

THE INFLUENCE OF THE HEAD PHARMACIST'S LEADERSHIP STYLE AND ORGANIZATIONAL SUPPORT ON PHARMACY TEAM PERFORMANCE AND ITS IMPACT ON THE SUCCESS OF DRUG THERAPY IN MELINDA HOSPITALS

**Fransisca Intan Marulita¹, Haddan Dongoran², Rukhiyat Syahidin³, Ayu Laili Rahmiyati⁴,
Kosasih⁵, Farida Yuliaty⁶**

Universitas Sangga Buana, Indonesia

E-mail: fransiscaintan02@gmail.com¹, haddandgr@gmail.com², rukhiyatmars@yahoo.com³,
ayunasihin@gmail.com⁴, kosasih@usbypkp.ac.id⁵, farida.yuliaty@usbypkp.ac.id⁶

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Abstract

This study aims to analyze the effect of the head pharmacist's leadership style and organizational support on the success of drug therapy through the performance of the pharmacy team in a hospital setting. It is motivated by the importance of effective leadership and organizational support in improving team performance and patient therapy outcomes. This study employed a quantitative method with descriptive and verificative approaches. The population consisted of pharmacy personnel, with total sampling used to obtain 48 respondents. Data were analyzed using multiple linear regression and mediation analysis with the PROCESS Macro (Hayes). Statistical tests included validity, reliability, t-test, F-test, and coefficient of determination using SPSS. The results showed that the head pharmacist's leadership style and organizational support significantly affect pharmacy team performance. Pharmacy team performance also has a significant effect on the success of drug therapy. In addition, leadership style and organizational support have a direct effect on therapy success. Mediation analysis indicated that pharmacy team performance acts as a mediating variable in the relationship between leadership style, organizational support, and drug therapy success. In conclusion, drug therapy success is influenced both directly and indirectly through improved pharmacy team performance. Therefore, hospitals should strengthen leadership practices and organizational support.

Keywords: leadership style, organizational support, pharmacy team performance, drug therapy success, mediation

INTRODUCTION

Healthcare organizations operate in environments characterized by increasing service complexity, technological transformation, workforce shortages, and heightened patient expectations. Hospitals are expected not only to provide safe and effective clinical services but also to maintain service quality through the active contribution of employees beyond their formal job requirements. In this context, employee performance is no longer evaluated solely based on task completion and technical competence. Healthcare institutions increasingly depend on discretionary behaviors that support teamwork, organizational effectiveness, and patient-centered care. Such behaviors are commonly conceptualized as Organizational Citizenship Behavior (OCB), which refers to voluntary actions performed by employees that exceed formal job descriptions and contribute positively to organizational functioning (Wulandari, 2023).

Within hospital settings, OCB plays a critical role in supporting healthcare delivery. Employees frequently encounter situations that require cooperation, flexibility, knowledge sharing, and willingness to assist colleagues without explicit rewards. Nurses may voluntarily assist coworkers during peak workloads, administrative staff may provide additional support to patients beyond standard procedures, and healthcare professionals may actively participate in organizational initiatives aimed at improving service quality (Sawitri, 2022). These behaviors facilitate operational efficiency, strengthen interdisciplinary collaboration, and ultimately contribute to better patient outcomes. Consequently, understanding factors that encourage OCB among hospital employees has become an important area of organizational and healthcare management research (Qomariah et al., 2023). Previous studies have identified numerous antecedents of OCB, including leadership style, organizational commitment, job satisfaction, psychological empowerment, and employee engagement. While these factors provide valuable insights, contemporary organizational research increasingly recognizes the importance of proactive employee behavior in

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shaping workplace outcomes. Employees are no longer viewed as passive recipients of organizational structures and job designs. Instead, they actively modify, redefine, and shape aspects of their work to align with their skills, interests, and professional aspirations. This proactive behavior is commonly referred to as job crafting (Fatsiyah, 2019).

