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Relationship between Prescription Services and Patient Satisfaction Level at the Outpatient Installation of X Hospital, South Tangerang City

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Abstract: Prescription service is one of the pharmaceutical services that aims to improve patients' quality of life. Good service will increase patient satisfaction, affecting patients' quality of life. Patient satisfaction can be assessed by measuring elements of responsiveness, assurance, tangible, empathy, and reliability. This study aimed to determine the relationship between prescription services (waiting time) and the level of patient satisfaction at the outpatient installation of X Hospital, South Tangerang City. This study was an observational quantitative with a cross-sectional approach using a survey. The number of samples used was 382 respondents through the purposive sampling method. The data obtained were analyzed by univariate and bivariate analysis using SPSS version 22. The results showed that the level of patient satisfaction with the elements of responsiveness was 76.65%, assurance was 76.64%, tangibles was 75.28%, empathy was 76.60%, and reliability was 76.21%. Based on the results of the analysis using chi-square, there is a relationship between prescription services and the level of patient satisfaction at the outpatient installation of X Hospital, South Tangerang City with a p-value of 0.000 (p-value <0.05). This study can be concluded that there is a significant relationship between prescription services (waiting time) and the level of patient satisfaction in the outpatient installation of X Hospital, South Tangerang City.

Keywords: patient satisfaction, prescription service, waiting time
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1. INTRODUCTION

Prescription services are one of the pharmaceutical care services aimed at improving patients' quality of life. Good service enhances patient satisfaction, which in turn influences their quality of life. Patient satisfaction is a level of feeling that arises as a result of the healthcare service performance received after patients compare it with their expectations. Patients will feel satisfied if the healthcare service performance meets or exceeds their expectations (Pohan, 2006). The level of patient satisfaction with outpatient pharmaceutical services can be assessed by measuring the elements of responsiveness (promptness in service), assurance (attitude in providing service), tangibles (quality of service facilities), empathy (care and attention in service delivery), and reliability (timely service) (Kemenkes RI, 2016; Kemenkes RI, 2021). The measurement of prescription service waiting time is one of the elements of patient satisfaction. Prescription service waiting time refers to the duration from the moment a patient submits a prescription to the staff until the patient receives the medication. The required waiting time for non-compounded medicine is 15–30 minutes, while for compounded medicine is 30–60 minutes (Kemenkes RI, 2021).

Based on the results of research conducted by Putri (2017), the level of patient satisfaction with pharmaceutical services (prescriptions) has an influence on patient loyalty, so that if the level of patient satisfaction increases, patient loyalty will also increase (Putri, 2017). Another study conducted by Sari (2021) at the Bhayangkara Bondowoso Outpatient Installation reported that 47% of patients were dissatisfied with pharmaceutical services (prescriptions) (Sari, 2021). Research by Juliawati et al (2019) reported that BPJS outpatients at the Pharmacy Installation of the Robert Wolter Mongisidi Manado

Hospital were not satisfied with the services provided (Juliawati et al., 2019). Hasen's research (2021) also reported that 44% of respondents were not satisfied with pharmaceutical services in Southwest Ethiopia (Hasen & Negeso, 2021). This shows that the level of patient satisfaction with pharmaceutical services is still unsatisfied and is a problem for hospitals both in Indonesia and abroad.

Therefore, the researchers conducted a study on "Relationship between Prescription Services and Patient Satisfaction Level at the Outpatient Installation of X Hospital, South Tangerang City". One of the novelties of this study is that research on the relationship between patient satisfaction levels with prescription services (waiting time) has never been done at X Hospital, South Tangerang City. This study aimed to determine the level of patient satisfaction with the prescription services provided. The elements used to measure the level of patient satisfaction in this study are Responsiveness, Assurance, Tangibles, Empathy, and Reliability. The level of patient satisfaction with prescription services will be a benchmark for officers to improve services to patients to improve the quality of life of patients.

