



**IMPLEMENTATION OF PHARMACIST PRACTICE PERMIT  
SERVICE POLICY AT THE HEALTH DEPARTMENT OF CENTRAL  
MALUKU REGENCY**

**IMPLEMENTASI KEBIJAKAN PELAYANAN IZIN PRAKTIK  
APOTEKER DI DINAS KESEHATAN KABUPATEN MALUKU  
TENGAH**

**Nurtati<sup>1</sup>, Normawati<sup>2</sup>, Hengky V. R. Pattimukay<sup>3</sup>**

<sup>1,2,3</sup>Pattimura University

[tatidinkes@gmail.com](mailto:tatidinkes@gmail.com)<sup>1</sup>

[normawati@gmail.com](mailto:normawati@gmail.com)<sup>2</sup>

[hevrich70@gmail.com](mailto:hevrich70@gmail.com)<sup>3</sup>

**Abstract**

This study uses a quantitative method with a sample size of 60 people, utilizing primary and secondary data. Data collection was conducted through questionnaires, observations, and documentation, with data analysis performed using sociometric analysis tools. The results reveal that the implementation of the pharmacist practice permit service policy at the Health Department of Central Maluku Regency is evident through dimensions of consistency, transparency, accountability, fairness, participation, effectiveness, and efficiency, all showing high percentage levels. However, maximization is still needed to achieve the highest standard percentages. The implementation of this policy is influenced by factors such as communication, resources, disposition, and bureaucratic structure. These factors cumulatively contribute significantly to the implementation process. The remaining percentage for improvement can be targeted for follow-up maximization while prioritizing these influencing factors. The findings successfully explore and synergize theoretical and practical approaches, revealing the quantitative achievement levels of policy implementation. This has implications for strengthening and maximizing the implementation of the pharmacist practice permit service policy at the Health Department of Central Maluku Regency. In summary, the research demonstrates that the pharmacist practice permit service policy's implementation at the Health Department of Central Maluku Regency is highly effective in key dimensions but requires further optimization. Influencing factors such as communication, resources, disposition, and bureaucratic structure play a significant role in the successful implementation. The study's findings provide valuable insights for improving policy implementation, ensuring a more effective and efficient service delivery in the future.

Keywords: Implementation Policy, Pharmacist Practice, Permit Service, Health Department.

**Abstrak**

Studi ini menggunakan metode kuantitatif dengan sampel berjumlah 60 orang, menggunakan data primer dan sekunder. Pengumpulan data dilakukan melalui angket, observasi, dan dokumentasi, dengan analisis data menggunakan alat analisis sosiometrik. Hasilnya mengungkap bahwa implementasi



kebijakan pelayanan izin praktik apoteker di Dinas Kesehatan Kabupaten Maluku Tengah terlihat melalui dimensi konsistensi, transparansi, akuntabilitas, keadilan, partisipasi, efektivitas, dan efisiensi, yang semuanya menunjukkan tingkat persentase tinggi. Namun, masih diperlukan maksimalisasi untuk mencapai standar persentase tertinggi. Implementasi kebijakan ini dipengaruhi oleh faktor-faktor seperti komunikasi, sumber daya, disposisi, dan struktur birokrasi. Faktor-faktor ini secara kumulatif memberikan kontribusi signifikan terhadap proses implementasi. Persentase yang tersisa untuk perbaikan dapat ditargetkan untuk maksimalisasi tindak lanjut dengan tetap memprioritaskan faktor-faktor yang mempengaruhi ini. Temuan penelitian ini berhasil mengeksplorasi dan menyinergikan pendekatan teoritis dan praktis, mengungkap tingkat capaian kuantitatif dari implementasi kebijakan. Hal ini berdampak pada penguatan dan maksimalisasi implementasi kebijakan pelayanan izin praktik apoteker di Dinas Kesehatan Kabupaten Maluku Tengah. Secara ringkas, penelitian ini menunjukkan bahwa implementasi kebijakan pelayanan izin praktik apoteker di Dinas Kesehatan Kabupaten Maluku Tengah sangat efektif dalam dimensi-dimensi utama tetapi memerlukan optimalisasi lebih lanjut. Faktor-faktor seperti komunikasi, sumber daya, disposisi, dan struktur birokrasi memainkan peran penting dalam implementasi yang sukses. Temuan studi ini memberikan wawasan berharga untuk meningkatkan implementasi kebijakan, memastikan penyampaian layanan yang lebih efektif dan efisien di masa depan.

Kata Kunci: Implementasi Kebijakan, Praktek Apoteker, Pelayanan Izin, Dinas Kesehatan.

## INTRODUCTION

Service in various organizations is the collective responsibility of all members to consistently strive to provide the best service for those in need in various fields. In this context, health services, particularly pharmaceutical services led by pharmacists, play a crucial role in human survival, particularly when it comes to medications essential for maintaining, caring for, and ensuring health.

