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SWOT Analysis with ServQual Model of Pharmaceutical Services at RSUD Ibu Fatmawati Soekarno Surakarta in 2024

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A B S T R A C T
The purpose of this study was to determine the level of patient satisfaction with pharmaceutical services partially from five-dimensional parameters, namely physical evidence (tangible), reliability, responsiveness, assurance, empathy and to determine the SWOT improvement strategy in increasing patient satisfaction with pharmaceutical services at RSUD Ibu Fatmawati Soekarno. This study uses a quantitative descriptive method that is prospective with a research instrument in the form of a validated questionnaire. The population of the study was outpatient BPJS patients in all polyclinics with a sample size of 380 respondents. The sampling technique used Purposive Sampling, using the service quality method. Data analysis was carried out by finding the correlation value, namely by comparing the reality and expectations of patients and validity and reliability tests, then an analysis of improvements to pharmaceutical services was carried out using a SWOT analysis. Based on the research conducted, the results of dissatisfaction with the service (negative) on the reliability dimension with a value of (0.17) and responsiveness with a value of (0.17). Then the results of satisfaction with the service (positive) on the tangible dimension with a value of (0.01), assurance with a value of (0.08) and empathy with a value of (0.04) were obtained.

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INTRODUCTION

Health services in the current era of globalization are trying to provide optimal and quality services. This is done to increase patient satisfaction with the services provided, where patient satisfaction will be created when the service obtained is greater than expected. People who come as consumers do not just buy a product at a health service location, but people want quality and efficient health services in dealing with the complaints they feel (Ulumiyah, 2018).

The quality of health services is the perception and expectation of consumers who feel a level of satisfaction due to quality services. Measuring the level of service quality to consumers is very important to improve the quality of service again. The quality of health services is not about luxury buildings, expensive costs and sophisticated equipment, but about how patients perceive and expect. Therefore, to improve the quality of health services, a consumer satisfaction survey is needed (Rahmadani, 2021).

According to Listiyono (2015) there are five dimensions to evaluate the quality of service and consumer satisfaction which are called the Service Quality (ServQual) instrument. The five dimensions are tangibles, reliability, responsiveness, assurance and empathy. Pharmaceutical services implemented in hospitals are an inseparable part of the hospital health service system with the aim of providing rational and quality pharmaceutical services. Pharmaceutical services in hospitals include clinical pharmacy services which are services in the form of direct interaction with patients assisted by other health teams to improve the quality of drug therapy and management of pharmaceutical preparations, disposable medical materials, and also medical devices.

LITERATURE REVIEW

Patient satisfaction can be interpreted as the fulfillment of expectations, goals, needs, and desires in a service. Good service quality will have an impact on the level of satisfaction received or felt by patients. This service quality is an initial effort to create a sense of comfort felt by patients or consumers towards the service which will indirectly create a sense of satisfaction with pharmaceutical services. However, if the patient satisfaction produced is not good, then it is necessary to re-evaluate the services provided by the hospital to consumers. Therefore, to determine patient satisfaction, it is necessary to conduct testing using the ServQual method (Widyo Kristantyo, 2021). The ServQual method is a method used to analyze the level of satisfaction, which method has previously been tested empirically and has been developed to measure the quality of service quality according to customers or consumers with five dimensions and in each dimension there are five scales (likert) levels of satisfaction, namely (4) very satisfied (3) satisfied, (2) dissatisfied, and (1) very dissatisfied. While in the reality table section using the scale, namely: (4) very satisfied (3) satisfied, (2) dissatisfied, and (1) very dissatisfied. so because of the results obtained through the analysis of this method, it will be a reference for improving service quality. By implementing the ServQual method in this study, it is expected to provide researchers with answers to the gap value (GAP) of each question in each dimension, and will also obtain the gap between reality and expectations received from the service provided to consumers. So that

researchers will know which dimension questions need to be improved in order to improve the quality of the service provided (Irawan *et al*., 2020).

METHODOLOGY

Types and Research Designs

This research is a prospective quantitative research where the research is conducted by describing a situation or phenomenon that has occurred and will occur where a comparison is made between two main factors, namely customer perception of the actual service that has been received and the actual service that is expected.

Time and Place of Research

This study was conducted in the pharmaceutical service waiting room of Ibu Fatmawati Soekarno Surakarta Hospital and was conducted for one month from March to April 2024.

