

# Implementation of Pharmaceutical Standard Service Policy In Banjarbaru City And Martapura

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**Abstract-** Implementation of the policy of the Indonesian Minister of Health Regulation Number 73 of 2016 concerning pharmaceutical service standards in pharmacies. This policy is an effort by the central and regional governments in carrying out their obligations to fulfil the legal needs of the community with the aim of improving the quality of pharmaceutical services, ensuring legal certainty for pharmaceutical personnel and protecting patients and the public from irrational use of drugs in the context of patient safety. Pharmaceutical services are an integral part of health services that provide direct and responsible services to patients, related to pharmaceutical preparations with the intention of achieving definite results to improve the quality of life of patients. The conceptual framework built in this study uses the policy implementation approach model formulated by Van Meter and Van Horn called A Model of the Policy Implementation (1975). This study aims to examine the influence of implementer attitudes, communication, resources, organizational characteristics, socioeconomic and political conditions, as well as policy standards and objectives on the implementation of pharmaceutical service policies in Banjarbaru City and Martapura City.

The participants of this study were 117 consisting of 65 pharmacies in Banjarbaru City and 49 pharmacies in Martapura City. Quantitative research method, with data collection using questionnaires and supported by document analysis. Data were analysed using Visual PLS report.

The results showed that there was an influence of resources on the implementation of the pharmaceutical service standard policy. This study shows that the resource factor contributes to the successful performance of policy implementation. The availability of facilities and infrastructure, time, finance provides certainty for officers and the public that the implementation of service policies has been carried out properly. Collaboration and coordination involving stakeholders such as food and drug regulatory agencies, professional associations such as the Indonesian Pharmacists Association (IAI), local health offices need to be improved to ensure the commitment of pharmacy facility owners and pharmacists in charge to implement the pharmaceutical service standard policy comprehensively.

**Index Terms-** resources, policy implementation, pharmaceutical services, pharmacy

## I. INTRODUCTION

Health is a state of health, both physically, mentally, spiritually and socially which is needed by the community in life in order to live socially and economically productive. Health is a gift that is priceless, so to improve this health in addition to efforts made by oneself in maintaining health, it is also necessary to have efforts that support health services including hospitals, treatment centres, health centres, posyandu, pharmacies and others in order to improve public health.

Pharmaceutical services are a direct and responsible service to patients related to pharmaceutical preparations with the intention of achieving definite results to improve the quality of life of patients. Pharmaceutical Service Standards at Pharmacies include the management of Pharmaceutical Supplies, Medical Devices, and Consumable Medical Materials and clinical pharmacy services.

In developed countries such as the United States, the incidence of Drug Related Problems has been reduced by providing pharmaceutical services, including providing information to patients about the right lifestyle to achieve therapeutic success, providing information about the treatment undertaken by patients, monitoring drug use, and collaborating with other health workers. The foregoing has been regulated through Regulation of the Minister of Health of the Republic of Indonesia Number 73 of 2016 concerning pharmaceutical service standards in pharmacies which aims to improve the quality of pharmaceutical services, ensure legal certainty for pharmaceutical personnel, and protect patients and the public from irrational use of drugs in the context of patient safety. This policy regulates, among

others, the management of Pharmaceutical Supplies, Medical Devices, and Consumable Medical Materials in terms of planning, procurement, receipt, storage, destruction, control, and recording and reporting.

The focussed pharmaceutical service facility is the pharmacy. Through a survey conducted in 2021 between the Banjarbaru City and Martapura City Health Offices and BBPOM Banjarmasin, of 35 out of 130 pharmacies, there were 25 in the major error category, and 10 in the minor category. Normatively, the results of the evaluation of each pharmacy will be warned mildly to severely and do not rule out the possibility of temporary closure of the pharmacy, until all improvements have been made. This has shown that there is a need for continuous monitoring and evaluation of these pharmacies. The quality of pharmaceutical service facilities is largely determined by the behaviour of the manager himself, organisationally the manager consists of the Pharmacy Facility Owner (PSA), Pharmacist, Pharmacist Assistant, and supporting staff.

Based on the findings, previous research is only limited to the extent to which policy implementation is carried out, but has not touched on what factors contribute to whether or not the policy is implemented. Conceptually, policy implementation has been prepared at the time of the recommendation by the local Health Office, but at the time of service delivery, it is not implemented properly by the service provider. Based on the search, researchers have not found the concept or theory of policy implementation on pharmaceutical service standards. Therefore, in this regard, it is important to conduct research regarding the Implementation of Pharmaceutical Standard Service Policies in Banjarbaru City and Martapura City.

