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Patient Satisfaction of Pharmaceutical Services During the Covid-19 Pandemic in the Public Healthcare Center of Singosari, Malang

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Abstract.
There are pharmaceutical standards that are used as guidelines for pharmaceutical personnel to improve the quality of pharmaceutical services. One of the evaluative methods in assessing the quality of pharmaceutical services is looking at patient satisfaction. This is assessed based on patient feelings that arise as a result of the health services obtained, which are then compared with their expectations. The purpose of this study was to assess patients' level of satisfaction as an evaluation measure of the performance of pharmaceutical services. 100 patients of the public healthcare center in Singosari, Malang were recruited through non-probability sampling and data were collected through a questionnaire about the satisfaction of pharmaceutical services. The study was conducted in July 2021. There were five dimensions used to measure the level of satisfaction: tangibles (direct evidence), reliability, responsiveness, assurance (guarantee), and empathy, and the pharmaceutical services were examined from several implemented procedures. Consumer satisfaction in the five dimensions ranged from satisfied to less satisfied. The reliability dimension obtained the lowest score of -0.59.

Keywords: patient satisfaction, public healthcare centre, pharmaceutical services, Malang

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1. INTRODUCTION

Based on Government Regulation of the Republic of Indonesia No. 73 of 2016, the definition of pharmaceutical service is a service provided directly and responsibly to patients to achieve definite results to improve the quality of life of patients related to pharmaceutical preparations. Pharmaceutical services aim to prevent and solve drug problems and all health-related problems, as well as identify [1].

Of course, in pharmaceutical services, there are pharmaceutical service standards, namely benchmarks, used as guidelines for pharmaceutical personnel. Pharmaceutical service standards include the management of pharmaceutical preparations, medical

devices, medical consumables, and clinical pharmacy services. The clinical pharmacy services in question are assessment and prescription services, drug information services (PIO), home pharmacy care, dispensing, counseling, monitoring drug therapy (PTO), and monitoring drug side effects (MESO) (Permenkes No.73, 2016). The purpose of the pharmaceutical service standard is to ensure legal certainty, improve the quality of pharmaceutical services, protect patients in the context of safety by providing education on the use of drugs properly [2].

Satisfaction is a psychological state and can be said as the suitability of individual expectations and reality. Patient satisfaction is each patient's emotions, feelings, and perception problems and arises based on the patient's experience in receiving health services [3]. Patient satisfaction is assessed based on the level of patient feelings that arise from the health services obtained by the patient and then compares it with what he expects. Measuring patient satisfaction is an activity that cannot be separated from measuring the quality of health services [4]. Five dimensions of assessment can measure assessment of patient satisfaction according to the quality of service, namely: tangibles (direct evidence), reliability (reliability), responsiveness (responsiveness), assurance (guarantee), and empathy (care) [2]. To ensure the level of patient satisfaction, it is necessary to evaluate the quality of pharmaceutical services.

In some low-source countries, health systems face many challenges in preparation for the Covid-19 pandemic [5]. Corona Virus Disease – 19 or more popularly known as Covid-19, has been designated by the WHO (World Health Organization) or the World Health Organization as a Public Health Emergency of World Concern (KMMD) on January 30, 2020, and finally designated as a Pandemic on the 11th. March 2020 [6]. Covid-19 has been declared a pandemic by the World Health Organization (WHO) as the case causing high numbers of confirmed cases and leading to deaths in more than 160 countries. After the initial spread in Wuhan and China, Italy was hit by the first attacks in Europe, and the impact was huge. With the condition of Indonesia, which has more than 267.7 million people, this pandemic has had a profound effect on the people of Indonesia. According to the official Covid-19 website in Indonesia, there were 4,073,831 cases infected by this disease and 3,724,318 patients who had recovered, and 131,923 cases were declared dead [7].

As Covid-19 spreads, health workers and Covid-19 task forces may become busy, and regular services may be ignored. This situation can greatly affect the quality of health services and patient satisfaction than before. Patient satisfaction is one of the anticipated health service outcomes, which is directly related to the utilization of health services. However, there is insufficient information about user perceptions of

health facility services after the emergence of Covid-19, especially in Malang, Indonesia. Therefore, this study aims to assess patient satisfaction and related factors during the Covid-19 pandemic among patients to the Singosari Health Center, Malang Regency, Indonesia.