Population and Sample

The population in this study were outpatients in all polyclinics who received services at the Pharmacy Installation of Ibu Fatmawati Soekarno Surakarta Hospital.

1. Inclusion Criteria
   a. BPJS outpatients
   b. Outpatients aged 17 years and above, and willing to be respondents
   c. Have received pharmaceutical services at the Pharmacy Installation of Ibu Fatmawati Soekarno Surakarta Hospital twice.
   d. Family/relatives or patient companions can read and write.
2. Exclusion Criteria
   a. Outpatients who did not complete the questionnaire completely.

Sampling Techniques

The sampling technique in this study uses purposive sampling technique, with an accidental sampling approach where data collection is carried out by distributing questionnaires to research subjects who have been given pharmaceutical services. To calculate the number of samples in this study, the Slovin formula is used as follows:

$$n = \frac{N}{1 + Ne^2}$$

Information:
n: Sample Size
N: Population Size
E: Error (allowance for inaccuracy due to tolerable errors (5%).

$$n = \frac{7{,}540}{1+7{,}540.0{,}05}$$

$$n = \frac{7{,}540}{1+7{,}540.0{,}0025}$$

$$n = \frac{7{,}540}{19{,}85} = 380$$

Based on the calculations that have been carried out, a sample of 380 respondents was obtained.

Data Analysis

Data analysis conducted in this study was conducted using the ServQual method to see if there were any significant results on two main factors, namely perception (reality) of the real service they received and the actual service expected (expectation). The results of the study based on the ServQual method were then analyzed for gaps (GAP) with the formula: Reality - Expectation = GAP which was then continued from the results by creating a SWOT improvement strategy.

RESEARCH RESULT AND DISCUSSION

Respondent Characteristics

The characteristics of respondents in this study include gender, age, last education, and occupation where the characteristics of respondents can influence the level of satisfaction.

Table 1. Respondent Characteristics

Characteristics	Total	
	n	(%)
Gender		
Man	180	47
Woman	200	53
Age		
(17-25 Years)	91	24
(26-45 Years)	235	62
(46-65 Years)	54	14
Last education		
SD	5	1
JUNIOR HIGH SCHOOL	23	6
SENIOR HIGH SCHOOL	125	33
College	227	60
Work		
civil servant	106	28
Private	122	32
Farmer	25	7
Trader	42	11
Students	45	12
Other	40	10

Source: processed data 2024; Description: n: Number of patients; %: Percentage.

Based on Table 1, the characteristics of respondents based on gender show that 47% are male and 53% are female. The characteristics of respondents based on age are grouped into 3 groups, namely 17-25 years old with 24%, 26-45 years old with 62%, and 46-65 years old with 14%. Based on the table above, the dominant age is 26-45 years old with 62%. Furthermore, the characteristics of respondents based on their last education show that respondents in the college category have the highest percentage value of 60%.

Then the characteristics of respondents based on occupation, show that respondents who received pharmaceutical services at Ibu Fatmawati Soekarno Surakarta Hospital have jobs as civil servants as much as 28%, as private as much as 32%, as farmers as much as 7%, as traders as much as 11%, as students as much as 12% and those who have other jobs as much as 10%.

Analysis Results Gap

The level of patient satisfaction is obtained based on the calculation of the gap between the service perceived and the service expected by the patient. Gap itself is interpreted as a value for the quality of service provided by the Pharmacy Installation of Ibu Fatmawati Soekarno Surakarta Hospital to patients. In this study, the patients in question were outpatients who received treatment or used health services with BPJS.

Table 2. Tangible Dimension Gap Analysis Results

No.	Questionnaire Statement	Average Value of Reality	Average Expected Value	Gap Value
1.	Clear service flow	3.54	3.38	0.16
2.	Cleanliness of waiting room	3.42	3.19	0.23
3.	Officer's appearance	3.46	3.71	-0.25
4.	Ease of getting a queue card	3.53	3.18	0.35
5.	Waiting room facilities	3.49	3.92	-0.43
	Average	**3.49**	**3.48**	**0.01**

Based on table 2, it can be seen from the average value of reality and expectations of outpatients regarding the tangible dimension of outpatient services regarding the services provided by the Outpatient Pharmacy Installation officers of Mrs. Fatmawati Soekarno Surakarta Hospital, which has an average Gap value of 0.01, which can be seen in question point number 3 regarding the appearance of officers, which has a Gap of -0.25 and also in question point number 5, which has a Gap of -0.43, where according to interviews conducted by researchers with several patients, pharmacy officers still use attributes that are not uniform in this case, namely uniforms, which causes patients to feel confused and have difficulty distinguishing whether the service is provided by a pharmacy officer or another officer.

