Research of Service Administration Health and Sains Healthys
Vol. 6 No. 2 Desember 2025
*p-ISSN:*2830-4748 e-ISSN: 2830-4772
DOI: *10.58258/rehat.v6i2.9923/* http://ejournal.mandalanursa.org/index.php/Rehat

Evaluation of Human Resource Governance in Improving the Efficiency of Drug Services: Study at the Outpatient Pharmacy Depot of Mokopido Regional Hospital, Tolitoli Regency, Central Sulawesi Province

Fanny Fardiyani[1], Rian Andriani[2], Yuniati Lestari[3]
Magister Manajemen, Universitas Adhirajasa Reswara Sanjaya

Article Info
Article history:
Accepted: 9 December 2025
Publish: 18 December 2025

Keywords:
Human Resource Governance;
Service Efficiency;
Pharmacy Depot;
Hospital;
Waiting Time.

Abstract
The long waiting time for medication services at the Outpatient Pharmacy Depot of Mokopido Tolitoli Regional Hospital has become a major issue in improving the quality of hospital services, as it indicates inefficiencies in the human resources (HR) management of pharmacists. This study aims to evaluate HR governance at the pharmacy depot to improve the efficiency of drug services. Identified problems include workload imbalance, patient waiting times that far exceed standards, and increasing public complaints about the lengthy service process. This study used a qualitative approach with in-depth interviews, observation, and document analysis as data collection techniques. Research participants included hospital leaders, medical support officers, pharmacy installation managers, as well as pharmacists, pharmaceutical technicians, and outpatients. The results of the study indicate that HR governance is not yet optimal. Staff needs planning is not based on workload analysis, task division is still rigid, rotation mechanisms are unstructured, competency training is limited, and the performance evaluation system is not integrated with quantitative indicators such as prescription service waiting times. These conditions indicate a gap between managerial policies and operational needs in the field. Based on these findings, improving HR governance is a strategic step to increase service efficiency. The practical implications of this research emphasize the importance of workload-based HR planning, task flexibility and rotation, and the development of measurable training and performance evaluation to support continuous improvement.

This is an open access article under the Lisensi Creative Commons Atribusi-BerbagiSerupa 4.0 Internasional

Corresponding Author:
Fanny Fardiyani
Magister Manajemen, Universitas Adhirajasa Reswara Sanjaya
Email: fany@gmail.com

1. INTRODUCTION

Pharmaceutical services are a crucial component of hospital quality because they directly impact the effectiveness of therapy and patient perceptions of the quality of healthcare. At Mokopido Tolitoli Regional General Hospital, this issue has become particularly prominent in recent years. Patients and their families have complained about long wait times at the Outpatient Pharmacy Depot on social media, with some even reporting having to wait hours, even up to 1–3 hours, for non-prescription medications. This situation has raised public concerns about the reliability of services, particularly when the required medications are prescription medications that require a more complex process.

Based on observations and preliminary research data, these complaints have been proven to have a factual basis. Waiting times for finished medications ranged from 60 to

120 minutes, while for compounded medications, the wait time can reach 90 to 160 minutes. This significantly exceeds the Minimum Service Standards (SPM), which require 30 minutes or less for non-compounded prescriptions and 60 minutes or less for compounded prescriptions. The densest queues and longest wait times occurred during peak hours around 10:00 a.m. WITA (Central Indonesian Time), when prescriptions from multiple clinics came in simultaneously.

According to the World Health Organization (WHO), waiting time is a crucial indicator in assessing the effectiveness of a healthcare system, as long wait times decrease satisfaction, undermine trust, and negatively impact the image of healthcare facilities. The situation at Mokopido Tolitoli Regional Hospital demonstrates that the demand for improved pharmaceutical service quality is not only a regulatory issue but also concerns public trust in regional healthcare institutions.

