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FACTORS AFFECTING SPEED OF SERVICE WITH WORK ENGAGEMENT AS INTERVENING VARIABLES IN PHARMACEUTICAL INSTALLATIONS

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ABSTRACT

This research is based on the dynamics of waiting time for drugs in 2021 which are not under regulatory standards. The purpose of this study was to empirically reveal the influence of HRM functions and facilities on the speed of drug waiting time service with work engagement as an intervening variable. The research design used a cross-sectional study and made 50 pharmacy installation officers the unit of analysis. The results of the study prove that the human resources management (HRM) function and facilities have a positive and significant effect on work engagement, the HRM function, facilities and work engagement have a positive and significant effect on the speed of service waiting time for drugs, and work engagement provides a positive intervention on the relationship between HRM functions and facilities on the speed of service time to wait for medicine. Work engagement is a psychological condition in which individuals are fully committed to helping the organization achieve its goals; with work engagement, pharmacy installation officers will try to meet the organization's expectations of speeding up drug waiting times according to applicable standards.

Keywords: Facilities, HRM, Pharmacy, Speed of Service, Work Engagement.

INTRODUCTION

Based on Minister of Health Regulations Number 129 of 2008 concerning Minimum Hospital Service Standards, the waiting time for finished or non-concoction drugs is 30 minutes, and for concoction drugs, 60 minutes, regardless of the number of drug items. As part of a service-focused health organization, pharmaceutical installations strive to provide quality services through the work behavior of their members to meet patient expectations for quality service because service quality is the total of features and character of services capable of satisfying needs through real action, while quality and related to tangible, reliability, responsiveness, assurance, and empathy (Philip & Keller, 2016). One of the inseparable parts of pharmacy services is the speed of service waiting time for drugs (Barghouth et al., 2021) and speed relates to the certainty of time, prompt service, willingness to help, and readiness to respond (Philip & Keller, 2016).

The implementation of the speed of drug waiting time services is primarily influenced by the human resources themselves in carrying out their duties in the pharmacy installation (Razdorskaya & Zanina, 2018). Human resources are the only intermediaries from the organization to service recipients, and human resource management is needed in organizing the behavior of its members (Sato et al., 2019) because human resource management is related to the functions of planning, organizing, supervising, and controlling members of the organization (Khoreva & Wechtler, 2018). The speed of service waiting time for drugs is not only about human resources and management that regulates the practice of these services, but the completeness of facilities as a means of drug delivery is a problem that must be fulfilled (Kruk et al., 2018), support for the availability of facilities is a problem that is often faced by the pharmacy department regarding the speed of waiting time for drugs because complete facilities will make it easier for them to meet the aspect of the speed of waiting time (Deressa et al., 2022) because facilities relate to completeness, condition, and function, as well as convenience (Philip & Keller, 2016).

Support in the form of work engagement of human resources in their work will set their standards for the work they can provide (Mazzetti et al., 2021) because work engagement shows human resources are fully committed to achieving organizational goals regardless of anything that hinders these achievements (Neuber et al., 2020). Work engagement shows organizational members' spirit, dedication, and appreciation toward supporting the organization in achieving its goals (Bakker & Leiter, 2015). The initial phenomenon that underlies this research is the problem of the speed of waiting time for drug services at the X Hospital Pharmacy, along with the data that has been collected:

Table 1. Dynamics of Drug Waiting Time in 2021

Category	Standard	Realization
Non-Concoction Drugs	≤ 30 minute	45 – 110 minute
Concocted medicine	≤ 60 minute	65 – 120 minute

Source: Internal organization

Referring to the Minister of Health Regulation Number 129 of 2008, this situation describes the problem of speed of service, which should meet the standard of certainty of time where the waiting time for finished or non-concoction drugs is 30 minutes and for compound drugs is 60 minutes, which should be done, assisting immediately and able to cope with the busyness of employees in order to achieve waiting time service standards following applicable regulations. According to these problems, interviews were carried out with several sections related to drug services at RS X. Two pharmacists stated that in

