Jurnal Eduhealth
Volume 15 , Number 03, 2024, DOI 10.54209/eduhealth.v15i03
ESSN 2808-4608 (Online)
https://ejournal.seaninstitute.or.id/index.php/healt

The Influence of Pharmacy Officer Performance on Service Quality and Its Implications for Patient Satisfaction at the Regional Health Center of Pulang Pisau Regency, Central Kalimantan

[1]Kiki Sulistini, [2]Rindu
[1,2]Prodi Magister Kesehatan Masyarakat, Fakultas Ilmu Kesehatan, Universitas Indonesia Maju

Article Info
Keywords:
Performance,
Quality of Health Services,
Patient Satisfaction

ABSTRACT
Puskesmas is an operational entity that functions as a center for health development. Community health centers must prioritize the quality of health services, including ensuring accessibility and costs of treatment through pharmaceutical services. There are several obstacles that hinder the implementation of patient-centered pharmaceutical services, resulting in poor performance and reduced service quality. These obstacles include: 1) Excessive workload, 2) Insufficient drug supplies, 3) Inadequate availability of pharmacists, 4) Ambiguous guidelines for carrying out these activities, and 5) Limited communication with doctors and other health workers. This research was conducted at the Pulang Pisau Regency Regional Health Center, Central Kalimantan with the aim of analyzing the performance of pharmacy officers on the quality of health services. The research was conducted from October 2023 to February 2024 using a mix method, namely a combination of qualitative and quantitative methods in the form of descriptive analytics with a cross sectional study design. Data collection was carried out through interviews and questionnaires. Data analysis was carried out using qualitative and quantitative methods. Univariate and bivariate analyzes were performed, and the chi-square statistical test was used. The analysis was carried out using SPPS version 25. It is hoped that the results of this research can become program policy recommendations in an effort to improve the quality of health services to the community through improving the performance of pharmacy staff which has an impact on patient satisfaction.

Corresponding Author:
Kiki Sulistini
Prodi Magister Kesehatan Masyarakat, Fakultas Ilmu Kesehatan, Universitas Indonesia Maju
kikipsdk@gmail.com

INTRODUCTION

Government efforts to provide health services to the public are inherently linked to the important role played by community health centers[1]. The Community Health Center is an operational body that functions as a center for health development, community involvement in the health sector, and a primary health care facility. Community Health Centers operate in a comprehensive, integrated and sustainable manner within a particular community. From the perspective of the health service system in Indonesia, Community Health Centers play an

Jurnal Eduhealth
Volume 15 , Number 03, 2024, DOI 10.54209/eduhealth.v15i03
ESSN 2808-4608 (Online)
https://ejournal.seaninstitute.or.id/index.php/healt

important and primary role in providing health services[2].

Community Health Centers must prioritize the quality of their health services, especially ensuring accessibility and cost of treatment through pharmaceutical services[3]. Pharmacological services include providing pharmacological preparations directly and responsibly to patients, with the aim of achieving certain results that improve the patient's quality of life[4]. Pharmaceutical services at Community Health Centers are an integral part of implementing various health initiatives and play an important role in improving the quality of health services for the community. Pharmaceutical services provided at the Community Health Center must be able to facilitate the three main functions of the Community Health Center, namely to encourage health-oriented development, empower the community, and function as a primary health facility that provides individual and community health services.[5].

Apart from service quality which is influenced by the performance of pharmacy officers, things that influence the performance of pharmacy officers include individual variables (age, education, length of service), organizational variables (compensation, feedback, working conditions), and psychological variables. (motivation)[9]. Another factor that influences pharmacists' performance is the professional obstacles they face. Pharmacists are expected to strive to improve their professionalism to meet society's increasing demands for high-quality services[9]. The reason for prioritizing higher quality is that it leads to lower error rates, reduced customer dissatisfaction, reduced need for inspection and testing, increased production capacity, significant cost impacts, and typically lower costs. Therefore, Health Centers are expected to improve the quality of their services to achieve these goals.[10]

In evaluating the quality of this service, one important factor is the level of patient satisfaction. This is because assessing patient/customer satisfaction is seen as the main measure of service quality. This shows whether the service meets customer standards and expectations or not.[8]Consumer satisfaction includes emotions of pleasure or displeasure that come from a comparison between the expected results and the actual results achieved. The level of patient satisfaction directly influences the likelihood of an individual choosing to return to the same health facility.[6]Therefore, it can be said that the quality of services provided by Community Health Centers has the potential to influence patient satisfaction. If the service a patient receives exceeds their expectations, this will increase patient satisfaction.[11]

There are several obstacles that hinder the implementation of patient-centered pharmaceutical services, which lead to poor performance and low quality of service, which ultimately affects patient satisfaction. These obstacles include: (1) excessive workload; (2) lack of pharmaceutical personnel; (3) unclear pharmacy practice guidelines; (4) limited communication with doctors and other health workers; (5) inadequate drug supplies; (6) obstacles in counseling the patient being accompanied.[13]Other problems that are often encountered regarding the quality of pharmaceutical services include: (1) long waiting times for taking medication; (2) the officers' lack of friendliness; and (3) lack of efforts by officers to disseminate information regarding drug use. These problems are not in line with the main objectives of pharmaceutical services as outlined by the Indonesian Ministry of Health in 2004, namely the implementation of communication, dissemination of information and

Jurnal Eduhealth
Volume 15 , Number 03, 2024, DOI 10.54209/eduhealth.v15i03
ESSN 2808-4608 (Online)
https://ejournal.seaninstitute.or.id/index.php/healt

education.[14]

Apart from the problems above, based on the results of the researcher's interview with one of the informants regarding the performance of pharmacy officers at the Community Health Center, it is known that:

"If you ask about the performance of pharmacy officers, this is not yet optimal, because the number of pharmacy officers at this Community Health Center is limited, so their workload is high."

