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Analysis of outpatient service satisfaction in the pharmacy installation of Kendari City Hospital, Southeast Sulawesi Province in 2022

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ABSTRACT

The quality of service in the hospital is very important to support the quality of the hospital in order to strive to create the best service and treatment for every patient. The purpose of this study was to determine the overall level of outpatient satisfaction with the quality of service and complaint handling at the pharmaceutical installation of Kendari City Hospital. In this study, it is descriptive with qualitative and quantitative approaches. Then the data obtained is processed using gap analysis, custumer satisfaction Index (CSI), and Importance Performance Analysis (IPA) to identify the strengths and weaknesses of the service and determine opportunities to develop strategic planning. The results of the gap analysis show that each dimension of the servqual is at a negative index, which means that the patient is not satisfied with the services provided, namely tangibles -0.24, reliability -0.17, responsiveness -0.22, assurance -0.16, empathy -0.54. The results of the CSI analysis of the servqual dimensions and overall complaint handling have not reached 100% (excellent) but have received a value of 91.75% (excellent). The results of the IPA analysis show that quadrant A is a priority in improvement, namely: the tangibles dimension, namely the availability of drugs and the responsiveness dimension, namely the waiting time for drugs.

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INTRODUCTION

The quality of service and handling of complaints in hospitals is very important to support the quality of the hospital so that it strives to create the best service and treatment for every outpatient who visits the hospital pharmacy, the best quality service and treatment can instill trust and loyalty from customers or patients to the hospitals they visit. So this trust subconsciously makes customers always promote the hospital to their closest relatives or friends because of the excellent quality and handling. What we know is that quality acts as an indicator of satisfaction based on a person's experience when receiving and receiving health services. According to (Ginting D, 2019).

Pharmaceutical installation services will improve quality by increasing the skills and knowledge of each member of the pharmaceutical installation in order to reduce errors in information and service procedures.

Services in hospital installations (IFRS) in several hospitals in Indonesia are still less than optimal. Based on research conducted by (Arifiyanti AL, 2017), I n the pharmacy installation of the Islamic Hospital in Surabaya, it was found that services were still lacking, such as respondents who did not really understand the procedures that had to be carried out, so they thought that the process was said to be very complicated. The officers are also still not good at paying attention to patients when the patient needs immediate service, due to the lack of tolerance of one of the officers and research by (Kurniawan et al, 2016). To determine patient satisfaction at Wahidin Sudirohusodo Makasar Hospital, it shows that patients are not satisfied with the health services provided, this is indicated by the negative gap of -0.40 from the measurement of the five dimensions in measuring patient satisfaction. One of the factors that influences customer satisfaction and perceptions of service quality is how the hospital can properly handle patient complaints (Ernawati, 2010).

According to Supranto (1997), customers must be satisfied, because if they are not satisfied they will leave the company and become competitors' customers. This will cause a decrease in sales and in turn will reduce profits and even losses. Through short interviews with a number of patients, namely outpatient patients who were registered as new patients or old customers, several of them complained about the facilities in the waiting room being inadequate or inadequate and the waiting time for prescriptions being quite long.

The correct action for hospitals to find out how satisfied patients are with services is to conduct satisfaction surveys. Through the Servqual (service quality) method model or with gap analysis which contains 5 dimensions with basic spillovers when measuring customer perceptions of services which classify 5 dimensions, namely physical evidence (tangibles), reliability (reliability), responsiveness (responsiveness), guarantee (assurance) , and empathy (empathy) (Sam TA, Jothy, 2015). The specialty of this concept is that it refers to research that is very comprehensive, not difficult to understand and has clear tools when used in processing. Apart from that, this concept is the most widely used concept throughout the world to measure the quality of service to customers (Irawan H, 2019). The results of the gap analysis can be continued with the Customer Satisfaction Index (CSI) to determine the overall level of customer satisfaction (Aritonang L, 2005). The next step is importance performance analysis (IPA) or Cartesian diagram to describe it descriptively by presenting measurements of patient satisfaction. IPA has advantages in the four matrices, namely: quadrant A (Concentrate here), quadrant B (keep up the good work), quadrant C (low priority) and Quadrant D (Possible overkill), therefore IPA can identify the strengths and weaknesses of services and determine what 3 factors need serious attention and improvements must be made (Al, 2019). According to the description above, it is very necessary to conduct research regarding the influence of service on consumer satisfaction at the Kendari City Regional Hospital, which is expected to help IFRS to find out the extent of its performance, whether consumers are satisfied or not. The benefits of this research can be information and input for hospitals in improving services both in pharmaceutical installations and in the Public Relations department. For Hospital Pharmacy Installations (IFRS) can be a reference for Pharmacy Installations in knowing what factors should be of concern and improvements should be made to improve service quality.

