



Correlation of Administrative Services and Pharmacy Services to BPJS Patient Satisfaction

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ABSTRACT

Introduction: According to Director Decree No. 4 Year 2009 About the Hospital requires high support and commitment to achieve quality primary care for BPJS health patients. One that can assess the success of a hospital with good quality is to increase patient satisfaction. The purpose of this study was to determine the level of satisfaction of BPJS patients with health services, especially in administration and pharmacy waiting time. Method: This study uses a quantitative approach, especially observational analytical design to investigate the hypotheses formulated and identify potential relationships between variables this study design uses sectional scoss with questionnaires of 103 respondents who are members of BPJS Health patients. Results: Based on satisfaction that the level of BPJS patient satisfaction in each dimension of reliability 70.4%, comprehension 71.6%, guarantee 73.6%, physical evidence 69.4% and empathy 73.8%. Conclusion: patient satisfaction in hospital health services in terms of administrative services 89.3%, BPJS patient services in terms of pharmacy 89.1% and those who stated relatively fast in waiting time 64.1%.

Key Words: Health Services, Pharmacy, Patient Satisfaction.

1. INTRODUCTION

According to the Director's Decree No. 44 of 2009 concerning Hospitals, hospitals have the task of providing complete individual health services, where to carry out the duties of the Hospital has 4 functions that must be performed. The four functions are the organizer of health treatment and recovery services, the maintenance and improvement of individual health through complete health services, the provision of education and training of human resources in order to increase the ability to provide health services and the implementation of research and development of health services by taking into account the ethics of science in the health sector. To carry out the above functions, the hospital has a complex organization consisting of units and sub-units in it. These units consist of services, management / administration, as well as sub-units such as health services, pharmacy and so on. The hospital is a place to provide short-term and long-term medical services which include observation, diagnostic, therapeutic and rehabilitation activities for all people who suffer from illness or injury as well as for those who give birth and also outpatient services for those in need according to the disease they suffer (Soebarto, 2015). But now the hospital not only functions as a place for the treatment of diseases and injuries, but has developed towards a unified service effort for the entire community concerning promotive, preventive, curative and rehabilitative aspects. A hospital is not only a place, but also a facility, an institution and an organization. Therefore, hospitals are capital-intensive, labor-intensive, technology-intensive and problem-intensive institutions they face. On the other hand, Rowland and Rowland in the book Hospital Administration Handbook (1984) said that hospitals are one of the most complex and most effective health systems in the world (Aditama, 2017).

Nowadays, competition between hospitals is getting stronger, especially with the increasingly critical thinking of the community, so that the community's demands for the quality of service are getting higher, so the services provided by hospitals must be truly quality and satisfying. Based on Health Law no. 44 of 2009, the Hospital is a plenary

individual health service institution that provides Inpatient, Outpatient and Emergency services and other infrastructure facilities. Outpatient Installation (IRJ) is a functional unit that handles the reception of patients in hospitals, either those who seek outpatient treatment or who will be treated at the hospital. The first outpatient treatment is carried out at the ticket counter until the completion of prescribing at the pharmacy. has an impact on the quality of service to the community, adequate facilities and easy access and complete hospital facilities will affect patient satisfaction of health service users (Trarintya, 2011).

One of the reasons for patient satisfaction is thought to be influenced by service waiting times. Service waiting time is a problem that often causes patient complaints in some hospitals. The length of patient waiting time reflects how the Hospital manages the components of the service that are tailored to the patient's situation and expectations. Good and quality service is reflected in friendly, fast, comfortable service (Utami, 2015). Patient satisfaction depends on the quality of service. Services are formed based on 5 principles of Service Quality, namely reliability, responsiveness, assurance, empathy, and tangibles. A service is said to be good by the patient, if the services provided can meet the patient's needs, by using the patient's perception of the service (Tjiptono (2017),

Patient satisfaction is the main thing that needs to be prioritized by hospitals in order to survive, compete and maintain the market that has been because the hospital is a business entity engaged in health services. To achieve service quality in accordance with market standards, a number of hospitals always prioritize customer satisfaction through continuous improvement of service quality with the implementation of correct practices, increasing the competence of human resources (HR) and the application of adequate technology. One of the prominent characteristics is the nature of illness and to achieve quality of service according to standards, a flexible organization is needed (not rigid), which can adapt to the development of the environment of hospital service quality (Tjiptono & Chandra, 2011).

Organizing a system such as a hospital, such as a hospital will not be separated from the human resources (HR) that exist in the hospital organization. Human resource management is essentially an integral part of overall hospital management, highly determined by the knowledge, skills, creativity, and motivation of its staff and employees. The need for skilled personnel in various fields in a hospital is already a global demand that cannot be delayed. The presence of technology and other resources is only a tool or supporting material, because in the end it is human resources that determine the most (Danim, 2019).

Various facts show that there are serious problems in the quality of health services in Indonesia. This is because there is no best quality control system that can be applied. A deeper understanding of good governance is one of the efforts towards the realization of better quality health services (Azwar, 2019). Health services that have not met patient expectations are expected to be input for health care organizations to try to meet them. If the performance of health services obtained by patients at a health service facility is in accordance with their expectations, patients will always come for treatment to the health service facility. Patients will always look for health care facilities whose health service performance can meet patient expectations (Pohan, 2017).

Waiting time is the time used by patients to get outpatient and inpatient services from the place of registration to enter the doctor's examination room. Patient waiting time is one component that has the potential to cause patient dissatisfaction. The length of patient waiting time reflects how the hospital manages the components of the service that are tailored to the patient's situation and expectations. The category of distance between waiting time and examination time that is expected to satisfy or less satisfactory patients includes when patients come starting from registering to the counter, queuing and waiting for a call to the public poly to be analyzed and examined by a doctor, nurse or midwife for more than 90 minutes (old category), 30 – 60 minutes (medium category) and ≤ 30 minutes (fast category).⁴ Waiting times in Indonesia are set by the Ministry of Health (MoH) through minimum service standards. Each hospital must follow the minimum service standards regarding this waiting time. The minimum standard of service in outpatient care is less or equal to 60 minutes. (Ministry of Health Number 129/Menkes/SK/II/2008)

Kesdam V / Brawijaya Lawang Hospital is one of the health facilities managed by Kesdam V / Brawijaya TNI Hospital, so it is required to provide the best service to the community. Good service will provide satisfaction to the community as a recipient of services. Based on data in 2016 there were 80516 outpatients at Kesdam V / Brawijaya

Lawang Hospital and increased to 91496 patients in 2017, which means the increasing density of registration queues at hospitals and this will have an impact on patient waiting times can become longer, and from the results of direct interviews Moon in December 2020 outpatient at Kesdam V / Brawijaya Lawang Hospital, on 5 patients showed patient waiting times between 100-200 minutes to get administrative services, starting from the arrival of patients to take queue numbers to getting examinations by doctors and services at pharmaceutical installations. And also based on the final report of the community satisfaction survey (SKM) Kesdam V / Brawijaya Lawang Hospital in 2017 obtained the lowest score of 71.89. According to the answer expressed by visitors, the length of service time to visitors, especially in the medicine collection section and also because they have to wait for the arrival of doctors who practice, causing visitors to often complain of having to wait too long to get service. (Report of SKM RS Kesdam V / Brawijaya Lawang, 2017)

Waiting is unacceptable for everyone in healthcare. This is very aware of service providers including hospitals, so they always try to arrange in such a way that hospital service users are not in the queue. By adjusting the service capacity owned. Managing the balance between service capacity and the estimated number of patient queues to determine how long a patient should wait is very important and is the main concern of a hospital that wants to increase customer satisfaction and optimize its capacity (Susatya, 2015). Waiting is inevitable in obtaining health services at a hospital, because none of the health services can prepare perfectly to be able to provide the needs of patients immediately after arriving. However, the waiting time will certainly result in discomfort for the patient.