Another informant expressed a different thing regarding the performance of the pharmacy staff at his Community Health Center, he stated that:

"I think the performance of pharmacy staff so far has been quite good in supporting the daily operational activities of the Community Health Center to serve the community."

Based on the results of the interview above, it is known that one informant stated that the performance of the officers was not optimal due to a lack of pharmaceutical personnel, while another informant expressed a different statement stating that the performance of the pharmaceutical officers was quite good in supporting the daily operational activities of the Community Health Center.

The performance of Community Health Center pharmacy officers in this study was measured based on the results of performance assessments conducted through interviews with the Head of the Community Health Center as the informant in this study. Meanwhile, service quality indicators can be measured using indicators which include: (1) reliability; (2) responsiveness; (3) guarantee (assurance); (4) empathy (empathy); and (5) appearance (tangibles)[14]. Next, consumer satisfaction indicators can be measured using indicators: (1) access to health services; (2) health service system; and quality of health services[11].

Based on the information provided, it is necessary to evaluate the performance of pharmaceutical staff in terms of service quality and its impact on patient satisfaction. Therefore, it is hoped that the results of this research can provide program policy suggestions aimed at increasing patient satisfaction through improving the quality of services to the community and improving the performance of pharmaceutical personnel. This research aims

METHODS

The research design used was a mixed methods approach. According to Creswell, mixed methods research is a study approach that involves collecting quantitative and qualitative data, combining both types of data, and using a variety of designs that can combine philosophical assumptions and theoretical frameworks.[15]A qualitative design in this study was used to measure the performance assessment of pharmacy officers. Meanwhile, quantitative designs are used to measure service quality and patient satisfaction. This research uses a quantitative design that utilizes descriptive analysis and a cross-sectional research design. Researchers make momentary observations or measurements of variables, which means that the subject is observed only once. Independent and dependent variables are measured during data examination or assessment.

The informants in this study to measure the performance assessment of pharmacy

Jurnal Eduhealth
Volume 15 , Number 03, 2024, DOI 10.54209/eduhealth.v15i03
ESSN 2808-4608 (Online)
https://ejournal.seaninstitute.or.id/index.php/healt

officers were all Heads of Community Health Centers in the Pulang Pisau Regency, Central Kalimantan, totaling 12 informants, Heads of Community Health Centers. Furthermore, the population to fill out the service quality and patient satisfaction questionnaire was patients at the Pulang Pisau Regency Regional Health Center, Central Kalimantan, totaling 2,490 people. This population size is based on the number of patients/Puskesmas visitorsin February 2024. Sampling used an accidental sampling technique for patients who were receiving pharmaceutical services. The sample size was calculated using the Slovin formula.

$$n = \frac{N}{1 + Ne^2}$$

Information:

n : Number of samples

N : Total population

e : Percentage of tolerance limits (*margin of error*) 10%

$$n = \frac{N}{1 + Ne^2}$$

$$n = \frac{2.490}{1 + 2.490\ (0{,}1)^2}$$

$$n = \frac{2.490}{1 + 2.490\ (0{,}01)}$$

$$n = \frac{2.490}{1 + 24{,}9}$$

$$n = \frac{2.490}{25{,}9}$$

$n = 96,13$ →rounded to 96

Thus, the number of patient samples in this study was 96 patients/Puskesmas visitors. The inclusion criteria set were patients who were receiving pharmaceutical services at the Pulang Pisau District Health Center, Central Kalimantan, and the patient could read and write. Meanwhile, the exclusion criterion is that the patient is not willing to become a research respondent.

This research was carried out for 5 months, namely from October 2023 to March 2024, which was divided into 3 stages, namely: (1) preparation stage, starting from writing a proposal; (2) data collection stage, namely collecting data in the field by distributing questionnaires to research respondents; (3) final stage, including analysis of research data, preparation of final reports and recommendations. The data collected in this research includes data on the performance of pharmacy staff which was collected based on interviews, as well as data on service quality and patient satisfaction which was collected through filling out questionnaires.

The data that has been obtained is checked to ensure that everything necessary has been collected. Next, the data undergoes a sequential process in the form of coding, entering,

Jurnal Eduhealth
Volume 15 , Number 03, 2024, DOI 10.54209/eduhealth.v15i03
ESSN 2808-4608 (Online)
https://ejournal.seaninstitute.or.id/index.php/healt

cleaning and data analysis. Data analysis involved qualitative methods to describe chemist performance evaluations. In addition, univariate and bivariate analyzes were carried out using the chi-square statistical test to assess the impact of service quality on patient satisfaction. This analysis was carried out using Microsoft Excel 2013 and IBM SPSS Statistics version 25.0.