### Methodology

This study uses a quantitative research design with explanatory research that will prove the influence between independent variables and dependent variables. The population in this study were all pharmacies in Banjarbaru City, namely 65 and Martapura City 49, based on the data obtained that the number of pharmacies was 130, while the number of samples was total sampling.

### Research Results Analysis

#### Scene Orientation

This research was conducted in Banjarbaru City and Martapura City, South Kalimantan Province. Between Banjarbaru City and Martapura City are adjacent or bordering cities, historically geographically Banjarbaru City is an expansion of Banjar Regency, while Martapura is the capital of Banjar Regency.

The research instrument test consisting of validity and reliability tests was carried out using the confirmatory factor analysis method and Cronbach's alpha internal consistency reliability. Confirmatory factor analysis requires items to be valid if they have a loading factor value > 0.5. Cronbach's alpha reliability limit is 0.7. The instrument test was conducted using 30 participants

### Research Implementation

Data collection was carried out from the second week of January to the second week of February 2023, using google form and carried out directly with the participants. The number of pharmacies in Banjarbaru City was 70 and in Martapura 60. There were 65 participants from Banjarbaru City and 49 from Martapura City. The data that has been collected is then checked for completeness and recapitulation then continued with data analysis.

### Summary Description of Research Variables

Variabel	Kategori
Implementers' attitudes	Good enough
Inter-organisational communication	Good
Resources	Very good
Socio-economic and political conditions	Good
Policy Standards and Objectives	Very Less
Implementation	Good
	Very good

A summary of the hypothesis testing results is as follows:

1. Implementers' attitudes have an insignificant effect on the implementation of pharmaceutical service policies.
2. Communication has an insignificant effect on the implementation of pharmaceutical service policies
3. Size and characteristics have an insignificant effect on the implementation of pharmaceutical service policies
4. Resources have a significant effect on the implementation of pharmaceutical service policies
5. Socio-economic and political conditions have an insignificant effect on the implementation of pharmaceutical service policies
6. Standards have an insignificant effect on the implementation of pharmaceutical service policies

## Discussion

### **The relationship between the disposition of implementers and the implementation of pharmaceutical service standard policies**

This study assumes that the attitude of the implementer has an effect on the implementation of the pharmaceutical services policy. A good attitude of the implementer allows the implementation of the pharmaceutical service policy to be good as well. The attitude of policy implementers is a factor that has consequences in policy implementation. If the implementers have a good attitude towards a particular policy, for example in the form of support, then they tend to implement the policy from the initial formulation of the policy and vice versa. The attitude of the implementer includes the attitude of the stakeholders implementing the policy. The policy will be effective if it is implemented by stakeholders properly. The attitude of implementers can be in the form of support in the form of socialisation, monitoring, evaluation and sanctions or incentives for pharmaceutical service facilities, namely pharmacies. The willingness of implementers to accept and implement a policy without coercion is a success in implementing the policy. but it will be different if it is the opposite, for example the attitude of implementers who tend to disagree

The results of this study have shown that the attitude of implementers in the category is quite good and the hypothesis test is influential, but does not have a significant effect in improving the performance of pharmaceutical service policy implementation. Similar findings occurred in the research of Nursalim (2017) and Adiwinarni, Puspita, and Rosyadi (2020), Monalisa (2017, Suwarta (2013), they found that the attitude of implementers affects policy implementation. He further explained that the attitude of officers in carrying out a policy is very important and must be owned by the implementer, such as the commitment and discipline of officers in carrying out their duties. the attitude of the implementer in carrying out his duties must have enthusiasm in carrying out these duties and policies. in addition, not only commitment and discipline but also attention from the policy provider in the form of incentives for those who excel is needed. Monalisa (2017) adds that policy implementation can run effectively and efficiently if policy implementers have the ability and behaviour that is disciplined, honest, and committed. This behaviour leads the implementer's attitude to always be enthusiastic and be in a position that is determined in carrying out their duties, authorities, and functions and responsibilities. The results of Monalisa's research (2017) also found the importance of providing incentives for policy implementers for their workload. incentives are considered to provide motivation so that policy implementation is in accordance with the targets expected by policy formulators. Suwarta (2013) in his study explained that policies run well in their implementation if they are supported by implementation tools, the behaviour of implementation tools is positive, and in accordance with policy implementation procedures, the placement/organisation of implementation tools is consistent with practice. The principle of the right man in the right place to work is very high and the social attitude is good.