RESEARCH METHOD

This research is descriptive in nature with a qualitative and quantitative approach. In this research, the qualitative approach uses survey techniques through direct interviews with IFRS officers and public relations regarding the research results obtained. Meanwhile, the quantitative approach in this research is a survey of the quality or excellence of service and complaint handling using

questionnaires for outpatients at the City Hospital Pharmacy Installation. Kendari. Then the data obtained is processed using the gap analysis method, customer satisfaction index (CSI), and Importance Performance Analysis (IPA) which is used to identify service strengths and weaknesses and determine opportunities to develop strategic planning through identifying factors that need serious attention and need to be improved in order to improve service quality and provide patient satisfaction (Aritonang L, 2005).

This research was carried out at the Kendari City Hospital pharmacy installation located at Jl. ZA Sugianto No.39 Kendari Southeast Sulawesi. This research activity will start in March – April 2022. The sample in this study was outpatients at the Kendari City Hospital, taken from an average of the last 3 months, namely August-October 2021, namely 130 respondents. Data collection technique, direct observation by researchers in the field/object to obtain research data which includes observations of service processes and facilities at the Kendari City Hospital Pharmacy Installation. Documentation directly at the hospital in the form of documents or copies of data related to research. Data collection interview which was carried out by face-to-face and direct question and answer between researchers and resource persons, namely with IFRS officers (Head of IFRS leadership and Pharmacists who have been assigned to outpatient pharmacy installations) and Public Relations.

Data analysis the grouping of respondent characteristics was determined, consisting of gender, age, highest level of education, membership status and occupation. Second, the 5-dimensional Servqual data (tangibles, responsiveness, assurance, reliability, empathy) is processed using the gap analysis method with the help of Microsoft Excel to determine the difference between expectations and perceptions called "service gaps" or "gaps", with the formula: Reality - Expectations = Gap. Third, a customer satisfaction index (CSI) analysis was carried out to determine the overall level of outpatient satisfaction with the help of Microsoft Excel. Statistical tests are used to see the relationship (correlation) between respondents' criteria and satisfaction with services at the Kendari City Hospital Pharmacy Installation. This test uses the Independent-t-test if the data is normally distributed, and the Mann Whitney test if the data is not normally distributed. Correlation values are interpreted using the following criteria: Sig. > 0.05 = no correlation, Sig. < 0.05 = there is a correlation.

RESULTS AND DISCUSSIONS

Respondent Characteristics

Table 1. Description of respondents

Characteristics		Frequency	Percentage
Age	< 20 Years	5	3.8
	21 - 40 Years	60	46.2
	41 - 60 Years	44	33.8
	61 - 80 Years	21	16.2
Gender	Man	53	40.8
	Woman	77	59.2
Membership	JKN	121	93.1
	General	9	6.9
Last education	JUNIOR HIGH SCHOOL	13	10
	SENIOR HIGH SCHOOL	32	24.6
	Diploma	18	13.8
	Bachelor	61	46.9
	Masters	6	4.6
Work	Civil servants	31	23.8
	Private employees	32	24.6

Farmer	5	3.8
Student/Students	10	7.7
Trader	7	5.4
Others	45	34.6

Criteria data from respondents used include gender, age, membership status, latest education and respondent's occupation. Table 1 shows that the male gender is 41%. and women 59%. According to Kotler and Keller (2012), men and women have different attitudes and behavior based on genetics and socialization, where women tend to be more sensitive and tend to be able to gather more information in their immediate environment. Research conducted by Sihaloho and Herliana (2017) states that women are more emotional compared to men and they tend to use their emotional feelings in assessing their level of satisfaction. Not only that, it turns out that the age factor is also one of the measures in measuring satisfaction. patients, where consumers' desires and abilities can change with age (Kotler & Keller, 2012).