Based on research conducted by Tjandra, 2017, it explains that the appearance of officers is also an important component in providing services where appearance can provide positive value to patient satisfaction. Then in the waiting room facilities based on interviews with patients, it was found that patients complained about the lack of seating in the waiting room, toilets that smelled bad, and hot waiting rooms in the Outpatient Pharmacy Installation which caused many of the patients to be uncomfortable waiting for prescription services by pharmacists. The smallest gap in the tangibles dimension or physical evidence is in question point number 1, namely the clarity of the service flow with a Gap value of 0.16 where the service flow based on interviews with

patients, researchers were given an explanation that the service flow provided was clear and made it easier for patients to receive health services.

Table 3. Results of the Reliability Dimension Gap Analysis

No.	Questionnaire Statement	Average Value of Reality	Average Expected Value	Gap Value
1	Compliance of opening hours with schedule	3.52	3.34	0.18
2	Speed of service	3.23	3.99	-0.76
3	Drug waiting time	3.19	3.97	-0.78
4	Officer's explanation of drug information	3.45	3.37	0.08
5	Clarity of information on how to use the drug	3.46	3.03	0.43
	Average	**3.37**	**3.54**	**-0.17**

Based on table 3, it can be seen from the average value of reality and expectations of outpatients regarding the service dimension of reliability of outpatients regarding the service provided by the Outpatient Pharmacy Installation staff of Ibu Fatmawati Soekarno Surakarta Hospital, which has an average Gap value of -0.17. The largest Gap results can be seen in question point number 2, namely regarding the speed of service, which has a Gap of -0.76 and question number 3, namely regarding the waiting time for medicine, which has a Gap of -0.78. The waiting time for medicine is the time needed by the patient from the process of submitting a prescription until the patient receives the medicine. Several patients complained that the waiting time during registration was too long, where if the JKN system experienced problems and if there was a shortage of medicine, confirmation must be made to the doctor first, so it took a long time.

Speed of service is a service target that can be completed within a time previously determined by the service provider with the aim of achieving customer satisfaction with the service where theoretically it can be known that patients do not want to experience difficulties or need a long time waiting for prescription services, where based on interviews several patients feel helpless and neglected so they want fast prescription services.

Table 4. Results of Gap Analysis of Responsiveness Dimension

No.	Questionnaire Statement	Average Value of Reality	Average Expected Value	Gap Value
1.	Responsiveness to complaints	3.49	3.75	-0.26
2.	Officer Service	3.33	3.03	0.30
3.	Speed in providing drugs	3.23	3.95	-0.72
4.	Accuracy of drug administration	3.42	3.30	0.12
5.	Officer skills and abilities	3.48	3.77	-0.29
	Average	**3.39**	**3.56**	**-0.17**

Based on table 4, it can be seen from the average value of reality and expectations of outpatients regarding the responsiveness dimension of outpatient services regarding the services provided by the Outpatient Pharmacy Installation staff at Ibu Fatmawati Soekarno Surakarta Hospital, which has an average Gap value of -0.17. The largest Gap result can be seen in question point number 3, namely the speed in providing medicine, which has a Gap of -0.72. The speed in providing drug services is the time when the prescription has been entered until the medicine is finished being prepared by the pharmacist. Responding to this, through interviews conducted by researchers with IFRS officers (Head of IFRS and Outpatient Pharmacists), the Hospital Pharmacy Installation also evaluates the prescription service time from when the patient submits the prescription to the delivery of the medicine to the patient.

Then in question point number 1 responsiveness to complaints obtained a Gap value of -0.26, this indicates that patients feel a lack of real action by officers from each complaint that exists. The responsiveness of officers to patients in dealing with complaints is proof of the officer's ability to solve problems faced by patients, if there is a failure or delay in providing a response, the officer tries to fix or minimize patient losses immediately. In the skill and competence point, the officer has a Gap value of -0.29, this indicates that the service provided is not optimal. The skill of the officer is a very important point because the officer's skill in providing explanations will affect the patient's response, so that clear information can be received by the patient and can be responded to clearly. Based on the results of interviews with officers, at this point it is necessary to improve qualifications and periodic performance training for each officer.

