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Impact of Pharmaceutical Service Quality on Patient Satisfaction and Medication Adherence Among BPJS Health Outpatients: A Servqual Model Analysis with Mindful Medication Awareness as a Moderating Variable in an Indonesian Private Hospital

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Abstract

The quality of service in the pharmacy department is a major factor in shaping patient experience and influencing treatment outcomes. This study attempts to investigate how pharmaceutical service quality affects patient satisfaction and medication adherence among BPJS outpatients in Indonesian private hospitals, and analyzing trust in pharmacists as mediators and awareness of careful medication as moderators. Quantitative design cross sectional was conducted involving 229 BPJS outpatients who received pharmacy services in a private hospital. Data were collected using validated instruments, including SERVQUAL, TRUST-Ph, PSPSQ 2.0, MMAS-8, and MAAS. SEM-PLS with SmartPLS 4.0 was applied to assess both the structural (inner) and measurement (outer) models. Pharmaceutical service quality showed a significant positive association with patient satisfaction and medication adherence. Trust in pharmacists also demonstrated a strong positive influence on patient satisfaction and medication adherence. Mindful medication awareness can moderate the relationship between trust in pharmacists and patient satisfaction and medication adherence. The results indicated that pharmaceutical service quality and trust in pharmacists are key contributors to patient satisfaction and medication adherence among BPJS outpatients. The moderating role of mindful medication awareness suggests that enhancing patient awareness and engagement may further strengthen these positive relationships. These insights offer meaningful guidance for improving pharmacy services within Indonesia's national health insurance system.

Keywords: *Pharmaceutical Service Quality, Patoent Satisfaction, Medication Adherence, Trust in Pharmacists, Mindfullness, SERVQUAL, BPJS.*

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INTRODUCTION

Pharmaceutical service quality is a fundamental component of the healthcare system, contributing significantly to treatment outcomes and shaping the overall patient experience. High-quality pharmaceutical services not only ensure the availability of safe and effective medications but also support appropriate therapy, ongoing monitoring, and patient education that collectively improve clinical outcomes and strengthen medication adherence (Ahmed et al., 2021).

Along with the development of global healthcare systems, the role and expectations of pharmaceutical services have expanded significantly. Pharmacists are no longer confined to dispensing functions; they have increasingly become clinical care providers who engage in patient counseling, therapeutic monitoring, and interventions aimed at optimizing clinical results and supporting patient adherence (El-Awaisi et al., 2022). In this ever-changing landscape, hospital pharmacists play a more strategic role, as successful therapy is closely linked to effective communication, reliable service delivery, and the level of patient trust in pharmaceutical personnel.

To evaluate the quality of healthcare services, One of the most widely used frameworks is the SERVQUAL model developed by Parasurahman et al. The model assesses five key dimensions, empathy, assurance, tangibles, responsiveness, reliability, which together capture the core attributes of service performance (Mehrotra & Bhartiya, 2020). SERVQUAL has been extensively applied in studies across hospital and primary healthcare settings, including evaluations of pharmaceutical services. Nguyen (2021) emphasized that reliability and responsiveness are often the primary determinants of patient satisfaction, as they reflect the consistency and timeliness with which pharmaceutical staff respond to patient needs.

Research conducted by Rauf et al. (2024) further reinforces these findings by showing that service quality is a triggering factor for increasing patient satisfaction, particularly in urban areas where service demand is high. In the context of services, especially in the pharmaceutical sector, patient satisfaction reflects patients' perceptions of the value of services and their willingness to adhere to prescribed therapy, making it a critical element in achieving successful treatment outcomes.

In addition, specific instruments for measuring patients' perceptions of pharmaceutical services have also been developed by Carter et al. (2022). This instrument has demonstrated strong relevance to patient-centered outcomes, where lower perceptions of service quality in the pharmacy environment were associated with decreased medication adherence (Carter, Ng, El-Den, & Schneider, 2021). These findings suggest that enhancing pharmaceutical service quality contributes not only to improved patient satisfaction but also to greater therapeutic effectiveness.

A key factor that mediates the correlation between service quality with medication adherence is trust in pharmacists. Trust emerges when

patients view pharmaceutical personnel as competent, empathetic, and reliable sources of medication-related information. Te Paske et al. (2023) stated that trust in pharmacists increases patient acceptance of pharmaceutical recommendations, continuity in medication use, and decisions to return to the same healthcare facility. Thus, trust becomes a crucial element in establishing an effective therapeutic relationship between patients and pharmacists.