A person's final level of education is certainly a factor that greatly influences the development of a person's perception and assessment of something, because education can show the level of knowledge and intellectuality possessed by a person. Respondents with the highest number were respondents with a tertiary/graduate degree at 46.9%. The smallest number were respondents with a master's/master's degree at 4.6%. Based on patient participation status, the largest number were patients with National Health Insurance (JKN) membership status at 93.1% and General membership status at 6.9%.

Gap Analysis Results

Tangibles

Data from the tangibles dimension gap analysis of service quality at the Kendari City Hospital Pharmacy installation can be seen in table 5.

Table 2. Resultstangibles dimension gap analysis

Question Questionnaire	Perceived Value	Hope Value	*Gap (cerqual)*
Staff at the pharmacy installation look neat when administering medication	3.93	3.98	-0.05
The medicine I need is always available at the pharmacy	3.52	3.95	-0.43
The pharmacy installation location is easy to reach	3.74	3.98	-0.25
Pharmacy installations already have modern equipment and technology (such as computers)	3.58	3.98	-0.41
The physical facilities (waiting room, building, etc.) at the pharmacy installation are good	3.91	3.98	-0.08
Averagetangibles	3.74	3.98	-0.24

Source: data processed in 2021

Based on the table above, the average number of perceptions and expectations for outpatients with the tangibles dimension regarding the services provided by Kendari City Hospital pharmacy installation officers is in the very high category but is still within a gap of -0.24. The second question point regarding drug availability has the lowest gap, namely -0.43. This is because the medicines that patients need and want are sometimes not available, so the pharmacy recommends buying them outside. Arifiyanti & Djamaluddin (2017) also showed in their research that the level of drug availability at the Surabaya Hospital Pharmacy Installation was not optimal because there were still many patients who received inappropriate amounts of medication based on the doctor's prescription. In the results of this research, patients responded that service in terms of the tangibles dimension had greatly improved compared to previous years although there were still some complaints. In this tangibles dimension, there are 3 question points that have a positive gap.

Uktutias (2018) stated that the tangibles dimension is a very important benchmark in service besides the responsiveness dimension. If physical aspects and facilities are available and

fulfilled, then customers, both patients and waiters, will feel satisfied (Yuriah et al., 2023). The existence of options for getting medicine outside the hospital and the lack of distractions while waiting can influence customers' perceptions of the services they receive and what they expect (Herjunianto et al., 2014).

Reliability

This dimension concerns officers who have work reliability and consistency by providing accurate and trustworthy service. Data from the reliability dimension gap analysis on the quality of Kendari City Hospital Pharmacy Installation services can be seen in table 3.

Table 3. Results of reliability dimension gap analysis

Question Questionnaire	Perceived Value	Hope Value	*Gap (cerqual)*
Services at the pharmacy installation begin exactly at the scheduled time	3.90	3.96	-0.06
Service procedures in pharmacy installations are clear	3.88	3.95	-0.07
Pharmacy installation officers provide drug information that is easy for patients to understand	3.88	3.98	-0.09
The information provided by employees at the pharmaceutical installation can be trusted	3.93	3.98	-0.05
The officer provided an explanation of the price of the medicine received	2.95	3.51	-0.55
Average	3.71	3.88	-0.17

Source: 2021 processed data

Based on patient surveys, services at the pharmacy installation always start on time. Based on observations made by researchers, this is true because IFRS services start exactly at the specified time. Question 7 regarding service procedures clearly has a negative gap of -0.07. This is because some patients link service procedures with the long waiting time for medication. In research conducted by Nangaro et al. (2019), the same thing also happened, the results showed that patients did not feel that the procedures in the service at the pharmacy installation were complicated, only that many patients complained about the waiting time for medicine.

Delivery of medicines to outpatients must be accompanied by Provision of Drug Information (PIO) which includes the name of the medicine, use/indications and contraindications, rules for use and dosage, therapeutic effects and side effects, as well as how to store the medicine (Ministry of Health, 2019). Statement item 8 regarding drug information that is easy for patients to understand has a negative gap, namely -0.09. Some elderly patients are of the opinion that when handing over the prescription and conveying the drug information, the indications/uses for each type of drug are clearly stated on the drug label. In research conducted by Kaunang et al. (2020), shows that the reliability dimension has the largest negative gap compared to other servqual dimensions. This patient dissatisfaction is also caused by the large number of patients queuing so that the officers at the pharmacy installation no longer explain the dosage and side effects of drugs (Yuriah & Kartini, 2022).

