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# Analysis of Outpatient Satisfaction on the Quality of Pharmaceutical Services at Major General Haji Ahmad Thalib Hospital, Kerinci, Jambi Province, Indonesia

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## Abstract

Research on the effect of outpatient satisfaction on the quality of pharmaceutical services at Major General H. A. Thalib Hospital, Kerinci, Jambi Province, Indonesia, aims to analyse patient satisfaction based on five dimensions of service quality, namely tangible, responsiveness, reliability, assurance, and empathy. A sample of 106 patients who met the inclusion criteria were taken from an outpatient at this hospital. The duration of the study is three months. The data were collected by cross sectional using questioner and data were processed based on gap value that is difference between performance value and expectation value. The results showed that most of the respondents were women (76.4%) and they were from the younger generation of 18-49 years (57.5%). Most of the respondents had junior high school education (32.1%). Most respondents have income between Rp 1,000,000 to Rp 5,000,000 (73.6%). Most respondents work as housewives (50.9%). The greatest gap is in assurance dimensions (-0.93), followed by responsiveness and empathy dimensions (respectively -0.90), and the lowest gap is in reliability and tangible dimensions (respectively -0.89). The negative gap values indicate that outpatients in this hospital have not been satisfied with the pharmaceutical services provided.

**Keywords:** Patient satisfaction, pharmaceutical service, regional general hospital.

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## 1. Introduction

Patient satisfaction on health care is an important indicator of the quality of services provided. Patient satisfaction can be regarded as one of the desired outcomes of care, even the elements in the health status itself, and satisfaction information is important in assessing and designing the management of health care systems [1]. Patient's satisfaction with pharmaceutical services is an important means of improving services within the community and hospital. Many studies have examined patient satisfaction with pharmaceutical services [2-6]. Satisfaction is focused on general services, interventions or cognitive services. Many instruments are used to measure patient satisfaction with pharmaceutical services, which include: Pharmaceutical Survey Instrument (PES) of Larson and Mackeigan [7], modified for pharmacist clinic setting (8), and service quality scale (SERVQUAL) [9].

The results of a study in Spain [10], which evaluated patient satisfaction in an outpatient pharmacy, indicated a patient's satisfaction with the services provided. Pharmacist skills get the highest score. The lowest point in patient satisfaction is given primarily at the dispensing site (waiting room and access to an outpatient pharmacy) and dispensing process (waiting time and consultation hours). Assessment of patient satisfaction with pharmacy services at a teaching hospital in Nigeria reported that nearly half of the patients (46%) rated the amount of time pharmacists spent with them was not good. Only 49% were satisfied with the



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pharmaceutical service. This study uses survey instruments aimed at measuring satisfaction with pharmaceutical services [11].

The research findings in Qatar [12] show that patient satisfaction with pharmaceutical services is positively influenced by rapid service, pharmacist attitude, drug counseling, pharmacy location and waiting room. Some demographic characteristics have statistically different effects on satisfaction, especially sex, marital status, health status, age, education level, and ethnicity.

In Saudi Arabia several studies investigate patient satisfaction with pharmacy services in hospital settings. A study at a teaching hospital in the city of Riyadh in Saudi Arabia [13] explored the relationship between patient satisfaction and the level of pharmaceutical services received. The results show that the time taken to receive prescriptions and language barriers between pharmacists and patients is the two most associated factors of dissatisfaction. Alturki and Khan [14] investigated the level of satisfaction with the pharmaceutical services provided by pharmacists at ENT hospitals. The questionnaire used measures the interaction of patients with pharmacists and their satisfaction with the pharmacy services provided to them. The results show a good level of satisfaction with significant differences in some demographics including age, sex and race.

Based on this background, the researchers are interested in conducting research on outpatient satisfaction on the quality of pharmaceutical services at Major General Haji Ahmad Thalib Hospital, Kerinci Province, Jambi Province, Indonesia. The specific goal is to evaluate the five dimensions of satisfaction: tangibles, reliability, responsiveness, assurance and empathy.

