

Leadership and Organizational Support on Therapeutic Success through Pharmacy Team Performance

Kepemimpinan dan Dukungan Organisasi terhadap Keberhasilan Terapi melalui Kinerja Tim Farmasi

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Abstract

Hospital pharmacy installations (IFRS) are strategic units that require effective organizational management to support patient safety and the quality of pharmaceutical services. This study aimed to analyze the relationships of the chief pharmacist's leadership style and organizational support with pharmacy team performance and successful medication therapy at Melinda Hospital. This quantitative study employed an analytical cross-sectional design with path analysis. Total sampling was used to recruit all 48 pharmaceutical personnel at IFRS Melinda in 2026. Data were collected using a structured questionnaire with a five-point Likert scale. Descriptive analysis showed that pharmacy team performance and organizational support were categorized as high, whereas leadership style and successful medication therapy were categorized as moderate. Leadership style was significantly associated with successful medication therapy ($p = 0.002$) but was not significantly associated with pharmacy team performance ($p = 0.098$). Organizational support was significantly associated with pharmacy team performance ($p = 0.019$) but was not significantly associated directly with successful medication therapy ($p = 0.384$). Pharmacy team performance was significantly associated with successful medication therapy ($p = 0.014$). Simultaneously, leadership style, organizational support, and pharmacy team performance were significantly associated with successful medication therapy ($p = 0.003$). These findings highlight the importance of strengthening participatory leadership, organizational support, and pharmacy team performance to support effective pharmaceutical service management and successful medication therapy.

Keywords: drug therapy, leadership style, organizational support, team performance

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Abstrak

Instalasi Farmasi Rumah Sakit (IFRS) merupakan unit strategis yang memerlukan pengelolaan organisasi yang efektif untuk mendukung keselamatan pasien dan mutu pelayanan kefarmasian. Penelitian ini bertujuan untuk menganalisis hubungan gaya kepemimpinan apoteker kepala dan dukungan organisasi dengan kinerja tim farmasi serta keberhasilan terapi obat di Rumah Sakit Melinda. Penelitian kuantitatif ini menggunakan desain analitik potong lintang (cross-sectional) dengan analisis jalur. Pengambilan sampel dilakukan secara total sampling terhadap seluruh 48 tenaga kefarmasian di IFRS Melinda pada tahun 2026. Data dikumpulkan menggunakan kuesioner terstruktur dengan skala Likert lima poin. Hasil analisis deskriptif menunjukkan bahwa kinerja tim farmasi dan dukungan organisasi berada dalam kategori tinggi, sedangkan gaya kepemimpinan dan keberhasilan terapi obat berada dalam kategori sedang. Gaya kepemimpinan memiliki hubungan yang signifikan dengan keberhasilan terapi obat ($p = 0,002$), tetapi tidak memiliki hubungan yang signifikan dengan kinerja tim farmasi ($p = 0,098$). Dukungan organisasi memiliki hubungan yang signifikan dengan kinerja tim farmasi ($p = 0,019$), tetapi tidak memiliki hubungan langsung yang signifikan dengan keberhasilan terapi obat ($p = 0,384$). Kinerja tim farmasi memiliki hubungan yang signifikan dengan keberhasilan terapi obat ($p = 0,014$). Secara simultan, gaya kepemimpinan, dukungan organisasi, dan kinerja tim farmasi memiliki hubungan yang signifikan dengan keberhasilan terapi obat ($p = 0,003$). Temuan ini menegaskan pentingnya penguatan kepemimpinan partisipatif, dukungan organisasi, dan kinerja tim farmasi untuk mendukung pengelolaan pelayanan kefarmasian yang efektif dan keberhasilan terapi obat.

Kata Kunci: dukungan organisasi, gaya kepemimpinan, kinerja tim, terapi obat

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Highlight:

- Pharmacy team performance was categorized as high and was significantly associated with successful medication therapy.
- The chief pharmacist's leadership style was significantly associated with successful medication therapy but was not significantly associated with pharmacy team performance.
- Strong organizational support was significantly associated with pharmacy team performance but was not directly associated with successful medication therapy.