2. METHODS

2.1. Study design and area research

This research is included in descriptive research to provide an overview of the object under study and use quantitative research methods to determine the level of patient satisfaction with pharmaceutical services. Data collection is done by distributing questionnaires that have a Likert scale. The location of the research this time was in a Puskesmas in Singosari, Malang Regency, Indonesia. Singosari Health Center is one of the health centers in Malang Regency, precisely in Singosari District, established in October 1977. In 2019 the number of patient visits was 42,750 patients. In 2020 there was a decrease of 32,355 patients.

2.2. Inclusion and exclusion criteria

There are 2 sample criteria, namely inclusion criteria and exclusion criteria. To reduce biased research results, it is necessary to determine sample criteria. Inclusion criteria were patients aged 18 years and over; patients who can read and write; patients willing to be research samples by signing informed consent; patients who come to the Singosari Malang Health Center and get pharmaceutical services. Exclusion criteria in this study were patients who did not answer all the questions on the questionnaire and patients who were illiterate and had reading difficulties without assistive devices.

2.3. Sample size and sampling technique

The main step before data collection is necessary to determine the number of respondents who describe the population. One of the methods used to determine the number of samples is the Lemeshow formula. From the above calculation results with 95% CI, 1% precision level, and the probability of error occurrence is 5%, it can be seen that the number of respondents in this study was 100 respondents. This study uses a sampling technique, namely accidental sampling, where sampling is done by taking samples of

respondents who exist and are available in place according to the research context [8]. In this study, sampling will be carried out at the Singosari Public Health Center, Malang Regency, namely patients in the waiting room and who receive pharmaceutical services at that location.

2.4. Data collection process and instrument

Data were collected through face-to-face interviews with a semi-structured questionnaire developed from a previous similar article. The questionnaire was previously published in Indonesian. The questionnaire has socio-demographic characteristics, questions related to the level of satisfaction and expectations of pharmaceutical services with five dimensions. This study uses the servqual method to measure service quality quantitatively in the form of a questionnaire. It discusses service quality dimensions, namely responsiveness, reliability, assurance, empathy, and tangibles [9].

The results of patient satisfaction were measured using a satisfaction measuring instrument. It contain 34 items on a five-point Likert scale that are scored from 1 to 5 (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree), which together yield a minimum of 34 and a maximum of 170. Responses to the 34 measurement items were added and converted to give individual satisfaction level scores. Patients who score above 100% on 34 satisfaction measurement items are very satisfied, patient with 100% are satisfied and patients with scores less than 100% are dissatisfied.

Validity and reliability tests have been carried out in the preliminary test with 30 respondents. The validity test results with construct validity by looking at the calculated r and r tables, and all items have been declared valid. The reliability test is seen from Cronbach's Alpha, namely 0.918 and 0.895 which is then declared reliable for all question items.

2.5. Data analysis

After data collection, data were checked for completeness and coded, cleaned, and entered into SPSS version 23 for data cleaning and analysis. Descriptive statistics such as tables, graphs, and proportions are used to present the data. Satisfied patients were given a score of "1," while those who were not satisfied were given "0". The method used in this study is the servqual method and the IPA method. The servqual method is used to determine the criteria that must be improved, namely regarding service satisfaction

between customer perceptions and expectations. GAP or service satisfaction gap is the difference between perception and expectation, which is formulated as follows: [10]

GAP = P - H

Nites:

GAP : Difference from customer perception value and expectation

P : Customer perception value

H : Customer expectation value

If the results of the assessment of customer perceptions and expectations (P > H) are positive, then the services provided can be said to be very satisfying. If the assessment results are zero (P = H), then the services provided can be said to be satisfactory. And if the results of the assessment of customer perceptions and expectations (P < H) are negative, then the services provided can be unsatisfactory. Importance Performance Analysis (IPA) is one of the methods used to measure service quality. The method used in this study is quadrant analysis, which is used to determine the patient's response to the statement attributes based on the level of importance/expectations and reality/performance of each statement. In the initial step in this technique, respondents are asked to rate service performance and expectations. The performance value referred to in this study is the reality felt by the patient towards pharmaceutical services. Reality and expectation are done by calculating the average value presented in a Cartesian diagram with two variables, namely the horizontal letter X as the performance score/reality and the letter Y as the level of importance/expectation. The average total score of performance/reality and importance/expectations will later be used to intersection the two curves [11]. Quadrant analysis carried out has 4 quadrants, namely quadrant A, B, C, and D. Quadrant A (High priority) contains factors considered important by the patient. Still, when viewed from the performance, it is not as expected, so it has not shown good satisfaction. Factors in quadrant A need to be improved [12]. Quadrant B (Maintain achievement) contains factors that are considered important by the patient and are following what is felt; the level of satisfaction is relatively high. Factors in this quadrant need to be maintained because they are an advantage in patients' eyes [12]. Quadrant C (Low priority) is a quadrant that contains factors that are not too important. Factors in this quadrant are reconsidered in improving their performance because the benefits felt by the patient are too small (Jufriyanto, 2020). Quadrant D (Excessive) contains factors that are considered excessive in the implementation, and the patient considers these factors less important but satisfactory. Factors in this quadrant can be reduced, or no further action is needed [13].

2.6. Ethical consideration

This research has obtained ethical approval from the Ethics Committee of the Medical Faculty of UMM with the number E.5.a/089/KEPK-UMM/V2021. Informed consent was obtained from the participants after explaining the contents of the study and the research objectives for each research participant. The privacy and confidentiality of research participants are also strictly maintained and do not write the names of research participants/anonymous.

3. RESULTS

3.1. Sociodemographic characteristic

In total, 100 respondents are willing to become respondents in this study. Among the 100 respondents, it was found that the highest percentage of respondents aged between 18-25 years amounted to 20 people (20%), and ages between 56-65 years amounted to 19 people (19%). Respondents were male; there were 40 people (40.0%) and 60 women (60.0%). most respondents are high school graduates amounting to 43 people (43.0%) and as many as 30 people with a percentage of 30.0%, namely working as entrepreneurs for the work variable (Table 1).

3.2. Results of Analysis of IPA (Importance Performance Analysis) and Servqual Methods

Based on the calculation of the analysis of the IPA method (Importance Performance Analysis) on the quality of service at the Singosari Public Health Center, Malang Regency, the location of the quadrant on each indicator can be seen. The results of these calculations can be seen in Table 2. Servqual comes from the word Service quality, which measures how well a service meets customer expectations (Lukita et al., 2019). The results of the analysis of the Servqual method on the dimensions of service quality include Tangible, Responsiveness, Reliability, Assurance, and Empathy in this study can be seen in table 3. The Servqual method is used to determine the gap or gap that occurs between the expected service quality and the quality of service received by consumers or patients (Lukita et al., 2019). The results of the analysis of the servqual method on the dimensions of service quality include five dimensions, namely Tangibles, Responsiveness, Reliability, Assurance, and Empathy. V.13. All indicators are negative, which means they show a mismatch between expectations and the reality of

Table 1: Sociodemographic character of respondents.

Variable	n	%
Age		
18 – 25	20	20.0 %
26 – 35	16	16.0 %
36 – 45	14	14.0 %
46 – 55	18	18.0 %
56 – 65	19	19.0 %
>65	13	13.0 %
Gender		
Male	40	40.0%
Female	60	60.0%
Education		
Elementary school	13	13.0 %
Junior high school	21	21.0 %
High school	43	43.0 %
College	23	23.0 %
Work		
Student	4	4.0 %
College student	11	11.0 %
Entrepreneur	30	30.0 %
Private employee	16	16.0 %
Housewives	24	24.0 %
Government employees	8	8.0 %
Retired	7	%

the service. The highest gap shows the service dissatisfaction felt by patients at the Singosari Public Health Center, Malang Regency, namely the Reliability (reliability) of -0.59. While the lowest gap is on the Empathy dimension (care) of 0.07. The average reality as a whole is 4.33 while the average expectation is 4.61, which means there is a gap of 0.28.