## 2. Materials and Methods

The study was conducted at Major General Haji Ahmad Thalib Hospital, Kerinci District, Jambi Province, Indonesia. The hospital has a capacity of 181 beds [15]. The duration of the study was three months, from March 1, 2017 to May 31, 2017. A sample of 106 people were selected from patients after receiving prescribed medicines from hospital pharmacies, approval from each patient was obtained before filling out the questionnaire [16]. This study is a cross-sectional study conducted at one time. The research instrument is a questionnaire adapted from the literature [17]. The questionnaire was translated into Indonesian, and tested on two experts. The reliability or internal consistency of the item questionnaire is assessed by measuring the Cronbach alpha and within an acceptable range (0.912). Four trained pharmacy students distributed questionnaires. Patients were initially given an idea of the purpose of the survey and the data would be treated anonymously. Educated patients fill out questionnaires and illiterate patients assisted by students to understand all items and select their responses according to available answers. The questionnaire is described in Indonesian or simple language for patients who can not speak Indonesian.

The questionnaire consists of two parts. The first section includes socio-demographic profiles and general information about patients. This section covers gender, age, education level, income level, occupation and frequency of visits to pharmacies. The second section consists of 21 questions that test the five dimensions of patient satisfaction: reliability, responsiveness, assurance, empathy and physical appearance of pharmacies. Five points - Likert scale has been used to measure satisfaction, ie very good = 5, good = 4, good enough = 3, less good = 2, and not good = 1.

The questionnaire item is encoded and the data is first entered into Microsoft Excel and checked before it is entered in the SPSS Package version 22 [18]. The Likert type scale for the questionnaire item consists of 5 points, from the bad to the very good (1 - 5 signs). Midpoint 3 is considered the lowest level of satisfaction with pharmaceutical services. The lowest score for 21 items of questionnaires was 21 and the highest was 105. The center point was assumed to be 63, and this was considered the lowest level for acceptable amount of satisfaction. Descriptive statistics are used (mean, frequency, percentage and standard deviation). The associations between the various socio-demographic variables and questionnaire items were explored using Student t-test and One-Way Anova. P-values less than 0.05 were considered statistically significant.



### 3. Results and Discussion

#### 3.1 Test of Content Validity

This research analyzes patient satisfaction on pharmaceutical service at Major General Haji Ahmad Thalib Hospital Pharmacy Installation of Kerinci Regency, Jambi Province, Indonesia. Data collection was done by using questioner as many as 106 respondents. Respondents in this study were outpatients who were in this hospital. The questionnaire was first tested the validity of the content as well as test the validity and reliability of the instrument before it is distributed to the patient. Patient satisfaction in this study was measured using five dimensions of service quality that is reliability, responsiveness, assurance, empathy and tangible.

Content validity (content validity) is the accuracy of an instrument in terms of the material tested or reviewed in terms of dimensions and indicators asked. Content validity is generally determined by expert judgment so often called expert validation. The expert involved in this validation includes two experts. The validity of this expert was analyzed by Kappa statistics popularized by Cohen (1960) in determining the appropriateness rating index of the two experts [19]. The results of the content validity assessment are presented in Table 1.

Table 1  
Expert Group Assessment by Category 1 to 5

Expert I	Expert II	Total	Expert I	Expert II	Total
1	1	0	3	4	3
1	2	0	3	5	0
1	3	0	4	1	0
1	4	0	4	2	0
1	5	0	4	3	0
2	1	0	4	4	3
2	2	0	4	5	0
2	3	0	5	1	0
2	4	0	5	2	2
2	5	0	5	3	0
3	1	0	5	4	0
3	2	0	5	5	12
3	3	0			

Table 1 above groups the assessment of the two experts into five categories:

- 1 = Rating is not appropriate
- 2 = Rating is less appropriate
- 3 = Assessment is quite appropriate
- 4 = Appraisal accordingly
- 5 = Valuation is very appropriate

Then the above assessment results are included in the contingency table to determine the Kappa value and assess the level of suitability of the experts as shown in Table 2.

Table 2  
Table of Contingency Assessment of Two Experts

EXPERT I		EXPERT II					TOTAL
		1	2	3	4	5	
1	O	0	0	0	0	0	0
	E	0	0	0	0	0	0
2	O	0	0	0	0	0	0
	E	0	0	0	0	0	0
3	O	0	0	0	3	0	3
	E	0	0.3	0	0.9	1.8	3
4	O	0	0	0	3	0	3
	E	0	0.3	0	0.9	1.8	3
5	O	0	2	0	0	12	14
	E	0	1.4	0	4.2	8.4	14
TOTAL	O	0	2	0	6	12	20
	E	0	2	0	6	12	20

From Table 2 the value of O is the number of expert observation values as in Table 1 whereas for the value of E is the number of estimated values that should be given expert. The value of E is determined by multiplying the number of expert observations I by the number of expert observations II divided by the total totals. Example of value 3 in category 4 for expert I and expert II, the value of E is determined by multiplying the sum of expert value I with value 6 and expert II with value 3 divided by the total totals. So  $E = 18/20 = 0.9$ .

