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The Relationship of Quality of Pharmacy Services to Satisfaction Regular Outpatient Patients in the Hospital Pharmacy Installation Dr. Moewardi Surakarta with SWOT Analysis

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ABSTRACT

Pharmaceutical services cannot be separated from patient satisfaction where patient satisfaction is the "result" of the provision of health services, this can be understood as one of the objectives to improve the standard of pharmaceutical services and patient satisfaction with pharmaceutical services. the purpose of this study was to find out the correlation of pharmaceutical services with the level of satisfaction of regular outpatients at the Pharmaceutical Installation of Dr. Moewardi Surakarta Hospital with Swot analysis.. Data analysis was carried out by calculating pharmaceutical service indicators adjusted to the standard, then questionnaire data was tested for validity and reliability and analyzed bivariate then the results were analyzed by SWOT analysis to determine the grand strategy matrix, dispensing time, non-recombinant drugs 49.92 minutes, concocted drugs 19.04 minutes, completeness of PIO 72.5%, no incidence of medication error 100%. Respondents' perceptions of pharmaceutical service satisfaction are satisfied, and there is a relationship between the five dimensions of pharmaceutical services and outpatient satisfaction at the pharmaceutical installation of Dr. Moewardi Surakarta Hospital, the grand matrix of swot analysis strategies is in quadrant 1 so that Dr. Moewradi Hospital uses the S-O (Strenght- Opportunity) strategy

INTRODUCTION

Clinical pharmacy services, pharmaceutical preparations, medical equipment and consumable medical materials that are of high quality and can be accessed by all segments of society are important components of health services in hospitals, which are focused on patient care (Ministry of Health of the Republic of Indonesia, 2016). As an "outcome" of the health services provided, patient satisfaction becomes part of the goal of improving standards of care. The level of patient satisfaction is determined by how good they feel about the health care they receive after comparing it with their expectations (Irianto *et al*., 2020) Due to its dependence on personal perception, patient satisfaction is a very subtle and unpredictable outcome, the patient will be satisfied if the service meets the patient's expectations. Patients will feel unhappy if the hospital does not meet their expectations for the services they receive (Sulo *et al.,* 2019).

Hospitals are defined as health service facilities that provide individual health services with a comprehensive nature, including the provision of outpatient, inpatient and emergency services, based on Article 1 of Law Number 44 of 2009 concerning Hospitals. All health workers employed by hospitals are also required by law to comply with professional standards, relevant standard operating procedures, hospital service standards, professional ethics, respect for patient rights, and patient safety as a top priority, as stated in Article 12 and 13, Medical professionals, medical support professionals, nurses, pharmacists, hospital administrators, as well as non-healthcare people are examples of health workers (Togubu *et al.,* 2019).

Sulo Research *et al*. (2019) Considering the challenges faced in establishing hospital management regulations, pharmaceutical service operations have not been implemented as expected by the majority of pharmaceutical services in Indonesia. Research conducted by Megawati & Wardani (2017) The research findings were less than satisfactory regarding patient satisfaction services in pharmaceutical services at Klungkung Regional Hospital in 2016.

Based on the background of the research above, research on patient satisfaction in each hospital is needed to collect data on patient satisfaction. In order to provide more satisfying services to patients, hospitals are also able to use research findings to better understand their preferences and needs. The aim of this research is to determine the correlation between the level of patient satisfaction with pharmaceutical services at the outpatient pharmacy installation at Dr. Moewardi Regional Hospital, Surakarta.

RESEARCH METHODS

This research is a non-experimental research design *descriptive* observational and research instruments in the form of questionnaires that have been validated by collecting data manually *retrospective.* So the independent and dependent variables are measured at the same time. This research aims to find out the correlation between the quality of pharmaceutical services and outpatient satisfaction regular as well as implementing the Moewardi Hospital's pharmaceutical installation growth plan using the Swot method in 2023.

A. Research Tools and Materials

Tools that researchers use namely a questionnaire consisting of 23 questions with a measurement scale using a Likert scale, documents related to pharmaceutical services. In this research materials which is used is *inform consent* and questionnaires at the Dr. RSUD installation. Moewardi Surakarta.

