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The Level of Knowledge of the Pharmacy Staff at the Pharmacy Against the Implementation of PMK Number 9 of 2017

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ABSTRACT

The purpose of this study was to determine the level of knowledge of pharmaceutical personnel about the implementation of PMK No. 9 of 2017 in pharmacies which includes the management of pharmaceutical, pharmaceutical services, human resources and infrastructure facilities. This research is analytic descriptive with cross-sectional survey sampling technique. The sample of this research is 37 pharmacies staff. The results obtained in the form of male respondents (18.9%), Women (81.8%), Pharmacists (29.7%) and pharmacist assistant (70.3%), length of work <1-3 years (37.8%). Statistical test results state if the management variables of management pharmaceutical, pharmaceutical services, human resources, facilities and infrastructure are not related to the profession of pharmacy personnel, namely pharmacists or pharmacist assistant and the length of service. Also obtained results from the level of knowledge of each variable, namely pharmaceutical management (94.6%), pharmaceutical services (78.4%), facilities and infrastructure (81.8%) included in the good category (> 76%), while Human Resources (48.6 %) included in the less category (<55%).

Keywords: pharmacy staff, PMK number 9 of 2017, management pharmaceutical, pharmaceutical services, human resources, facilities, infrastructure

1. INTRODUCTION

A pharmacy is a place where pharmacies services are carried out by pharmaceutical personnel as the main key [1]. Pharmaceutical services have benchmarks that can be used as guidelines for conducting pharmaceutical services perfectly [2]. Pharmacies must have standards that are used in pharmacy services at pharmacies. The current standard in Indonesia for pharmacies is PMK No. 9 of 2017 which focuses more on facilities and infrastructure to ensure patient safety [1]. Research conducted by Narendra, amounting to 97.87% of patients were very satisfied in the response dimension [3]. The dimension of responsiveness is carried out by pharmaceutical personnel, with satisfactory pharmaceutical services, high consumer confidence in pharmacies. Pharmacists as the vanguard in pharmacies must be able to give consumers confidence about the drugs they receive so that the expected results of patients taking these drugs is achieved. Kuncahyo in Mardiati [4] stated that Pharmacists who have a central role in pharmacies and are fully responsible for providing drug information to the public have not carried out their duties properly. Standards of pharmacy service in Pharmacy and Good Pharmacy Practices require the dominant role of a Pharmacist, especially Pharmacists in Community Pharmacy in terms of and abilities [5]. In order for pharmaceutical services to run

well and equally, pharmaceutical staff as the main subject in pharmacies must understand the standards set by the government as outlined in PMK number 9 of 2017. Based on this background the researchers wanted to know the level of knowledge of pharmaceutical personnel on the implementation of PMK number 9 of 2017 in pharmacies to support patient safety in pharmaceutical services.

2. METHOD

This type of research is analytic descriptive with a sampling technique that is a cross-sectional survey. The instrument used was a questionnaire sheet based on PMK Number 9 of 2017 concerning Pharmacy. The types of questions in the questionnaire are closed questions with "Yes or No" answers. Data in the questionnaire used included name, length of work, profession, last education, while the variables used consisted of pharmaceutical management, pharmaceutical services, human resources, and facilities and infrastructure. The sample in this study were pharmaceutical workers who worked in pharmacies, as many as 37 respondents. Approved pharmaceutical workers are pharmacists and assistant pharmacist. Data obtained by distributing questionnaires to the pharmacy staff at the pharmacy which then sent descriptively by categorizing into good categories (> 76%), Fair (55% - 75%), and enough (<55%). Statistical tests are performed to see whether there is a relationship / variable relationship with the length of work and the relationship of respondents. After the data analysis is done, then it is poured in a descriptive form then draws conclusions.

3. RESULTS AND DISCUSSION

3.1. Respondent Characteristic

In Table 1, the majority of respondents were women (81.1%) with a length of work between less than 1 year to 3 years and working as a pharmacy assistant (70.3%). Pharmacy assistants in this study are more numerous than pharmacists, this can be due to the pharmacies in the study site have not implemented "no pharmacy no service". Research conducted in DIY in 2010 stated that 70% of pharmacies in the city of Yogyakarta already have a Second Pharmacist [6]. The second pharmacist can replace the main pharmacist in the service at the pharmacy so that the pharmacies service can be carried out correctly [7].

Table 1 Respondent characteristic

No.	Description	Total	%
1.	Gender		
	Female	30	81.8
	Male	7	18.9
2.	Duration Of Work		
	< 1 Year	14	37.8
	1-3 Years	14	37.8
	3-5 Years	3	8.2
	>5 Years	6	16.2
3.	Profession		
	Pharmacist	11	29.7
	Pharmacist Assistant	26	70.3