2. METHODS

The research design was observational, quantitative research. This study used a descriptive and analytical survey with a cross-sectional approach. Cross-sectional research studies the relationship between independent variables or risk factors that influence the dependent variable. the data collected in this study were carried out simultaneously at one time, namely between risk factors and their effects (Syapitri et al., 2021). Researchers conducted an observation to measure the waiting time for prescription services. They conducted interviews to measure patient satisfaction at the outpatient installation of X Hospital, South Tangerang City.

The population of this study were outpatients who filled prescriptions at the outpatient installation of X hospital and met the inclusion criteria; namely, those aged ≥ 18 years old who were willing to become research respondents and could communicate, read, and write well. The exclusion criteria are respondents who redeem half or incomplete prescriptions. Before data collection, ethical approval was first carried out at the Health Research Ethics Committee of Syarif Hidayatullah State Islamic University Jakarta with the number: Un.01/F.10/KP.01.1/KE.SP/01.08.013/2024. During the data collection process, respondents were given information about the procedures of the study and gave informed consent.

The number of samples in this study was calculated using the slovin formula with a 95% confidence degree, with the result of the calculation being a minimum of 375 respondents. The number of samples obtained in this study was 382 respondents. The respondents were selected by purposive sampling to obtain a respondent who could represent the objectives of this study. Sampling was carried out for ± 1 month (February 2024) at the outpatient installation of X Hospital, South Tangerang City. Sampling was carried out every day at a time determined by the hospital with the acquisition of ± 20 samples per day.

The validity test technique used by this questionnaire is the pearson's correlation test. In this study, the sample used to conduct the validity test was 30 respondents. The reliability test can be seen from the Cronbach's Alpha value with the SPSS program. Question items from the questionnaire can be said to be reliable if the Cronbach's Alpha value > 0.60 and is said to be unreliable if Cronbach's Alpha < 0.60 (Ghozali, 2012).The data analysis used was univariate and bivariate data analysis. Univariate analysis is an analysis that aims to describe the characteristics of respondents. Bivariate analysis aims to determine the relationship between prescription services and the level of Satisfaction at the outpatients installation of X Hospital, South Tangerang City.

3. RESULTS AND DISCUSSION

Demographic Data

In this study, data was obtained from 382 respondents with the following distribution data:

Table 1: Frequency distribution of gender

No	Gender	(n)	%
1	Male	131	34,29
2	Female	251	65,71
	Total	382	100

Based on table 1, it was found that the highest frequency of gender was female, namely 251 respondents (65.71%), while male were 131 respondents (32.29%). The same results were also obtained by Andriani et al., (2022) in the pharmaceutical installation of the Langit Medika Sarolangun Hospital, where the highest gender of respondents was female, namely 208 (55.05%), while 170 respondents (44.97%) were male (Andriani et al., 2022). Another study also obtained data on the highest female gender respondents, namely 189 respondents (57.62%) and 139 respondents (42.38%) in the pharmaceutical installation of Noongan Hospital (Israel et al., 2023). Another study conducted by Wahyuni & Syamsudin (2021), in 2021 at X Mojokerto Hospital, where the highest percentage of respondents were also female, with 68.4% (225 respondents), while males were 31.6% (104 respondents) (Wahyuni & Syamsudin, 2021). This is because females have a high level of vulnerability to disease and aim to get health assistance more quickly once they experience health problems compared to males (Nadia Rahmayanti & Ariguntar, 2017).

Table 2: Frequency distribution of age

No	Age (years old)	(n)	%
1	18 - 24	14	3,67
2	25 - 34	47	12,30
3	35 - 44	55	14,40
4	45 - 54	86	22,51
5	55 - 64	77	20,16
6	65 - 74	91	23,82
7	> 75	12	3,14
	Total	382	100