Therefore, pharmacists must practice according to existing pharmaceutical service standards to avoid medication errors. Pharmacists should also communicate effectively with other healthcare professionals to support rational drug use (Depkes RI, 2004; Wijiyanti, 2008:2). In healthcare services, pharmacists play a vital role as professionals responsible for providing pharmaceutical services, including the procurement, storage, and distribution of safe and quality medicines. However, issues such as drug misuse, expired drug sales, and lack of supervision over pharmacists in specific areas persist, requiring serious government attention.

To improve health service quality in Central Maluku Regency, the government has implemented a policy for pharmacist practice permits to improve health service quality in the area. This policy aims to ensure that pharmacists operating in Central Maluku Regency meet established qualification standards and provide safe and quality health services to the community. Unfortunately, the policy's implementation faces challenges such as inadequate law enforcement for unqualified pharmacists, a lack of supervision over licensed pharmacists, and insufficient public awareness about the policy.

Central Maluku Regency, with a population of approximately 170,000 (Central Maluku Statistics Agency, 2021), consists of 17 districts and 202 villages. In 2021, around 100 pharmacies and drugstores operated in Central Maluku Regency (Health Department of Central Maluku Regency, 2021). However, some pharmacists lack licenses and do not meet the required qualifications, posing health risks to the community.

To address these issues, the Central Maluku Regency government has enacted and adhered to the Ministry of Health Regulation No. 889/MENKES/PER/V/2011 and No. 31/2016 regarding the registration, practice permits, and work permits for pharmaceutical personnel to enhance health service quality. This policy aims to ensure qualified pharmacists operate in the area, providing safe and quality health services. Nonetheless, implementation faces various challenges:



1. Law enforcement for unqualified pharmacists and supervision of licensed pharmacists, along with policy socialization to the public.
2. Consistent and transparent implementation, prioritizing the issuance of practice permits for qualified pharmacists.
3. Firm, fair, and participatory service for pharmacists needing practice permits.
4. Emphasizing effectiveness and efficiency in meeting the demands for timely and accurate practice permit services for pharmacists.

Challenges in policy implementation include:

1. Coordinated communication between relevant institutions for credible pharmacist practice permit services.
2. Availability of human resources and public understanding of the importance of safe and quality pharmacist practice permits.
3. Commitment to ensuring the process of issuing pharmacist practice permits.
4. Structured service that does not impede the permit issuance process.

These challenges highlight the importance of further studying the implementation of Pharmacist Practice Permit Service Policy at the Health Department of Central Maluku Regency, recognizing that policy represents a declaration of intent followed by regulatory and/or enforcement elements to achieve desired goals. Edward III's policy implementation model lists four factors that affect policy implementation. Ramdhani and Ramdhani (2017) describe seven aspects of policy implementation in public services: consistency, transparency, accountability, fairness, participation, effectiveness, and efficiency. These aspects can be used to measure how well pharmacist practice permit services are being implemented in Central Maluku Regency.

## METHODS

The research design utilizes policy research methods. Policy research methods are scientific approaches to obtaining data to be considered in policymaking, ensuring that policies are effective and efficient. A scientific approach means using rational or reasonable research methods, observing the process, and systematically following logical steps. The data obtained from policy research are valid, reliable, and objective. Processing this data yields several alternative action recommendations for policy formulation. Additionally, policy research data can include information on policy implementation, policy outcomes, policy monitoring, and policy evaluation (Sugiyono, 2017:23). At the Health Department of Central Maluku Regency, we use a quantitative approach to analyze and uncover the implementation of the pharmacist practice permit service policy.

The implementation of the pharmacist practice permit service policy involves operationalizing variables, where implementers take actions to achieve pre-determined goals. This policy focuses on dimensions of consistency, transparency, accountability, fairness, participation, effectiveness, and efficiency. Communication, resources, disposition, and bureaucratic structure are all influences. Measurement guidelines for variable operations involve questions using a three-point Likert scale: low weight answers scored 1, medium weight answers scored 2, and high weight answers scored 3. Categories are: agree (A) = 3, less agree (LA) = 2, and disagree (D) = 1.

The research population encompasses objects or subjects with specific quantities and characteristics studied by researchers to draw conclusions. Researchers choose the sample, a portion of the population, based on constraints such as funding, manpower, and time (Sugiyono, 2012). The population unit includes all civil servants at the Health Department and pharmacists dealing with practice permits in Central Maluku Regency. Random sampling selects 50% of civil servants and 50% of pharmacists as samples. The detailed sample is outlined below.