Previous research findings reinforce the urgency of improving the pharmaceutical care system. Afolabi & Erhun (2005) showed that service delays frequently occur in payment queues due to inefficient systems. Research by Rachmat (2008) even found that 0% of non-compounded prescriptions met the standard waiting time of ≤ 30 minutes, although 67% of compounded prescriptions met the standard of ≤ 60 minutes. Research by Purwandari et al. (2017) also revealed that the average waiting time for a finished prescription was still 40.39 minutes, higher for JKN patients than for commercial insurance patients.

Research by Ryan & Valverde (2003) confirms that waiting is an experience that causes discomfort, frustration, and negative perceptions of service quality. Furthermore, Wijaya (2012) states that many factors influence the length of waiting times for medication services, including delays due to other workloads, more drug preparation stages, imperfect computerized systems, the availability of human resources and their skills, suboptimal service infrastructure, and prescription discrepancies with the formulary that require reconfirmation with the doctor.

Conditions at Mokopido Tolitoli Regional Hospital also indicate that previous improvement interventions have not had a significant impact. It was found that various efforts to address long wait times were poorly documented, lacked measurable success indicators, and failed to serve as a benchmark for future service improvements. Therefore, efforts to improve the efficiency of pharmaceutical services thus far cannot be categorized as systematic, sustainable improvement.

In-depth analysis shows that this problem is rooted in weak human resource management for pharmaceutical personnel. Human resource planning is not based on workload analysis, task allocation is rigid, rotation strategies are unstructured, training is limited, and performance evaluation systems are not integrated with quantitative indicators such as medication waiting times. This imbalance between managerial policies and operational needs in the field directly impacts the suboptimal efficiency of pharmaceutical services. Therefore, adaptive and performance-based human resource management transformation is urgently needed to improve service quality and meet patient expectations as healthcare users.

2. RESEARCH METHODS

This study employs a qualitative approach with a descriptive design focused on an in-depth understanding of the human resources (HR) governance of the Outpatient Pharmacy Depot at Mokopido Tolitoli Regional Hospital. This approach was chosen because the research problem relates to operational phenomena and organizational behavior, thus requiring direct exploration of the experiences, understanding, and work dynamics of pharmacy service providers. The use of qualitative methods allows researchers to interpret

real conditions comprehensively and contextually in order to discover the root cause of long waiting times for medication services.

Research Location

This research was conducted at the Outpatient Pharmacy Depot of Mokopido Tolitoli Regional Hospital, a unit that provides medication to outpatients and is a primary source of public complaints regarding long wait times. The location was selected based on preliminary findings indicating that waiting times for medication services far exceeded the Minimum Service Standards (SPM), and that inefficiencies persisted in the implementation of human resource management.

Research Informants

The research subjects were selected using purposive **sampling**, namely, the informants deemed to have relevant knowledge and experience in the pharmaceutical service process. The informants consisted of the Director of Mokopido Regional Hospital, the Head of Administration, the Head of Medical Support, the Head of the Pharmacy and Nutrition Section, the Head of the Pharmacy Installation, pharmacists, pharmaceutical technicians, and patients as direct service recipients. The selection of these informants aimed to obtain perspectives from the policy-making level to the technical service implementers.

Data Collection Techniques

Data collection is carried out using three main techniques, namely:

1. In-depth interviews, which were used to obtain information regarding HR planning mechanisms, division of labor, performance evaluation, and obstacles that affect waiting times for drug services.
2. Direct observation is carried out to observe the workflow, interactions between officers, and process inefficiencies that cause service delays.
3. Documentation studies, including a review of official documents such as work schedules, training reports, employee absences, and ASN performance evaluation documents as supporting evidence for field data.

