Journal of Health Economic and Policy Research
JHEPR Vol. 3 No. 2 Year 2025
ISSN 3025-5198

Development Strategy of the Pharmacy Department at Nirmala Hospital based on SWOT Analysis

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Article Information:

Submitted : *January 3rd 2025*
Revised : *July 20th 2025*
Accepted : *July 24th 2025*

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DOI: https://doi.org/10.30595/jhepr.v3i2.233

Abstract
Background: Medication management is a critical component of hospital operations, as inefficiencies can adversely affect hospitals medically, socially, and economically. This study aimed to assess the conformity of medication management practices and formulate development strategies at Nirmala Hospital's pharmacy department
Methods: This descriptive analytical study used quantitative and qualitative methods, including observations, interviews, and questionnaires. The assessment was conducted based on standard medication management indicators. The Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis is used to formulate strategies based on the hospital's internal and external aspects.
Results: Medication selection, planning, and procurement processes generally met the standard indicators. However, the dead stock percentage was 1.54%, exceeding the acceptable limit. Two indicators did not meet standards: the average number of medications per inpatient prescription (6.82) and prescription conformity with the hospital formulary (85.71%). All distribution indicators met the required standards. Based on SWOT analysis, the pharmacy department is positioned in quadrant 1, indicating strong internal and external potential for service improvement.
Conclusion: Under an aggressive growth policy, the recommended strategies include implementing a one-gate system, enhancing human resource capacity, and improving facilities to support pharmacy services.

Keywords: *Hospital's Pharmacy Department, Medication Management, SWOT Analysis.*

Introduction

Medication management is critical to hospital operations, as inefficiencies can adversely impact patient care, hospital finances, and overall service delivery. As a key functional unit, the hospital pharmacy department plays a central role in organizing pharmacy services that support the hospital's health service system through selection, procurement, storage, distribution, and evaluation of medications[1,2]. This department organizes pharmacy services, including various managerial and technical activities for managing medicines and other pharmacy products. To ensure the quality of hospital services, pharmacy departments are required to implement comprehensive and efficient medication management systems[3,4].

Medication management systems include medication selection based on the formula, needs planning, rational procurement processes, receipt and quality inspection of pharmacies, proper storage according to standards, timely and accurate distribution, stock and usage control, disposal of expired or unfit for use medications, precise documentation and reporting, and continuous evaluation of management effectiveness[5–7]. Well-managed pharmacy services are believed to contribute significantly to optimal healthcare outcomes, ultimately improving patient satisfaction[3,4]. Therefore, the hospital pharmacy department must be capable of designing and executing development strategies that are adaptive and focused on enhancing service quality, to remain competitive with other healthcare institutions that are also continually innovating[8,9].

Within the framework of modern hospital management, the pharmacy unit is no longer viewed solely as responding to external dynamics, including technological advancements, regulatory changes, increasingly complex patient needs, and the competitive healthcare environment[6,10]. As the paradigm of pharmacy services shifts from a product-oriented (medication centers) approach to a patient-oriented approach, pharmacists are increasingly expected to adjust their roles and responsibilities to provide individualized, comprehensive, and outcome-focused services. This change presents a significant challenge for hospital pharmacies to re-evaluate their existing practices and develop new strategies that align with the growing and evolving demands of healthcare services[11,12].

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Changes in hospital pharmacy practices must be evaluated, and strategies must be formulated to meet patient needs. This can be achieved through various approaches, one of which is SWOT analysis. SWOT analysis, an acronym for Strengths, Weaknesses, Opportunities, and Threats, is a systematic tool for assessing internal capabilities and external conditions to support the development of appropriate strategies. Through this analysis, the pharmacy department can identify internal strengths and weaknesses, as well as map out external opportunities and threats that may affect the success of strategy implementation[5,13–15].

Based on the context above, the objective of this study is to formulate a strategic plan for effective and efficient medication management in the pharmacy department of Nirmala Hospital using the SWOT analysis approach. The findings are expected to provide a scientific foundation for strategic decision-making and serve as a reference for future policy development and pharmacy management practices in hospitals.

