Evaluation of The Satisfaction Level of Outpatient Patients With The Quality of Pharmaceutical Services in UPTD Public Health Centre DTP Benery Meriah District Bandar Regency in 2020

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ABSTRACT

The quality of health services in Indonesia is still not in line with people's expectations, even though in Indonesia it provides health insurance for the underprivileged or the poor. Currently, patient satisfaction services are the main focus in the context of health services. The success of services depends on the quality of the relationship with patients who prioritize patient satisfaction and loyalty by environmental factors and listen to patient desires. at UPTD Public Health Centre DTP Bandar, Bandar Subdistrict, Bener Meriah Regency in 2020. Methods; The type of research conducted is cross sectional, the sampling technique is accidental sampling using a questionnaire with a total sample of 95 outpatients. Results; The results of the research on each indicator obtained the following percentages where based on patient satisfaction the majority was quite satisfied at 58.9%. The majority of physical evidence said 34.7% was sufficient, the majority said sufficient reliability was 46.3%. The majority response was good at 48.4%. The majority concern was good at 46.3%, while the majority assurance indicator said it was not good at 38.9%.

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1. INTRODUCTION

Regulation of the Minister of Health of the Republic of Indonesia Number 74 of 2016 concerning Pharmaceutical Service Standards in public health centre states that health efforts are every activity to maintain and improve health, aiming to achieve optimal health status for the community (Kemenkes RI, 2016). The quality of health services in Indonesia is still not in line with people's expectations, although Indonesia provides health insurance for underprivileged people or people who cannot afford it, it is felt that the quality is still lacking (Azmi, 2017).

Pharmaceutical service is a direct and responsible service to patients related to pharmaceutical preparations with the aim of achieving definite results to improve the quality of life of patients (Ismail, 2019). Pharmaceutical service activities are not limited to drug preparation and drug delivery to patients, but need to interact or communicate with patients aimed at preventing medication errors and adverse events in using drugs (Sari et al., 2018).

In the current development of globalization, it has been shown that information on the risks of medical services to patients today can be said to no longer show social interests and human values, because in reality the patient's right to obtain information is no longer clearly obtained regarding the occurrence of medical risks (Adrian, 2014). public health centre as one of the first-level health service units is a benchmark for health development and is evidence of community participation. Therefore, public health centre are required to provide quality, fair and affordable health services (Taekab et al., 2019).

The public health centre was established at the sub-district level, so that its services could reach the people at the lowest level. The community describes the Community Health Center as a community health service center that is intended for the lowest strata of society, and the community is more often considered the community health service center as the lowest quality health service center among government health service providers (Dwilaksono, 2006).

Drug information services that exist today are still in the form of methods and rules for using drugs. In addition, the lowest level of satisfaction with pharmaceutical services at the public health centre is the provision of drug information when the drug is handed over to the patient (Mayefis et al., 2015). Drug information service is an activity to provide accurate and objective drug information services in relation to patient care, drug information services are very important in an effort to support a culture of rational drug management and use (Baroroh, 2011). Drugs are materials or guide materials, including biological products that are used to influence or investigate physiological systems or pathological conditions in the context of establishing a diagnosis, prevention, cure, recovery, health improvement and contraceptives, physical or spiritual disorders in humans (Mujiati, 2016).

Pharmaceutical services, especially on the rationality side. Since 1985 through a conference held in Nairobi, the World Health Organization (WHO) has attempted to improve the practice of rational drug use (Sasongko, 2014). Drugs as an important component in health services are managed as well as possible to create optimal health degrees. Inefficient drug management can have a negative impact, both medically and economically (Erwansani et al., 2016). Customer satisfaction is the response of customers or service users for each service provided. Consumer satisfaction or patient satisfaction can be said to be a benchmark to determine the quality of services provided by the health center or the pharmacy installation of the health center (Novaryatiin et al., 2018).

Currently, patient satisfaction is the main focus in the context of health services. The success of service providers depends on the quality of their relationships with patients who

prioritize patient satisfaction and loyalty by environmental factors, listening to patient wishes, waiting times, and the neatness of service personnel (Kurniasih et al., 2015). Medication error (ME) is an event that is detrimental to the patient such as medication not being given, duplication, dose error or drug interaction. The occurrence of medicatioan errors and often encountered are patients using polypharmacy drugs. Polypharmacy often causes drug interactions, which can either enhance or nullify the effect of the drug and to prevent it, it is necessary to obtain drug information (Ifaqoh, 2019). The World Health Organization (WHO) has compiled three prescribing indicators, patient service indicators and facility indicators for problem identification, monitoring, evaluation, and rational intervention. on health services (Makhdalena et al., 2018).