Data Analysis Techniques

Data analysis was carried out using the Miles & Huberman model, including:

- Data reduction: selecting important data that is directly related to the research focus
- Data presentation: organizing data in relationship patterns to reveal themes
- Conclusion drawing: done iteratively to ensure consistency of data meaning

Data Validity

Data validity is strengthened through the following strategies:

- Triangulation of methods (interviews, observation, documents)
- Triangulation of sources (leadership, staff, and patients)
- Discussion with colleagues to minimize interpretation bias

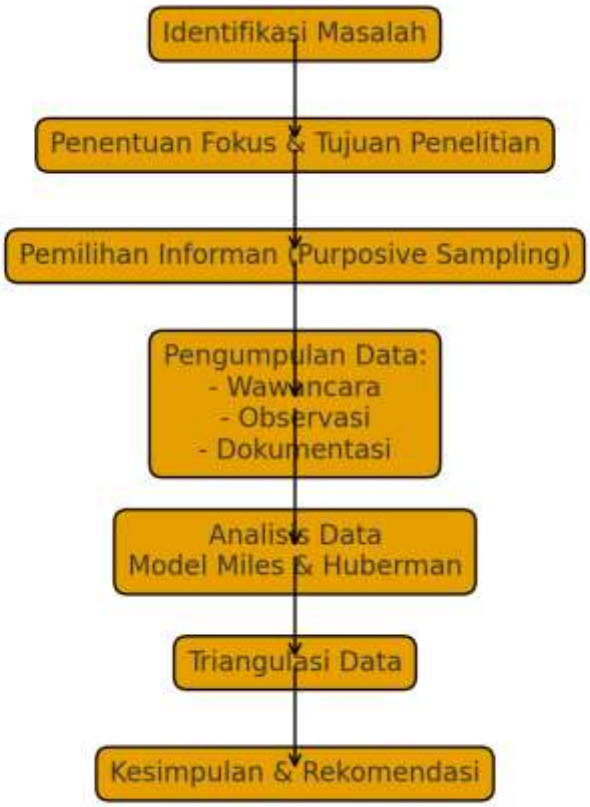

Figure 1. Research Flowchart

3. RESEARCH RESULTS AND DISCUSSION

The results of a study on the evaluation of human resource (HR) governance at the Outpatient Pharmacy Depot of Mokopido Tolitoli Regional Hospital, as a contributing factor to the long waiting time for drug services that is still far from hospital quality standards. Based on initial findings, the waiting time for finished drugs was recorded at 60–120 minutes and for compounded drugs 90–160 minutes, exceeding the Minimum Service Standards (SPM), which require ≤ 30 minutes for non-compounded prescriptions and ≤ 60 minutes for compounded prescriptions. Patient complaints widely posted on social media further emphasize public dissatisfaction with the quality of service, which is considered unresponsive. Initial indications show that this problem is closely related to suboptimal HR management, particularly in aspects of workload-based HR planning, flexibility in task distribution, and a performance evaluation system that is not yet integrated with operational indicators such as service waiting time. Therefore, the presentation of the research results focuses on mapping the actual condition of HR management and its implications for the efficiency of drug services as a basis for developing strategic recommendations for continuous improvement in the hospital pharmacy installation.

3.1.Research result

The study results indicate that human resource management at the Outpatient Pharmacy Depot of Mokopido Tolitoli Regional Hospital is not yet optimal and remains the main cause of long waiting times for medication services. Human resource planning does not yet utilize workload analysis as a basis for determining the number and competency of pharmacists required. This situation creates an imbalance in the workload between staff, with some pharmacists having to handle a higher volume of prescriptions, especially during peak hours, thus extending patient waiting times for medication far beyond established service standards.

The study also found that the daily task allocation remains rigid and fails to account for the fluctuating dynamics of daily service delivery. The job rotation policy is not systematically structured, thus preventing pharmacists from having the flexibility to adapt to changing service loads. This aligns with patient complaints on social media regarding long drug service times, indicating the system's inability to anticipate surges in demand at specific times, such as 10:00 a.m. WITA (Central Indonesian Time), when many prescriptions come in from various clinics simultaneously.