Based on Table 2, regarding the frequency distribution of respondents' age, the highest frequency was obtained in the age range of 65-74 years old as many as 91 respondents (23.82%) and the lowest frequency at the age of >75 years as many as 12 respondents (3.14%). The high number of respondents in the age range 65-74 years old is because there is a high risk of disease complications at the age of 65-74 years old (Walicka et al., 2021). A study conducted in Gothenburg, Sweden, reported that patients aged >75 years old had the least distribution data due to various factors such as higher mortality rates, lower levels of knowledge and confidence (Jönsson & Hange, 2020). However, research conducted by Andriani et al., (2022) in the pharmaceutical installation of the Langit Medika Sarolangun Hospital, obtained the highest respondent data in the age range of 40-50 years and the lowest at the age of >60 years old (2.11%). Another study obtained the highest age respondent data in the age range of 36-45 years as many as 124 respondents (37.80%) and 139 respondents (42.38%) were male in the pharmaceutical installation of Noongan Hospital (Israel et al., 2023). In addition, in a study conducted in 2021 at X Mojokerto Hospital, it was also found that the highest percentage of respondents aged 26-35 years old was 45.3% and the lowest was 46-55 years old (2.1%) (Wahyuni & Syamsudin, 2021).

Table 3: Frequency distribution of occupation

No.	Occupation	(n)	%
1	Self-employed	57	14,92
2	Civil servant	2	0,52
3	Housewife	187	48,95
4	Retirement	59	15,45
5	Private employee	40	10,47
6	Student	7	1,83
7	Not working	14	3,66
8	Miscellaneous	16	4,20
	Total	382	100

Based on table 3, regarding the frequency distribution of occupation, the highest percentage for housewives was 48.95% with a frequency of 187 respondents, and the lowest percentage for civil

servants was found to be 0.52% with a frequency of 2 patients. Previous research conducted by Andriani et al. (2022) at Pala Raya Mother and Child Hospital found the highest percentage of respondents who is a housewife with a percentage of 58.8% (Andriani et al., 2022). Further research was conducted in 2021 at X Mojokerto Hospital, where the highest percentage was found in respondents who also is a housewife with a percentage of 47.4% (Wahyuni & Syamsudin, 2021). This is because housewives usually accompany children, husbands, and parents to go to the hospital for treatment. In addition, housewives also have free time compared to other professions (Nadia Rahmayanti & Ariguntar, 2017) (Lu et al., 2023).

Table 4: Frequency distribution of education

No	Education	(n)	%
1	Not in school	4	1,05
2	Elementary school	53	13,87
3	Junior high school	49	12,83
4	Senior high school	174	45,55
5	College	102	26,70
	Total	382	100

Based on Table 4, regarding the frequency distribution of respondents' education, the highest percentage was found for respondents with education at the senior high school level, with a percentage of 45.55% and a frequency of 174 respondents. For the lowest percentage, respondents who were not in school had a percentage of 1.05%, with a frequency of 4 respondents. The previous study conducted by Andriani et al., (2022) at Pala Raya Mother and Child Hospital found the highest percentage among respondents with a senior high school level of education, with a percentage of 46.03% (Andriani et al., 2022). Then in 2020, a study was conducted at Pala Raya Mother and Child Hospital where the highest percentage was found among respondents with a senior high school level of education, with a percentage of 63.7% (Maulidia, 2020).

The next study was conducted in 2021 at X Mojokerto Hospital, where the highest percentage was found among respondents who also had a senior high school level of education, with a percentage of 72.9% (Wahyuni & Syamsudin, 2021). According to Pennebaker (in Nadia et al., 2017), higher levels of education and income report more disease symptoms compared to someone with lower education who chooses not to seek treatment as long as they can endure the pain (Nadia Rahmayanti & Ariguntar, 2017). A national longitudinal study on adolescent to adult health in the United States in 2022 also reported that individuals with post-secondary education (college) have a healthier lifestyle compared to those with secondary education (Jehn, 2022).

Table 5: Frequency distribution of insurance

No	Insurance	(n)	%
1	BPJS-Kesehatan (Social Security Agency for Health)	368	96,34
2	Other Insurance	6	1,57
3	Personal	8	2,09
	Total	382	100

Based on table 5, regarding the frequency distribution of respondents' insurance, the highest percentage was found for respondents with BPJS-Kesehatan, with a percentage of 96.34% and a frequency of 368 respondents. For the lowest percentage, respondents with other insurance had a percentage of 1.57%, with a frequency of 6 respondents. The highest percentage is found among respondents who use BPJS-Kesehatan, as BPJS-Kesehatan provides affordable healthcare services, making most respondents prefer using BPJS-Kesehatan over other or private insurances. BPJS-Kesehatan has a wider coverage, allowing patients to access healthcare services throughout Indonesia. Thus, BPJS-Kesehatan is more favored by the public (Sangging et al., 2021).