Previous studies have also shown that pharmacist-driven interventions, such as counseling, therapeutic follow-up, and structured monitoring programs, contribute to improved adherence and more favorable clinical outcomes (Kardas, 2024). Medication non-adherence often stems from a combination of structural and psychosocial barriers, including limited understanding of medication benefits, inadequate communication with healthcare providers, and insufficient support systems (Religioni et al., 2025). Therefore, it is necessary to strengthen the quality of services, especially in the pharmacy department, in terms of responsiveness and empathy, because this can build patient trust and encourage better adherence to therapy.

The existence of National Health Insurance (JKN/BPJS) has brought many benefits to the health services sector from 2014 to the present, expanding access to various services including pharmaceutical care in private hospitals. However, the program has also presented new challenges related to maintaining patient perceptions of satisfaction ada service quality (Maulana et al., 2022; Wulandari et al., 2025). Local studies report that BPJS patients frequently encounter long waiting times, limited medication availability, and suboptimal interactions with pharmaceutical personnel, factors that may diminish their satisfaction with hospital services (Rauf et al., 2024).

Despite these developments, research that simultaneously examines pharmaceutical service quality, patient satisfaction, trust in pharmacists, and medication adherence among BPJS outpatient populations in Indonesian private hospitals remains scarce. Understanding how these variables interact is essential for identifying which dimensions of service, such as empathy, reliability, assurance, assurance have the greatest influence on patients' satisfaction and adherence to prescribed medication therapies.

This study also incorporates Mindful Medication Awareness as a moderating variable. This construct reflects patients' conscious awareness of the importance of using their medications consistently and responsibly. Its inclusion is relevant because individuals with higher levels of awareness tend to exhibit stronger self-regulatory behaviors, which may reinforce the positive effects of trust on adherence.

Based on the existing gaps and background, this study attempts to analyze the Effect of Pharmaceutical Service Quality on Patient Satisfaction and Treatment Compliance among BPJS Outpatients: A SERVQUAL Model Analysis in Indonesian Private Hospitals with Mindful Medication Awareness as a Moderator. The results are expected to offer empirical insights for hospital managers and policymakers seeking to

strengthen the aspects of pharmaceutical services that most strongly affect patient satisfaction and adherence. Improving key dimensions, particularly reliability, responsiveness, and assurance—is anticipated to build patient trust and enhance therapeutic outcomes among BPJS participants in private hospitals across Indonesia.

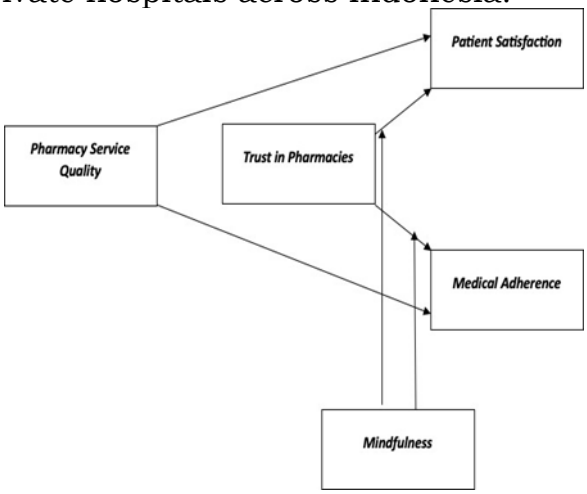

Figure 1. Conceptual Framework

The conceptual framework in this study, which is shown in the image above, is built based on theory and empirical findings that explain the relationship between the quality of pharmaceutical services, patient satisfaction, trust in pharmacists, medication adherence, and mindfulness as a moderating variable.

METHODS

The study was conducted cross-sectionally and used a quantitative design and attempted to analyze the impact of pharmaceutical service quality on patient satisfaction, trust in pharmacists, medication adherence, and patient mindfulness among BPJS outpatients in private hospitals in Indonesia. Data were collected in the outpatient pharmacy unit of a private hospital partnered with the BPJS. The inclusion criteria consisted of all outpatient BPJS members aged 18 years or older who obtained prescribed medications from the hospital pharmacy during the data collection period.