Service or service companies, customer expectations and satisfaction are influenced by customer waiting times for service. This satisfaction will further determine the customer's actions on their future purchases. Through (pre-process wait), waiting can occur before the service process begins (in - process wait), service companies must be creative and to and try to find various breakthroughs so that customers who wait to be served still feel comfortable. The impact of waiting time on consumer satisfaction is found that customer satisfaction is not only influenced by the length of waiting time, but also influenced by customer expectations in the waiting time and the cause of the long wait. Thus the waiting time felt by customers and customer expectations in waiting (Ratna, 2015).

Based on the results of preliminary studies that have been conducted by researchers through interviews related to waiting times for outpatient services and observations at Kesdam V / Brawijaya Lawang Hospital From the observations and interviews of nurses, counter officers, pharmacy officers, Based on data from the medical records of Kesdam V / Brawijaya Lawang Hospital with a total of 8747 outpatients. And based on the final report of the community satisfaction survey of Kesdam V / Brawijaya Lawang Hospital in 2017, the lowest score was 71.89. According to the answer expressed by visitors, the length of service time to visitors, especially in the medicine collection section and also because they have to wait for the arrival of doctors who practice, causing visitors to often complain of having to wait too long to get service. (Report of SKM RS Kesdam V / Brawijaya Lawang, 2017)

The results obtained related to this are that in the implementation of the waiting time for outpatient services themselves is still not running well and is less than optimal, especially what occurs in outpatient and pharmaceutical installations. As a result, there are still some patients who wait a long time to get outpatient services starting from the patient registering until the patient is called/entering the polyclinic room, which in the end will indirectly have an impact on patient satisfaction with the services provided in outpatient (from registering to being called / entering the polyclinic room) and pharmacy installations.

2. LITERATURE REVIEW

2.1 Hospital

2.1.1. Definition of Hospital

Based on Law no. 44 of 2009 concerning hospitals, what is meant by a hospital is a health service institution that provides plenary individual health services that provide inpatient, outpatient and emergency services (Menkes, 2015). According to WHO (World Health Organization), the hospital is an integral part of a social and health organization with the function of providing plenary services (comprehensive), disease healing (curative) and disease prevention (preventive) to the community, the hospital is also a training center for health workers and a medical research center

(Susaty, 2012). While according to Dhita (2017) stated that the Hospital is a complex organization, using a combination of special and complicated science and functioned by various units of trained and educated personnel in facing and dealing with modern medical problems that are all related together in the same purpose, for the best recovery and maintenance (Dhita, 2017).

For the duties and functions of the hospital according to the results of the Decree of the Minister of Health of the Republic of Indonesia No. 983 / MENKES / SK / VII / 1992 concerning guidelines for the organization of general hospitals, states that the task of the hospital prioritizes healing and recovery efforts that are carried out harmoniously and integrated with efforts to improve and prevent and carry out referral efforts. According to Law No.44 of 2009 concerning hospitals. Hospitals have the task of providing individual health services in a plenary manner (Ministry of Health RI, 2008). In order to carry out its duties, the hospital has various functions, namely providing medical services, medical and non-medical support services, nursing services and care, referral services, education and training, research and development, and general administration and finance (Susetyo, 2017).

2.1.2. Hospital Classification

There are several types of hospital classifications based on different parameters. Based on its specialization, hospitals are divided into 2 types, namely (Ministry of Health of the Republic of Indonesia, 2010):

- 1) General hospitals, that is, hospitals that provide health services in all fields and clear diseases
- 2) Special hospitals, namely hospitals that provide health services only in one type of field or certain diseases, either based on disciplines, age groups, organs or types of diseases. Special Hospitals are divided into several types, namely special hospitals for mothers and children, cardiac, cancer, orthopedics, lung, psyche, leprosy, eye, stroke, drug dependence, maternity, dental, and mouth, infectious diseases, medical rehabilitation, living ear throat (ENT), surgery, kidney, and skin and genitals.

Meanwhile, based on the availability of facilities and service capabilities, hospitals are generally divided into previous types of hospitals (namely general and special hospitals). Public hospitals are divided into 4 types of classes, namely (Ministry of Health of the Republic of Indonesia, 2010):

- 1) Class A General Hospital, which has facilities of at least 4 basic specialist medical services, 5 medical support specialist services, 12 other specialist medical services and 13 subspecialty medical services.
- 2) Class b general hospital, which has a minimum of 4 basic specialist medical services, 4 medical support specialist services, 8 other specialist medical services and 2 subspecialty medical services.
- 3) Class C General Hospital, which has a minimum of 4 basic specialist medical services and 4 medical support specialist services
- 4) Class D general hospital, which has facilities of at least 2 basic specialist medical services. Based on the regulation of the Minister of Health number 56 of 2014 concerning the classification and licensing of hospitals, class D general hospitals are divided back into 2 types, namely, class D general hospitals and class D Pratama hospitals.

While special hospitals are divided into 3 types of classes, namely (Ministry of the Republic of Indonesia, 2010):

- 1) Class A Specialty Hospital
- 2) Class B Special Hospital
- 3) Class C Specialty Hospital.

2.1.3. Types of Hospital Services

Based on Permenkes Number 340/MENKES/PER/III/2010 concerning Hospital Classification, a hospital must have at least basic health services. These services include general medical services, emergency department, nursing, outpatient, inpatient, surgery / surgery, basic specialist medical services, medical support, pharmacy, nutrition, sterilization, basic specialist medical records, administrative and management services, public health counseling, corpse review, laundry, ambulance vehicles, maintenance of hospital facilities and waste treatment. General medical

services themselves include basic medical services, dental and oral medical services and maternal and child family services (MCH / KB) (Ministry of Health of the Republic of Indonesia, 2010). Meanwhile, in other regulations, according to the Decree of the Minister of Health Number 129 / MENKES / SK / II / 2008 concerning Hospital Minimum Service standards, radiology, intensive, childbirth and perinatology services, clinical pathology laboratories, medical rehabilitation, blood transfusions, poor families, infection control prevention must also be at least available in a hospital (Ministry of Health of the Republic of Indonesia, 2008).

2.2 Hospital Administration

Health development aims to increase awareness, ability and ability to live a healthy life for everyone in order to realize an optimal degree of public health. This means that every citizen of the Republic of Indonesia has the right to obtain and achieve the highest degree of health. In that order, the Ministry of Health issued the Decree of the Minister of Health of the Republic of Indonesia Number 131 / MENKES / SK / II / 2004, concerning the National Health System (SKN). The national health system, is largely determined by the success of health management, among others, the availability of health data and information, support for advances in health science and technology, health legal support and last but not least the support of good health administration. Good health administration requires continuous planning, implementation and evaluation. In a sense, administrative services are not just recording and registering citizens who want to get treatment, but more than that administrative services include the entire provision of citizen health data and information, identification of disease cases, provision of poly services, to the provision of necessary medicines, and various matters related to the improvement and improvement of citizen health This means that health efforts are not only limited to health development without neglect its administrative process. Health development refers to the concepts of health development (promotive) and disease prevention (preventive) rather than efforts to cure or treat (curative) and recovery (rehabilitative) services as a whole, integrated and sustainable, so it requires more optimal administrative services.