**Table 1**  
Population and Sample

Population Unit	Person	Technique	Sample
Health Department of Central Maluku Regency	90	50%	45
Pharmacists in the Central Maluku Regency	30	50%	15
Total	120	Random Sampling	60

This study employs two types of data according to their classification and sources:

1. Primary data is obtained directly by distributing questionnaires to respondents about the implementation of the pharmacist practice permit service policy at the Health Department of Central Maluku Regency.
2. Secondary data refers to information that is indirectly gathered from respondents, including tables, research reports, documentation, and other relevant data related to the implementation of the pharmacist practice permit service policy.

Data collection techniques include the following:

1. Questionnaires

To gather information on the implementation of the pharmacist practice permit service policy, we distribute written question formats to respondents. The model's selection is based on reasons like giving respondents time to answer, providing a uniform format for all respondents, allowing freedom in responses, and collecting timely data from many respondents. This technique gathers written responses scored on a scale of 1–3.

2. Observation

Observing phenomena in the field during the research process, correlating information with context. Observation includes behavioral and non-behavioral observations to understand situations and verify existing data (Guba and Lincoln; Moleong, 2013).

3. Documentation

Searching for data in records, transcripts, books, newspapers, magazines, meeting minutes, ledgers, agendas, etc. (Arikunto, 2012). Documentation collects data from official research records.

Data analysis consists of steps that focus on quantitative data processing using frequency tables, distribution, and interpretation. To make final decisions based on sociometric calculations, we convert and interpret data (Nazir, 2013). Sociometric analysis aims to create a clear sociogram for strengthening the implementation of the pharmacist practice permit service policy at the Health Department of Central Maluku Regency.

## RESULTS AND DISCUSSION

### Results

The implementation of the pharmacist practice permit service policy at the Health Department of Central Maluku Regency, concerning consistency, transparency, accountability, fairness, participation, effectiveness, and efficiency, aims to achieve the legitimacy and ownership of pharmacist practice permits. The implementation of this policy involves factors such as communication, resources, disposition, and bureaucratic structure.

The following matrix provides detailed information on the implementation of the pharmacist practice permit service policy and its influencing factors.



**Table 2**

## Synthesis and Interpretation

Implementation of the Pharmacist Practice Permit Service Policy at the Health Department of Central Maluku Regency

Consistency	P <sub>Sa</sub> %	Interpretation
P1	84	Very Strong
P2	91	Very Strong
P3	86	Very Strong
P4	82	Very Strong
P5	64	Strong
P <sub>Sa</sub> : C <sub>Rr</sub>	C <sub>Rr</sub> 81.40	Very Strong
Transparency	P <sub>Sa</sub> %	Interpretation
P6	83	Very Strong
P7	85	Very Strong
P8	84	Very Strong
P9	85	Very Strong
P10	87	Very Strong
P <sub>Sa</sub> : C <sub>Rr</sub>	C <sub>Rr</sub> 84.80	Very Strong
Accountability	P <sub>Sa</sub> %	Interpretation
P11	81	Very Strong
P12	83	Very Strong
P13	78	Strong
P14	64	Strong
P <sub>Sa</sub> : C <sub>Rr</sub>	C <sub>Rr</sub> 76.50	Strong
Fairness	P <sub>Sa</sub> %	Interpretation
P15	79	Strong
P16	86	Very Strong
P17	82	Very Strong
P <sub>Sa</sub> : C <sub>Rr</sub>	C <sub>Rr</sub> 82.33	Very Strong
Participation	P <sub>Sa</sub> %	Interpretation
P18	73	Strong
P19	75	Strong
P20	85	Very Strong
P <sub>Sa</sub> : C <sub>Rr</sub>	C <sub>Rr</sub> 76.66	Strong
Effectiveness	P <sub>Sa</sub> %	Interpretation
P21	87	Very Strong
P22	86	Very Strong
P23	83	Very Strong
P24	81	Very Strong
P25	83	Very Strong
P26	78	Strong
P <sub>Sa</sub> : C <sub>Rr</sub>	C <sub>Rr</sub> 83.00	Very Strong
Efficiency	P <sub>Sa</sub> %	Interpretation
P27	65	Strong
P28	73	Strong
P29	78	Strong
P <sub>Sa</sub> : C <sub>Rr</sub>	C <sub>Rr</sub> 72.00	Strong
Communication Factor	P <sub>Sa</sub> %	Interpretation
P30	65	Strong
P31	75	Strong
P32	83	Very Strong
P33	85	Very Strong



$P_{Sa} : C_{Rr}$	$C_{Rr}$ 77.00	Strong
Resource Factor	$P_{Sa}$ %	Interpretation
P34	84	Very Strong
P35	90	Very Strong
P36	86	Very Strong
$P_{Sa} : C_{Rr}$	$C_{Rr}$ 86.66	Very Strong
Disposition Factor	$P_{Sa}$ %	Interpretation
P37	83	Very Strong
P38	80	Very Strong
P39	79	Strong
$P_{Sa} : C_{Rr}$	$C_{Rr}$ 80.66	Strong
Bureaucratic Structure Factor	$P_{Sa}$ %	Interpretation
P40	84	Very Strong
P41	91	Very Strong
P42	86	Very Strong
P43	82	Very Strong
$P_{Sa} : C_{Rr}$	$C_{Rr}$ 85.75	Very Strong
Accumulated $P_{SA} : C_{RR}$	80.61	Strong

Sources: Data Processing Results, 2023.

