

ANALYZING BHINA BHAKTI HUSADA HOSPITAL'S PHARMACY PERFORMANCE THROUGH BALANCED SCORECARD METHOD

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Abstract

This study evaluates Bhina Bhakti Husada Hospital's Pharmacy Installation performance using the Balanced Scorecard. Financially, Inventory Turnover Ratio (ITOR), Growth Ratio on Sales, and Gross Profit Margin were assessed. ITOR increased (3.8 to 7.26), but remained below norms. Growth Ratio on Sales rose (10.2% to 46%), improving sales. Gross Profit Margin enhanced (23.4% to 35.2%), indicating better profitability. The customer perspective focused on service quality and satisfaction. Servqual analysis and Importance Performance Analysis (IPA) indicated service quality fell short of expectations, yet met ministry standards. Internally, dispensing time met service criteria, but drug availability (88.7% to 92%) suffered due to stock and procurement issues, though fast service was enabled by information systems. Training participation grew (80% to 85%), while employee turnover (21% to 30%) remained high, denoting retention challenges. Dominant delegative leadership style and positive organizational culture were noted. Overall, Pharmacy Installation showed financial growth, sales improvement, and efficiency. Challenges in customer satisfaction, drug availability, and employee retention suggest the need for hospital action to enhance performance and satisfaction.

Keywords: Performance Evaluation, Balanced Scorecard, Pharmacy Installation, Financial Perspective, And Customer Satisfaction.

1. INTRODUCTION

Along with the development of the times and the demands of society, hospitals are currently required to be able to provide professional and satisfying services to meet the agreed strategies and performance targets related to the hospital's own business processes. The hospital is an agency tasked with providing services and providing health facilities for the community. The main goal of health service agencies is to attract more patients, but still with due regard to quality and efficiency in providing health services. Things related to improving the performance and quality of hospitals need to be done with the aim that hospitals can provide quality services to the community. Balanced scorecard as an integrated and comprehensive company performance measurement method, can be used as a tool to evaluate the implementation of management in a company both as a whole and limited to only a certain unit within the company, which in this study of balanced scorecard aims to determine the performance of the hospital Pharmacy Installation.

Balanced scorecard is an approach that can be used to measure overall company performance that describes the company's strategy and goals into four perspectives, which include: financial perspective (financial perspective), customer perspective (customer perspective), internal business process perspective (internal business process perspective) and learning and growth perspective (growth and learning perspective) (Kaplan & Norton, 2004). Measurement on balanced scorecard is considered as the most appropriate approach to assessing the

performance of an organization working in the public sector, because balanced scorecard not only prioritizes assessment on quantitative or financial indicators, but also paying attention to qualitative and non-financial aspects. Therefore, it is hoped that the goals of a public organization are not only to make profit a priority for the main performance measurement, but also to pay attention to aspects of the quality of health services that are qualitative or non-financial in nature.

The statement mentioned by Kaplan and Norton (2004), that performance appraisal in organizations in the future is known as the concept of balanced scorecard, and is a guideline for contemporary management (contemporary management tool) as an approach to assessing organizational performance in line with increasingly complex environmental changes. Meanwhile, according to Mulyadi (2014), a company's financial performance can be multiplied significantly and integrated with the approach of balanced scorecard as a contemporary management method created in such a way as to improve company performance. Therefore, by using balanced scorecard in carrying out the management of a company can promise to increase the company's ability to improve its performance (Kaplan & Norton, 2004).

The Pharmacy Installation is one of the functional units of the hospital, which carries out pharmaceutical activities and services, and has a very important role in supporting the smooth running of health services and also as one of the biggest sources of income for the hospital. Therefore, a strategy is needed to improve the management of pharmaceutical installations in a hospital with the aim of improving service quality and performance. Hospital management needs to monitor all important opportunities and developments with the aim of evaluating the performance of the hospital Pharmacy Installation in order to create quality service quality.

Evaluation of the management or performance of the Pharmacy Installation in the Bhina Bhakti Husada has never been carried out in depth before so that competence, skills, abilities, innovation, and work experience for each employee cannot be assessed with certainty and evenly, resulting in no performance appraisal results that have been carried out during the pharmaceutical administration process. Based on these considerations, we need a performance measurement, especially with the method of balanced scorecard with the aim of assessing organizational success which is categorized in four perspectives, namely finance, customers, internal business, and learning and growth (Hadiansah et al., 2021).