Patients under the age of 18 years and individuals with cognitive or psychiatric conditions that prevent them from completing the questionnaire independently were excluded. Several standardized instruments were used to measure the study variables: the SERVQUAL questionnaire, which assesses pharmaceutical service quality across five dimensions (empathy, sssurance, reliability, tangibles responsiveness); the TRUST-Ph questionnaire to measure trust in pharmacists; PSPSQ 2.0 to assess satisfaction with pharmacy services; MMAS-8 to evaluate medication adherence; and the Mindful Attention Awareness Scale (MAAS) to measure patients' mindfulness in relation to medication use, pharmacy service experiences, and treatment-related daily activities. Composite Reliability (CR) and Cronbach's Alpha values greater than 0.7 were used as the basis for reliability testing, while the Average Extracted

Variance was used as the basis for validity testing. SEM-PLS was used as a method for analyzing data with the help of software such as SmartPLS 4.0.

RESULT

Descriptive Analysis

Descriptive analysis is useful in knowing the distribution of answers from respondents based on questionnaires that have been completed by 229 participants. This study includes several variables: Pharmacy Service Quality, Trust in Pharmacies, Mindfulness, Patient Satisfaction, and Medication Adherence. Respondents' characteristics for each variable were examined through frequency distributions and mean scores. A Likert scale with five point ranges is applied to all statement items. To determine the predominant response category for each item, Sturges' formula was applied as follows:

Descriptive analysis was conducted to examine the distribution of responses provided by 229 participants. The study assessed several key variables: Pharmacy Service Quality, Trust in Pharmacies, Mindfulness, Patient Satisfaction, and Medication Adherence. Respondents' characteristics for each variable were examined through frequency distributions and mean scores.

$$\text{Class Interval (c)} = (X_n - X_1) : k$$

In the formula above, c is defined as the estimated magnitude, k is defined as the number of classes, Xn is defined as the highest score value, X1 is defined as the lowest score value, C is the result of the calculation of (5-1) : 5, c is the result of the calculation of 4 : 5 so that the results obtained are 0.8.

Table 1. Interpretation of Respondents' Mean Scores

Mean Interval	Interpretation
1.0 to 1.79 value	Very Poor
1.8 to 2.59 value	Poor
2.6 to 3.39 value	Fair
3.4 to 4.19 value	Good
4,2 to 5,00 value	Very Good

For further clarity, the following section presents a descriptive overview of each variable.

Pharmacy Service Quality

The Pharmacy Service Quality variable consisted of 23 items. Respondent scores varied across items, although the majority fell within the upper response categories. The full frequency distribution for each item is presented in Table 2.

Table 2. Distribution of Answers to Pharmaceutical Service Quality Variables

Item	Response scores					Mean
	5	4	3	2	1	
X1.1.1	77	121	25	6	0	4.17
X1.1.2	97	95	29	7	1	4.22
X1.1.3	77	119	26	7	0	4.16
X1.1.4	79	105	34	11	0	4.10
X1.1.5	82	108	31	7	1	4.15
X1.2.1	71	124	28	6	0	4.14
X1.2.2	92	105	25	7	0	4.23
X1.2.3	75	116	33	4	1	4.14
X1.2.4	87	105	28	9	0	4.18
X1.2.5	67	126	32	3	1	4.11
X1.3.1	71	127	23	7	1	4.14
X1.3.2	80	115	24	9	1	4.15
X1.3.3	74	122	23	8	2	4.13
X1.3.4	86	105	29	8	1	4.17
X1.4.1	73	117	35	3	1	4.13
X1.4.2	88	103	29	9	0	4.18
X1.4.3	74	121	23	11	0	4.13
X1.4.4	85	108	23	12	1	4.15
X1.4.5	71	117	32	9	0	4.09
X1.4.6	76	122	23	7	1	4.16
X1.5.1	70	121	31	7	0	4.11
X1.5.2	81	109	32	5	2	4.14
X1.5.3	74	116	30	8	1	4.11
Average Variable						**4.15**

Source: Data Processing, 2025

The average value shown in the table above regarding the Pharmaceutical Service Quality variable is 4.15. This value shows a positive tendency from respondents regarding the Pharmaceutical Service Quality variable.