Administration is the process of organizing a series of activities by a group of people who work together to achieve predetermined goals by utilizing certain facilities and infrastructure. Administration contains at least five elements, namely processes, a series of activities, a group of people, facilities and infrastructure and objectives (Bustami, 2015).

In following the advancement of technology in the field of medicine, the main health service units, namely hospitals, both managed by the government and the private sector, in addition to providing plenary health services are also used for recording and / or implementing new findings of health services. These new methods are increasingly sophisticated and difficult and involve a lot of expertise, therefore hospitals need to set up administrative or management systems in line with new developments. A hospital administration, including its organization and good management, will always be easy to accept new changes in the field of medical technology without having to overhaul all changes in the existing system (Bustami, 2015).

In public health science (Susatyo, 2017), hospital administration has the following meanings:

- 1) Several individuals who have a common desire or goal usually form a small group.
- 2) These groups to achieve the same goal form what is called an organization.
- 3) The goals achieved by hospital administration usually do not work well or even cannot be achieved at all. When with an organization the goals achieved will be more successful.
- 4) To achieve the same goal requires activities and dynamics that are nothing but processes.
- 5) The process or effort of the organization to achieve the same goal is called management.
- 6) An organization with management. often called administrative.
- 7) So administration is not just writing but is a system that includes:
- 8) Limitations and formulation of goals
- 9) The container and or body from which it is formulated

- 10) All actions on effort that are a process to achieve goals.
- 11) Recording all actions or businesses that will be / are / have been carried out in an orderly and orderly manner.

With this description, hospital administration becomes broad in its understanding, which includes everything that concerns infrastructure, soft facilities and hard facilities. If detailed further, then hospital administration has the meaning of a system used to take care of the household as a means for health services which includes the achievement of goals that have been formulated with many activities, including:

- 1) Learn about hospital boundaries
- 2) Hospital organization
- 3) Hospital Procurement Act
- 4) Supervision of building systems (architectur) and standardization.
- 5) Hospital management, both government and private hospitals
- 6) Hospital administrative staff arrangements (personnel, finance, bookkeeping, services and others).

2.2.1 Hospital Administration Objectives

The following are the objectives of administrative activities in hospitals (hospital administration lecture module, 2015), namely:

- 1) Determining patient admission requirements
- 2) Receiving inpatient patients
- 3) Process the transfer of patients between hospitals and other health care facilities.
- 4) Processing patient discharge and patient death.

2.3 Hospital Pharmacy Service Standards

Pharmacy service is defined as a pharmaceutical service provided by pharmacists to patients carried out in a hospital environment. The purpose of pharmacy services themselves is to optimize the effect of therapy, minimize side effects or unwanted events, safety management, and improve the quality of life of patients who receive drugs from the pharmacist. Based on the scope of work, pharmacy services in hospitals are divided into several types, namely (Ministry of Health of the Republic of Indonesia, 2014):

- 1) Prescription Assessment and Service

Activities in this service include receiving, examination, monitoring availability, reviewing prescriptions, preparing pharmaceutical preparations, medical devices and consumables, including drug compounding, examination, and submission of dissertations providing information. At each stage of activity, it is necessary to prevent the occurrence of medication errors and analyze problems related to drugs listed on the prescription. If such problems are found, then the pharmacist should immediately consult the prescriber (in this case, the doctor). Prescription assessment is carried out according to administrative, pharmaceutical and clinical requirements, both for outpatients and inpatients.

Administratively, things reviewed in prescriptions include patient data in the form of names, ages, genders, patient height and weight, prescription data in the form of names, permit numbers, addresses and paragraphs of doctors, dates of making prescriptions, and rooms / units of origin of prescriptions. While pharmaceutically, this study is more emphasized on pharmaceutical preparations which include drug names, dosage forms and strengths, doses and amounts of drugs, stability, and rules and how to use drugs. In clinical monitoring, it is generally assessed the suitability of dosage indications and time of drug use, duplication of treatment, allergic and unwanted reactions from drug use, contraindications, and drug interactions that may arise.

- 2) Drug Use History Tracing

This service aims to obtain information about all drugs / pharmaceutical preparations, where data is obtained from interviews or medical record data / patient drug records. There are 2 activities carried out in this service, namely tracing the history of drug use and assessing drug use by patients. Data that need to be obtained at each stage of activity include data on drugs in the form of drug names (including non-prescription drugs), dosage of dosage forms, frequency of use, duration of use, and indications, drug reaction data that arise in the form of unwanted reactions and allergic reactions, and adherence to drug use.

The history of drug use is traced by the following stages:

- 1) Comparing drug use history with data that has been obtained
- 2) Verify the history of drug use given by other health workers
- 3) Documenting any allergies or undesirable events from the use of the drug
- 4) Identify possible drug interactions
- 5) Assess the level of patient compliance in using the drug
- 6) Conduct a rationality assessment of the drug given
- 7) Assess the patient's understanding of the drug given
- 8) Assess evidence of drug abuse
- 9) Assess the technique of drug use
- 10) Checking the patient's need for drugs and drug adherence aids
- 11) Identify the presence of other therapies that may be used by patients.

This service is an activity to provide and provide information and drug recommendations that are independent, accurate, objective, comprehensive and up-to-date. This activity is carried out by pharmacists to doctors, other health workers, pharmacist colleagues, patients, to other parties in the hospital. In addition to providing rational drug information. Activities under PIO services include receiving statements by clients, publishing printed information media (both newsletters, posters, leaflets, and newsletters), providing information, conducting patient counseling activities (with the hospital health counseling team), conducting continuing education for pharmacists and other health workers regarding pharmaceutical preparations, and conducting research. Human resources, factors, and equipment completeness are important factors in this service.

2.4 Hospital Services

2.4.1. Definition of Service

Each hospital has various services provided to patients. These services can be divided into two groups, namely:

1) Main services

The main service is carried out by functional medical staff who are adjusted to the type and status of certain sufferers' diseases. Functional medical staff generally consists of general practitioners, dentists and specialists from disciplines: general surgery, neurosurgery, bone surgery, urology, obstetrics and gynecology, anesthesia, internal medicine, pediatrics and so on (Muninjaya, 2014).

2) Hospital Pharmacy Installation Services (IFRS)

IFRS services have a major influence on hospital development, because almost all services provided to patients in hospitals intervene with the availability of pharmacy or health supplies. Responsible for the management and control of pharmaceutical availability or health supply, starting from planning, selection, determination of specifications, procurement, quality control, storage, and dispensing, distribution and so on, all of which are duties, functions and responsibilities of hospital pharmacy installations (Muninjaya, 2014)

3) Support Services

Support services are all services that support medical services to establish the diagnosis and treatment of sufferers. Supporting services include: laboratory services, nutritionist and food services, medical records, blood banks, sterilization centers, x-ray examinations and social services (Muninjaya, 2014).