2021, human resources at the Outpatient Pharmacy at the Pharmacy Installation only consisted of 13 personnel, and the inpatient consisted of 17 personnel. It consists of pharmacists, pharmacist assistants, a warehouse section, a sales section, a compounding section, and an administration section. While referring to the Minister of Health Regulation number 56 of 2014, Class B hospitals must have nine pharmacists, and for pharmaceutical work assisted by other pharmaceutical technical personnel, in addition to the problem occurs in prescriptions that come together at the same time so that there is a buildup of old prescriptions and inputs, while in 2021 there will be a shortage of human resources, resulting in long waiting times for drugs. Based on these problems, it can be seen that there are problems regarding human resource management related to planning and organization management should set the correct number of standards for human resource needs with workloads because the human resource management function will affect the speed of service (Bieńkowska et al., 2022; De Alwis et al., 2022; Kutieshat & Farmanesh, 2022; Nazam et al., 2020; Shola et al., 2017).

Further investigation conducted interviews with two people from the pharmaceutical supply department; the statement referred to the problem of the availability of drug stocks that have yet to be appropriately identified, including the availability of non-current drugs, which are often empty. Different information from the person in charge of distribution, they argue that there are problems regarding the queue counter service that is not socialized, including the flow of the drug service process, lack of socialization, pauses from prescription entry to drug delivery, drug queue counters are still manual, and there is no separation between social security administrator or called BPJS prescription queue counters and general patients, besides that the drug planning is not optimal, does not comply with standard operating procedure (SOPs) and drug formularies and the system has not been integrated. Based on this information, facilities need help with the speed of service and waiting time for drugs. When referring to previous research, facilities affect the speed of service (Alam et al., 2020; Alhuwitat & Salem, 2017; Auliyah & Artaya, 2019; Junaidi et al., 2021; Laras et al., 2021; Nasrullah et al., 2020).

It can be seen from each speed of service that the waiting time for drugs is shown in Table 1. The reasons stated in the interview reflect the existence of problems regarding work engagement because someone who has work engagement will always show enthusiasm, dedication, and appreciation in helping the organization achieve its goals (Bakker & Leiter, 2015) and it is proven that work engagement affects the speed of service (Aldoghan, 2021; Bhati et al., 2018; Cao et al., 2019; Mahboubi et al., 2017; Wake & Green, 2018; Z. H. Zheng et al., 2020) and the formation of work engagement is the result of the success of human resource management in carrying out its functions of planning, organizing, supervising, and controlling members of the organization (Aldoghan, 2021; Alzyoud, 2018), as well as management's attention to the completeness of work facilities that support work operations (Szilvassy & Širok, 2022).

Based on the description above, no research combines simultaneously in one study the effect of the function of human resource management and facilities on the speed of waiting time for drug services with work engagement as an intervention variable. Hence, this research is a novelty that combines these variables in one study. The problem of drug waiting time speed that is not following the standards set by the Minister of Health Number 129 of 2008 is the basis for the importance of researching to uncover the

influence of the human resources (HR) function and facility speed of drug waiting time service with work engagement as an intervention variable.

Organizational operations are concerned with planning, organizing, directing, and supervising human resource activities in order to achieve various individual, organizational, and community goals (Khoreva & Wechtler, 2018); support for complete facilities that are physical equipment and provided by the service provider will support customer convenience (Philip & Keller, 2016) because facilities are all types of equipment that function as the primary tool or direct tool to achieve the goal (Roper & Payant, 2014). The existence of work engagement describes a condition in which individuals have positive thoughts so that they can express themselves physically, cognitively, and effectively in doing their jobs (Bakker & Leiter, 2015); employees who actively participate in job engagement, take ownership of their work, and value their work highly, are less likely to voice complaints about the amount of work assigned to them by their employer (Robbins, 2016). The definition describes a situation in which individuals who have work engagement will always think positively about what is part of their work process, where planning, organizing, controlling, and monitoring, as well as limited facilities provided by management, will not prevent them from helping the organization achieve its goals through behavior. He is passionate, dedicated, and living his role in the organization. Several studies have concluded that the function of human resource management has a positive effect on job engagement (Aldoghan, 2021; Alzyoud, 2018) and the availability of facilities will be able to increase individual work engagement in the organization (Szilvassy & Širok, 2022), so it can be assumed the research hypothesis:

H_1 : Simultaneously, the human resources management (HRM) function and facilities significantly affect officers' work engagement in pharmaceutical installations.