The synthesis and interpretation results indicate that the Health Department of Central Maluku Regency has successfully implemented the pharmacist practice permit service policy.

1. Consistency:

Implementers apply procedures and requirements in pharmacist practice permit services, adhere to the implementation structure aligned with operational service needs, organize human resources structurally, manage and provide necessary facilities, and complete supporting facilities for pharmacist practice permits, achieving an average final score percentage ( $P_{Sa}$ :  $C_{Rr}$  81.40%) categorized as very strong.

2. Transparency:

Implementers proportionally distribute tasks, display complete procedures and requirements for pharmacist practice permits, show proof of validity and completeness of documents, demonstrate administrative fulfillment, and establish credibility in pharmacist practice permit services, achieving an average final score percentage ( $P_{Sa}$ :  $C_{Rr}$  84.80%) categorized as very strong.

3. Accountability:

Implementers report all activities, check the progress of pharmacist practice permit services, control and assess the success rate, and coordinate all activities, achieving an average final score percentage ( $P_{Sa}$ :  $C_{Rr}$  76.50%) categorized as strong.

4. Fairness:

Implementers meet the criteria for completeness in pharmacist practice permit services, balance resources, and are non-discriminatory, achieving an average final score percentage ( $P_{Sa}$ :  $C_{Rr}$  82.33%) categorized as very strong.

5. Participation:

Implementers support each other, collaborate, and contribute to overcoming obstacles in pharmacist practice permit services, achieving an average final score percentage ( $P_{Sa}$ :  $C_{Rr}$  76.66%) categorized as strong.

6. Effectiveness:



Implementers refer to service competencies, understand rules and structures, follow guidelines, drive service processes, facilitate service flow, and focus on service goals, achieving an average final score percentage (PSa: CRr 83.00%) categorized as very strong.

7. Efficiency:

Implementers accurately allocate costs, complete services on time, and successfully issue practice permits as required, achieving an average final score percentage (PSa: CRr 72.00%) categorized as strong.

8. Communication Factor:

Policies, programs, and activities are communicated to pharmacists, who understand, respond, and comply. Implementers coordinate and guide pharmacists, achieving an average final score percentage (PSa: CRr 77.00%) categorized as strong.

9. Resource Factor:

Human resources meet service capacity, facilities are adequate, and costs are rationalized and utilized efficiently, achieving an average final score percentage (PSa: CRr 86.66%) categorized as very strong.

10. Disposition Factor:

Implementers instruct and drive services according to implementation flow, support and expedite services as directed, and mobilize capabilities to achieve service goals, achieving an average final score percentage (PSa: CRr 80.66%) categorized as strong.

11. Bureaucratic Structure Factor:

The structure accelerates service processes, is flexible and meets service demands, systematically controls services, and is adaptive and supportive according to SOPs, achieving an average final score percentage (PSa: CRr 85.75%) categorized as very strong.

Overall, the policy implementation at the Health Department of Central Maluku Regency is effective, with an accumulated average score (PSa).

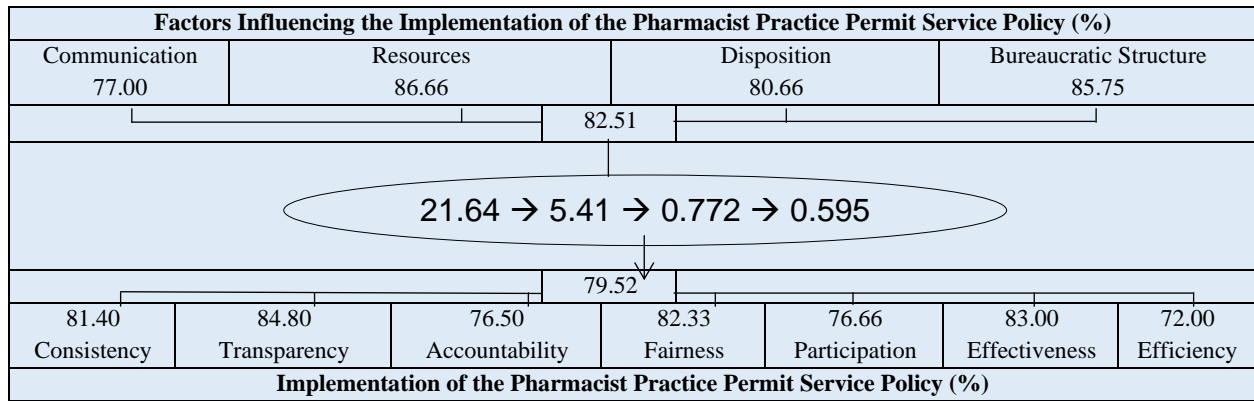
The Central Maluku Regency Health Department, based on the adaptation and interpretation of the results, is directing the overall implementation of the pharmacist practice permit service policy towards achieving the expected goals or outcomes, with an accumulated final score percentage of 80.61%, classified as strong or rated good (B).