In terms of human resource capacity building, training programs provided to pharmacy staff are still very limited and not implemented in a planned manner. This lack of competency development impacts staff's ability to work efficiently and utilize available technological systems. Research also shows that although several service improvement interventions have been implemented, there is inadequate documentation, preventing the results from being evaluated and used as a basis for continuous improvement.

The pharmacy staff performance evaluation system is also not directly linked to operational indicators such as prescription wait times. The evaluations are primarily administrative in nature and have not been used as a measuring tool to map competency development needs or redistribute personnel within the service. Consequently, the gap between managerial policies and operational demands in the field persists, directly impacting service efficiency.

Overall, the research findings confirm that the primary problem is not simply the high prescription volume but the misalignment of human resource management with service needs. Human resource allocation fails to take into account actual workload, the rotation system is unresponsive to service conditions, performance monitoring is not based on quality indicators, and there is a lack of ongoing capacity building. These conditions contribute to long waiting times for medication services, lead to patient dissatisfaction, and potentially damage the hospital's reputation.

3.2.Discussion

Research findings indicate that the long waiting time for medication services at the Outpatient Pharmacy Depot of Mokopido Tolitoli Regional Hospital is a consequence of suboptimal human resource (HR) management. HR planning is not based on an accurate workload analysis, resulting in an imbalance in the number of pharmacists allocated to the increasing number of prescriptions during peak service hours. This leads to a buildup of workloads, resulting in prescription completion times exceeding hospital service standards and national regulations.

The rigid division of tasks further exacerbates the situation by not allowing flexibility in adjusting staff roles when workload spikes occur. When one part of the service process experiences a bottleneck, there is no adaptive mechanism to quickly redirect personnel to service points requiring additional human resources. This situation aligns with Wijaya's (2012) explanation, which states that service delays can be caused

by work delays due to other workloads and the minimal use of imperfect computerized systems.

Furthermore, a minimal training system results in some pharmacy staff lacking the necessary competency to operate technology and apply efficient work principles. This situation hinders human resources' ability to respond to current service demands that prioritize speed and accuracy. The lack of adequate documentation of previous interventions leaves hospitals with no benchmark for assessing whether previous service improvement strategies have yielded significant improvements.

The performance evaluation system, which has not been integrated with quantitative indicators, such as prescription wait times, results in a lack of objective benchmarks for assessing the productivity and quality of pharmacists' work. Measurable performance indicators are necessary as a basis for considering rotations, training, and competency development. The mismatch between managerial policies and operational needs in the field indicates a governance gap that must be addressed immediately to prevent continued impact on service efficiency.

This finding aligns with research by Ryan & Valverde (2003), which asserted that long waiting times lead to patient disappointment and negative perceptions of service quality, as well as research by Purwandari et al. (2017), which stated that delays in service processes frequently occur among JKN patients, who are predominantly in outpatient hospital care. Therefore, the success of improving pharmaceutical service efficiency depends heavily on hospital management's ability to improve human resource governance based on workload analysis and a measurable performance evaluation system.

4. CONCLUSION

This study confirms that the main problem in drug services at the Outpatient Pharmacy Depot of Mokopido Tolitoli Regional Hospital lies in long waiting times, which far exceed government-set service standards. Waiting times for finished drugs ranged from 60–120 minutes, and for compounded drugs even reached 90–160 minutes, thus failing to meet the Minimum Service Standards (SPM), which are ≤ 30 minutes for non-compounded drugs and ≤ 60 minutes for compounded drugs. This condition was emphasized by patient complaints via social media, highlighting the low efficiency of the hospital's pharmacy services.

Furthermore, the study found that the root of the problem stems from suboptimal human resource (HR) management of pharmacy staff. HR planning is not based on workload analysis, resulting in an imbalance in staff allocation relative to the volume of prescriptions received during peak hours. This mismatch between service needs and available staff leads to inefficiencies that directly impact patient waiting times.

Furthermore, the division of tasks applied tends to be rigid and fails to account for the dynamics of daily workload changes. The lack of a structured job rotation system results in the inability of pharmacists to adaptively respond to increasing service loads. This situation aligns with the finding that various improvement interventions implemented are not systematically documented, thus preventing them from being evaluated as a means of continuous quality improvement.

