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The Influence of Quality of Pharmaceutical Installation Services on Satisfaction of BPJS Outboard Patients in General Hospital dr. GL Tobing Tanjung Morawa

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A R T I C L E I N F O

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ABSTRACT

Patient satisfaction in hospital pharmacy services to support the quality of life of outpatients. Data on BPJS outpatient visits in July 2018 decreased by 21.5% at dr. GL. Tobing in Tanjung Morawa. The waiting time for pharmaceutical services in taking drugs is > 60 m+minutes and even taking drugs can be two to three days, it is suspected that the quality of pharmaceutical services has not been effective in the Pharmacy Installation. The purpose of the study was to analyze the effect of the quality of pharmacy installation services on the satisfaction of BPJS outpatients at the dr. GL. Tobing Tanjung Morawa. This type of research is quantitative with an explanatory research approach. The sample is 100 BPJS outpatients. The research was conducted in November 2019 - February 2020 through the distribution of questionnaires. Data were analyzed by univariate, bivariate and multivariate using multiple logistic regression test at a significance level of 95%. The results showed that service quality had a significant effect on BPJS outpatient satisfaction on the dimensions of reliability (p = 0.019), responsiveness (p = 0.013), assurance (p = 0.026), direct evidence (tangible) (p=0.006), and empathy (p=0.003). The chance of patient satisfaction related to the quality of good pharmaceutical services is 86.23%. The conclusion that the dimensions of pharmaceutical service quality consist of reliability, responsiveness, assurance, direct evidence and empathy affect BPJS outpatient satisfaction. The dominant empathy variable affects patient satisfaction. The dominant empathy dimension affects patient satisfaction. It is recommended that the hospital management plan the proposed addition of pharmacists, drug planning, the availability of online entertainment services in the form of Wireless Fidelity (Wifi), regular communication training to officers and complete the identity and cellphone number in the patient's medical record.

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1. Introduction

The hospital is one that provides services to the community, especially health services. The implementation of hospital health services is carried out in a plenary manner that provides inpatient, outpatient and emergency services. Plenary health services are health services that include promotive, preventive, curative, and rehabilitative.

One of the hospital services is available pharmacy services. Pharmaceutical requirements must ensure the availability of quality, useful, safe and affordable pharmaceutical preparations and medical devices. Pharmaceutical preparation services in hospitals must follow pharmaceutical service standards. The management of medical devices, pharmaceutical preparations, and

consumables in hospitals must be carried out by a one-stop pharmacy installation. The price of pharmaceutical supplies at the hospital pharmacy installation must be reasonable and based on the benchmark price set by the government.

Hospitas providing pharmaceutical services not only serve inpatient services but also serve outpatient services for the community with the aim of achieving definite results to improve the quality of life of general patients and BPJS. This is stated in the Regulation of the Minister of Health Number 11 of 2016 concerning Implementation of Executive Outpatient Hospitals as supporting services, facilities and equipment.

General Hospital dr. GL Tobing Tanjung Morawa accredited type C is one of the subsidiary hospitals of PT Perkebunan Nusantara II which is required to provide the best service to patients and must be able to compete with other service providers. The Pharmacy Installation of the General Hospital of Dr. GL Tobing Tanjung Morawa has 9 outpatient general clinics with three pharmacists and assisted by several pharmaceutical technical personnel who have pharmaceutical knowledge. Outpatients are one of the types of patients served at the General Hospital dr. GL Tobing Tanjung Morawa, where the participants include general patients and patients registered in BPJS membership. Patient satisfaction in health services is very important to note because it can describe the quality of service at the health service place.

Hospital survival and income are largely determined by the number of patient visits in the hospital. Data reports of outpatient visits to pharmacy installations at the General Hospital dr. GL Tobing Tanjung Morawa for the last 5 years, namely in 2014 there were 6050 visits, in 2015 there were 8045 visits, in 2015 there were 15,496 visits, in 2017 there were 17,180 visits and in 2018 there were 17,107 visits. Based on the results of the preliminary survey, the data for outpatient visits in July 2018 decreased by 21.5%. BPJS patient visits and the general public, especially outpatients, have decreased in outpatient services. In January there were 1817 visits, in February 1705, in March 1835 visits, in April 1513 visits, in May 1305 visits and in June 1230 visits.