Table 1. Operational Definition

Variable	Operational Definition	How to Measure	Category/Value
Performance of Pharmacy Officers	Work results/achievements of officers in carrying out pharmaceutical duties at the Community Health Center.	Interview	➢ Not good ➢ Not good ➢ Pretty good ➢ Good ➢ Very good

Variable	Operational Definition	Indicator	How to Measure	Category/Value	Scale
Service Quality	The quality of the implementation of pharmaceutical services provided by pharmacy officers at the Community Health Center to the community.	1. Reliability 2. Responsiveness (responsiveness) 3. Guarantee (assurance) 4. Empathy (empathy) 5. Display (tangibles)	Filling out the Questionnaire	➢ Dissatisfied: 0% - 20% ➢ Dissatisfied: 21% - 40% ➢ Fairly Satisfied: 41% - 60% ➢ Satisfied: 61% - 80% ➢ Very Satisfied: 81% - 100%	Ordinal
Patient Satisfaction	The patient's feelings of satisfaction or dissatisfaction in receiving the services provided by pharmacy staff at the Community Health Center when seeking treatment.	1. Access health services 2. Health care system 3. Quality of health services	Filling out the Questionnaire	➢ Dissatisfied: 0% - 20% ➢ Dissatisfied: 21% - 40% ➢ Fairly Satisfied: 41% - 60% ➢ Satisfied: 61% - 80% ➢ Very Satisfied: 81% - 100%	Ordinal

RESULT

Researchers conduct research in the regionPulang Pisau Regency, Central Kalimantanby collecting research data through interviews and distributing questionnaires. The informants

Jurnal Eduhealth
Volume 15 , Number 03, 2024, DOI 10.54209/eduhealth.v15i03
ESSN 2808-4608 (Online)
https://ejournal.seaninstitute.or.id/index.php/healt

taken in the interviews were 12 heads of community health centers. while the respondents taken in the questionnaire were 96 patients/visitors to Community Health Centers in the regionPulang Pisau Regency, Central Kalimantan.

Researchers analyzed the performance of pharmacy staff qualitatively, while analyzing service quality on patient satisfaction using univariate and bivariate analysis. Univariate analysis is a data analysis technique that examines each variable individually, without considering its relationship with other variables.[16]Univariate analysis in this study was based on questionnaire answers regarding service quality and patient satisfaction at the Pulang Pisau District Health Center, Central Kalimantan, as well as the characteristics of the respondents. Bivariate analysis was carried out to test the relationship between two variables, namely the independent variable and the dependent variable.[16]This research uses the chi square test. The chi square test was used to test the relationship between service quality and patient satisfaction at Community Health Centers in the Pulang Pisau Regency area, Central Kalimantan.

Informant Characteristics for Pharmacy Officer Performance Variables

a. By Gender

Table 1 CharacteristicsInformantBy Gender

		Gender			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Man	7	7.3	58.3	58.3
	Woman	5	5.2	41.7	100.0
	Total	12	12.5	100.0	

Characteristics of informants based on gender, there are more male informants, namely 7 people or 58.3% compared to female informants, namely 5 people or 41.7%.

b. By Age

Table 2 Characteristics of Informants Based on Age

		Age			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	> 50 Years	12	100.0	100.0	100.0
Total		12	100.0		

The characteristics of the informants based on age are that all informants, namely 12 people or 100% are over 50 years old.

c. Based on Marital Status

Table 3 Characteristics of Informants Based on Marital Status

		Marital status			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Marry	12	100.0	100.0	100.0
Total		12	100.0		

The characteristics of informants based on marital status are that all 12 informants or

Jurnal Eduhealth
Volume 15 , Number 03, 2024, DOI 10.54209/eduhealth.v15i03
ESSN 2808-4608 (Online)
https://ejournal.seaninstitute.or.id/index.php/healt

100% of them are married.

d. ased on Last Education

Table 4 CharacteristicsInformantBased on Last Education

		Last education			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	D3/S1	7	58.3	58.3	58.3
	S2/S3	5	41.7	41.7	100.0
	Total	12	100.0	100.0	

Characteristics of informants based on their latest education, there are more informants with a D3/S1 education, namely 7 people or 58.3% compared to informants with a Masters/S3 education, totaling 5 people or 41.7%.

e. Based on Work Period

Table 5 CharacteristicsBased InformantYears of service

		Years of service			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	> 15 years	12	100.0	100.0	100.0
Total		12	100.0		

The characteristics of the informants are based on their length of service, namely that all 12 informants or 100% have worked more than 15 years.

