

## **Evaluation of Waiting Time for BPJS Patient Prescription Services from the Perspective of Human Resource Management and Operational Processes (Study at the Outpatient Pharmacy Depot of Rsud X, Sorong Regency)**

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### **Abstract**

*Prescription waiting time is a key indicator of pharmacy service quality that directly affects patient satisfaction and overall perceptions of hospital performance. In public hospitals, particularly among BPJS patients who dominate outpatient visits, achieving efficient waiting times remains a challenge due to workforce limitations and operational constraints. This study aims to evaluate prescription waiting time for BPJS patients and analyze the influence of human resource management (HRM) and operational processes on service efficiency at the Outpatient Pharmacy of RSUD X, Sorong Regency. This research employed a mixed-method approach with a sequential explanatory design. The study population included all pharmacy personnel and BPJS outpatient prescriptions. The quantitative phase involved five pharmacy staff selected through total sampling and 336 BPJS prescriptions obtained from a population of 2,100 prescriptions using the Slovin formula (5% margin of error) and simple random sampling. The qualitative phase included six key informants purposively selected based on their strategic roles in drug logistics, prescription services, and pharmacy operations. The results showed that prescription waiting time exceeded the minimum service standards. HRM factors including workload-based staffing, performance evaluation, and compensation systems significantly influenced service speed. Operational factors such as drug availability, use of e-prescriptions, adherence to SOPs, and compliance with the hospital formulary also demonstrated significant effects. Simultaneously, both HRM and operational processes significantly affected waiting time, with HRM identified as the dominant factor. The study concludes that prescription waiting time for BPJS patients at the Outpatient Pharmacy of RSUD X Sorong Regency has not met the minimum service standards due to HRM and operational constraints.*

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## **1. INTRODUCTION**

Healthcare is a basic need for every individual and a crucial indicator of public health. As education levels and public awareness of quality of life increase, demands for high-quality, effective, and efficient healthcare services also increase (Nopita et al., 2024). Hospitals, as healthcare institutions, play a crucial role in providing comprehensive individual healthcare services, encompassing promotive, preventive, curative, and rehabilitative care through inpatient, outpatient, and emergency services (Anonymous,

2021). The complexity of hospital services demands professional management, particularly in support service units that directly contribute to the quality of patient care.

One of the supporting service units that plays a crucial role in the hospital service system is the pharmacy unit. Pharmaceutical services encompass not only the provision of medication but also prescription services, drug information services, and quality control and patient safety. Prescription services are an integral part of the outpatient care process, including the receipt of prescriptions, medication preparation, and patient delivery. The speed and accuracy of prescription services are important indicators in assessing the quality of hospital pharmacy services (Regulation of the Minister of Health of the Republic of Indonesia, 2016). Therefore, the efficiency of prescription service waiting times requires serious attention in efforts to improve the quality of healthcare services.

In the context of national healthcare services, the government has provided health insurance through the National Health Insurance (JKN) program, managed by the BPJS Kesehatan (Social Security Agency for Health). This program aims to ensure public access to adequate and affordable healthcare services. However, in practice, services for BPJS patients still face various challenges, including long queues, administrative obstacles, and relatively long waiting times, particularly for outpatient pharmacy services (Safitri et al., 2024). These conditions have the potential to reduce patient satisfaction and influence public perception of the quality of hospital services.

Prescription waiting time is an indicator of pharmaceutical service quality that directly impacts patient satisfaction. The government, through the Hospital Minimum Service Standards (SPM), sets a maximum waiting time limit for prescription services of  $\leq 30$  minutes for finished drugs and  $\leq 60$  minutes for compounded drugs, as stipulated in the Decree of the Minister of Health of the Republic of Indonesia Number 129/Menkes/SK/II/2008. Waiting times exceeding these standards can lead to dissatisfaction, patient boredom, and impact the image and loyalty of patients to the hospital (Hidayah et al., 2021; Sagita et al., 2024).

Various previous studies have shown that waiting times for prescription services in hospital pharmacy settings often exceed minimum service standards. Research by Fadhilah et al. (2019) and Hidayah et al. (2021) indicates that waiting times for both non-compounded and compounded prescriptions in several hospitals fall short of established standards, despite adequate pharmaceutical resources. These findings indicate that the issue of prescription waiting times is not solely related to the number of staff but is also influenced by human resource management and the effectiveness of pharmaceutical service operational processes.

As a fully accredited Class C government hospital, RSUD X, Sorong Regency, serves the majority of patients participating in the National Health Insurance (JKN) program through the BPJS Kesehatan (Social Security Agency). The high number of outpatient visits has directly impacted the workload of the Outpatient Pharmacy Depot. Although internal reports state that prescription waiting times meet minimum service standards, initial observations indicate that some patients still experience relatively long wait times, especially during high-volume service hours. Furthermore, limited human resources, a service process that is still dominated by manual systems, and drug availability constraints also contribute to potential delays in prescription services.