The results of a survey conducted by interviewing 10 outpatients found that at the General Hospital dr. GL Tobing for the waiting time for pharmacy services in taking drugs > 60 minutes and even taking drugs can be two to three days. This situation is not in accordance with government regulations explaining that basically for pharmaceutical services the minimum waiting time for finished drug services is 30 minutes and concoction drugs is 60 minutes.

The results of research conducted by Rusdiana, et al (2015) who examined the Quality of Pharmaceutical Services Based on Prescription Completion Time in Hospitals. The results show that the completion time of a doctor's prescription for outpatients that provides the most satisfaction guarantee is less than 13 minutes based on the assurance variable and is supported by the results of the questionnaire stated in the highest score of 3.29 which agrees that the drug waiting time is not long on the Responsiveness variable. The longer the time to complete a doctor's prescription, the lower the satisfaction level of outpatients. The suggestions that can be given are increasing the number of pharmacists and expanding the pharmacy installation room so that outpatient satisfaction is increasing.

The results of research conducted by Fahrizal (2018) regarding the Analysis of the Implementation of Minimum Service Standards (SPM) for Hospitals in the Pharmacy Sector at the Pharmacy Installation of the Muara Teweh Regional General Hospital. The results of observations that have been made are known that there is no Medication errors were 100% or there was no occurrence of medication errors during the study. This is in accordance with the Decree of the Minister of Health Number 128 of 2008 concerning Hospital SPM in the pharmaceutical sector, namely the absence of 100% drug administration errors. The Pharmacy Installation of Muara Teweh Hospital applies a double check procedure in prescription services where each prescription sheet served by the Pharmacy Installation of Muara Teweh Hospital must be done by more than one officer to prevent medication errors.

Research conducted by Pitoyo (2016) explains that effective prescription work to avoid the occurrence of medication errors by conducting a prescription review in 3 stages, namely the first at the drug preparation stage, the second at the drug labeling stage and the last at the IEC administration stage and drug delivery. to the patient. The types of dispensing error cases that occurred in the outpatient pharmacy service at the hospital pharmacy where the study was conducted were the wrong drug, the wrong strength of the drug, and the wrong quantity.

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Satisfaction is one of the benchmarks for a service unit in a hospital. However, the fact is that at the pharmacy service installation service there is no suggestion box and there has never been an assessment of patient satisfaction in the unit. This of course can hinder the improvement of service evaluation. In addition, another phenomenon is the problem that occurs in the pharmacy service of the dr. GL. Tobing Tanjung Morawa, namely the occurrence of delays in the distribution of drugs from drug distributors so that the availability of drugs cannot meet drug needs in pharmaceutical services.

The results of research conducted by Irene (2017) regarding the analysis of drug distribution in patients with the Social Security Administering Body (BPJS) at Prof. RSUP. Dr. R.D. Kandou Manado. The results showed the availability of drugs in BPJS patients at Prof. RSUP. Dr. R. D. Kandou is the result of a series that is included in the drug distribution cycle with adequate internal communication support in the distribution process in line with accreditation standards and Permenkes of pharmaceutical services no. 72 of 2016.

Based on some of the problems that exist in the Pharmacy Installation of the General Hospital, dr. GL Tobing Tanjung Morawa, the author is interested in conducting research with the title "The Effect of Quality of Pharmacy Installation Services on BPJS Outpatient Patient Satisfaction at the General Hospital of dr. GL Tobing Tanjung Morawa"

The purpose of this study was to determine and analyze the effect of the quality of pharmacy service quality (reliability, responsiveness, assurance, physical evidence and empathy) on the satisfaction of BPJS outpatients at the General Hospital dr. GL. Tobing Tanjung Morawa.