3.3. Reality and Expectation Matrix Diagram

Based on the matrix diagram of reality and expectations of patient satisfaction with pharmaceutical services at the Singosari Public Health Center, Malang Regency, it consists of 4 quadrants that show the service indicators that the health center has carried out. In this study, there are 19 statements on the reality and expectation items. The value used in this diagram is the average value for each statement of reality and expectation items. The total average of the reality and expectation items is used as

a cut-off point to determine the quadrant area of the statement indicator used. The results of the matrix of reality and expectations in this study can be seen in Figure 1. The description of the quadrants and the statement numbers that enter each quadrant can be seen in table 4.

4. DISCUSSION

Based on the results from table 1, characteristics based on age, the age group is mostly between 18-25 years with a total of 20 people (20%). At that age is a productive age with high activities, most vulnerable to infection with disease if you do not take care of your health intensively, the body's defense system begins to decline, the way the metabolic system works in the body also decreases, thus affecting the body's immunity and susceptible to disease [14]. This is also in line with previous research conducted at the Malang City Health Center where the most respondents who filled in were aged 16-27 years [15]. Based on gender, there were 60 female respondents (60.0%), and 40 male respondents (40%). This is because female respondents are more concerned about the health of each family member [16]. The largest percentage based on the latest education is SMA. A person's perception of something can be influenced by several factors, one of which is a person's level of education and intellectuality. The higher the level of education will affect the knowledge, comprehension, information, attitudes and interests of a person which is expected to be able to provide a subjective assessment [17]. This is in line with previous research in 2021 at a Puskesmas in Malang City regarding antiretroviral compliance, most of which were respondents who had high school and college backgrounds [18].

The results of the analysis using the Servqual method, which can be seen in table 2, show that the Servqual value has a negative value; this indicates that the patient's expectations have not been met so that the patient is not satisfied with the pharmaceutical services at the Singosari Health Center. One way to see the overall service quality and detect gaps is to use Importance Performance Analysis (IPA).

In Quadrant A, some factors are considered important by the patient, but if viewed from the performance, it is not as expected, so it has not shown good satisfaction. Factors in quadrant A need to be improved [12]. The results of this study, the indicator included in quadrant A, provide information related to the time required for drug preparation. However, some respondents at the Singosari Health Center did not get information regarding the long duration of drug preparation, thus making patients feel confused and waiting uncertainly. Long prescription services will reduce the level of

patient satisfaction in terms of waiting time for prescription services. Still, fast service will increase patient satisfaction in terms of waiting time for prescription services.[14].

Table 2: Results of Calculation of Reality, Expectations of the five-dimensional service quality, and the location of the quadrant of the Cartesian diagram in patients at Singosari Public Health Center Malang Regency.

Dimension	Qu	Reality	Expectation	Conformity Level (%)	Servqual Score	Satisfaction Level	Quadrant
Tangibles	1	4,66	4,63	100,65 %	0,03	Very Satisfied	B
	2	4,49	4,63	96,98 %	-0,14	Not satisfied	B
	3	4,35	4,65	93,54 %	-0,30	Not satisfied	B
	4	4,19	4,46	93,95 %	-0,27	Not satisfied	C
		4,42	**4,59**	**96,30 %**	**-0,17**		
Responsive-ness	5	4,63	4,53	102,21 %	0,1	Very Satisfied	D
	6	4,32	4,57	94,53 %	-0,25	Not satisfied	D
	7	4,28	4,50	95,11 %	-0,22	Not satisfied	C
		4,41	**4,53**	**97,35 %**	**-0,12**		
Reliability	8	3,93	4,70	83,62 %	-0,77	Not satisfied	A
	9	4,60	4,66	98,71 %	-0,06	Not satisfied	B
	10	4,48	4,64	96.55 %	-0,16	Not satisfied	B
	11	4,44	4,67	95,07 %	-0,23	Not satisfied	B
	12	3,69	4,69	78,68 %	-0,10	Not satisfied	A
	13	3,38	4,74	71,31 %	-1,36	Not satisfied	A
		4,09	**4,68**	**87,39 %**	**-0,59**		
Assurance	14	4,65	4,51	103,10 %	0,14	Very Satisfied	D
	15	4,06	4,43	91,65 %	-0,37	Not satisfied	C
	16	4,33	4,62	93,72 %	-0,29	Not satisfied	B
		4,35	**4,52**	**96,24 %**	**-0,17**		
Empathy	17	4,64	4,68	99,15 %	-0,04	Not satisfied	B
	18	4,72	4,67	101,07 %	0,05	Satisfied	B
	19	4,36	4,58	95,20 %	-0,22	Not satisfied	D
		4,57	**4,64**	**98,49 %**	**-0,07**		
Total average		**4,33**	**4,61**				

