ISSN 2808-4608

The Influence of Pharmaceutical Service Quality on Outpatient General Patient Satisfaction at the Level IV 01.07.01 Military Hospital Pematangsiantar

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Hospital is one of the health facilities where health efforts are carried out. Health efforts are every activity to maintain and improve health that aims to realize optimal health status for the community. Indonesian society currently requires quality health services based on five dimensions, namely tingible (physical evidence), reliability (reliability), responsiveness (responsiveness), assurance (guarantee) and empathy (attention). The aim is to determine the effect of the quality of Hospital Pharmacy Installation services on the level of patient satisfaction at Hospital TK IV 01.07.01 Pematangsiantar from February - April 2025. This research method was conducted using a cross-sectional approach observation. The number of samples was 78 people with sampling techniques. The results of the study were analyzed with SPSS using the chi-square test. The results of the Cross Tabulation between the Effect of Pharmacy Service Quality on the Loyalty of General Outpatients at RS.Tentara in 2025 ρvalue 0.019 <0.05.
Keywords: Services, drugs, physical environment, non-physical environment, job characteristics, patients, prescriptions.

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1. Introduction

Hospitals are health facilities that organize various health efforts aimed at maintaining and improving public health. Health efforts encompass any activity designed to preserve and enhance health with the objective of achieving an optimal level of well-being for the community. These efforts are implemented through promotive, preventive, curative, and rehabilitative approaches, carried out comprehensively, integratively, and continuously. This integrated concept serves as a guideline for all healthcare facilities in Indonesia, including hospitals.

According to the Regulation of the Minister of Health of the Republic of Indonesia No. 72 of 2016, a hospital is a health service institution that provides comprehensive individual health services, including inpatient, outpatient, and emergency care. Five major revenue centers exist within hospitals: outpatient services, emergency services, clinical and anatomical pathology laboratories, radiology services, and pharmaceutical installations. The pharmacy installation plays a crucial role, as more than 90% of hospital health services require pharmaceutical supplies, including medications, chemicals, radiological materials, disposable medical supplies, medical devices, and medical gases. Approximately 50% of total hospital revenue is generated from pharmaceutical supplies (Anas Subarnas et al.).

Pharmaceutical services in hospitals are essential components supporting the delivery of high-quality healthcare. The Decree of the Minister of Health No. 1333/Menkes/SK/XII/1999 concerning Hospital Service Standards states that hospital pharmaceutical services are an integral part of the hospital health service system, oriented toward patient-centered care and the provision of high-quality, affordable medicines,

including clinical pharmacy services. As stipulated in Minister of Health Regulation No. 72/2016, pharmaceutical services in hospitals must ensure the availability of safe, effective, and quality pharmaceutical preparations, medical devices, and consumable medical supplies. Pharmaceutical service quality is considered adequate when it complies with established pharmaceutical service standards, which serve as benchmarks for pharmacy personnel in delivering optimal care.

The quality of pharmaceutical services significantly influences outpatient satisfaction. Previous studies show that well-managed pharmacy services enhance patient satisfaction, which in turn improves overall satisfaction with the healthcare facility. Key factors affecting satisfaction include service responsiveness, availability of medications, and the alignment of service delivery with patient expectations (Wulandari, 2017).

Several empirical studies support this relationship. Research by Evi Sa'adah et al. (2014) found that pharmaceutical service quality had a positive and significant effect on patient satisfaction, with a coefficient value of 0.881. Although pharmaceutical services did not significantly influence patient loyalty directly, satisfaction acted as a strong mediator, with a coefficient value of 0.814. Another study by Achnes Indah Sulistyaningrum (2017) demonstrated a significant association between pharmaceutical service quality and patients' decision to repurchase medications at the pharmacy unit of Tk. IV Madiun Hospital, with a p-value of 0.018 ($\alpha = 0.05$). Furthermore, Dilla Aqmalia (2018) reported that pharmaceutical service quality influenced outpatient satisfaction at Sinar Husni Hospital, although variations existed across service categories.