Based on empirical reviews and previous research, research on prescription waiting times is generally conducted partially, either focusing solely on measuring waiting times or examining human resource factors or operational processes separately. Therefore, this study emphasizes an integrative approach by examining BPJS patient prescription waiting times from the perspective of human resource management and pharmaceutical service operational processes simultaneously. This approach is expected to provide a more

comprehensive understanding of the factors influencing prescription waiting times and serve as a basis for formulating strategies to improve the quality of outpatient pharmaceutical services at RSUD X, Sorong Regency.

## 2. RESEARCH METHODS

This study uses a mixed methods approach with a sequential explanatory design, which combines quantitative and qualitative methods sequentially to obtain a comprehensive understanding of the waiting time for BPJS patient prescription services from the perspective of human resource management and operational processes at the Outpatient Pharmacy Depot of RSUD X, Sorong Regency. This approach was chosen because it is able to explain phenomena quantitatively while deepening understanding through qualitative data, so that the research results are not only descriptive numerically, but also contextual and interpretative (Creswell & Plano Clark, 2018).

The quantitative stage in this study aims to measure the level of compliance of prescription service waiting times with the Minimum Service Standards and analyze the influence of HR management factors and operational processes on prescription service waiting times. The study population included all pharmacists and all outpatient BPJS patient prescriptions at RSUD X, Sorong Regency. The quantitative sample consisted of five pharmacists taken using the total sampling technique and 336 BPJS patient prescriptions obtained from a population of 2,100 prescriptions using the Slovin formula at a 5% error rate and the simple random sampling technique.

Research variables at the quantitative stage consist of independent and dependent variables. Independent variables include factors such as human resource management. This includes human resource planning, recruitment and selection, performance appraisal, compensation and rewards, and pharmaceutical operational process factors, including drug availability, e-prescription use, compliance with standard operating procedures (SOPs), and compliance with hospital formulary prescriptions. The dependent variable in this study was the waiting time for outpatient BPJS prescription services.

Quantitative data collection was conducted through a structured questionnaire and observation sheets on prescription service waiting times. The questionnaire was compiled based on research variable indicators and underwent validity and reliability tests to ensure the instrument's suitability. Waiting time observations were conducted by measuring the duration of service from the time the prescription was received until the medication was delivered to the patient, then compared with the minimum service standards stipulated in the Decree of the Minister of Health of the Republic of Indonesia Number 129/Menkes/SK/II/2008.

Quantitative data analysis was conducted using descriptive and inferential analysis with the aid of statistical software. Descriptive analysis was used to describe respondent characteristics, the distribution of prescription service waiting times, and the trends of each research variable. Inferential analysis was conducted using correlation and regression tests to determine the influence of human resource management factors and operational processes on prescription service waiting times, both partially and simultaneously.

The qualitative phase of this study aims to deepen and explain the quantitative findings. Six qualitative informants were purposively selected based on their strategic roles in pharmaceutical services, drug logistics, and outpatient pharmacy depot operations. Qualitative data collection techniques included in-depth interviews and documentation review, including pharmaceutical service standard operating procedures (SOPs), quality reports, and other supporting documents relevant to the prescription service process.

Qualitative data analysis was conducted through the stages of data reduction, data presentation, and thematic conclusion drawing. Qualitative data were used to interpret

factors that influence prescription service waiting times, particularly in terms of HR management practices and operational processes that were not fully revealed through quantitative data. The integration of quantitative and qualitative analysis results was carried out at the final stage of the study to produce complete and comprehensive conclusions regarding the determinants of BPJS patient prescription service waiting times at the Outpatient Pharmacy Depot of RSUD X, Sorong Regency.

### 3. RESEARCH RESULTS AND DISCUSSION

The presentation of research results is based on quantitative and qualitative data analysis obtained through a mixed methods approach with a sequential explanatory design. The discussion is conducted by linking empirical findings in the field with theory and previous research results, thus gaining a comprehensive understanding of the factors influencing prescription service waiting times.

#### 3.1. Research result

The results of quantitative research indicate that the waiting time for BPJS patient prescription services at the Outpatient Pharmacy Depot of RSUD X Sorong Regency still does not fully meet the Minimum Service Standards (SPM) as stipulated in the Decree of the Minister of Health of the Republic of Indonesia Number 129/Menkes/SK/II/2008, which is  $\leq 30$  minutes for finished drugs and  $\leq 60$  minutes for compounded drugs. The results of observations on the waiting time for prescription services show that during service hours with high visitor numbers, the service duration tends to exceed the established standards, thus potentially causing discomfort for BPJS outpatients.

