



PHARMACEUTICAL SERVICE QUALITY EFFECT TOWARDS TBC PATIENTS' SATISFACTION OF OUTPATIENTS OF BPJS (HEALTH INSURANCE) FOLLOWING DOTS PROGRAM IN TWO GENERAL HOSPITALS IN GARUT REGENCY

Dina Nirwana Suwinda¹, Anas Subarnas² and Emma Surachman³

¹Department of Pharmacology, Faculty of Pharmacy, Padjadjaran University, Indonesia

^{2,3}Department of Hospital Pharmacy, Faculty of Pharmacy, Padjadjaran University, Indonesia.

ARTICLE INFO

Received 11th November, 2016

Received in revised form 4th December, 2016

Accepted 24th January, 2017

Published online 28th February, 2017

Key word

Satisfaction, Quality, Service Pharmacy, And Hospital

ABSTRACT

In addition to conduct hospital services, we should pay attention to satisfaction of the users of services. Hospital Pharmacy is one of the largest incomes of the hospital; therefore, in order to achieve the users's satisfaction, the quality of the services should be improved. Unqualified pharmaceutical services will cause financial loss for the pharmacy in particular and for the hospital in general. The purpose of this study is to analyze Pharmaceutical Service Quality Effect Towards TBC patients' satisfaction of Outpatient Program of BPJS (Health Insurance) patient following a DOTS program in RSUD Dr Slamet Garut and BKPM Garut. The method used was qualitative and quantitative methods with the cross sectional design using likert scale questionnaires. A sampling technique used was systematic random sampling, using 74 respondents consisting of 45 respondents in RSUD Dr Slamet Garut and 29 respondents in BKPM Garut. The result of this study indicated that the expectation of the patients was different from the reality obtained in both hospitals according to parameters of tangible, empathy, responsiveness, reliability and assurance, this concluded that the quality of pharmaceutical services did not influence against the satisfaction of tuberculosis patients in RSUD Dr Slamet Garut and BKPM Garut.

Copyright © 2017 Dina Nirwana Suwinda et al is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Health development is aimed at improving consciousness, willingness, and ability to keep healthy life of every person in order to realize the degree of the highest society's health as investment in productive human resources development socially and economically. Health is healthy condition of physical, mental, spiritual, social life which enable everyone to live productively both social and economical. To realize the highest health degree for the society, the government conduct thoroughly integrated health efforts for both individual and society. The health effort is conducted in the form of activities by promotive, preventive, quantitative and rehabilitative approaches held integratedly, thoroughly, and continuously. Health Service Program is conducted responsibly, safe, and spread, and non discriminatively (DEPKES RI.2009)

The hospital is one of health facilities to conduct health efforts. The hospital is an institution which conducts health services for individual perfectly which provides inpatient, outpatient and emergency services (DEPKES RI 2009)

RSU Dr.Slamet (General Hospital) belongs to the local government of Garut District which provides health services for all diseases. It includes B Class Non Education General Hospital. The position of Local General Hospital of Dr.Slamet Garut is as supporting task of the local government head with main task is to provide individual's health perfectly.

BKPM Garut was founded in 1957, at first, it was Balai Pemberantasan Penyakit Paru-Paru (BP4) (Pneumonia Eradication Office) Garut. Since it was founded, it was the functional of BP4 Bandung. Now it is named Balai Besar Kesehatan Paru Masyarakat Bandung (Bandung Society Pulmonary Health Headquarter) with nine employees of health. Pulmonary Health Service is a routine activities conducted inside and outside the building. As the reference for advanced Specialized Lung Health services (Stratum II). Inside room activities in BKPM includes General Polyclinic Services, Pulmonary specialized Polyclinic, Pulmonary Emergency Unit, Supporting Diagnostic Examination (Laboratory, Radio dagnostic and electrocardiography), Nutrition and consultation for TB-HIV and Voluntary Counselling and Testing (VCT HIV-AIDS) (BKPM,2007)

