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**THE EFFECT OF CLINICAL PHARMACEUTICAL SERVICES  
QUALITY ON THE LEVEL OF PATIENTS SATISFACTION IN  
COMMUNITY HEALTH CENTER URBAN REGENCY OF  
JAYAWIJAYA**

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**ABSTRACT:**

Clinical pharmacy services are part of the services provided by the Community Health Center (puskesmas) to patients and are the last of all a series of services provided by the puskesmas to patients. The quality of clinical pharmacy services also determines the satisfaction level of patients who come for treatment at the puskesmas. This study aims to analyze the quality of clinical pharmacy services on outpatient satisfaction in urban health centers, jayawijaya regency. This research is a cross-sectional associative study, with a total sample of 100 people obtained by means of non-random sampling, namely quote sampling. The data were collected

using a questionnaire, the data were analyzed by means of validity and reliability tests. The results found were tangible (Sig value  $0.039 < 0.005$ ), responsiveness (Sig value  $0.001 < 0.005$ ) and empathy ( $0.000 < 0.005$ ) had a significant effect on the level of outpatient satisfaction at urban health centers, the conclusion of this study is that there is a quality effect. clinical pharmacy service both partially and simultaneously on the satisfaction level of outpatients at urban health centers in Jayawijaya district. Empathy has the greatest coefficient of 0.62. It is recommended to maintain and increase empathy in service to patients, and improve the quality of service in terms of reliability and assurance.

## **INTRODUCTION:**

In the end, the National Development Goals aim to achieve Community Welfare. Development in the health sector as part of the National Development prioritizes the right of every citizen to obtain adequate health services with the principles of patient safety and comfort. As an elaboration of these national goals, the right to obtain health services for citizens is contained in the Body of the 1945 Constitution Article 28j, namely advancing the welfare of the nation. Furthermore, it is stated in Law No. 36 of 2009 concerning health, namely article 4 that everyone has the right to health; Article 5; point (1) Everyone has the same right to gain access to resources in the health sector; Point (2) Everyone has the right to obtain safe, quality and affordable health services; and Point (3) Every person has the right to independently and responsibly determine the necessary health services for himself; as well as in Article 8 which states that every person has the right to obtain information about his / her own health data, including actions and treatments that he has or will receive from health workers (Law No. 36, 2009 on health)

The form of service as referred to in articles 4-8 of the Health Law above includes pharmaceutical services in this case clinical pharmacy services provided directly to patients. This is in accordance with the Regulation of the Minister of Health Number 75 of 2014, in Article 2 concerning Setting of Pharmaceutical Service Standards. In the Community Health Center (Puskesmas) which aims to: a). improve the quality of pharmaceutical services; b). guarantee legal certainty for pharmaceutical personnel; and c). protect patients and the public from irrational use of drugs in the context of patient safety (patient safety). Article 3 describes the standard of Pharmaceutical Services at the Puskesmas which includes the following standards: a). management of Pharmaceutical Preparations and Medical Consumables; and b). clinical pharmacy services (Amalia, 2019).

Patient satisfaction and safety is the main goal of health services including clinical pharmacy services. Ideally, in the hope that many people when they enter the hospital or come to a health service facility, they will get good treatment and care or service so that they can get well soon and be healthy again (Nampirah et al., 2016). In observations at several health facilities, almost all lines of service were not spared from public dissatisfaction, from admissions to the emergency room, or general polyclinics, doctor services and nursing care to the treatment room, to the problem of redemption of costs during patient care and service. . There are also complaints from the public regarding drug service problems, ranging from slow

service in medicine rooms or pharmacies at hospitals or health centers, to prescriptions that must be redeemed outside of health service facilities because of the unavailability of drugs in these facilities. Ignited if the first impression shown by the management of the hospital or health center on a newly admitted patient did not match the patient's expectations.