However, this is different from the research findings from Khasanah (2018) that the attitude of implementers has a significant influence on policy implementation. He explained that policies will be effective if policy implementers not only have to know what to do, but also have the ability to carry it out, so that in practice it is not biased. Therefore, other sub-variables that need to be examined are the ability to understand and explain the contents of the policy, how and when to carry out monitoring and monitoring as well as the sanctions and incentives that can be carried out. According to Tahir (2014), in his qualitative research he concluded that commitment is needed to all elements of the transparency policy, both policy actors, policy implementers and policy targets. generally the attitude of the implementer to respond to the policy is still waiting or there is no initiative and lack of understanding of the policy from the attitude of the implementer itself.

Mundikan, et.al (2022) in their qualitative study explained that the attitude of policy implementers is influenced by conditions, the direction of the implementer's response to program implementation and the intensity of their response to the policy, as well as the implementer's sensitivity to government support that controls the source of legal and financial authority of the work unit concerned. This is obtained if the attitude of the implementer has loyalty, expertise, dedication, and understanding of policy objectives.

Van Meter and Van Horn (1974) explain that policy implementation will be filtered first through practitioners' perceptions of practitioners within the boundaries of the implemented programme. There are three elements that can affect the ability and desire to implement policies. First, knowledge, understanding, and depth. Second, the direction of response, whether accepting, rejecting or neutral. Finally, the intensity of the policy.

From the description above, the researcher analyses that the attitude of the implementer is assessed in the sufficient category because the policy implementation is still not optimal. Officers tend to implement policies only because of the routine that must be done because of the need to submit reports, so the quality of the attitude of implementers to implement policies is not optimal. The attitude of implementers depends on the available budget allocation and the level of understanding of the officers of the policy itself. Empirically, the results of the researchers' observations that the attitude of the implementers will be triggered if there are reports or complaints from the community, as long as this does not happen, the attitude of the implementers is only waiting for movements from other cross-sectors and does not take the initiative. In fact, implementing the pharmaceutical service standard policy is a joint obligation between the central government and local government, as well as the obligation of the community. The results of this study are influential but not significant due to the implementation value of pharmaceutical service facilities, whether from the Pharmacy Facility Owner (PSA) or the pharmacist, who understands the policy, so that regardless of the attitude of implementers who implement the policy or do not understand it, the policy has tried to be implemented by existing pharmaceutical service facilities.

Thus, the attitude of the implementers still needs to be improved in terms of understanding the aims and objectives of the policy, its socialisation, the initiative of the staff, as well as sanction and incentive mechanisms and various other activities that support the implementation of pharmaceutical service policies. Attitude is actually not a form of action or practice, but is abstract, so it has not been felt directly by the target of policy implementation, namely the pharmacy. Policy implementation is highly dependent on the actions taken by its stakeholders, so attitudes are not the determining factor in the implementation of pharmaceutical service policies, but attitudes are the basis for officers to carry out the implementation of these policies. Meanwhile, from the pharmacy side, it is only natural to have a positive attitude to comply with the policy because they are the target of the policy implementation. Improving the attitude of implementers from BBPOM or the health office is not enough, but the attitude of implementation, namely in the form of action. Improving the attitude of implementers can be integrated with the activities of professional organisations such as the Indonesian Pharmacists Association (IAI) or the local Food and Drug Monitoring Agency (BBPOM). The involvement of professional organisations in improving the attitude of implementers will provide motivation and attention to officers to continue to improve their understanding and motivation in implementing pharmaceutical service policies. On the other hand, Van Meter and Van Horn (1974) say that policy implementation can be hampered by many factors such as the lack of trained staff, so that one of the other strengths that can be done is the identification of staff understanding of the implementers regarding the pharmaceutical service standard policy in question.