Table 5. Results of the Gap analysis of the Assurance dimension

No.	Questionnaire Statement	Average Value of Reality	Average Expected Value	Gap Value
1.	The accuracy of officers in providing medicine	3.61	3.34	0.27
2.	Inclusion of Expired date	3.44	3.28	0.16
3.	Drug conditions	3.49	3.71	-0.22
4.	Condition of drug packaging	3.55	3.54	0.01
5.	Provision of information regarding the certainty of drug delivery	3.54	3.34	0.2
	Average	**3.52**	**3.44**	**0.08**

Based on table 5, it can be seen that the average value of the reality and expectations of outpatients regarding the assurance dimension of outpatient services regarding the services provided by the Outpatient Pharmacy Installation staff at Ibu Fatmawati Soekarno Surakarta Hospital has an average Gap value of 0.08. In question point number 3, the Gap result was -0.22, this indicates that the condition of the medicine received by the patient is not appropriate.

Based on the results of interviews conducted by researchers, it is often found that the drugs received by patients are different from the drugs that patients have received in previous therapies, both in terms of dosage form or trade name (outward appearance). This difference is influenced by the large

number of drug manufacturers who work with hospitals so that the dosage form or trade name produced will be different. Therefore, further explanation is needed by officers regarding the condition of the drugs received by patients to ensure that the drugs to be received by patients are in accordance with the therapy being undergone.

Table 6. Results of the Empathy Dimension Gap Analysis

No.	Questionnaire Statement	Average Value of Reality	Average Expected Value	Gap Value
1.	Friendliness of the staff	3.63	3.88	-0.25
2.	Officers do not differentiate between patient participation types	3.51	3.18	0.33
3.	Officers listen to complaints	3.53	3.26	0.27
4.	Officers understand patient needs	3.61	3.74	-0.13
5.	Officers do not differentiate between patients' social status	3.69	3.71	-0.02
	Average	**3.59**	**3.55**	**0.04**

Based on table 6, it can be seen that the average value of reality and expectations of outpatients regarding the empathy dimension of outpatients regarding the services provided by the Outpatient Pharmacy Installation staff at Ibu Fatmawati Soekarno Surakarta Hospital has an average Gap value of 0.04. The largest Gap value was obtained in question point number 1, namely the friendliness of the staff with a value of -0.25 where based on interviews conducted with consumers in this case, patients who use health services, it was found that patients felt the indifference and unfriendliness of health workers when providing services where what patients felt was the service was too rushed, the delivery method was not simple enough so that patients did not clearly understand what was conveyed by the staff. This is also related to question point number 4, namely that staff understands patient needs where this is an important thing in providing services because the service provided by providing simple information will make it easier for patients to understand and understand the intent and purpose of using drugs. So according to the researcher, if this service is carried out well, it will form a good assessment in the community. The ability of staff to listen to patient complaints is very important in showing empathy. The concern given by officers for complaints experienced by patients will provide a high sense of trust in solving problems experienced by patients related to drugs or family conditions that can affect the accuracy of drug use and the success of therapy. In question point number 4, a Gap value of -0.13 was obtained, this indicates that the service of officers in understanding patient needs is less than optimal. One of the patient's needs felt by patients is the drug consumption schedule which will affect patient compliance in using drugs. Differences in patient conditions between patients undergoing outpatient therapy and chronic patient conditions will cause differences in therapy experienced by patients. Therefore, officers need to understand patient needs by providing support to patients. Some patients have needs that they are not fully aware of so that when providing drug services, they feel that they are not in accordance with patient

expectations. Based on the results of the interview, this is due to the lack of officers in digging up information. Understanding patient needs requires detailed information from patients, therefore the ability of officers to dig up information is very necessary.

In question point number 5, a Gap value of -0.2 was obtained, which shows that patients feel the inequality of services provided to one another, which is then explained based on research conducted byGood luck*et al*., 2022 that not distinguishing the social status of patients in providing services helps patients feel satisfied with the service where this can foster a feeling in patients that they are being paid special attention to by officers which in the end patients will feel a level of satisfaction with pharmaceutical services at the Hospital.

Recapitulation of Patient Satisfaction Level

The level of patient satisfaction is obtained based on the calculation of the gap between the service felt and the service expected by the patient. The gap itself is interpreted as a value for the quality of service provided by the Pharmacy Installation of Ibu Fatmawati Soekarno Surakarta Hospital to patients.