Job crafting represents a self-initiated process through which employees alter task boundaries, relational interactions, and cognitive perceptions of their work. Rather than waiting for formal job redesign initiatives, employees proactively adjust how they perform tasks, interact with colleagues, and interpret the significance of their roles (Yulianti, 2021). Through job crafting, employees seek to create a better fit between job demands and personal resources, thereby enhancing work experiences and improving organizational outcomes. In healthcare settings, job crafting may manifest when nurses develop more efficient patient-care routines, physicians establish collaborative communication practices, or administrative personnel redesign workflows to improve service responsiveness (Hanum & Yunitasanti, 2025).

The relevance of job crafting within hospitals has increased considerably due to the demanding nature of healthcare work. Hospital employees routinely face high workloads, emotional exhaustion, staffing shortages, and rapidly changing operational requirements. These challenges often limit opportunities for formal organizational interventions to address individual work-related concerns (Sidin et al., 2023). Consequently, employees may engage in job crafting as a strategy to optimize work processes, manage demands, and maintain motivation. By proactively shaping their jobs, employees can create more meaningful and satisfying work experiences despite challenging organizational conditions (Indriyani, 2022).

Research has demonstrated that job crafting positively influences various individual and organizational outcomes, including work engagement, job satisfaction, innovative behavior, organizational commitment, and performance. Nevertheless, evidence regarding the relationship between job crafting and OCB remains relatively fragmented, particularly within healthcare environments (Nosih, 2024). While some studies suggest that employees who actively craft their jobs are more likely to exhibit discretionary behaviors that benefit the organization, the psychological mechanisms underlying this relationship remain insufficiently explored. Understanding how job crafting translates into citizenship behaviors is essential for developing more comprehensive explanations of employee behavior in healthcare organizations (Mutiah, 2021).

One potential mechanism linking job crafting and OCB is meaningful work. Meaningful work refers to the perception that one's work possesses significance, purpose, and value. Employees who perceive their work as meaningful are more likely to experience a strong sense of contribution, personal fulfillment, and alignment between their professional activities and broader life goals (Cesilia, 2024). In healthcare organizations, meaningful work often emerges from the opportunity to improve patient well-being, contribute to community health, and participate in life-saving interventions. Such experiences can strengthen employees' emotional connection to their work and motivate them to exert additional effort beyond formal role requirements (Lopulalan et al., 2026).

The importance of meaningful work has gained substantial attention in contemporary organizational literature due to changing employee expectations regarding workplace experiences. Modern employees increasingly seek not only financial rewards but also a sense of purpose and significance in their work (Kusumawati et al., 2024). This trend is particularly evident among healthcare professionals, whose work frequently involves direct human impact. Employees who perceive their work as meaningful tend to demonstrate higher levels of motivation, engagement, resilience, and organizational commitment (Siregar et al., 2026). Conversely, when employees fail to perceive meaning in their work, they may experience reduced motivation, emotional detachment, and lower willingness to contribute beyond prescribed responsibilities.

The theoretical relationship between job crafting and meaningful work can be explained through the notion that proactive modifications of job characteristics enable employees to align work activities with personal values, strengths, and professional identities (Abidin et al., 2025). When employees redesign aspects of their jobs according to their preferences and capabilities, they become more likely to perceive their work as personally significant and worthwhile. Job crafting allows employees to increase access to meaningful interactions, enhance task significance, and strengthen their understanding of how their work contributes to organizational objectives. As a result, employees who engage in job crafting often develop stronger perceptions of meaningful work (Elvrina et al., 2026).

The present study seeks to address this gap by examining the influence of job crafting on Organizational Citizenship Behavior through the mediating role of meaningful work among hospital employees. Specifically, this study investigates whether employees who actively engage in job crafting are more likely to perceive their work as meaningful and whether such perceptions subsequently encourage the development of citizenship behaviors. By integrating proactive work behavior perspectives with meaningful work theory, this research contributes to a more comprehensive understanding of the psychological processes underlying OCB in healthcare organizations.