H_2 : The HRM function has a significant effect on the work engagement of officers in pharmaceutical installations.

H_3 : Facilities have a significant effect on the work engagement of officers in pharmaceutical installations.

Speed of service is a willingness to help customers by delivering fast services (Philip & Keller, 2016). Based on Minister of Health Regulations Number 129 of 2008 concerning Minimum Hospital Service Standards, the waiting time for finished or non-concoction drugs is 30 minutes, and for concoction drugs 60 minutes. Organizational goals can be achieved if planning, organizing, directing, and supervising human resource activities are carried out effectively and in an organized manner (Khoreva & Wechtler, 2018) with complete facilities will support customer convenience, and facilities refer to completeness, condition, and function, and ease of use (Philip & Keller, 2016). Job engagement is a condition in which individuals have positive thoughts to express themselves physically, cognitively, and effectively in doing their work, and work engagement is characterized by enthusiasm, dedication, and appreciation for their work (Bakker & Leiter, 2015).

These definitions explain that the creation of speed of drug waiting time service depends on the function of human resource management as planning and organizing individuals in their respective fields of work. The following process is about supervision and control as a control function so that their work behavior meets the standards and expectations of an organization. The completeness of the facilities needed to serve prescription drugs brought by patients will make it easier for employees to provide drugs

according to the specified time, and the behavior of individuals who are enthusiastic, dedicated, and living their role will always formwork behaviors that willing to sacrifice in order to achieve organizational goals. Several relevant studies have proven that the human resource management function can increase the speed of service (Bieńkowska et al., 2022; De Alwis et al., 2022; Kutieshat & Farmanesh, 2022; Nazam et al., 2020; Shola et al., 2017), completeness of facilities can support the speed of service (Alam et al., 2020; Alhuwitat & Salem, 2017; Auliyah & Artaya, 2019; Junaidi et al., 2021; Laras et al., 2021; Nasrullah et al., 2020), and work engagement can increase the speed of service (Aldoghan, 2021; Bhati et al., 2018; Cao et al., 2019; Mahboubi et al., 2017; Wake & Green, 2018; Z. H. Zheng et al., 2020), so it can be assumed the research hypothesis:

H_4 : Simultaneously, the HRM function, facilities, and work engagement have a significant effect on the speed of service waiting time for drugs in pharmacy installations.

H_5 : The HRM function significantly affects the speed of service waiting time for drugs in pharmacy installations.

H_6 : Facilities significantly affect the speed of service waiting time for drugs in pharmacy installations.

H_7 : Work engagement significantly affects the speed of service waiting time for drugs in pharmacy installations.

Functionally, human resource management plays its role in planning, organizing, directing, and supervising (Khoreva & Wechtler, 2018); this function is carried out to organize the work behavior of members of the organization in the process of achieving organizational goals (El-Gazar & Zoromba, 2021), one of the goals in the service process is fast service and able to answer customer expectations (Y. Zheng & Wu, 2022) because the speed of service is a condition in which service providers can meet customer expectations for delivery time and can exceed customer expectations for the expected service (Goetsch & Davis, 2013). The HRM function will carry out its role more effectively in achieving organizational goals if it can form work engagement with its members first (Albrecht et al., 2015) because individuals who are bound to show maximum involvement in the achievement of organizational goals (Sivapragasam & Raya, 2018). The description explains that the HRM function is a system that directs pharmacy staff's behavior in viewing their duties and responsibilities; one of their duties and responsibilities is to provide fast service so that the speed of drug waiting time service is in line with patient expectations. It can be achieved more optimally if the pharmacy staff creates a work engagement that will optimally be enthusiastic, dedicated, and fully appreciate their role so that the speed of drug waiting time service can align with patient expectations. Several relevant studies have proven that the HRM function can increase the speed of drug waiting time service (Bieńkowska et al., 2022; De Alwis et al., 2022; Kutieshat & Farmanesh, 2022; Nazam et al., 2020; Shola et al., 2017) and work engagement shows a strong involvement in responding to organizational demands (Aldoghan, 2021; Bhati et al., 2018; Cao et al., 2019; Mahboubi et al., 2017; Wake & Green, 2018; Z. H. Zheng et al., 2020) so that it can be assumed the research hypothesis:

H_8 : Work engagement provides a positive intervention in the relationship between the HRM function and the speed of drug waiting time service in pharmacy installations.

