

UNIVERSITAS MUHAMMADIYAH PURWOKERTO

RELATIONSHIP BETWEEN PERSONALITY, ORGANIZATION COMMITMENT AND SERVICE QUALITY OF PHARMACIST IN BANYUMAS RESIDENT, CENTRAL JAVA, INDONESIA

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ABSTRACT

As part of health personnels, quality service of pharmacists at pharmacies has an important role in public health in the long run. Pharmacists help in the treatment and health therapies through providing information about drug, drug side effects until direct distribution of drugs to patients.

However, several studies have shown patient dissatisfaction with pharmacists in Indonesia, such as: not enough time for drug counseling, low level drug knowledge and irrational drug use by community, pharmacists weren't become central role and as provider for drug information, pharmacists had not yet been becoming role in therapeutic control and treatment miseducation, pharmacists hadn't yet guaranteed to attend for patients.

In the future, it is necessary to consider about personality, and organizational commitment for improving quality services of pharmacist in pharmacies. The relationship of these factors had been discussed in several literature and had supported in recent research.

Keyword: Pharmacists, Patient Dissatisfaction, Personality, Organization Commitment, Quality Service of pharmacist.

1.1 INTRODUCTION

Health personnel have an important role in improving the health in community that people can live healthy, because a healthy community will be the main development capital. The impact of low quality health personnel makes a services of health become difficult to be realized especially for actions that require special competence. Therefore, adequate and sufficient of facilities at health education are needed throughout Indonesia in order to maintain and develop the quality and quantity of health personnels in Indonesia.

Professionalism of health personnels is inescapable. In consideration of Law no. 36 years 2014 part (c) it is stated that the conduct of health efforts should be undertaken by responsible health personnel with high ethics and morals, expertise and authority that are continuously upgraded through continuing education and training, certification, registration, licensing, as well as guidance, supervision, and monitoring therefore the implementation of health programs fulfill a justice and humanity and supported by the development of science and technology.

Based on a long term planning the development of quality and quantity of health personnels in Indonesia has been stated in the consideration of Act number 36 year 2014 section (a) is health personnel has an important role to improve the quality service of health maximally at community in order to people can increase awareness, have ability in healthy live so that they will be realized in the highest degree of health as investment for the development of human resources productive socially and

economically as well as one element of general welfare as intended in the Preamble of the Constitution of the Republic of Indonesia Year 1945.

Health personnel is people who devotes himself in the field of health and has knowledge and/or skills through education in the field of health which for certain types requiring the authority for health efforts. Health personnel are grouped into medical personnel (physician, dentists, specialists doctors and dentists specialists), clinical psychologists, nursing staff, midwives, pharmaceutical personnels, Public health personnels, Environmental health personnels, nutrition personnels, medical technician, biomedical technical personnel, traditional health personnel, and other health personnel (Act No. 36 year 2014).

Pharmacists are part of pharmaceutical personnel has an important role in public health. According to the health minister regulation number 35 years 2014, Pharmacist is a pharmacist graduate who has graduated as a pharmacist and has pronounced the pharmacist oath. The job of pharmacists in pharmacies is to perform clinical pharmacy services in pharmacies as part of direct and responsible pharmaceutical services to patients relating to pharmaceutical supply, medical devices, and consumable medical materials with the aim to achieve the definite results to improve the quality of patients life.

Clinical pharmacy services include: prescriptions assessment; dispensing is a service activity that starts from the stage of validation, interpretation, drugs preparation, labeling, drugs delivery by providing adequate drug information along with documentation system; drug information services (PIO=Pelayanan Informasi Obat); counseling is an interactive process between the pharmacist and the patient/family to improve knowledge, understanding, awareness and compliance so that there is a change of patient behavior in using of drugs and solve problems faced by patient; home pharmaceutical care; monitoring of drug therapy (PTO=Pemantauan Terapi Obat); and monitoring of effects drug (MESO=Monitoring Efek Samping Obat). Thus the quality of pharmacist's health personnel will have a high impact on public health in the longtime.