Then the value of Kappa (K) statistics is determined by finding the first value:

$$\sum_{Diagonal} O = 0 + 0 + 0 + 3 + 12 = 15$$

$$\sum_{Diagonal} E = 0 + 0 + 0 + 0.9 + 8.4 = 9.3$$

$$K = \frac{\sum_{Diagonal} O - \sum_{Diagonal} E}{N - \sum_{Diagonal} E} = \frac{15 - 9,3}{20 - 9,3} = 0,53$$



To calculate the percentage of conformity between the two experts obtained by summing the diagonal value of the observation value in the contingency table divided by the total questionnaire question so that obtained value of  $15/20 \times 100\% = 75\%$ . From the above calculation has obtained the value of Kappa statistics of 0.53 with the percentage of conformity between experts by 75%. For Kappa values 0.4 to 0.75 means there is a fair to good between rows and columns [19], meaning that there is a correspondence between the value of the observations of the two experts with the approximate value that the two experts would have to the patient's satisfaction questionnaire.

### 3.2 Tests for Instrument Validity and Reliability

The validity of the instrument illustrates that an instrument is really capable of measuring the variables to be measured in the research and is able to show the level of conformity between concepts and measurement results. Testing to determine significant or not significant by comparing the value of *r* arithmetic with *r* table value for degree of freedom ( $df = n-k$ ) and one-way testing with alpha 0,05 obtained *r* table 0,361. If *r* arithmetic for *r* each item of question is positive and greater than *r* table (see corrected item-total correlation) then the question is said to be valid [19]. Data processing with SPSS for windows version 22 shows the results as in Table 3.

Table 3. Calculation results of Instrument Validity Analysis

No Instruments	R-calculated	R-table	Conclusion
Reliability 1	0.666	0.361	Valid
Reliability 2	0.585	0.361	Valid
Reliability 3	0.905	0.361	Valid
Reliability 4	0.909	0.361	Valid
Reliability 5	0.501	0.361	Valid
Reliability 6	0.451	0.361	Valid
Reliability 7	0.466	0.361	Valid
Responsiveness 1	0.950	0.361	Valid
Responsiveness 2	0.715	0.361	Valid
Responsiveness 3	0.962	0.361	Valid
Responsiveness 4	0.950	0.361	Valid
Assurance 1	0.789	0.361	Valid
Assurance 2	0.914	0.361	Valid
Assurance 3	0.947	0.361	Valid
Empathy 1	0.750	0.361	Valid
Empathy 2	0.830	0.361	Valid
Empathy 3	0.818	0.361	Valid
Tangible 1	0.464	0.361	Valid
Tangible 2	0.730	0.361	Valid
Tangible 3	0.505	0.361	Valid
Tangible 4	0.729	0.361	Valid

Instrument reliability indicates that the questionnaire is consistent when used to measure the variables to be measured. Question items are said to be reliable or reliable when a person's repetitive answer to a question is consistent. A variable is said to be reliable if it gives a Cronbach alpha value  $> 0.361$ . Instrument reliability testing with SPSS for window version 22 shows the results as shown in Table 4.



Table 4. Calculation Result of Instrument Reliability Analysis

No	Dimension	Alpha Cronbach	Conclusion
1	Realibility	0.854	Reliable
2	Responsiveness	0.955	Reliable
3	Assurance	0.943	Reliable
4	Empathy	0.896	Reliable
5	Tangible	0.785	Reliable

### 3.3 Demography

Demographics of respondents are known based on the distribution of respondents involved in the research. Distribution of respondents should be known because it is seen as a factor affecting the results of research. Demographics of respondents consist of gender, age, education, income, health insurance, and number of visits to the hospital. Table 5 shows demographic data of respondents.