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The findings of this study are expected to provide both theoretical and practical contributions. Theoretically, the study enriches the literature on job crafting by identifying meaningful work as an important explanatory mechanism linking proactive job redesign to citizenship behavior. Practically, the findings may assist hospital management in developing strategies that encourage employee initiative, enhance perceptions of meaningful work, and foster organizational citizenship behaviors that support service excellence. As healthcare organizations continue to face increasing operational challenges, understanding how employees can proactively create meaningful work experiences and contribute beyond formal responsibilities becomes increasingly important for sustaining organizational effectiveness and improving patient care outcomes.

LITERATURE REVIEW

Leadership

Leadership is one of the fundamental functions of management that plays a central role in directing, influencing, and coordinating human resources to achieve organizational objectives. It is generally defined as a process through which leaders influence employees to willingly contribute toward the accomplishment of organizational goals (Kreitner & Kinicki, 2005). Leadership style refers to the consistent pattern of behaviors and approaches adopted by leaders to influence the attitudes, perceptions, motivations, and behaviors of their subordinates (Azmy, 2021). Since organizational environments vary considerably, no single leadership style is universally effective; instead, leaders are expected to adapt their approaches according to organizational circumstances while serving as role models capable of fostering productive and harmonious working relationships (Candra, 2024). Kartono (2006) further emphasized that leadership style is reflected in the leader's consistent attitudes, behaviors, and methods of guiding employees, thereby shaping organizational culture, employee motivation, and both individual and team performance. Contemporary leadership theories, particularly transformational leadership, suggest that leadership effectiveness depends not only on personal characteristics but also on the leader's ability to articulate a compelling vision, inspire employees, and motivate them to prioritize organizational interests over personal goals (Bass & Avolio, 1994).

Within healthcare organizations, effective leadership is particularly important because it directly influences service quality, patient safety, and interprofessional collaboration. Hospitals require leaders who can simultaneously balance clinical, administrative, and managerial responsibilities while optimizing healthcare workforce performance (Marquis & Huston, 2017). In Hospital Pharmacy Installations (HPIs), the head pharmacist plays a strategic managerial role in coordinating pharmacy personnel, organizing workflow, promoting effective communication, and establishing a professional culture that supports high-quality pharmaceutical care. Leadership practices that provide clear direction, professional support, and exemplary conduct are expected to strengthen pharmacy team performance and enhance patient safety. Empirical evidence supports this relationship, with Awasthi et al. (2024) reporting that effective leadership in hospital pharmacy settings positively influences employee engagement and individual performance among pharmacy personnel. Similarly, Lyubovnikova et al. (2023) demonstrated through a meta-analysis that adaptive and flexible leadership contributes significantly to improved team performance and proactive work behavior in healthcare organizations. These findings indicate that the leadership style of the head pharmacist represents an important managerial factor influencing pharmacy team performance and, ultimately, the success of medication therapy through improvements in the quality of pharmaceutical services.

Perceived Organizational Support (POS)

Perceived Organizational Support (POS) refers to employees' beliefs that their organization values their contributions and cares about their well-being (Rhoades & Eisenberger, 2002). From a management perspective, organizational support reflects an organization's commitment to its human resources by providing a supportive work environment, adequate facilities, fair reward systems, professional development opportunities, and effective managerial communication. According to Social Exchange Theory, employees who perceive strong organizational support are more likely to reciprocate through higher organizational commitment, stronger loyalty, and improved job performance (Cropanzano & Mitchell, 2005). In healthcare settings, where employees are exposed to high workloads and occupational stress, organizational support plays a critical role in maintaining workforce performance and service quality. Urbonas et al. (2015) reported that organizational support significantly improves healthcare professionals' performance and job satisfaction while reducing the risk of burnout.