Trust in Pharmacies

The Trust in Pharmacies variable consists of several indicators, each of which includes multiple question items. Overall, the respondents' answers varied across these items. The following presents the frequency distribution results for the Trust in Pharmacies variable:

Table 3. Frequency Distribution of the Variable *Trust in Pharmacies*

Item	Response Score					Mean
	5	4	3	2	1	
X2.1	77	107	30	13	2	4.07
X2.2	82	96	37	10	4	4.06
X2.3	72	111	35	9	2	4.06
X2.4	82	103	30	12	2	4.10
X2.5	76	110	35	8	0	4.11

X2.6	78	101	43	7	0	4.09
X2.7	69	117	33	9	1	4.07
X2.8	77	101	39	10	2	4.05
X2.9	78	104	36	10	1	4.08
X2.10	78	110	24	16	1	4.08
X2.11	77	109	28	12	3	4.07
X2.12	95	89	34	9	2	4.16
X2.13	73	105	33	14	4	4.00
X2.14	72	107	34	10	6	4.00
X2.15	76	111	31	9	2	4.09
X2.16	80	108	27	13	1	4.10
X2.17	76	107	36	10	0	4.09
Average Variable						4.08

Source: Data Processing, 2025

The average score shown in the table above regarding the Trust in Pharmacy variable is 4.08. This value means that respondents really trust their pharmacists.

Mindfulness

For the Mindfulness variable, there are several indicators, and each indicator consists of multiple question items. Overall, the respondents' answers varied. The following presents the frequency distribution results for the Mindfulness variable:

Table 4. Frequency Distribution of the Variable *Mindfulness*

Item	Response Score					Mean
	5	4	3	2	1	
M1.1	81	121	22	5	0	4.21
M1.2	89	102	33	5	0	4.20
M1.3	70	107	42	9	1	4.03
M1.4	81	101	40	5	2	4.11
M1.5	82	109	32	6	0	4.17
M1.6	102	107	15	5	0	4.34
M2.1	70	125	29	4	1	4.13
M2.2	82	109	32	4	2	4.16
M2.3	75	126	22	5	1	4.17
M2.4	88	105	32	3	1	4.21
M2.5	81	100	39	9	0	4.10
M2.6	77	110	31	10	1	4.10
Average Variable						**4.16**

Source: Data Processing, 2025

Based on Table 4, the average score of the Mindfulness variable is 4.16, meaning that the Mindfulness variable is perceived well by respondents.

Patient Satisfaction

In the Patient Satisfaction variable, there are five question items with varied responses from the participants. The following presents the frequency distribution of the Patient Satisfaction factor:

Table 5. Frequency Distribution of the Variable *Patient Satisfaction*

Item	Response Score					Mean
	5	4	3	2	1	
Y1.1	90	105	26	5	3	4.20
Y1.2	94	100	27	5	3	4.21
Y1.3	85	110	29	3	2	4.19
Y1.4	94	103	25	5	2	4.23
Y1.5	82	114	29	4	0	4.20
Average Variable						**4.21**

Source: Data Processing, 2025

The average score shown in the table above for the Patient Satisfaction is 4.21. This means that respondents are very satisfied with the services provided.

Medical Adherence

The Medication Adherence variable consists of seven question items, with varied responses from the respondents. The following presents the frequency distribution of the Medication Adherence variable:

Table 6. Frequency Distribution of the Variable *Medical Adherence*

Item	Response Score					Mean
	5	4	3	2	1	
Y2.1	89	92	33	14	1	4.11
Y2.2	87	105	30	5	2	4.18
Y2.3	85	111	26	5	2	4.19
Y2.4	84	119	21	4	1	4.23
Y2.5	83	104	32	9	1	4.13
Y2.6	73	116	30	9	1	4.10
Y2.7	91	93	37	7	1	4.16
Average Variable						**4.16**

Source: Data Processing, 2025

The average score shown in the table above regarding the Medication Compliance variable is 4.16. This value indicates that the respondents have a good level of medication compliance.

Analysis PLS

PLS SEM is used in the data analysis process. The analysis utilized SMARTPLS version 4, a software developed by the University of Hamburg, Germany. The PLS method consists of an evaluation stage in the measurement model section and in the structural model section. Measurement models are useful in seeing the magnitude of the relationship between indicators that can be observed or measured directly with latent constructs (latent variables), while structural models are useful for evaluating the relationships that occur between latent

constructs that cannot be observed directly. In addition, In determining the significance of the relationship between the independent and dependent variables, path coefficient estimation is carried out. Thus, the measurement model serves to validate the indicators used, while the structural model is useful in predicting the correlation between variables in the proposed research.