Referring to the "SERVQUAL" quality model (Parasuraman, 2015) Service quality is a function of customer expectations and perceptions on five dimensions, namely: reliability, responsiveness, tangibles, assurance and empathy. To serve public health at the basic level, in Jayawijaya Regency there are 26 Puskesmas (Jayawijaya Health Office 2020) whose population is spread across 40 Districts / Districts. Based on field observations, the conditions or conditions of service for each Puskesmas are not yet uniform because they still have many limitations in terms of infrastructure, supporting facilities and the availability of health center staff (human resources). This condition will of course also affect how far the quality of service that can be provided by each Puskesmas to the community in their working area.

In particular, in the urban area of Wamena which is the capital of Jayawijaya Regency, there are three (3) Puskesmas which are at the forefront of basic community health services. The three Puskesmas are Puskesmas Wamena city which is located in the middle of Wamena city, Wamena District, while the other two are on the outskirts of the city, namely Puskesmas Hom-hom in Hubikiak District in the north of Wamena City and Puskesmas Elekma in Napua District in the West of Wamena City. Based on preliminary observations made, it is known that the conditions of the three health centers are far better than other health centers in Jayawijaya Regency. This can be seen from the condition of permanent office infrastructure with adequate work space, the availability of adequate work facilities and health equipment, and the availability of health center personnel such as nurses, midwives and even the availability of doctors from the Puskesmas who are sufficient for Puskesmas services, and specifically pharmacists. Thus, of course, it is hoped that the three health centers should be able to provide quality health services for the community, especially in this case, Clinical Pharmacy services as a terminal service from Puskesmas to outpatients in the urban area of Wamena.

In several times monitoring to several health centers and hospitals both in the city of Wamena or outside the city of Wamena, the author saw and heard of community complaints about delays in drug service, or waiting too long, even complaints about lack of attention or less friendly service from officers to patients. In several radio broadcasts there have also been complaints from the public regarding pharmacy services in hospitals and Puskesmas. This shows that there is dissatisfaction with drug services or pharmacy services. Starting from the conditions described above and considering the importance of excellent service by the Puskesmas to the community, it is deemed necessary to conduct a study on the effect of clinical pharmacy service quality on outpatient satisfaction at the Wamena Urban Regional Health Center, Jayawijaya Regency.

## METHODS:

### Research design:

This research is a type of quantitative research with an analytic descriptive approach. This research was conducted in 3 urban health centers in Jayawijaya district.

### Population and sample:

The population in this study were outpatients at urban health centers in the area of Wamena kota, Elekma and hom-hom. The sample of this research is 100 informants. The sampling technique in this research is Non Random Sampling.

### Method of collecting data:

The instrument used in collecting quantitative data is using a questionnaire (list of questions) to responders to provide responses to the questions contained in the questionnaire.

### Data analysis:

Analysis of the effect of clinical pharmacy service quality on outpatient satisfaction was performed using multiple linear regression.

## RESULTS:

**Table 1. Distribution of Respondents Based on Characteristics of Outpatient Respondents in Urban Health Centers in Jayawijaya Regency**

Characteristics	Research Samples	
	n	%
<b>Age</b>		
< 20years	11	11.00
20-40years	68	68.00
41-60years	19	19.00
> 60years	2	2.00
Total	100	100.0
<b>Sex</b>		
Male	36	36
Female	64	64
Jumlah	100	100.0
<b>Pekerjaan</b>		
Unemployed	15	15.00
Student	2	2.00
House wife	31	31.00
Self employed	36	36.00
Civil Servants	9	9.00
Farmer	7	7
Total	100	100.0

Characteristics	Research Samples	
	n	%
<b>Pendidikan Terakhir</b>		
No School	2	2.00
Elementary School	5	5.00
Junior School	21	21.00
High School	55	55.00
Diploma/Bachelor	17	17.00
Total	100	100.00
<b>Marital Status</b>		
Married	75	75.00
Not Married	25	25.00
Total	100	100.00

Source: Primary Data, 2020.

Table 1 shows that most respondents are at the age level of 20-40 years, as many as 68 respondents (68.00%). In terms of gender, most of the respondents were female, as many as 64 respondents (64%). Based on the type of work, most of the respondents were self-employed as many as 36 respondents (36%). Judging from the latest education, most of the respondents have high school education, namely as many as 55 respondents (55%). Based on the marital status, most of the respondents were married as many as 75 respondents (75%). Based on religious status, most of the respondents adhered to the Protestant religion, as many as 75 respondents (75%).