Table 7. Results of Patient Satisfaction Level Analysis

No.	Dimensions	Average Value of Reality	Average Expected Value	Gap Value	Information
1.	*Tangible*	3.49	3.48	0.01	Satisfied
2.	*Reliability*	3.37	3.54	-0.17	Not satisfied
3.	*Responsiveness*	3.39	3.56	-0.17	Not satisfied
4.	*Assurance*	3.52	3.44	0.08	Satisfied
5.	*Empathy*	3.59	3.55	0.04	Satisfied
	Average	**3.47**	**3.51**	**-0.04**	**Not satisfied**

Based on table 7, it can be seen that the average Gap value of the 5 dimensions obtained in this study is negative with a Gap value of -0.04. It can be seen from the five dimensions that the negative Gap occurs in the reliability and responsiveness dimensions. Where in the study conducted by Addin et al., 2021 to measure the level of satisfaction with the average calculation based on the Gap analysis which then obtained a negative Gap result (-) then it can be said that patients are not satisfied with the pharmaceutical services provided. In the reliability and responsiveness dimensions, the same negative Gap value (-) was obtained, namely -0.17, the lack of patient satisfaction in these two dimensions can be seen in the question point of waiting time for drugs and speed in providing drugs based on Permenkes No. 72 of 2016 this is influenced by the difference in the speed of preparing compounded and non-compounded drugs so that patients feel they need a long time to wait for prescription services and feel helpless and even abandoned even though they want fast prescription services.

Then in the tangible, assurance and empathy dimensions, a positive Gap value (+) of 0.01, 0.08 and 0.04 was obtained, indicating that patient satisfaction with the service felt fulfilled. Ease of getting a queue number and clarity of

information on how to use the drug had the highest satisfaction value. Based on the results of the patient interview, the clarity of the service flow starting from registration made it very easy for patients to obtain services.

SWOT Analysis Result of RSUD Ibu Fatmawati Soekarno Surakarta
Internal Factor Analysis Strategy (IFAS)

Internal Factor Analysis Strategy (IFAS) is a strategic factor originating from within the company which is a step taken to conclude and manage the internal environment which is then used in compiling the Internal Factor Analysis Strategy (IFAS) matrix.

Table 8. Internal Factor Analysis Strategy (IFAS)

No.	Factor	Weight	Rating	Score
	***Strength*(Strength)**			
1.	The accuracy of officers in providing medicine	0.10	4	0.4
2.	Clarity about drug use information	0.10	4	0.4
3.	Accuracy of administering medication to patients	0.10	4	0.4
4.	Compliance of opening hours with service schedules	0.10	3	0.3
5.	Officers do not differentiate between social status and type of patient participation.	0.13	3	0.39
				1.89
	***Weaknesses*(Weakness)**			
1.	Speed of drug service time	0.08	4	0.32
2.	Availability of drugs in the Hospital Pharmacy Installation	0.11	4	0.44
3.	The skills and abilities of officers in serving patients	0.09	4	0.36
4.	Inadequate waiting room facilities	0.11	3	0.33
5.	Utilization of technology	0.08	3	0.24
				1.69
	Total 1 0.2			

Based on table 8 Internal Factor Analysis Strategy (IFAS) the relatively greater weighting of the strength lies with the officers who do not differentiate social status and type of patient membership because it is the main or fundamental thing for the company or in this case the hospital, because not differentiating social status is associated with the identity and identity of the company internally which will have a positive impact on public perception of the quality of service provided, so that because officers do not differentiate social status, patients will feel comfortable with the service and will use health services in the same place in the future. Then the suitability of opening hours with the previously arranged schedule and on time, clarity about information on drug use to patients, the accuracy of giving drugs to patients, and the accuracy of officers in providing drugs in this case the pharmacy officers have been thorough and

very careful and have been checked more than once in order to minimize errors in providing services to patients.

The rating assessment is based on standards and levels of importance, on the weight assessment based on the conditions at RSUD Ibu Fatmawati Soekarno Surakarta, therefore on the point of accuracy of officers in providing drugs, clarity of information on drug use, accuracy of drug administration to patients, speed of service time, hospital installation of drug availability, and skills and abilities of officers in serving patients which can be seen in the IFAS table get the highest rating, namely 4 where these points are considered important regarding the standards of hospital pharmaceutical services based on Permenkes No. 34 of 2016 which is the most important thing in terms of providing pharmaceutical services to consumers or patients.