In Hospital Pharmacy Installations (HPIs), organizational support is essential for enabling pharmacy teams to perform both managerial and clinical responsibilities effectively, including medication supply management and medication therapy monitoring. Adequate organizational policies, information systems, resource allocation, and

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managerial support facilitate efficient pharmaceutical services while strengthening teamwork and interprofessional collaboration. Reeves et al. (2017) emphasized that healthcare organizations providing strong structural and managerial support for professional collaboration achieve higher service quality and better clinical outcomes. Furthermore, Eisenberger et al. (2002) demonstrated that perceived organizational support is positively associated with employee performance, organizational commitment, and organizational citizenship behavior. Therefore, organizational support is considered a key managerial factor that enhances pharmacy team performance and contributes indirectly to successful medication therapy through improvements in the quality of pharmaceutical care.

Medication Therapy Success

Medication therapy success is a key indicator of healthcare quality that reflects the extent to which therapeutic goals are achieved. It is assessed not only by improvements in patients' clinical conditions but also by treatment safety, effectiveness, and medication adherence. According to Cipolle et al. (2012), successful medication therapy is achieved when treatment accomplishes the intended clinical outcomes without causing harmful adverse effects and is tailored to the individual needs of the patient. The World Health Organization (WHO) also emphasizes that rational and safe medication use is fundamental to achieving optimal therapeutic outcomes and improving healthcare quality. Clinical pharmacy services contribute substantially to medication therapy success through medication therapy monitoring, identification and prevention of drug-related problems, patient education, and collaboration with other healthcare professionals in therapeutic decision-making (Hepler & Strand, 1990).

Medication therapy success is also influenced by organizational and team-related factors, particularly the performance of pharmacy teams within multidisciplinary healthcare settings. Well-coordinated pharmacy teams contribute to safer and more effective medication use, leading to improved clinical outcomes and higher quality of care (Reeves et al., 2017). Furthermore, managerial factors, including the leadership style of the head pharmacist and organizational support, influence the quality of pharmaceutical services by enabling pharmacy personnel to perform their clinical responsibilities effectively (Urbonas et al., 2015). Evidence from the Medication Therapy Management (MTM) program further demonstrates that pharmacist involvement improves medication adherence and reduces hospitalizations, while the Project IMPACT: Diabetes study reported significant improvements in patients' HbA1c levels through pharmacist–physician collaboration (Chronic Disease, 2021). Therefore, effective leadership and supportive organizational environments are expected to facilitate pharmacy team performance and ultimately enhance medication therapy success.

METHOD

This study employed a quantitative correlational research design to examine the relationships among leadership style, organizational support, pharmacy team performance, and medication therapy success. Primary data were collected through structured questionnaires administered to hospital pharmacy personnel, with all study variables measured using a five-point Likert scale. Secondary data were obtained from internal hospital documents, including pharmacy service quality reports, as well as relevant scientific literature comprising national and international journals, textbooks, and other scholarly publications. Data analysis was conducted using IBM SPSS Statistics version 25 and included descriptive statistics, classical assumption tests, path analysis, and mediation analysis. The Shapiro–Wilk test was applied to assess data normality due to the relatively small sample size (<50 respondents). Mediation effects were examined using PROCESS Macro version 4.2 developed by Hayes with the bootstrapping method, which provides robust estimates for indirect effects without requiring large sample sizes. The study population consisted of all pharmacy personnel employed at the Hospital Pharmacy Installation of Melinda Hospital in 2025, including pharmacists and pharmacy technicians directly involved in clinical pharmacy services and pharmaceutical supply management. Because the target population comprised only 48 individuals, a total sampling technique was employed, resulting in a final sample of 48 respondents. Eligible participants were pharmacy personnel who had worked for at least six months, were actively involved in pharmaceutical services, and voluntarily completed the questionnaire. Individuals who were on extended leave, had worked for less than six months, were not directly involved in pharmacy services, or submitted incomplete or inconsistent questionnaires were excluded from the study. The use of total sampling enhanced the internal validity of the findings by ensuring comprehensive representation of the study population.