**Table 2. Distribution of Frequency of Research Variables in Urban Health Centers in Jayawijaya Regency**

variable	Research Samples	
	N.	%
<b>Tangibles</b>		
Excellent	47	47.0
good	48	48.0
Good Enough	5	5.00
sum	100	100.0
<b>Reliability</b>		
Excellent	59	59.0
good	38	38.0
Good Enough	3	3.0
sum	100	100.0
<b>Responsiveness</b>		
Excellent	62	62.0
good	29	29.0

Good Enough	9	9.0
sum	100	100.0
<b>Asurance</b>		
Excellent	50	50.0
good	40	40.0
Good Enough	10	10.0
sum	100	100.0
<b>Empathy</b>		
Excellent	65	65.0
good	27	27.0
Good Enough	8	8.0
sum	100	100.0
<b>Patient Satisfaction</b>		
Excellent	84	84.0
good	13	13.0
Good Enough	3	3.0
sum	100	100.0

Source: Primary Data, 2020.

Table 2 explains the percentage of respondents' assessment of the research variables. Based on tangible variables, most of the respondents were in the good category, namely 48%. The variable reliability of the majority of respondents was in the very good category at 59%. The responsiveness variable of the majority of respondents was in the very good category of 62%. Most of the respondents' variable assurance was in the very good category at 50%. The empathy variable most of the respondents was in the very good category at 65%. And for the patient satisfaction variable, most of the respondents stated that they were in the very satisfied category, namely 84%.

**Table 3. Multicollinearity Test Results**

variable	Tolerance	VIF
Tangibles	.596	1.679
Reliability	.496	2.016
Responsiveness	.510	1.960
Assurance	.507	1.972
Empathy	.469	1.469

Table 3 shows the results of the multicollinearity test, where all VIF values are less than 10, so variable X is free from multicollinearity symptoms, which means that there is no correlation between the effects of tangibles, reliability, responsiveness, assurance and empathy on patient satisfaction variables.

**Table 4. Heteroskedasticity Test Results**

Variable	t	Sig.
Tangibles	4.642	.000
Reliability	-1.012	.314
Responsiveness	1.420	.159
Assurance	-1.894	.061
Empathy	-.113	.910

Table 4 shows the results of the heteroscedasticity test, namely all sig values of each explanatory variable  $X_1 = 0.314$ ,  $X_2 = 0.159$ ,  $X_3 = 0.061$ ,  $X_4 = 0.910$  and  $X_5 = 0.69$  are greater than 0.05, which means that all independent variables are statistically not significantly affects the residuals, so it is ensured that the model is free from heteroscedasticity problems, so this model is suitable to be used to measure the independent variable on the dependent variable.

**Table 5. Normality Test Results**

	Unstandardized Residual
Kolmogorov-Smirnov Z	1.043
Asymp. Sig. (2-tailed)	.227

Table 5 shows the results of the normality test, namely if the Asymp Sig (2-tailed) at the Kolmogorov Smirnov output  $> 5\%$ , the data is normally distributed and vice versa. Thus the test results based on Kolmogorov-Smirnov, Asymp Sig (2-tailed) are  $0.227 > 0.05$  or 5%, so according to the basis for decision making in the normality test, it can be concluded that the data is normally distributed. Thus the assumptions or normality requirements in the regression model have been met.

**Table 6. Results of Co-ordination and Coefficient of Determination**

Model	Adjusted R Square
1	.590

Table 6 shows the results of the F test that the Sig value is  $0.000 < \alpha$  0.05, it means that simultaneously (together) the independent variables Tangibles, Reliability, Responsiveness, Assurance and Empathy have a significant effect on outpatient satisfaction. Because the F test is significant, it also means that the regression model used is feasible.