### **The relationship between communication (interorganisational communication and enforcement activities) and the implementation of pharmaceutical service standard policy**

This research assumes that communication has an effect on the implementation of pharmaceutical service policies. Communication is an important element of policy implementation, because good communication allows policies to be socialised and implemented properly. Through communication, the order to implement the policy is transmitted to the right personnel in a clear manner and the message must be accurate and consistent. Policy implementation can run effectively if policy implementers know what to do so that policy decisions can be passed on to the right people by means of accurate communication and are carefully understood by implementers.

The results of this study have shown that communication is categorically good and hypothesis testing is influential, but it does not have a significant effect in improving the performance of pharmaceutical service policy implementation. This research is in direct contrast to the findings of Suwarta (2014), that the communication factor does not provide significant results in policy implementation. The results of the researcher's search, not many similar studies were found. Meanwhile, the results of this study are inversely proportional to the findings of Adiwinarni, Puspita, and Rosyadi (2020), Dini et al (2014), that communication has a significant influence on the implementation of pharmaceutical standard service policies. even in their findings Dini et al (2014) found that communication is the dominant factor among other factors (resources, attitudes of implementers, and bureaucratic structures).

Based on the researcher's analysis, both officers or between pharmacy officers or even between communication between PSA and the pharmacist in charge or pharmaceutical technical personnel have been carried out well according to the results of the study. but communication alone does not have a significant effect on the implementation of this policy, but the material communicated has not been fully understood and implemented by each. this is evident even with good communication, the value of policy implementation is good. this means that the positive contribution is not felt directly through the communication variable. Researchers assessed that communication was only carried out as a routine and passed without any follow-up on the material conveyed. each of them only carried out their duties as their obligations. there were no initiatives or things that were considered interesting so that officers were triggered to collaborate with each other and information transmission occurred. Likewise with the PSA or pharmacist, communication will be memorable and feel necessary if it instils a sense of responsibility that exceeds an obligation, the pharmacy feels the need to get information and supervision and guidance are carried out and the PSA and pharmacist feel the need to improve service quality by following the pharmaceutical service standard policy that has been delivered.

Implement the policy more effectively by involving elements in the organisation both internal and external must know the objectives, assessment criteria, methods and procedures of the policy by using all communication methods. There is usually interference (distortion) in the process of transferring communication between organisations. If different sources of communication give inconsistent interpretations of standards and objectives, or the same source of information gives conflicting interpretations, practitioners will have difficulty in implementing the policy. Therefore, effective policy implementation is determined by accurate and consistent communication to practitioners. In addition, coordination is a strong mechanism in programme implementation. The better the coordination of communication between the parties involved in programme implementation, the fewer errors will occur, and vice versa.

### **The relationship between the size and characteristics of the implementing organisation and the implementation of the pharmaceutical service standard policy**

This study assumes that size and characteristics have an effect on the implementation of pharmaceutical service policies. Good size and characteristics enable the implementation of pharmaceutical service policies to be good as well. Each organisation has its own characteristics that influence the successful implementation of pharmaceutical service standard policies. Both formal and informal organisations need to be involved in the implementation of this policy.

The results of this study have shown that organisational size and characteristics are categorically very good and hypothesis testing is influential, but does not have a significant effect in improving the performance of pharmaceutical service policy implementation. The results of this study are inversely proportional to the findings of Natika (2011) that the characteristics factor of the implementing organisation can be interpreted that to achieve a policy implementation program, it needs the support of a good organisational structure,

relationships and internal bureaucratic communication. Likewise, Lawalata (2012) found in his literature study that the results of the literature study, there is a tendency that organisational characteristics can affect the level of implementation success.

Based on the above, the researcher's thinking is based on data, policies or observations as well as interviews that have been conducted that the excellent category on the variable size and characteristics of the organisation already shows that both PSAs, pharmacists or pharmaceutical technical personnel have carried out organisational functions well. The far difference in education levels between pharmacists and pharmaceutical technical personnel may be the reason for compliance with and implementation of organisational duties and functions by each. Meanwhile, the PSA has given responsibility for managing the pharmacy to the pharmacist. It is these organisational characteristics that cause the conformity of pharmacy criteria to run well (Adha et al, 2022).

When referring from the point of view of organisational DNA, it is likely that the DNA forming this pharmacy organisation is more about the existence of decision rights carried out by the pharmacist in charge. This block of organisational DNA has provided a choice of how the direction of the pharmacy organisation runs. Therefore, this causes a high score on the organisational structure and characteristics variable and this causes an insignificant influence on the implementation of the pharmaceutical service standard policy. Organisational structure and characteristics do not make a meaningful contribution in supporting the successful implementation of the policy, but as the PSA or pharmacist in charge must still ensure that the pharmacy always carries out its organisational duties and functions. The involvement of professional organisations and the obedience of each internal pharmacy party who coordinate with each other to carry out organisational tasks from planning to supervision are blocks that strengthen the organisation to become stronger.