Measurement Model Evaluation

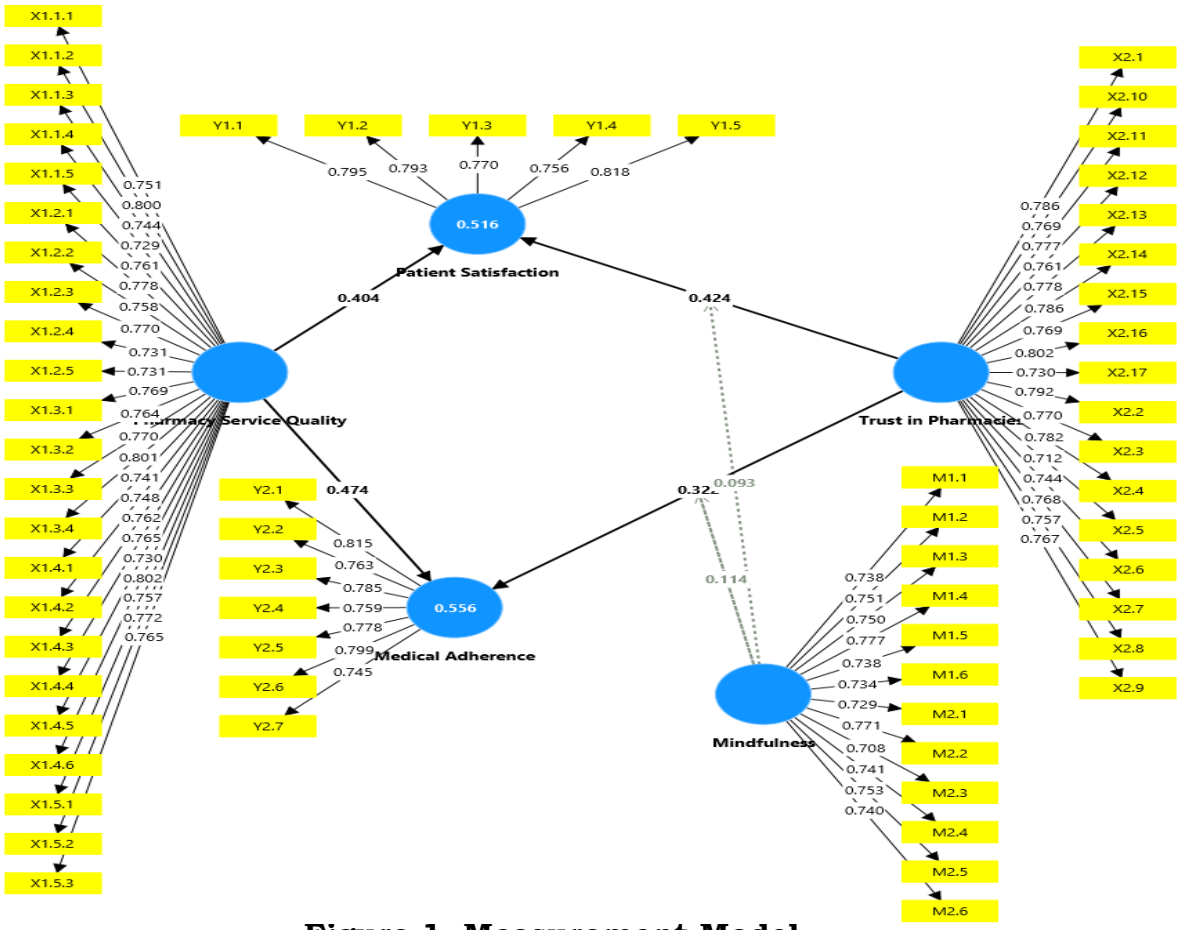

Figure 1. Measurement Model

Source: Primary data processing results, 2025

In the process of analyzing data to assess the outer model, several criteria must be met. Convergent validity, which is included in the measurement model and its reflective indicators, is evaluated based on the correlation between estimated item scores or component scores. If the correlation is >0.70 with the construct being measured, a reflective measure is considered high. For initial research in scale development, The factor load value that is considered adequate is between 0.5 and 0.6. A threshold with a factor load of 0.70 will be applied in this study.

Convergent Validity

The extent to which each indicator accurately reflects the latent variable it is intended to measure is the meaning of convergent validity. Convergent validity of the reflective measurement model is evaluated by

examining the correlation between individual item scores (or component scores) and the corresponding latent variable scores generated through the PLS algorithm. Indicators with higher outer loadings demonstrate stronger representation of the underlying construct.