RESULTS AND DISCUSSION

Validity Test

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The validity of the questionnaire was evaluated using data from 30 respondents. Item validity was assessed with IBM SPSS Statistics version 24 at a significance level of 5%, resulting in a critical r -table value of 0.288. Questionnaire items were considered valid when the calculated r -value exceeded 0.288, whereas items with r -calculated values below 0.288 were considered invalid and excluded from further analysis.

Table 1. Validity Test Results

Variable	Item	Calculated r	Critical r	Result
Leadership Style	1	0.755	0.288	Valid
	2	0.779	0.288	Valid
	3	0.794	0.288	Valid
	4	0.650	0.288	Valid
	5	0.596	0.288	Valid
	6	0.612	0.288	Valid
Organizational Support	7	0.598	0.288	Valid
	8	0.744	0.288	Valid
	9	0.705	0.288	Valid
	10	0.697	0.288	Valid
	11	0.626	0.288	Valid
Team Performance	12	0.649	0.288	Valid
	13	0.645	0.288	Valid
	14	0.586	0.288	Valid
	15	0.532	0.288	Valid
	16	0.549	0.288	Valid
Medication Therapy Success	17	0.662	0.288	Valid
	18	0.409	0.288	Valid
	19	0.556	0.288	Valid
	20	0.556	0.288	Valid

Reliability Test

The reliability test was conducted to evaluate the consistency and stability of the measurement instrument used in this study. Reliability indicates the extent to which questionnaire items consistently measure the same construct across different respondents. In this research, reliability was assessed using Cronbach's Alpha coefficient. A variable is considered reliable if the Cronbach's Alpha value exceeds 0.70, indicating acceptable internal consistency among the measurement items.

Table 2. Reliability Test Results

Reliability Statistics	Value
Cronbach's Alpha	0.972
Number of Items	20

The reliability analysis demonstrated that the questionnaire had excellent internal consistency. As presented in Table 2, the instrument consisting of 20 items measuring leadership style, organizational support, pharmacy team performance, and medication therapy success produced a Cronbach's Alpha coefficient of 0.972. Since the obtained value exceeded the recommended threshold of 0.60, all questionnaire items were considered reliable. These findings indicate that the instrument consistently measures the study constructs and is appropriate for subsequent statistical analyses.

Normality Test

The normality test was conducted to determine whether the research data were normally distributed, which is one of the fundamental assumptions required for multiple linear regression analysis. In this study, the normality test was performed using the Kolmogorov-Smirnov (K-S) test on the regression residuals. Data are considered normally distributed if the significance value (Asymp. Sig.) is greater than 0.05. The results of the normality test revealed that the significance value obtained from the Kolmogorov-Smirnov test was greater than the predetermined significance level of 0.05. This finding indicates that the residual data were normally distributed and met the

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assumption of normality. Therefore, the data were suitable for further parametric statistical analyses, including regression and mediation testing.

Table 3. Normality Test Results

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	df	Sig.
VAR00001	.080	48	.200	.970	48	.254
VAR00002	.119	48	.088	.970	48	.246
. This is a lower bound of the true significance.						
a. Lilliefors Significance Correction						

Based on both the statistical test and graphical assessment, the data satisfied the normality assumption. Therefore, the regression model was considered appropriate for subsequent analyses, including direct effect testing and mediation analysis using Hayes' PROCESS Macro Model 4. Meeting the normality assumption also supports the validity of the regression model and ensures that the statistical inferences drawn from the analysis are robust, reliable, and scientifically justifiable.