Table 6: Frequency distribution of number visits

No	Number of Visit	(n)	%
1	1 visit	14	3,66
2	2 visits	7	1,83
3	>3 visits	361	94,51
	Total	382	100

Based on table 6, regarding the frequency distribution of number of respondent visits, the highest percentage was found for respondents who made more than 3 visits, with a percentage of 94.51% and a frequency count of 361 respondents. For the lowest percentage, respondents who made visits accounted for 1.83%, with a frequency of 7 respondents. The highest percentage is found among respondents who visited more than 3 times, as they felt comfortable with the service provided. Additionally, in a previous study conducted in 2022 at dr. Soedirman Mangun Sumarso Wonogiri Hospital, the highest percentage was found among respondents who visited more than 2 times, with a percentage of 85.71% (Andi et al., 2022). Based on a study conducted at Prof. Dr. R.D. Kandou Hospital in Manado, patients' decisions to make repeat visits to the hospital are influenced by various factors, namely facilities and infrastructure, location, as well as the speed and ease of services (Salindeho et al., 2023).

Satisfaction and Prescription Service (Waiting Time) Data

Satisfaction level was measured by 5 dimensions, namely: responsiveness, assurance, tangible, empathy, and reliability through interview using a questionnaire developed from pharmaceutical service standards with a 4-likert scale (very dissatisfied=1, dissatisfied=2, satisfied=3, very satisfied=4) (Kemenkes RI, 2021). Each dimension consists of 4 statements. The percentage of Satisfaction for each dimension was calculated from the number of scores obtained for each dimension divided by the total number of scores for each dimension, then multiplied by 100%. After that, researchers categorized the level of Satisfaction: 0-25 (very dissatisfied), 26-50 (dissatisfied), 51-75 (satisfied), 76-100 (very satisfied). The average results of Satisfaction for each dimension are as follows (table 7):

Table 7: Average satisfaction percentage (%)

No	Satisfaction Dimension	Average Satisfaction (%)
1	Responsiveness	76,65
2	Assurance	76,64
3	Tangible	75,28
4	Empathy	76,60
5	Reliability	76,21

The average percentage of Satisfaction in the responsiveness dimension was 76.65%. The responsiveness dimension was measured through statements: officers are responsive to patient complaints when providing drug information; officers provide direction on how to consume drugs properly; officers have sufficient knowledge and abilities in providing drug-related information; officers are quick to serve prescriptions until the drug is given to the patient.

The average percentage of Satisfaction in the assurance dimension was 76.64%. The assurance dimension was measured through statements: the medicine given is in good condition (packaging is in good condition), the officer prepares the medicine carefully, the officer does not hesitate in providing information to the patient, the officer is able to answer patient questions properly.

The average percentage of Satisfaction in the tangible dimension was 75.28%. The tangible dimension was measured through statements: the design of the patient waiting room in the outpatient installation looks clean and comfortable; the counters provided are organized and easy to reach; neat and clean looking officers; clear etiquette and the availability of brochures, leaflets or posters related to drug information.

The average percentage of Satisfaction in the empathy dimension was 76.60%. The empathy dimension was measured through statements: officers are patient and friendly in serving patients; officers provide opportunities for patients to convey their complaints; officers are fair and do not discriminate against patients; officers can understand patient needs. The average percentage of Satisfaction in the reliability dimension was 76.21%. The reliability dimension was measured through statements: officers do not make mistakes in providing services to patients; officers can provide advice and help resolve patient complaints; officers provide drugs in accordance with the prescription; officers work on prescriptions on time.Based on table 7, regarding the average percentage of Satisfaction in five dimensions, the highest percentage was found in the responsiveness dimension with a percentage of 76.65%. For the lowest percentage, which was the tangible dimension with a percentage of 75.28%. The results of prescription service (waiting time) at the outpatient installation of X Hospital, South Tangerang City were as follows:

Table 8: Prescription service (waiting time)

Prescription Service	Waiting Time (minutes)	N	%	Average Waiting Time for Prescription Service (minutes) ± SD
Non-Compounded Medicine	< 30	230	62,33	27,87 ± 14,58
	> 30	139	37,67	
Compounded Medicine	< 60	12	92,31	37,02±12,97
	> 60	1	7,69	

Based on table 8, prescription services (waiting time) of the outpatients installation of X Hospital obtained the average waiting time for non-compounded medicine was 27,87 minutes and compounded medicine was 37,02 minutes. According to the quality service standard, the waiting time for prescription services for non-compounded medicine is required to be no more than 30 minutes, and for compounded medicine is required to be no more than 60 minutes. From these results, the waiting time for prescription services of the outpatients installation of X Hospital was obtained at 62.33% in accordance with what is required for prescription services for non-compounded medicine, and at 92.31% in accordance with what is required for prescription services for compounded medicine. Previous research conducted at the pharmaceutical installation of the University Hospital of Muhammadiyah Malang reported that the prescription service for non-compounded medicine was as required by 57.45% (out of 141 respondents) and the prescription service for compounded medicine was as required by 88.89% (out of 9 respondents) (Ihsan et al., 2018). Research conducted in the pharmaceutical installation of Pandan Arang Boyolali Hospital, obtained the average waiting time for finished drugs for 26.29 ± 5.31 minutes and compounded medicine for an average of 75.44 ± 28.36 minutes. The waiting time for prescription services for compounded medicine was not in accordance with the minimum service standards, which is < 60 minutes, which may be due to officers having to be more careful in preparing compounded medicine so that there are no errors in taking drugs and the increasing number of outpatients at certain hours and lack of labor (Maharani, 2022).

The Relationship of Prescription Services (Waiting Time) and Patient Satisfaction

Analysis of the relationship of prescription services (waiting time) and patient satisfaction at the outpatient installation of X Hospital was carried out using statistical tests using SPSS version 22. The data obtained was carried out a distribution test first, the distribution test results were obtained at 0.000. This showed that the data obtained was not normally distributed. Based on the distribution test results, the analysis of the relationship between prescription services (waiting time) and patient satisfaction at the outpatient installation of X Hospital was carried out using the chi-square test method. Based on the results of the chi-square test, a p-value of 0.000 (p-value <0.05) was obtained. This showed that there

was a relationship between prescription services (waiting time) and patient satisfaction at the outpatient installation of X Hospital, South Tangerang City.

Another study reported that there was a significant relationship between waiting time and BPJS-Kesehatan outpatient satisfaction at the Pharmacy Installation of the University Hospital Muhammadiyah Malang (Ihsan et al., 2018). The results of previous research also reported that there was a relationship between waiting time and outpatient satisfaction at the Pharmacy Installation of Pandan Arang Boyolali Hospital ($p = 0.000$ and $r = -0.607$) (Maharani, 2022). This shows that there is a relationship between waiting time for prescriptions and outpatient satisfaction at the Pharmacy Installation of Pandan Arang Boyolali Hospital. The strength of the correlation between waiting time services and patient satisfaction of outpatients at the Pandan Arang Boyolali Hospital Pharmacy Installation has a strong strength with a negative direction, which means that the faster the waiting time for prescription services, the more satisfied the outpatients are at the Pandan Arang Boyolali Hospital Pharmacy Installation. These results differ from the research obtained where the correlation relationship obtained is weak. Possible factors that cause a weak correlation relationship are due to the sampling time at the specified time.

4. CONCLUSION

Based on the results of the research conducted, it can be concluded that patients were very satisfied with the prescription service at the outpatient installation of X Hospital, South Tangerang City. The average satisfaction level of the five dimensions is as follows:

a. The average satisfaction level of the responsiveness dimension is 76.65%, assurance is 76.64%, tangibles is 75.28%, empathy is 76.60%, and reliability is 76.21%.
b. There is a relationship between prescription services (waiting time) and the level of patient satisfaction at X Hospital in South Tangerang City, with a p-value of 0.000 (p-value <0.05).

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