
Excellent Pharmacist Service Strategy in the Pharmaceutical Community Towards Superior and Progressive Pharmacy

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Abstract: *The purpose of this study is to determine the implementation of good and bad pharmaceutical ethics. The methods used are population and sample, sampling techniques, operational definitions, research instruments, data collection techniques, and data analysis. The results of research related to the implementation of practices based on SPKA as a whole can be used as studies and inputs in addition to the results of supervision from the government so that the government together with IAI professional organizations can support pharmacists in implementing practices according to standards. Decisions can also be taken appropriately by stakeholders in providing guidance, supervision and follow-up on the implementation of standards by pharmacists in pharmacies. Pharmacists can get full support to raise awareness of legal compliance in carrying out responsible practices.*

Keywords: *pharmacist, excellent, pharmacist service strategy, pharmaceutical community, superior and progressive.*

INTRODUCTION

In the last five years, the urge to carry out pharmaceutical care by prioritizing pharmaceutical practices by pharmacists has strengthened. Since the enactment of Government Regulation Number 51 concerning Pharmaceutical Work in 2009, it has legalized pharmaceutical work by pharmacists in the procurement, production, distribution and service of pharmaceutical preparations. Pharmaceutical practices can be carried out in pharmaceutical distribution, production and service facilities. Pharmaceutical services have undergone changes that originally only focused on drug management (drug-oriented) and developed into comprehensive services including drug services and clinical pharmacy services aimed at improving the quality of life of patients. Pharmaceutical practices are carried out based on pharmaceutical service standards in pharmacies, which are set as a reference for the implementation of pharmaceutical services in pharmacies [1].

Pharmacists are required to be able to improve their knowledge, skills and behaviour to interact with patients professionally. The reality in the field shows that not all pharmacists carry out pharmaceutical services according to standards in pharmacies. Supardi et al, explained that in general, pharmacists managing pharmacies already know and have standard pharmaceutical service documents in pharmacies (SPKA), but the implementation has not been good. This is due to the limited ability of pharmacists in clinical pharmacy and management science, so training materials are needed to implement SPKA covering pharmaceutical science and management science [2].

Literature Review

WHO and the International Pharmaceutical Federation (FIP) have established Good Pharmacy Practice (GPP) guidelines, as guidelines in the preparation of pharmaceutical practice standards to improve pharmaceutical services by community pharmacists and this has been followed by various countries by adjusting the culture of practice, and local and country-specific conditions [3].

The Indonesian government itself has established guidelines for Pharmaceutical Service Standards in Pharmacies (SPKA), since 2004 which continues to be updated until the Regulation of the Minister of Health of the Republic of Indonesia number 73 of 2016 concerning SPKA, as a reference for pharmacists in carrying out pharmaceutical services in pharmacies. SPKA includes management standards for pharmaceutical preparations, medical devices and medical consumables (BMHP) that are managerial in nature and clinical pharmacy services [4], [5].

The implementation of SPKA is a benchmark in providing quality and quality pharmaceutical services by pharmacists as a consequence of changes in orientation in pharmaceutical services. The implementation of pharmacy practices in pharmacies following the law will have an impact on the provision of quality pharmaceutical services, because regulations that are not implemented properly, and economically will also cause losses for the government as a policymaker and the wider community in need [6], [7].

Overview and evaluation related to the implementation of practices based on SPKA as a whole can be used as a study and input in addition to the results of supervision from the government so that the government together with IAI professional organizations can support pharmacists in implementing practices according to standards. Decisions can also be taken appropriately by stakeholders in providing coaching, supervision and follow-up on the implementation of standards by pharmacists in pharmacies. Pharmacists can get full support to raise awareness of legal compliance in carrying out responsible practices. This journal will discuss an overview related to the implementation of good and bad ethics of pharmacists on the implementation of Pharmacy Practice Standards (SPKA) based on PMK number 73 of 2016 [8], [9].

The duties and authorities of pharmacists in carrying out pharmaceutical work are in the manufacture including quality control of pharmaceutical preparations, security, procurement, storage and distribution or distribution of drugs, drug management, drug services on prescription, drug information services, as well as drug development, medicinal ingredients and traditional medicine [10]–[12].

METHODOLOGY

Population and Sample

The population in this study was patients who received pharmaceutical services. The number of samples in this study was determined using the Slovin formula, which is 100 respondents [13]–[15].

Sampling Techniques

Sampling in this study was based on accidental sampling techniques. This technique is based on sampling carried out by taking samples that happen to be present at the time of conducting research [16].

Research Instruments

The instrument in this study is a validated questionnaire.