Research conducted by Adityawati et al (2016) showed at the Grabag I Health Center, Central Java, stated that pharmaceutical services were not fully provided to patients. At the time of drug delivery, pharmacists only provide information about how to use them and patients only submit prescriptions, pay medical fees, receive drugs and do not ask pharmacists for information about drugs or pharmacy technicians, even though this information will increase the patient's willingness to actively participate in treatment methods. or increase patient compliance in using drugs so as to accelerate disease healing. The existence of patient dissatisfaction can be caused by several things, namely failure to communicate, time crisis, product or service quality, service quality or quality, price, and cost. Many factors cause patient dissatisfaction in health services, one of which is the quality of health services (Putri, 2020).

Based on the initial survey conducted by researchers on January 20, 2020 at the UPTD Public Health Centre DTP Bandar, Bandar Sub-district, Bener Meriah Regency, there were several problems including the lack of chairs while waiting for medication to be taken, many patients waiting for queue numbers to take drugs so that some patients and their families sat in the stairs and there are waiting outside the room, at the time of taking medicine there are only 3 officers who are in the pharmacy room while the queue in the pharmacy waiting room is quite long and most of those waiting are elderly patients at the time of drug delivery the officer must provide information related to the drug received patient, waiting time for drug services is one of the factors that can affect patient satisfaction so that the public health centre must control the service time.

The purpose of this study was to determine the level of satisfaction of outpatients with the quality of pharmaceutical services at the UPTD Public Health Centre DTP Bandar, Bandar District, Bener Meriah Regency in 2020.

2. Research Methode

This research was conducted at the UPTD Public Health Centre DTP Bandar, Bandar Sub-district, Bener Meriah Regency, located on Jalan Purwosari – Pondok Baru, 24582. This research was conducted for 3 months, starting in June - August 2020.

The population in this study were all outpatients who were redeeming drugs at the UPTD pharmacy at the DTP Bandar Subdistrict Health Center in Bandar Subdistrict in February - April as many as 4,303 people. The sample is part of the number and characteristics possessed by the population. This sampling technique uses accidental sampling where the sampling of respondents who happen to exist or samples available during the study with inclusion and exclusion criteria as follows (Mayefis et al., 2015). Inclusion criteria:
1. Outpatients who are redeeming drugs at the UPTD Pharmacy at the DTP Bandar Bandar Subdistrict.

2. Outpatients aged 18-65 years.
3. Patients can communicate reading and writing well.
4. Patients are willing to be respondents.

Data analysis is processed using SPSS with data analysis steps, namely: Univariate analysis is an analysis conducted to describe the characteristics of each independent and dependent variable. Given the categorical data, the analysis is presented in the form of a frequency distribution table.Bivariate analysis is an analysis carried out to analyze the relationship between the independent variable and the dependent variable using the chi-square test performed using computerized software with a significant level of $p < 0.05$.

3. RESULT AND ANALYSIS

This study was conducted to determine the level of satisfaction of outpatients on the quality of pharmaceutical services at the UPTD Public Health Centre DTP Bandar.

Table 1. Frequency Distribution of Respondents based on Characteristic Respondents

No	Age	n	%
1	18-23	12	12,6
2	24-29	23	24,2
3	30-35	19	20,0
4	36-41	20	21,1
5	42-47	13	13,7
6	48-53	5	5,3
7	54-59	2	2,1
8	60-65	1	1,1
	Sex		
1	Man	42	44,2
2	Woman	53	55,8
	Education		
1	Primary School	3	3,2
2	Junior High School	3	3,2
3	Senior High School	77	81,1
4	Bachelor	12	12,6
	Occupation		
1	Civil Servants (PNS)	6	6,3
2	Entrepreneur	18	18,9
3	Farmer	36	37,9
4	Housewife(IRT)	35	36,8

The results of this study indicate that respondents have a maximum age of 24-29 years as much as 24.2%, age 30-35 years as much as 20% and age 36-41 years as much as 21.1%. The most female gender as much as 55.8% and male sex as much as 44.2%. Respondents who have senior high school education are 81.1% and barchelor education is 12.6%. Respondents in this study had 36.8% occupation housewife and 37.8% farmer and 18.9% work as entrepreneur.

Table 2. Frequency Distribution of Respondents based on Tangible, Reliability, Responsiveness, Guarantee, Care and Satisfaction.