The Level IV 01.07.01 Military Hospital Pematangsiantar, designated as a municipal-owned hospital through the Decree of the Minister of Health No. 1076/Menkes/SK/VII/2005 and further regulated by Pematangsiantar Regional Regulation No. 05/2008, currently operates as a Class C hospital pursuant to Decree No. 245/MENKES/SK/IV/2009. The hospital provides an extensive range of health services, including outpatient clinics, inpatient wards, emergency services, and multiple supporting units such as surgery, radiology, laboratory, medical records, and pharmacy. The pharmacy installation operates through two service units: the outpatient pharmacy depot and the inpatient pharmacy depot.

To ensure continuous public service improvement, systematic evaluation of service quality is essential. One strategic approach is the implementation of community satisfaction surveys to assess the performance of healthcare units. Given that the pharmacy installation contributes to more than 50% of hospital revenue and supports nearly all clinical services, assessing the quality of pharmaceutical services is vital for enhancing overall hospital performance.

Evaluating pharmaceutical service quality includes assessing patient satisfaction with the services received. If the perceived service exceeds expectations, patients develop satisfaction and loyalty toward the hospital; conversely, unmet expectations result in dissatisfaction and reduced service utilization. Patient satisfaction not only increases outpatient visit rates but also strengthens commitment to using the hospital's health services, particularly the pharmacy department.

Based on the above considerations, the researcher is interested in examining the quality of pharmaceutical services and its influence on outpatient satisfaction at the Level IV 01.07.01 Military Hospital Pematangsiantar. Therefore, this study is entitled:
"The Influence of Pharmaceutical Service Quality on Outpatient General Patient Satisfaction at the Level IV 01.07.01 Military Hospital Pematangsiantar in 2025."

The objective of this study is to analyze the influence of pharmaceutical service quality on outpatient general patient satisfaction at the Level IV 01.07.01 Military Hospital Pematangsiantar in 2025..

2. Methods

This study employed a quantitative research design aimed at identifying the relationship between the independent variable, pharmaceutical service quality, and the dependent variable, outpatient patient satisfaction. The research used an analytical survey with a cross-sectional design. A cross-sectional approach is intended to analyze the relationship between risk factors and outcomes through a one-time measurement of all variables simultaneously, although this does not require all subjects to be observed at the same hour or day. The study population consisted of all outpatient visits at the Level IV 01.07.01 Military Hospital Pematangsiantar in 2025, totaling 367 individuals, calculated using the formula for average visitation. The sample was determined using the Slovin formula with a 10% margin of error, resulting in a final sample size of 78 respondents. The sampling method applied in this study was non-probability purposive sampling, selected based on practical considerations and criteria aligned with the research objectives. The inclusion criteria included outpatient pharmacy patients who used non-BPJS payment methods, were willing to participate, able to read and write, and capable of communicating effectively. The exclusion criteria consisted of patients with severe illness and those unable to read or write. The research framework is illustrated in Figure 1.

Figure 1. Research Framework

This study consisted of two research variables: the independent variable, pharmaceutical service quality, and the dependent variable, outpatient satisfaction. Operational definitions were formulated based on observable and measurable characteristics in accordance with Nursalam (2016). Pharmaceutical service quality was measured using five dimensions proposed by Parasuraman—reliability, responsiveness, assurance, empathy, and tangibles—while outpatient satisfaction was assessed using Griffin's indicators, which include repeated purchasing behavior, cross-utilization of services, recommendation tendencies, and resistance to competing service providers. Measurement used a questionnaire with a Likert scale from 1 (strongly disagree) to 5 (strongly agree), and scoring categories were determined using mean-based cutoffs. Instrument validation consisted of a validity test using the Pearson Product-Moment correlation, with an r-table value of 0.632 ($n = 10$, $\alpha = 5\%$). All 24 questionnaire items were declared valid as r-calculated exceeded r-table. Reliability testing used Cronbach's alpha, resulting in a coefficient of 0.762, indicating that the instrument was reliable.

The study took place at the Level IV 01.07.01 Military Hospital Pematangsiantar, located at Jalan Gunung Simanuk-manuk No. 6, with data collection conducted at the Pharmacy Unit. Proposal development was carried out from February to April 2025, followed by primary data collection in June–July 2025. Data collection procedures involved distributing questionnaires directly to outpatient pharmacy patients or their accompanying family members. After data collection, several steps were performed, including editing to ensure completeness of responses, coding to categorize data systematically, scoring based on Likert-scale responses, and data entry for computerized analysis. Tabulation was conducted to organize data into structured tables, and scoring was applied to assign weight to each response category. Data were analyzed using both univariate and bivariate analyses. Univariate analysis was conducted to describe the characteristics of each variable through frequency distributions. Bivariate analysis used the Chi-Square test to examine the relationship between pharmaceutical service quality and outpatient satisfaction, with decisions based on a significance level of $\alpha = 0.05$. The Chi-Square formula used was $X^2 = \sum((fo–fe)^2/fe)$, where fo represents observed frequencies and fe expected frequencies; results were interpreted using p-values, where $p \leq 0.05$ indicated a significant relationship.