**Table 7. Regression Model Estimation Results**

variable	coefficient		t <sub>count</sub>	Sig.
	b	Std. Error		
Tangibles	9.129	2.371	3.851	.000

Reliability	.314	.150	2.089	.039
Responsiveness	-.040	.127	-.312	.756
Assurance	.463	.133	3.474	.001
Empathy	.052	.145	.358	.722

Table 7 shows the results of the T test that for each variable, the Sig value for the Reliability (X2) variable is 0.756 and the Assurance variable (X4) is 0.722. This means that the two variables have no significant effect on outpatient satisfaction because the Sig value is > 0.05 alpha. Because the test of the two variables is not significant, the coefficient value of the variable is meaningless. Whereas for the Tangibles variable (X1) the value of Sig = 0.039, then the Responsiveness variable (X3) Sig = 0.001, and for the Empathy variable (X5) the value of Sig = 0.000, which is smaller than the alpha value of 0.05. This means that the three variables have a significant effect on the outpatient satisfaction variable (Y). Because it is significant, the coefficient value of the variable is important and meaningful.

## DISCUSSION:

The results of the analysis show that the condition of the appearance and ability of physical facilities and infrastructure, namely the condition of tangibles (real evidence) is seen based on: office facilities, conditions of waiting rooms and service counters, parking lots, tidiness of employee appearance and professionalism of employee services. very good. In terms of appearance, pharmacy staff employees are quite neat, especially with the provision of uniforms so that patients can distinguish between officers and visitors to the puskesmas which makes it easier when patients need service. Meanwhile, the officers showed their professionalism in service by providing services in accordance with the order of visitors, providing satisfactory explanations regarding prescription services and explaining the use of prescribed drugs. Tangibles (concrete evidence) is a direct form covering physical facilities, which includes the up-to-date equipment used, the condition of the facilities, the condition of the company's human resources, and the harmony between the facilities and the types of services provided (Novaryatin, 2018).

Tangibles dimension service is the ability of an institution, company or agency to show its existence to external parties. The appearance and ability of the physical facilities and infrastructure of government institutions and the condition of the surrounding environment are clear evidence of the services provided by the service providers. In accordance with the results of the tangibles analysis for puskesmas in urban areas of Jayawijaya Regency, it is good, but for continuous service it is necessary to pay attention to its maintenance and even add other facilities that can support the creation of a sense of comfort for patients who are waiting for medicine.

Based on the results of the Reliability analysis, which includes the quality of clinical pharmacy services, the services provided help overcome the problem of



illness, the availability of standard service procedures, timeliness in service and patient administrative records. Is very good. The availability of standard operational procedures for pharmaceutical services is one of the things that increases the quality of service in terms of reliability, because it can be a guide for pharmaceutical personnel in carrying out their duties, and minimizing the level of errors or negligence. In terms of patient administration records, it is also including orderly. This can be seen when data is needed on patients who received prescriptions some time ago because of the availability of good records.

Reliability (reliability) is an ability that an institution, company or agency must have to provide services as promised appropriately and reliably. In his research, pharmacy installations are operational 24 hours, pharmacy officers are always there to provide pharmaceutical services, complete drug supplies and officers are always on hand to get the drugs needed (Hayaza, 2013).

The results of analysis 8 about responsiveness (responsiveness) include certainty of time by officers, speed and accuracy of response in serving recipes, readiness of officers to serve, willingness to serve immediately, showed very good results. Responsiveness (responsiveness) is responsiveness, which is a willingness to help and provide fast and appropriate services to the community by delivering clear information (Handayani, 2016). Definition of Responsiveness (responsiveness), which is a policy to help and provide fast (responsive) and precise service to customers, with clear information delivery. Letting consumers wait is a negative perception of service quality (Rachmawati, 2019).

Based on the results of research, variable assurance includes the ability of officers to foster patient confidence, the ability of officers to provide a sense of security in service, consistency of the appearance of officers while serving, the ability of officers to respond to patient questions, the results of the analysis explain that the quality is very good. The conditions in the field show that the ability of the officers and their professionalism in providing services is really able to foster a sense of trust, a sense of security and a sense of protection in patients. The consistency and speed of response in serving patient questions regarding the prescription and use of drugs and other matters further strengthen the patient's confidence to receive services from pharmacy officers.