Bhina Bhakti Husada Rembang is a type C hospital which was established on May 11 2018 and is located in the Rembang Regency, Central Java. Bhina Bhakti Husada Rembang has the duty to carry out holistic and comprehensive health service efforts which include promotive, preventive, curative and rehabilitative in efforts to prevent disease, improve health services, and carry out referral programs, where 90% of the population who live in Rembang Regency seek treatment using BPJS. Bhina Bhakti Husada Rembang has a capacity of 128 beds, which are spread across several inpatient units consisting of Bima (maternity and pediatrics inpatient), Arjuna (surgical inpatient, and Nakula (non-surgical inpatient). In addition, there are also High facilities. Care Unit (HCU), Intensive Care Unit (ICU), Pediatric Intensive Care Unit (PICU), Neonatal Intensive Care Unit (NICU), Perinatology, and Delivery Rooms, while the installations in Bhina Bhakti Husada Hospital, Rembang include the Emergency Room,

Outpatient Installation, Central Surgery Installation, Hemodialysis Installation, Pharmacy Installation, Radiology Installation, Laboratory Installation, Nutrition Installation, and Medical Rehabilitation Installation. balanced scorecard previously carried out by Rusmawati et al. (2014), with the title “Performance Measurement of PKU Muhammadiyah Delanggu Public Hospital Using Elements of Balanced Scorecard (Empirical Study at PKU Muhammadiyah Delanggu Public Hospital)” to measure the overall hospital performance for three years, namely 2010 – 2012.

Based on some of the things mentioned above, the authors feel the need to conduct research that analyzes the performance of the method of balanced scorecard through these four perspectives, especially in the Hospital Pharmacy Installation. Bhina Bhakti Husada. So that strategic mapping in improving management is obtained through measurement with the method of balanced scorecard will improve service quality, human resources, and customer satisfaction in the Hospital Pharmacy Installation of Bhina Bhakti Husada, where this will also affect cost efficiency and increase the amount of revenue which will increase profits from the hospital.

2. METHODOLOGY

2.1. Types and Research Design

This study is classified in non-experimental descriptive research that is descriptive analytic in nature to the data collected to analyze the performance of the Bhina Bhakti Husada Hospital Pharmacy Installation based on the method of balanced scorecard. Data obtained retrospectively and prospectively. Quantitative data was collected based on a questionnaire with a scale system filled in directly by respondents, surveys, direct observations, and financial reports. Qualitative data were obtained based on in-depth interviews with pharmacists and pharmaceutical technical staff at the Pharmacy Installation of Bhina Bhakti Husada Hospital. The research was conducted at the Bhina Bhakti Husada Hospital Pharmacy Installation for 3 (three months) months, from February 2023 to May 2023. The subjects in this study were the Installation Head and implementing staff, as well as outpatients who received pharmacy services at Bhina Bhakti Husada Hospital Rembang.

2.2. Population, Sample, and Sampling

Based on research related to the performance analysis of the Pharmacy Installation at the Bhina Bhakti Husada Hospital in Rembang, the subjects of this study were the Head of the Installation and implementing staff, as well as outpatients who received pharmaceutical services at the Bhina Bhakti Husada Hospital, Rembang. In this study the authors took samples by distributing questionnaires to employees at the Pharmacy Installation and outpatients who received pharmaceutical services at Bhina Bhakti Husada Hospital, Rembang, as well as in-depth interviews with the Head of the Pharmacy Installation. Sampling in this study was based on the total population of outpatient visits at the Pharmacy Installation of Bhina Bhakti Husada Hospital, Rembang in 2022 of 3,297.

The research sample uses the Slovin formula (Notoatmojo, 2005) as shown in Equation 1.

$$n = \frac{N}{1 + N(d)^2} \quad (1)$$

Where:

n : Number of samples

N : Total Population

D : The number of significance levels

Research methods and data analysis are carried out according to each performance indicator. This study uses data sources in the form of primary data and secondary data. Direct observation and questionnaires given to customers and employees are the primary data sources. While secondary data sources are in the form of financial reports, patient visit data, and staffing archives at Bhina Bhakti Husada Rembang Hospital in 2020, 2021 and 2022.