Professional Pharmacists can work in several areas. They are: industrial and distribution, government agencies, educational institutions and community (Hospital, Community Health Centers, and Pharmacy). Pharmacies are the most widely areas of pharmacist professionals. Pharmacists at pharmacies in perform to their duties, can be assisted by some technical personnel such as pharmacist assistants, racik personnel, cashiers or other personnel. At Pharmacies, pharmacists will communicate intensively with patient when patient are buying the prescription drugs. Pharmacists should explain the important rules of drug use, drug side effects, drug interactions, patient obedience and so on. Patients need to consult with pharmacist because their knowledge about a drug are generally still little. Importance with consultation session, pharmacist should have enough time in communicating directly with patient, or by telephone line, or make an appointment with the patient for appropriating a knowledge of the drug or if necessary give referral to the doctor. Therefore, the pharmacist must have a professionalism in the service at the pharmacy.

Beside prescription drug services, pharmacists serve patients who self-treatment independently (selfmedication). In Indonesia, self medication are still high. Based on central statistical bureau in health survey 2009, noted that 66% people in Indonesia had selfmedication therapy. It was higher than 44% people went to the doctor.

According to Badan Pengawas Obat dan Makanan (National Agency of Drug and Food Control), Selfmedication is a self-treatment by people against ailment, using unrestrained drugs (over the counter) and limited unrestrained drugs (over the counter) that can be obtained without a doctor prescription and submitted by pharmacist at the pharmacy based on patient's initiative and in accordance with the information required on the brochure and packaging for salving the minor ailments.

The pharmacists jobs in selfmedication in accordance with the health minister regulation number 1027 year 2004 and number 35 year 2014 about The Standard of Pharmacy Service in Pharmacy are: to respond griping by the patient in selfmedication, to provide solution against the patient's gripes, to give information about drugs/medicine or to give refer to the doctor. Highly level of selfmedication requires pharmacist readiness in assisting patient to get the exactly medicine and avoid misuse drugs that will have a negative impact on patient health.

1.2 PROBLEM STATEMENT

Now, pharmacists in Indonesia was vast and have spread throughout the territory of Indonesia. However, some studies with settings in Indonesia indicated that dissatisfaction patient with

pharmacists, that are: pharmacists wasn't providing enough time for drug consultation session, whereas patients were want to meet pharmacist so that counseling process was less satisfaction (Izzatin, 2015), knowledge of medicine for patients was not still good amount 79.5% and was irrational drug use amount 40.6%. Then unsatisfaction by servicing so that nothing correlation between patient satisfaction with pharmacist (Harahap, et al. 2017).

That was acknowledged by some leaders in Indonesian Pharmacist Association (IAI= Ikatan Apoteker Indonesia) such as: all pharmacists have not been yet good on performing the central role and providing drug information to patients (Kuncahyo, 2004), all pharmacists weren't yet fully responsible for directly distribution of drugs to patients, all pharmacists weren't yet becoming role in therapeutic control and treatment mismedication and all pharmacists hadn't yet guaranteed to attend for patients (Tarmizi, 2015).

Until now, pharmacist profession was only determined by education and oath of pharmacist appointment (health minister regulation number 35 year 2014), but in fact some study showed patient dissatisfaction with servicing pharmacist in pharmacy. Not many prior research/study discuss relationship between personality, organizational commitment, and quality services of pharmacist in Indonesia. Hence, next research may focus on attention this topic insetting pharmacy in Indonesia.

2.1 LITERATUR REVIEW

We will pay attention about personality from experts. Personality by Kreitner and Kinicki (2014) is a stability combination of physical and mental characteristics that give identity to individual. This characteristic or trait-including the appearance, the settlement, the thoughts, actions, and feelings of a person-is a product of genetic and environmental influences that interact". (Robbins & Judge, 2017) stated personality is the total number of ways an individual acts upon and interacts with others. From both of the expert opinions above, the core personality is the way the individual acts and interacts with others, which consists of physical and mental characteristics, in stability condition, and as an individual identity.