Tuberculosis is an infectious disease and still become problem of the world's society including in Indonesia. It is estimated that one third of the world's population has been infected by

*✉ **Corresponding author: Dina Nirwana Suwinda**
Department of Pharmacology, Faculty of Pharmacy,
Padjadjaran University, Indonesia

TBC. In the developing countries, TBC death is 25% from all death, which actually can be avoided. It is estimated that 95 % of TBC cases as the world’s primary mortality especially in developing countries (Siregar, CJP, & Amalia, L, 2003)

World Health Organization (WHO) in its Annual Report on Global TBC Control 2003 stated that there were 22 countries categorized as high burden countries towards TBC. Indonesia was included as the third rank after India and China in donating TBC in the world. In Indonesia TBC as the primary problem of population health. Based on Family Health Survey Result in 2001, TBC was the third rank as the cause of death (9.1% from the total death) after cardiovascular and respiratory diseases. In 2004 showed that national prevalency of positive acid basil pneumonia was 110 per 100,000 population. Indonesia was the fifth position in the world as the highest burden tuberculosis according to WHO in 2010. Actually, prevalence of all cases of tuberculosis was 660,000 and estimated that annual new incidentally cases was totally 430,000. Annually, TB death is 610,000. Based on Basic Health Research that from all population diagnosed on TBC by the health workers, and healed by medicines program only 44%. The series of provinces healed based on TB medicines program were DKI Jakarta (68.9%), DI Yogyakarta (67.3%), West Java (56,2%), West Sulawesi (54.2%), and Central Java (50.4%). Healing on 68.7% with recovery range 28.24 %. From the healing, 3.9% was broken healing process (Badan Penelitian dan Pengembangan Kesehatan, 2013). According to Republic Indonesia Ministry of Health (2009) that the obedient level is to drink the medicines regularly for six months.

In Garut Regency in 2014, from 12.251 cases were diagnosed of pneumonia, there were 1,205 persons with positive BTA sputum, 2,669 were healed and recovered 996 persons with recovery percentage was 34.72% from the recovery target was 85%. In 2008, from 1,478 persons diagnosed of positive BTA TBC, 1.72 % was broken healing. In 2015, DOTS Polyclinic of Dr.Slamet General Hospital, Garut, noted 90 new patients visited and regular patients were 420 persons monthly, and when it was rated, the patients who visited DOTS Dr.Slamet General Hospital Garut were 520 persons. TB patient services through DOTS polyclinic have been conducted since 2009

The research uses outpatient tuberculosis patients with DOTS program of BPJS insurance in two hospitals in Garut Regency; namely, RSUD Dr.Slamet Garut and BKPM in Garut as the subjects of research to see the five service qualities towards patients’ satisfaction.

RESEARCH METHODOLOGY

Based on the research purpose, the research subjects were tuberculosis patients from two hospitals in Garut Regency. The research was conducted in Garut Regency. Subject characteristics which became research population target were inpatient of BPJS clients/customers with tuberculosis healing through DOTS

Research Method

Design used in the research was survey research; that is, research which takes samples from one population by applying

questionnaires as primary data collector. Primary data collection was made by Cross sectional or one time

Research Variable Identification

Variable is phenomena being investigated in the research. There are six variables in the research as follows:

1. Satisfaction on Tangibility Service as Free Variable fact or the First Exogen.
2. Satisfaction on Service empathy as Free Variable or the Second Exogen.
3. Satisfaction on Service Respon Power as Free Variable or The third Exogen.
4. Satisfaction on Service reliability as Free Variable or The Fourth Exogen
5. Satisfaction on Service Assurance as Free Variable or The Fifth Exogen.

RESEARCH RESULTS AND EXPLANATION RESULTS

Research Parameter Examination Result

Examination obtained from questionnaires spread is analyzed in the research. It included validity analysis and reliability made before research data processing. Respondents’ data taken from the research came from 74 respondents; that is, 45 persons from polyclinic of DOTD RSUD Dr.Slamet Garut and 29 came from BKPM Garut.