The ethical considerations of this study adhered to the principles outlined by Arikunto (2021). Researchers respected participants' dignity by providing clear information about the study's purpose and allowing respondents to participate voluntarily, with the freedom to withdraw at any time. Privacy and confidentiality were maintained by using coded identifiers rather than personal names. The principles of fairness and inclusiveness were upheld by ensuring equal treatment of all respondents without discrimination based on gender, religion, ethnicity, or other characteristics. Finally, the research emphasized maximizing benefits while minimizing potential risks, aiming to provide meaningful contributions to both the participants and the broader community.

3. Results and Discussion

Profile of Level IV Military Hospital Pematangsiantar

In 1949, a Military Hospital was established under the name Hospital Militer, led by Head of Hospital Major CDM Dr. Suryo. In 1951, the name Hospital Militer was changed to Rumah Sakit Tentara (Military Hospital), with Dr. Sajiman as Head of Hospital. In 1952, the Rumah Sakit Tentara was renamed Tempat Perawatan Tentara (TPT) and was headed by Lieutenant Colonel CDM Dr. Imam. In 1982, the name Rumah Sakit Militer 021/Pantai Timur was changed to Rumah Sakit Militer 022/Pantai Timur (Rumkit Rem 022/PT) with the following classifications: (1) based on the Decree of the Minister of Defense and Security/Commander of the Armed Forces No. Skep/746/VI/1982 dated 21 July 1982, the hospital was classified as a Level III Hospital; and (2) based on the Decree of the Chief of Staff of the Army No. Kep 9/VII/1982 dated 21 July 1982, it was classified as a Level IV Hospital. In 1986, the name Rumah Sakit Resort Militer 022/Pantai Timur was changed to Rumah Sakit Tingkat IV 01.07.03 Pematangsiantar in accordance with the Decree of the Commander of Military Regional Command I/Bukit Barisan No. Skep/118/II/1986 dated 18 February 1986. On 20 August 2014, the Level IV 01.07.01 Pematangsiantar Military Hospital was designated as a general hospital class in accordance with the Decree of the Ministry of Health of the Republic of Indonesia No. HK.02.03/I/2404/2014 dated 20 August 2014 on the Classification of Army (TNI AD) Hospitals, including the Level IV 01.07.01 Pematangsiantar Military Hospital.

Vision and Mission of the Military Hospital Pematangsiantar

The vision of the Military Hospital is to become a hospital that is the pride of TNI soldiers, civil servants (ASN), their families, and the community within the Korem 022/PT area, as well as to become a high-quality teaching hospital. The hospital's mission is: (a) to improve the quality of health services for TNI soldiers,

ASN, their families, and the surrounding community; (b) to provide reliable health support; and (c) to develop professional human resources and function as a teaching hospital that produces medical graduates and other health workers in accordance with government standards.

Goals and Targets of the Military Hospital

The main goal of the hospital is to become a hospital that is relied upon and appreciated by TNI soldiers, ASN, their families, and the general public in the Korem 022/PT region. In addition, the hospital aims to act as a teaching hospital that actively contributes to producing high-quality medical personnel and other health professionals who meet national standards. The specific targets include: improving the quality of health services for soldiers, ASN, families, and the surrounding community; providing optimal and trustworthy health support, including in emergency situations; investing in the professional development of medical staff and hospital employees; and strengthening its role as a teaching hospital that produces competent and professional health workers to meet regional health service needs.