B. Research Flow

1. Literature Review

   Before researching, the researcher carried out a literature review study first about outpatient service and patient satisfaction, research methods, the process of creating questionnaires and statistical methods used for data analysis.

2. Licensing

To start the research, the researcher asked for permission from the party involved concerned namely Setia Budi University College, Surakarta and submitted a proposal to the Dr. Hospital. Moewardi to ask for a letter *ethical clearance* and application for research permits.

3. Making Questionnaires

b. Questionnaire compiler. The preparation of this questionnaire consists of several reference journal publication. The researcher will provide a questionnaire and give directions to respondents to fill in the questionnaire to avoid errors in filling out the questionnaire.

c. Validation Test. The questionnaire validation test can be said to be valid if each statement item in the questionnaire can be used to explain something that will be measured in the questionnaire. For the validity test analysis, researchers used the SPSS version 25 program, namely the Pearson Product Moment technique by comparing the calculated r value with the r table. The r table value has a significance level of 5% (0.05) which is 0.361. (r table: 0.061 at n= 30 with α=0.05 and degrees of freedom (df)= n-2).

C. Research Considerations and Ethics

Ethics in carrying out this research is to first report, then provide an explanation regarding the aim and purpose of the research being carried out and also take care of applying for permission to conduct research to the hospital and asking for a consent form from the respondent.

D. Management Improvement Using the SWOT Method

SWOT analysis is obtained from data on indicators of pharmaceutical services and patient satisfaction, then a strategy is prepared based on these factors and placed in the meeting cell between internal factors and external factors, resulting in four strategy columns, namely the S-T strategy (*Strength-Threat*), S-O (*Strength-Oppotunity*), W-T (*Weakness-Threat*), from W-O (*Weakness-Opportunity*), then the results are linked to *balanced scorecard*.

E. Data Analysis

1. Univariate Analysis. Univariate analysis is used to describe each variable studied in the form of a frequency distribution
2. Bivariate Analysis. Bivariate analysis is an analysis in order to find out whether there is a relationship between the variables studied using statistical tests *chi square*
3. Validity test. Instrument validity is a measure of how accurately an instrument can provide data depending on the quantities actually measured. The validity test carried out on each question item in the questionnaire was measured using statistical analysis *Pearson Product Moment* with a confidence level of 95%. The significant test is carried out by comparing the calculated r value with the r table. Regarding this matter, n is the total sample and alpha 5% = 0.05. If the calculated r exceeds the r table and the value is positive then the questionnaire question items are categorized as valid and if the calculated r exceeds the r table it can be used for measurement in research. For the r table with 30 respondents it is 0.361 (Dominica *et al.*, 2016).
4. Reliability Test. After carrying out the validity of the questionnaire, continue checking the reliability. Reliability test is the durability of measuring instruments, measuring instruments used at different times and places. Reliable measurement requires some level of consistency and stability. If value *cronbach alpha* exceeds the r table, thus the questionnaire is reliable and can be used by researchers for research measurements. It is said to be reliable if it is not less than 0.60. (Dominica *et al*., 2016).

RESULTS AND DISCUSSION

Results Test Validity and Reliability Questionnaire

Table 1. Results Validity and Reliability Patient Satisfaction Questionnaire 5 Dimensions of Service Quality