Test the validity and reliability of the questionnaire with trial respondents using a minimum number of 30 people (Indrayanti et al., 2020). Analysis of the data used in assessing the perspective of growth and learning in the form of a questionnaire that can describe indicators of satisfaction and motivation of employee performance, then analyzed based on the rating scale of the level of satisfaction and motivation of employee performance.

Data obtained through the assessment of internal business processes, customer satisfaction for the customer perspective, and employee retention rates for the perspective of growth and learning using calculations, then compared with existing standards to be presented in the form of frequency and percentage. Customer satisfaction from the customer perspective is analyzed using the method of Seroquel.

2.3. Research instrument

Data collection techniques in this study used personnel archive data, hospital reports, in-depth interviews, and questionnaires. The questionnaire used in research for the variables of service quality, customer satisfaction and customer loyalty, the questionnaire grid as follows:

2.3.1. Customer Satisfaction Questionnaire

The service quality questionnaire in this study consisted of 39 items which were arranged based on the dimensions of service quality namely tangibles, reliability, responsiveness, assurance, and empathy. The questionnaires are classified as customer expectation levels, performance levels, and predefined minimum standards. Each classification consists of 5 answer choices, as shown in Table 1 and Table 2.

Table 1: The service quality questionnaire in this study.

Level of Expectation	Performance	Minimum Service Level
1 = Not Expecting	1 = Unsatisfied	1 = Unsatisfied
2 = Less Expecting	2 = Dissatisfied	2 = Dissatisfied
3 = Fairly Expecting	3 = Fairly Satisfied	3 = Fairly Satisfied
4 = Expecting	4 = Satisfied	4 = Satisfied
5 = Very Expecting	5 = Very Satisfied	5 = Very Satisfied

Table 2: The customer service satisfaction questionnaire.

Variable	Indicators	Item	Quantity
Customer satisfaction	Tangible	1,2,3,4,5,6,7,8,9,10	10
	Reliability	11,12,13,14,15,16	6
	Responsiveness	17,18,19,20,21,22,23,24	8
	Assurance	25,26,27,28,29,30,31,32,33	9
	Empathy	34,35,36,37,38,39	6
	Total		39

2.3.2. Employee Satisfaction Questionnaire

The employee satisfaction questionnaire in this study consisted of 23 items organized based on the dimensions of employee satisfaction, namely leadership, organizational culture, teamwork, and related to the use of SIM-RS (Hospital Management Information System) in terms of convenience and scope of related needs and networking database needed in various processes at the Bhina Bhakti Husada Hospital Pharmacy Installation. The questionnaire consists of 4 answer choices, namely Strongly Agree, Agree, Disagree, and Strongly Disagree. The respective questionnaire to assess the employee satisfaction is pinned in Table 3.

Table 3: The employee satisfaction questionnaire.

Variable	Indicators	Item	Quantity
Employee	Leadership	1,2,3,4,5,7,8,9,10,11,12,13,14,15	15
	Culture of organization	16,17,18,19,20,21,22,23,24,25,26,27, 28,29,30	15
	Working satisfaction	31,32,33,34,35,36,37,38,39,40,41,42, 43,44,45,46,47,48	18
	Total		48

2.4. Validity and Reliability Test

Validity is the extent to which the accuracy and accuracy of a measuring instrument in carrying out its measuring function. Validity is used to determine the similarity between the data collected and the data that actually occurred in the project under study, so that valid data can be obtained. Instruments for customer satisfaction and employee satisfaction are said to be valid if they are able to measure what should be measured and are able to reveal the data studied appropriately (Ghozali, 2013).

The general requirements to be considered valid are seen from the provisions, namely:

- If r results are positive, and $r \text{ count} > r \text{ table}$, then the item or variable is declared valid.
- If r results are negative, and $r \text{ count} < r \text{ table}$, then the item or variable is invalid.

The reliability test is used to show a measure of the stability and consistency of the concept size of an instrument or measuring instrument, so that the measured value does not change within a certain value. Reliable data in research instruments means that the data can be trusted. The reliability test in this study uses value Cronbach Alpha. The criteria for a research instrument are said to be reliable by using this technique, if the reliability coefficient (r_{11}) > 0.6 (Ghozali, 2013).

2.5. Research Stages

The stages in this study include three stages, namely the pre-research stage, the research implementation stage, and the research results writing stage.