Service Units of the Military Hospital

The service units of the Military Hospital are organized as follows. Outpatient services consist of: General Clinic, Obstetrics and Gynecology Clinic, Surgical Clinic, Eye Clinic, Internal Medicine Clinic, Dental Clinic, Pediatric Clinic, Mental Health Clinic, Neurology Clinic, ENT Clinic, Orthopedic Clinic, Dermatology and Venereology Clinic, and Pulmonology Clinic. Inpatient services consist of adult wards, pediatric wards, maternity wards, a perinatology ward, and VIP wards. The hospital also has an Emergency Department and various supporting installations, including Central Operating Theater, Pharmacy Installation, Nutrition Installation, Laboratory Installation, Radiology Installation, Medical Records Installation, Facilities Maintenance Installation, Wastewater Treatment Installation, Mortuary and ICU, as well as ambulance services.

Number of Human Resources in the Pharmacy Installation

The number of human resources (HR) in the Pharmacy Installation of the Military Hospital is presented in Table 5.1.

Table 1 Number of Human Resources in the Pharmacy Installation of the Military Hospital.

No	Description	Number
1	Pharmacists	3
2	Pharmacy Technicians (Tenaga Teknis Kefarmasian/TTK)	18
3	General Staff	6
	Total	26

Source: Secondary Data, Military Hospital.

Based on Table 5.1, there are 26 staff members in the pharmacy installation in 2025, consisting of 3 pharmacists, 18 pharmacy technicians, and 6 general staff. These personnel are distributed across two depots: the outpatient pharmacy installation (1 pharmacist, 4 pharmacy technicians, and 2 general staff) and the inpatient pharmacy installation (1 pharmacist, 4 pharmacy technicians, and 2 general staff). In addition, there is 1 pharmacist who serves as head of the pharmacy installation, 4 pharmacy technicians who handle administrative tasks while also providing clinical pharmacy services in the inpatient pharmacy installation, and 2 general staff assigned to the pharmacy warehouse.

Distribution Process in the Outpatient Pharmacy Installation

In the outpatient pharmacy installation, the drug distribution process is divided into BPJS patients and general (non-BPJS) patients. For BPJS patients, prescriptions are received and patients take a queue

number, followed by prescription screening (patient name, clinic of visit, address, age, number of drugs, and dosage instructions). The prescription is then prepared in the compounding area, labeled (patient name, drug name, quantity, directions for use, expiry date, and date of service), and re-verified by comparing the prescription with the prepared drugs. After final screening, the medication is handed over to the patient. For general patients, the initial steps are similar (prescription receipt, queue number, and prescription screening), after which the total drug cost is calculated and informed to the patient. Patients may choose to purchase the full prescription or part of it. Once they agree, they are asked to pay at the cashier before the prescription is sent to the compounding area. The drugs are then labeled, re-verified, and finally dispensed to the patient after a final check.

Frequency Distribution of Respondents

Frequency Distribution of Respondents by Age

The frequency distribution of respondents by age among general outpatient pharmacy patients at the Military Hospital in 2025 is shown in Table 2.

Table 2. Characteristics of Respondents by Age – General Outpatient Pharmacy Patients, Military Hospital, 2025

No	Age (years)	Number (n)	Percentage (%)
1	17–25	11	12.4
2	26–35	22	24.7
3	36–45	34	38.2
4	46–55	22	24.7
	Total	89	100

Source: Primary Data, 2025.

Based on Table 5.2, among the 89 respondents, the largest age group is 36–45 years with 34 respondents (38.2%), while the smallest age group is 17–25 years with 11 respondents (12.4%).

Frequency Distribution of Respondents by Sex

The frequency distribution of respondents by sex among general outpatient pharmacy patients at the Military Hospital in 2025 is presented in Table 5.3.

Table 3. Characteristics of Respondents by Sex – General Outpatient Pharmacy Patients, Military Hospital, 2025

No	Sex	Number (n)	Percentage (%)
1	Male	36	40.4
2	Female	53	59.6
	Total	89	100

Source: Primary Data, 2025.

Table 3 shows that of the 89 respondents, 36 (40.4%) are male and 53 (59.6%) are female.

Frequency Distribution of Respondents by Education

The frequency distribution of respondents by education level among general outpatient pharmacy patients at the Military Hospital in 2025 is shown in Table 4.

Table 4. Frequency Distribution of Respondents by Education – General Outpatient Pharmacy Patients, Military Hospital, 2025

No	Education Level	Number (n)	Percentage (%)
1	Completed Basic Education	35	39.3
2	Completed Secondary Education	46	51.7

No	Education Level	Number (n)	Percentage (%)
3	Completed Higher Education (Diploma/Bachelor)	8	9.0
	Total	89	100

Source: Primary Data, 2025.