Descriptive analysis of human resource management variables indicates that human resource planning and workload allocation are not fully proportionate to the number of prescriptions to be served. Although the number of pharmacy staff is relatively sufficient administratively, staff distribution during peak hours is not optimal. Furthermore, questionnaire results indicate that the performance appraisal and compensation systems are not fully based on workload and service performance, which impacts the speed of prescription service.

Statistical test results indicate a significant relationship between human resource management factors and waiting times for BPJS patients' prescription services. Workload-based workforce planning, clear task allocation, and a performance appraisal system were negatively correlated with waiting times, meaning that better human resource management tends to shorten waiting times for prescription services. These findings indicate that human resource management plays a crucial role in improving the efficiency of outpatient pharmacy services.

Research on pharmaceutical operational process variables indicates that medication availability, e-prescription use, compliance with standard operating procedures (SOPs), and adherence to hospital formulary prescriptions influence wait times. Observational data indicate that delays often occur due to drug shortages and prescription discrepancies with the formulary, requiring staff to provide additional clarification, which prolongs service times.

The simultaneous analysis showed that human resource management and operational processes significantly influenced waiting times for BPJS patients with prescriptions. However, the regression results showed that human resource management was the most dominant factor influencing waiting times compared to operational processes. This finding confirms that the quality of human resource management is key to improving the efficiency of outpatient pharmacy services.

#### 3.2. Discussion

The results of this study indicate that waiting times for BPJS patients' prescription services at the Outpatient Pharmacy Depot of RSUD X, Sorong Regency, remain a significant issue in efforts to improve the quality of hospital pharmacy services. This finding aligns with the research findings of Fadhilah et al. (2019) and Hidayah et al. (2021), which found that waiting times for prescription services in various government hospitals often exceed minimum service standards, despite hospitals having clear regulations and service procedures.

The dominant influence of human resource management factors on prescription waiting times reinforces human resource management theory, which states that organizational effectiveness is largely determined by how human resources are strategically planned, developed, and managed (Armstrong, 2020). Workforce planning that is not based on workload and a suboptimal performance appraisal system can hinder service speed, especially in high-volume service units such as outpatient pharmacy depots.

From an operational management perspective, the results of this study support the theory proposed by Heizer, Render, and Munson (2017), which asserts that operational performance is the result of the interaction between inputs, processes, and outputs. In the context of pharmaceutical services, human resources as input, prescription service flow as process, and wait times as output must be managed in an integrated manner. An imbalance in any of these components will impact overall service performance.

Furthermore, findings regarding the impact of operational processes, particularly on drug availability and e-prescription usage, indicate that efforts to digitize and strengthen the drug logistics system have not been fully optimized. This finding aligns with research by Mare et al. (2021) and Safitri et al. (2024), which emphasizes the importance of integrating information systems and logistics management in improving the efficiency of hospital pharmacy services.

Overall, the discussion of the results of this study confirms that the problem of waiting times for BPJS patient prescription services cannot be understood partially, but rather must be viewed comprehensively through an integration of human resource management perspectives and pharmaceutical service operational processes. This integrative approach provides an empirical contribution in explaining the determinants of waiting times for prescription services and serves as a basis for formulating strategies to continuously improve the quality of outpatient pharmaceutical services at RSUD X, Sorong Regency.

#### 4. CONCLUSION

This study concludes that the waiting time for BPJS patient prescription services at the Outpatient Pharmacy Depot of RSUD X, Sorong Regency still does not fully meet the Minimum Service Standards as stipulated in the Decree of the Minister of Health of the Republic of Indonesia Number 129/Menkes/SK/II/2008, especially during service hours with a high number of patient visits. This condition indicates that the efficiency of outpatient pharmacy services remains a challenge in efforts to improve the quality of government hospital services.

The study results show that human resource management and pharmacy operational processes significantly influence waiting times for BPJS patients with prescriptions, both partially and simultaneously. Human resource management factors, including workload-based workforce planning, task allocation, performance appraisal systems, and compensation and rewards, were found to be the most dominant factors influencing waiting times. These findings confirm that the quality of human resource management plays a strategic role in improving the efficiency of outpatient pharmacy services.

Furthermore, operational pharmacy process factors, particularly medication availability, e-prescription use, compliance with standard operating procedures, and adherence to hospital formulary prescriptions, also contribute to waiting times. Imperfections in pharmacy workflows and support systems can potentially prolong service duration and decrease patient satisfaction.

Overall, this study confirms that the issue of waiting times for BPJS patient prescription services cannot be understood in isolation but must be viewed integratively through the perspectives of human resource management and pharmaceutical service operational processes. The results of this study provide an empirical contribution to the development of hospital management studies, particularly in formulating strategies to improve the quality of outpatient pharmaceutical services that are oriented towards service efficiency and patient satisfaction.

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