2. Method

This research uses a quantitative research type, where the quantitative method used is non-experimental, with a Cross Sectional approach or cross-sectional study. The research approach used includes explanatory research through correlational research, namely research that aims to explain the relationship between two or more variables [9]. The population in this study were BPJS outpatients who visited the Pharmacy Installation of General Hospital dr. GL. Tobing Tanjung Morawa, totaling 1230 patients. The sampling technique was carried out by purposive sampling, namely the research subjects who happened to be found in the waiting room of the pharmacy installation using the inclusion criteria of 92 patients. The data analysis used in this study was univariate, bivariate and multivariate analysis with logistic regression.

3. Result and Discussion

3.1 Results

Univariate Analysis

TABLE 1
FREQUENCY DISTRIBUTION OF RESPONDENTS' CHARACTERISTICS BASED ON DEMOGRAPHIC DATA

Variabel	f	%
Gender		
Woman	72	72,0
Man	28	28,0
Age group		
20-24 Years	1	1,0
25-29 Years	18	18,0
30-34 Years	36	36,0
35-39 Years	12	12,0
40-44 Years	33	33,0
Education		
SD	7	7,0
JUNIOR HIGH SCHOOL	17	17,0
SENIOR HIGH SCHOOL	45	45,0
Bachelor	31	31,0
Postgraduate	0	0,0
Work		
1. PNS/TNI/POLRI	26	26,0

2. Private Employees	22	22,0
3. Labor	13	13,0
4. Merchants	23	23,0
5. Others	16	16,0
Income		
<UMR	53	53,0
=>UMR	47	47,0

In Table 1 regarding the distribution of respondents, it can be seen that of the 100 respondents observed, the majority of respondents were female as many as 72 people (72.0%) with an age range of 30-34 years, namely 36 people (36.0%), education the last high school level is 45 people (45.0%), with the type of work PNS/TNI/POLRI there are 26 people (26%) and income is below the minimum wage as many as 53 people (53.0%).

TABLE 2
DISTRIBUTION OF THE FREQUENCY OF ASSESSMENT OF RELIABILITY, RESPONSIVENESS, ASSURANCE, TANGIBLE, EMPATHY AND PATIENT SATISFACTION IN PHARMACY INSTALLATION SERVICES

Variable	f	%
Reliability (Reliability)		
Well	72	72,0
Not good	28	28,0
Responsiveness		
Well	71	71,0
Not good	29	29,0
Guarantee (Assurance)		
Well	73	73,0
Not good	27	27,0
Direct Evidence (Tangible)		
Well	71	71,0
Not good	29	29,0
Empathy		
Well	60	60,0
Not good	40	40,0
Patient Satisfaction		
Satisfied	58	58,0
Not satisfied	42	42,0

Table 2 shows the results of measurements of Reliability, it is known that as many as 72 people (72%) of respondents consider the reliability of pharmacy installation services to be good. The results of the measurement of Responsiveness, it is known that as many as 71 people (71%) of respondents think that the assessment of responsiveness in pharmaceutical installation services is good. The results of the measurement of Assurance, it is known that as many as 73 people (73%) of respondents think that the assurance assessment of pharmaceutical installation services is good. The results of the measurement of Tangible evidence, it is known that as many as 71 people (71%) think that the assessment of the direct evidence (tangible) of pharmaceutical installation services is good. The results of the measurement of Empathy, it is known that as many as 60 people (60%) of respondents think that the assessment of empathy (emphaty) for pharmaceutical installation services is good. The results of the measurement of Patient Satisfaction, it is known that as many as 58 people (58%) of respondents were satisfied.

The results of the study of 100 respondents in table 3 show the results of research on Reliability, it is known that there are 72 respondents who consider the reliability of pharmaceutical installation services to be good, with the majority of respondents also satisfied as many as 52 people (72.2%). Then, of the 28 respondents who considered the reliability not good, 22 respondents (78.6%) were also dissatisfied. Based on the results of the chi-square analysis, it can be seen that the reliability variable has a p value of 0.001 ($p < 0.05$), it can be concluded that the independent variable reliability of pharmaceutical installation services is significantly related to patient satisfaction.