Respondent Characteristics for Service Quality and Patient Satisfaction Variables

a. By Gender

Table 6 Characteristics of Respondents Based on Gender

		Gender			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Man	48	50.0	50.0	50.0
	Woman	48	50.0	50.0	100.0
	Total	96	100.0	100.0	

Respondent characteristics were divided based on gender, namely 48 male respondents and 48 female respondents, each representing 50% of the total.

b. By Age

Table 7 Characteristics of Respondents Based on Age

		Age			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<21 Years	16	16.7	16.7	16.7
	21-30 Years	16	16.7	16.7	33.3
	31-40 Years	17	17.7	17.7	51.0
	41-50 Years	28	29.2	29.2	80.2
	>50 Years	19	19.8	19.8	100.0
	Total	96	100.0	100.0	

Jurnal Eduhealth
Volume 15 , Number 03, 2024, DOI 10.54209/eduhealth.v15i03
ESSN 2808-4608 (Online)
https://ejournal.seaninstitute.or.id/index.php/healt

Among the respondent demographics, the most numerous were in the following age groups: 41–50 (28 respondents, or 29.2% of the total), 50+ (19 respondents, or 19.8%), 31–40 (17 respondents, or 17.7% of the total), and 21–30 (16 respondents, or 16.7% of the total).

c. Based on Marital Status

Table 8 CharacteristicsRespondentBased on Marital Status

		Marital status			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Marry	45	46.9	46.9	46.9
	Not married yet	51	53.1	53.1	100.0
	Total	96	100.0	100.0	

The characteristics of respondents based on marital status were that the majority of respondents were unmarried, namely 51 people or 53%, while those who were married were 45 people or 46.9%.

d. Based on Last Education

Table 9 CharacteristicsRespondents Based on Last Education

		Last education			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	elementary school	18	18.8	18.8	18.8
	JUNIOR HIGH SCHOOL	19	19.8	19.8	38.5
	SENIOR HIGH SCHOOL	13	13.5	13.5	52.1
	D3/S1	21	21.9	21.9	74.0
	S2/S3	25	26.0	26.0	100.0
	Total	96	100.0	100.0	

Characteristics of respondents based on their latest education, there were more respondents with a Master's/S3 education, namely 25 people or 26%, then respondents with a D3/S1 education, 21 respondents or 21.9%, then 13 people from high school or 13.5%, then 19 people from junior high school. or 19.8% and at least 18 elementary school graduates or 18.8%.

Qualitative Analysis of Pharmacy Officer Performance

a. Service Quality (Performance of pharmacy staff at the Community Health Center in providing services to patients)

Some informants considered that the performance of the pharmacy officers was good, this was reflected in the interview results on the question of what the informants thought was the performance of the pharmacy officers at this community health center in providing services to the community. Some of the answers given are as follows:

"I assess the performance of the pharmacy staff at this community health center as

Jurnal Eduhealth
Volume 15 , Number 03, 2024, DOI 10.54209/eduhealth.v15i03
ESSN 2808-4608 (Online)
https://ejournal.seaninstitute.or.id/index.php/healt

good. They have done a good job in providing services to the community. Although there are still some areas that can be improved, overall, they have done their job well."
"I assess the performance of the pharmacy staff at this puskesmas as good. Although there is room for improvement, they have provided a good service to the community. I hope they continue to improve their performance to reach higher standards."

b. Reliability (Reliability of pharmacy staff in handling drug requests from patients)
Most informants stated that the reliability of pharmacy staff was in the good category. This can be seen from the interview results on the question of how the informant assesses the reliability of pharmacy staff in handling requests for medicines from patients or the public. The answers obtained are as follows:
"The reliability of pharmacy staff in handling drug requests from patients or the public is very satisfying. Although sometimes there are delays in service, in general, they have been able to handle medication requests well."

c. Responsiveness (level of responsiveness of pharmacy staff in providing information and solutions to patient questions or complaints)
The responsiveness of health pharmacists is also of good value, which can be seen from the informant's answer to the question of what the informant thinks is the level of responsiveness of pharmaceutical officers in providing information and solutions to patient questions or complaints. Some of the answers given are as follows:
"I rate the level of responsiveness of pharmacy staff in providing information and solutions to patient questions or complaints as good. they always strive to provide satisfactory service to patients."
"The responsiveness of pharmacy staff in providing information and solutions to patient questions or complaints is quite adequate. Although it sometimes takes a little time to respond, overall, they have been able to provide satisfactory answers for patients."

d. Evaluation (Evaluation of the ability of pharmacy staff to maintain the cleanliness and tidiness of the pharmacy area at the Community Health Center)
The results of the evaluation of the pharmacy staff were also very good, this was reflected in the answer to the question of how the informants evaluated the ability of the pharmacy staff to maintain the cleanliness and tidiness of the pharmacy area at the community health center. Some of the answers given are as follows:
"I assess the ability of pharmacy staff to maintain the cleanliness and tidiness of the pharmacy area at this health center as very good. They consistently keep the pharmacy area clean and tidy, ensuring a sterile and safe environment for patients."
"My evaluation of the ability of pharmacy staff to maintain the cleanliness and tidiness of the pharmacy area at this community health center is very satisfactory. They did a pretty good job on this."

e. Compliance (level of compliance of pharmaceutical staff with pharmaceutical procedures and applicable regulations)
Pharmacy officers are considered compliant, this is reflected in the answer to the question what according to the informant is the level of compliance of pharmacy officers

Jurnal Eduhealth
Volume 15 , Number 03, 2024, DOI 10.54209/eduhealth.v15i03
ESSN 2808-4608 (Online)
https://ejournal.seaninstitute.or.id/index.php/healt

with pharmaceutical procedures and applicable regulations. The answer obtained is:
"Pharmacy staff's compliance with pharmaceutical procedures and applicable regulations is considered very good. They understand the importance of compliance with these procedures and regulations, and always strive to comply with the standards that have been set."
"Pharmacy staff's compliance with pharmaceutical procedures and applicable regulations is quite satisfactory. They generally comply with established standards."