Facilities are physical equipment provided by service providers to support customer convenience, and facilities refer to completeness, condition, function, and ease of use

(Philip & Keller, 2016). Facilities are provided to answer customer expectations for quality service and can meet the demands of service speed required by customers (Pitt et al., 2016); management support in the form of availability of facilities will try to be maximized by service providers who have work engagement (Imran et al., 2020), management support in the form of availability of facilities will try to be maximized by service providers who have work engagement (Mahboubi et al., 2017). The description explains that the organization provides the facility as a service support so that the drug delivery process can be quickly delivered to patients. However, utilizing these facilities will be more optimal if the officers have work engagement because work engagement forms work behavior that is enthusiastic, dedicated, and lives up to their role at work so that the speed of service can be delivered according to patient expectations. Several studies have concluded that supporting facilities for the speed of service waiting time for drugs (Alam et al., 2020; Alhuwitat & Salem, 2017; Auliyah & Artaya, 2019; Junaidi et al., 2021; Laras et al., 2021; Nasrullah et al., 2020), and work engagement can increase the speed of service (Aldoghan, 2021; Bhati et al., 2018; Cao et al., 2019; Mahboubi et al., 2017; Wake & Green, 2018; Z. H. Zheng et al., 2020) so that it can be assumed the research hypothesis:

H_9 : Work engagement provides a positive intervention in the relationship between the facility and the speed of service waiting time for drugs in pharmaceutical installations.

RESEARCH METHODS

This research is a quantitative study with a cross-sectional study design, so the population involved in this study were all officers in the pharmacy department of X Hospital in Karawang Regency, totaling 50 personnel, imposed by the organization. A saturated sample was used for the sample, in which the entire population was sampled so that the number of samples used in this study was set at 50 respondents. This study uses a probability sampling design in which the entire population has the same opportunity to be sampled. Because this research used a statistical quantitative approach, a survey method was used by distributing research questionnaires that had been formed following each variable's adopted theory of measurement. Giving a score using a Likert scale points 1 - 4.

The HRM function measurement instrument adopts indicators from Khoreva & Wechtler (2018) which consists of planning, organizing, directing, and controlling, which consists of 12 questions. The facility instrument adopts indicators from (Philip & Keller, 2016): completeness, condition, function, and ease of use and 12 questions. The work engagement instrument adopts indicators from Bakker & Leiter (2015), which consist of enthusiasm, dedication, and appreciation and consists of 12 questions. The drug waiting time service speed instrument adopts the indicator from (Philip & Keller, 2016) consisting of time certainty, prompt service, willingness to help, and readiness to respond to requests consisting of 12 questions. The pretest was carried out on 30 respondents outside the study sample using the product moment correlation technique and reliability testing using Cronbach's alpha technique so that the results obtained on the HRM function instrument were only nine valid statements, 11 statements on facilities, 12 statements on work

engagement, and 12 statements on drug waiting time. The reliability test uses Cronbach's alpha technique and shows that all instruments have a reliability value of > 0.60.

Descriptive statistical analysis using the three-box method analysis to produce a scale range of 12.5 – 25.0 : Low (L) >25.0 – 37.5 : Medium (M). >37.5 – 50.0 : High (H). Hypothesis testing using path analysis with the help of the SPSS program, with a causality test using a significance level of 5%. The following is a conceptual framework that describes the relationship between variables that will be revealed in this study:

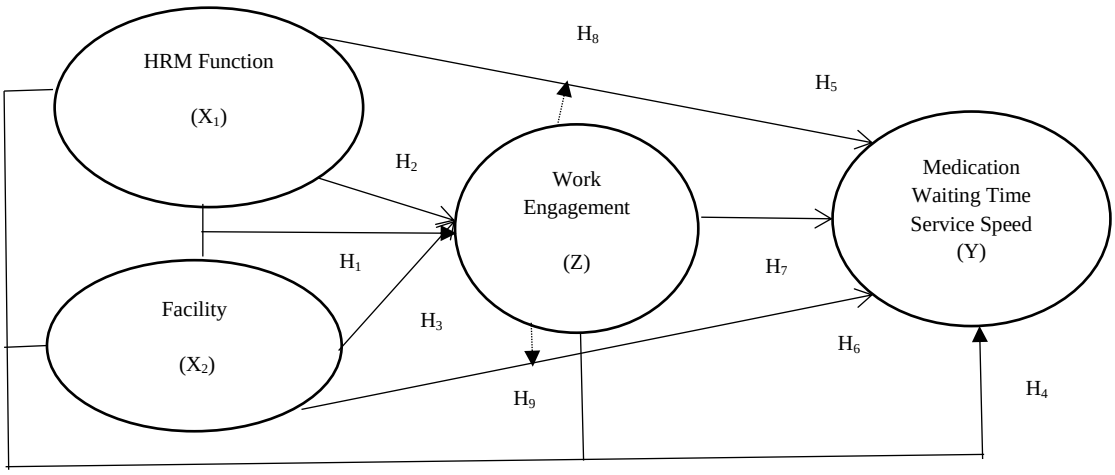

Figure 1. Research Constellation

RESULTS AND DISCUSSION

For respondents based on gender, the number of respondents was male by 28% and female by 72%. For respondents based on age, it is known that the number of respondents in the age range < 25 is 10%, > 25 – 35 is 14%, > 35 – 45 is 46%, and > 45 years is 30%. For respondents based on recent education, it is known that the number of respondents with last high school education was 10%, the diploma was 52%, the bachelor's was 34%, and the master's was 4%. For respondents based on years of service, it is known that the number of respondents with 1-5 years of service is 10%, > 5-10 years is 34%, > 10-15 years is 26%, and > 15 years is 30%. The following is a description of this research variable as follows:

Table 2. Matrix Analysis of Research Instruments

Variable	Score	Information
HRM Function	30.950	Medium
Facility	22.650	Low
Work engagement	25.160	Medium
Service speed	22.380	Low

Source: Primary data, 2022

Based on the table above, it is known that the human resource management function variable is at a moderate level, which means that the staff at the pharmaceutical installation is quite supportive of management efforts in regulating their work behavior so that the speed of service waiting time for drugs is following applicable standards. Variable facilities are at a low level, which means that the completeness of the facilities provided by management does not encourage officers to realize the speed of drug waiting

time services under the provisions. The work engagement variable is at a moderate level, which means that the work engagement of officers in pharmacy installations is sufficient to support the creation of speed service waiting time for drugs following the provisions. Variable speed of drug waiting time service could be higher, which means that officers at pharmacy installations are less supportive of the organization achieving its goals for speed of drug waiting time services under the provisions.

The following is a hypothesis test of this research variable as follows :

Table 3. Results of Sub-Structure Analysis 1

Variable	Coefficient	ftest	ttest	R^2
X_1	0.588	0.000	0.000	0.851
X_2	0.478		0.000	

Source: Primary data, 2022

The results of the path analysis show that ρzx1=0.588 and ρzx2=0.478, which means that if the human resource management function and facilities are increased by 1 unit, it will have an impact on increasing work engagement by 0.588 through the human resource management function and 0.478 through facilities. The simultaneous causality test compares probability values of 0.000 < 0.05, which means that simultaneously the functions of human resource management and facilities significantly affect work engagement and are included in the H_1 acceptance category. In the partial causality test, it is known that the effect of X_1 on Z has a probability value comparison of 0.000 < 0.05, which means that the human resource management function has a significant direct effect on work engagement and is included in the H_2 acceptance category. In the causality test of the effect of X_2 on Z, it is known that the comparison of the probability value of 0.000 < 0.05 means that the facility has a significant direct effect on work engagement, which is included in the acceptance of H_3. The determination test shows a coefficient of determination of 0.851 which means that the function of human resource management and facilities contributes as much as 85.1% in increasing work engagement. The residual value is obtained through the following calculation: $\in 1 = \sqrt{1 - 0.851} = 0.386$; the residual value means that there are other factors outside the research variables that can increase work engagement by 0.386, so the path equation is found: 0.588(X_1) + 0.478(X_2) + 0.386(ϵ1).