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TABLE 3
CROSS TABULATION BETWEEN RELIABILITY, RESPONSIVENESS, ASSURANCE, TANGIBLE AND EMPATHY WITH PATIENT SATISFACTION

Variabel	Patient Satisfaction				Total		*p value*
	Satisfaction		Not Satisfaction				
	f	%	f	%	f	%	
Reliability (Reliability)							
Well	52	72,2	20	27,8	72	100,0	0,001
Not good	6	21,4	22	78,6	28	100,0	
Responsiveness							
Well	48	67,6	23	32,4	71	100,0	0,003
Not good	10	34,5	19	65,5	29	100,0	
Guarantee (Assurance)							
Well	52	71,2	21	28,8	73	100,0	0,001
Not good	6	22,2	21	77,8	27	100,0	
Direct Evidence (Tangible)							
Well	54	76,1	17	23,9	71	100,0	0,001
Not good	4	13,8	25	86,2	29	100,0	
Empathy							
Well	40	66,7	20	33,3	60	100,0	0,040
Not good	18	45,0	22	55,0	40	100,0	

The results of the research on Responsiveness found that there were 71 respondents who considered responsiveness to be good, with the majority of patients being satisfied, as many as 48 respondents (67.6%). Then, of the other 29 respondents who assessed that the responsiveness was not good, the majority of the patients were also dissatisfied, as many as 19 respondents (65.5%). Based on the results of the chi-square analysis, it can be seen that the responsiveness variable in the pharmaceutical installation service has a p value of 0.003 (p <0.05), it can be concluded that the responsiveness of the independent variable in the pharmaceutical installation service is related to significantly with patient satisfaction. The results of research on Assurance are known that from 100 respondents who were observed, there were as many as 73 respondents who considered the assurance to be good with the majority of patients being satisfied as well as 52 respondents (71.2%). Then, of the 27 other respondents who assessed that the assurance was not good, 21 respondents (77.8%) were dissatisfied.

Based on the results of the chi-square analysis, it can be seen that the assurance variable has a p value of 0.001 (p <0.05), it can be concluded that the independent variable assurance of pharmacy services is significantly related to patient satisfaction. The results of the research on Tangible Evidence show that of the 100 respondents who were observed, there were 71 respondents who considered the Tangible evidence to be good, with the majority of respondents being satisfied, as many as 54 respondents (76.1%). Then, of the 29 respondents who judged that the tangible evidence was not good, the majority of the patients were also dissatisfied, namely there were as many as 25 respondents (86.2%). Based on the results of the chi-square analysis, it can be seen that the variable direct evidence (tangible) pharmacy installation services has a p value of 0.001 (p <0.05), it can be concluded that the independent variable direct evidence (tangible) pharmacy installation services is significantly related with patient satisfaction. The results of the research on Empathy showed that out of 100 respondents who were observed, there were 60 respondents who rated the empathy of the pharmacy installation service as good, with the majority of patients being satisfied, as many as 40 respondents (66.7%). Then, out of 40 respondents who assessed that empathy was not good, the majority of patients felt dissatisfied as well, namely there were as many as 22 respondents (55.0%). Based on the results of the chi-square analysis, it can be seen that the empathy variable for pharmaceutical installation services has a p value of 0.040 (p <0.05), it can be concluded that the independent variable empathy for pharmacy service services is significantly related to satisfaction. patient.

TABLE 4
MULTIVARIATE FINAL MODEL EFFECT OF QUALITY OF PHARMACY INSTALLATION SERVICES ON OUTPATIENT SATISFACTION

Variable	B	S.E	Wald	Df	p *value*	OR
Reliability	5,427	3,543	7,868	1	0,019	4,963
Responsiveness	5,359	2,742	8,651	1	0,013	4,403
Assurance	5,194	1,369	6,570	1	0,026	4,192
Tangible	5,614	2,015	6,721	1	0,006	3,838
Emphaty	5,591	1,953	6,753	1	0,003	5,409

Table 4 shows that all variables have a p value <0.05. This means that all independent variables have a significant effect on the patient satisfaction variable. From the probability value it can be explained that if the quality of pharmaceutical services from the dimensions of reliability, responsiveness, assurance, tangible and empathy is good, then the chances of patients being satisfied in this study are 86.23%, the remaining 13.77%, the patient was not satisfied.