### **Analyzing and Uncovering Factors Influencing the Implementation of the Pharmacist Practice Permit Service Policy**

Theoretically and practically, the percentage of influencing factors, including communication, resources, disposition, and bureaucratic structure, is above the median percentage of the final average score. To determine the extent of their contribution or influence on the implementation of the pharmacist practice permit service policy, which includes consistency, transparency, accountability, fairness, participation, effectiveness, and efficiency, the results can be observed in the cross-sectional sociometric diagram as follows:







**Figure 1.** Cross-sociometric Diagram

The analysis results show that cumulatively, the factors of communication, resources, disposition, and bureaucratic structure contribute to or influence the implementation of the pharmacist practice permit service policy by 21.64%, with each factor contributing 5.41%, fully divided into consistency, transparency, accountability, fairness, participation, effectiveness, and efficiency, with a value of 0.772, or 77.2%. Meanwhile, the overall factors influencing the implementation of the pharmacist practice permit service policy contribute 0.595, or 59.5%.

This research successfully demonstrates the implementation of the pharmacist practice permit service policy and the influencing factors in the Health Department of Central Maluku Regency, utilizing a theoretical approach based on the Edward III and Ramdhani (2017) policy implementation model for problem-solving and quantitative cross-sociometric analysis in the form of percentage data conversion.

The results of this research show a correlation with previous studies conducted by Wijayanti (2008), Ikasari (2008), Pojoh et al. (2010), Satibi (2012), Faizah Alvin (2017), Pratiwi et al. (2020), and Larasanty et al. (2020), all of which have made significant contributions. However, from the perspective of public administration, this research makes a specific difference by producing a form or model of a cross-sociogram for practical follow-up, which is beneficial for strengthening or improving the system. If executed effectively, the pharmacist practice permit service policy's objectives will reach their full potential and make a significant impact on the Health Department of Central Maluku Regency.

### Discussion

The implementation of the Pharmacist Practice Permit Service Policy at the Health Department of Central Maluku Regency is a process examined and analyzed based on dimensions and indicators oriented towards the achievement of established goals and targets. These dimensions and indicators include consistency, transparency, accountability, fairness, participation, effectiveness, and efficiency, which serve as measurements for the operational analysis of policy implementation. The focus is also on the influencing factors, namely communication, resources, disposition, and bureaucratic structure. To gather responses as data, the questionnaire consists of 43 items addressing these dimensions or indicators. We describe the respondents' feedback, converted into percentages, on the implementation of the Pharmacist Practice Permit Service Policy at the Health Department of Central Maluku Regency.

1. Consistency in the policy implementation received positive support from respondents: 84% for applying procedures and requirements, 91% for adhering to the implementation structure, 86% for organizing human resources, 82% for managing facilities, and 64% for providing supporting facilities. Overall, the consistency in policy implementation falls within two percentage ranges: 61–80% and 81–100%.