2.4.2. Hospital Minimum Service Standards

Evaluation of IFRS performance can be done in various ways. Referring to the Decree of the Minister of Health number 129 / MENKES / SK / II / 2008 concerning minimum hospital service standards. There are several standard indicators for an IFRS, namely (Ministry of Health of the Republic of Indonesia, 2008):

- 1) Service waiting time, defined as the grace time required for patients to wait for medication from IFRS. The time is calculated from the time the patient submits the prescription to getting the medicine from the pharmacist. The speed of pharmaceutical services by an IFRS will be known through the measurement of service waiting time from there, the level of efficiency and effectiveness of services, and the continuity of service will also be known through the measurement of this indicator. The required waiting time for service is no more than 30 minutes for finished drugs and 60 minutes for mixed drugs.
- 2) The occurrence of drug administration errors, which include the amount, dose, and type of drug, as well as the name of the patient receiving the drug. Based on these standards, it is required that there are 100% no instances of drug administration errors. In other words, the incidence of drug administration errors is required to be 0%. The level of safety and comfort in pharmaceutical services will be known through this measurement.
- 3) Patient satisfaction is defined as a statement of satisfaction by the patient for the pharmaceutical services provided. From measuring patient satisfaction, the level of comfort and the perception of customers will be obtained towards pharmaceutical services at IFRS a hospital. Patient satisfaction is required to be at least 80% for an IFRS.
- 4) The suitability of the prescription according to the formulary defined as the suitability of prescription services refers to the list of drugs in the hospital that have been prepared previously. For an IFRS, 100% preceptive conformity is required. From this indicator, an overview of the efficiency of drug services to IFRS of a hospital will be obtained.

2.4.3. Patient Registration Place

Understanding Outpatient Registration The competence of a medical record is related to the management of medical records and health information, in this competence the medical record officer must be able to (Budi, 2011): 1) Register all visits in health care facilities 2) Provide medical record numbers sequentially and systematically based on the system used 3) Write the patient's name properly and correctly according to the system used 4) Create a patient index Services Outpatient is not only organized by health care facilities that have been commonly known as hospitals or clinics, but also those held in patients' homes (home care) and in nursing homes (nursing homes). One of the important hospital services is outpatient services. Outpatient service is one of the work units in the hospital that serves patients for treatment and no more than 24 hours of service, including all diagnostic and therapeutic procedures. From some of these understandings, it can be concluded that outpatient services are a form of medical services provided to patients and not in the form of inpatient (no more than 24 hours) so that the benefits of patients do not need to pay for staying overnight Outpatient Registration Purpose The purpose of creating an outpatient registration register is to obtain information regarding the identity of the patient, the type of visitor, Payment method for outpatients who come through the outpatient registration point. While its use is to find out the number of new and old visitors who get health services (Budi, 2011).

2.5 National Health Insurance

National health insurance (JKN) is a guarantee in the form of health protection with the aim that participants get health maintenance benefits and protection in meeting basic health needs provided to every individual who has paid contributions or paid contributions by the government. The National Health Insurance (JKN) developed in Indonesia is part of the National Social Security System (SJSN). The National Social Security System is organized through a mandatory Social Health Insurance mechanism based on Law No. 40 of 2004 concerning the National Social Security

System. The goal is for all Indonesians to be protected in the insurance system, so that they can meet the basic needs of decent public health (Kemenkes-RI, 2014).

2.6 Definition of Waiting Time

Waiting time is the time used by patients to get outpatient and inpatient services from the place of registration to enter the doctor's examination room (Ministry of Health RI, 2008). Waiting time is a sensitive matter, in the sense that waiting time risks causing the quality of health services in a hospital to decrease. Inefficient waiting times can invite patient dissatisfaction with a health service. Patients will consider health services bad if the illness does not heal quickly, waiting times are long and health workers are not friendly even though they are professional. This allows patients to wait to get health services anywhere, not limited to waiting rooms of a hospital or polyclinic. In addition, patient waiting times can also be more varied, for example, the waiting time for patients to be treated on the road, the waiting time starts from the patient registering at the counter to taking drugs at pharmaceutical installations (Ministry of Health RI, 2008).

Waiting time consists of three components, namely the journey to the place of service, health, waiting and receiving health services. A waiting time survey conducted on 60674 respondents in the United States resulted in an average patient travel time of 35 minutes (95% CI 33.37), waiting for 42 minutes (95% CI 37.47) and receiving health care services 75 minutes (95% CI 70.79) and the age of most patients aged 65 years. These results indicate the need for transportation assistance, structuring the health care system for elderly patients and emotional stability. The results of this survey also showed that patients and families spent more waiting time on road visits compared to time with doctors to get health care. Another opinion states, the length of waiting time is often associated with anxiety, boredom and stress (Bustami, 2015)

Waiting times in Indonesia are set by the Ministry of Health through minimum service standards. Every hospital must follow the minimum service standards regarding these waiting times. The minimum service standard for road maintenance based on the Ministry of Health No. 129 / Menkes / SK / II / 2008 is less or equal to 60 minutes (Menkes, 2008).

Service waiting time is the patient's waiting time for services starting from the patient's arrival at the patient's reception point until the delivery of medical record files to the destination polyclinic. Patient waiting time is one component that has the potential to cause patient dissatisfaction with health services provided by hospitals. Patients consider health services bad if the illness is not cured, queues are long and health workers are not friendly even though they are professional. (Bustami, 2015).

Waiting is something that cannot be accepted by everyone in health care. This is very aware of service providers including hospitals, so they always try to arrange in such a way that hospital service users are not in the queue, by adjusting the service capacity owned. Therefore, managing the balance between service capacity and the estimated number of patient queues and is the main concern of a hospital that wants to increase customer satisfaction and optimize its services (Bustami, 2015)

Waiting is inevitable in the acquisition of health services in a hospital, because no health service can prepare itself perfectly to be able to prepare itself perfectly to be able to provide the needs of patients as soon as the patient arrives. However, the waiting time is a failure of a service, because the waiting time will certainly cause inconvenience for patients. Although waiting in a doctor's waiting room is a common thing to happen, patients still don't like it. (Bustami, 2015).

2.7 Concept of Satisfaction

Patient satisfaction has existed since the 1960s in the health system. Larson and Wild-Larson (2017) say that patient satisfaction as an emotion, that is, the way a person judges things emotionally. The assessment process is formed based on the interaction of a condition both internal and external conditions. The process of assessment in a person's health and emotional services is called patient satisfaction.

Patient satisfaction is a subjective value on the quality of services provided, although subjective there is still an objective basis, meaning even though the assessment is based on the following: past experience, education, psychic situations, and environmental influences (Sabarguna 2019).

3. RESEARCH METHODS

Research design is the entire implementation to answer the researcher's questions and anticipate several difficulties that may occur during the research process (Nursalam, 2007). This type of research is quantitative research with an observational analytical design, namely research that seeks to find correlations between variables and analyze or test the hypotheses formulated (Sugiyono, 2008)

This research uses a cross-sectional approach, namely measuring the dependent and independent variables (Notoatmodjo, 2005). In this study, multiple linear regression tests were used. Multiple regression test is a statistical tool used to determine the correlation of one or several variables with one variable. According to Sugiyono (2018), researchers use multiple linear regression analysis to predict how the values of two or more independent variables will change which function as predictors to correlate the condition of the dependent variable (Sugiyono, 2018).

4. DISCUSSION

4.1. Administrative services at Kesdam V/ Brawijaya Lawang Hospital

Based on the research results, it shows that of the 103 respondents, the majority stated that administrative services were good, namely 92 people (89.3%), and the results of cross tabulation showed that the majority of data were respondents aged 31 - 50 years who stated that administrative services were good, namely 56 respondents (54.4%), female respondents stated that administrative services were good, namely 49 respondents (47.6%), respondents who were high school graduates and stated that administrative services were good, namely 55 respondents (53.4%), respondents who were private employees and stated that the service good administration with SOPs, namely 52 respondents (50.5%), respondents who stated good administrative services and fast waiting times were 62 respondents (60.2%) and respondents who stated good administrative services and satisfied were 78 respondents (75.7%).