2.5.1. Preparation

The preparation or planning stage consists of submitting a research proposal to the Yogyakarta Muhammadiyah University and the permitting process to the Bhina Bhakti Husada Hospital, Rembang. The next activity in preparation is to prepare question materials for interviews, create questionnaires, and at the same time prepare the right time for observation and determine the right topics for documentation.

2.5.2. Implementation

The implementation stage is the data collection stage which begins with interviews, distribution of questionnaires, and continues with observation and is supported through data documentation. If the implementation has not found the results of the research, then the research will be carried out again and again.

2.5.3. Data Analysis and Reporting

This stage is the stage where the researcher analyzes the qualitative and quantitative data that has been obtained by reducing, presenting, concluding, and evaluating the results of the research. Next, the results of the research report and conclusions are made.

2.5.4. Research Ethics

The researcher submitted a research permit to the Bhina Bhakti Husada Rembang Hospital so that the researcher obtained a research permit. Furthermore, researchers still pay attention to matters relating to research ethics issues, while these ethical issues include:

2.5.5. Respondents Consent

Each respondent was given information about the purpose of the research, if they were willing, the respondent had to sign an informed consent form, and if they refused, the researcher would not force them and still uphold the respondent's rights.

2.5.6. Confidentiality

Respondent data that has been collected is guaranteed confidentiality by researchers by not publishing respondent data

2.5.7. Anonymity

The use of research subjects by not giving or including the name of the respondent on the questionnaire sheet, but only giving the code on the questionnaire sheet.

2.5.8. Basis of Benefits

Researchers try their best to maximize the benefits of this research so that researchers try to minimize the losses caused by this research.

3. RESULTS AND DISCUSSION

3.1. Description of Bhina Bhakti Husada Rembang Hospital

Bhina Bhakti Husada Hospital is a non-educational class C private general hospital equipped with adequate health and diagnostic service facilities to be able to serve the people of Rembang and its surroundings. Located on Jl. Youth KM 4 Rembang, Central Java, Bhina Bhakti Husada Hospital was established under the ownership of PT Bhina Raharja Rembang. Through the Bhina Group, the owner and founder of PT. Bhina Raharja Husada intends to establish a hospital that can become a representation and symbol of health progress in the Rembang area. Bhina Bhakti Husada Hospital is a class C private hospital with service quality according to standards which will become a referral center for hospitals and clinic networks in the Rembang area and its surroundings because it is supported by professional and competent health human resources in their fields supported by complete modern facilities. as well as competitive rates, Bhina Bhakti Husada Hospital is committed to serving wholeheartedly, providing quality and efficient health services based on the Hospital's Vision and Mission, always prioritizing the safety and comfort of patients and their families, and upholding social principles by continuously improving their services. to help the government in efforts to improve the health status of the community. Bhina Bhakti Husada Hospital provides various types of medical services including Outpatient Installation consisting of specialist clinics, dental clinics and Medical Check Up, Emergency Installation, Inpatient consisting of classes I, II, III, VIP and VVIP, ICU / HCU / NICU and Perina, Operating Room Installation and Supporting Services equipped with laboratory, radiology, pharmacy, physiotherapy, and nutrition services. The capacity of patient beds provided at Bhina Bhakti Husada Hospital for the initial stage is 128 beds out of the planned 250 beds. Each floor at Bhina Bhakti Husada Hospital is given a name taken from the Five Pandavas, starting from the ground floor with the name Amarta, 1st floor Yudhistira, 2nd floor Bima, 3rd floor Arjuna, 4th floor Nakula, 5th floor Sadewa and the top floor or 6th floor Dorowati.

3.2. Financial Perspective

Financial perspective, can be seen from the indicators of Inventory Turn Over Ratio (ITOR), Gross Ratio on Sales, and Gross Profit Margin. This indicator is used to find out whether the implementation and implementation of organizational or hospital strategies have brought the organization or hospital in a better direction. Based on the research results on Table 4, it was found that the ITOR of the Bhina Bhakti Husada Hospital Pharmacy Installation in 2020 was

3.8 times/year, in 2021 it increased by 5.2 times/year and increased again in 2022 to 7.26 times/year.

Table 4: Inventory Turnover Ratio (ITOR) of Bhina Bhakti Husada Hospital.