Table 4. Results of Sub-Structure Analysis 2

Variable	Coefficient	f-test	t-test	R^2
X_1	0.271		0.041	
X_2	0.309	0,000	0.009	0.783
Z	0.407		0.025	

Source: Data Processed, 2022

Simultaneous path analysis results show that ρyx1=0.271 ρyx2=0.309 and ρyz=0.407 which means that if the functions of human resource management, facilities, and work engagement are increased by 1 unit, it will have an impact on increasing the speed of drug waiting time services by 0.271 through the human resource management function, 0.309 through facilities, and 0.407 through work engagement. The simultaneous causality test shows a comparison value of 0.000 < 0.05 which means that the function of human resource management, facilities, and work engagement has a significant direct effect on the speed of drug waiting time and is included in the H_4 acceptance category. The partial causality test on the effect of X_1 on Y has a probability value of 0.041 < 0.05, meaning that the human resource management function significantly directly affects the speed of drug waiting time and is included in the H_5 acceptance category. In the causality

test of the effect of X_2 on Y, it is known that the comparison of the probability value of 0.009 < 0.05, which means that the facility has a significant direct effect on the speed of service waiting for the drug, is included in the category of acceptance of H_6. In the causality test of the effect of Z on Y, it is known that the comparison of the probability value of 0.025 < 0.05, which means that work engagement has a significant direct effect on the speed of drug waiting time, is included in the category of acceptance of H_7. The determination test showed a coefficient of determination of 0.783, meaning that human resource management, facilities, and work engagement contributed as much as 78.30% in increasing the speed of drug waiting time services. The residual value is obtained through the following calculation: $\epsilon 2 = \sqrt{(1-0.783)} = 0.466$; this value illustrates that there are other factors outside the research variables that can increase the speed of service waiting time for drugs by 0.466 so the path equation is found: $0.271(X_1)+0.309(X_2)+0.407(Z)+0.446(\epsilon_2)$.

The following is the indirect effect of this research variable as follows :

Table 5. Indirect Effect

Equality	Coefficient
ρzx_1 X ρyz	0.250
ρzx_2 X ρyz	0.190

Source: Data Processed, 2022

The results of the analysis concluded that the coefficient value of the indirect effect of the HRM function on the speed of drug waiting time showed a value of 0.25, which means that work engagement positively mediated the relationship between the HRM function and the speed of drug waiting time service fall into the acceptance category H_8. The results of the analysis conclude that the coefficient value of the indirect effect of the facility on the speed of the drug waiting time shows a value of 0.19, which means that work engagement positively mediates the relationship between the facility and the speed of service while waiting for the drug fall into the acceptance category H_9.

The following is the total effect of this research variable as follows :

Table 6. Direct Effects vs. Total

Direct Effect	Total Efefct
0.271	0.521
0.309	0.499

Source: Data Processed, 2022

If there is work engagement, then the HRM function can increase the speed of service; the waiting time for drugs is higher than without work engagement. If there is work engagement, the facility can increase the speed of service, and the waiting time for drugs is higher than without work engagement.

The Effect of HRM Functions and Facilities on Work Engagement

The HRM function and facilities create work engagement for pharmacists, so by continuing to improve HRM functions and facilities, the work engagement for pharmacy staff can continue to increase. This situation is in line with previous research, which states that the HRM function is implemented to regulate the work behavior of organizational members so that they voluntarily provide enthusiasm and dedication and live their profession so that organizational goals can be achieved optimally (Aldoghan, 2021) because basically, the HRM function can increase work engagement (Alzyoud, 2018). It

happens because the HRM function plays an important role where work planning is carried out in an organized manner following the goals set, task organization is carried out following the knowledge and skills of pharmacy officers, the direction is carried out with a leadership system that helps pharmacists to be able to master their field of work, and a supervisory system is set up to prevent officers from making mistakes in the work process, by carrying out these roles, the work engagement of pharmacy officers will be more robust where they enthusiastically carry out their obligations, dedicating themselves by sacrificing all their energy and thoughts to achieve the optimization of organizational goals, as well as living by imbuing his role as a pharmaceutical service provider for patients who will make the service process run optimally and meet patient expectations.