The lack of providing this information, based on the researchers' observations, is caused by the fact that there are always many visitors to the Public Health Center every day, so that pharmacists need to provide services quickly. The information is not conveyed to patients so that patients feel that the pharmacist's performance has not been good. Providing drug information to patients is very important to support treatment success. Giving drug information also means that patients know the goals and comply with the rules in treatment that can increase patient satisfaction with drug information services.[14].

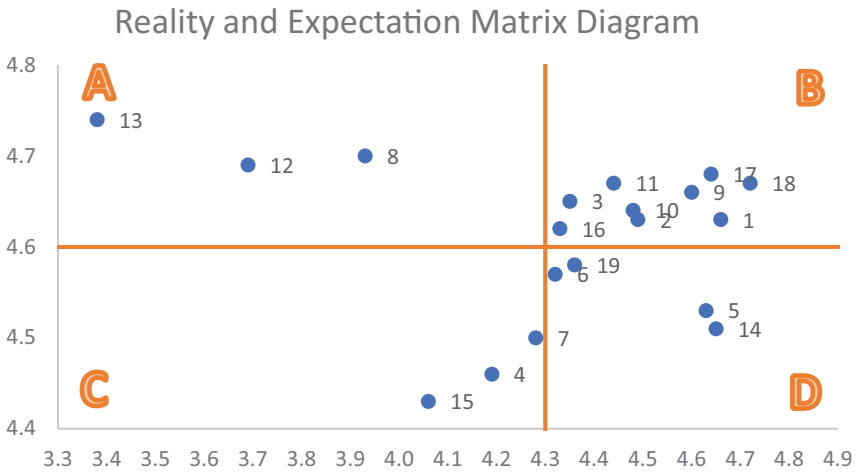

Figure 1: Reality and expectation matrix diagram.

TABLE 3: Quadrant Explanation

Quadrant	Statement Number
Quadrant A shows that patient expectations are higher than reality	8: Provide information regarding the time required for drug preparation 12:Provides information about the instructions for use, duration of use, and storage methods 13 : Provide information about drug side effects
Quadrant B Shows that the reality at the Puskesmas is in accordance with what is expected by the patient	1: The placement of the “Apothecary” signboard at the Singosari Health Center is clearly visible 2: The waiting room “Apothecary” at the Singosari Health Center is comfortable 3: The waiting room “Apothecary” at the Singosari Health Center is clean 9 : Provide clear and uncomplicated explanations to patients 10 : Prescription drugs are available at the Singosari Health Center “Apothecary” 11 : Provide information about the use of drugs 16 : “Apothecary” officers ensure that the recipient of the drug is correct, namely the patient/patient’s family 17 : Patients feel comfortable while waiting for drug preparation 18 : “Apothecary” officers serve regardless of social status
Quadrant C Shows that the value of patient expectations and reality at the Puskesmas is low	4: The staff at the Singosari Health Center “Apothecary” are neatly and cleanly dressed 7 : Provide solutions to problems faced by patients 15 : “Apothecary” officer confirms the explanation given
Quadrant D Indicates that the patient’s expectations are lower than reality	5: Provide clear and easy-to-understand information 6: Officers at the “Apothecary” are quick to respond in serving patients 14 : “Apothecary” officers at the Singosari Health Center serve in a friendly and courteous manner 19 : “Apothecary” officers pay attention to patient complaints

In quadrant B, some factors are considered important by the patient and are following what is felt; the level of satisfaction is relatively high. Factors in this quadrant need to be maintained because they are an advantage in patients’ perception[12]. For example, the ”Apothecary” signboard placement at the Singosari Health Center is clearly visible. It feels good to the patient because the patient does not need to ask the Public Health Center staff about the pharmacy’s location. The waiting room ”Apotek” at the Singosari Health Center is clean and comfortable; it is felt that it follows patient expectations.