The results of questionnaire analyses can be explained as follows:

Parameter Validity Analysis

Validity and Reliability try-out was conducted by spreading questionnaires to 35 respondents spread randomly in the two research sites; that is, DOTS Polyclinic and BKPM Garut.

In the first try-out, the questionnaires contained 19 statements, and after being tested with Valid for 18 statements and there was one statement which was valid that invalid statement was eliminated and not included in the research questionnaires

From the calculation has been made, we obtained results as follows:

Table 1 Validity Calculation Result

Item	Harapan			Kenyataan		
	r-hitung	t-tabel	Hasil	r-hitung	t-tabel	Hasil
1	0.3553	0.334	Valid	0.3523	0.334	Valid
2	0.4307	0.334	Valid	0.4307	0.334	Valid
3	0.5890	0.334	Valid	0.3875	0.334	Valid
4	0.3850	0.334	Valid	0.4105	0.334	Valid
5	0.4435	0.334	Valid	0.3969	0.334	Valid
6	0.4892	0.334	Valid	0.4011	0.334	Valid
7	0.3643	0.334	Valid	0.5380	0.334	Valid
8	0.7043	0.334	Valid	0.6751	0.334	Valid
9	0.3879	0.334	Valid	0.5405	0.334	Valid
10	0.5571	0.334	Valid	0.3918	0.334	Valid
11	0.3640	0.334	Valid	0.5321	0.334	Valid
12	0.5155	0.334	Valid	0.5582	0.334	Valid
13	0.4782	0.334	Valid	0.3417	0.334	Valid
14	0.6211	0.334	Valid	0.3611	0.334	Valid
15	0.5119	0.334	Valid	0.5936	0.334	Valid
16	0.4040	0.334	Valid	0.3560	0.334	Valid
17	0.5289	0.334	Valid	0.4850	0.334	Valid
18	0.3946	0.334	Valid	0.5398	0.334	Valid

Harapan: Hope Kenyataan: Fact Hitung: Cout Tabel=Table Hasil=Result

Questionnaire examination is valid when r-count is greater than t-table from the data above because all items have value r-count or relation measurement which is greater than table value; therefore, it can be concluded that items used in the questionnaires were valid to be used to measure investigated problem.

Research Parameter Reliability Analysis
From the calculation made, we obtained

Table 2 Reliability calculation Result

Instrument	Nilai Cronbach-Alpha	Kesimpulan
Harapan	0.7957	Reliabel
Kenyataan	0.7658	Reliabel

Harapan: Hope Nilai :Value Kesimpulan :Conclusion Reliable Questionnaires is reliable because of its reliability >0.60-0.80 based on reliability calculation result the hope value was 0.7658;therefore, reliability calculation result of fact value is reliable.

Research Respondent Descriptive Analysis

Qualitative Research Results.

DOTS Polyclinic of RSUD Dr.Slamet Garut

Discussion result with the pharmacy officers that they complained due to few officers and supporting facilities like service counter, storage racks for drugs are not sufficient that maximum services still cannot satisfy the drug customers. Besides a lot of patients, the doctors' examinations begin at 9 a.m. that the pharmaceutical services are and outpatient often conducted till 4 p.m. In fact officially, working hour should be till 2 p.m.. Discussion result with related management showed difficulty to add officers and supporting facilities due to available budget limitation that they must be fulfilled step by step. Now, the improvement is made for improvement and the provision of customers' lounge.

BKPM Garut

Discussion result with pharmaceutical officers, they complained about the governments aid to replace equipments or improve damage facilities which ran slowly. A total officers and supporting facilities such as maximum rooms and service counters are not satisfied especially drug queueing or too long to wait the drugs.