Figure 1 presents the factor loading for each indicator. A factor loading greater than 0.70 is generally considered acceptable; However, values above 0.50 can still be considered valid if based on general rules. Based on the results, all indicators for the constructs of Pharmacy Service Quality (X1), Trust in Pharmacies (X2), Mindfulness (X3), Patient Satisfaction (Y1), and Medication Adherence (Y2) have loading values exceeding 0.70. Figure 1 shows that all indicators are considered valid in representing the measurement of their respective constructs and are considered to have good convergent validity.

Discriminant Validity

At this stage, this is done by examining the extent to which the indicator has a stronger correlation with its own latent construct compared to other constructs. In this study, The HTMT value is used as the basis for assessing discriminant validity.

Table 7. *Discriminant Validity HTMT Values*

	Medical Adherence	Mindfulness	Patient Satisfaction	Pharmacy Service Quality	Trust in Pharmacies	Mindfulness x Trust in Pharmacies
Medical Adherence						
Mindfulness	0.231					
Patient Satisfaction	0.702	0.143				
Pharmacy Service Quality	0.742	0.180	0.707			
Trust in Pharmacies	0.605	0.455	0.630	0.538		
Mindfulness x Trust in Pharmacies	0.155	0.536	0.163	0.175	0.257	

Source : Data Processed Using PLS, 2025

Based on the HTMT value, all correlation values between variables/constructs are below 0.90, thus the constructs are considered unique and distinct from one another. All variables are considered discriminantly valid.

Reliability

The next step in evaluating the external model is to assess the reliability of all variables. Composite reliability and Cronbach's alpha for the indicator blocks associated with each construct were used to assess the reliability of the variables. A construct is considered reliable when both cronbach's alpha and composite reliability values > 0.70. The results of the reliability test will be displayed as follows:

Table 8. Reliability

	Cronbach's alpha (CA)	Composite Reliability (CR)	Information
Medical Adherence	0.891	0.915	Reliable
Mindfulness	0.927	0.937	Reliable
Patient Satisfaction	0.846	0.890	Reliable
Pharmacy Service Quality	0.967	0.969	Reliable
Trust in Pharmacies	0.956	0.961	Reliable

Source: Data Processed Using PLS, 2025

After validity testing at the construct stage, reliability testing was conducted at the construct level using composite reliability and Cronbach's alpha. A construct/variable is considered reliable when both of these criteria exceed 0.70. Based on these criteria, all variables/constructs are considered reliable or consistent when used over different time periods.

Goodness Of Fit (GoF)Evaluation

Overall model fit was assessed through GoF, serving as a global measure that accounts for both the outer model and the inner model. The following will present information about GoF:

Table 9. Model Accuracy

	Saturated model	Estimated model
SRMR	0.052	0.053
d_ULS	5.601	5.806
d_G	3.102	3.114
Chi-square	3366.147	3363.505
NFI	0.727	0.728

Based on the table above, the SRMR value of 0.052 is lower than 0.08. Therefore, the model can be categorized as having a good fit, indicating that it has a strong ability to explain the empirical data.

Structural (inner Model) Evaluation

Inner model testing is useful for examining the relationship or significance of the correlation between constructs and the R-squared value of the dependent variable. Evaluation in this stage for endogenous constructs includes analysis of R-squared values, t statistics, and structural path coefficients.