Univariate Analysis

a. Service Quality

1) Reliability indicators (reliability)

Table 10 Reliability Indicators (*Reliability*)

		Reliability			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	45	46.9	46.9	46.9
	Strongly agree	51	53.1	53.1	100.0
	Total	96	100.0	100.0	

Respondentmost stated that they strongly agreed withreliability(*reliability*) service qualitynamely 51 respondents or 53.1%, while those who agreed were 45 people or 46.9%. There were no respondents or 0% who said they did not agree, disagree and strongly disagree.

2) Responsiveness indicators (responsiveness)

Table 11 IndicatorsResponsiveness (Responsiveness)

		Responsiveness (responsiveness)			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	42	43.8	43.8	43.8
	Strongly agree	54	56.3	56.3	100.0
	Total	96	100.0	100.0	

Respondentmost stated that they strongly agreed withresponsiveness (responsiveness) of service qualitynamely 54 respondents or 56.3%, while those who agreed were 42 people or 53.8%. There were no respondents or 0% who said they did not agree, disagree and strongly disagree.

3) Guarantee indicators (assurance)

Table 12 IndicatorsGuarantee (Assurance)

		Guarantee (assurance)			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	45	46.9	46.9	46.9
	Strongly agree	51	53.1	53.1	100.0
	Total	96	100.0	100.0	

Respondentmost stated that they strongly agreed withguarantee (assurance) of service qualitynamely 51 respondents or 53.1%, while those who agreed were 45 people or

Jurnal Eduhealth
Volume 15 , Number 03, 2024, DOI 10.54209/eduhealth.v15i03
ESSN 2808-4608 (Online)
https://ejournal.seaninstitute.or.id/index.php/healt

46.9%. There were no respondents or 0% who said they disagree, disagree and strongly disagree.

4) Empathy indicators (empathy)

Table 13 IndicatorsEmpathy (Empathy)

		Empathy (empathy)			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	55	57.3	57.3	57.3
	Strongly agree	41	42.7	42.7	100.0
	Total	96	100.0	100.0	

Respondentmost people agree withempathy (empathy) service qualitynamely 55 respondents or 57.3%, while 41 people or 42.7% said they strongly agreed. There were no respondents or 0% who said they disagree, disagree and strongly disagree.

5) Display indicators (tangibles)

Table 14 Indicator Display (Tangibles)

		Display (tangibles)			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	45	46.9	46.9	46.9
	Strongly agree	51	53.1	53.1	100.0
	Total	96	100.0	100.0	

Respondentmost stated that they strongly agreed withdisplay (tangibles) of service qualitynamely 51 respondents or 53.1%, while those who agreed were 45 people or 46.9%. There were no respondents or 0% who said they disagree, disagree and strongly disagree.

b. SatisfactionPatient

1) Indicatoraccess to health services

Table 15 Indicator Access to Health Services

		Access health services			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Good	70	72.9	72.9	72.9
	Very good	26	27.1	27.1	100.0
	Total	96	100.0	100.0	

Respondentmost stated very well withservice accesshealth, namely 70 respondents or 72.9%, while those who said they were good were 26 people or 27.1%. There were no respondents or 0% who said it was quite good, not good and very not good.

2) Health care system indicators

Table 16 Indicator Health Care System

		Health care system			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Enough	12	12.5	12.5	12.5
	Good	60	62.5	62.5	75.0

Jurnal Eduhealth
Volume 15 , Number 03, 2024, DOI 10.54209/eduhealth.v15i03
ESSN 2808-4608 (Online)
https://ejournal.seaninstitute.or.id/index.php/healt

Health care system					
		Frequency	Percent	Valid Percent	Cumulative Percent
	Very good	24	25.0	25.0	100.0
	Total	96	100.0	100.0	

Respondentmost said they were good withservice systemhealth, namely 60 respondents or 62.5%, 12 respondents or 25% said it was very good, while 12 people said it was quite good or 12.5%. There were no respondents or 0% who said it was not good or very bad

3) Health service quality indicators

Table 17 Indicator Quality of Health Services

Quality of health services					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Enough	12	12.5	12.5	12.5
	Good	67	69.8	69.8	82.3
	Very good	17	17.7	17.7	100.0
	Total	96	100.0	100.0	

Respondentmost said they were good withservice qualityhealth, namely 67 respondents or 68.9%, 17 respondents or 17.7% said it was very good, while 12 people said it was quite good or 12.5%. There were no respondents or 0% who said it was not good or very bad.