In addition, the completeness of supporting facilities for pharmaceutical services for patients forms the work engagement of pharmacists. In contrast, when supporting facilities are provided in full by management, the work engagement of pharmacists can increase. This situation is in line with previous research, which states that the completeness of supporting facilities will shape the work engagement of members of the organization (Szilvassy & Širok, 2022). It happens because by fulfilling the expectations of pharmacy officers for pharmaceutical service support facilities for patients, they get convenience both in terms of the production process to the drug delivery process for patients. The ease they feel makes them enthusiastic in carrying out their duties, dedicated by showing their commitment as a provider of pharmaceutical services for patients, and lives up to their profession by animating their work function as a professional service provider and willing to fulfill patient satisfaction in pharmaceutical services.

The Effect of HRM Functions, Facilities, and Work Engagement on Service Speed of Drug Waiting Time

The HRM function enables pharmacy staff to answer organizational expectations regarding the speed of drug waiting time for patients. This situation aligns with previous studies, which stated that the HRM function refers to determining the work behavior of organizational members that can meet organizational expectations (De Alwis et al., 2022) when the HRM function can formulate planning, organizing, directing, and supervising correctly. The work behavior of its members can run as expected (Shola et al., 2017), where their work behavior can answer the organization's expectations of the speed of service that can satisfy service patients (Nazam et al., 2020) and specifically the HRM function regulates the work behavior of pharmacy staff who can answer the organization's expectations of the speed of service waiting time for drug service (Bieńkowska et al., 2022; Kutieshat & Farmanesh, 2022). This situation occurs because management carries out detailed task planning, divides tasks fairly according to the knowledge and skills of each pharmacy officer, then provides appropriate directions to prevent officers from making mistakes in the service delivery process, and establishes SOPs to regulate team member work behavior so that pharmacy officers can optimally meet the standard of service speed and drug waiting time set by the organization to create patient satisfaction.

The complete facilities provided by the organization can increase the speed of service waiting time for drugs at pharmaceutical installations. This situation is in line with previous studies, which stated that management meets the needs of work facilities so that the work results of its members run optimally (Alhuwitat & Salem, 2017). Complete facilities facilitate completing team member work (Auliyah & Artaya, 2019). By fulfilling the completeness of pharmaceutical service support facilities, the speed of drug waiting time service can run according to set standards (Alam et al., 2020; Junaidi et al., 2021;

Laras et al., 2021; Nasrullah et al., 2020). The importance of complete facilities will facilitate the pharmaceutical service process for patients, such as meeting the needs for raw materials and modern compounding equipment, so that when patients need concoction drugs, the dispensing process will proceed according to the standard time set. In addition, the fulfillment of modern queue support facilities will avoid the accumulation of queues for drug redemption simultaneously at peak hours because the queue support facilities will organize and minimize the accumulation of drug prescription redemptions so that officers can complete drug redemption one by one under the set waiting time speed standard.

Work engagement makes pharmacists able to answer the organization's expectations of the speed of drug waiting time service, this is in line with previous research which states that individuals who have work engagement will maximally support the organization in achieving its goals (Aldoghan, 2021), this is realized because the psychology of individuals who have work engagement shows their alignment with the organization (Mahboubi et al., 2017), without any complaints, even always showing enthusiasm, dedication and attention to the process of achieving organizational goals (Wake & Green, 2018), and work engagement will shape work behavior that is able to answer the organization's expectations of the speed of service through its work behavior (Bhati et al., 2018; Cao et al., 2019; Z. H. Zheng et al., 2020), as well as individuals who are bound to participate actively in the process of achieving organizational goals, and consider that it is important to be realized through their work behavior (Robbins, 2016). This situation illustrates that pharmacy staff has the enthusiasm to carry out their duties professionally as pharmaceutical service providers, with a complete commitment that organizational expectations and patient satisfaction are the most important things that must be realized through their work behavior. They deepen their role as service providers who should be responsive to patient needs so that these conditions make the work behavior of pharmacists able to meet the speed of drug waiting time according to established standards.