### **The relationship between resources and the implementation of pharmaceutical service standard policies**

This study assumes that resources have an effect on the implementation of pharmaceutical service policies. Good resources enable the implementation of pharmaceutical service policies to be good as well. Resources are important in implementing a good policy. Resources include staff with adequate competence and skills who can carry out their duties well. In addition, in addition to staff, information, and authority carried out by policy implementers, there are also issues of facilities that can affect or even hinder policy implementation. Resources such as human, financial, technology, skills, and time are important in implementing policy implementation. Resources are a concern because they support and support the success of policy implementation. Even the implementation order is a resource that needs to be translated accurately, clearly, purposefully and consistently. Van Meter and Van Horn (1974) say that policy implementation can be hampered by many factors such as lack of trained staff, heavy workload, limited information, lack of financial resources and limitations. Staff is an important resource, the number is not always decisive but it is their ability and competence that determines policy implementation.

The results of this study have shown that resources in the category are quite good and hypothesis testing is influential and has a significant effect in improving the performance of pharmaceutical service policy implementation. As other studies that researchers have found, the results of this study are also in line with Ariyani et al (2014), Suwarta (2013), Subekti et al (2017) that resource variables have a significant effect on policy implementation. Wahyuni (2022) in her qualitative study explained that developing human resource competencies in addition to requiring an increase in policy implementation factors and also requires strong commitment, supervision, coordination and solid collaboration from proportional parties. Likewise with Suwarta (2013) he explained that in implementing a resource policy plays an important role and determines the success of the policy, therefore in implementing the policy it must be supported by adequate apparatus, qualifications (quality) of apparatus, adequate facilities and infrastructure as well as the support of adequate operational funds provided.

On the other hand, the results of this study are not in line with the studies of Rosyadi (2020), Khasanah (2018), Riswandi (2020) that the resource variable has an influence but is not significant on policy implementation. Meanwhile, Young So (2014) found in his research that resources are neutral in public policy implications. Riswandi (2020)) explains that staff responsible for policy implementation work ineffectively without resources, even when orders are clear and consistent and well disseminated. Important resources include sufficient numbers and qualifications, adequate knowledge of order processing, authority to ensure policies are implemented as expected, and facilities that can provide services such as buildings, equipment, land, and supplies.

### **The relationship between economic, social, and political conditions and the implementation of pharmaceutical service policies**

This research assumes that social, economic and political conditions have an effect on the implementation of pharmaceutical service policies. Good social, economic and political conditions allow the implementation of pharmaceutical service policies to be good as well. Economic, social and political conditions are things that also need to be considered in order to assess the performance of policy implementation. The results of this study have shown that social, economic and political conditions are categorically very poor and hypothesis testing is influential, but does not have a significant effect in improving the performance of pharmaceutical service policy implementation. The results of this study are inversely proportional to the study of Sembiring (2011), that social, economic and political conditions affect policy implementation. Social, political and economic conditions are elements that need to be considered in order to assess the performance of policy implementation. An un conducive social, economic and political environment can be a source of problems from the failure of policy implementation performance.

According to researchers based on observations, although social, economic and political conditions are in the very poor category, this has no impact on the implementation of the pharmaceutical service standards policy. Because, the internal conditions of pharmacies that do not provide support and attention to evaluations carried out either from the health office or the local BBPOM do not make policy implementation poorly implemented. Empirically, it was found that pharmacy officers tended to avoid monitoring and evaluation carried out by policy implementers. This could be due to the lack of understanding of pharmacy officers or the impression that pharmacy officers received when facing supervision and monitoring was to find mistakes and shortcomings, it should provide guidance and guidance so that pharmacies implement the policies that have been determined. This causes the message to be conveyed to be poorly received, and the needs to support policy implementation are not implemented or not followed. But this situation does not have a bad influence in terms of policy implementation, because in terms of the ability and competence of pharmacy staff, they have been able to understand and they are able to implement it properly.