Year	ITOR
2020	3.8 times
2021	5.2 times
2022	7.26 times

ITOR shows how many times the value of pharmaceutical supplies (drugs, medical devices, medical consumables, reagents, etc.) rotates in one year. When compared with the standard ITOR value used in Indonesia, which is 8-12 times a year, it shows that the value obtained still does not meet the set standard, so it can be interpreted that the value of drug inventory turnover at the Bhina Bhakti Husada Hospital Pharmacy Installation is still inefficient. Research results for value Growth Ratio on Sales in the Bhina Bhakti Husada Hospital Pharmacy Installation in 2020 of 10.2%, in 2021 of 30.4%, and in 2022 of 46%, with an average value of 28.86%, as completely summarized in Table 5. This shows a fairly increased sales growth.

Table 5: Growth ratio on sales of Bhina Bhakti Husada Hospital.

Year	Growth Ratio on Sales
2020	10.2%
2021	30.4%
2022	46.0%

Based on the results of the study, the value of the percentage of gross profit (Gross Profit Margin) of the Bhina Bhakti Husada Hospital Pharmacy Installation in 2020 was 23.4%, in 2021 it was 30.2%, and in 2022 it was 35.18% with an average of 29.59, as shown in Table 6. This result shows that value of Gross Profit Margin produced by the Pharmacy Installation will continue to increase from 2020 to 2022. This shows the increasing business capabilities of the Bhina Bhakti Husada Hospital Pharmacy Installation.

Table 6: Gross profit margin of Bhina Bhakti Husada Hospital.

Year	Gross Profit Margin
2020	23.4%
2021	30.2%
2022	35.2%

3.3. Customer Perspective

The quality of health services must be measured by performance so that it can be used as an evaluation to improve service quality so that these institutions have loyal customers. Based on various details in conducting an analysis of the level of measurement of Seroquel and Importance Performance Analysis (IPA) for each indicator of service quality provided by the Bhina Bhakti Husada Hospital Pharmacy Installation, it can be seen the level of conformity between employee expectations and performance with the quality of services that have been provided. Results of method analysis of Seroquel regarding the five dimensions of service

quality in this study, it was found that all indicators had negative values which had a meaning, namely customer satisfaction with the 26 statements at the Bhina Bhakti Husada Hospital Pharmacy Installation which was still below customer expectations. The results of this study are the results of quantitative research. The results of the study refer to Table 7, it is known that the order of the highest dissatisfaction scores is Reliability (-0.99), while the lowest is Empathy (-0.74). These results indicate that the quality of service at the Bhina Bhakti Husada Hospital Pharmacy Installation as a whole still does not satisfy customer desires. This is evidenced by the total gap value of (-0.86) and the suitability level of the five dimensions obtained at 80.89%.

Table 7: Analysis results of Seroquel and conformity level.

Dimensions of Service Quality	Reality Average Value	Average Expected Value	Gap	%
Tangible	3,61	4,47	-0,86	80,76
Reliability	3,46	4,45	-0,99	77,75
Responsiveness	3,71	4,56	-0,85	81,36
Assurance	3,70	4,57	-0,87	80,96
Empathy	3,77	4,51	-0,74	83,59
Average value	3,65	4,51	-0,86	80,89

According to Julianto et al. (2021), the criteria for assessing the level of satisfaction are included in the dissatisfied category because the value of the conformity level is <100% (Julianto, 2021). Even so, the results of the percentage of conformity levels are in accordance with the Decree of the Minister of Health of the Republic of Indonesia Number 129 of 2008 concerning Hospital Minimum Service Standards where customer satisfaction indicators have a minimum standard of $\geq 80\%$ as is the case at Bhina Bhakti Husada Hospital.

3.4. Internal Business Perspective

Measurement of dispensing time is done through direct observation of the process dispensing. Time is calculated from the time the patient submits the prescription until the drug is ready to be handed over to the patient. Measuring the speed of prescription service time (dispensing time) said to be eligible if in accordance with the Decree of the Minister of Health of the Republic of Indonesia Number 129 of 2008 concerning Hospital Minimum Service Standards, where non-concoction drug prescriptions, can fulfill the requirements if the duration of service time is ≤ 30 minutes and concoction drug prescriptions can meet the requirements if the duration of service time ≤ 60 minutes. However, the policy of Bhina Bhakti Husada Hospital stipulates that the standard for the duration of non-concoction drug prescription service is ≤ 5 minutes and for concoction drug prescriptions, the duration of service is ≤ 20 minutes.