2.1.1 The Big Five Personality

The Big Five Personality consists of the five dimension that underlying all-variation significantly in human personality (Robbins and Judge, 2017). For nearly decades researchers have sifted from 1,710 adjectives in English used to describe personality aspects. This theory was discovered by psychologist Lewis Goldberg. The big five personality models has been studied for more than 40 years (Zhao and Seibert, 2006) and has been consistently used to describe personality ina variety of empirical settings within different contexts (Costa and McCrae, 1992; Hofstee et al., 1997; in Dant, et al. 2013),

Five dimension personality are: *extraversion*, *Openness*, *Conscientiousness*, *Agreeableness* and *Neuroticism (low level emotional stability)*. See tabel 1 below for personality dimation by Costa & McCrae (1992):

Table 1. Personality Dimension and its Attitude

Personality Dimension	High Level	Low Level
Neuroticism	sensitive, nervous	secure, confident
Extraversion	Outgoing, energetic	shy, withdrawn
Openness	inventive, curious	Cautious, conservative
Agreeableness	friendly, compassionate	competitive, outspoken
Conscientiousness	efficient, organized	easy-going, careless

Source: Costa & McCrae, 1992.

2.1.2 Organization Commitment

Several definitions about organization commitment. According to (Kreitner & Kinicki, 2014) Organizational commitment is to reflect the degree to which a person recognizes an organization and is

committed to its goals. It is an important work attitude that committed people are expected to demonstrate a willingness to work harder in order to achieve the organization's goals and have a greater desire to remain in a job. According to Meyer and Allen (1994), in Amdan et al., (2016) organisational commitment is a psychological state that characterises the employees' relationships with the organisation. It is said that strong organisational commitment causes employees to work harder to achieve the objectives of the organisation (Allen & Meyer, 2004). The existence of organizational commitment for pharmacists will encourage pharmacies to provide excellent service to patients.

Three forms of organizational commitment Allen and Meyer (1990) in Rantesalu, et al. (2016), namely: (1) commitment Affective, that emotional attachment, identification and involvement in an organization. In this case the individual resides in an organization because of their own desires, (2) Commitment continuant, namely the commitment of individuals based on considerations about what must be sacrificed when it will leave the organization. In this case the individual decides to settle on an organization regarding it as a fulfillment of needs, (3) Normative commitment, namely the individual's beliefs about the responsibilities of the organization. Individuals remain in an organization because they feel obliged to loyal to the organization. Pharmacists with high organizational commitment will do their job well.

2.1.2 Service Quality

Grönross established the concept of service quality and measured it from the perspective of consumers, and Parasuraman, Zeithamal, and Berry extended the concept (Kim & Han, 2013).

Jarmo Lehtinen views service quality in terms of "process quality" and "output quality" (see: Ramaswamy, 1996). The customer judges process quality during the service. Output quality is judged by the customer after the service is performed. The definition of quality by the American Society is "The totality of features and characteristics of a product or service that bears on its ability to satisfy stated or implied needs." If the experienced service equals the expected service, service quality will be good. On the other hand if the experiences are below the expectations, the customer will probably be unsatisfied and service quality will be lower. Customer perceptions of service quality result from comparing expectations prior to receiving the service and actual experiences with the service. If expectations are met, service quality is perceived to be satisfactory; if unmet, less than satisfactory; if exceeded, more than satisfactory (Piriathanalai and Muenjohn, 2012).

Parasuraman et al. defined the concept of perceived service quality as "an overall judgment or attitude in relation to excellence of service," and by suggesting that perceived quality is shown as the degree of consumers' perceptions and expectations, they related perceived quality to the concept of expectations and performance. Parasuraman et al. developed the SERVQUAL model to measure service quality, and extended this model by classifying these factors into the following five dimensions: tangibility, reliability, responsiveness, assurance, and empathy through an empirical analysis. Unlike comprehensively suggested dimensions of service quality, the SERVQUAL model suggests detailed determinants of service quality and respective assessment standards, making it possible to verify consumers' evaluation of each standard and determine their satisfaction based on their psychological responses to perceived service quality (Kim & Han, 2013).

1. Tangibles. Physical facilities, equipment and appearance of personnel.
2. Reliability. Ability to perform the promised service dependably and accurately.
3. Responsiveness. Willingness to help customers and provide prompt service.
4. Assurance (including competence, courtesy, credibility and security). Knowledge and courtesy of employees and their ability to inspire trust and confidence.
5. Empathy (including access, communication, understanding the customer). Caring and individualized attention that the firm provides to its customers.