Based on Table 5.4, the majority of respondents (46 respondents; 51.7%) have completed secondary education (junior and senior high school), while the smallest proportion (8 respondents; 9.0%) have completed higher education (Diploma/Bachelor).

Frequency Distribution of Respondents by Occupation

The frequency distribution of respondents by occupation among general outpatient pharmacy patients at the Military Hospital in 2025 is displayed in Table 5.

Table 5. Frequency Distribution of Respondents by Occupation – General Outpatient Pharmacy Patients, Military Hospital, 2025.

No	Occupation	Number (n)	Percentage (%)
1	Farmer/Farm Laborer	5	5.6
2	Student/University Student	3	3.4
3	Entrepreneur	16	18.0
4	Civil Servant (PNS)	2	2.2
5	Housewife	44	49.4
6	Others	19	21.3
	Total	89	100

Source: Primary Data, 2025.

As shown in Table 5.5, the largest proportion of respondents are housewives, totaling 44 respondents (49.4%), while the smallest proportion are students/university students, totaling 3 respondents (3.4%).

Pharmaceutical Service Quality

The frequency distribution of pharmaceutical service quality as perceived by general outpatient pharmacy patients at the Military Hospital in 2025 is presented in Table 5.6.

Table 6. Frequency Distribution of Pharmaceutical Service Quality – General Outpatient Pharmacy Patients, Military Hospital, 2025

No	Pharmaceutical Service Quality	Number (n)	Percentage (%)
1	Good	41	46.1
2	Poor	48	53.9
	Total	89	100

Source: Primary Data, 2025.

Based on Table 5.6, 41 respondents (46.1%) rated the pharmaceutical service quality as good, while 48 respondents (53.9%) rated it as poor.

Frequency Distribution of Pharmaceutical Service Quality Based on the Reliability Dimension

The frequency distribution of pharmaceutical service quality based on the reliability dimension at the Military Hospital in 2025 is shown in Table 7.

Table 7. Frequency Distribution of Pharmaceutical Service Quality Based on Reliability – Military Hospital, 2025

No	Reliability Dimension	Number (n)	Percentage (%)
1	Good	52	58.4

No	Reliability Dimension	Number (n)	Percentage (%)
2	Poor	37	41.6
	Total	89	100

Source: Primary Data, 2025.

Table 7. indicates that of the 89 respondents, 52 (58.4%) perceived the reliability dimension of pharmaceutical services as good, whereas 37 respondents (41.6%) perceived it as poor.

Frequency Distribution of Pharmaceutical Service Quality Based on the Responsiveness Dimension

The frequency distribution of pharmaceutical service quality based on the responsiveness dimension at the Military Hospital in 2025 is presented in Table 8.

Table 8. Frequency Distribution of Pharmaceutical Service Quality Based on Responsiveness – Military Hospital, 2025

No	Responsiveness Dimension	Number (n)	Percentage (%)
1	Good	33	37.1
2	Poor	56	62.9
	Total	89	100

Source: Primary Data, 2025.

Based on Table 5.8, 33 respondents (37.1%) perceived the responsiveness dimension of pharmaceutical services as good, while 56 respondents (62.9%) perceived it as poor.

Frequency Distribution of Pharmaceutical Service Quality Based on the Assurance Dimension

The frequency distribution of pharmaceutical service quality based on the assurance dimension at the Military Hospital in 2025 is shown in Table.9.

Table 9. Frequency Distribution of Pharmaceutical Service Quality Based on Assurance – Military Hospital, 2025

No	Assurance Dimension	Number (n)	Percentage (%)
1	Good	73	82.0
2	Poor	16	18.0
	Total	89	100

Source: Primary Data, 2025.

Table 9. shows that 73 respondents (82.0%) perceived the assurance dimension of pharmaceutical services as good, while 16 respondents (18.0%) perceived it as poor.

Frequency Distribution of Pharmaceutical Service Quality Based on the Empathy Dimension

The frequency distribution of pharmaceutical service quality based on the empathy dimension at the Military Hospital in 2025 is presented in Table 10.

Table 10. Frequency Distribution of Pharmaceutical Service Quality Based on Empathy – Military Hospital, 2025

No	Empathy Dimension	Number (n)	Percentage (%)
1	Good	56	62.9
2	Poor	33	37.1
	Total	89	100

Source: Primary Data, 2025.