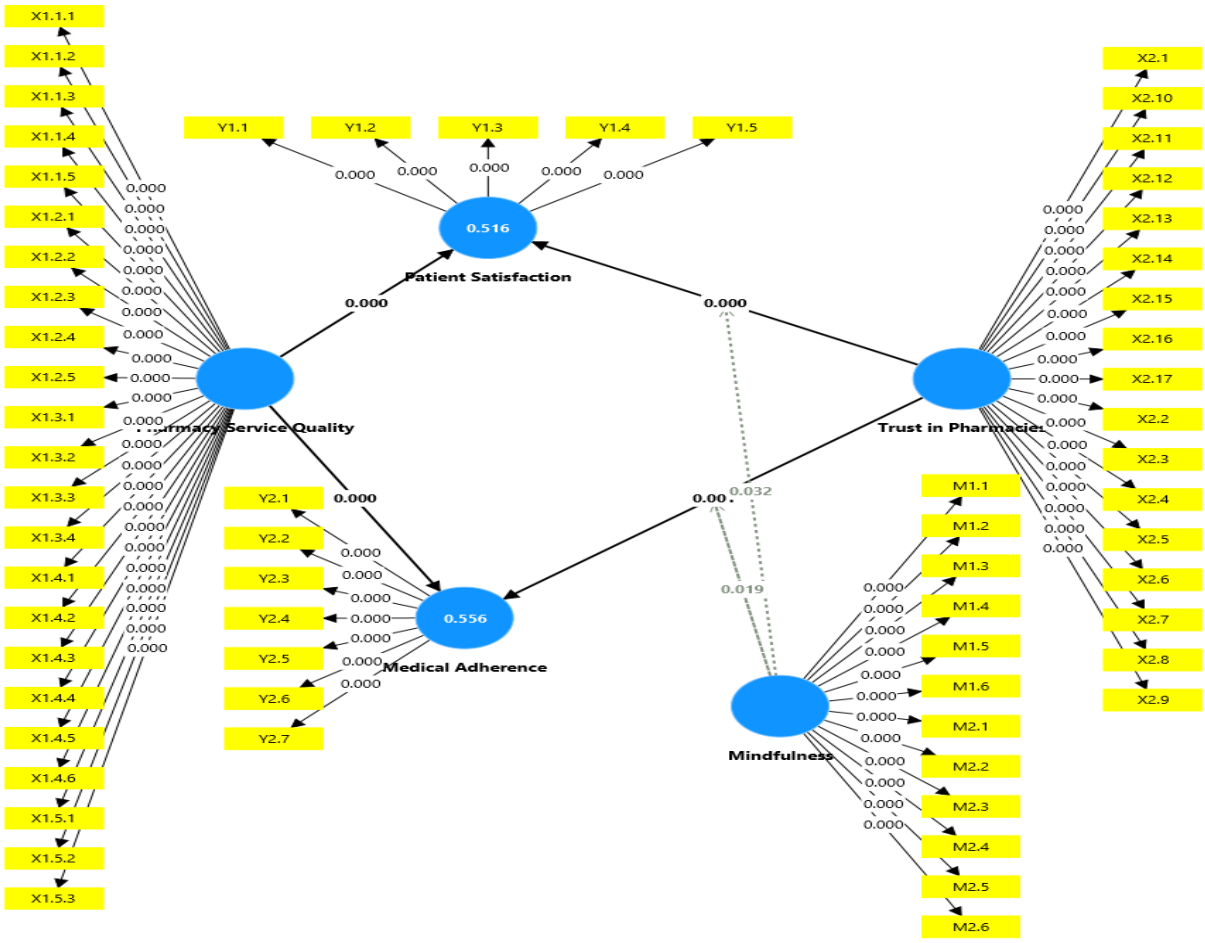

Figure 2. Inner Model/Structural Model

R-Square (R^2)

The R^2 value functions as an indicator of the model's suitability to the endogenous (dependent) variable. This value is needed to examine the structural model.

Table 10. R-Square Values

	R^2	R^2 adjusted
Medical Adherence	0.556	0.548
Patient Satisfaction	0.516	0.508

Source: Data Processed Using PLS, 2025

This study uses two endogenous variables that are influenced by exogenous variables. Patient Satisfaction is influenced by Trust in Pharmacies, Pharmacy Service Quality, and Mindfulness as a moderating variable. Similarly, Medical Adherence is influenced by Trust in Pharmacies, Pharmacy Service Quality, and Mindfulness as a moderating variable. R^2 for Patient Satisfaction is 0.516 as shown in Table 10. The R squared value means that 51.6% of the variation in Patient Satisfaction is due to changes in the Quality of Pharmaceutical Services, Trust in Pharmacies, and Mindfulness as a moderating variable, and the remaining 48.4% is influenced by other factors.

Similarly, table 10 also shows that the R^2 for Medical Adherence is 0.556, indicating that the Medical Adherence (Y) variable is influenced by

Pharmacy Service Quality, Trust in Pharmacies, and Mindfulness as a moderating variable by 55.6%, while the remaining 44.4% was influenced by other factors outside the research.

Q^2

Q^2 assesses the strength of the parameter estimates and model in reconstructing the observed data. The Q^2 value ranges between 0 to 1**,** with values closer to 1 indicating stronger predictive accuracy. Conceptually, Q^2 is comparable to the total coefficient of determination. The Q^2 value obtained is 0.7851, meaning that 78.51% of the data variation in the study can be explained by the proposed structural model. Based on these results, the structural model in this study is adequate or has good predictive relevance, because the Q^2 value is close to 1.