### **The relationship of standards and objectives to the implementation of pharmaceutical service policies**

This study assumes that standards and objectives have an effect on the implementation of pharmaceutical service policies. A good standard variable allows the implementation of pharmaceutical service policy to be good as well. The standards and targets variable is something that also needs to be considered in order to assess the performance of policy implementation. Variable standards and objectives that are not conducive can be the cause of the failure of policy implementation performance. The results of this study have shown that the standards and objectives variable is categorically good and the hypothesis test is influential, but it does not have a significant effect in improving the performance of pharmaceutical service policy implementation. The standards and objectives that must be achieved by policy implementers are in accordance with what has been previously determined, so policy implementation can be measured by the achievement of these standards and objectives. However, policy implementation can fail if the implementer does not fully know the standards and objectives to be achieved from a policy. Even well-defined standards and objectives, if they are not well understood by the implementers, will result in weakness in achieving the standards and objectives set in the implementation of pharmaceutical service policies (Sari and Rahayu, 2021).

The performance of policy implementation can be measured by the level of success of policy measures and objectives that are realistic with the existing socio-culture at the policy implementation level. When the size and objectives of the policy are too ideal (utopian), it will be difficult to realise. To measure the performance of policy implementation, of course, it confirms certain standards and targets that must be achieved by policy implementers, policy performance is basically an assessment of the level of achievement of these standards and targets. Understanding the general intent of a policy's standards and objectives is important. Successful policy implementation can be frustrated when officials are not fully aware of policy standards and objectives. Policy standards and objectives have a close relationship with the disposition of implementors. The direction of the disposition of implementors towards policy standards and objectives is also "crucial". Implementors may fail to implement policies, because they refuse or do not understand what the objectives of a policy are (Akibu, 2015).

The researcher's analysis based on observations, the ability of officers to understand the purpose and objectives as well as the provisions in the pharmaceutical service standards in pharmacies is something that should occur in pharmacies and the attributes in them. Thus, the presence of this variable does not give significance to the successful implementation of the pharmaceutical service policy. Researchers argue that a good category is not enough to boost the success of implementation, but more than that, standards and objectives as well as provisions need to be obeyed and adhered to, it is also necessary to have compliance instruments within the organisation in the pharmacy itself, ensuring that each pharmacy continues to comply with all the provisions in it. This understanding also needs to be transmitted to every member working in the pharmacy, including the owner of the pharmacy facility and the pharmaceutical technical personnel in it, so that all of them remind each other of the importance of complying with policy provisions.

The involvement of the professional organisation IAI is very important in disseminating laws and regulations and monitoring the practice in the field of how the pharmacy profile relates to the standards and objectives set out in the policy. It could be that the implementers in the pharmacy have understood, but they are reluctant to improve due to lack of motivation and enthusiasm from the owner of the pharmacy facility or the pharmacist in charge. Hence the compliance monitoring mechanism and periodic monitoring needs to be carried out. In addition, the quality of standards and policy targets for each pharmacy can be compiled with specific, measurable, achievable, relevant, and there is a time limit or SMART or specific, measurable, achievable, relevant, and time bound with this framework it is hoped that standards and targets can be better (Fiandi, 2023).

### **Key Findings**

The fundamental problem with the issuance of the pharmaceutical service standard policy in pharmacies is that it fulfils the legal needs of the community with the aim of improving the quality of pharmaceutical services; ensuring legal certainty for pharmaceutical personnel and protecting patients and the public from irrational use of drugs in the context of patient safety. This policy has been able to curb the circulation of illegal pharmaceutical preparations that endanger the community, but of course it is necessary to continuously monitor and evaluate how this policy is implemented and evaluate its implementation and its impact on the community. This policy is actually

not only the responsibility of the government, but also the responsibility of professional organisations and the community itself. Therefore, the real evaluation is from the target of implementation.

The results of the research have shown that the implementation of this policy is greatly influenced by the resources of the pharmaceutical service facility itself. based on this fact, it is necessary to maintain and improve the ability of the resources so that they can always support and ensure that the implementation of the pharmaceutical service policy can be carried out properly. Factually, the resources are closely related to the availability of supporting facilities and infrastructure in carrying out pharmaceutical services in accordance with the policy. The commitment of the owner of the pharmacy facility to fulfil all resource needs is important in the implementation of pharmaceutical policies in this pharmacy.