Methods

This study employed a non-experimental, analytical, descriptive research design utilizing both quantitative and qualitative approaches to provide a comprehensive overview of Nirmala Hospital's internal and external conditions, particularly within its pharmacy department. The research was conducted from January to December 2019 at Nirmala Hospital in Purbalingga, Central Java, Indonesia. Data collection instruments included writing materials, structured questionnaires, voice recorders, and cameras for documentation purposes.

This study employed both quantitative and qualitative approaches. Quantitative data were collected using structured questionnaires and analyzed to assess measurable aspects of pharmacy management, such as compliance with standard indicators, procurement frequency, medication availability, and inventory performance. Meanwhile, qualitative data were obtained through direct observation and in-depth interviews with key stakeholders, including pharmacists, procurement staff, and hospital administrators. It is to explore perceptions, challenges, and contextual factors influencing pharmacy service delivery. Supporting documents such as financial reports, procurement records, and medication delivery invoices were used to validate and enrich the quantitative analysis.

The study population consisted of all medication management documents from the 2019 pharmacy department of Nirmala Hospital, hospital management personnel, healthcare workers, patients, and family members who had used outpatient and home services, as well as outpatient and inpatient prescription records. The sample comprised 10% from each pharmacy category (i.e., tablets, syrups, injections, infusions, suspensions, eye/ear drops, ointments, and suppositories), along with selected members from the management team, nurses, physicians, and pharmacy staff, totaling 150 respondents. Data collection tools included a checklist for primary and secondary documentation, interview guides, and validated questionnaires.

Secondary data analysis focused on the stages of pharmacy management, namely selection, procurement, storage, distribution, and use of medications. Each stage was assessed using relevant pharmacy management indicators. The data were derived from hospital medical records, pharmacy supply reports, pharmacy service records, facility performance metrics, and financial statements. Primary data were gathered through interviews with individuals directly involved in the hospital's pharmacy management, including the hospital director, head of the pharmacy department, finance officers, procurement staff, warehouse managers, home care coordinators, and head nurses.

The 150 questionnaire respondents were asked to evaluate the alignment of Nirmala Hospital's vision and mission with the hospital pharmacy department. They were also asked to assess internal and external factors influencing the hospital pharmacy department, the impact of implemented healthcare strategies on service performance, and the instruments' reliability. The collected data were analyzed using the SWOT framework to identify internal and external strategic factors, following the methodology proposed by Rangkuti[13].

After the result is obtained, strategic mapping was conducted using a SWOT matrix to position the hospital pharmacy department within one of four strategic quadrants: quadrant 1 (aggressive strategy), quadrant 2 (diversification strategy), quadrant 3 (turnaround strategy), and quadrant 4 (strategic defense). This analysis served as the basis for proposing alternative strategic recommendations for the future development of the hospital pharmacy department.

Result

This study evaluates the stages of medication management and analyzes the strategic position of Nirmala Hospital's pharmacy department using the

ISSN 3025-5198

SWOT approach. The evaluation was conducted across all stages of the medication management cycle: selection, procurement, storage, usage, and distribution.

Medication Selection

The compliance rate of available medications with the national formulary is 71%, while compliance with the hospital formulary is 89%. This indicates that although most medications refer to national and hospital standards, a gap must be addressed through standardized procurement processes to improve cost-efficiency and therapeutic effectiveness.