Competency development has also not been a primary focus in human resource management. Training for pharmacists remains very limited, resulting in their inability to implement efficient work procedures and utilize technology to support services. Furthermore, the performance evaluation system in place has not been integrated with

service quality indicators such as prescription wait times, so assessments of productivity and work quality do not fully reflect actual operational performance.

Based on these findings, it can be concluded that improving the quality of drug services at Mokopido Tolitoli Regional General Hospital requires a comprehensive human resource management strategy. This approach includes implementing human resource planning based on workload analysis, flexible task allocation and rotation, strengthening ongoing competency training, and implementing a measurable performance evaluation system based on service indicators. Implementing this strategy is crucial for reducing waiting times for drug services, increasing patient satisfaction, and sustainably strengthening the hospital's healthcare image.

5. ACKNOWLEDGEMENT

The author expresses his deepest gratitude and thanks to Allah SWT for the abundance of His grace and blessings so that this research can be completed well and on time as expected. The author's highest appreciation is extended to the Master of Management Postgraduate Program of Adhirajasa Reswara Sanjaya University for the academic support and facilities provided in the process of completing this scientific work. Special thanks are addressed to all staff and employees of the Postgraduate Program who have assisted with the lectures and research period, as well as to colleagues who have always provided encouragement and support throughout the study process until this research was completed successfully. All parties involved, both directly and indirectly, whom the author cannot mention one by one, also have important roles in the realization of this research, so the author expresses his highest appreciation to all of them.

The author realizes that this research is far from perfect. Therefore, constructive criticism and suggestions from various parties are highly appreciated for the improvement of future research. Ultimately, the author hopes that the results of this study will benefit the development of scientific knowledge and improve the quality of services, particularly in human resource management in the healthcare sector.

6. BIBLIOGRAPHY

Afolabi, M. O., & Erhun, W. O. (2005). Patients' response to waiting time in an outpatient pharmacy in Nigeria. Tropical Journal of Pharmaceutical Research, 4(2), 329–335

Ajusa, Z., & Atambo, W. N. (2016). Effect of job rotation on employee performance: A case of Mumias Sugar Company Limited, Kenya. International Journal of Human Resource Studies, 6(1), 37–46.

Anggraini, D. (2013). Manajemen sumber daya manusia: Teori dan praktik. Yogyakarta: Graha Ilmu.

Ardiyanto, A. (2015). Manajemen sumber daya manusia. Yogyakarta: Pustaka Pelajar.

Armstrong, M. (2014). Armstrong's handbook of human resource management practice (13th ed.). Kogan Page.

Astuti, S. (2018). Manajemen sumber daya manusia. Yogyakarta: Pustaka Pelajar.

Dessler, G. (2020). Human resource management (16th ed.). Pearson Education.

Fauzi, R., Efendy, F., & Moriza, F. (2020). Perencanaan kebijakan dan program SDM kesehatan. Jurnal Kesehatan Masyarakat, 15(2), 123–132.

Handoko, (2017). Manajemen Sumber Daya Manusia. Edisi Revisi Jakarta Bumi Aksara. Metodelogi Penelitian Untuk Skripsi dan Tesisi Bisnis. Jakarta : PT Gramedia Pustaka.

Hasibuan, M. S. P. (2018). Manajemen sumber daya manusia (Edisi Revisi). Jakarta: Bumi Aksara.

Heizer, J., & Render, B. (2017). Operations management: Sustainability and supply chain management (12th ed.). Pearson Education.

Indrayanti. (2014). Manajemen sumber daya manusia. Yogyakarta: Graha Ilmu.

Kaplan, R. S., & Norton, D. P. (1996). The balanced scorecard: Translating strategy into action. Harvard Business School Press.