3.2 Discussion

The Effect of Reliability on BPJS Outpatient Satisfaction at the General Hospital of dr. GL Tobing Tanjung Morawa

Statistically, the higher the reliability aspect of the pharmacist, the better the patient satisfaction in the hospital. It can be seen from the results that the p value of 0.019 is smaller than 0.05, meaning Ho is rejected and Ha is accepted. This means that there is an effect of reliability on BPJS outpatient satisfaction. Judging from the OR value of 4.963 which means that the better the reliability of the pharmacy installation service, the opportunity to increase patient satisfaction is 4.963 times when compared to the pharmacy installation service which has poor reliability.

The results of this study are relevant to the research of Maharani, et al (2016) that variable reliability has a significant effect on patient satisfaction at the Pharmacy Installation Pharmacy Agency of the Luwuk Regional Hospital, Banggai Regency with a significant value of 0.000 (p value <0.05). However, it is different from the research by Saragih (2021), explaining by multivariate analysis that the reliability variable has no effect on outpatient satisfaction at the Pharmacy Installation of RSUD Engku H Daud with a coefficient of p value = 0.151.

However, in this study, some patients felt that pharmacist reliability was not good. BPJS outpatients are not satisfied with the ability of pharmacists to provide services that seem long. This is because the number of pharmacists is still limited so that this limitation hinders the acceleration process in providing drugs according to the doctor's diagnosis. Likewise, the waiting time for taking drugs is more than 30 minutes, causing the pharmacy installation service to seem slow in serving the prescriptions given by the patient due to the limited number of drug compounding personnel. In addition, job evaluations of pharmacists are rarely carried out to determine the current performance of officers who are experiencing a shortage of human resources. Based on the author's observations that the hospital only has pharmacists, namely 3 people who are assisted by 2 pharmaceutical technical personnel.

According to the author, if the hospital lacks available pharmacists, it can hamper the quality of pharmaceutical services, causing dissatisfaction of BPJS inpatients at the hospital. The need for hospital management to plan the proposed addition of pharmacists and pharmaceutical technical personnel to support pharmaceutical services and evaluate the performance of pharmacists in hospitals in the future

The Effect of Responsiveness on BPJS Outpatient Satisfaction at the General Hospital of dr. GL Tobing Tanjung Morawa

Statistically it shows that the higher the responsiveness aspect of the pharmacy staff, the better the patient satisfaction will be in the hospital. It can be seen from the results that the p value of 0.013 is smaller than 0.05, meaning Ho is rejected and Ha is accepted. This means that there is an effect of responsiveness on BPJS outpatient satisfaction. Judging from the OR value of 4.403 which means that the better the responsiveness of the pharmacy installation services, the opportunity to increase

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patient satisfaction is 4.403 times when compared to the responsiveness of the pharmaceutical installation services that are not good.

Relevant to Harijanto's research (2018), based on bivariate analysis there is a significant effect between the effect of service quality on patient satisfaction at the Pulmonary Hospital Pharmacy Installation with a sig (p) value of 0.048 which means < (α) 0.05 [12]. Likewise, research by Rahmawati (2016) says there is a positive and significant relationship between pharmaceutical services and the level of patient satisfaction in health services with a significant value of 0.0006 [13].

According to the author, the ineffectiveness of responsiveness of pharmacists due to the involvement of non-TTK officers in carrying out pharmaceutical duties causes patients to be dissatisfied with information regarding the rules for using the drugs given. In addition, the pharmacy installation service provides an explanation if the availability of the drug needed by the patient is not available at the pharmacy installation. Patient expectations should be explained in advance which drugs are not available at the pharmacy so that patients do not wait and immediately buy drugs at other pharmacies. For this reason, it is necessary for officers to know as early as possible the drugs that are not available at the pharmacy installation through a management information system to facilitate the pharmaceutical management process in hospitals. This is in line with the goal of the General Hospital Pharmacy Installation of Dr. G.L Tobing Tanjung Morawa, which is to make a pharmacy installation capable of providing fast, precise, and accurate pharmaceutical services according to pharmaceutical service standards supported by professional human resources.