Medication Procurement

Several key indicators measured at this stage were funds availability, procurement frequency, invoice/procurement document errors, payment timeliness, and planning and usage alignment. The proportion of available funds to the amount needed is 110.42%, exceeding the ideal indicator of 100%, according to Pudjaningsih (1996). This shows the hospital's financial readiness to meet medication procurement needs and prevent stock shortages. In one year, each medication item was procured an average of 15.03 times, which is still within the standard range of 12 to 24 times, showing that hospital pharmacy department can adjust medication procurement effectively. The average invoice error rate in 2019 was 0.71%, well below the acceptable limit, indicating efficiency in the administrative procurement process. The average payment time to distributors was 32.4 days, faster than the agreed maximum of 45 days, reflecting good financial performance. The last one is the conformity between planned and actual medication use, reaching 103.5%, still within the ideal range of 100-120% as per Pudjaningsih (1996), indicating accurate logistic planning.

Medication Storage

The evaluated storage indicator included stock card and accuracy, Turn Over Ratio (TOR), expired or unfit for use medications, and dead stock. The conformity between the physical inventory and the stock card reached 96.47%, with a discrepancy rate of 3.53%, primarily due to recording errors or inaccurate stock withdrawals. A TOR value of 9.61 times per year indicates efficient stock management, aligning with the recommendation by Pudjaningsih (1996) of 8-12 times per year. The proportion of expired or unfit for use medications was 0.37%, which remains under the acceptable limit (<1%). However, this figure indicates the importance of enhancing the medication monitoring and distribution system. The presence of 1.54% dead stock reflects inefficiencies in stock rotation, possibly due to weak coordination between the pharmacy department and medical personnel in medication selection and utilization.

Medication Usage

The average number of medication items per prescription was 3.63 for outpatients and 8.62 for inpatients. These figures exceed WHO standards (1.8-2,2) and those of developing countries (3.3-3.8), indicating a potential overprescribing issue that requires further evaluation. The average use of generic names in prescriptions was 68.75%, higher than the national target of 59% (Ministry of Health, 2008), indicating alignment with the National Health Insurance (JKN) program. Prescription conformity with the hospital formulary was 85.71%, below the WHO standard of 100%. This suggests a need for improved dissemination and training on the hospital formulary among prescribing physicians.

Medication Distribution

Availability of medications for dispensing means the proportion of prescriptions that could be fulfilled. It was 99.4%, with only 0.46% unserved, indicating a highly effective distribution system. Regarding medication labeling, all dispensed medications were fully labeled (100%), including patient name, dispensing date, and usage instruction, demonstrating high compliance with the pharmacy service standard. Based on prescription service time, it was found that the longest waiting time recorded during peak hours for compounded prescriptions was 17.55 minutes, and for non-compounded prescriptions, it was 10.23 minutes. These durations remain below the WHO standards of 30 minutes (compounded) and 15 minutes (non-compounded), reflecting efficient service delivery despite prescription surges during busy periods.

Strategic Analysis through SWOT

The vision of Nirmala Hospital's pharmacy department is to become a patient-centered pharmacy service unit that prioritizes excellence, professionalism, and high-quality care. This vision reflects a strong commitment to enhancing the overall quality of healthcare services by providing safe, effective, and efficient pharmacy care that aligns with current scientific advancements and meets patient needs. To realize this vision, a deep understanding of the internal and external conditions of the Nirmala Hospital’s pharmacy department is needed. Therefore, a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis was conducted to identify factors that support and challenge the implementation of pharmacy services. This analysis is expected to be the basis for formulating appropriate development strategies to improve the quality and effectiveness of the hospital's pharmacy services.

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Table 1. External factor: opportunity and threat scoring