Table 5. Demographic data of outpatient respondents in this hospital

No	Explanation	Amount (n = 106)	Percentage (%)
1	Gender		
	Male	25	23.6
	Female	81	76.4
2	Age		
	13-17 years	9	8.5
	18-45 years	61	57.5
	≥ 50 years	36	34.0
3	Education		
	Not completed in primary school	5	4.7
	Graduated from elementary school	31	29.2
	Graduated from junior high school	34	32.1
	Graduated from high school	27	25.5
	College	9	8.5
4	Earnings (Rp million)		
	< 1	10	9.4
	1 – 5	78	73.6
	> 5	18	17.0
5	Job		
	College student	9	8.5
	Entrepreneur	24	22.6
	Government employees	9	8.5
	Private employees	10	9.4
	Housewife	54	50.9
6	Visits to pharmacies		
	The first time	10	9.4
	2 – 5 times	66	62.3
	> 5 times	30	28.3

Based on Table 5, it is seen that female sex positions are more likely to get services than male gender, which is 76.4% female and 23.6% male. Age 13-17 years get pharmacy service as much as 9 people (8,5%), while age 18 - 49 years counted 61 people (57,5%), and age 50 years or more counted 36 people (34,0%). The education level of the people who get the services from the hospital is not finished primary school as many as 5 people (4.7%), elementary school finish as many as 31 people (29.2%), junior high school as many as 34 people (32.1%). People with high school education as many as 27 people (25.5%) and college as many as 9 people (8.5%). The table above shows that most of the respondents earned between Rp 1.000.000 to Rp 5,000,000, ie as many as 78 people (73.6%). Most respondents work as housewives, ie as many as 54 people (50.9%). While most respondents have visited the hospital pharmacies as much as 2-5 times, ie as many as 66 people (62.3%).

### 3.4 Patient Satisfaction

Quality of service is measured based on gap (difference between perceived service performance of patient and expectation) at Major General Haji Ahmad Thalib Hospital, Kerinci. The greater the negative value of a gap in a service dimension, the greater the priority of the service dimension. Quality of service is a measure of how good the level of service is provided in accordance with service expectations. Quality of service can be realized through the fulfillment of customer needs and desires and accuracy of delivery to compensate for customer expectations [9]. Whether or not service quality depends on the service provider's ability to meet patient expectations consistently.

The result of gap analysis at this hospital is as shown in Table 6.

Table 6. The quality of pharmaceutical services at Major General Haji Ahmad Thalib Hospital

Service Dimensions	Performance Value	Expectation Value	Gap	Ranking
Realibility 1	2,59	3,45	-0,86	
Realibility 2	2,32	3,20	-0,88	
Realibility 3	2,40	3,25	-0,85	
Realibility 4	2,42	3,28	-0,86	
Realibility 5	2,13	3,08	-0,95	
Realibility 6	2,18	3,16	-0,98	
Realibility 7	2,25	3,08	-0,83	
Average Reliability	2,33	3,21	-0,89	3
Responsiveness 1	2,39	3,29	-0,90	
Responsiveness 2	2,40	3,26	-0,86	
Responsiveness 3	2,39	3,28	-0,89	
Responsiveness 4	2,30	3,23	-0,93	
Average Responsiveness	2,37	3,27	-0,90	2
Assurance 1	2,39	3,26	-0,97	
Assurance 2	2,33	3,24	-0,91	
Assurance 3	2,47	3,36	-0,89	
Average Assurance	2,36	3,29	-0,93	1
Empathy 1	2,40	3,26	-0,86	
Empathy 2	2,31	3,25	-0,94	
Empathy 3	2,38	3,26	-0,90	
Average Empathy	2,36	3,26	-0,90	2
Tangible 1	2,45	3,29	-0,84	
Tangible 2	2,47	3,18	-0,91	
Tangible 3	2,41	3,31	0,90	
Tangible 4	2,40	3,28	-0,88	
Average Tangible	2,38	3,27	-0,89	3



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The assurance dimension is the dimension with the highest gap value that is - 0.93 with the performance value 2.33 and the expectation value 3.21. Dimensions of responsiveness and empathy have a gap value - 0.90 with a performance value of 2.37 and a value of 3.27. The reliability dimension has a gap value of 0.89 with a performance value of 2.33 and a 3.21 expected value and a tangible dimension having a gap of 0.89 with a performance value of 2.38 and a 3.27 expected value.

### 3.5 Discussion on Demography

Distribution of respondents by sex will give an idea of whether or not certain sex dominance is in response to first-rate health service facilities. Patient female sex more involved that is equal to 76,4% and male patient equal to 23,6%. Basically there is no difference between male and female sex in terms of receiving pharmaceutical services.

Respondents receiving direct pharmaceutical services were mostly adult aged up to the age of 13-17 years, 8.5%, 18 to 49 years old by 57% and age above 50 years by 34.0%. These results indicate that the age distribution of the patients involved is equally distributed and with the involvement of young and productive age ranges is expected to provide an objective answer because patients with productive age have a fairly high ability of understanding with the level of productivity, passion, maturity in the face of a problem and give response.