2. Transparency received positive support: 83% for proportional task distribution, 85% for displaying complete procedures and requirements, 84% for showing document validity, 85% for administrative fulfillment, and 87% for establishing credibility. Overall, transparency in policy implementation falls within the 81–100% range.
3. Accountability received positive support: 81% for reporting activities, 83% for checking service progress, 78% for controlling and assessing success, and 64% for coordinating activities. Overall, accountability in policy implementation falls within two ranges: 61–80% and 81–100%.
4. Fairness received positive support: 79% for meeting service completeness criteria, 86% for balanced resource utilization, and 82% for non-discriminatory service. Overall, fairness in policy implementation falls within two ranges: 61–80% and 81–100%.
5. Participation received positive support: 73% for mutual support, 75% for collaboration, and 85% for contributing to problem-solving. Overall, participation in policy implementation falls within two ranges: 61–80% and 81–100%.
6. Effectiveness received positive support: 87% for referring to service competencies, 86% for understanding rules and structures, 83% for following guidelines, 81% for driving service processes, 83% for facilitating service flow, and 78% for focusing on goals. Overall, effectiveness in policy implementation falls within two ranges: 61–80% and 81–100%.
7. Efficiency received positive support: 65% for accurate cost allocation, 73% for timely service completion, and 78% for issuing permits as needed. Overall, efficiency in policy implementation falls within the 61–80% range.
8. Communication factor received positive support: 65% for communicating policies, 75% for pharmacist understanding and compliance, 83% for coordinating service processes, and 85% for guiding pharmacists. Overall, communication in policy implementation falls within two ranges: 61–80% and 81–100%.
9. Resources factor received positive support: 84% for meeting service capacity, 90% for adequate facilities, and 86% for efficient cost utilization. Overall, resources for policy implementation fall within the 81–100% range.
10. Disposition factor received positive support: 83% for instructing and driving services, 80% for supporting and expediting services, and 79% for mobilizing capabilities. Overall, disposition in policy implementation falls within two ranges: 61–80% and 81–100%.
11. Bureaucratic structure factor received positive support: 84% for accelerating service processes, 91% for flexibility and meeting service demands, 86% for systematic control, and 82% for being adaptive and supportive according to SOPs. Overall, bureaucratic structure in policy implementation falls within the 81–100% range.

## CONCLUSION

### Conclusion

The implementation of the Pharmacist Practice Permit Service Policy at the Health Department of Central Maluku Regency is revealed through the dimensions of consistency, transparency, accountability, fairness, participatory approach, effectiveness, and efficiency with a high percentage level of 72.00 – 84.80%. However, it still requires maximization to achieve the highest standard percentage of 100%.

The implementation of the pharmacist practice permit service policy at the Health Department of Central Maluku Regency is influenced by factors of communication, resources, disposition, and bureaucratic structure. These factors cumulatively contribute 59.5% to the policy implementation. The



remaining 40.5% can be a focus for follow-up maximization while prioritizing the factors influencing the implementation of the pharmacist practice permit service policy at the Health Department of Central Maluku Regency.

The findings of this study synergize theoretical and practical approaches in revealing the level of policy implementation quantitatively and have implications for the strengthening and maximization of the pharmacist practice permit service policy implementation at the Health Department of Central Maluku Regency.

### **Recommendations**

Based on the conclusions of this study, the following recommendations are provided:

1. To achieve the highest standard of 100%, the Health Department of Central Maluku Regency should enhance the available resources, including workforce, technology, and facilities. Continuous training for staff on the latest procedures and best practices in pharmacist practice permit services is also essential to improve effectiveness and efficiency.
2. Strengthen communication both within the bureaucracy and with the public and external stakeholders. This can be done through more intensive socialization about the procedures and benefits of pharmacist practice permit services, and by establishing open and responsive communication channels to address any barriers or complaints that may arise.
3. Increase transparency and accountability in the pharmacist practice permit service process by providing easy and open access to information regarding procedures, costs, and processing times. Implement strict monitoring and evaluation systems to ensure that every step in the permit process is carried out according to the established standards.
4. Conduct a review and improvement of the existing bureaucratic structure to ensure that each part functions optimally and there is no overlap of duties. This adjustment can include reorganizing functions and responsibilities as well as simplifying procedures to expedite the pharmacist practice permit service process.

### **REFERENCES**

- Abdussamad, Z., Tahir, A., & Arsana, I. K. S. (2021). Analisis Tingkat Kepuasan Masyarakat Dalam Pelayanan Publik (Studi Kasus: Di Gorontalo Utara). *Efisiensi: Kajian Ilmu Administrasi*, 18(1), 45-62.
- Agustino, L. (2008). Dasar-Dasar Kebijakan Publik. *Bandung: Alfabeta*.
- Cahyaningsih, F., & Dyahjatmayanti, D. (2023). The Effect Of Workload And Work Environment On Employee Performance At Pt. Merpati Angkasa Abadi Sultan Muhammad Kaharuddin Airport Sumbawa. *Aurelia: Jurnal Penelitian Dan Pengabdian Masyarakat Indonesia*, 2(2), 1474-1482.
- Faizah, A. (2017). Pelaksanaan Dan Faktor Yang Mempengaruhi Kepemilikan Surat Izin Raktik Apoteker (Sipa) Oleh Tenaga Apoteker Di Rumah Sakit Dan Puskesmas Kota Surabaya Tahun 2016. *Jurnal Administrasi Kesehatan Indonesia*, 5(2).
- Fajarini, H. (2018). Implementasi Peraturan Menteri Kesehatan Ri No. 73 Tahun 2016 Tentang Standar Pelayanan Kefarmasian Di Apotek. *Parapemikir: Jurnal Ilmiah Farmasi*, 7(2), 260-269.