The results from Table 8 in this study show that the average dispensary time in the Outpatient Pharmacy Installation of Bhina Bhakti Husada Hospital, namely for non-concoction drug service time with a duration of 3 minutes, while for concoction drug prescriptions the average dispensing time obtained is 19.5 minutes. This meets the Minimum Service Standards of the Decree of the Minister of Health of the Republic of Indonesia Number 129 of 2008, namely the average time for non-concoction drugs is ≤ 30 minutes and for concoction drugs is ≤ 60 minutes, as well as the standard drug service time set by Bhina Bhakti Husada Hospital.

Table 8: Results of dispensing time outpatient pharmacy installation

Information	Drug Preparation Time	
	Non-Concoction	Concoction
Number of samples	50 recipes	50 recipes
Hospital service standards	5 minutes	20 minutes
Fastest time	3 minutes	17 minutes
Longest time	7 minutes	22 minutes
Average value	5 minutes	19.5 minutes

Medication service time at the Bhina Bhakti Husada Hospital Pharmacy Installation, which is relatively fast, can be fulfilled because of the ease of using the SIM-RS and electronic medical records that are connected between the Outpatient Installation and the Pharmacy Installation, so that when the doctor finishes inputting the patient's medication in the installation's electronic medical record Outpatient treatment and verification has been carried out, the officer can immediately prepare the medicines prescribed by the doctor. The percentage of drug availability at the Bhina Bhakti Husada Hospital Pharmacy Installation is calculated from the ratio of the number of drug items handed out to patients with the number of drug items prescribed at the Pharmacy Installation. The number of prescription samples obtained is 100 prescription sheets from 100 patients each year. The level of drug availability at the Bhina Bhakti Husada Hospital Pharmacy Installation can be seen in Table 9 below.

Table 9: Percentage of drug availability in Bhina Bhakti Husada Hospital.

Year	Drug Availability Percentage
2020	92%
2021	88.7%
2022	89%

The percentage of drug availability at the Bhina Bhakti Husada Hospital Pharmacy Installation in 2020 was 92%, then decreased in 2021 with a percentage of 88.7%, and slightly increased again in 2022, namely with a percentage level of drug availability of 89%. When compared with the standards set by the policy of Bhina Bhakti Husada Hospital, which is between 90% - 100%, it can be said that the level of drug availability in the Pharmacy Installation of Bhina Bhakti Husada Hospital is not optimal. Several factors have caused drug availability not to reach 100%, namely drug vacancies in pharmaceutical warehouses which are the main cause and undetected drugs that are almost out of stock due to planning in drug procurement in pharmaceutical warehouses that has not been optimal. Apart from that, because of the vacancy of goods from the PBF / distributor, and because of delays in the arrival of the ordered goods. This is related to the waiting time (lead time) from different PBFs / distributors, as well as errors when determining the number of orders for goods because the quantities do not match buffer stock with the rate of usage. Then there are some medicines that are not available at the Hospital Pharmacy Installation, sometimes drugs prescribed by doctors are not listed in the hospital formulary, or like prescriptions for Health Insurance only certain medicines are available and can be served by the Hospital Pharmacy Installation, so there are some medicines that patients need but are not available in the Hospital Pharmacy Installation. So that there is a

relationship between patient satisfaction and drug availability which in turn can affect hospital income.

3.5. Education and Development Perspective

Training aimed at employees is one thing that can be used to increase professionalism in carrying out responsibilities so as to facilitate organizational goals and objectives. Table 10 shows the proportion of training that has been attended by employees of the Pharmacy Installation, both pharmacists and pharmacy technicians.

Table 10: Percentage of proportion of employee training.

Year	Percentage of Employee Training
2020	80%
2021	83%
2022	85%

Based on Table 10, it can be seen that the percentage of the proportion of employee training at the Bhina Bhakti Husada Hospital Pharmacy Installation has increased from time to time, where in 2020 the percentage of employee training was 80%, and increased in 2021 to 83%, then increased again in 2022 with a percentage of 85%. The results of research related to employee retention rates are quantitative research results which refer to Table 11, where various results are obtained each year. The percentage of employee retention each year can be described by percentage turnover employee. According to Prihanto and Sigit (2021), value turnover inversely proportional to the retention rate, meaning when the value turnover low, then the employee retention rate in a company is of high value (Prihanto & Sigit, 2021). Mark turnover employees are called low when they are at a value of less than 5% per year, called normal when they are at a value between 5% - 10% per year and called high when they are more than 10% per year.