No	Factor	Score	Weight	Rating	Weight x Rating
	OPPORTUNITY				
1	Governmental stability	479	0.06	3	0.18
2	Purbalingga safetiness	573	0.08	3	0.24
3	The rise in the price of medications does not affect people's purchasing power.	491	0.06	2	0.12
4	Increase in societal awareness towards health	577	0.08	3	0.24
5	Increase in life expectancy	512	0.07	3	0.21
6	Increase in the total population	499	0,07	3	0.21
7	Increase in disease pattern	473	0.06	2	0.12
8	Computerization	495	0.07	3	0.21
9	Pharmacy installation staff should attend seminar or training	631	0.08	4	0.32
10	Effort for technology upgrade	624	0.08	3	0.24
11	Existence of governmental and private hospitals	569	0.07	3	0.21
12	Existence of private pharmacy near hospital	520	0.07	2	0.14
13	Existence of medication store near hospital	543	0,07	2	0.14
14	Service quality	578	0.08	4	0.32
	TOTAL	**7,564**	**1**		**2.9**
	THREAT				
1	The per capita income of the population is falling.	598	0.19	2	0.38
2	Internet mastery	396	0.12	2	0.24
3	Utilization of modern technology will increase health expenditure	549	0.17	2	0.34
4	Insufficient delivery of medication affects the pharmacy department activities	623	0.2	2	0.4
5	The rigorous payment system implemented by the supplier affects the activities of pharmacy departments	572	0.18	2	0.36
6	Buyers are insensitive to medication price	447	0.14	2	0.28
	TOTAL	**3,185**	**1**		**2**

The analysis shows that Nirmala Hospital's pharmacy department has various internal strengths, including staff discipline, staff's skills in pharmacy services and technology, and good interpersonal relationships with patients and medical personnel. Service quality, such as medication waiting time, medication readiness, and patient education activities, is also an added value. In addition, the computerization and communication systems in the installation have been implemented quite well. On the other hand, the main weaknesses identified are the lack of attention from hospital management to the pharmacy department, the limited number of pharmacists and pharmacy technicians, and the suboptimal role of pharmacists in clinical pharmacy services. These limitations can hamper efforts to improve the quality of pharmacy services if not addressed immediately.

The external aspects show various strategic opportunities, such as increasing public awareness of health, local government stability, population growth, and advances in technology and computerization. Opportunities to participate in training and seminars for pharmacy staff also have great potential in improving human resources competency.

Nirmala Hospital's pharmacy department also faces several external challenges. The decline in the community's per capita income can affect the purchasing power of medications. In addition, increasing health costs due to the use of modern technology, disruptions in medication supplies, and strict payment systems from suppliers can all impact the smooth operation of pharmacy departments.

Based on the calculation results, the highest total value was obtained from the opportunities (2.90) and strengths (2.81) aspects, while threats (2.00) and weaknesses (0.22) had lower scores. According to the SWOT analysis, Nirmala Hospital's pharmacy department's position is shown in Figure 1.