Kaymaz, K. (2010). The effects of job rotation practices on motivation: A research on managers in the automotive organizations. Business and Economics Research Journal, 1(3), 69–85.

Republik Indonesia. (2023). Undang-Undang Republik Indonesia Nomor 6 Tahun 2023 tentang Penetapan Peraturan Pemerintah Pengganti Undang-Undang Nomor 2 Tahun 2022 tentang Cipta Kerja menjadi Undang-Undang. Lembaran Negara Republik Indonesia Tahun 2023 Nomor 65, Tambahan Lembaran Negara Republik Indonesia Nomor 6841

Republik Indonesia. (2023). Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 tentang Kesehatan. Lembaran Negara Republik Indonesia Tahun 2023 Nomor 123.

Republik Indonesia. (2023). Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 tentang Kesehatan. Lembaran Negara Republik Indonesia Tahun 2023 Nomor 142, Tambahan Lembaran Negara Republik Indonesia Nomor 6802.

Pemerintah Republik Indonesia. (2024). Peraturan Pemerintah Republik Indonesia Nomor 28 Tahun 2024 tentang Rumah Sakit. Lembaran Negara Republik Indonesia Tahun 2024 Nomor 135, Tambahan Lembaran Negara Republik Indonesia Nomor 6952.

Kementerian Kesehatan Republik Indonesia. (2024). Keputusan Menteri Kesehatan Republik Indonesia Nomor HK.01.07/MENKES/1335/2024 tentang Standar Kompetensi Tenaga Teknis Kefarmasian. Jakarta: Kementerian Kesehatan Republik Indonesia.

Kementerian Kesehatan Republik Indonesia. (2016). Peraturan Menteri Kesehatan Republik Indonesia Nomor 72 Tahun 2016 tentang Standar Pelayanan Kefarmasian di Rumah Sakit.

Kementerian Kesehatan Republik Indonesia. (2020). Peraturan Menteri Kesehatan Republik Indonesia Nomor 3 Tahun 2020 tentang Klasifikasi dan Perizinan Rumah Sakit.

Komara, E., Syaodih, E., & Rian, A. (2022). Metode penelitian Kualitatif dan Kuantitatif . Bandung : PT Refika Aditama.

Mathis, R. L., & Jackson, J. H. (2010). Human resource management (13th ed.). South-Western Cengage Learning.

Noe, R. A. (2020). Employee training and development (8th ed.). McGraw-Hill Education.

Prasadja, R. (2019). Manajemen sumber daya manusia. Jakarta: Penerbit Salemba Empat.

Purwadhi. (2021). Manajemen sumber daya manusia Pacsa Revolusi Industri 4.0.
Penerbit Mujahid Press.

Purwandari, N. K., Suryoputro, A., & Pawelas Arso, S. (2017, Januari). Analisis waktu tunggu pelayanan resep pasien rawat jalan di depo farmasi Gedung MCEB RS Islam Sultan Agung Semarang. Jurnal Kesehatan Masyarakat, 5(1), 103–110

Rahman, M. A., & Solikhah, S. (2016). Pengaruh job rotation dan job enrichment terhadap kinerja karyawan dengan motivasi kerja sebagai variabel intervening. Jurnal Economia, 12(1), 28–39.

Rachmat. (2008). Evaluasi waktu tunggu pelayanan resep di UPF Rawat Jalan RSUD Bhakti Dharma Husada. Jurnal Pelayanan Kefarmasian, 5(2), 45–52.

Republik Indonesia. (2020). Undang-Undang Nomor 3 Tahun 2020 tentang Rumah Sakit.

Republik Indonesia. (2023). Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan.
Robbins, S. P., & Coulter, M. (2012). Management (11th ed.). Pearson Education.