Data Collection Techniques

The data collection techniques used are primary data and secondary data. Primary data were obtained through questionnaires distributed to respondents who were the subjects of the study. Secondary data is obtained from the medical record department to determine the number of outpatient visits [17].

Data Analysis

The data analysis used in this study is univariate analysis to explain the characteristics of each variable measured. Each variable is analyzed using descriptive statistics in the form of percentages to see the implementation of pharmaceutical service standards. Answers are made with the highest score of "one" and the lowest score of "zero". For the positive statement category, Yes = 1 and No = 0 answers, while for the negative statement category, Yes = 0 and No = 1 answers. For scoring to obtain a percentage value, negative questions are made into positive statements with the answers "Yes = 0 to No = 0" and "No = 1 to Yes = 1". Then the answer "Yes" is 1 and "No" is 0 calculated as a percentage and tested using SPSS type 25. The answer "Yes" means carrying out or implementing according to pharmaceutical service standards in pharmacies while the answer "No" means not implementing or implementing according to pharmaceutical service standards in pharmacies [18]–[20].

RESULTS AND DISCUSSION

Ethics comes from the Greek word *ethos* (singular word) which means, dwelling, pasture, stable, customs, customs, disposition, attitude, and way of thinking. Ethics can also be derived from catalytic, i.e. "ethic", while in Greek, *ethos* is a body of moral principles or values. Ethic, the true meaning is habit, habit. So ethics can be interpreted as a science that studies treatment where it can judge something good and bad. In carrying out pharmaceutical services, especially in pharmacies, a pharmacist must have good ethics. Such as speaking softly to patients in providing prescription services. Pharmaceutical services also have their ethical foundations [21]–[23].

The results showed that there are still purchases of hard drugs without a doctor's prescription and the absence of pharmacists at the practice during pharmacy opening hours so that information, education, and hard drug delivery services are not carried out by pharmacists. This is because pharmacists' awareness and compliance with Government Regulation Number 51 concerning Pharmaceutical Work Article 21 paragraph (2) is still low so a legal culture of apathy is formed due to the absence of strict guidance and supervision from the Health Office and IAI as professional organizations. Efforts made by IAI to pharmacists who are not present at pharmacies not to provide information, education, and hard drug delivery services while still socializing pharmacists about their duties and obligations, even though there are no sanctions carried out by professional organizations if pharmacists do not provide information, education, and delivery of hard drugs to patients. The absence of sanctions carried out by professional organizations indicates that awareness and compliance of IAI organization administrators with the law is still lacking [24]–[26].

Based on the survey, the implementation of the management of pharmaceutical preparations, medical devices and BMHP is carried out by pharmacists assisted by TTK, but the implementation is mostly carried out by TTK under the responsibility of pharmacists. The new clinical pharmacy service runs on prescription, PIO and some counselling services. Home pharmacy care, PTO and MESO as well as clinical documentation have not been conducted. Based on the interview results, supporting factors are TTK support, PSA support, the presence of pharmacists with regular practice schedules, the use of technology information systems and pharmacist motivation. The inhibiting factors are patient factors where there are doubts about pharmacy personnel, limited presence of pharmacists, lack of skills, no counselling service room, and a limited number of pharmaceutical human resources. The ratio of the number of pharmacists per pharmacy is 1.8 and the adequacy of pharmacists for prescribing patients per day without the assistance of pharmaceutical technical personnel is 66.7%. Pharmaceutical Service Standards in Pharmacies have not been implemented completely, the average implementation of pharmaceutical preparation management standards (98.4%) is higher than the implementation of clinical pharmacy service standards (73.8%). To improve the implementation of SPKA, it is recommended that pharmacists improve the competence of pharmaceutical services in pharmacies, professional organizations conduct continuing education for pharmacists and the District/City Health Office to make policies, conduct guidance and monitor/evaluate regularly [27]–[30].

The overall results showed that 74.5% of consumers had a good perception of pharmacy services even though the pharmaceutical services obtained did not meet community pharmacy standards. Pharmacy services and pharmaceutical services are still drug-oriented, not patient/consumer-oriented. Pharmaceutical services that meet community pharmacy standards (e.g. pharmacist provision of drug information, counselling services, monitoring drug use and treatment evaluation, promotion and health education for patients) have not been a reason for consumers to choose a pharmacy [31], [32].

The basics of pharmacist professional ethics have been regulated by laws that have been covered in the guidelines. As pharmacist ethics in general obligations:

Article 1: The pharmacist must uphold, live and practice the pharmacist's oath.