Responsiveness

Table 4. Results of gap analysis of responsiveness dimensions

Question Questionnaire	Perceived Value	Hope Value	*Gap (cerqual)*
Patients don't have to wait long to take care of the prescription they want to fill at the pharmacy	3.34	3.83	-0.49
The officers at the pharmacy installation are always happy to help	3.82	3.99	-0.18
Officers at the pharmacy installation provide an exact explanation of when the medicine will be given	3.87	3.98	-0.11
Officers at the pharmacy installation are active in gathering treatment information	3.74	3.96	-0.22
Pharmacy installations provide sufficient staff during peak or	3.86	3.95	-0.09

crowded hours			
Average	3.72	3.94	-0.22

Source: 2021 processed data

The responsiveness dimension must be considered first by the hospital because it is directly related to customers (Arsanam & Yousapronpaiboon, 2014). This responsiveness factor is the most dynamic factor. This is influenced by technological developments (Arifiyanti & Djamaluddin, 2017). *Gap* there is a high negative value in statement item 11 regarding the waiting time for medication, namely -0.49. Some outpatients expressed dissatisfaction because they had to wait a long time. One of the factors that causes the length of service is because according to the Minister of Health's Regulations, the standard waiting time for finished medicine service is 30 minutes, while for compounded medicine it is 60 minutes, so Kendari City IFRS officers are very agile during peak hours with a gap of -0.09 in statement item 15 so that prescription services require more time and patients wait longer. Responding to this, through interviews with IFRS officers (Head of IFRS and pharmacists at outpatient pharmacy installations) stated that this occurred because most of the prescriptions received were formulated drugs so they required more time.

The number of officers in the Kendari City Regional Hospital's pharmacy installation is 6 people and every day they serve nearly 200 prescriptions with their respective tasks divided. Collaboration with various parties, including the government, private sector and various health insurance companies, also supports the number of outpatient visits, so that during peak hours there is a buildup of patients at IFRS (Aryani et al., 2015). The availability of skilled enough human resources, work experience, workload and knowledge can influence waiting times (Karuniawati et al., 2016). Research conducted by Arifiyanti & Djamaluddin, (2017) states that the long waiting time for medicine is caused by the large number of prescriptions and lack of human resources, which makes officers overwhelmed. Meila at al. (2020) stated that the waiting time for drug preparation is influenced by the speed and accuracy of the serving staff, the completeness of the requirements and data that make it possible in the process of receiving the prescription until delivering the drug (Yuriah et al., 2022).

Assurance

Table 5. Results of gap analysis of assurance dimensions

Question Questionnaire	Perceived Value	Hope Value	*Gap (cerqual)*
Staff at the pharmacy installation are always polite and friendly in providing services to patients	3.67	3.96	-0.29
I am confident of receiving the correct medication	3.91	3.97	-0.06
The officers at the pharmacy installation had the knowledge to answer my questions about medications	3.89	3.97	-0.08
Officers at the pharmacy installation control my medication use	3.57	3.90	-0.33
I feel safe if my medicine is handed over by a pharmacist	3.62	3.66	-0.04
Average	3.73	3.89	-0.16

Based on the table above, assessed from the overall assurance dimension, the perception and expectations of outpatients in the Kendari City Hospital pharmacy installation are included in the very high category with a gap of -0.16. However, this assurance dimension is ranked 4th with the lowest negative gap after the empathy dimension. In contrast to research by Citraningtyas et al. (2020) which shows that the assurance dimension has the highest negative gap among all servqual dimensions. Officers who control patient drug use have a gap of -0.33. In these two services, it is considered that a small number of patients are not optimal. In research conducted by Aryani et al. (2015), the assurance dimension has a high negative gap after the reliability dimension because patient expectations for this dimension are very high, as officers have the knowledge to answer patient questions about drugs (Muthoharoh et al., 2022). In research conducted by Arsanam &

Yousapronpaiboon (2014). This facility is something that must be developed and pharmacists must explain instructions and communicate with patients in terms that are easy to understand. In statement item 17 regarding confidence in receiving medicine, a positive gap was found and statement item 20 regarding the patient feeling safe if the medicine was handed over by the pharmacist, had a gap of 0.04, which means the patient's perception was the same as expectations. In contrast to research conducted by Citraningtyas et al. (2019) which shows that all statement items in the assurance dimension have a negative gap including knowledge, abilities and attitudes that can be trusted in providing services.