Bivariate Analysis

Table18 Chi Square

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	36.354a	2	,000
Likelihood Ratio	28,604	2	,000
Linear-by-Linear Association	25,562	1	,000
N of Valid Cases	96		

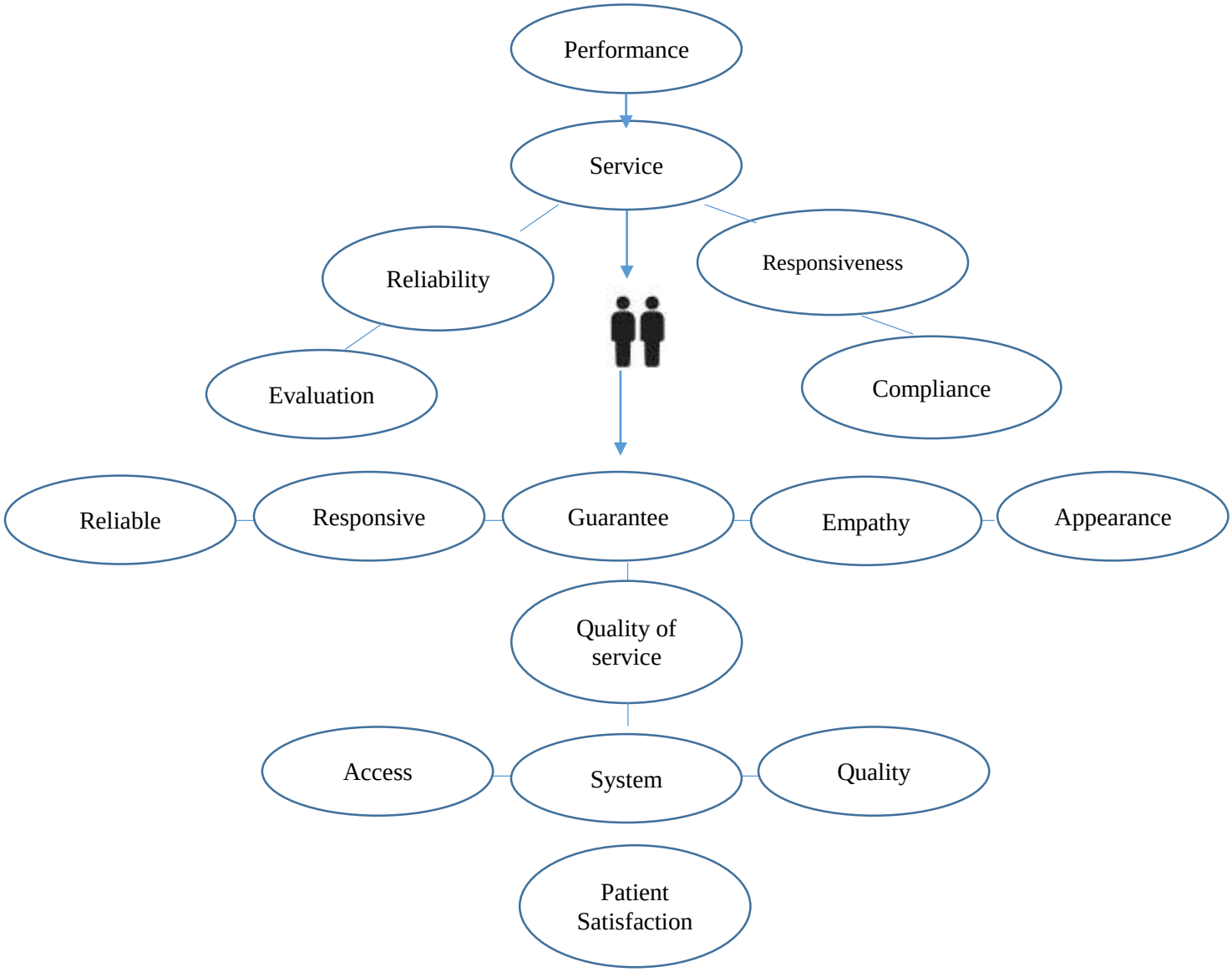
a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 1.63.

The Chi Square test results show a significance value of 0.000 <0.05. These results indicate that there is a relationship between service quality and patient satisfaction.

Discussion

Interviews with pharmacy employees and surveys measuring service quality and patient happiness generated the data used for this study. The following image was created by academics after analyzing data from this study:

Jurnal Eduhealth
Volume 15 , Number 03, 2024, DOI 10.54209/eduhealth.v15i03
ESSN 2808-4608 (Online)
https://ejournal.seaninstitute.or.id/index.php/healt



Based on the picture above, the results of this research show that the performance of pharmacy officers is related to service quality. The good performance of pharmacy staff will mean that the quality of service is assessed as good by patients/the public. Performance is driven by factors: (1) service quality; (2) reliability; (3) responsiveness, (4) evaluation; and (5) compliance. At the same time, there are five components to high-quality healthcare: (1) reliability, (2) timeliness, (3) certainty, (4) empathy, and (5) physical assets. Access to health services, the health care system, and the quality of health services are three components that contribute to patient happiness.