Table 11: Results of analysis of pharmaceutical installation employee retention rates.

Year	Turnover	Category Turnover	Retention Rate
2020	21%	Height	Low
2021	30%	Height	Low
2022	14%	Height	Low
Average value	21.7%	Height	Low

The results obtained are in accordance with Table 11 above. It can be seen that the level of turnover staff at the Bhina Bhakti Husada Hospital Pharmacy Installation is still high, so it can also be said that the employee retention rate at the Bhina Bhakti Husada Hospital Pharmacy Installation is still low. In 2020 the results were obtained turnover by 21%, which then increases in 2021 to 30%, but decreases in 2022 with the percentage of turnover as much as 14%. Hence, when calculated on average turnover employees in Pharmaceutical Installations during 2020, 2021, and 2022 a percentage of 21.7% is obtained, which means that the turnover in the high category and employee retention is included in the low category.

Value of turnover Employees in Pharmaceutical Installations are obtained by processing employee data that leaves employees at the beginning and end of the year. Through interviews conducted with the Head of the Pharmacy Installation at Bhina Bhakti Husada Hospital, the main factors influencing the departure of employees include the large number of employees taking the CPNS test, original domiciles outside the area so they are looking for work in a place closer to where they live, and family reasons. This is in line with research conducted by Andu that the four main reasons that cause an employee to resign include getting a new job, family reasons, health, and entrepreneurship (Prihanto & Sigit, 2021). According to Pratiwi and Sriathi, the higher the level of employee retention will affect organizational performance in achieving an organizational goal and mission which in this case will improve employee performance in providing pharmaceutical services (Putu et al., 2017). The questionnaire on performance satisfaction at the hospital was also assessed by employees from the Pharmacy Installation so that they could measure leadership, job satisfaction, and organizational culture at Bhina Bhakti Husada Hospital. This questionnaire was distributed to 20 full-time Pharmacy Installation employees with educational levels are listed in Table 12. The majority of the Pharmacy Installation staff at Bhina Bhakti Husada Hospital are female, namely 19 employees (95%), while there is only one employee who is male (5%).

Table 12: Types of pharmacy installation employee respondents by gender.

Gender	Number of Respondents	Percentage
Man	19	95%
Woman	1	5%

Most of the employees at the Bhina Bhakti Husada Hospital Pharmacy Installation are still young, namely in the age range 19-25 years as many as 12 employees (60%), while for employees with an age range of 26-30 years there are 6 employees (30%), and employees over 30 years, namely only 2 employees (10%), namely aged 38 years and 41 years. The complete summary of employee ages is listed in Table 13.

Table 13: Types of pharmacy installation employee respondents by age.

Age Range	Number of Respondents	Percentage
19 – 25 years	12	60%
26 – 30 years	6	30%
>30 years	2	10%

Table 14 shows that the majority of employees at the Bhina Bhakti Husada Hospital Pharmacy Installation, namely those with the last education Diploma 3 of Pharmacy Technical Staff, are 13 people (65%), followed by the Pharmacist Profession with 6 people (35%), and employees at the same school level. Upper Middle as much as 1 person (5%).

Table 14: Types of pharmacy installation employee respondents based on education level.

Level of education	Number of Respondents	Percentage
Pharmacist Profession	5	25%
S1 Pharmacy	4	20%
D3 Pharmacy Technical Personnel	8	40%
Senior High School	3	15%

Leadership style is a form of behavior of a leader of an organization and relates to his ability to lead (Gannika & Buanasasi, 2019). A leader has a role in determining the strategy to realize the vision and mission or goals of an organization, so that a leader should have competence in accordance with the demands of development and excellent service in the present and in the future, and can provide motivation for subordinates to participate. as well as in achieving organizational goals (Isnaeni, 2017).

Table 15: Results of the leadership style survey distribution.