Assurance (certainty), namely knowledge, courtesy, and the ability of employees to generate confidence and trust. This dimension may be very important in services that require a high enough level of trust where customers will feel safe and secure. Based on the opinions of experts in previous studies, it is illustrated that clinical pharmacy officers at urban health centers in Jayawijaya Regency have provided excellent assurance of trust to outpatients at their puskesmas (Alaan, 2016).

Based on the results of the research, the variable Emphaty (empathy) includes the attention / care of the officer towards the patient, the treatment / attitude of the officer when serving, the focus of the officer on the patient's interest, the officer's understanding of the patient's specific needs and the convenience of explaining that

the quality of empathy is very good. The explanation in the field is that every pharmacy officer in the urban health center when serving really shows a caring attitude towards the patient by asking directly what the patient needs, or what can be helped, the officer also shows a serious attitude about the patient's interests and helps him to solve or fulfill his needs pharmacy services. This attitude gives the patient a sense of comfort while waiting. Empathy (empathy) is caring and personal attention given to customers. The essence of the dimension of empathy is to show customers through the services provided that customers are special, and their needs can be understood (Parasuraman, 1998; Parasuraman et al., 1991; Bowen et al., 2006).

Based on the patient satisfaction variable, it shows that patient satisfaction is very satisfied. In line with Sangadji and Sopiah's opinion in the results of Ratnah&Muljadi's (2018) research, satisfaction or dissatisfaction is the feeling of being happy or not disappointed by someone who comes from a comparison between his impression of real / actual product performance and expected product performance.

The results of the analysis based on the T test show that the Sig value is 0.039 <0.005, which means that the quality of service according to the Tangibles variable (direct evidence) has a significant effect on outpatient satisfaction. In accordance with what SaifudinAzwar put forward, because it is significant, the variable coefficient value of 0.314 must be considered significant. This variable in future developments can be further enhanced by the addition of even better facilities such as television, air conditioning / fans, additional waiting chairs, always maintaining cleanliness of the room, to give patients a sense of comfort while waiting for the drug.

When related to the state of reliability (reliability) including the quality of clinical pharmacy services, the services provided help overcome the problem of pain, availability of standard service procedures, timeliness in service and patient administration records. Is very good, but in fact this variable does not significantly affect the level of patient satisfaction. outpatient. This means that the high level of outpatient satisfaction is not influenced by the variable reliability (reliability). The results of the analysis based on the T test show that the Sig value is 0.001 <0.005, which means that the quality of service according to the Responsiveness variable (responsiveness) has a significant effect on outpatient satisfaction. In accordance with what SaifudinAzwar put forward, because it is significant, the variable coefficient value of 0.463 cannot be ignored or can be considered as existing or meaningful or significant. As an influencing variable, this dimension of responsiveness needs to be paid attention to by the health center to maintain current conditions, and even further increase the sensitivity of pharmacy officers to respond to and serve patient needs.

Based on the results of the regression test and the discussion above, it is known that of the 5 variables of service quality, jointly affect the level of patient satisfaction, and partially the variables: tangible, responsiveness and empathy significantly

influence the level of outpatient satisfaction at regional health centers. urban Jayawijaya Regency, with the Empathy variable with the highest variable coefficient, 0.621 and a sig value of 0.000 <0.005.

### **CONCLUSION:**

Based on the results of the study, the researchers formulated the following conclusions: the quality of clinical pharmacy services in urban health centers in Jayawijaya district, according to the Tangibles variable is good, Reliability is very good, Responsiveness is very good, Assurance is very good and Empathy is very good. The satisfaction level of outpatients at the puskesmas in the urban area of Jayawijaya district is very satisfied. The quality of clinical pharmacy service as indicated by the independent variables (tangibles, reliability, responsiveness, assurance and empathy) simultaneously significantly affects the level of outpatient satisfaction. Based on the research results and conclusions that have been formulated, some suggestions or recommendations are presented as follows, namely to the puskesmas in Jayawijaya district to improve their appearance by showing professional ability and knowledge in the field of pharmacy or drug service. Maintain or even improve physical appearance as direct evidence (tangibles) of the pharmacy service waiting room by maintaining a clean and comfortable environment. And also especially the drug service unit continuously socializes the pharmacist's task (assistant) and provides a contact number for officers who can be contacted if the patient has problems or problems with the drugs or services provided.