- Fauziyah, P. N., & Satibi, S. (2012). Evaluation Of Pharmaceutical Care Standard Implementation By Pharmacist In Bantul Residence's Pharmacy. *Jurnal Manajemen Dan Pelayanan Farmasi (Journal Of Management And Pharmacy Practice)*, 2(4), 209-213.
- Hadiyanto, N. (2017). Pengaruh Implementasi Kebijakan Pemberian Bantuan Operasional Sekolah (Bos) Terhadap Peningkatan Kinerja Guru Dan Partisipasi Orang Tua Siswa Dalam Peningkatan Prestasi Belajar Siswa Pada Sekolah Menengah Pertama Negeri Di Kabupaten Garut. *Jurnal Pendidikan Uniga*, 9(1), 103-116.
- Hamdi, M. (2014). *Kebijakan Publik: Proses, Analisis, Dan Partisipasi*. Ghalia Indonesia.
- Huberman, A. (2014). *Qualitative Data Analysis A Methods Sourcebook*.
- Ikasari, N. H. (2008). *Perbedaan Tingkat Kepuasan Pemberian Informasi Obat Antara Apotek Di Kecamatan Kartasura Sukoharjo Dengan Apotek Instalasi Farmasi Rumah Sakit Ortopedi. Prof. Dr. R. Soeharso Surakarta* (Doctoral Dissertation, Universitas Muhammadiyah Surakarta).
- Indonesia, P. R., & Indonesia, P. R. (1992). Undang Undang No. 23 Tahun 1992 Tentang: Kesehatan. *Undang Undang*, 23, 1-31.
- Iskandar, J. (2012). *Kapita Selekta Teori Administrasi Negara. Bandung: Puspaga*.
- Jumrah, J., Yusuf, S., & Muin, H. (2023). Implementasi Kebijakan Hospital Disaster Plan Di Rsud Madising Kabupaten Pinrang. *Jurnal Keperawatan Profesional (Kepo)*, 4(2), 96-105.
- Kariyoto, K. (2017). Implementasi Value For Money, Input Output Outcome Dan Best Value Sebagai Alat Pengukuran Kinerja Sektor Publik. *Jurnal Ilmiah Bisnis Dan Ekonomi Asia*, 11(1), 72-82.
- Kemendes, R. I. (2015). *Rencana Strategis Kementerian Kesehatan Tahun 2015-2019. Jakarta: Kementerian Kesehatan RI*.
- Larasanty, L. P. F., Jaya, M. K. A., Astuti, K. W., & Santika, I. W. M. Pengembangan Kuisisioner Udayana Untuk Penilaian Kepuasan Pasien Terhadap Pelayanan Kefarmasian Oleh Apoteker Di Pusat Kesehatan Masyarakat. *Jurnal Manajemen Dan Pelayanan Farmasi (Journal Of Management And Pharmacy Practice)*, 11(1), 62-72.
- Lexy, J. M. (2002). *Metodologi Penelitian Kualitatif. Bandung: Remaja Rosdakarya*.
- Nasir, M. (2003). *Metode Penelitian Jakarta: Ghalia Indonesia*.
- Nasution, A. F. (2023). *Metode Penelitian Kualitatif*.
- Novrandyka, H. (2015). *Kajian Yuridis Pasal 21 Peraturan Menteri Kesehatan Nomor. 889/Menkes/Per/V/2011 Tentang Registrasi, Izin Praktik Dan Izin Kerja Tenaga Kefarmasian Terkait Pemberian Rekomendasi Organisasi Profesi Apoteker* (Doctoral Dissertation, Uajy).
- Obat, P. K. B. P., & No, M. (4). Tahun 2018. *Tentang Pengawasan Pengelolaan Obat, Bahan Obat, Narkotika, Psikotropika, Dan Prekursor Farmasi Di Fasilitas Pelayanan Kefarmasian*.
- Pasolong, H. (2019). *Teori Administrasi Publik*.
- Permenkes, R. I. (2016). Peraturan Menteri Kesehatan Republik Indonesia Nomor 31 Tahun 2016 Tentang Perubahan Atas Peraturan Menteri Kesehatan Nomor 889/Menkes/Per/V/2011 Tentang Registrasi, Izin Praktik, Dan Izin Kerja Tenaga Kefarmasian. *Journal Of Chemical Information And Modeling*.