Respondents are very satisfied with the comfortable facilities and clean place. And the patient feels comfortable while waiting for the preparation of the drug because it is felt that the pharmaceutical services provided are following the patient's expectations. It is also explained that if the room is clean, the patient will feel comfortable in that place[19]. Prescribed drugs are available at the Pharmacy or Pharmacy Installation of the Singosari Health Center. In fact, they are following the patient's expectations because the availability of complete drugs or available as prescribed will make it easier for patients to get the drug. "Apothecary" officers ensure that the recipient of the drug is correct, namely the patient/patient's family; in this service, it is considered good enough because the pharmacy officer ensures that the owner of the prescription is correct.

. Quadrant C (Low Priority) is an area that contains factors that are considered less important in influencing patients, and in fact, their performance is not too special. Increasing the variables included in this quadrant can be reconsidered or need to be given a low priority because the effect on the benefit felt by the patient is small. The officers at the Singosari Health Center "Apothecary" were neatly and cleanly dressed. This is still not quite satisfied, because the pharmacy staff is also in the room, so that for some patients, it is not a problem. Providing solutions to problems faced by patients, the service is deemed unsatisfactory because not all problems faced by patients can be resolved and get solutions.

Quadrant D contains factors that are considered excessive in the implementation, and the patient considers these factors less important but satisfactory. Factors in this quadrant can be reduced, or there is no need to take further action [13]. Providing clear and easy-to-understand information, feels that it has met patient expectations, respondents are very satisfied with the service, and it is one of the competencies of pharmacists at the Puskesmas to be able to communicate well with patients, provide information correctly, clearly, easy to understand, and accurate. As well being responsive in serving patients is included in the responsiveness dimension; from the results of the study, patients have assessed this responsiveness dimension well because of the time lag between the submission of prescriptions and the officer calling the patient's name during drug delivery, providing information about the rules for using the drug and writing the rules for use is clear. Fast and good performance, according to the patient at the Singosari Health Center. fast service because pharmacists are friendly, easy to smile, have family or relatives to chat with, patient in waiting [14].

In a study conducted by Lesmana & Gusti Putu in 2018 with the title Analysis of the Gap Between Performance and Patient Satisfaction at the Pharmacy Installation of the Pagesangan Health Center Lombok, West Nusa Tenggara in 2017, the expected

item value was 4.40. The reality item was 4.09, so it can be concluded that the expected value is higher than the actual value. Patients feel dissatisfied with the quality of pharmaceutical services they provide, and the service is not in line with patient expectations [20]. This can also be found at the Singosari Public Health Center in Malang Regency, which is the object of this research, where the expected value is 4.61, and the real value is 4.33. The patient is also dissatisfied with the pharmaceutical services at the Singosari Health Center Malang Regency.

This research was carried out during the Covid-19 pandemic, similar to the research conducted in Ethiopia, a country in Eastern Africa, with the title Patient Satisfaction and Associated Factors During COVID-19 Pandemic in North Shoa Health Care Facilities. The study results show that Covid-19 affects the level of patient satisfaction which is very low because the impact of Covid-19 makes treatment procedures and compliance decrease. The limited availability of drugs because the procurement process is difficult and limited, the availability of alcohol and hand sanitizers also affects patient satisfaction in service improvement. Therefore, patient expectations are getting higher, and some patient needs are not being met, so that it can become a problem that causes a lack of trust in health services. This situation can greatly affect the quality of health services [21].

5. CONCLUSSION

From the analysis using the Servqual method, it is found that all the average values of reality are lower than the average expectations. Thus, patients are not satisfied with the quality of pharmaceutical services at the Singosari Health Center, Malang Regency. The total average value of reality is 4.33 and the average value of expectations is 4.61 with the servqual of each indicator still negative (-) with the level of satisfaction still in the ”Unsatisfied” category. With Importance Performance Analysis (IPA) it is known that each indicator is spread in various quadrants A to quadrant D.

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