Discussion result with related management showed difficulty to add officers and supporting facilities due to available budget limitation that to fulfil them, the government did it step by step. Today, it is just improvement and addition of customers' lounge

Quantitative Research Result

Respondents' characteristics

Result description begins from descriptive in the form of respondents' characteristic descriptive statistics of research data. Research respondents' characteristics are shown to see respondents' expansion as research respondents based on demographic factors such as gender, age range, educational

level, occupation, monthly spending, and the ownership of BPJS Insurance Card.

Table 3 Research Respondents' characteristics on tuberculosis patients in DOTS Polyclinic Dr.Slamet Distric General Hospital Garut

Respondents' characteristics	Frequency	Percentile(%)
Sex/Gender		
Men	21	46.67
Women	24	53.33
Age :		
Up to 25 years old	7	15.56
>25-40 years old	24	63.16
>45 years old	14	31.11
Education :		
Elementary	21	46.67
Junior High	14	58.33
Seniore HJhigh	7	70.00
College	2	66.67
Others	1	2.22
Civil Servant	0	0.00
Occupation :		
Private Employees	4	8.89
Private Business	6	13.33
Others	35	77.78
No Answer		
Monthly Spending/Expense		
Rp. 250 -Rp. 500 thousands	38	84.44
Rp. 500 thousands-	6	13.33
Rp 1 million	1	2.22
Rp.1 -1,5 million	0	0.00
Rp.15 million	0	0.00
Member Card Ownership :		
PBI	29	64.44
Non PBI	16	35.56

Research respondents' characteristics of patients in DOT Dr.Slamet General Hospital Garut that women are more then men; that is,53.33%). For age that 63.16% ranges >25-49 years old. While for occupation, the highest percentile is the other occupations (77.78%). However 84.44% research respondents did not answer on the question of monthly spending.

Table 4 Research Respondents' Characteristics on tuberculosis patients in DOTS Polyclinic Dr.Slamet District General Hospital Garut

Respondents' Characteristics	Frequency	Percentile(%)
Sex/Gender:		
Men	13	44.83
Women	16	55.17
Age:		
Up to 25 years old	13	44.83
>25-40 years old	9	31.03
>45 years old	7	24.14
Education:		
Elementary	9	31.03
Junior High	5	17.24
Senior High	9	31.03
Colleges	5	17.24
Others	1	3.45
Civil Servant	1	3.45
Occupation:		
Private Employees	4	13.79
Private Business	4	13.79
Others	20	68.97
No answer	0	0.00
Monthly Spending/Expense		
Rp. 250 -Rp. 500 thousands	2	6.9
Rp. 500 thousands- Rp 1 million	9	31.03
Rp.1 -1,5 million	6	20.69
Rp.1.5 million	12	41.38
Member Card Ownership		
PBI	15	51.72
Non PBI	14	48.28

and It is the most basic among other questions in the questionnaires. Member Card Ownership for PBI and non PBI, 29% belonged to PBI.

Research respondents' characteristics of patients in BKPM Garut that women are more than men; that is(44.83%). For age that % was 44.83,and age range up to 25 years old. While for occupation, the highest percentile is the other occupations (68.97%). However 84.44% research respondents (41.38%) had income more than Rp.1.5 million a month. Member Card Ownership for PBI and non PBI, 51.72% belonged to PBI.

For tuberculosis patients in DOTS RSUD DR.Slamet Garut shows significant result. It is shown by p-value which is less than 0.05 in the five satisfaction variables being investigated. The existence of gap value between Hopes dan satisfaction shows that there is difference between Facts and Hopes wanted by the patients. Therefore, we can say that pharmaceutical service in DOTS Polyclinic RSUD DR.Slamet Garut between Facts accepted by the patients does not fulfilled their hopes from all satisfaction variables being investigated.