Robbins, S. P., & Judge, T. A. (2017). Organizational behavior (17th ed.). Pearson Education Limited.
Rusli, R. (2016). Manajemen farmasi rumah sakit: Teori dan praktik. Jakarta: Salemba Medika.
Ryan, J., & Valverde, R. (2003). Waiting lines and customer satisfaction: A review.
International Journal of Management, 20(3), 333–340.
Saiful, S., Nugraheni, N., & Medisa, H. (2019). Analisis pelayanan kefarmasian di rumah sakit dan faktor sosiodemografi yang memengaruhi pengetahuan pasien tentang penggunaan obat. Jurnal Farmasi Indonesia, 15(2), 85–92.
Saravanan, R., Sakthivel, S., & Ramesh, S. (2017). Impact of job rotation on employees' performance: An empirical study. International Journal of Latest Engineering and Management Research, 2(2), 15–23.
Sedarmayanti. (2018). Manajemen sumber daya manusia: Reformasi birokrasi dan manajemen pegawai negeri sipil (Cet. ke-2). Bandung: Refika Aditama.
Sidrotullah, S., & Pahmi, R. (2020). Faktor penghambat pelaksanaan standar pelayanan farmasi di rumah sakit: Studi kasus di Instalasi Farmasi. Jurnal Manajemen Pelayanan Kesehatan, 5(2), 77–88.
Siregar, C. J., & Amalia, L. (2004). Farmasi rumah sakit: Teori dan penerapan. Jakarta: EGC.
Sun, J., Lin, Q., Zhao, P., Zhang, Q., Xu, K., Chen, H., & Hu, C. J. (2017). Reducing waiting time and raising outpatient satisfaction in a Chinese public tertiary general hospital—An interrupted time series study. BMC Public Health, 17(1), 668.
Sunari, & Mulyanti. (2023). Manajemen sumber daya manusia dalam pelayanan kesehatan. Jakarta: Penerbit Salemba Medika.
Suryana. (2018). Faktor-faktor yang mempengaruhi waktu tunggu pelayanan resep di instalasi farmasi rumah sakit. Jurnal Manajemen dan Pelayanan Kesehatan, 21(3), 145–152.
Suryono, B., & Ardiyanto, D. A. D. (2020). Audit manajemen atas fungsi sumber daya manusia di RS. Bhayangkara Surabaya. Jurnal Ilmu dan Riset Akuntansi, volume 9 no.2.
Sutrisno, E. (2019). Manajemen sumber daya manusia. Jakarta: Kencana.
Syahrial, A., Kumala, S., Sarnianto, P., & Hersunaryati, Y. (2022). Analisis kebutuhan sumber daya manusia dan kualitas pelayanan farmasi di Rumah Sakit Amira Purwakarta. Syntax Literate.
Tumipa, N., & Rumokoy, F. S. (2018). Analisis pengaruh job rotation terhadap kinerja karyawan pada PT. Hasjrat Abadi Manado. Jurnal Administrasi Bisnis, 6(3), 1–10.
Wahyuningsih, S. (2022). Strategi peningkatan kinerja instalasi farmasi Rumah Sakit PKU Muhammadiyah Wonosobo dengan pendekatan Balanced Scorecard. Jurnal Kesehatan Andalas.
Wildan, A. (2020). Pengukuran kualitas layanan menggunakan model SERVQUAL pada sektor kesehatan. Jakarta: Penerbit Salemba Medika.
Wijaya. (2012). Faktor-faktor yang berhubungan dengan waktu tunggu pelayanan resep di instalasi farmasi rumah sakit. Jurnal Manajemen Pelayanan Kesehatan, 15(2), 75–82.
World Health Organization. (2010). Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization.

Yeni. (2023). Manajemen penempatan sumber daya manusia di RSUD Kabupaten Kepulauan Meranti Rumah Sakit (Systematic literature review). Jurnal Ilmiah Kesehatan Indonesia, volume 1 no.1.

Yuniar, D., Rahmawati, R., & Putri, L. (2020). Hubungan jumlah apoteker dengan penerapan standar pelayanan kefarmasian di rumah sakit. Jurnal Farmasi dan Pelayanan Kesehatan, 6(1), 45–53..