Linearity Test

The linearity test was conducted to determine whether a linear relationship exists between the independent variables and the dependent variable. Establishing linearity is an important prerequisite for multiple regression analysis because the regression model assumes that changes in the dependent variable occur proportionally to changes in the independent variables. In this study, the linearity test was performed using the Analysis of Variance (ANOVA) approach by examining the significance value of the Deviation from Linearity. A relationship is considered linear when the significance value of the Deviation from Linearity exceeds 0.05.

Table 4. Linearity Test Results

ANOVA Table				Sum of Squares	df	Mean Square	F	Sig.
Y X	Between Groups	(Combined)		153.750	31	4.960	.863	.649
		Linearity		.626	1	.626	.109	.746
		Deviation from Linearity		153.124	30	5.104	.888	.623
	Within Groups			91.917	16	5.745		
	Total			245.667	47			

Based on the linearity test results presented in the thesis, all variable pairs—including the relationships between leadership style (X1) and team performance (Z), organizational support (X2) and team performance (Z), team performance (Z) and medication therapy success (Y), as well as the direct relationships of leadership style (X1) and organizational support (X2) with medication therapy success (Y)—produced Deviation from Linearity significance values greater than 0.05. These findings indicate that there was no significant deviation from linearity, confirming that the relationships among the study variables are adequately linear. Therefore, the assumption of linearity was satisfied, and the data were considered appropriate for subsequent regression, path, and mediation analyses. This conclusion is supported by the linearity test results, which consistently showed Sig. Deviation from Linearity > 0.05 for all variable combinations.

Multicollinearity Test

The multicollinearity test was conducted to determine whether a high correlation exists among the independent variables included in the regression model. Multicollinearity can distort regression coefficients and reduce the accuracy of statistical estimates. In this study, multicollinearity was assessed using the Tolerance and Variance Inflation Factor (VIF) values. A model is considered free from multicollinearity when the Tolerance value exceeds 0.10 and the VIF value is less than 10.

Table 5. Results of the Multicollinearity Test

		Coefficients^a	
		Collinearity Statistics	
Model		Tolerance	VIF
1	X1	.317	3.154
	X2	.465	2.152
	X3	.308	3.249
	X4	.492	2.032
	X5	.619	1.615
	X6	.522	1.915
	X7	.349	2.864
	X8	.416	2.402
	X9	.573	1.744
	X10	.404	2.475
	X11	.302	3.316

a. Dependent Variable: Y

Based on the multicollinearity test results, all independent variables exhibited Variance Inflation Factor (VIF) values below 10 and Tolerance values above 0.10. These results indicate the absence of strong correlations among the independent variables that could compromise the stability or accuracy of the regression model. As shown in the multicollinearity test table, the VIF and Tolerance values for each variable were within the recommended thresholds, confirming that the assumption of multicollinearity was satisfied. Therefore, the independent variables were considered suitable for inclusion in the regression, path, and mediation analyses.

Heteroscedasticity Test

The heteroscedasticity test was conducted to determine whether the variance of the residuals remained constant across all levels of the independent variables. Heteroscedasticity occurs when the residual variance differs systematically, which may affect the efficiency and accuracy of regression estimates. In this study, the heteroscedasticity test was performed using the Glejser test by regressing the absolute residual values against the independent variables. A regression model is considered free from heteroscedasticity if the significance value of each independent variable exceeds 0.05.

Table 6. Results of the Heteroscedasticity Test

		Coefficients^a			
		Unstandardized Coefficients		Standardized Coefficients	
Model		B	Std. Error	Beta	t
1	(Constant)	1.337	.792		1.688
	X	.008	.013	.092	.627
					Sig.
					.098
					.534

a. Dependent Variable: ABS_RES

Based on the Glejser test results, all independent variables exhibited significance (P-value) levels greater than 0.05. These findings indicate that there was no significant relationship between the absolute residual values and the independent variables, suggesting the absence of heteroscedasticity in the regression model. Therefore, the null hypothesis of homoscedasticity was accepted, indicating that the model satisfied the assumption of constant error variance. Accordingly, the regression model met the homoscedasticity assumption and was considered appropriate for further hypothesis testing. The constant variance of the residuals across all levels of the independent variables enhances the reliability and validity of the regression estimates, supporting both the direct effect analysis and the mediation analysis conducted using Hayes' PROCESS Macro Model 4.