The Effect of Guarantee on BPJS Outpatient Satisfaction at the General Hospital of dr. GL Tobing Tanjung Morawa

Statistically, it shows that the higher the aspect of pharmacy service guarantee, the better the patient satisfaction will be in the hospital. It can be seen from the results that the p value of 0.026 is smaller than 0.05, meaning Ho is rejected and Ha is accepted. This means that there is a guarantee effect on the satisfaction of BPJS outpatients. Judging from the OR value of 4.192 which means the better the assurance provided by the pharmacy installation service, the opportunity to increase patient satisfaction is 4.192 times better than the assurance that is considered not good.

These findings are in line with the results of the Rosydelia study (2015) at the Pharmacy Installation of the Tk II Hospital, dr. Soepraoen Malang city found that there is a relationship between the quality of pharmaceutical services with the level of satisfaction of outpatients (p <0.05) and the outcome of patient satisfaction with pharmaceutical services of (76.99%). Another study by Ismana (2015) concluded its findings that there is a significant relationship between assurance and patient satisfaction (p = 0.000) in Arjawinangun Hospital, Cirebon Regency.

BPJS outpatients also complain about the overall availability of supporting facilities at the pharmacy installation, especially the availability of drugs. This is related to the waiting time for patients to get the drugs that are needed at that time. According to Purwandari (2017) said that the longest delay occurs during drug delivery due to prescription work at the labeling stage that is not in the order of the queue number, the lack of employees, especially during peak hours so that the medicine will be delivered when the officer has finished his work at another stage. Then the delay also occurred because the officers waited for the medicine basket to pile up after giving the new label which was then handed over to the drug delivery desk.

Another thing that makes the patient feel bad about the guarantee is that the pharmacy staff does not ask for the address and telephone number of the patient but only focuses on the patient's name and use of the drug, so that there is no guarantee when an error occurs in the administration of the drug and does not know how to find the address and telephone of the recipient. wrong medicine. If this happens, it can cause anxiety during the process of treating the patient's illness. In accordance with the findings in the field, the results of the coefficient calculation to determine the probability of satisfaction were obtained that patients who were not satisfied with the pharmacy services at the pharmacy installation were 13.77%.

According to the author, each patient does have a different perception in assessing the guarantee of pharmaceutical services that can affect satisfaction with outpatient treatment at the hospital. In this study, although there are many tendencies of patients to be satisfied with the aspects of pharmaceutical service guarantees, if there is one or one or two points that are considered important related to the service guarantee, it can cause the patient's perception to feel dissatisfied

with the service guarantee. This means that aspects that are important according to patients that can affect treatment satisfaction are not necessarily important for other patients.

The Effect of Direct Evidence on BPJS Outpatient Satisfaction at the General Hospital of dr. GL Tobing Tanjung Morawa

Statistically, the higher the direct evidence aspect of pharmacy services, the better patient satisfaction will be in the hospital. It can be seen from the results that the p value of 0.006 is smaller than 0.05, meaning Ho is rejected and Ha is accepted. This means that there is an effect of physical evidence on BPJS outpatient satisfaction. Judging from the OR value of 3.838 which means that the better the direct evidence (tangible) provided by pharmaceutical installation services, the opportunity to increase patient satisfaction is 3.838 times better than the direct evidence (tangible) which is considered not good.

The results of this study are in line with the research of Mayefis et al (2015) which states that the tangible dimension has a significant influence on patient satisfaction at Apotek X Padang City. Another study by Rensiner (2018) explains that there is a significant relationship between reliability, responsiveness, confidence, empathy and physical evidence with patient satisfaction at the outpatient polyclinic of RSUD Dr. Achmad Darwis.