Table 2. Internal factor: strength and weakness scoring

No	Factor	Score	Weight	Rating	Weight x Rating
	STRENGTH				
1	Staff job description	560	0.03	3	0.09
2	Staff responsibilities	560	0.03	3	0.09
3	Service system development	521	0.02	2	0.04
4	Other installation support	549	0.02	2	0.04
5	Doctor support	550	0.02	3	0.06
6	Doctor obedience towards hospital and national formulary	553	0.02	3	0.06
7	Hospital pharmacy department leader attitude towards the development of hospital pharmacy department	561	0.03	4	0.12
8	Pharmacist assistant capabilites	572	0.03	4	0.12
9	Staff capabilites to compete	557	0.02	3	0.06
10	Hospital pharmacy department cooperation with other professions	543	0.02	3	0.06
11	Staff capabilities in medications information	563	0.03	3	0.09
12	Pharmacist's relationship with patients	563	0.03	3	0.09
13	The pharmacist's relationship with the doctor	574	0,03	3	0.09
14	Hospital pharmacy department staff discipline	537	0,02	3	0.06
15	Staff recruitment	537	0,02	2	0.04
16	Staff capabilites to follow pharmacy techonology	544	0,02	3	0.06
17	Staff regulation optimalization	533	0,02	3	0.06
18	Pharmacist capabilites to develop strategic business unit	528	0.02	2	0.04
19	Pharmacist managerial skills	545	0.02	3	0.06
20	Physical appearance of hospital pharmacy department	488	0.02	2	0.04
21	Communication facilites	513	0.02	3	0.06
22	Air circulation and medication storage temperature	517	0.02	3	0.06
23	Medication dispensing equipment completeness	493	0.02	2	0.04
24	Table, chair, and medication cabinet completeness	507	0.02	3	0.06
25	Medication and medical devices completeness	507	0.02	3	0.06
26	Arrangement of table, chair, and medication cabinet	530	0.02	2	0.04
27	Arrangement of medications and medical devices	531	0.02	2	0.04
28	Document saving	524	0.02	2	0.04
29	Computerization system	508	0.02	2	0.04
30	Source of information for pharmacy knowledge development	513	0.02	3	0.06
31	Staff quickness in getting new information	532	0.02	3	0.06
32	Room cleanliness	531	0.02	3	0.06
33	Waiting room layout	454	0.02	2	0.04
34	Medication distribution system	486	0,02	2	0.04
35	Staff hospitality	560	0,02	3	0.06
36	Communication, information, and education services, and medication consultation	554	0.02	3	0.06
37	Medication readiness	533	0.02	3	0.06
38	Medication waiting time	547	0.02	4	0.08
39	Services for chronic patients with national health insurance	544	0,02	3	0.06
40	Prescription screen	550	0.02	3	0.06
41	Contribution to the hospital	552	0.02	2	0.04
42	Efforts to increase profit	538	0.02	3	0.06
43	Funding for operational	528	0.02	2	0.04
44	Authority to determine the budget	513	0.02	2	0.04
45	Efforts to increase the budget efficiency	544	0.02	2	0.04
46	Budget bookkeeping	529	0,02	2	0.04
47	Budget profile now compared to before	528	0,02	2	0.04
48	Budgeting staff attitude towards hospital pharmacy department to increase consumer-oriented service	530	0.02	3	0.06
	TOTAL	**25,634**	**1**		**2.81**
	WEAKNESS				
1	Attention of hospital upper management towards hospital pharmacy department	389	0.2	2	0.04
2	Efforts to upgrade hospital pharmacy department capabilities	446	0.2	2	0.04
3	Number of pharmacists	448	0.2	2	0.04
4	Number of pharmacist assistant	444	0.2	2	0.04
5	The Pharmacist's role in clinical pharmacy services	448	0.2	3	0.06
	TOTAL	**2,175**	**1**		**0.22**

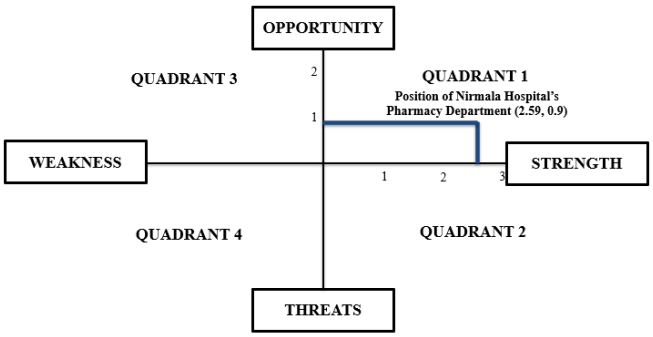

Figure 1. SWOT analysis diagram

The analysis reveals that Nirmala Hospital's pharmacy department sits at the intersection of points (2,9-22) = 0,9 and (2,81-0,22) = 2,59. Points (2,59; 0,9) fall within quadrant 1, indicating that the Nirmala Hospital's pharmacy department enjoys favorable conditions due to its exploitable opportunities and strengths. One strategy to support aggressive growth policies is implementing one-door management, adding facilities to optimize pharmacy services, and improving the quality and quantity of human resources.