### **REFERNECES:**

- Alaan, Y.(2016). Pengaruh Service Quality (Tangible, Empathy, Reliability, Responsiveness Dan Assurance) Terhadap Customer Satisfaction: Penelitian Pada Hotel Serela Bandung. *Jurnal Manajemen*, 15(2)
- Alawdi, S., & Solanki, A. B. . (2021). Mucoadhesive Drug Delivery Systems: A Review of Recent Developments. *Journal of Scientific Research in Medical and Biological Sciences*, 2(1), 50-64. <https://doi.org/10.47631/jsrmb.v2i1.213>
- Amalia, T. (2019). Evaluasi Standar Pelayanan Kefarmasian Apotek Di Apotek X Berdasarkan Permenkes Nomor 73 Tahun 2016. *JurnalInkofar*, 1(1).
- Bowen, D. E., & Lawler III, E. E. (2006). The empowerment of service workers: What, why, how, and when. *Managing innovation and change*, 33, 155-169.
- Handayani, S.(2016). Tingkat Kepuasan Pasien Terhadap Pelayanan Kesehatan Di Puskesmas Baturetno. *Profesi (Profesional Islam) Media Publikasi Penelitian*, 14(1).
- Hayaza, Y, T.(2013). Analisis kepuasan pasien terhadap kualitas pelayanan kamar obat di puskesmas surabaya utara. *Jurnal Ilmiah Mahasiswa Universitas Surabaya*, 2(2)
- Leonard. L Berry.(2006). SERVQUAL: A multiple item Scale a for measuring consumer perceptions of service quality. *Journal of retailing*. 64(1)12-37

- Mohammed Tahir, R., & Hussein, M. (2020). Knowledge, Attitude, and Practice of Community Pharmacists towards Pharmacovigilance and Adverse Drug Reactions: A Study from Sudan . *Journal of Scientific Research in Medical and Biological Sciences*, 1(2), 123-132. <https://doi.org/10.47631/jsrmb.v1i2.118>
- Napirah, M, R., Rahman, A., Agustina,T.(2016). Faktor-Faktor Yang Berhubungan Dengan Pemanfaatan Pelayanan Kesehatan Di Wilayah Kerja Puskesmas Tambarana Kecamatan Poso Pesisir. *Jurnal Pengembangan Kota*, 4(1), 29-39. doi: 10.14710/jpk.4.1.29-39
- Novaryatiin, S., Syahrida D, A., Siti, A. (2018). Tingkat Kepuasan Pasien Terhadap Pelayanan Kefarmasian Di Rsud Dr.Murjani Sampit. *Borneo Journal of Pharmacy*, 1(1), 22-26
- Parasuraman, A. (1998). Customer service in business-to-business markets: an agenda for research. *Journal of business & industrial marketing*.
- Parasuraman, A., Berry, L. L., & Zeithaml, V. A. (1991). Understanding customer expectations of service. *Sloan management review*, 32(3), 39-48.
- Parasuraman. A., Berry, L. L., &zeithmal, V. A(1998). SERVQUAL: A multiple item Scale a for measuring consumer perceptions of service quality. *Journal of retailing*. 64(1)12-37
- Rachmawati, S., Darmawansyah., & Yusran, M,A. (2019). Faktor Yang Berhubungan Dengan Pemanfaatan Pelayanan Kesehatan Di Puskesmas Tamalanrea Kota Makassar. *Administrasi dan Kebijakan Kesehatan. Universits Hasanuddin*
- Ratnah., Muljadi.(2018). Pengaruh Tangible dan Responsiveness Terhadap Kepuasan Wajib Pajak Kendaraan Bermotor Pada Layanan Samsat Keliling Balaraja Kabupaten Tangerang Banten. *Jurnal Perilaku dan Strategi Bisnis*, 6(1).
- Sari, A., Defri, A., Ismail, H.(2019). Tingkat Kepuasan Pasien Rawat Jalan Terhadap Pelayanan Kefarmasian Di Isntalasi Farmasi Rsud Datu Beru Takengon. *Jurnal Dunia*, 4(1), 45-52