Empathy

Data from the analysis of the empathy dimension gap on service quality at the Kendari City Hospital Pharmacy Installation can be seen in table 6.

Table 6. Results of gap analysis of empathy dimensions

Question Questionnaire	Perceived Value	Hope Value	*Gap (cerqual)*
The officers at the pharmacy always understand my treatment needs	3.36	3.94	-0.58
Officers at the pharmacy installation try to understand complaints from patients	3.48	3.94	-0.45
The officers at the pharmacy installation were willing to help and provide solutions to my medication problems	3.40	3.91	-0.51
Officers at the pharmacy installation are happy to find alternative medicines that suit your financial condition	3.29	3.90	-0.61
Average	3.38	3.92	-0.54

Source: processed data2021

Based on the table above, the overall dimension of care has very high perceptions and expectations and is the service quality dimension that has the highest gap, namely -0.54. Statement item 21 has a gap of -0.58, where the patient feels satisfied that the staff always understands the patient's treatment needs, such as if the patient requires immediate service. This is because officers have free time and it is not during peak hours. In contrast to research conducted by Arifiyanti & Djamaluddin (2017) which showed that patients were very dissatisfied because the officers showed a lack of tolerance. Research conducted by Nangaro, et al. (2019) at the Liun Kendage Tahuna Regional Hospital installation produced the empathy dimension which was also on a negative index. According to him, apart from guarantees, another important element of clinical governance is empathy. Those who interact directly with customers must provide service sincerely, responsively, friendly, focused, and realize that customer satisfaction and feelings are everything. Empathetic service really requires touch and feeling towards the patient because the empathy dimension is a dimension that provides great opportunities for officers to create surprising services, namely something that is not expected by the service user but is provided by the service provider (Yulyuswarni, 2014).

Customer Satisfaction Index (CSI) Results

Customer satisfaction index(CSI) is used to determine the overall level of customer satisfaction with an approach that considers the level of importance of the service quality items being measured (Aji & Marleni, 2018). The average values of perceptions and expectations used in the CSI analysis can be seen in appendix 13. The overall CSI results of the 5-dimensional servqual and complaint handling have not reached 100% (excellent) but have received a score of 91.75% (very good). The weight factor shows a large value if the level of expectation and performance of the pharmaceutical installation staff is very high so that it influences the weight score results. On the other hand, if the level of expectation and performance is low then the results of the afternoon weight will also be low. The CSI analysis is linked to the IPA method and is supported by attributes in quadrants B and D which are maintained until the CSI value does not decrease. The

CSI value can be increased by making improvements to the performance attributes resulting from IPA (Uktutias, 2018).

Importance Performance Analysis(science)

Using the IPA method can identify the advantages or strengths and weaknesses of services and determine opportunities to develop strategic planning by identifying what factors should receive serious attention and then need to be improved by the organization in order to continue to provide customer satisfaction (Soeseno et al., 2019). The results of the TKI analysis of 5 dimensions of service quality and complaint handling can be seen in table 8.

Table 8. Results of 5-dimensional TKI serqual analysis

Questionnaire	Items	Perceived Value	Hope Value	Migrant Workers (%)
Tangibles	1	3.93	3.98	98.65
	2	3.52	3.95	89.11
	3	3.74	3.98	93.82
	4	3.58	3.98	89.77
	5	3.91	3.98	98.07
Reliability	6	3.90	3.96	98.45
	7	3.88	3.95	98.25
	8	3.88	3.98	97.68
	9	3.93	3.98	98.65
	10	2.95	3.51	84.21
Responsiveness	11	3.34	3.83	87.15
	12	3.82	3.99	95.57
	13	3.87	3.98	97.29
	14	3.74	3.96	94.37
	15	3.86	3.95	97.67
Assurance	16	3.67	3.96	92.62
	17	3.91	3.97	98.45
	18	3.89	3.97	98.06
	19	3.57	3.90	91.52
	20	3.62	3.66	98.95
Empathy	21	3.36	3.94	85.35
	22	3.48	3.94	88.48
	23	3.40	3.91	87.01
	24	3.29	3.90	84.42
TOTAL		88.05	94.14	93.54
X and Y intersection line		3.67	3.92	94%