The proportion of direct evidence felt by patients on pharmaceutical services in general is already good. However, some patients feel that the direct evidence is not good, especially in terms of the availability of magazines and newspapers while waiting for health services until the process of taking drugs at the pharmacy installation. According to Devani (2018) that the average patient waits to be called to the registration counter according to the queue number with a time of 13.03 minutes and the average patient waits to be examined by a doctor for a maximum of 15 minutes, a maximum total of 86.6 8 minutes.

The availability of existing facilities during the waiting time makes patients hope that they can occupy their time reading various books or magazines to ward off boredom and fatigue before getting health services until receiving drugs. According to Torry (2016) that based on the 2014 performance report at RSUD Dr. Iskak Tulungagung said that the average waiting time for outpatient services is 70 minutes, which exceeds the national minimum service standard (SPM) of 60 minutes. The inhibiting factors include incomplete supporting facilities.

According to the author, waiting time is indeed very boring for anyone, including healthy people when they are experiencing health problems. We recommend that the hospital can provide online entertainment services in the form of Wireless Fidelity (Wifi) to reduce boredom while waiting for pharmaceutical services. Online entertainment applications certainly have various kinds of entertainment that can be seen by patients.

The Effect of Empathy on BPJS Outpatient Satisfaction at dr. GL Tobing Tanjung Morawa

Statistically, the higher the direct evidence aspect of pharmacy services, the better patient satisfaction will be in the hospital. It can be seen from the results that the p value of 0.003 is smaller than 0.05, meaning Ho is rejected and Ha is accepted. This means that there is an effect of physical evidence on BPJS outpatient satisfaction. Judging from the OR value of 5,409 which contains better empathy for pharmaceutical installation services, the opportunity to increase patient satisfaction is 5,409 times better than empathy for poor pharmaceutical services.

The results of this study are similar to the research conducted by Maharani, et al. (2016) explaining that the empathy variable has a significant effect on patient satisfaction at the Pharmacy Installation Pharmacy of the Luwuk Regional Hospital, Banggai Regency with a significant value of 0.000 (p value < 0.05) (19). Another study, Kurniasih, et al (2015) concluded that the results of research on satisfaction with empathy played a role in increasing loyalty in In Health patients at Santo Yusup Hospital.

According to Kartikasari (2014) that many factors influence the perception of the quality of hospital services to increase patient satisfaction, one of which is communication including: administrative procedures, infrastructure, quality of personnel, clinical care, hospital image, hospital social responsibility, and patient trust in hospital.

Some of the main prerequisites for being a pharmacist have an empathetic attitude, namely the ability to listen or understand first before being heard or understood by the patient. Pharmacists want to understand and listen to patients first, can build the openness and trust needed in building

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cooperation or synergy with patients for the disease treatment process. According to Aribowo and Hartono in Evert (2020) convey the 5 Inevitable Laws of Effective Communication which are summarized in one word, namely REACH, namely: Respect (respect), Empathy (ability to listen/understand first), Audible (sound), Clarity (clarity), Humble (humble). This attitude can be trained through various forms of communication training.

According to the author's assumption that the attitude and way of communicating pharmacists to patients is closely related to satisfaction with pharmacy services. If the staff is not friendly and attentive, it can create perceptions of patients seeking treatment at the hospital. Moreover, patients who are experiencing health problems really need more (special) attention, especially in dealing with disease complaints, both in the form of information and the availability of drugs to take so that the disease will recover quickly. So these two aspects are very important in improving the quality of pharmaceutical services. It is necessary in the future hospital management to improve the attitude and communication of pharmacy staff through regular communication training so that officers have an attitude that can feel the patient's suffering so that they are serious about providing pharmaceutical services to them.

4. Conclusion

The conclusion in this study is that there is an effect of reliability, responsiveness, assurance, direct evidence and empathy on BPJS outpatient satisfaction at dr. GL Tobing Tanjung Morawa. Empathy variable is the dominant factor. It is recommended that the hospital management plan the proposed addition of human resources, especially pharmacists to support pharmaceutical services in type C hospitals in the future and evaluate the performance of pharmacists.

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