Article 2: A pharmacist must make serious efforts to live and practice the Indonesian pharmacist code of ethics.

Article 3: A pharmacist must always carry out his profession according to the competence of Indonesian pharmacists and must always prioritize and uphold humanitarian principles in carrying out obligations.

Article 4: A pharmacist must always actively follow developments in the field of health in general and in the field of pharmacy in particular.

Article 5: In carrying out their duties, pharmacists must abstain from purely self-benefit efforts that are contrary to the dignity and noble traditions and offices of pharmacy.

Article 6: a pharmacist must be virtuous and be a good example to others.

Article 7: A pharmacist must be a source of information appropriate to his profession.

Article 8: A pharmacist must become active in following the development of laws and regulations in the field of health in general and in the field of pharmacy in particular [33], [34].

Table 1. Pharmacist Ideality

No	Subject	Obligation
1	Pharmacist	Uphold, live and practice the pharmacist's oath.
2	Pharmacist	Strive earnestly
3	Pharmacist	Prioritizing and adhering to humanitarian principles in carrying out obligations
4	Pharmacist	Always actively follow developments in the field of Health
5	Pharmacist	Abstaining from self-benefit ventures
6	Pharmacist	Be virtuous and set a good example
7	Pharmacist	Become a source of information following their profession
8	Pharmacist	Actively follow the development of legal regulations in the field of Health

*The pharmacist's obligations to patients are:

Article 1: A pharmacist in practising pharmacy must prioritize the interests of the community, respect the human rights of patients and protect human beings.

*The pharmacist's obligations to colleagues are:

Article 2: A pharmacist must treat colleagues as he or she would like to be treated

Article 3: fellow pharmacists must always remind and advise each other to comply with the provisions of the code of ethics

Article 4: A pharmacist shall use every opportunity to promote good cooperation among pharmacists in maintaining the dignity and position of pharmacy, and to strengthen mutual trust in the fulfilment of their duties

*The pharmacist's obligations to other health workers are:

Article 5: A pharmacist shall seize every opportunity to establish and improve professional relationships, mutual trust, respect and respect for other health workers

Article 6: A pharmacist should abstain from acts or acts that may result in reduced or lost public trust in other healthcare workers

Article 7: a pharmacist is serious about living and practising the Indonesian pharmacist code of ethics in carrying out his daily pharmaceutical duties [\[35\]–\[37\]](#).

Table 2. Obligations of the Pharmacist

No	Subject	Obligation
1	Pharmacist	Pharmaceutical practices must prioritize the interests of the community
2	Pharmacist	Treating peers
3	Pharmacist	remind and advise each other
4	Pharmacist	seize every opportunity to promote good cooperation
5	Pharmacist	Building and improving professional relationships
6	Pharmacist	abstain from actions that may result in a loss of public trust
7	Pharmacist	Appreciate and practice the pharmacist's code of ethics

The implementation of each article is different, such as the implementation of the pharmacist code of ethics for patients in article 9. A pharmacist prioritizes care for patients and every professional action and decision must be in the interests of patients and the

community. The pharmacist must be able to get the patient involved in treatment and also keep the patient both in good health and in a sick state. Attack pharmacists must also be sure that the drug or regimen to be handed over to the patient is efficacious and guarantees quality and safety. In addition, as a pharmacist, you must also maintain the confidentiality of drug data and patient data [38].

In addition to its implementation in patients, we must also obey the ethics of colleagues in the same area such as fellow appointers or doctors. We must respect the professional decisions that have been established by doctors in the form of writing prescriptions and so on. The pharmacist may take a different policy than the doctor but it should be discussed first. Unless the law permits decision-making in the interests of the patient [39].

The ethics of pharmaceutical services in pharmacies today can be said to be only concerned with the availability of drugs rather than improving pharmaceutical services. This statement is explained by research conducted by Supardi which shows that the average implementation of pharmaceutical preparation management standards (98.4%) is higher than the implementation of clinical pharmacy service standards (73.8%). So it is necessary to improve the implementation of pharmaceutical service standards [40].