At pharmacies setting, patients should get important information about their treatment properly. If pharmacist services are of not appropriate quality, patients may risk their health. For that reason, a pharmacist is obliged to provide appropriate information on drug usage. Even if a patients are informed about medication, they may be ignored. Thus a pharmacist should not only give a good advice, but also ascertain that a patient understands to follow the drug instruction. The quality of pharmacists service will affect with health of an individual as well as society. Therefore pharmacists who have good service quality at pharmacis in accordance with that theory, should appear convincing, must be reliable, trustworthy, good communication skill, have empathy to the patient.

HYPHOTESIS DEVELOPMENT

Barrick et al, (2001) found that conscientiousness, showed consistent relations with all job performance. Extraversion was a valid predictor for two occupations involving social interaction. Openness to Experience and Extraversion were valid predictors of the training proficiency criterion.

Small and Diefendorff, (2006) found that conscientiousness was the best predictor of in-role performance, and Agreeableness and Emotional Stability were the best predictors of organizational citizenship behavior (OCB).

Barrick, et. al. (2001) found that conscientiousness is a valid predictor across performance measures in all occupations studied. Emotional stability was also found to be a generalizable predictor when overall work performance was the criterion, but its relationship to specific performance criteria and occupations was less consistent than was conscientiousness. Though the other three Big Five traits (extraversion, openness and agreeableness) did not predict overall work performance, they did predict success in specific occupations or relate to specific criteria.

Conscientiousness had affect toward worker's achievement motivation (Dwi, 2015). Neuroticism had a significant and negative effect on self-efficacy (Purnomo dan Lestari, 2010). Conscientiousness, extraversion, dan neuroticism had affect toward accountant performance (Rustiarini, 2013).

- H1a: Conscientiousness has affect toward service quality of pharmacist.
- H1b: Extraversion has affect toward service quality of pharmacist.
- H1c: Neuroticism has affect toward service quality of pharmacist.

According to Abdullah, et al. (2013) Extraversion, Agreeableness and Conscientiousness are found as significant and positive predictors of employee's commitment with organization.

- H2a: Extraversion has effect toward Organization Commitment.
- H2b: Agreeableness has effect toward Organization Commitment.
- H2c: Conscientiousness has effect toward Organization Commitment.

According to Abdullah, et al., (2013) organizational commitment was a significant predictor toward task performance and contextual performance. Puspitawati and Riana research (2014) organizational commitment had a positive effect on service quality. Susanty and Miradipta (2013) found that organization commitment had positive and significant effect on job satisfaction and employee performance.

- H3a: Commitment Affective has effect toward service quality of pharmacist.
- H3b: Commitment Continuant has effect toward service quality of pharmacist.
- H3c: Commitment Normative has effect toward service quality of pharmacist.

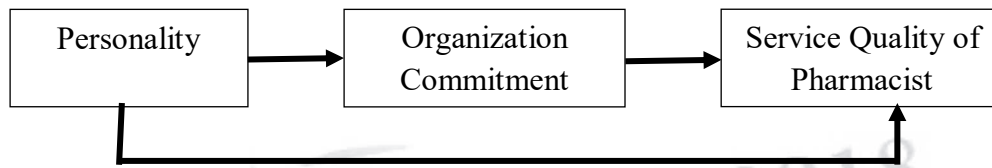
Ahmad, et al. (2014) have concluded that affective commitment has a mediating role in determining the relationship between extraversion and job performance. Similarly, it has been established that affective commitment will also mediate the relationship between conscientiousness and job performance. It has been argued that the relationship between neuroticism and job performance will be mediated by continuance commitment.

According to Abdullah, et al., (2013) organizational commitment had a mediating role in determining the relationship between personality and performance and the results were consistent with previous studies.

- H₇: Affective commitment has a mediating role in determining the relationship between extraversion and service quality of pharmacist.
- H₈: Affective commitment has a mediating role in determining the relationship between conscientiousness and service quality of pharmacist.
- H₉: Continuance commitment has a mediating role in determining the relationship between Neuroticism and service quality of pharmacist.



Conceptual Framework



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