In relation to the performance of Pharmacy Officers, service quality is demonstrated by the ability of pharmacy officers to carry out technical tasks related to pharmaceutical services, such as dispensing drugs, monitoring side effects, and providing drug information. In the aspect of reliability, it shows the willingness to take initiative, perseverance in completing

Jurnal Eduhealth
Volume 15 , Number 03, 2024, DOI 10.54209/eduhealth.v15i03
ESSN 2808-4608 (Online)
https://ejournal.seaninstitute.or.id/index.php/healt

tasks, and the effort given in providing good service to customers. In the aspect of responsiveness, showing the ability of pharmacy staff to communicate with patients or customers, whether in providing drug information, explaining dosages, or answering health-related questions, is a very important right. Meanwhile, in terms of evaluation, it shows the role of superiors in providing guidance, supervision and leadership that supports improving the performance of pharmaceutical officers. The compliance aspect shows the level of compliance of officers in implementing services to patients.

The factors above influence the quality of service in terms ofreliability, namely consistently providing services in accordance with established standards, including the availability of medicines and accurate information. Then responsiveness is being able to respond to patient needs and requests quickly and effectively, such as friendly service and responsiveness to complaints or questions. Furthermore, in the assurance aspect, it shows that the services provided are safe, of high quality and in accordance with applicable standards, including the safe use of medicines. Then it will give rise to empathy, namely being able to understand and feel the patient's feelings and needs, as well as providing appropriate emotional support. Lastly, the appearance (tangibles) where the physical aspects of the service, including cleanliness, orderliness, and the facilities available at the pharmacy or health service center are also good. The quality aspect of health services also has an impact on patient satisfaction in terms of access to health services, the health service system, and the quality of health services where patients feel satisfied.

When the performance of pharmacy staff improves in aspects such as those above, this tends to influence improvements in aspects of health service quality such as reliability, responsiveness, assurance, empathy and appearance. A close relationship between these two sets of indicators is important to ensure quality and satisfying health services for consumers. Research with similar findings was conducted by researchers named Nurul Hidayah, Muhardi, and Sri Suwarsih in 2022 with the title "The Influence of Dentist Performance on Service Quality and the Implications for Patient Satisfaction."

CONCLUSIONS

The study found that the level of care patients received was greatly influenced by how well chemists did their jobs. Reliability, responsiveness, assurance, empathy and attractiveness are just a few of the areas where a chemist's performance impacts the quality of service. As a result, service quality can be improved by focusing on improving chemist efficiency. Improving service quality will result in happier patients due to the strong correlation between the two. Recommendation: Employee training and development, namely providing regular training to pharmacy officers to improve technical, communication, team management and other relevant skills. This can be done through in-house training, seminars, or courses organized by educational institutions or health professionals. Supervision and performance management, namely implementing an effective supervision and performance management system to monitor and evaluate the performance of pharmacy staff on a regular basis. This includes regular performance appraisals, feedback from patients or customers, and rewards

or incentives for good performance. Improved communication, namely encouraging effective communication between pharmacy staff and patients, so as to increase patient satisfaction. This includes training in empathetic and effective communication, as well as facilitating easy access for patients to ask questions or provide feedback. Measuring and monitoring service quality, namely carrying out routine monitoring of aspects of health service quality, including patient satisfaction, to identify areas that require improvement or change. Thus, appropriate corrective measures can be adopted to improve service quality.

REFERENCES

(1) Sanah N. Pelaksanaan Fungsi Puskesmas (Pusat Kesehatan Masyarakat) Dalam Meningkatkan Kualitas Pelayanan Kesehatan di Kecamatan Long Kali Kabupaten Paser. eJournal Ilmu Pemerintah. 2017;5(1):305–14.
(2) Asmi AS, Haris A. Analisis Kinerja Petugas Kesehatan Terhadap Mutu Pelayanan Kesehatan Kepada Masyarakat. J Ilm Kesehat Sandi Husada. 2020;9(2):953–9.
(3) Ihsan S, Nuralifah N, Jabar A, Sabarudin S, Sonaru F, Ramadhan R. Evaluasi Mutu Pelayanan Kefarmasian di Puskesmas Seluruh Kota Kendari. J Farm Dan Ilmu Kefarmasian Indones. 2021;8(2):107–16.
(4) Musdalipah, Saehu MS, Asmiati. Analisis Pelayanan Kefarmasian di Puskesmas Tosiba Kabupaten Kolaka. War Farm. 2017;6(2):23–31.
(5) Peraturan Menteri Kesehatan RI. Peraturan Menteri Kesehatan RI Nomor 74 Tahun 2016 Tentang Standar Pelayanan Kefarmasian Di Puskesmas. Jakarta: Kementerian Kesehatan RI; 2016.
(6) Warnida H, Pertiwi SP, Syamsul ES. Kinerja Dan Mutu Pelayanan Kefarmasian Di Puskesmas Baqa Di Kota Samarinda. J Ilm Manuntung [Internet]. 2021;7(2):150–7. Available from: http://jurnal.akfarsam.ac.id/index.php/jim/article/view/447
(7) Suprapto. Relationship Between Satisfaction With Nurse Work Performance In Health Services In Hospitals. Indian J Public Heal Res Dev. 2019;10(10).
(8) Reihana E, Saputri GAR, Nofita. Analisis Kepuasan Pasien Pada Pelayanan Kefarmasian di Instalasi Rawat Jalan di RSUD Mayjend HM Ryacudu Lampung Utara. J Mandala Pharmacon Indones [Internet]. 2021;7(2):155–70. Available from: http://jurnal-pharmaconmw.com/jmpi/index.php/jmpi/article/view/85
(9) Tumbelaka N, Lolo WA, Kojong N. Faktor-faktor yang Mempengaruhi Kinerja Pegawai Instalasi Farmasi RSUP Prof. DR. R. D Kandou Manado. Pharmacon (Jurnal Ilm Farm. 2017;6(5):234–40.
(10) Hanggara RSL, Gibran NC, Kusuma AM, Galistiani GF. Pengaruh Keberadaan Apoteker Terhadap Mutu Pelayanan Kefarmasian di Puskesmas Wilayah Kabupaten Banyumas. J Kefarmasian Indones. 2017;7(1):67–76.
(11) Hidayah N, Muhardi M, Suwarsih S. Pengaruh Kinerja Dokter Gigi Terhadap Mutu Pelayanan dan Implikasinya Pada Kepuasan Pasien. Coopetition J Ilm Manaj. 2022;XIII(1):115–22.
(12) Handayany GN. Kualitas Pelayanan Kefarmasian & Kepuasan Pasien. Makassar; 2020.