Based on the table above, it can be seen as a whole that the 5-dimensional Servqual conformity level and complaint handling shows a value of 93.54%. According to Sudaryanto (2007) if the percentage is 80 -100% then the suitability is in the very suitable category. Next, create a map of importance and performance positions which is divided into 4 quadrants bounded by two lines with values of 3.67 and 3.92. Next, the horizontal axis (X) is filled with the perception level score, then the vertical axis (Y) is filled with the expectation level score in IPA.

Tangibles

To avoid drug shortages, it is best to collect fairly careful data regarding drug availability and place drug orders on a fast moving basis or by adding a drug order schedule to Pharmaceutical Wholesalers (PBF). It is necessary to increase the maximum quality of service by evaluating and monitoring the availability of medicines so that medicines will always be available (Harijanti, 2018). For medicines prescribed by doctors outside the hospital formulary, it is best for the installed staff to coordinate or communicate with the doctor as often as possible to replace them with the same indicated medicines that are covered by BPJS. In this research, improvements need to be made to facilities which include: use of restrooms (toilets) where cleanliness must be given more attention; and also pay attention to the situation or condition of the waiting room so

that during the rainy season splashes or splashes of rain water do not enter the corridor of the waiting room on the outside, so you can use a canopy in the form of a curtain.

Responsiveness

The last unit visited by outpatients and inpatients is the pharmacy installation, therefore its efficiency is directly related to patient satisfaction (Alodan et al., 2020). Based on the Decree of the Minister of Health Number: 129/Menkes/SK/II/2008 regarding minimum pharmaceutical service standards, the waiting time for compounded medicines is <60 minutes and non-mixed medicines <30 minutes. The duties of pharmaceutical installations according to the Ministry of Health No. 72 of 2016 concerning standards for pharmaceutical services in hospitals, one of which is to participate in or carry out education and training in order to develop pharmaceutical services. It is very important to carry out training to improve the skills, accuracy and speed of each member on duty in the pharmaceutical installation in service.

CONCLUSION

Based on the results of the research that I have carried out, the following conclusions can be drawn. The results of the gap analysis show that each servqual dimension is on a negative index, which means that patients are not completely satisfied with the services provided at the Kendari City Hospital pharmacy installation, which includes, tangibles -0.24, reliability -0.17, responsiveness, -0.22, assurance -0.16, empathy -0.54. The results of the Customer Satisfaction Index (CSI) on Servqual 5 dimensions and overall complaint handling are not yet 100% (excellent) but have achieved 91.75% (excellent). The results of the Importance Performance Analysis (IPA) show that quadrant A is a priority for improvement which includes; the tangibles dimension, namely in the form of the availability or completeness of medicines, toilets that are not clean and splashing or leaking rainwater in the corridor entering the waiting room; the dimension of responsiveness, namely waiting time for medicine, and complaint handling, namely information on the flow of handling complaints.

Many hospitals are emerging and competition is getting tougher, which adds to the fact that both patients and their families are very critical in assessing the services they receive. For this reason, one of the strategies that hospitals must use is to improve the quality of service. The right step for hospitals to find out how satisfied patients are with their services is to do a satisfaction survey. The Servqual (service quality) method model or gap analysis contains 5 dimensions with basic statements in measuring consumer perceptions of services which include 5 dimensions, namely physical evidence (tangibles), reliability (reliability), responsiveness (responsiveness), guarantee (assurance), and empathy (empathy).

The limitation of this research is that respondents did not really understand the procedures that had to be carried out so they thought that the procedures were stated to be very complicated. Staff are also not optimal in giving attention to patients when patients need immediate service, due to the staff's lack of consideration. The implication of this concept is that it is based on research that is very comprehensive, easy to understand and has clear instruments when used in measurement. Apart from that, this concept is the concept most widely used throughout the world to measure the quality of service to customers.

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