the resulting service. These attributes must remain a priority for performance improvement. As for the attributes that contain the slightest gap represent the appearance of neat pharmacy personnel (-0.09), proof of payment of drugs given to them (-0.16), and prescription services that are not convoluted (-0.15) which means these attributes have the highest level of conformity between patient expectations and the performance of services produced by the hospital (Daniel & Berinyuy, 2010).

3.7 Evaluation of Time Dimensions of Drug Services

The time dimension in common is the drug service from the patient submitting a prescription until they receive the drug and drug information. Pharmaceutical service is mentioned to be useful if the length of the period the drug service from the patient submits the prescription until the patient receives the drug, and drug information is measured by time. Determination of the time dimension in drug service is intended so that patients feel comfortable and not wait for a long time (Kautsar, Nurhayati, & Gozali, 2017). Based on the RI Minister of Health Decree No. 129 of 2008 concerning Hospital Minimum Service Standards, indicators and standards of service in pharmacy for finished drugs \leq 30 minutes and formulated medicines \leq 60 minutes (Indonesian Ministry of Health., 2008). The process of receiving recipes and giving prices is done by administrative staff. The clerk receives a prescription from the patient, gives the serial number, checks the availability of drugs, performs a price calculation, and writes the price on the prescription. Most of the process of receiving recipes and giving the price of drugs takes 4 minutes (23.97%). This process uses a computer so that if the computer experiences an interruption, then this process will take about 1-9 minutes. In the payment process, the cashier calls the patient to make a payment and provides a payment receipt after the patient pays. This process is carried out by one cashier clerk who requires the skills and agility of officers to enter payment transactions into computers, print receipts, swipe cards, both credit cards or guarantee cards, and count money. Some of these processes took 4 minutes (23.98%). During the study period, researchers found that several respondents who made the payment process took up to 8 minutes. These respondents came from insurance

patients who, at the time, needed a long time due to technical constraints on the machine and waited for confirmation from the guarantor. The process of supplying and compounding medicine is carried out by two pharmacist assistants and a prescription interpreter. This process requires the knowledge of officers to determine the location of drugs along with substitute drugs if the medicines written on the prescription do not exist. Besides, it takes the skills and ability of officers in choosing and preparing concoction drugs. Most of the time of taking and compounding the drug is 10 minutes (16.96%), where the fastest time is 1 minute (7.02%), and the longest time is 13 minutes (2.34%). This process takes time because the staff needs to count the number of drugs to be mixed, wrap, or put the medicine into capsules one by one or put the mixture of medications into a container. Officers also need to see a list of guaranteed drugs and confirm to the doctor or patient if the prescribed drug is not available. The process of administering drug etiquette is carried out after the officer checks the suitability of the drug with the prescription. The observations showed that the majority of drug etiquette time was 2 minutes (31.58%), the fastest time was 1 minute (4.68%), and the longest time was 9 minutes (1.75%). This process requires the officers' skills in writing and sticking to drug labels, checking the compatibility of drugs with prescriptions, and making copies of medicines if needed. The process of drug delivery is carried out by the drug delivery officer. Officers bring drugs to the drug delivery counter, call the patient, check the suitability of the patient's identity with proof of payment receipt, and provide an explanation of the rules of use. The process of drug delivery takes 4 minutes (25.15%), with the fastest time is 1 minute (4.10%), and the longest time is 9 minutes (0.58%).

4 CONCLUSION

1. Importance and Performance Analysis results obtained 6 attributes whose roles are considered the most important but the patient has not felt satisfied performance, namely medicine is easy to get, opening hours of service on time, Medication services are well served when the patient asks for an explanation of the drug, the waiting room is clean, Seating in the lounge is comfortable, and the atmosphere of the waiting room is calm.
2. The results of the gap analysis showed that the attributes of the most significant gap were the attributes of a quiet waiting room atmosphere,

pharmacists providing satisfactory consulting services, and officers responding to patient problems.

3. The average serving of medicines has met the standards, according to the Indonesian Minister of Health No. 129/2008, which shows that the prepared recipe can be served in no more than 30 minutes, and the recipe for the concoction will be ready within 60 minutes.

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