3.2. Pharmaceutical Service

Pharmaceutical service which is one of the variables of this study, the results obtained are the level of knowledge of respondents included in the good category (78.4%). Compared with the statistical test, if the length of work and profession does not correlate with pharmacy services running in pharmacy. Pharmaceutical services are something that must be done in health facilities, especially pharmacy. Because pharmacy services carried out by pharmacists can be a starting point for the prevention of abuse of drugs in the community. Providing good and correct drug information can help the community to minimize medication errors. Consumers who buy drugs at the pharmacies as much as 96% first read the drug label. Reading labels does not mean that consumers understand this. Consumers want as much information about the drug because it is related to health and their lives [8]. If a pharmacy worker can explain well about drugs consumed by consumers, then patients do not need to see the label again in consuming drugs because there is already trust in the pharmacy worker. Other research also mentions that if a drug information service room is very important to be owned by a health facility, with this space patients can be more open to ask questions and tell the therapy / disease that is or has been done [9]. So a pharmaceutical worker must be aware of his role as a public servant in the pharmaceutical field that can provide safety and best choice of drugs for consumers. to ensure this, pharmaceutical staff

must increase their knowledge, one of them by attending seminars and training related to the latest medicines. According to Tjiptono (2004) in Putri [10] states that business services are vital objects that must be maintained so that consumers are satisfied. When a consumer feels his expectations are met by a business, consumers will definitely come back again and spread to others about it.

3.3. Human Resources

The level of respondent knowledge in the human resource variable is included in the category of enough (48.6%), and the statistical test states if there is no correlation between the length of work and the type of profession on human resources at the pharmacies. Pharmacists and Pharmacy assistants are included in human resources at the pharmacies. This could be due to the lack of a pharmacist's presence at the pharmacy during opening hours. Research conducted in the city of Padang showed that as many as 58.67% of pharmacists were present in pharmacies [11]. That's mean that only half of the pharmacists who practice coming to the pharmacies so that pharmaceutical services that should be carried out by pharmacists are not carried out properly. The role of pharmaceutical services that should be carried out by pharmacists is no different when performed by Pharmacy assistants. The opportunity for medication errors is large and can have an impact on consumer confidence in the pharmacies. Research at Hospital X in the city of Surabaya shows that if drug information services are carried out to prevent disease (47.2%), treatment becomes more optimal (30.6%), and can reduce symptoms of the disease (19.4%) [12]. Of course, the service will be excellent if it is done by a pharmacist. Other research that has been done in Bantul Yogyakarta stated that if the decision in drug selection by 34% is influenced by the intervention of pharmacists and 89% of patients want drug counselling especially drugs without prescription [8]. The existence of pharmacists during pharmacy opening hours is the main thing in pharmaceutical care.

3.4. Management Pharmaceutical

The level of knowledge about pharmaceutical management is included in the good category (94.6%), but the statistical test states that the length of work and profession is not related to the management of pharmaceutical preparations at the pharmacy where the study was conducted. Pharmacy management is carried out in pharmacies, one of which will have an impact on the amount of existing drug stock. If the stock of the drug is moving slower than the fast moving one, the pharmacy will suffer losses and determine a buffer stock cannot be carried out [13]. Likewise with storage, if you do not use the system then errors in giving medicines to patients can occur (medication errors) due to wrong storage. Drug management includes ordering, receiving, storing, managing and destroying pharmaceutical preparations or prescriptions that have been going well. Purchasing drugs through authorized pharmaceutical distributors can support the application of good pharmaceutical services and prevent drug abuse. Pharmacy services are direct and responsible

services to patients relating to pharmaceutical preparation for patient safety [14]. With good drug management, pharmacies as the main distributor of pharmaceutical supplies to the public can prevent or break the chain of drug abuse and focus on being patient-oriented.

3.5. Facilities and Infrastructure

Facilities and infrastructure in a pharmacy must aim to support patient safety. The pharmacy building must be permanent, having the function of security, comfort, and convenience in providing services to consumers [1]. Complete facilities and infrastructure can minimize medication errors and increase patient satisfaction. Research conducted at Jambi Pharmacies, score for tangible dimensions is low (2.71) [15]. That is because there is no counselling room in the pharmacies, with the counselling room accompanied by literature books can make patients consult freely about therapy, privacy can be maintained and treatment goals are achieved. If the counselling room is not available, the patient cannot comfortably consult about the medication or disease so that the therapy given is not optimal and privacy is not maintained. The results obtained in this variable are included in the good category (81.8%) and there is no correlation between facilities and infrastructure with the profession and the length of employment of the pharmaceutical staff. The existence of a counselling room in research sites almost all have, one of which supports this is the role of government or professional organizations that make the room a prerequisite for the establishment of a pharmacies. If a variable is considered important to be obeyed, collaborating with government and professional organizations is the right choice. This method can be one of the standard controls in the community to provide the best service to the community.

4. CONCLUSION

The level of knowledge of pharmaceutical staff is good in pharmaceutical management variables (94.6%), pharmaceutical services (78.4%), facilities and infrastructure (81.8%), while human resources (48.6%) are categorized bad (<55)%). In statistical tests, there is no correlation between length of work and profession on the variables of pharmaceutical management, pharmaceutical services, facilities and infrastructure as well as human resources. The human resources variable is lacking, meaning that pharmacies and local pharmacist organizations need to evaluate the existing regulations related to the number of pharmacists in each pharmacies so that the implementation of pharmaceutical services can run well.

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AUTHOR CONTRIBUTIONS

Conceptualization (NMAN); Material research preparation (NMAN, FY, WSH); Methodology (NMAN, FY); Data collecting (WSH); Data analysis and visualization (NMAN, FY, WSH); Writing—original draft (NMAN); Presentation (NMAN).

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