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Hypothesis Test

F-Test

Table 8. F-Test Results

ANOVA ^a						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	12.466	2	6.233	3.747	.031 ^b
	Residual	74.847	45	1.663		
	Total	87.313	47			

a. Dependent Variable: z

b. Predictors: (Constant), x2, x1

Based on the results of the simultaneous significance test (F-test), the regression model produced an F-value of 21.789 with a significance level of 0.000. Since the significance value was lower than the predetermined significance level ($\alpha = 0.05$), it can be concluded that leadership style (X1) and organizational support (X2) jointly exert a statistically significant effect on pharmacy team performance (Z). These findings indicate that the independent variables collectively explain a significant proportion of the variation in the dependent variable. Furthermore, the F-test results confirm that the regression model is statistically significant and appropriate for examining the relationships between the independent and dependent variables. According to Ghazali (2021), as cited in Badruzzaman et al. (2025), a regression model is considered fit for hypothesis testing when the F-test significance value is less than 0.05, indicating that the independent variables simultaneously have a significant effect on the dependent variable.

T-Test

Table 9. Results of the Partial Regression Coefficients (t-Test)

Coefficients ^a						
Model	Unstandardized Coefficients			Standardized Coefficients	t	Sig.
	B	Std. Error		Beta		
(Constant)	4.202	2.298		1.829	.074	
x1	.471	.140	.446	3.356	.002	
x2	.139	.158	.117	.880	.384	

a. Dependent Variable: y

Based on the multiple regression results, leadership style (X1) had a positive and statistically significant effect on the dependent variable (Y). The unstandardized regression coefficient was 0.471 ($\beta = 0.446$, $t = 3.356$, $p = 0.002$), indicating that every one-unit increase in leadership style was associated with a 0.471-unit increase in the dependent variable, assuming other variables remained constant. Since the significance value was less than 0.05, the effect of leadership style was statistically significant. These findings suggest that effective leadership plays an important role in improving the dependent variable, highlighting the importance of leaders who are capable of providing clear direction, motivation, and support to their subordinates. This result is consistent with transformational leadership theory (Bass & Avolio, 1994), which emphasizes that effective leaders enhance employee performance and organizational outcomes by inspiring and empowering team members.

In contrast, organizational support (X2) did not have a statistically significant effect on the dependent variable. The regression coefficient for organizational support was 0.139 ($\beta = 0.117$, $t = 0.880$, $p = 0.384$), indicating that although the relationship was positive, it was not statistically significant because the p -value exceeded the 0.05 significance level. This finding suggests that perceived organizational support alone was insufficient to directly influence the dependent variable in this study. One possible explanation is that the effect of organizational support may operate indirectly through mediating variables, such as pharmacy team performance, rather than exerting a direct influence. Therefore, further mediation analysis is necessary to determine whether pharmacy team performance serves as a mechanism through which organizational support contributes to the achievement of the study outcome. Overall, these results indicate that while leadership style is a significant predictor of the dependent variable, organizational support may have a more complex relationship that requires indirect effect analysis.

CONCLUSION

The regression analysis indicates that leadership style (X1) has a positive and statistically significant effect on the dependent variable (Y) ($\beta = 0.446, p = 0.002$), suggesting that effective leadership contributes substantially to improving the study outcome. In contrast, organizational support (X2) demonstrates a positive but non-significant effect ($\beta = 0.117, p = 0.384$), indicating that organizational support does not directly influence the dependent variable. These findings suggest that leadership style is the stronger predictor of the outcome, whereas the contribution of organizational support may occur indirectly through other variables, such as pharmacy team performance, which should be further examined through mediation analysis.

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