No	Service Quality Question Items	*Pearson Correlation*	*Corrected item-total correlation*	*Cronbach's Alpha*	Status
1	*Tangibles* 1	0,643	0,420	0,763	*Valid, Reliable*
2	*Tangibles* 2	0,817	0,625	0,656	*Valid, Reliable*
3	*Tangibles* 3	0,747	0,542	0,705	*Valid, Reliable*
4	*Tangibles* 4	0,819	0,633	0,652	*Valid, Reliable*
5	*Reliability* 1	0,802	0,663	0,838	*Valid, Reliable*
6	*Reliability* 2	0,886	0,815	0,800	*Valid, Reliable*
7	*Reliability* 3	0,881	0,800	0,801	*Valid, Reliable*
8	*Reliability* 4	0,761	0,585	0,865	*Valid, Reliable*
10	*Reliability* 5	0,716	0,607	0,854	*Valid, Reliable*
11	*Responsiveness* 1	0,761	0,576	0,828	*Valid, Reliable*
12	*Responsiveness* 2	0,829	0,703	0,777	*Valid, Reliable*
13	*Responsiveness* 3	0,853	0,711	0,769	*Valid, Reliable*
14	*Responsiveness* 4	0,831	0,678	0,784	*Valid, Reliable*
15	*Assurance* 1	0,893	0,791	0,796	*Valid, Reliable*
16	*Assurance* 2	0,842	0,701	0,835	*Valid, Reliable*
17	*Assurance* 3	0,852	0,747	0,820	*Valid, Reliable*
18	*Assurance* 4	0,795	0,637	0,860	*Valid, Reliable*
19	*Empathy* 1	0,795	0,650	0,829	*Valid,*

No	Service Quality Question Items	*Pearson Correlation*	*Corrected item-total correlation*	*Cronbach's Alpha*	Status
					Reliable
20	*Empathy* 2	0,864	0,780	0,795	*Valid, Reliable*
21	*Empathy* 3	0,864	0,777	0,795	*Valid, Reliable*
22	*Empathy* 4	0,758	0,623	0,834	*Valid, Reliable*
23	*Empathy* 5	0,705	0,529	0,860	*Valid, Reliable*

Table 2. Validity and Reliability Test Results of the Patient Satisfaction Questionnaire (Expectations)

No	Service Quality Question Items	*Pearson Correlation*	*Corrected item-total correlation*	*Cronbach's Alpha*	Status
1	*Tangibles* 1	0,778	0,577	0,763	*Valid, Reliable*
2	*Tangibles* 2	0,909	0,831	0,643	*Valid, Reliable*
3	*Tangibles* 3	0,811	0,631	0,743	*Valid, Reliable*
4	*Tangibles* 4	0,668	0,434	0,826	*Valid, Reliable*

Based on tables 1 and 2, it shows that all the questions used as measuring tools for the 5 quality dimensions of patient satisfaction with pharmaceutical services and patient satisfaction for expectations are valid and reliable.The questionnaire said valid and reliable because of the results Corrected Item Total Correlation The five dimensions of work service quality and patient expectations have a correlation coefficient value of ≥ 0.361 and a Cronbach Alpha value of ≥ 0.6, which means the questionnaire can be used for research purposes.

Outcomes based on gender characteristics in outpatients regular In the pharmacy installation at Dr Moewardi Hospital, Surakarta, the highest percentage were male outpatients with 132 people (39.42%) and 212 women (60.58%). Gender often has an impact on a person's beliefs, men and women usually have different views, where women generally demand greater treatment than men, who usually give mediocre responses to the services they receive

(Merryani E. Oroh & Linnie Pondaag, 2014). Most of the age groups consist of outpatients aged 25-30 years amounting to 173 people (49.4%) and the smallest number are patients aged 41-45 years amounting to 21 respondents or equivalent (6%). An individual's perception and opinions are greatly influenced by the age aspect, because an individual's perception of a form of service delivery is formed from previous experience. The highest level of education characteristic is a high school education with 179 people (51.14%) and the least is a postgraduate education with 10 people (2.86%). The level of education is a factor that greatly influences the development of a person's perception and assessment of amatter. Education shows the level of intellectuality and knowledge of an individual (Mahendro et al., 2023).

The data on job characteristics held by outpatient respondents with the greatest value is for outpatients with private employment characteristics totaling 157 people amounting to (44.86%), and the lowest value for respondents with student employment characteristics totaling 13 people amounting to (3 .72%). An individual's job can also be influenced by the individual's perception and assessment of something, because each job has a different environment which of course provides opportunities to produce an assessment of something that is expected, this results in a high assessment of an individual regarding service quality. what he wants to get. So individuals who have jobs tend to have high expectations regarding the provision of pharmaceutical services that they will receive (Mahendro et al., 2023).