Table 5 Characteristic Expansion comparison on Research Respondents for tuberculosis Patients in DOTS Polyclinic Dr.Slamet District General Hospital Garut

Characteristic	RSUD (n=45)		BKPM (n=29)		p-value	
	n	%	n	%		
Sex/Gender :	Men	21	46.67	13	44.83	0,534
	Women	24	53.33	16	55.17	
Age :	Sd 25 years old	7	15.56	13	44.83	0,020
	>25-40 years old	24	63.16	9	31.03	
	>45 years	14	31.11	7	24.14	
	Elementary	21	46.67	9	31.03	
Education :	Junior High	14	58.33	5	17.24	0,112
	Senior High	7	70.00	9	31.03	
	Colleges	2	66.67	5	17.24	
	Others	1	2.22	1	3.45	
	Civil Servant	0	0.00	1	3.45	
Occupation:	Private Employees	4	8.89	4	13.79	0,546
	Private Bussiness	6	13.33	4	13.79	
	Others	35	77.78	20	68.97	
	No Answer	38	84.44	0	0.00	
Monthly Spending/ Expense	Rp. 250 -Rp.500 thousand	6	13.33	2	6.9	0,000
	Rp. 500 thousand- Rp 1 million	1	2.22	9	31.03	
	Rp.1 -1,5 million	0	0.00	6	20.69	
	Rp.1.5 million	0	0.00	12	41.38	
Member Card Ownership:	PBI	29	64.44	15	51.72	0,199
	Non PBI	16	35.56	14	48.28	

Generally, Respondents' expansion for RSUD and BKPM patient groups is not different. Analysis result on gender, education, BPJS Member Card Ownership showed that the three items did not affect respondents expansion either in DOTS Polyclinic or in BKPM. Meanwhile for age and monthly spending, they affect respondents' expansion. From the age side, the patients who visited RSUD had tendency of older persons. In the contrary, respondents who visited BKPM were younger. Meanwhile, the income expansion for RSUD respondents, most of them did not answer compared with BKPM respondents. It showed p-value examination result was less than 5%. Patients' Satisfaction Calculation Towards Service Quality in Each Group Between Hopes and Facts for Patients in DOTS Polyclinic Dr.Slamet District General Hospital Garut

Table 6 Calculation Result of Satisfaction Level Between Hopes and Facts in DOTS Polyclinic Dr.Slamet District General Hospital

Satisfaction Level	Hopes		Facts		p-value
	Rate	SD	Rate	SD	
Poliklinik DOTS RSUD dr Slamet Garut					
Tangibility	3,27	0,47	2,86	0,42	0,000
Emphaty	3,56	0,44	2,87	0,43	0,000
Responsive Power	3,49	0,51	3,00	0,57	0,000
Reliability	3,43	0,48	3,18	0,41	0,005
Assurance	3,52	0,40	2,93	0,40	0,000
Total	3,47	0,37	2,94	0,31	0,000

Satisfaction Level Calculation Towards Service Quality in Each Group Between Hope and Fact in BKPM Garut Patients

Table 7 Satisfaction and Hope Level Calculation Result

Satisfaction Level	Hopes		Facts		p-value
	Rata-rata	SD	Rata - rata	SD	
BKPM					
Tangibility	3,34	0,36	2,88	0,38	0,000
Emphaty	3,30	0,27	3,29	0,36	0,866
Responsive Power	3,33	0,41	3,38	0,42	0,610
Reliability	3,41	0,38	3,07	0,48	0,000
Assurance	3,36	0,30	3,00	0,39	0,000
Total	3,36	0,17	3,07	0,28	0,000

For tuberculosis patients in BKPM Garut shows difference from DOTS Polyclinic. It can be shown by p-value is more than 0.05 in two variables being investigated; that is, Symphaty variable (0.866) and Responsive Power. In the two variables show that patients' satisfaction level between Facts accepted by the patients is more than Hopes wanted by the patients

The Difference of Satisfaction Level Towards Service Quality to Patients in DOTS Dr.Slamet District General Hospital Garut and BKPM Garut

Table 8 Calculation Result on Satisfaction and Hopes Level Difference Between DOTS Polyclinic Dr.Slamet District General Hospital and BKPM Gartut