The Role of Work Engagement Mediates the Relationship between HRM Function and Speed of Medicine Waiting Time

The existence of work engagement makes the HRM function able to increase the speed of drug waiting time service, which pharmacy officers manifest in the process of delivering drug redemption services by patients; this situation is in line with previous research, which states that individuals who have work engagement will maximally support the organization in achieving its goals (Aldoghan, 2021), and in line with the opinion which states that work engagement is a condition in which employees side with their work and actively participate in it, and consider work important to them (Robbins, 2016). The work engagement that pharmacy staff has made them in favor of the process of achieving organizational goals, where in this process, management plays its role as a regulator of the work behavior of pharmacy staff through the HRM function with the aim that officers can answer organizational expectations about the speed of drug waiting time for patients, so with work engagement as a form of officer commitment to actively participate in supporting the achievement of organizational goals, they will follow all forms of planning, organizing, directing and supervising that have been formulated by management so that organizational expectations for drug waiting time service speed generated through the work behavior of officers can run smoothly optimally and comply with applicable standards.

The Role of Work Engagement Mediating Facility Relationships Against Speed of Medicine Waiting Time

The work engagement of pharmacists makes it possible to maximize the completeness of the facilities provided by management to realize the speed of waiting time for drugs according to applicable regulations. This situation aligns with previous research, which concluded that a bound individual's psychology aligns with organizational goals (Mahboubi et al., 2017). Bound individuals will not complain about achieving organizational goals by always being enthusiastic, dedicated and living their role bound individuals will not complain about achieving organizational goals by always being enthusiastic, dedicated, and living their role (Wake & Green, 2018). Availability of facilities will be maximized by individuals who have work engagement (Imran et al., 2020), in line with the opinion which states that work engagement is a condition in which employees side with their work and actively participate in it and consider work important to them (Robbins, 2016). The work engagement of pharmacists creates a condition in which the facilities provided by the organization maximize their use to meet the speed standards for drug waiting time for patients who order drugs. It is due to the enthusiasm to carry out their duties and responsibilities, commitment fully as a service provider who is professional and lives up to their role by considering that they must be able to fulfill the expectations of the organization, then with the facilities provided by the organization, officers can maximize it to realize the speed of drug waiting time service following applicable regulatory standards.

CONCLUSION

Based on the whole series of analysis results, it can be concluded that work engagement provides a positive intervention in the relationship between human resource management functions and facilities to the speed of waiting time for drugs in pharmacy installations so that with work engagement, the HRM function and facilities can be higher in increasing the speed of service, waiting time for drugs in pharmacy installations. With work engagement, pharmacy installation officers will try to meet the organization's expectations of speedy drug waiting times following applicable standards. His psychological condition is enthusiastic and dedicated, and he lives his profession. He will make the role of human resource management in planning, organizing, directing, and controlling to achieve its effectiveness to shape the performance of officers who meet drug waiting time service standards and the limitations on supporting facilities will not hinder them from meeting the standards of the speed of service waiting time for drugs for patients. Managerial training efforts can be given to pharmaceutical staff who supervise officers to place officers according to their expertise, form a work team to decrease drug waiting times and form an audit team to ensure the availability of raw materials. Management control training needs to be carried out so that leaders can provide queue support facilities, ensure the availability of raw materials as needed, provide work facilities as needed, check the expiration date of raw materials, check queue facilities, ensure the feasibility of queue support facilities, provide functional supporting equipment well, providing quality raw materials, providing easy-to-use drug compounding tools, providing easy-to-use queue management tools and providing easy-to-use administrative support facilities. Management needs to set attractive rewards and punishments so that officers are encouraged to complete each queue at the standard waiting time, optimize the

resources provided in serving patients with prescription drug redemption, provide services according to the specified time, be thorough in serving prescription drug redemptions, be thorough in maintaining availability raw materials, maintain the responsibility given by the leadership and realize the importance of cooperation in responding to the speed of drug waiting time services. In addition, it is essential to conduct cooperation and communication training in order to provide convenience in informing the completion time of drugs to other sections after receiving a prescription, swiftly completing each drug prescription redemption, being alert to drug prescription redemption, providing raw materials according to the patient's health service information obtained from each installation, communicate effectively in completing redemption of drug prescriptions, manage patient queues to avoid credit, classify raw materials to facilitate work, be careful in calculating the availability of raw materials and immediately provide availability of raw materials when they are running out. This study has limitations, where work motivation is not involved as a research variable. For the progress of further research, it is hoped that it will involve work motivation because work motivation determines the steps and individual willingness to react so that it can be seen what drives the problems in realizing the speed of drug waiting time service in the pharmaceutical unit.

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