Table 3. SWOT matrix

IFAS / EFAS	**Strength**	**Weaknesses**
	1. Staff job description 2. Staff responsibilities 3. Service system development 4. Other installation support 5. Doctor support 6. Doctor's obedience towards Hospital Formulary and National Formulary 7. Hospital pharmacy department leader's attitude towards the development of hospital pharmacy department 8. Pharmacist assistant capabilities 9. Staff capabilities to compete 10. Hospital pharmacy department cooperation with other professions 11. Staff capabilities in medication information 12. Pharmacist's relationship with patients 13. Pharmacist's relationship with doctor 14. Hospital pharmacy department staff discipline 15. Staff recruitment 16. Staff capabilities to follow pharmacy technology 17. Staff regulation optimization 18. Pharmacist capabilities to develop a strategic business unit 19. Pharmacist managerial skills 20. Physical appearance of hospital pharmacy department 21. Communication facilities 22. Air circulation and medication storage temperature 23. Medication dispensing equipment completeness 24. Table, chair, and medication cabinet completeness 25. Medication and medical devices completeness 26. Arrangement of table, chair, and medication cabinet 27. Arrangement of medications and medical devices 28. Document saving 29. Computerization system	1. Attention of hospital upper management towards hospital pharmacy department 2. Efforts to upgrade hospital pharmacy department capabilities 3. Number of pharmacists 4. Number of pharmacist assistants 5. Pharmacist's role in clinical pharmacy services

	30. Source of information for pharmacy knowledge development 31. Staff quickness in getting new information 32. Room cleanliness 33. Waiting room layout 34. Medication distribution system 35. Staff hospitality 36. Communication, information, and education services and medication consultation 37. Medication readiness 38. Medication waiting time 39. Services of chronic patients with national health insurance 40. Prescription screen 41. Contribution to the hospital 42. Efforts to increase profit 43. Funding for operational 44. Authority to determine the budget 45. Efforts to increase the budget efficiency 46. Budget bookkeeping 47. Budget profile now compared to before 48. Budgeting staff attitude towards hospital pharmacy department to increase consumer-oriented service	
Opportunities 1. Governmental stability 2. Purbalingga safetiness 3. The rise in the price of medications does not affect the purchasing power of the people. 4. Increase in society's awareness towards health 5. Increase in life expectancy 6. Increase in total population 7. Increase in disease pattern 8. Computerization 9. Pharmacy installation staff should attend a seminar or training 10. Effort for technology upgrade 11. Existence of governmental and private hospitals 12. Existence of a private pharmacy near the hospital 13. Existence of a medication store near the hospital 14. Service quality	**Strategy for Strength-Opportunities** 1. Increase the number of human resources to upgrade the quality of the services **2.** Upgrade the quality of pharmacists and pharmacist assistants to develop hospital pharmacy department as a strategic business unit in Nirmala Hospital	**Strategy for Weaknesses-Opportunities** 1. Hospital upper management involves pharmacy staff to join in training, seminars, and internet mastery to create better optimization in staff capabilities for better services to patients 2. Upgrade the service by increasing the number of pharmacy staff/ human resources an anticipation of the increase in health awareness in society, as well as their life expectancy, and disease patterns
Threats 1. The per capita income of the population is falling. 2. Internet mastery 3. Utilization of modern technology will increase health expenditure 4. Insufficient delivery of the medication that affects pharmacy department activities 5. The rigorous payment system implemented by the supplier affects the activities of pharmacy departments 6. Buyers are insensitive to medication price	**Strategy for Strength – Threats** 1. Prioritizing patients' hospitality and the safety of medication consumption **2.** Utilization of support from different installations to upgrade the services to increase profit.	**Strategy for Weaknesses – Threats** 1. Build good cooperation with patients, other professionals, and suppliers to upgrade the service quality

ISSN 3025-5198

Discussion

The findings of this study indicate that the pharmacy department of Nirmala Hospital generally meets the standard indicators of medication management in the stages of selection, planning, and procurement. These results suggest that the hospital has implemented a relatively structured and effective system in the early stages of the medication management cycle. Compliance with these standard indicators reflects a good understanding of formulary-based medication selection and rational procurement planning, as has been demonstrated in several previous studies on pharmacy practices in hospitals in Indonesia[16,17].