Satisfaction Level	RSUD (n=45)		BKPM(n=29)		p-value	Total	
	Rate	SD	Rate	SD		Rata-rata	SD
Hopes							
Tangibility	3,27	0,47	3,34	0,36	0,480	3,30	0,43
Emphaty	3,56	0,44	3,30	0,27	0,006	3,46	0,40
Respon Poweer	3,49	0,51	3,33	0,41	0,154	3,43	0,47
Reliability	3,43	0,48	3,41	0,38	0,855	3,43	0,44
Assurance	3,52	0,40	3,36	0,30	0,070	3,46	0,37
Total	3,47	0,37	3,36	0,17	0,147	3,42	0,31
Facts							
Direct Fact	2,93	0,40	3,00	0,39	0,415	2,96	0,40
Emphaty	3,18	0,41	3,07	0,48	0,303	3,14	0,44
Responsive	3,00	0,57	3,38	0,42	0,003	3,15	0,55
Power	2,87	0,43	3,29	0,36	0,000	3,04	0,45
Reliability	2,86	0,42	2,88	0,38	0,807	2,86	0,40
Assurance							
Total	2,94	0,31	3,07	0,28	0,147	2,99	0,30

Examination result on satisfaction level difference and hopes between DOTS RSUD DR.Slamet Garut and BKPM Garut include Statistical analysis result that in the two facilities had different services between Facts and Hopes, it is shown from p-value is more than 5%.In that variable, the influence of satisfaction is Responsive Power and Reliability have fulfilled the patients' hopes.

However, other variables; that is, direct fact/proof services of Emphaty and Assurance have not fulfilled Hopes.

For tuberculosis patients in BKPM Garut shows different result from DOTS Polyclinic. It is shown by p-value is more than 5% in two variables being investigated; that is, Emphaty variable(0.866) and responsive Power(0.610).In the two variables show that the patients' satisfaction level between Hopes wanted by the patients have been fulfilled more than Facts .In this case, it has matched with their hopes. But for other variables like Responsive Power, Reliability, and Assurance, the statistical analysis result shows p-value is less than 5%.

The existence of gap value between Hopes and Satisfaction shows the difference between Hopes and Facts wanted by the patients. Therefore, we can conclude that for the pharmaceutical service variable in BKPM Garut between Facts accepted by the patients does not fulfilled their hopes.

For Hopes level from the patients, almost all sastisfaction aspects are the same except for Emphaty aspect after being examined between RSUD and BKPM is very different.

Each total value both Hopes and Facts is not different factually after the comparison was being analyzed. It can be shown in p-value is more than 0.005 (Ho is accepted).

Explanation

Respondents' Characteristics

Statistical examination result towards the expansion of respondents' characteristic by looking at such catagories as Gender, Age, Education, Occupation, Monthly Expense, and

BPJS Insurrance Ownership shows that in general respondents' expansion for the above catagories between RSUD Dr. Slamet Garut and BKPM groups has no real difference. It is shown by p-value is less than 0.05.Based on the value, there are two catagories which p-value are less than 0.05; that is, age category and monthly patients' incomes which affect patiets' total visit to the Health Service facilities –DOTS RSUD Dr.Slamet Garut and BKPM GARUT. It could be seen from the visit numbers of patients who visited BKPM were > 25 years old. And from income category 84.44%, but the patients of DOTS Polyclinic RSUD Dr.Slamet Garut did not answer, and we did not force them to answer the question.

Measurement result on pharmaceutical service quality in DOTS Polyclinic RSUD Dr.Slamet Garut and BKPM Garuit had per-dimension of service quality; that is, Tangibility, Service Emphaty, Service Responsive Power, Service Reliability, and Service Guarantee. Alkl results show negative results. It means the work performance is still below patients' hopes that it needs improvement to satisfy the patients. The lesser gap value between Facts and Hopes, the closer to customers' satisfactory value. In the contrary, The greater gap value between patients' hope, the greater patients' dissatisfaction.

