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

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Article Info	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 Puskesmas 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 Puskesmas states that health efforts are every activity to maintain and improve health, aiming to achieve optimal health status for the community (1).

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 (2).

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 (3). 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 (4).

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 (5). Puskesmas as one of the first-level health service units is a benchmark for health development and is evidence of community participation. Therefore, puskesmas are required to provide quality, fair and affordable health services (6). The Puskesmas 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 (7).

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 puskesmas is the provision of drug information when the drug is handed over to the patient (8). 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 (9). 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 (10).

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 (11). 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 (12). 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 (13).

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 (14). 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 (15). 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 (16).

Research conducted by Rina Adityawati et al., 2016 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 (17).

Based on the initial survey conducted by researchers on January 20, 2020 at the UPTD Puskesmas 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 puskesmas 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 Puskesmas DTP Bandar, Bandar District, Bener Meriah Regency in 2020.

2. RESEARCH METHODE

This research was conducted at the UPTD Puskesmas 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(8).

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.

Stages / Path of Research

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┌─────────────────────────────────────────────────────┐
│   Researchers visited selected respondents who were   │
│          in UPTD Puskesmas DTP Bandar                 │
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                          │
                          ▼
┌─────────────────────────────────────────────────────┐
│ Researchers conducted interviews by filling out a     │
│                  questionnaire                         │
└─────────────────────────────────────────────────────┘
                          │
                          ▼
        ┌─────────────────────────────────────┐
        │      Performed data collection       │
        └─────────────────────────────────────┘
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                          ▼
        ┌─────────────────────────────────────┐
        │      Data processed using SPSS       │
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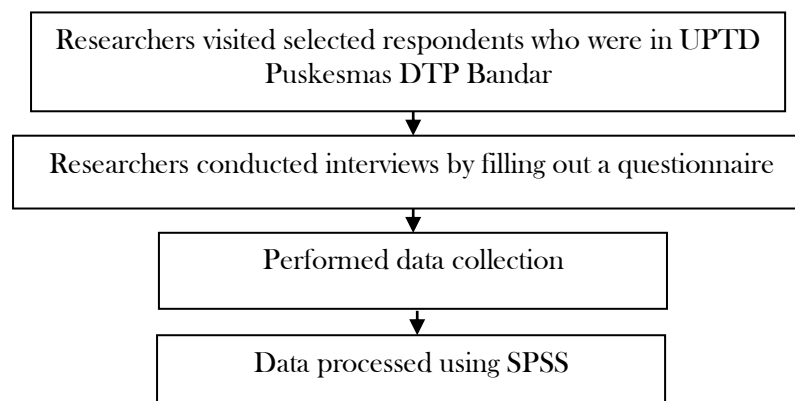
Figure 1. Research Stages

Data analysis is processed using SPSS with data analysis steps, namely:

1. Univariate Analysis.

   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.

2. Bivariate Analysis

   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 Puskesmas DTP Bandar. The population of this study is outpatient treatment at the UPTD Puskesmas DTP Bandar with the number of samples to be studied is 95 people. During the study, the results obtained in the form of the characteristics of the respondents in table 1.

Table 1. Frequency Distribution of Respondents based on Age, Gender, Education, Occupation, Physical Evidence, Reliability, Responsiveness, Guarantee, Care, Satisfaction at UPTD Puskesmas DTP Bandar Bandar Subdistrict Bener Meriah Regency in 2020.

No	Age	F	%
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
	Total	**95**	**100,0**
	Gender		
1	Man	42	44,2
2	Woman	53	55,8
	Pendidikan		
1	SD	3	3,2
2	SMP	3	3,2
3	SMA	77	81,1
4	BACHELOR	12	12,6
	Pekerjaan		
1	Civil Servants (PNS)	6	6,3
2	entrepreneur	18	18,9
3	Farmer	36	37,9
4	Housewife(IRT)	35	36,8
	Bukti Fisik		
1	Well	33	34,7
2	enough	49	51,6

No	Age	F	%
3	Not good	13	13,7
Reliability			
1	Well	27	28,4
2	enough	44	46,3
3	Not good	24	25,3
Responsive			
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 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 (4). 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%). People who work tend to have good economic status, so that people who work will increase awareness of treatment (4). 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.

Table 2 Cross tabulation based on physical evidence, reliability, responsiveness, assurance, concern with outpatient satisfaction on the quality of pharmaceutical services at the UPTD Puskesmas DTP Bandar, Bandar Subdistrict, Bener Meriah Regency in 2020

No	Physical evidence	Outpatient satisfaction								P (Sig)
		Satisfied		Quite satisfied		Not satisfied		Amount		
		f	%	f	%	f	%	F	%	
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		Amount		
		f	%	f	%	f	%	F	%	
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		Amount		
		f	%	f	%	f	%	f	%	
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		Amount		
		f	%	f	%	F	%	F	%	
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		
		f	%	f	%	f	%	f	%	
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 Puskesmas 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 puskesmas, the higher the level of satisfaction received by the patient at the time of treatment at the puskesmas.(18)

4. CONCLUSION

From the results of the distribution of questionnaires to 95 respondents who were carried out at the UPTD Puskesmas 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%.

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