### **Research Implications**

As an implication of this research, it is necessary to pay attention to the resource factor, as follows:

- a. increasing the number and personnel of spotek in understanding and implementing the implementation of PMK No.73/2016 policy on pharmaceutical service standards in pharmacies;
- b. adequate budget allocation is required to fulfil the needs of supporting facilities and infrastructure.
- c. availability of time to identify needs and evaluate the extent to which policy implementation has been carried out.

However, contributions from other factors are also needed to support the commitment of resources, for example the attitude of implementers who massively provide motivation to provide understanding and evaluation as well as sanctions and incentives for implementing this policy. A good attitude of the implementer tends to provide a good commitment to the owner of the pharmacy facility to carry out policy implementation.

In addition, communication between officers both internal to the pharmacy or with external both the local health office, BBPOM and professional organisations is needed to coordinate with each other various problems that hinder the implementation of policies that are difficult to implement. policy implementation has been very well carried out reflecting that the communication pattern has been carried out so far has been done well, but if this is not maintained or improved it will have a bad impact in the future for this policy.

While the organisational characteristics of policy implementers such as pharmacies are certainly similar, because all of them have a person in charge with the same education profession, the difference is the structure, while the ability and competence are standard. As for socio-economic and political conditions, it does not have a different impact on any changes in conditions, because people's needs for healing are primary, so they are not affected by price fluctuations, however, people will try to meet their needs with price adjustments that have been determined through the Highest Ecerean Price (HET) of the product. as for the standards and objectives of the policy, they have been understood together, it is only necessary to pay attention to the compliance of each pharmacy in implementing the policy in the form of SPO (Standard Operating Procedures) that has been implemented properly.

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- 1) Read already published work in the same field.
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- 3) Attend conferences, workshops and symposiums on the same fields or on related counterparts.
- 4) Understand the scientific terms and jargon related to your research work.

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#### VI. CONCLUSION

1. The attitude of the implementer has an insignificant effect on the implementation of the PMK No.73/2016 policy on pharmaceutical service standards in pharmacies ( $\beta = 0.209$ ;  $t = 1.4491$  ( $< 1.96$ )). The implementer's attitude factor is included in the intangible benefits, which provide intangible benefits that have a positive impact on the organisation but do not directly affect the implementation of the PMK No.73/2016 policy on pharmaceutical service standards in pharmacies.
2. Communication has an insignificant effect on the implementation of PMK No.73/2016 policy regarding pharmaceutical service standards in pharmacies ( $\beta = 0.222$ ;  $t = -1.1440$  ( $< 1.96$ )). The communication factor is included in the intangible benefits, which provide intangible benefits that have a positive impact on the organisation but do not directly affect the implementation of the PMK No.73/2016 policy on pharmaceutical service standards in pharmacies.
3. Resources have a significant effect on policy implementation ( $\beta = 0.162$ ;  $t = 1.1462$  ( $< 1.96$ )). The resource factor includes tangible benefits, namely factors that directly affect the implementation of the PMK No.73 / 2016 policy on pharmaceutical service standards in pharmacies.
4. Organisational characteristics have an insignificant effect on policy implementation ( $\beta = 0.622$ ;  $t = 2.2475$  ( $> 1.96$ )). The organisational characteristics factor is included in the intangible benefits, which provide intangible benefits that have a positive impact on the organisation but do not directly affect the implementation of PMK No.73 / 2016 concerning pharmaceutical service standards in pharmacies.
5. Social, economic, and political conditions have an insignificant effect on implementation ( $\beta = -0.268$ ;  $t = -1.6615$  ( $< 1.96$ )). The factors of social, economic, and political conditions are included in intangible benefits, which provide intangible benefits that have a positive impact on the organisation but do not directly affect the implementation of PMK No.73/2016 policy regarding pharmaceutical service standards in pharmacies.
6. Policy standards and objectives have an insignificant effect on policy implementation ( $\beta = -0.118$ ;  $t = -0.6601$  ( $< 1.96$ )). The policy standards and objectives factor is included in the intangible benefits, which provide intangible benefits that have a positive impact on the organisation but do not directly affect the implementation of PMK No.73/2016 policy regarding pharmaceutical service standards in pharmacies..

#### APPENDIX

Appendixes, if needed, appear before the acknowledgment.

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The preferred spelling of the word “acknowledgment” in American English is without an “e” after the “g.” Use the singular heading even if you have many acknowledgments.

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