- Pojoh, J. A., Ulaen, S. P., & Sael, Y. (2012). Penerapan Standar Pelayanan Kefarmasian Di Apotek Kartens Manado. *Jurnal Ilmiah Farmasi Poltekkes Manado*, 3(2), 96442.
- Pratiwi, H., Mustikaningtias, I., Widyartika, F. R., Setiawan, D., Nasrudin, K., & Julietta, L. (2020). Analisis Persepsi Masyarakat Terhadap Peran Apoteker Pada Layanan Kefarmasian Di Apotek Kecamatan Sokaraja, Baturraden, Sumbang, Dan Kedungbanteng. *Jpscr: Journal Of Pharmaceutical Science And Clinical Research*, 5 (1). *J Pharm Sci*, 1, 34.
- Primanto, A., & Undang, G. (2022). Impact Evaluation Of The Road Infrastructure Development Policy In Improving The Quality Of Education Services In Indonesia. *Jurnal Mantik*, 5(4), 2332-2339.
- Rabin, J. (Ed.). (2003). *Encyclopedia Of Public Administration And Public Policy: Aj* (Vol. 1). Crc Press.
- Rahmawati, S., Rahem, A., & Aditama, L. (2022). Komunikasi Sebagai Hambatan Apoteker Dalam Meningkatkan Kepatuhan Pasien Hipertensi Di Puskesmas. *Jurnal Penelitian Kesehatan Suara Forikes (Journal Of Health Research Forikes Voice)*, 13(3), 675-679.
- Ramdhani, A., & Ramdhani, M. A. (2017). Konsep Umum Pelaksanaan Kebijakan Publik. *Jurnal Publik: Jurnal Ilmiah Bidang Ilmu Administrasi Negara*, 11(1), 1-12.
- Riduwan, R. (2013). *Dasar-Dasar Statistika*. Cv Alfabeta.
- Rodiyah, I., Sukmana, H., & Mursyidah, L. (2021). *Buku Ajar Pengantar Ilmu Administrasi Publik*. Umsida Press, 1-92.
- Rohman, A. T. (2016). *Implementasi Kebijakan Melalui Kualitas Pelayanan Penerimaan Pajak Daerah Dan Implikasinya Terhadap Kepuasan Masyarakat Di Dinas Pendapatan Kabupaten Kuningan (Studi Peraturan Daerah Kabupaten Kuningan No. 15 Tahun 2010 Tentang Pajak Daerah)* (Doctoral Dissertation, Unpas).
- Rusli, B. (2013). *Kebijakan Publik Membangun Pelayanan Publik Yang Responsif*. Bandung: Hakim Publishing.
- Sekretariat Negara, R. I. (2009). *Undang-Undang No. 36 Tahun 2009 Tentang Kesehatan*. Jakarta: Sekretariat Negara Republik Indonesia.
- Shiddiqi, A. E. A. (2019). *Profil Pelayanan Swamedikasi Produk Obat Fitofarmaka Untuk Pasien Diabetes Melitus Di Beberapa Apotek Di Wilayah Surabaya* (Doctoral Dissertation, Universitas Airlangga).
- Siregar, L. K., Pattimukay, H. V. R., & Waisapy, J. (2023). Evaluasi Pelaksanaan Program Bantuan Pangan Non Tunai (Bpnt) Di Negeri Tawiri Kecamatan Teluk Ambon Kota Ambon. *Mimbar Administrasi Fisip Untag Semarang*, 20(1), 127-138.
- Sugiono, D. (2020). *Metode Penelitian Administrasi*.
- Sugiyono, S. (2017). *Metode Penelitian & Pengembangan*. Research And Development. Alfabeta.
- Sundi, K. *Tourism Development Strategy In Effort Of Local Autonomy Implementation At Konawe District, Southeast Sulawesi Province*.
- Taufik, M., & Mm, M. (2022). *Hukum Kebijakan Publik: Teori Dan Praksis*. Tanah Air Beta.
- Thoha, M. (1984). *Dimensi-Dimensi Prima Ilmu Administrasi Negara. (No Title)*.
- Wahab, S. A. (2010). *Pengantar Analisis Implementasi Kebijakan Negara*. Jakarta: Rineka Cipta.
- Wahyudi, A. (2016). Implementasi Rencana Strategis Badan Pemberdayaan Masyarakat Dan Desa Dalam Upaya Pengembangan Badan Usaha Milik Desa Di Kabupaten Kotawaringin Barat. *Jurnal Ilmiah Administrasi Publik*, 2(2), 99-103.
- Wijiyanti, A. M. (2009). *Gambaran Pelaksanaan Standar Pelayanan Kefarmasian Di Apotek Kabupaten Brebes Tahun 2008* (Doctoral Dissertation, Universitas Muhammadiyah Surakarta).



Wiranata, R. A., & Kristhy, M. E. (2022). Undang-Undang Nomor 25 Tahun 2009 Tentang Pelayanan Publik Sebagai Values Of Law Atas Pelayanan Publik Terhadap Penyandang Disabilitas. *Jurnal Komunikasi Hukum (Jkh)*, 8(1), 208-218.



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).  
Copyright (c) 2024 Nurtati, Normawati, Hengky V. R. Pattimukay