Interpretation of hypothesis test results: Administrative services at the registration counter for BPJS Patient Satisfaction at Rs Kesdam V/ Brawijaya Lawang. The implementation of the principle of enforcing SOPs is in the "quite low" category, this can be seen from the inadequate basic availability, where currently the regional regulations are still being discussed which regulate standard operating procedures for BPJS patients with good health. Likewise, service standards need to be revised again. because it has not yet fully regulated the public service process in BPJS cases. Apart from that, the quality of law enforcement is also low, because many business actors have not registered their employees as BPJS health participants. there are no sanctions yet.

Based on the interpretation of the results of hypothesis testing on the BPJS patient satisfaction dimensions of administrative services, the interview results are as follows: "Administrative services for BPJS patient satisfaction at Kesdam V/Brawijaya Lawan Hospital can be of high quality and there are SOP and SPM policies at Kesdam V/Brawijaya Lawan Hospital so that it can be satisfactory if administrative services at the registration counter can meet the needs of the community and 103 respondents stated that the service "Administration is good, namely 92 people. If administrative services are good, the tendency for patients' views on waiting times to increase is 4,621 times faster."

Administration is the process of carrying out a series of activities by a group of people who work together to achieve predetermined goals by utilizing certain facilities and infrastructure. Administration contains at least five elements, namely processes, a series of activities, a group of people, facilities and infrastructure and goals (Bustami, 2011).

In following advances in technology in the field of medicine, the main health service units are hospitals, both government and privately managed, apart from being a place to provide complete health services, they are also used for recording and/or implementing new health service discoveries. These new methods are becoming more and more sophisticated and difficult and involve a lot of expertise, therefore hospitals need to set up administrative or management systems in line with new developments. A hospital administration, including good organization and

management, will always easily accept new changes in the field of medical technology without having to overhaul all existing system changes (Bustami, 2011).

According to researchers, by achieving a figure of 89.3%, the public said it was good, this indicates that the quality of service in the administration section is excellent, although there is still a lot that needs to be improved in order to achieve a figure above 90%. The best assessment given by respondents was that the registration counter opening hours were according to schedule. According to researchers, the opening of the counter according to schedule has indeed fulfilled the SOP set by the hospital management. Officers may not open later than the specified opening hours. Apart from that, the most assessment is also given to the appearance of service providers, such as neat appearance. This neat appearance is related to the uniforms used by administrative staff. Uniforms have been determined by the management, apart from that, administrative staff also work without coming into contact with dirty items, so it is natural that tidiness is always maintained. The next best assessment is that the patient stated that the counter staff called in the order they were ordered.

Based on interviews and in-depth research results of patient waiting times regarding service times, it is known that the implementation of outpatient services begins when the patient is called to the registration counter according to their queue number. The obstacles that occur during this process include when the patient is called to the registration counter and the patient is a BPJS participant, often the files they bring are incomplete (not photocopied, photocopied but not enough) so they have to go to the photocopying place first and then return to the registration counter to be served, the patient does not bring a patient identification card (old patient), or there are also patients who bring a referral letter that is no longer valid. Apart from that, there were also obstacles in making the SEP due to internet connection problems and errors in storing patient medical record files (human error), there were officers who were not punctual in carrying out their duties.

Calling patients according to their order should be done by officers because this is in accordance with the procedure and also now it is computerized so that the queue cannot be grabbed by other patients. However, there are some things that need to be improved, such as several patients who stated that the hospital SIM at home was not working well, thereby speeding up the performance of the administration department. This is because the system is a new system so sometimes problems arise such as the server from the hospital's SIM and the internet network experiencing problems (during the one week research period we were informed once that the server at the hospital had problems) although not often.

According to researchers, and the results of observations made it can be concluded that the waiting time at Brawijaya Hospital Malang is still relatively long (> 60 minutes). This is due to the large number of patients, internet connection problems, late distribution of medical record files.

4.2. Counter administration services at Kesdam V/ Brawijaya Lawang Hospital

Based on the research results, it shows that of the 103 respondents, the majority stated that the counter administration service was good, namely 98 people (95.1%) and the cross tabulation results showed that the majority of data were respondents aged 31 - 50 years and stated that the medical service was good, namely 60 respondents (58.3%). female respondents stated that medical services were good, namely 52 respondents (50.5%), respondents with high school graduates stated that medical services were good, namely 56 respondents (54.4%), respondents who worked as private employees stated that medical services were good, namely 57 respondents. (55.3%), respondents who stated that medical services were good and waiting times were fast were 61 respondents (59.2%) and respondents who stated that medical services were good and satisfied were 81 respondents (78.6%).

Interpretation of hypothesis test results: Registration counter administration services for BPJS patient satisfaction at Kesdam V/ Brawijaya Lawang Hospital. The community is very enthusiastic in knowing about patient satisfaction in administrative services at the counter at the Kesdam V/ Brawijaya Lawang Malang hospital.

Based on the interpretation of the results of hypothesis testing on the dimensions of administrative services at the registration counter on BPJS patient satisfaction at Kesdam V/Brawijaya Lawang Hospital, the results of the interview are as follows: "The registration counter administration service regarding BPJS patient satisfaction at the hospital is very

responsive, namely with nurses serving quickly and thoroughly. Fast and thorough service is provided when patients register and also collect files. Patients also responded that the registration or medical records department served them politely and friendly and also provided clear information and also answered complaints from patients and 103 respondents stated that the administration service at the registration counter was good, namely 98 people."

The main services are carried out by functional medical staff who are adapted to the type and status of a particular patient's disease. Functional medical staff generally consists of general practitioners, dentists and specialist doctors from disciplines: general surgery, neurosurgery, orthopedic surgery, urology, obstetrics and gynecology, anesthesia, internal medicine, pediatric diseases and so on (Muninjaya, 2004).

According to researchers, the public's response to medical services reached 95.1%, indicating that the quality of medical services is very good. If explored further through the results of the questionnaire that was distributed to respondents. The most positive response from respondents was that doctors provided therapy or treatment according to their complaints or illnesses. This shows that patients or families are intelligent in responding to the actions taken by doctors, they already trust the actions taken by doctors and nurses because they are within the scope of a government hospital.

Although in general the quality of administrative services has received good reviews, there are still things that need to be improved. According to the results of the questionnaire, there were 7 patients who showed that the patient's waiting time was between 100-200 minutes (2 - 3 hours) to receive administrative services, starting from the patient's arrival to taking the queue number to getting an examination by a doctor. It is not uncommon for patients to immediately complain about waiting too long to get an examination by a doctor, where the time to meet to be examined by a doctor is felt to be too short when compared with the time spent waiting for a call to be examined by a doctor.

These results indicate that the waiting time for patient services at the outpatient hospital at Kesdam V/Brawijaya Lawang Hospital is still not appropriate because the results obtained are mostly still far from achieving the time used as the target/benchmark, and are also still in the long time category, where the average The average waiting time for service is 100 – 200 minutes.

According to Sabarguna (2008), a service that is carried out needs to have service standards created in order to achieve goals such as achieving a reciprocal increase in the size of service quality targets that will be achieved efficiently, both verbally and in writing.

Based on the research results, apart from certain factors in the number of outpatients visiting/seeking treatment, and the provision of medical record files for outpatients, the important thing that correlates the waiting time for outpatient services is the lack of management at the Kesdam V/Brawijaya Malang Hospital. which regulates or makes regulations in the form of fixed procedures/SOPs (Standard Operating Procedures). Especially in terms of setting standards for patient waiting time to receive outpatient services, Brawijaya Malang Hospital needs to have fixed procedures/SOPs (Standard Operating Procedures) related to outpatient services as well as establishing service standards for patient waiting times in outpatient care that are enforced.