The education process experienced by the patient affects the patient's thinking and acting character. The formation of thinking and acting character of the patient will provide a variety of ways of thinking with different perspectives that essentially lead to the perspective, capture of information, level of knowledge, influence, attitude and interest of patients in choosing health care facilities that can meet all the expectations of patients. The level of education of the patients is as follows: not finished primary school as much as 4.7%, primary school graduation 29.2%, junior high school finished 32.1%, finished high school 25.5% and graduated 8.5% . Patients involved in the study have a fairly good educational background. The results of this study indicate that patients have a level of knowledge that is good enough to be able to fill the given questionnaire.

The patient's income level will affect the purchasing power of the patient. The higher the patient's income the higher the purchasing power. Patients with high incomes have no problem with the purchase of the drug but patients with low income levels will sacrifice other budgets to meet the purchase of the drug. Distribution of patients based on monthly income shows that patients with the highest income between Rp 1.000.000 - Rp 5,000,000 per month is 73.6%. Patients with incomes of less than Rp 1,000,000 per month were 9.4%. Patients with large incomes of Rp 5,000,000 per month were 17.0%. The high average patient earnings result in the patient's ability to purchase medication too high, so that the patient's treatment can be performed optimally.

The number of patient visits to a service provider facility will greatly affect the patient's assessment of the service facility. Based on the demographic data of the patients, the patients with the number of visits two to three times is the highest percentage of 62.3%. Patients with number of visits more than 3 times by 28.3%. The more frequently the patient gets the services of the service provider's facilities, the patient's assessment will be further avoided from bias.

### 3.6 Discussion on Patient Satisfaction Analysis

#### 3.6.1 Dimensions of Reliability

Based on the questionnaire, the patient's expectation on the reliability dimension has not been fulfilled. This is evident from the gap that occurs on each item question with a negative value. The highest gap is in question 6, namely the high expectation of patients to the speed of service more than 15 minutes. The average patient expectation for question 6 is 3.16, while the average performance is 2.18. The gaps in the reliability dimension are ranked third which needs to be a concern for improving service quality.

Reliability is a dimension that measures the reliability of a service to the consumer. Reliability is defined as the ability to deliver services as promised accurately and reliably [9].



The results showed that most respondents were 56.6% of respondents not satisfied with the dimensions of reliability of the pharmaceutical services in this hospital. The attribute of reliability dimension that has the lowest perception average is the officer always ready to help that is equal to 2.13 and the highest is the officer calculate the price of the drug quickly that is equal to 2,59.

Pharmaceutical personnel support to patients is expected by the patient, because by providing assistance to the patient then the patient will feel cared for so that it can affect patient satisfaction on the installation of pharmaceutical. Given that the incoming patient is an unhealthy person, the reliability of the officer's service to the patient and the process of obtaining the easy medication can reduce the patient's burden.

### 3.6.2 Dimensions of Responsiveness

The second rank gap is in the responsiveness dimension (-0.90) with a performance value of 2.37 and the expected value of 3.27. The question items that are the focus of attention are consumers getting clear and easily understood information, with the highest gap value -0.93. The performance score on this question item is low because the officer has not provided clear information to the patient.

Responsiveness is the ability to help consumers and provide services quickly to consumers. The responsive dimension is the most dynamic dimension. This is influenced by technological development factor. One example of a responsive aspect in service is speed [9].

In this study, the dimensions of responsiveness are measured by the speed of the respondents to the patient's complaints, the ability of the officer to solve the problem, the good communication between the officer and the consumer, the consumer becomes clear and easy to understand the information. The attribute that has the lowest average performance is the consumer becomes clear and easy to understand information of 2.30. While attributes that have the highest average performance is the officer is able to provide solutions to the problem that is equal to 2.40.

The drug information service aims to inform the patient about the use of the drug and can improve the recovery rate of the illness that the patient receives. The drug information service factor may be assessed from the officer providing the drug information in an easily understandable language and the officer providing information other than the drug associated with the patient's illness.

The drug information service provided does not have to be scientific, the most important recipient is easy to understand, understand, and receive the required information. Information conveyed concisely, clearly, proven and avoiding degrading, forcing, and blaming. This drug information service if implemented properly, will form an assessment in the community. It is expected that pharmacists in providing drug information to patients should use a language that is easily understood by the patient.