	Tangible		
1	Well	33	34,7
2	enough	49	51,6
3	Not good	13	13,7
	Reliability		
1	Well	27	28,4
2	enough	44	46,3
3	Not good	24	25,3
	Responsiveness		
1	Well	20	21,1
2	enough	46	48,4
3	Not good	29	30,5
	Guarantee		
1	Well	21	22,1
2	enough	37	38,9
3	Not good	37	38,9
	Concern		
1	Well	17	17,9
2	enough	44	46,3
3	Not good	34	35,8
	Satisfaction		
1	Satisfied	18	18,9
2	Quite satisfied	56	58,9
3	Not satisfied	21	22,1
	Total	95	100,0

The results of this study indicate that the tangible in the enough category is 51.6% and the well category is 34.7%. The results of this study indicate reliability in the enough category as much as 46.3% and reliability in the not good category as much as 25.3%. The results of this study indicate responsiveness in the enough category as much as 48.4% and not good category as much as 30.5%. The results of this study indicate that the guarantee in the enough category is 38.9% and the not good category is 38.9%. The results of this study indicate concern in the enough category as much as 46.3% and not good category as much as 35.8%. The results of this study indicate satisfaction in the quite satisfied category as much as 58.9% and not satisfied category as much as 22.1%.

Table 3   Cross tabulation based on Tangible, Reliability, Responsiveness, Assurance, Concern With Outpatient Satisfaction on The Quality of Pharmaceutical Services

No	Tangible	Outpatient satisfaction								P
		Satisfied		Quite satisfied		Not satisfied		Total		
		n	%	n	%	n	%	N	%	(Sig)
1	Well	11	11,6	19	20,0	3	3,2	33	34,7	
2	Enough	4	4,2	27	28,4	18	18,9	49	51,6	0,001
3	Not good	3	3,2	10	10,5	0	0	13	13,7	
	Total	18	18,9	56	58,9	21	22,1	95	100	

No	Reliability	Outpatient satisfaction								P (Sig)
		Satisfied		Quite satisfied		Not satisfied		Total		
		n	%	n	%	n	%	N	%	
1	Well	1	1,1	22	23,2	3	4,2	27	28,4	
2	Enough	10	10,5	27	28,4	7	7,4	44	46,3	0,002
3	Not good	7	7,4	7	7,4	10	10,5	24	25,3	
	Total	18	18,9	56	58,9	21	22,1	95	100	

No	Responsive	Outpatient satisfaction								P (Sig)
		Satisfied		Quite satisfied		Not satisfied		Total		
		n	%	n	%	n	%	N	%	
1	Well	6	6,3	10	10,5	4	4,2	20	21,1	
2	Enough	9	6,3	21	22,1	16	16,8	46	48,4	0,003
3	Not good	3	3,2	25	26,3	1	1,1	29	30,5	
	Total	18	18,9	56	58,9	21	22,1	95	100	

No	Guarantee	Outpatient satisfaction								P(Sig)
		Satisfied		Quite satisfied		Not satisfied		Total		
		n	%	n	%	n	%	N	%	
1	Well	1	1,1	13	13,7	1	1,1	21	22,1	
2	Enough	4	4,2	20	21,1	13	13,7	37	38,9	0,001
3	Not good	13	13,7	23	24,2	7	7,4	37	38,9	
	Total	18	18,9	56	58,9	21	22,1	95	100	

No	Concern	Outpatient satisfaction								P(Sig)
		Satisfied		Quite satisfied		Not satisfied		Amount		
		n	%	n	%	n	%	N	%	
1	Well	0	0,0	14	14,7	3	3,2	17	17,9	
2	Enough	5	5,3	25	26,3	14	14,7	44	46,3	0,002
3	Not good	13	13,7	14	14,7	4	4,2	34	35,8	
	Total	18	18,9	56	58,9	21	22,1	95	100	

Based on table 2, it can be seen that the results of statistical testing using chi square test analysis with a 95% confidence level obtained p value of physical evidence p = 0.001, reliability p = 0.002, responsiveness p = 0.003, assurance p = 0.001, concern p = 0.002 which means it is smaller than the p-value (0.05) thus it can be stated that there is a relationship of each variable with outpatient satisfaction on the quality of pharmaceutical services at UPTD Public Health Centre DTP Bandar. , responsiveness, assurance and care have a positive influence on patient satisfaction where the higher the service provided to the patient at the time of treatment at the public health centre, the higher the level of satisfaction received by the patient at the time of treatment at the public health centre.

4. Discuss

Community behaviour in using health services is determined by the level or degree of perceived illness and the need for health services (perceived need). The increasing level or degree of perceived illness will make a person more in need of healing and will increasingly need health services (Hasibuan, 2019).