In Table 7, it shows comparative level on service quality towards satisfaction between patients' Hopes and Facts in DOTS RSUD Dr.Slamet Garut and BKPM Garut. The explanation is as follows:

A.The Effect of Pharmaceutical Service Towards Patientss'Satisfaction and Hopes

Satisfaction of Hopes in DOTS Polyclinic RSUD Dr.Slamet Garut and BKPM towards direct fact;that is, there is no influence between patients' satisfaction level towards tangibility. It is shown by p-value is more than 0.05 with tangibility variable is 0.480.It means there is no difference Hopes wanted by patients who came for healing to DOTS Polyclinic RSUD Dr.Slamet Garut and BKPM from the tangible service;that is, lounge, officer numbers, officers' uniforms, medicines etiquette hoped by the patients in two facilities are the same,there is no significant difference, It is related to what was said by Bustami ,2011, that the Health Service Quality in the service institution is influenced by physical facility quality. It needs improvement of facility quality available or build new facilities. And to fasten the services ,it needs additional new officers in pharmaceutical serervices.

Satisfaction Level of Hopes in DOTS Polyclinic RSUD Dr.Slamet towards the Service Emphaty. There is no influence of Satisfaction Level of Hopes. It is shown by p-value is more than 0.005;that is, service emphaty variable 0.06.It means there is no difference of patients' Hopes from the drug waiting time, drug conselling room to provide information or handle patients' complaints. It cannot describe patients' satisfaction or emphaty in the service quality based on Hospital Minimum Service Standard No 129 of 2008.What should be improved;that is, special room for drug counselling

so that the information delivered can be understood by patients. It had better have time measurement for waiting drugs that patients can measure time when they are served by pharmaceutical officers.

Satisfaction Level of Hopes in DOTS Polyclinic RSUD Dr.Slamet Garut and BKPM

Towards Responsive Power Service. It is shown by-p-value is more than 0.005;that is, 0.154. It means that there is no difference of patients' Hopes in communication, Information, and education based on Hospital Pharmaceutical Minimum Service Standard. Indonesia Minister of Health Decree No 1197/MENKES/SK/X/2004.What must be improved is communication between pharmaceutical officers and patients, especially in peak a hours. The officers were hoped more patience in answering patients' questions by good language and can be understood.

Satisfaction Level of Hopes in DOTS Polyclinic RSUD Dr.Slamet Garut and BKPM towards reliability service, there is no influence between satisfaction level towards tangibility. It shown by p-value is more than 0.05;that is, tangibility 0.855.It means that there is no difference of hopes towards tangible service in the two Health facilities. Patients' hope is to get queueing number in taking the medicines is too great, especially to those who visited DOTS Polyclinic of Dr.Slamet Garut. It had better to use queueing system in taking the medicines that they feel they are treated well and wisely. Besides, it can avoid patients being crowded especially in peak hours.

5.Satisfaction Level of Hopes in DOTS Polyclinic RSUD Dr.Slamet Garut and BKPM towards Service Guarantee. There is no influence between satisfaction level of hopes towards Service Assurance in the two health service facilities. It is shown by p-value is more than 0.005; that is, tangibility variable 0.07-0.It means there is no difference of Hopes towards patients' will to be treated politely and friendly by the officers, to have medicines guarantee that they are safe to consume and the application of pharmaceutical service standard in prescription study with 8 Exacts. Exact medicines, Exact doses, Exact patients as factors must be taken care by pharmaceutical institution. It is based on what was said by Mahmud in 2005;namely, Standard coverage for public must have officers who have standard of competence in services so that the respondents feel to face the responsible officers in their jobs. The exact medicines information to patients. The officers also have to inform expired date of medicines to ensure the product sold.

The Effect of Pharmaceutical Services Towards Satisfaction of Tangibility accepted:

From five variables, service quality dimension, have two different results as follows:

There is no influence of pharmaceutical Service Qualikty towards satisfaction of tangibility ;that is, tangible service dimension, service empathy, and service guarantee. It means there is no different services between pharmaceutical z services

ib DOTS polyclinic RSUD Dr.Slamet Garut and BKPM in four dimension above The lounge available still cannot accommodate numbers of patients, and also lack of officers in charge make the patients cannot make counselling to the pharmaceutical officers, even to complain. In fact what they get is not satisfactory.