Based on Table 5.10, 56 respondents (62.9%) perceived the empathy dimension of pharmaceutical services as good, whereas 33 respondents (37.1%) perceived it as poor.

Frequency Distribution of Pharmaceutical Service Quality Based on the Tangible Dimension

The frequency distribution of pharmaceutical service quality based on the tangible dimension at the Military Hospital in 2025 is shown in Table 11.

Table 11 Frequency Distribution of Pharmaceutical Service Quality Based on Tangibles – Military Hospital, 2025

No	Tangible Dimension	Number (n)	Percentage (%)
1	Good	46	51.7
2	Poor	43	48.3
	Total	89	100

Source: Primary Data, 2025.

Table 11. indicates that 46 respondents (51.7%) perceived the tangible dimension of pharmaceutical services as good, while 43 respondents (48.3%) perceived it as poor. The overall frequency distribution of pharmaceutical service quality based on the five dimensions in the outpatient pharmacy unit of the Military Hospital in 2025 is summarized in Table 12.

Table 12. Frequency Distribution of Pharmaceutical Service Quality Based on Five Dimensions – Military Hospital, 2025

No	Dimension	Category	Number (n)	Percentage (%)
1	Reliability	Good	52	58.4
		Poor	37	41.6
2	Responsiveness	Good	33	37.1
		Poor	56	62.9
3	Assurance	Good	73	82.0
		Poor	16	18.0
4	Empathy	Good	56	62.9
		Poor	33	37.1
5	Tangibles	Good	46	51.7
		Poor	43	48.3

Source: Primary Data, 2025.

From Table 5.12 it can be seen that, among the five dimensions of pharmaceutical service quality, the dimension with the highest proportion of poor ratings is responsiveness, with 56 respondents (62.9%) assessing it as poor.

Patient Satisfaction

The frequency distribution of patient satisfaction among general outpatient pharmacy patients at the Military Hospital in 2025 is shown in Table 13.

Table 13. Frequency Distribution of Patient Satisfaction – General Outpatient Pharmacy Patients, Military Hospital, 2025

No	Patient Satisfaction Category	Number (n)	Percentage (%)
1	Loyal	63	70.8
2	Not Loyal	26	29.2
	Total	89	100

Source: Primary Data, 2025.

Table 13 shows that of the 89 respondents, 63 respondents (70.8%) are categorized as loyal, while 26 respondents (29.2%) are categorized as not loyal.

Cross-Tabulation Results

The cross-tabulation between pharmaceutical service quality and patient satisfaction among general outpatient pharmacy patients at the Military Hospital in 2025 is presented in Table 14.

Table 14. Cross-Tabulation between Pharmaceutical Service Quality and Patient Satisfaction – General Outpatient Pharmacy Patients, Military Hospital, 2025

Pharmaceutical Service Quality	Loyal *f*	Loyal %	Not Loyal *f*	Not Loyal %	Total *f*	Total %	p-value
Good	24	27.0	17	19.1	41	46.1	0.019
Poor	39	43.8	9	10.1	48	53.9	
Total	63	70.8	26	29.2	89	100	

Source: Primary Data, 2025.

Based on Table 5.14, the results of the bivariate analysis using the Chi-Square test show a significance value (p-value) of 0.019, which is less than 0.05. This indicates that there is a statistically significant influence of pharmaceutical service quality on patient satisfaction among general outpatient pharmacy patients at the Military Hospital in 2025.

Discussion

Outpatient Pharmaceutical Service Quality at the Military Hospital

Based on Table 5.6, more respondents rated pharmaceutical service quality as poor (48 respondents; 53.9%) than good (41 respondents; 46.1%). Analysis of the SERVQUAL dimensions shows that reliability, assurance, empathy, and tangibles are generally perceived as good, while responsiveness is predominantly rated poor. For the reliability dimension (Table 5.7), 52 respondents (58.4%) stated that services were reliable, indicating that the pharmacy staff are considered capable of providing medicines accurately, on time, and according to procedures. Assurance is the strongest dimension (Table 5.9), with 73 respondents (82.0%) rating it good, reflecting patient trust in the correctness of medicines provided and in the polite, courteous behavior of the pharmacy staff. Empathy is also relatively good (Table 5.10), with 56 respondents (62.9%) stating that staff show attention and communicate clearly regardless of patients' status. The tangible dimension (Table 5.11) is slightly above average (46 respondents; 51.7% good), supported by adequate seating and basic facilities, although some medicines are occasionally unavailable so patients must purchase them outside the hospital.