Factors Causing Bad Ethics When Running Pharmaceutical Services

In carrying out pharmaceutical services, it must be by good ethics and existing professional codes of ethics. Various factors can be the cause why bad ethics arise in carrying out pharmaceutical services, especially in pharmacies. Such as the factor of patient distrust of pharmacists or Pharmaceutical Technical Personnel (TTK). Research conducted by Mulyagustina et al, (2017) explains that there are inhibiting factors where there are doubts about pharmacy personnel, limited presence of pharmacists, lack of skills, no counselling service room, and a limited number of pharmaceutical human resources. Because people feel distrusted, they tend to be bored or lazy with other people's situations and conditions. In addition, other factors can also be the emergence of bad ethics such as selfishness by selling or handing over hard drugs that should be prescribed but given without a prescription. This is because pharmacists' awareness and compliance with Government Regulation No. 51 concerning Pharmaceutical Work Article 21 paragraph (2) is still low so an apathetic legal culture is formed due to the absence of strict guidance and supervision from the Health Office and IAI as a professional organization. Even so, it is expected that in the future there will be regulations from IAI so that pharmacists who violate will get sanctions [41], [42].

Implementation of Good and Bad Pharmacist Ethics on the Application of Pharmacy Pharmacy Practice Standards

The implementation of good ethics in the implementation of Pharmacy Pharmacy Service Standards can be done because the role of pharmacists in all parts of the world has grown in the last two decades, from only providing traditional services to more patient-oriented services. Pharmacists are required to be able to improve their knowledge, skills and behaviour to interact with patients professionally [43].

The Indonesian government itself has set guidelines for Pharmaceutical Service Standards in Pharmacies (SPKA) as a reference for pharmacists in carrying out pharmaceutical services in pharmacies. SPKA includes management standards for pharmaceutical preparations, medical devices and medical consumables (BMHP) that are managerial in nature and clinical pharmacy services. Clinical pharmacy services in pharmacies are part of pharmaceutical services that must be carried out by pharmacists. This service is provided directly to patients to improve therapeutic outcomes, minimizing the risk of side effects due to drugs, and patient safety, so that the quality of life of patients can be guaranteed [44].

The implementation of SPKA is a benchmark in providing quality and quality pharmaceutical services by pharmacists as a consequence of changes in orientation in

pharmaceutical services. The implementation of pharmacy practices in pharmacies following the law will have an impact on the provision of quality pharmacy services [45].

The implementation of bad ethics in the implementation of Pharmacy Pharmacy Service Standards can occur because of not applying PMK RI number 73 of 2016 concerning SPKA in practice. Limited provision of professional pharmacy services by community pharmacists and poor level of pharmacist compliance in the implementation of pharmaceutical practice standards. Violations that occur in pharmaceutical practices committed by pharmacists in pharmacies can harm pharmacists themselves which will result in sanctions that must be received and can even lead to criminal acts. In addition, the implementation of pharmaceutical service standards in pharmacies is due to pharmacists not playing an optimal role in their presence in pharmacies, weak support and evaluation by pharmacists and pharmacy management, low procurement of supporting facilities and infrastructure, as well as lack of socialization, legislation, and weak regulatory control by related officials. The competence of pharmacy personnel, especially knowledge of applicable pharmaceutical laws and regulations, the limited number of human resources owned by pharmacies, economic factors and working relationships between pharmacists and Pharmacy Facility Owners (PSA) are also inhibiting factors [46].

Overview and evaluation related to the implementation of practice implementation

Based on Pharmacy Pharmacy Service Standards (SPKA). Evaluation related to the implementation of practice implementation based on SPKA as a whole can be used as a study and input in addition to the results of supervision from the government so that the government together with IAI professional organizations can support pharmacists in implementing practices according to standards. Decisions can also be taken appropriately by stakeholders in providing guidance, supervision and follow-up on the implementation of standards by pharmacists in pharmacies. Pharmacists can get full support to raise awareness of legal compliance in carrying out responsible practices [27], [47]–[49].

CONCLUSION

The ethics of pharmaceutical services are currently still under where pharmacists in pharmacies only improve the quality of availability of goods rather than improving the quality of pharmaceutical services for patients. The factor that influences the emergence of bad ethics is the patient's distrust of pharmacists so a person grows up feeling lazy and does not want to take care of others. Another factor is the desire to win alone and attach importance to one's desires such as selling drugs that should be prescribed first but instead handing over hard drugs without a prescription so that there needs to be a reprimand from IAI so that those who violate get sanctions and reprimands. Implementation of pharmaceutical service standards in pharmacies based on PMK RI number 73 of 2016. It is hoped that IAI professional organizations, can Implement Pharmaceutical Service Standards in Pharmacies and work together to provide support in raising awareness for pharmacists to carry out practices according to applicable standards and provide protection and legal assistance for pharmacists in carrying out pharmaceutical practices.

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Author Contribution

All authors contributed equally to the main contributor to this paper, all authors read and approved the final paper, and all authors declared no conflict of interest.

Conflicts of Interest

All authors declare no conflict of interest.

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