(13) Sopana DH, Muhammad F, Ernawati, Hadijah Si, Simangunsong PA, Indriyantika V. Fenomena Apoteker "GAIB." Prodi Farm Fak Teknol dan Ilmu Komput UBP Karawang. 2018;(9):1–5.
(14) Nurcahyani D, Kartikaningrum V. Analisis Mutu Pelayanan Petugas Farmasi Dan Ketersediaan Obat Terhadap Kepuasan Pasien Rawat Jalan Di RS Santa Clara Madiun Tahun 2019. Widya War. 2019;(02 Tahun XLIII):233–49.
(15) Pane I, Hadju VA, Maghfuroh L, Akbar H, Simamora RS, Lestari ZW, et al. Desain Penelitian Mixed Method. Yayasan Pe. Kab. Pidie Provinsi Aceh; 2021.
(16) Sugiyono. Metode Penelitian Kuantitatif Kualitatif. Bandung: Alfabeta; 2019. 1–444 p.
(17) Wahyuningsih CD, Endrawanti S. Analisis Kinerja Petugas Farmasi Pelayanan Obat Pasien Rawat Jalan Di RSUD dr.R.Soedjati Soemodiardjo Purwodadi - Grobogan. Serat Acitya - J Ilm UNTAG Semarang [Internet]. 2017;6(1):53–68. Available from: http://jurnal.untagsmg.ac.id/index.php/sa/article/view/547
(18) Masram, Mu'ah. Manajemen Sumber Daya Manusia Profesional. Sidoarjo: Zifatama Publisher; 2017.
(19) Utari IALA, Mulyanti D. Faktor-Faktor Yang Mempengaruhi Kinerja Tenaga Kesehatan Di Rumah Sakit: Tinjauan Teoritis. J Kesehat Amanah. 2023;7(1):51–60.
(20) Irwanda R. Faktor yang Berhubungan dengan Kinerja Tenaga Kesehatan di Puskesmas Tamalanrea Kecamatan Tamalanrea Kota Makassar. J Ilm Kesehat. 2020;4(2).
(21) Sudirman, Yanuarti R, Oktarianita, Fajrini F, Widihastuti SK. Manajemen Mutu Pelayanan Kesehatan. Palu, Sulawesi Tengah: Ara Digital Mandiri; 2023.
(22) Nurmalasari N, Nursid F. Studi Mutu Pelayanan Kesehatan Pasien JKN Rawat Inap Kelas III Di RSUD Polewali Kabupaten Polewali Mandar. J-KESMAS J Kesehat Masy. 2017;3(2):76–87.
(23) Vanchapo AR, Maghfiroh. Mutu Pelayanan Kesehatan dan Kepuasan Pasien. Tangerang: Tata Mutiara Hidup Indonesia; 2022.
(24) Safitri D, Anastasya R, Layli R, Gurning FP. Hubungan Mutu Pelayanan Kesehatan Terhadap Kepuasan Pasien Pengguna BPJS di Puskesmas Inderapura Kecamatan Pancung Soal Kabupaten Pesisir Selatan. J Ilm Kesehat [Internet]. 2022;1(2):94–103. Available from: https://jurnal.arkainstitute.co.id/index.php/florona/index
(25) Walukow DN, Rumayar AA, Kandou GD. Hubungan Kualitas Jasa Pelayanan Kesehatan Dengan Kepuasan Pasien Di Puskesmas Pineleng Kabupaten Minahasa. J Kesmas. 2019;8(4):62–6.