In contrast, the responsiveness dimension is rated poor by the majority (56 respondents; 62.9%) (Table 5.8). This suggests that staff are perceived as less responsive to patients' complaints and that waiting times for receiving medicines are relatively long. According to the SERVQUAL concept, responsiveness is crucial because patients form negative perceptions when they are left waiting without clear explanation. Therefore, the outpatient pharmacy needs to prioritize improvements in responsiveness—particularly in reducing waiting time and actively listening to patients' concerns—while maintaining the already good performance in reliability, assurance, empathy, and tangibles.

Patient Satisfaction

Using Griffin's indicators of loyalty—regular repeat purchases, use of other services, recommendation to others, and resistance to competitors—most respondents are categorized as loyal (63 respondents; 70.8%), while 26 respondents (29.2%) are not loyal (Table 5.13). In line with Oliver's concept of satisfaction and loyalty, this indicates that a large proportion of patients still choose to return to the hospital pharmacy and are willing to maintain a relationship with the service provider. However, loyalty is not determined solely by

repeated purchasing; patients may still have complaints about service aspects while remaining loyal for other reasons such as price, accessibility, or previous positive experiences.

The findings suggest that general outpatient patients at the Military Hospital largely trust the services provided, are willing to repurchase medicines at the hospital pharmacy, and often receive recommendations from staff or family who have previously used the services. Even so, the hospital—especially the outpatient pharmacy—needs to maintain and strengthen this loyalty by continuously improving service quality, because sustained loyalty is closely linked to consistent patient satisfaction.

Effect of Pharmaceutical Service Quality on Outpatient General Patient Satisfaction

Cross-tabulation (Table 5.14) shows that among patients who perceive pharmaceutical service quality as good, 24 respondents (27.0%) are loyal and 17 (19.1%) are not loyal. Among those who perceive service quality as poor, 39 respondents (43.8%) are loyal and 9 (10.1%) are not loyal. Chi-square analysis yields a p-value of 0.019 (< 0.05), indicating a statistically significant effect of pharmaceutical service quality on outpatient general patient satisfaction at the Military Hospital Pematangsiantar in 2025. These results are consistent with previous studies showing that better service quality is associated with higher patient satisfaction.

Interestingly, a considerable number of respondents remain loyal despite perceiving service quality as poor—many of them are women, aged 36–45 years, with secondary education and working as housewives. This suggests that loyalty is influenced not only by perceived service quality but also by other factors such as affordable drug prices, convenient location, familiarity with the facility, and the friendly attitude of pharmacy staff. This aligns with the view that patient satisfaction and loyalty are shaped by a combination of perceived quality, expectations, emotional factors, and accessibility.

Overall, poor responsiveness and long waiting times appear to be the main triggers of dissatisfaction with pharmaceutical services. Nonetheless, patients may continue to use the hospital pharmacy because the cost is acceptable, the hospital is easy to reach, and interpersonal relationships with staff are positive. To enhance satisfaction and sustain loyalty, the pharmacy unit should improve human resource performance through training and reinforcement of Standard Operating Procedures (SOPs), particularly regarding responsiveness—being more attentive and promptly addressing patients' complaints, as well as providing clear information about medicines and waiting times. Strengthening these aspects is expected to increase overall perceived quality and, consequently, patient satisfaction and loyalty.

4. Conclusion

Based on the findings of this study on the influence of pharmaceutical service quality on the satisfaction of general outpatient patients at the Military Hospital in 2025, it can be concluded that pharmaceutical service quality plays a crucial role in improving patient satisfaction, highlighting the need for the hospital to continually enhance the quality of its pharmacy services. The results show that 46.1% of respondents perceived the outpatient pharmaceutical service quality as good, while 53.9% rated it as poor. Additionally, 70.8% of respondents were categorized as loyal, whereas 29.2% were not loyal. Furthermore, statistical analysis confirmed a significant influence of pharmaceutical service quality on general outpatient patient satisfaction at the Military Hospital in 2025..

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