Other factors that correlate the waiting time for patient services in outpatient services at Kesdam V/Brawijaya Lawang Hospital, based on research results, were obtained from technicians' performance in providing outpatient patient services, such as lack of discipline in starting and ending services to patients in outpatient care, lack of the sense of cooperation that exists between officers in carrying out outpatient services (medical records officers, polyclinic officers, nurses, doctors) as well as the officers' awareness of the importance of waiting time for patient services in outpatient care. Overcoming this problem can be done by increasing the discipline of officers so that cooperation can be established between officers (medical records officers, polyclinic officers, nurses, doctors) in carrying out outpatient services to patients. The technical aspects of officer performance can be described in terms of fast service, officer discipline, officer skills and abilities, and officer trustworthiness. Officer discipline is a form of training that seeks to improve and shape knowledge, attitudes and behavior so that officers try to work cooperatively

with other officers and improve and achieve maximum results from their performance (Lusa, 2007). According to Buhang (2007), fast service to patients cannot be separated from cooperation between hospital staff.

4.3. Pharmacy services at Kesdam V/ Brawijaya Malang Hospital

IFRS services have a large correlation with the development of hospitals, because almost all services provided to patients in hospitals intervene with the availability of pharmaceuticals or health supplies. Responsible for managing and controlling the availability of pharmaceuticals or health supplies, starting from planning, selection, determining specifications, procurement, quality control, storage, as well as dispensing, distribution and so on, all of which are the duties, functions and responsibilities of the hospital pharmaceutical installation (Muninjaya, 2004). Based on the research results, it shows that of the 103 respondents, the majority stated that pharmaceutical services were good, namely 92 people (89.3%) and the results of cross tabulation showed that respondents aged 31 - 50 years stated that pharmaceutical services were good, namely 55 respondents (53, 4%), female respondents stated that pharmaceutical services were good, namely 51 respondents (49.5%), respondents who were high school graduates and stated that pharmaceutical services were good, namely 53 respondents (51.5%), respondents who were private employees and stated that pharmaceutical services were good, namely as many as 50 respondents (48.5%), respondents who stated that pharmaceutical service was good and waiting time was fast were 59 respondents (57.3%) and respondents who stated that pharmaceutical service was good and satisfied were 75 respondents (72.8%).

Interpretation of hypothesis test results: Pharmacy Services on BPJS Patient Satisfaction at Kesdam V/ Brawijaya Lawang Hospital. There is support from the management of the Kesdam V/ Brawijaya Lawang Malang hospital in pharmaceutical services

Based on the interpretation of the results of hypothesis testing on the dimensions of driving factors, the results of the interview are as follows: "Pharmaceutical services regarding BPJS Patient Satisfaction at Kesdam V/ Brawijaya Lawang hospital are in accordance with the standard waiting time for concocted prescription services according to the SPM (minimum service standard) is 60 minutes, while The standard service for non-mixed prescriptions is 30 minutes. "The average waiting time for service at the pharmacy is 60 minutes. 59 respondents are fast."

Based on the determination that the best service from a pharmacy installation is that the pharmacy staff has a clean and neat appearance when providing service. The issue of officer appearance has become a standard that must be adhered to by every pharmacy officer, from the uniform to the accessories that must be worn, everything must be worn appropriately and neatly. Apart from that, the patient also stated that the pharmacy staff provided the medicine according to the prescription given by the doctor.

Lack of personnel results in the service process for patients not being optimal due to the large number of prescriptions so that employees tend to rush in serving patients, this causes delays, especially at the prescription verification stage. Lack of staff also occurs at the labeling and drug delivery stages. This is definitely done by pharmacy staff. In providing services, patients assess that the pharmacy staff have explained in language that is easy to understand, providing services according to procedures and providing equal and fair service to all patients, no one is taking advantage of each other, everything is in accordance with the provisions. If you use available medicine, the service will be faster, if you have to mix it first, it will take a little longer.

Several things that must be improved by pharmacy service officers are related to respondents' responses, namely pharmacy officers must work more quickly and thoroughly. This point is the point that received the lowest response from respondents. This can be explained because there are so many BPJS patients that pharmacy staff are often overwhelmed in serving patients, especially patients with medicines that have to be formulated first.

4.4. Waiting time for Kesdam V/ Brawijaya Malang Hospital

Based on the research results, it shows that of the 103 respondents, the majority of respondents stated that the waiting time was fast, namely 66 people (64.1%) and the results of the cross tabulation showed that the respondents who stated that the administrative service was good and the waiting time was fast, namely 62 respondents (60.2%).

%), respondents who stated good medical services and fast waiting times were 61 respondents (59.2%), respondents who stated good pharmaceutical services and fast waiting times were 59 respondents (57.3%),

Waiting time is the time used by patients to receive outpatient and inpatient services from the place of registration until entering the doctor's examination room (Ministry of Health of the Republic of Indonesia, 2008). Waiting time is a sensitive matter, in the sense that waiting time risks causing the quality of health services in a hospital to decline.

Inefficient waiting times can lead to patient dissatisfaction with health services. Patients will think that health services are bad if their illness does not heal quickly, waiting times are long and health workers are not friendly even though they are professional. This allows patients to wait to receive health services anywhere, not limited to just the waiting room of a hospital or polyclinic. Apart from that, patient waiting times can also be more varied, for example the waiting time for outpatient patients is the waiting time from when the patient registers at the counter until he picks up the medicine at the pharmacy installation (Ministry of Health of the Republic of Indonesia, 2008).

According to researchers, waiting time is a problem faced by all service providers, including health services. The most common hope of respondents is that they can be served as quickly as possible, as cheaply as possible and with quality. However, for service providers, in this case the hospital, is to provide the maximum possible speed of service with the best possible quality because all services definitely take time. What must be known is that the waiting time in this research is the public's perception or view of the appropriateness of the waiting time. Some people think the 60 minute waiting time is fast, some people think it is slow, and so on. However, in reality, the waiting time will slow down when there are a lot of patients to be served. If faced with this condition, the hospital will continue to work optimally without reducing the quality of service and the patients will also accept this and understand.

According to the researchers, the waiting time at the patient administration service stated it was fast 60 minutes (1 hour) for 62 respondents (60.2%), the waiting time at the patient medical service stated it was fast 90 minutes (≤ 1.5 hours) for 61 respondents (59, 2%) and patient waiting time at pharmacy services stated it was fast 90 -120 minutes (≤ 2 hours) as many as 59 respondents (57.3%). The large number of patients using BPJS who must be served means that medical services of less than 2 hours are considered fast by patients, but what patients feel is slowest is the waiting time for taking medicine which is more than 120 minutes (≤ 2 hours).

4.5. BPJS Patient Satisfaction at Kesdam V/ Brawijaya Lawang Hospital

Based on the research results, it shows that out of 103 respondents, almost all respondents stated that they were satisfied, namely 85 people (82.5%) and from the results of cross tabulation, it showed that 78 respondents (75.7%) stated that the administrative service was good and satisfied. Those who stated that medical services were good and satisfied were 81 respondents (78.6%), respondents who stated that pharmaceutical services were good and satisfied were 75 respondents (72.8%),

Patient satisfaction has existed since the 1960s in the health system. Larson and Wild - Larson (2010) say that patient satisfaction is an emotion, namely a person's way of assessing something emotionally. The assessment process is formed based on interactions with good conditions, internal and external conditions. The process of assessing a person's health and emotional services is called patient satisfaction. Patient satisfaction depends on the quality of service. Services are formed based on 5 Service Quality principles, namely reliability, responsiveness, assurance, empathy, and tangibles. A service is said to be good by the patient, if the service provided can meet the patient's needs, using the patient's perception of the service (Tjiptono (2007).