### 3.6.3 Dimensions of Assurance

Assurance dimension is in the highest order to be considered in the dimension of quality of pharmaceutical service with an average gap value of -0.93. The average performance of the assurance dimension is still low, while the expectation of this dimension is very high. This is what causes the gap between performance and expectations is very high. Attributes that need attention are that the officer has good knowledge and skill in some. The average value of expectations for this attribute is 3.26 and the average value of performance is only 2.39.

Assurance is a service quality dimension that deals with the ability to instill trust and confidence in the consumer. The dimensions of the assurance include the ability of employees to know the exact product, the quality of the hospitality, the attention and courtesy in providing services, the skills in providing security in utilizing the services offered and the leverage in instilling consumer confidence in the services offered [9].

The low average performance is due to pharmacy officers at the hospital pharmacy is still relatively new with the status of honorary staff. Because they are new and honorary staff, they still have poor experience and skills, so the patient has poor perceptions of the officer's knowledge and skills.

### 3.6.4 Dimensions of Emphaty

The third rank gap value is found in the empathy dimension (-0.90) with the performance value of 2.33 and the expected value of 3.21. Item question that became the focus of attention is the officer gives



service regardless of social status, with the highest gap value, ie -0.94. Low performance values because officials prioritize patients they know.

Empathy is a willingness to care and give a genuine and personal attention to the consumer (the service user). The dimension of empathy is a dimension that provides a great opportunity to create a "surprise" service that is something that service users do not expect but is provided by the service provider [9].

The dimension of empathy in this study is measured by several attributes: the officer gives attention to the patient's patient complaints through the consumer, the officer gives the service regardless of social status, the consumer feels comfortable while waiting. The attribute that has the lowest average value is the officer gives service regardless of social status that is equal to 2.31. Attributes that have the highest average value is the officer to pay attention to the patient's patient complaints through the consumer that is equal to 2.40.

Respondents were not satisfied with the pharmaceutical service because the pharmacy officers still distinguish patients in providing services. Patients feel that the officer prefers the patient to a general cost compared to patients who use Health Insurance. Due to the differences, the patients feel less satisfied with the pharmaceutical services.

#### 3.6.5 Dimension of Tangibles

The lowest gap value is in the tangibles dimension (-0.89) with a performance value of 2.38 and the expected value of 3.27. This indicates that of the five dimensions of service quality, the dimensions of tangibles are dimensions whose performance to help patients and provide the best service is felt quite satisfactory patients. The highest rank that is the focus of tangibles dimension is question 2, namely the pharmacy signboards and the location of the pharmacy is located in strategic place, with the performance value 3.27 and the expected value of 3.18.

Tangibles are defined as the appearance of equipment facilities and officers who provide services because a service can not be seen, kissed, touched or heard the tangible aspect becomes very important as a measure of service [9]. The dimensions of tangibles are measured by several attributes: the pharmacy looks clean and tidy, the pharmacy plates are located in a strategic location, the drug-taking waiting room and the clean and tidy pharmacy toilets, the pharmacist is dressed clean and tidy. The attribute that has the lowest average value is the pharmacy plank located at a strategic location of 2.27. While the attribute that has the highest average value is the pharmacy looks clean and tidy that is equal to 2.45.

Pharmacy appearance is the physical appearance of the pharmacy. Assessment of the pharmacy appearance can be seen from the pharmacy name plates, drugstore location, drug arrangement, drug taking room, toilet, brochure or drug information display place, and pharmacy clerk uniform. Signboard as a guide for the patient to find the pharmacy is located. If the signboard is placed in a strategic place then the patient will easily read and find a pharmacy, and vice versa. It affects patient satisfaction.

## 4. Conclusion

Based on the results of research conducted at Major General Haji Ahmad Thalib Hospital, Kerinci, Jambi Province, Indonesia, it can be concluded that:

A. The majority of respondents were not satisfied with pharmaceutical service, 76.4% of respondents were female, 57.5% of respondents were aged between 18-49 years, 32.1% of respondents had junior high school education, 73.6% of respondents had income of Rp. 1,000,000 - Rp. 5,000,000, 50.9% of respondents have jobs as housewives.

B. As many as 56.6% of respondents are not satisfied with the dimensions of reliability, 50.9% of respondents are not satisfied with the responsiveness dimension, 66.0% of respondents are not satisfied with the guarantee dimension, 59.4% of respondents are not satisfied with empathy dimension, and 53.8% of respondents are not satisfied with the dimensions of tangibles.

C. There is a relationship between sex, education level and type of work with patient satisfaction on pharmaceutical service, whereas between age and occupation there is no relation with patient satisfaction to pharmaceutical service.



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