Data on the characteristics of the total visits of outpatient respondents at Dr Moewardi Hospital which had the largest total value was for visits 5-10 amounting to (70%), the total visits certainly greatly influenced the patient's knowledge and the experience that the patient had gained regarding the services provided by the home ill provide, especially in Pharmaceutical Services at the Outpatient Installation of Dr Moewardi Hospital Surakarta. According to research conducted by Mahendro (2023), with the increasing frequency of patient visits to health service facilities, patients tend to be more aware of the advantages and disadvantages of the services available in these health facilities. This makes patients understand more about the conditions and situations of services usually provided at this health facility (Mahendro et al., 2023).

Based on table 8, it shows the average level of drug availability at Dr. Moewardi Surakarta is 12.8 months with the standard value from the Indonesian Ministry of Health (2008) namely 12-18 months so it can be said to be efficient. According to research conducted by (Raya et al., 2018) with results worth 98.77% which can be categorized as good, that the level of availability of drugs is a biological product that is used in order to influence or investigate pathological or physiological or pathological systems in the context of prevention, healing, recovery and improving health for humans so that the level The availability of medicines in hospitals must be effective and efficient.

Table 3. Average Waiting Time for Prescription Service

Information	Amount	Standard value
Number of non-mixed recipes	208 recipes	Non-mixed recipe
Average time used	19.04 minutes	≤30 minutes
Number of recipes	142 recipes	Concoction recipe
Average time used	49.92 minutes	≤60 minutes

Based on the data in table 5, it shows the average length of waiting time for drug preparation (dispensing time) At the Pharmacy Installation of Dr. RSUD. Moewardi Surakarta for non-mixed recipes is 19.04 minutes/recipe sheet, and mixed recipes are 49.92 minutes/recipe sheet. Based on the Republic of Indonesia Minister of Health Regulation Number 129 of 2008 concerning Minimum Hospital Service Standards, in the pharmaceutical service standards related to waiting times it is stated that the standard waiting time for compounded prescription services is ≤ 60 minutes and for non-mixed medicines is ≤ 30 minutes. Average length of time for drug preparation (dispensing time) has met the standards of the Minister of Health, but the service for compounded medicines still takes longer compared to research (Gagola et al., 2020) entitled Measuring the Performance of Pharmaceutical Installations at the Liun Kendage Tahuna Regional Hospital with a Balanced Scorecard namely 39.48 minutes while for dispensing time Non-concocted drugs are faster than Gagola's (2020) research, namely 28.45 minutes.

The results of measuring the average waiting time for drug services in this study are longer when compared to Indrayanti's (2020) research entitled Performance Analysis in the Context of Preparing a Strategy Map Based on a Balanced Scorecard for the Pharmacy Installation of Airlangga Hospital Jombang with a waiting time for compounded drugs of 24 minutes and waiting time for medicines. non-mixed 18 minutes (Indrayanti et al., 2020). Research conducted by Agustina (2022) explains that the level of prescription service time in hospitals is influenced by the number of Human Resources (HR), this will affect the speed of prescription services and waiting times for medicines because the number of prescriptions received at outpatient pharmacy installations is very high. amount, length of work, human resources, employee knowledge, and workload also influence waiting time (Agustina and Lia., 2022).

Table 4. Medication Information Table

Information	Number of patients	Number of patients assigned	Percentage (%)
Medicine name	350	350	100
Drug dosage	350	350	100
Medicinal preparations	350	350	100
How to use	350	350	100
Indication	350	350	100
Side effects	350	3	0,8
How to save	350	24	6,7
Total			**72,5**

According to Minister of Health Regulation 72 of 2016, the ideal place for delivering drug information is in a separate room or PIO room which is equipped with communication tools and information sources, such as telephones and library books, but in the Pharmacy Installation at Dr. Moewardi Surakarta, providing drug information is still carried out at open drug delivery counters so that patient privacy cannot be guaranteed, due to the insufficient land area for the room. Another thing that was encountered during the research was that the length of time for providing drug information depended on the number of drug items and the patient's treatment pattern because patients with routine or repeated treatment patterns would receive drug information for longer to find out whether the drug given previously was still available and were given information regarding whether the drug was available or not. those given previously are continued or stopped, as well as to determine the progress of the patient's health related to previous treatment and there is interactive communication between the patient and the staff regarding the medication received. According to research by Iriyanti (2021), incomplete drug information usually occurs because the pharmacist/IFRS officer as the drug dispenser thinks that the patient has been educated by the doctor, and thus the pharmacist no longer provides information, in addition to the limited time due to prescriptions piling up during the hours. busy, which requires providing services as quickly as possible so that patient waiting times are not too long (Iriyanti et al., 2021).