According to researchers, the overall level of patient satisfaction which shows results of 82.5% is quite good, but still needs to be improved. If we refer to the Community Satisfaction Index (IKM) from MENPAN, this figure is in the good category. Referring to the results of respondents' responses via questionnaires. Patients are satisfied because they have even told them how to self-care for the disease the patient is suffering from, nurses are skilled in providing services and pharmacists also provide clear information about how to take medication. There are many more positive responses given by patients to the services they receive. However, of course there are several responses that are still considered unfavorable by patients which must be brought to the attention of the hospital management to make improvements, including counter service that is not clean and seating that is not enough. The respondent's response is

very valid because the large number of patients queuing will of course make the appearance of the payment counter area less clean, but this can be handled well by the cleaning staff.

4.6. Correlation of Administrative Services with Waiting Time in Outpatient Hospital Kesdam V/Brawijaya Lawang

Based on the research results, it shows that of the 103 respondents, the largest number of respondents stated that administrative services were good and waiting times were fast, namely 62 respondents (60.2%). The administrative service variable (X1) obtained a p-value of $0.036 < \alpha = 0.05$, so that H0 was rejected and H1 was accepted. This means that the administrative service variable correlates with BPJS patient satisfaction at Kesdam V/ Brawijaya Lawang Hospital. If the administrative service is good, the tendency for patient views towards BPJS patient satisfaction, waiting time increases to 4,621 times faster. The main health service unit is a hospital, whether managed by the government or private sector, apart from being a place to provide complete health services, it is also used for recording and/or implementing new discoveries in health services. These new methods are becoming more and more sophisticated and difficult and involve a lot of expertise, therefore hospitals need to set up administrative or management systems in line with new developments. A hospital administration, including good organization and management, will always easily accept new changes in the field of medical technology without having to overhaul all existing system changes (Bustami, 2011).

According to researchers, every administrative service definitely requires time to carry out, and the waiting time really depends on the readiness of the patient or prospective patient to complete the documents. Waiting times can be very long and problematic if there are many patients who also have problems completing their documents. According to the researcher's experience. Many prospective patients do not complete their data so they have to go home first to collect their data or send family members home to collect and complete their data. This will of course delay the administration completion time so that it takes longer. Incidents of incomplete files often occur in new patients because they do not know the rules that have been set, whereas in old patients the factor is that they usually forget to bring their files. The research results show that administrative services have a significant correlation with waiting time. The emphasis of this correlation was that administrative services would be faster if the patient brought complete documents, thereby reducing waiting time.

4.7. Correlation of Pharmacy Services on BPJS Patient Satisfaction at Kesdam V/ Brawijaya Lawang Hospital

Based on the research results, it shows that of the 103 respondents, the largest number of respondents stated that pharmacy services were good and waiting times were long, namely 59 respondents (57.3%). The pharmaceutical service variable obtained a p-value of $0.750 > \alpha = 0.05$, so that H0 was rejected and H1 was accepted. This means that the pharmaceutical service variable correlates with BPJS patient satisfaction at Kesdam V/ Brawijaya Lawang Hospital. If the pharmacy service is good, the tendency for patients' views on waiting times to increase is 0.750 faster.

IFRS services have a large correlation with the development of hospitals, because almost all services provided to patients in hospitals intervene with the availability of pharmaceuticals or health supplies. Responsible for managing and controlling the availability of pharmaceuticals or health supplies, starting from planning, selection, determining specifications, procurement, quality control, storage, as well as dispensing, distribution and so on, all of which are the duties, functions and responsibilities of the hospital pharmaceutical installation (Muninjaya, 2004).

According to researchers, the research results show that there is no correlation between pharmaceutical services and waiting time, indicating that whether the pharmacy service is fast or not does not correlate with respondents' perceptions of waiting time. Respondents understand that there are so many patients using BPJS that many need to be served by the pharmacy unit, especially if the medicine is a compounded medicine that is not directly in the form of pills or capsules. The pharmacist must weigh and grind it in powder form and cannot be mistaken at all. This process takes longer, plus there are many prescriptions that must be completed, making the waiting time longer, but respondents are aware of this.

4.8. Correlation of Administrative Services with BPJS Patient Satisfaction at Kesdam V/ Brawijaya Lawang Hospital

Based on the research results, it shows that of the 103 respondents, the largest number of respondents stated that administrative services were good and satisfied, namely 78 respondents (75.7%). The administrative service variable (X1) obtained a p-value of $0.078 > \alpha = 0.05$, so that H0 was rejected and H1 was accepted. This means that the administrative service variable correlates with BPJS patient satisfaction at Kesdam V/ Brawijaya Lawang Hospital. If the administrative service is good, patients will tend to be 3,479 times more satisfied.

Patient satisfaction is the main thing that hospitals need to prioritize in order to survive, compete and maintain the existing market because hospitals are business entities engaged in health services. To achieve service quality that is in line with market standards, a number of hospitals always prioritize customer satisfaction through continuous improvement in service quality by implementing correct practices, increasing the competency of human resources (HR) and applying adequate technology. One of the salient characteristics is the nature of illness and to achieve service quality that meets standards, a flexible (not rigid) organization is needed, which can adapt to environmental developments in terms of hospital service quality (Tjiptono & Chandra 2011).

According to researchers, research results show that administrative services do not correlate with patient satisfaction. This means that whether good or bad administrative services are not correlated, that is, patients are still satisfied with the services they receive. However, referring to the results of research on administrative services, the majority have received good responses, so the majority of satisfaction has received good responses. Administrative services always being improved by hospital management has become a necessity. The application of appropriate technology with a computerized system makes it easier to control and also avoids injustice due to mutual interference.

4.9. Correlation of Pharmacy Services with BPJS patient satisfaction at Kesdam V/ Brawijaya Lawang Hospital

Based on the research results, it shows that of the 103 respondents, the largest number of respondents stated that pharmaceutical services were good and satisfied, namely 75 respondents (72.8%). The pharmaceutical service variable obtained a p-value of $0.3720 > \alpha = 0.05$, so that H0 was accepted and H1 was rejected. This means that the pharmaceutical service variable does not correlate with patient satisfaction at Kesdam V/ Brawijaya Lawang Hospital. If the pharmacy service is good, patients will tend to be 0.371 times more satisfied

Pharmaceutical services in hospitals are an inseparable part of the hospital health service system which is oriented towards patient care. One form of pharmaceutical service in hospitals is assessment and prescription services. Apart from being a demand for professionalism, pharmaceutical services can also be seen from factors that evaluate patient satisfaction. Pharmaceutical services include facilities and infrastructure for pharmaceutical installations, communication of information and education, speed of drug service and friendliness of pharmaceutical service installation staff.

According to researchers, if we refer to the data, the reason there is no correlation between pharmaceutical services and satisfaction is that many respondents gave good statements about pharmaceutical services but they stated they were not satisfied with the overall service. This can be explained by the fact that the speed of service is the point where they are dissatisfied even though the majority of them think the pharmacy service is good. This is understandable because in pharmacy services there is often a backlog of prescriptions, especially during peak hours such as between 10.00 and 12.00 so there are often long queues at these hours. However, management has followed up on this by separating outpatient and inpatient pharmacies so that it can reduce the backlog of prescriptions and reduce patient waiting times.