The existence of influence towards tangibility;that is, responsive power of service and reliability of services. It means there is significant difference between patients in DOTS Polyclinic RSUD Dr.Slamet Gharut and BKPM towards Responsive Power and Reliability Services dimensions. From the value rate table 4.11 shows dimension towards Responsive Power Service in BKPM Garut is greater than RSUD Dr.Slamet Garut. It means there is significant difference between patients in DOTS Polyclinic RSUD DR.Slamet Garut and BKPM toward Responsive power and reliability service dimensions. From value rates in table 411 shows dimensions towards Responsive Power in BKPM Garut is greater than than in DOTS Polyclinic RSUD Dr.Slamet Garut. It means from communication aspect between officers in BKPM is better than the officers in RSUD Dr.Slamet Garut. Therefore,in this case patients feel being taken care and fulfilled information needed by the patients during their healing process.

But in reliability servicem, value rate in Table 7 shows that BKPM Garut is more reliable than DOTS Polyclinic RSUD Dr.Slamet Garut. It means that the queueing system in BKPM has run well that patients treat wisely and the certainty being served because they have queueing number. Also from the officers' ability in handling patients' medicines consultation. In BKPM ,the patients feel satisfactory and being served. It is based on Hospital Minimum Pharmaceutical service standard Indonesia Minister of Health Decree no 119/MENKES/SK/X/2004 which says that one of pharmaceutical services is to give medicines consultation

CONCLUSION

1. In RSUD Dr.Slamet Garut and BKPM Garut ,the pharmaceutical service quality based on tangibility of services and Hopes and fact have no effect on satisfaction.It mean the fact that it is not matched with hopes.
2. In RSUD Dr.Slamet Garut and in BKPM Garut,the pharmaceutical Service Quality towards service empathy between hopes and facts have no effect on satisfaction but in BKPM Garut pharmaceutical service towards service empathy between facts and hopes influence the towards satisfaction.It means the fact accepted is based on hopes.
3. In RSUD Dr.Slamet Garut an in BKPM Garut,the pharmaceutical service quality towards responsive power between hopes and facts have effect on satisfaction. But in BKPM Garut pharmaceutical service quality towards responsive power between

facts and hopes have effect on satisfaction. It means the fact accepted is based on hopes.

4. In RSUD Dr.Slamet Garut and in BKPM Garut, the pharmaceutical services towards reliability of services between hopes and facts have no effect on satisfaction. It means the fact accepted, it is based on the hopes.
5. In RSUD Dr.Slamet Garut and BKPM Garut, the pharmaceutical service quality towards service assurance between hopes and facts have no effect on satisfaction. It means the fact accepted is based on hopes.

Based on the total analyses, the pharmaceutical service quality towards satisfaction in the two health facilities have no real difference.

References

1. Departemen Kesehatan Republik Indonesia, 2009. *Undang-Undang Republik Indonesia nomor 36 tahun 2009 tentang Kesehatan*, Jakarta.
2. Departemen Kesehatan Republik Indonesia, 2009. *Undang-Undang Republik Indonesia nomor 44 tahun 2009 tentang Rumah Sakit*, Jakarta
3. Siregar, CJP, & Amalia, L. 2003. *Farmasi Rumah Sakit: Teori dan Terapan*. Jakarta: Buku Kedokteran EGC; 8.
4. BPKPM, 2007. *Profil Balai Besar Kesehatan Paru Masyarakat Bandung*

How to cite this article:

Dina Nirwana Suwinda et al., Pharmaceutical Service Quality Effect Towards Tbc Patients' Satisfaction of outpatients of Bpjs (Health Insurance) Following Dots Program in Two General Hospitals in Garut Regency, International Journal of Multidisciplinary Research and Information 2017; 2(2): 71-77.