Table 5. Distribution of Respondents' Answer Scores Regarding Service Quality in the Pharmacy Installation of Dr. RSUD. Moewardi Surakarta

Service Quality Question Items	**Number of Respondents Who Answered the Score**				**Total Shoes**	**Rate-Rata**	**Perdimensional Average**	**Perdimensional Category**
	City	**KP**	**P**	**SP**				
Tangibles 1	10	103	207	30	957	2,73	2,95	Less satisfied
Tangibles 2	4	80	223	43	1005	2,87		
Tangibles 3	0	34	223	93	1109	3,16		
Tangibles 4	1	33	226	90	1105	3,15		
Reliability 1	1	30	191	128	1146	3,27	3,18	damage
Reliability 2	0	30	201	119	1139	3,25		
Reliability 3	2	30	218	100	1116	3,18		
Reliability 4	4	48	230	68	1062	3,03		
Reliability 5	1	31	221	97	1114	3,18		
Responsiveness 1	4	50	223	73	1065	3,04	3,13	damage
Responsiveness 2	2	38	220	90	1098	3,14		
Responsiveness 3	3	28	219	100	1116	3,19		
Responsiveness 4	1	40	215	94	1102	3,15		
Assurance 1	1	21	236	92	1119	3,20	3,22	damage
Assurance 2	0	21	232	97	1126	3,22		
Assurance 3	0	16	238	96	1130	3,23		
Assurance 4	2	14	233	111	1142	3,26		
Empathy 1	1	34	195	96	1110	3,17	3,15	damage
Empathy 2	0	32	218	88	1106	3,16		
Empathy 3	0	28	231	104	1126	3,22		
Empathy 4	0	30	189	81	1101	3,15		
Empathy 5	1	41	219	69	1076	3,07		

Respondents' answers to pharmaceutical services at the Dr. RSUD pharmacy installation. Moewardi Surakarta on average is in the satisfied category starting from dimensions assurance, reliability, responsiveness and empathy while on dimensions tangible included in the dissatisfied category, because as many as 103 patients expressed dissatisfaction regarding the cleanliness and comfort of the waiting room in the outpatient pharmacy installation and as many as 80 people were dissatisfied with the uncomfortable seating, this was due to the waiting room and seating in the installation. pharmacy Dr. RSUD. Moewardi Surakarta is joined by a registration waiting room

and other polyclinics, so that patients queuing to collect medicines mostly don't get a seat and stand in front of the medicine collection counter. Research conducted by Raising (2019) with results analysis of the level of patient satisfaction with pharmaceutical services in hospitals shows that the

level of patient satisfaction with pharmaceutical services in hospitals in the reliability dimension is 75%, the empathy dimension is 74%, the direct evidence dimension is 69%, the responsiveness dimension is 68%, the assurance dimension is 63% from 5 categories including in the satisfied category (Raising, 2019).

Based on the results uji cji square in table 14 is obtained p of 0.00 and because the p value is 0.00 <0.05 which means there is a significant relationship between Tangible on patient satisfaction at Dr. Moewardi Surakarta. According to Megawati (2016) tangible (tangible) physical facilities that customers can directly feel. In his research, the cleanliness of the waiting room, the comfort of the chairs in the waiting room, the toilets that are easy to reach and clean and the location of the pharmacy installation which is close to each other are the satisfaction felt by patients while waiting for medicine. (Megawati et al., 2016).