Leadership Type	Score
Telling Style	3.23
Selling Style	3.08
Participating Style	3.25
Delegating Style	3.39

Based on Table 15, it shows that the data variable is the highest type of leadership stated by the respondents, namely Delegating Style, where in this leadership style there is delegation of leadership authority to the staff below it and the leadership limits itself in providing direction with the hope that staff can be responsible and complete tasks as agreed but not in conflict with the goals to be achieved by the organization (Prasetya et al., 2017). Leaders who have a delegative leadership style will be able to get staff to do what they want to do and encourage the initiative-taking abilities of staff. Limitations on the control and interaction carried out by the leadership with this delegation style can only work if the staff is able to demonstrate a level of confidence in their competence in achieving the goals or objectives of an organization. Because in the delegative leadership style there are values of delegation of authority or power with very high trust from a superior to his subordinates for his creativity and loyalty to the organization with the hope that staff can make contributions and decisions that can be accounted for in order to achieve organizational progress (Agus Sudrajat et al. al., 2020). Organizational culture is something that is needed by every organization, including hospitals as one of the organizations with complex dynamics (Sari et al., 2018). Organizational culture has meaning as a habit of the performance structure of an organization that can direct, control, and make a psychological contribution in solving problems that occur in the organization (Irviranty, 2015).

The survey results related to organizational culture in Table 16 show that comfortable working conditions have the highest score with a value of 3.27, but work facilities at the Bhina Bhakti Husada Hospital Pharmacy Installation in the form of a Hospital Management Information System (SIM-RS) still have the lowest score, namely 2 ,73 so further evaluation and

development regarding SIM-RS still needs to be carried out in order to further facilitate the data collection system and services at the Pharmacy Installation. The hospital as an organization is also affected by cultural changes in relation to interactions between individuals and organizations. At the global level, there are important changes in human life, especially in terms of telecommunications and information systems (Ilyasa & Ramly, 2018).

Table 16: Results of Organizational Culture Survey Distribution

No.	Leadership Type	Score
1	Comfortable working conditions	3.27
2	Supporting work facilities in the form of SIM-RS	2.73
3	Adequate work equipment and facilities	2.98
4	Conducive work atmosphere	3.15
5	Good cooperation with leaders, fellow employees, and between units to achieve organizational goals	3.15

Table 17: Results of job satisfaction survey distribution.

Leadership Type	Score
Psychological	3,21
Social	3,23
Physique	2,93
Financial	2,85

Based on the results of a survey filling out questionnaires for employees of the Bhina Bhakti Husada Hospital Pharmacy Installation regarding job satisfaction, social factors were obtained with the highest score level, namely 3.23, as listed in Table 17. The job satisfaction survey in terms of social factors shows job satisfaction in terms of social relations with leaders, between employees, patients, and the community. While job satisfaction in relation to financial factors has the lowest score with a value of 2.85, where this factor is related to payroll or compensation at work.

4. CONCLUSION

This study discusses the financial, customer, internal business, education and development perspectives in evaluating the performance of Bhina Bhakti Husada Hospital's Pharmacy Installation using the Balanced Scorecard framework. The financial perspective is assessed through indicators such as Inventory Turnover Ratio (ITOR), Growth Ratio on Sales, and Gross Profit Margin. The ITOR increased over the years (3.8 to 7.26), though it's still below the industry standard. The Growth Ratio on Sales saw a significant increase (10.2% to 46%), indicating improved sales growth. The Gross Profit Margin also improved from 23.4% to 35.2%, indicating increased profitability and business capability. The customer perspective focuses on service quality and satisfaction. The study used Seroquel analysis and Importance Performance Analysis (IPA) to evaluate customer satisfaction. The analysis revealed that the service quality, represented by five dimensions, did not meet customer expectations, as indicated by negative values. Although satisfaction levels were below 100%, they met the standards set by Indonesia's Minister of Health. The internal business perspective examines

processes and efficiency. Dispensing time was evaluated, and the hospital's Pharmacy Installation met the service time standards for both non-concoction and concoction drugs. However, drug availability was not optimal (ranging from 88.7% to 92%), due to factors like stock vacancies and procurement inefficiencies. Fast medication service was facilitated by the hospital's information systems. Training and employee retention were analyzed. The percentage of employees attending training increased over the years (80% to 85%). Employee turnover rates were high (21% to 30%), indicating low retention rates. Delegative leadership style was dominant, and organizational culture factors like comfortable working conditions and collaboration were highlighted. In conclusion, the hospital's Pharmacy Installation exhibited improvements in financial performance, sales growth, profitability, and service efficiency. However, customer satisfaction, drug availability, and employee retention remain areas of concern. The hospital should address these issues to enhance overall performance and satisfaction levels across different perspectives.

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