Hypothesis Testing

Valuable information regarding the relationship between research variables is obtained through estimating the significance of the parameters. In PLS, statistical testing for each hypothesized relationship is performed using bootstrapping to minimize problems related to non-normally distributed research data. The results of the bootstrapping procedure are presented below:

Table 11. Hypothesis Testing

	Original sample	t statistics	P values
Pharmacy Service Quality -> Medical Adherence	0.474	6.170	0.000
Pharmacy Service Quality -> Patient Satisfaction	0.404	4.797	0.000
Trust in Pharmacies -> Medical Adherence	0.322	3.377	0.001
Trust in Pharmacies -> Patient Satisfaction	0.424	4.890	0.000
Mindfulness x Trust in Pharmacies -> Medical Adherence	0.114	2.353	0.019
Mindfulness x Trust in Pharmacies -> Patient Satisfaction	0.093	2.151	0.032

Source: Data Processed Using PLS, 2025

Hypothesis testing provides accurate information about the influence between variables. Hypothesis testing is confirmed by comparing the t value from the analysis calculation (t statistic) with the standardized t value (t table). Table 11 presents the structural model estimation results.

H1: Pharmacy Service Quality on Patient Satisfaction

Pharmacy Service Quality had a positive effect on Patient Satisfaction, original sample = 0.404 and a t count of 4.797 (t count > 1.960, $p < 0.05$). The original sample value and t count obtained indicate that H0 is rejected, meaning that Pharmacy Service Quality significantly influences Patient Satisfaction. These results indicate that the first hypothesis is accepted.

H2: Pharmacy Service Quality on Medical Adherence

Pharmacy Service Quality had a positive effect on Medical Adherence, original sample = 0.474 and a t count of 6.170 (t count > 1.960, p < 0.05). The original sample value and t count obtained indicate that H0 is rejected, confirming that Pharmacy Service Quality significantly influenced Medical Adherence. These results indicate that the second hypothesis is accepted.

H3: Trust in Pharmacies on Patient Satisfaction

Trust in Pharmacies showed a positive effect on Patient Satisfaction, original sample = 0.424 and a t count of 4.890 (t count > 1.960, p < 0.05). The original sample value and t count obtained indicate that H0 is rejected, meaning that Trust in Pharmacies significantly affected Patient Satisfaction. Therefore, the third hypothesis was accepted.

H4: Trust in Pharmacies on Medical Adherence

Trust in Pharmacies exerts a positive effect on Medical Adherence, original sample = 0.322 and a t count of 3.377, exceeding the t-table value (1.960), and is statistically significant (p value < 0.05). The original sample value and t count obtained indicate that H0 is rejected, indicating that Trust in Pharmacies significantly influences Medical Adherence. Thus, the fourth hypothesis is accepted.

H5: Mindfulness has a positive and significant moderating effect on the correlation between Trust in Pharmacies and Patient Satisfaction.

The relationship between Trust in Pharmacy and Patient Satisfaction is positively moderated by Mindfulness., original sample = 0.093 and a t-statistic of 2.511 (> 1.960) and was statistically significant (p < 0.05). These findings indicated that H0 was rejected, confirming that Mindfulness significantly moderated the effect of Trust in Pharmacies on Patient Satisfaction. These results indicate the acceptance of the fifth hypothesis.

H6: Mindfulness has a direct and significant positive moderating effect on the correlation between Trust in Pharmacies and Medical Adherence.

The relationship between Trust in Pharmacies towards Pharmacies and Patient Satisfaction is positively moderated by Mindfulness, with original sample = 0.114 and a t-statistic of 2.353, which exceeded 1.960 and was statistically significant (p < 0.05). These results indicated that H0 was rejected, showing that Mindfulness significantly moderated the effect of Trust in Pharmacies on Medical Adherence. Thus, the sixth hypothesis was accepted.

CONCLUSIONS

The conclusion obtained is that the Pharmaceutical Service Quality variable is a driving factor for Patient Satisfaction, indicated by a calculated t count/t statistics greater than 1.96. Likewise, Trust in Pharmacy was also found to be a driving factor for Patient Satisfaction, supported by a t-value exceeding 1.96. Furthermore, The quality of pharmaceutical services can improve medication adherence, with its t-value also surpassing 1.96, while Trust in Pharmacies can also increase Medical Adherence. In addition, this study confirms that patients with high mindfulness will strengthen the relationship between Trust in Pharmacy and Patient Satisfaction, as reflected by a t count/t statistic > 1.96. Finally, the relationship between Trust in Pharmacy and Medical Adherence will be stronger as a patient's mindfulness increases., supported by a t-value exceeding 1.96.

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