Table 6. Uji Cji Square

No	*Reliability*	Patient Satisfaction								Total		P_{value}
		Very satisfied		What?		Quite satisfied		Not satisfied				
		f	%	f	%	f	%	f	%	n	%	
1	Very satisfied	82	23,4	6	1,7	0	0	0	0	88	25,2	0,00
2	What?	89	25,4	154	44	1	0,3	0	0	244	69,7	
3	Quite satisfied	1	0,3	17	4,9	0	0	0	0	18	5,1	
4	Not satisfied	0	0	0	0	0	0	0	0	0	0	
	Amount	172	49,1	177	50,6	1	0,3	0	0	350	100	

Based on the results uji cji square in table is obtained p of 0.00 and therefore the pvalue is 0.00<0.05 which means there is a significant relationship between Realibility on patient satisfaction at Dr. Moewardi Surakarta. Reliability (reliability): the ability to provide reliable and accurate services in pharmaceutical services is the provision of drug information by Megawati (2016), but in research at RSUD Dr. Moewardi Surakarta is still incomplete regarding the provision of drug information, especially in the sections on side effects and drug storage.

Table 7. Discussion Results Intenal Factor Analysis Strategy

Internal Factors (Strength)	**Weight**	**Rating**	**Score**
HR	0,10	4	0,4
Staff who are reliable in providing services	0,10	4	0,4
Drug availability is high	0,10	3	0,3
Waiting time according to standards	0,15	4	0,6
Improved customer-oriented services	0,05	3	0,15
Officers prioritize comfort and safety	0,10	4	0,4
Responsibilities of pharmacy staff in serving patients	0,05	4	0,2
Amount		**26**	**2,45**
Total			
Internal Factors (Weaknesses)	**Weight**	**Rating**	**Score**
The pharmacist's relationship with the patient	0,05	3	0,25
Facilities and infrastructure are not yet optimal	0,05	3	0,15
Providing drug information is incomplete	0,10	4	0,4

The waiting room is not comfortable	0,10	3	0,3
Lack of information sources for knowledge development	0,05	4	0,2
Amount		**17**	**1,2**
Total	**1,00**		**3,65**

IFAS internal factor analysis gets a strength score of 2.45 and a weakness score of 1.2 so the total IFAS matrix score is 3.65. Meanwhile, external factor analysis with EFAS gets an opportunity score of 2.25 and a threat score of 1.25 so the total EFAS score is 3. .50. Next is done *Strategic Factor analysis summary* to determine priority strategies based on the weighting values that have been analyzed by IFAS and EFAS.

CONCLUSION

Based on the results of research and observations regarding Pharmaceutical Services on Regular Outpatient Patient Satisfaction at the Dr. Hospital Pharmacy Installation. Moewardi Surakarta with four indicators of pharmaceutical services, namely and a pharmaceutical service satisfaction questionnaire, namely:

1. Level of drug availability, drug waiting time (*dispensing time*) and medication administration errors (*medication error*) already meets the standards, while for the completeness of providing drug information at the regular outpatient pharmacy installation at Dr. RSUD. Moewardi has not met the standards.
2. For the pharmaceutical service satisfaction questionnaire, the analysis results show that on average patients are satisfied with the dimensions *reliabilitas, responsiveness, assurance, emphaty* and feel dissatisfied there are dimensions *tangible* (conclusive evidence*)* for the patient expectations questionnaire, the results of data analysis showed that patients were very satisfied with the dimensions *reliability* (reliability) with an average score of 4 while for dimensions *tangibles, responsiveness*, *empathy* and *assurance* in the satisfied category with an average score of 3.2 regarding the services available at the Regular Outpatient Pharmacy Installation of the Dr. Pharmacy Installation. Moewardi Surakarta.
3. Data analysis results *chi square* with analysis results of 0.00<0.05, it shows that there is a relationship between the dimensions *tangible*, *reliability*, *responsiveness*, *assurance*, *empathy* on the satisfaction of regular outpatients at the Pharmacy Installation of RSUD Dr. Moewardi Surakarta.
4. Grand strategy matrix for Pharmacy Installation at Dr. Moewardi Surakarta based on the results of the SWOT analysis is in quadrant 1 which means S-O (*Strenght – Opportunity*) namely the hospital utilizes all the strengths of internal factors to seize or take advantage of opportunities.

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