The health facilities service quality will be determined by the human resources (HR) who provide health care to patients and the facilities (facilities and infrastructure) that

support the health facilities service provision. Specialists as medical personnel are a critical component of providing high-quality care in a hospital. The quality of health care provided by health worker has a significant impact on health facilities performance and patient satisfaction with provided health care. The optimal quality of health care in hospitals is largely determined by the performance of the hospital's specialist doctors. Health facilities play a critical role in ensuring the quality of health care provided in hospitals, as they are accountable (Putri, 2020).

People who work tend to have good economic status, so that people who work will increase awareness of treatment (Sari et al., 2018). Based on the physical evidence variable (51.6%) reliability (46.3%) responsiveness (48.4%) concern (46.3%) where the patient feels enough about the services provided by the officer and based on the guarantee variable who chooses not good there are as many as (38.9%) because the officers are not skilled in providing drug information and the quality of service in pharmacies is considered to be still not good, seen from the variable satisfaction of patients who are quite satisfied (58.9%) with the services provided by the officers.

Umam (2019) that asserts that patients are distinct individuals with unique experiences, values, expectations, wants, and needs. Providing personal services entails paying attention to patient privacy concerns, serving with empathy, listening to patient complaints, accommodating patient advocacy, and ensuring that patient values are used to guide clinical decisions (Sumarni, 2017).

This study showed statistical testing using chi square test analysis with a 95% confidence level obtained p value of physical evidence $p = 0.001$, reliability $p = 0.002$, responsiveness $p = 0.003$, assurance $p = 0.001$, concern $p = 0.002$ which means it is smaller than the p-value (0.05) thus it can be stated that there is a relationship of each variable with outpatient satisfaction on the quality of pharmaceutical services at UPTD Public Health Centre DTP Bandar. , responsiveness, assurance and care have a positive influence on patient satisfaction where the higher the service provided to the patient at the time of treatment at the public health centre, the higher the level of satisfaction received by the patient at the time of treatment at the public health centre.

The results of the research on the characteristics of respondents based on age were at most 24-29 years (24.2%). Characteristics of respondents based on gender, mostly female (55.8%). Differences in sick behavior patterns are also influenced by gender where women go to treatment more often than men. Health behavior between men and women in general, women pay more attention and care about their health and undergo treatment more often than men (Sari et al., 2018). Further data regarding the education level of most respondents are at the high school education level (81.1). Patients who become respondents based on employment status are mostly farmers (37.9%). The quality of health workers' services has the potential to boost community satisfaction (Syahlidin, 2021).

The dimension of service quality (service quality) can be defined as the difference between what consumers receive or obtain and what they expect (Mulyana, 2019). The patient-centered service components include personalized care, information and education, emotional and spiritual support, service access (speed in registering, examination, waiting for examination results, and receiving medication), physical comfort (limited patient mobility, pain clinics), family/patient involvement, continuity of care, and the transition process of safe medical causation (Putri, 2020). Health worker support is one factor that determines the use of health services (Tambunan, 2020).

According to Fatmawati (2016), a doctor's fulfillment of the dimensions of service quality he or she provides, which include technical skills, interpersonal relationships, information availability, and patient involvement, will satisfy patients and encourage them to seek health care services in hospitals. Communication between doctors and patients has

been shown to improve medication adherence, increase patient satisfaction, and ultimately improve treatment outcomes.

The guidance carried out by the health office can be an alternative to improve health facilities (Iqbal, 2019; Saragih., 2019). The absence of information about the number of health workers and health facilities in Medan is one of the problems that can reduce public confidence in the health services provided (Siregar, 2019).

Compensation is a token of appreciation given by a company to its employees hoping that the employees' performance will improve. In general, a company's compensation is not uniform and is not fixed under the company's provisions. According to Wulansari (2014), if a company provides compensation that falls short of employee expectations, it will affect employee performance by increasing turnover and decreasing employee commitment to the company. According to (Pratama (2019) and Amalia (2019), when financial and non-financial compensation increases, work motivation increases as well.

5. Conclusion

From the results of the distribution of questionnaires to 95 respondents who were carried out at the UPTD Public Health Centre DTP Bandar, they were satisfied with pharmaceutical services in terms of patient satisfaction 58.9%, physical evidence 34.7 Reliability 46.3%, responsiveness 48.4%, caring 46.3% and patient feel bad about pharmaceutical services in terms of the guarantee variable 38.9%. Responsiveness, assurance and care have a positive influence on patient satisfaction where the higher the service provided to the patient at the time of treatment at the public health centre, the higher the level of satisfaction received by the patient at the time of treatment at the public health centre.

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