However, there are still some important aspects that need attention. One of them is the percentage of medications that become dead stock, which is 1.54%, which still exceeds the expected threshold. High levels of dead stock imply inefficiencies in inventory control and may result in financial losses due to expired or unused medications. This result corresponds with research in comparable settings, showing that ineffective stock rotation, excessive demand forecasting, and delays in utilization are frequent reasons for the buildup of dead stock[18,19]. To address these issues, hospitals need to improve their stock monitoring practices, conduct regular inventory audits, and consider implementing computerized systems for managing medication inventories[18].

Secondly, the mean quantity of medications prescribed per inpatient prescription stood at 6.82, exceeding the advised threshold for rational prescribing and indicating a possible tendency toward polypharmacy. This condition can increase the risk of medication interactions, increase the burden of medical costs, and reduce patient compliance with therapy. This shows the importance of the role of clinical pharmacy services in reviewing prescribing patterns and providing input to medical personnel[20]. It is also recommended that there be an educational program regarding the rational use of medications to increase understanding among health workers[21,22].

Third, the level of compliance with the use of the national and hospital formulary is 71% and 85.71% respectively, still below the ideal target of 100%. Such non-compliance may interfere with medication availability, increase the complexity of procurement, and weaken efforts to control costs. To address this, the hospital should enhance communication with prescribers, routinely revise the formulary according to clinical requirements, and ensure adherence to the formulary through effective policies and oversight[23,24].

From a strategic standpoint, the SWOT analysis places the pharmacy department in quadrant 1 (aggressive strategy). This suggests that the organization possesses significant internal capabilities and is well-equipped to exploit external opportunities[25]. Consequently, the development strategy should prioritize leveraging these strengths to optimize potential benefits. The proposed strategies include implementing the one-stop system, human resource development, and enhancing the facility and infrastructure[25,26].

Implementing the one-stop system centralizes all pharmacy activities so that coordination at the selection, procurement, and distribution stages can be adequately maintained, as well as improving control and accountability[27]. Human resource development enhances the competence of pharmacy personnel through training and certification programs, which will support the provision of more professional and responsive services. Increasing the competency of pharmacy staff through training and certification programs will ensure a more responsive and professional service[28]. Facility and infrastructure enhancement provides adequate facilities, such as modern storage systems and digital management tools, supporting improved service delivery[29].

This research offers several notable strengths, particularly its use of a mixed methods approach that combines quantitative and qualitative techniques to provide an in-depth evaluation of pharmacy management practices at Nirmala Hospital. The application of SWOT analysis enabled a systematic assessment of both internal conditions and external influences, supporting the development of targeted improvement strategies. Additionally, using multiple data sources, such as interviews, observations, and institutional documents, helped strengthen the reliability of the findings. Nonetheless, some limitations should be acknowledged. The study's cross-sectional nature limits its ability to capture changes over time. Furthermore, because the research was confined to a single hospital setting, the application of its conclusion to other healthcare institutions may be limited. Lastly, while qualitative insight added valuable context, respondent bias may have influenced the interview results.

Conclusions

Nirmala Hospital's medication management, including selection, planning, storage, use, and distribution in general, is excellent and meets the standards for medication management indicators. The SWOT analysis indicates that Nirmala Hospital's

pharmacy department is in the quadrant 1 position (SO strategy). Supporting aggressive growth policies is one possible strategy (growth-oriented strategy).

Acknowledgment

The author gratefully acknowledges the support of the pharmacy department team at Nirmala Hospital for providing research data.

Author Contribution

Study design	:	AS, NMY, WSR
Data acquisition	:	AS
Data analysis	:	AS
Manuscript writing	:	AS, NMY, WSR

Abbreviation

EFAS	:	External Factor Analysis Summary
IFAS	:	Internal Factor Analysis Summary
JKN	:	*Jaminan Kesehatan Nasional*
SWOT	:	Strengths, Weaknesses, Opportunities, Threats
TOR	:	Turn Over Ratio
WHO	:	World Health Organization

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