4.10. The dominant factor that is most correlated with patient waiting time at Kesdam V/ Brawijaya Lawang Hospital

Correlation with administrative services (X1) and pharmaceutical services (X2) → BPJS patient satisfaction (Y) (simultaneous correlation) with the variables in equation obtained a Sig value of $0.005 < 0.05$, meaning that together

administrative services (X1) and pharmaceutical services (X2) correlate with BPJS patient satisfaction (Y). The logistic regression determinant coefficient is 0.120, so it can be said that the contribution of the administrative service (X1) and pharmaceutical service (X2) variables is 12%. Meanwhile, the variable that is most correlated is the administrative service variable (X1), with a p-value of $0.036 < \alpha = 0.05$ and the pharmaceutical service variable (X2), with a p-value of $0.750 > \alpha = 0.05$.

Waiting time is the time used by patients to receive outpatient and inpatient services from the place of registration until entering the doctor's examination room. Patient waiting time is one component that has the potential to cause patient dissatisfaction. The length of patient waiting time reflects how the hospital manages service components that are tailored to the patient's situation and expectations. Categories of distance between waiting time and examination time which are estimated to be satisfactory or unsatisfactory for patients include when the patient arrives starting from registering at the counter, queuing and waiting for a call to the general polyclinic for anamnesis and examination by a doctor, nurse or midwife for more than 90 minutes (long category), 30 – 60 minutes (medium category) and ≤ 30 minutes (fast category). 4 Waiting times in Indonesia are determined by the Ministry of Health (Kemenkes) through minimum service standards. Each hospital must follow minimum service standards regarding waiting times. The minimum service standard in outpatient care is less than or equal to 60 minutes. (Ministry of Health Number 129/Menkes/SK/II/2008).

According to researchers, based on the research results, administrative services are significantly correlated with BPJS patient satisfaction, while pharmaceutical services are not significantly correlated. This can be explained because services are administered all depending on the completeness of patient data, sometimes patients and families bring incomplete requirements so they have to complete them and this takes time. Meanwhile, all pharmaceutical services are carried out by hospital staff who already have SOPs and work as well as possible.

Patient satisfaction is the main thing that hospitals need to prioritize in order to survive, compete and maintain the existing market because hospitals are business entities engaged in health services. To achieve service quality that is in line with market standards, a number of hospitals always prioritize customer satisfaction through continuous improvement in service quality by implementing correct practices, increasing the competency of human resources (HR) and applying adequate technology. One of the salient characteristics is the nature of illness and to achieve service quality that meets standards, a flexible (not rigid) organization is needed, which can adapt to environmental developments in terms of hospital service quality (Tjiptono & Chandra 2011).

This can be explained that all services provided by health workers are efforts and efforts only, health workers cannot guarantee the patient's recovery. However, patient satisfaction is a form of the desire to realize the hope of recovery from what has been paid. And this point usually does not meet where hope and efforts do not result in the same thing, namely the patient's recovery. However, efforts are still being made to improve administrative, medical and pharmaceutical services as best as possible and also improved by using the latest technologies. For example, in administrative services, hospital SIM and ERM have been implemented which can increase the speed of service, while for medical services efforts are being made to use new technology to make diagnosis and therapy more accurate.

5. CONCLUSION

Based on the discussion of research results as previously stated, associated with the formulation of the problem and the focus of research, the following conclusions can be drawn:

- 1) From the results of research Administrative services are part of the social sciences, besides that administration is an activity to provide services in question is managing information, managing people, managing material towards a goal set by the organization of a hospital. Administration has a very close relationship with control within the organization. Therefore, administrative services, especially at the registration counter hospital, must prioritize the quality of service quality so that patients feel satisfied with administrative services at Kesdam V / Brawijaya Lawang Hospital. Of the 103 respondents stated that administrative services were good, 92 people (89.3%) The variable of administrative services affected the waiting time at Brawijaya Lawang Hospital with a p-value of $0.036 < \alpha = 0.05$. If the administration service is good, the tendency for the patient's view of waiting time to increase to

4,621 faster. The principle of consensus orientation in public services for BPJS health patients has not been running where services have been carried out routinely and singly (single actor) by the provincial government and the community only accepts and follows what is determined by the organizer. There is no partnership that becomes a space for related parties to deliberate and make consensus together in overcoming problems related to public services for BPJS Health patients, especially in the administrative services section.

- 2) Based on the results of pharmacy services, it is stated that patients / consumers who get services at pharmacies are satisfied with the pharmacy services that have been provided by existing pharmacy personnel, with the overall value of the indicator obtained the highest level of satisfaction in terms of speed among other indicator values. Of the 103 respondents stated that pharmacy services were good, 92 people (89.3%) The pharmacy service variable did not affect the waiting time for patients at Brawijaya Hospital Malang with a p-value of $0.750 > \alpha = 0.05$. If pharmacy services are good, the tendency for patients' views on waiting times to increase to 0.750 faster.

Kesdam V / Brawijaya Lawang hospital pharmacy has provided excellent service. Although it has gone very well, it must maintain what has been carried out for 3 months so that patients always feel very satisfied with the pharmaceutical services that have been provided. Pharmacy services must maintain in terms of speed, punctuality, friendliness, neatness / attractive appearance and in providing service and attention to patient health, as well as the availability of complete medicines. Implementing good pharmaceutical service standards will result in an increase in patient satisfaction, because patient power can be carried out indicators in consumer behavior related to service quality and patient satisfaction. Satisfaction is an important element in health services because patient satisfaction cannot be separated from the quality of health services. Service can be broadly defined as an act and treatment or process in serving others to meet the needs and desires of patients.

- 3) Based on the results of the study, the dominant factor of 103 respondents stated that BPJS patient satisfaction was relatively fast, namely as many as 66 people (64.1%) The most influential variable with waiting time was the administrative service variable obtained a p-value of $0.036 < \alpha = 0.05$, while other variables did not affect such as variables The pharmaceutical service variable obtained a p-value of $0.999 > \alpha = 0.05$. The results of the logistic regression test with an error level (α) of 0.05 obtained a significance value of $0.000 < 0.05$, meaning that H_0 was rejected and H_a was accepted so that there was a significant influence between administrative services and pharmaceutical services on BPJS patient satisfaction. The value of odd ratio interpretation can be seen from the Exp (B) value of 9.435 which means that if patient satisfaction gets fast service, patients will tend to be 9.435 times more likely to be more satisfied. It is concluded that SOP as a performance appraisal tool is oriented towards evaluating internal institutional performance, especially in terms of clarity of work processes in the organizational environment including responsible work units. Achieving smooth operational activities and realizing coordination, facilitation and control that minimize overlapping activity processes within the relevant organizational subdivisions. SOPs are different from program control which is more focused on assessing the implementation and achievement of outcomes from the point of activity. However, the two are interrelated because SOPs are a reference for officers in carrying out duties and obligations, including in the implementation of program activities. So far, the assessment of hospital performance accountability is generally based on external standards as a form of public organization, hospitals have special characteristics, namely bureaucratic nature in their internal organization. Therefore, if these internal guidelines are combined with external guidelines (assessment of the performance of public organizations in the eyes of the public) in the form of responsiveness, responsibility, and accountability, it will lead to the realization of hospital performance accountability. The results of the study show that not all hospital work units have SOPs, therefore each hospital public service work unit should have SOPs as a reference in acting. Through the implementation of this SOP, hospital performance accountability can be evaluated and measured.

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