***External Factor Analysis Strategy* (IFAS)**

External Factor Analysis Strategy (EFAS) is an external factor in manufacturing which is a strategic factor originating from outside the company which is a step taken to conclude and manage the external environment.

Table 9. External Factor Analysis Strategy (EFAS)

No.	Factor	Weight	Rating	Score
	***Opportunity*(Opportunity)**			
1.	Law no. 44 of 2009 which requires a one-door system for IFRS	0.12	4	0.48
2.	Increasing public awareness and demand for health	0.11	4	0.44
3.	Have good relationship with PBF	0.10	4	0.4
4.	Hospital Financial Condition	0.08	3	0.24
5.	Increasing number of patients seeking treatment at the Hospital	0.06	3	0.15
				1.71
	***Threats*(Threat)**			
1.	The development of competing hospitals with more advanced technology	0.12	4	0.48
2.	Public demands for quality of service in hospitals	0.13	4	0.52
3.	Following the development of science and technology in the era of globalization	0.12	4	0.48
4.	Changes in government regulations and policies	0.10	3	0.3
5.	Knowledge and culture of society	0.07	2	0.14
				1.92
	Total 1 -0.21			

Based on table 9 External Factor Analysis Strategy (EFAS) giving a relatively greater weighting opportunity is in Law no. 44 of 2009 which requires a one-door system for IFRS where hospitals have a policy with a one-door system in making formularies in the procurement and distribution of medical devices,

consumables, pharmaceutical preparations which have no other purpose than to prioritize patient needs. The increasing awareness and demands of the community for health are increasingly greater starting during the Covid-19 pandemic where people become aware of the importance of health and the importance of preventing health problems which of course are opportunities for hospitals in the future. Based on interviews conducted with IFRS Mrs. Fatmawati Soekarno Surakarta, there is an agreement and good cooperation with PBF to ensure that drugs are distributed on time where if PBF is late in the drug delivery process, the cooperation contract can be terminated. Then the reason for the high weighting of the threat factor of public demand for the quality of service in the Hospital is none other than a demand for human resources in this case, namely the pharmaceutical technical staff themselves to develop skills in their fields which are also related to the development of science and technology where this can be overcome by improving technological expertise, cross-cultural skills, adaptability and also understanding of the global market, where this is the basis for improving which is given to the community to improve the quality of service. High weighting is also on the point of many competing hospitals where the intended hospital is a hospital that is bigger or better and also has more advanced technology is a big threat so that RSUD Ibu Fatmawati Soekarno Surakarta must continue to anticipate and evaluate so that its existence gets a position in the hearts of the community by further improving the quality of its services.

***Strategic Factors Analysis Summary* (SFAS)**

The strategic analysis summary matrix or SFAS (Strategic Factors Analysis Summary) is used to summarize strategic factors in improving service quality by combining external factors-EFAS with internal factors-IFAS.

Table 10. Strategic Factors Analysis Summary (SFAS)

No.	SFAS Factors	Weight	Rating	Score	Duration			Information
					1	2	3	
1.	Accuracy of drug administration (S)	0.1	4	0.4	X			Improve service quality
2.	Clarity about drug use information (S)	0.1	4	0.4		X		Improving health services and patient safety
3.	Availability of drugs at the Pharmacy Installation (W)	0.11	4	0.44	X			Carry out periodic drug management planning
4.	Officer skills and abilities (W)	0.11	4	0.44	X			Conducting education and job training programs

5.	One-stop pharmacy system (O)	0.12	4	0.48		X	Optimizing pharmaceutical services
6.	Have good relations with PBF(O)	0.1	4	0.4	X		Maintaining good relations with PBF
7.	More advanced competing hospitals (T)	0.12	4	0.48		X	Improving the quality of hospitals
8.	Public demands for quality of service in hospitals (T)	0.13	4	0.52		X	Improving the quality and quantity of pharmaceutical human resources
	Total	**1**		**3.56**			

Based on table 10 SFAS, the implemented strategy is to utilize the medium to long term by means of a Human Resources (HR) utilization strategy, then an evaluation is carried out on the level of patient satisfaction with pharmaceutical services at RSUD Ibu Fatmawati Soekarno Surakarta.

Cartesian Diagram

The SWOT Cartesian diagram is used to determine the quadrant point in the company, from both internal and external factors. If a difference is found, then the next step is to determine the location of the quadrant point from the difference value.

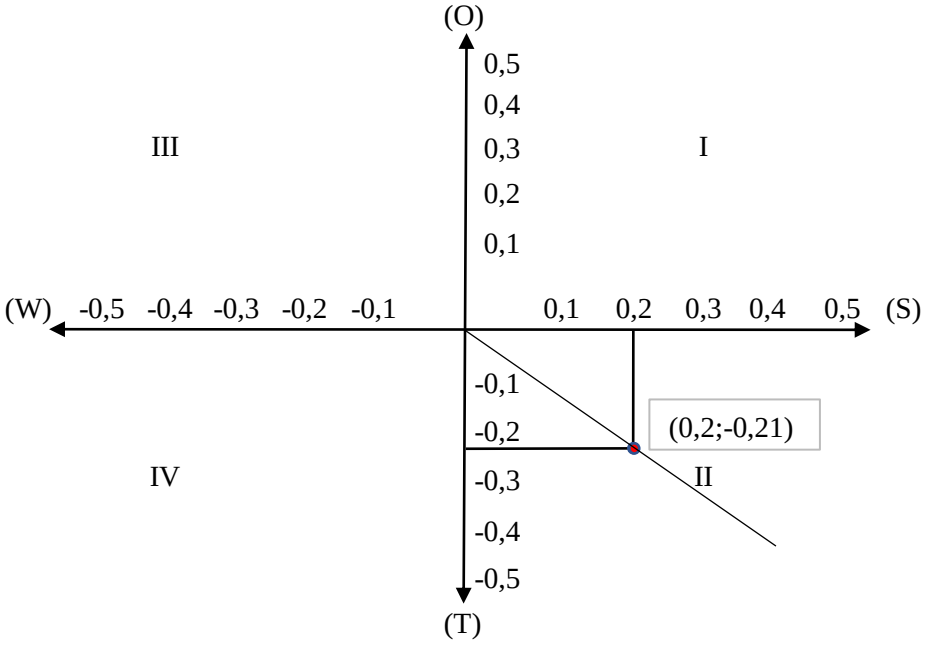

Figure 1. Cartesian diagram

Based on the Cartesian diagram above using the total score of IFAS x-axis and EFAS y-axis, the internal factor value in table 14 is 0.2 then in the external factor table 15 is -0.21 so that in the Cartesian diagram the company's position is in quadrant II which means it has a less favorable position where the company has strengths and threats where what needs to be done is to support the Diversification policy by developing a strategy in terms of utilizing strengths to avoid threats. In the ST (Diversification) strategy, the Pharmacy Installation seeks to improve good cooperation with the PBF, always follow the development of pharmaceutical science, redesign the flow of pharmaceutical services and improve the quality of service especially in the dimensions of reliability and responsiveness.

CONCLUSIONS AND RECOMMENDATIONS

The results of the level of patient satisfaction with pharmaceutical services partially at RSUD Ibu Fatmawati Soekarno Surakarta, obtained results of dissatisfaction with services (negative) in the reliability dimension with a value of (0.17) and responsiveness with a value of (0.17). Then the results of satisfaction with services (positive) were obtained in the tangible dimension with a value of (0.01), assurance with a value of (0.08) and empathy with a value of (0.04).

The results of the level of patient satisfaction with pharmaceutical services at RSUD Ibu Fatmawati Soekarno Surakarta showed that the Gap value in the assurance dimension was 0.08, in the empathy dimension was 0.04, then in the tangible dimension was 0.01, so it can be seen that the assurance dimension has the highest level of satisfaction.

The results of the strategy evaluation with SWOT analysis show that pharmaceutical services at RSUD Ibu Fatmawati Soekarno Surakarta are located in quadrant II so that they are in the ST (Diversification) strategy by utilizing strengths to avoid threats where it is necessary to improve good cooperation with the PBF, always follow the development of pharmaceutical science, redesign the flow of pharmaceutical services and improve the quality of service especially in the dimensions of reliability and responsiveness.

ADVANCED RESEARCH

Based on the research that has been done at Mrs. Fatmawati Sockarno Surakarta Hospital, it is necessary to improve facilities and infrastructure, increase service speed by adding human resources, conduct regular training to improve service quality, measurement of patient satisfaction levels must be carried out regularly. Then this research can be a reference for further researchers to find out the importance of patient satisfaction levels in pharmaceutical services so that it is necessary to compare the level of satisfaction of inpatients and outpatients and can also use other methods such as BCG.

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