INTRODUCTION

The Hospital Pharmacy Department (Instalasi Farmasi Rumah Sakit/IFRS), as a strategic supporting unit, makes a significant financial contribution to hospital revenue. Pharmacists play an important role in overseeing and controlling all medication therapy activities to ensure compliance with patient safety standards. The scope of this responsibility integrates pharmaceutical logistics management, including planning, procurement, storage, and control, with clinical services focused on minimizing the risk of medication errors. Through the consistent implementation of pharmaceutical care standards, pharmacists have clear and standardized operational guidelines for carrying out their professional practice in hospital settings (Kemenkes, 2014).

The success of patient therapy and the fulfillment of medication needs in hospitals largely depend on pharmaceutical services as an integral component of the healthcare system (Syahidah *et al.*, 2025). To achieve high-quality and effective services, a cohesive, well-organized pharmacy team focused on patient safety is essential. Ultimately, optimizing the performance of this pharmacy team is one of the key determinants influencing the overall quality of hospital healthcare services (Djamaluddin, 2019).

The leadership style of the chief pharmacist, as the head of the hospital pharmacy department, plays a crucial role in influencing team performance. The implementation of appropriate leadership styles, such as transformational and participatory approaches, has been shown to enhance work motivation, facilitate internal communication, and strengthen each staff member's responsibility for service quality. The presence of a visionary leader can facilitate the creation of a conducive work environment that encourages active collaboration and innovation in clinical pharmacy services (Awasthi *et al.*, 2024).

The contribution of effective leadership requires optimal organizational support to generate a significant impact (Salau, 2022). Such organizational support is comprehensively manifested through the provision of adequate work facilities, accelerated staff competency development, an open two-way communication climate, and performance-based reward schemes (Eisenberger *et al.*, 2020). Positive perceptions of institutional support among pharmacy staff, referred to as Perceived Organizational Support, serve as an important determinant of professional loyalty, dedication, and task efficiency. Increased individual commitment subsequently strengthens and accelerates the collective performance of hospital pharmacy teams (Urbonas *et al.*, 2015).

Optimal pharmacy team performance is directly associated with successful medication therapy through the provision of accurate information, early detection of drug interactions, monitoring of adverse drug reactions, and supervision of patient adherence (Mughal, 2019). These clinical interventions not only minimize the risk of medication errors but also improve the quality of healthcare services amid increasing public demands for effective and efficient care (Tamimi *et al.*, 2023). In response to these dynamics, healthcare facilities require management systems capable of aligning the functions of planning through to the control of all resources in a comprehensive manner. The implementation of sound governance has been shown to optimize patient safety and operational efficiency, with the organization of human resources and a robust work system serving as key pillars in achieving sustainable healthcare service delivery (Pradani *et al.*, 2024).

The effectiveness of healthcare services is also strongly influenced by professional collaboration among healthcare workers, which must be effectively managed from a managerial perspective. Previous research has demonstrated that organizational factors and professional collaboration simultaneously have significant effects on healthcare outcomes, including therapeutic effectiveness and the quality of patient care. Management that promotes communication, coordination, and interprofessional collaboration can improve team performance, the quality of clinical decision-making, and therapeutic outcomes. Therefore, strengthening interprofessional collaborative management is an important strategy for improving the quality of healthcare services (Sahara *et al.*, 2025).

Previous studies have demonstrated that strategic management and effective leadership are key to optimizing the performance of hospital pharmacy departments. The implementation of the Balanced Scorecard has been shown to improve the quality

of pharmaceutical services (Sari et al., 2021), while operational innovation has substantially improved efficiency and patient satisfaction (Prihatiningrum et al., 2024). In healthcare settings, effective leadership is crucial for addressing operational challenges and ensuring service quality (Gopineni et al., 2020). Furthermore, the leadership style of the pharmacy department head has a significant effect on employee engagement and individual staff performance (Awasthi et al., 2024). The strategic role of the chief pharmacist is also considered a determinant of successful medication logistics management, ranging from inventory management to distribution efficiency, to ensure optimal patient care (Nugroho et al., 2025).

Although research on leadership and organizational support has been widely conducted in general industrial sectors, a significant research gap remains in the context of hospital pharmacy departments. Most previous studies have tended to examine these variables separately in relation to individual staff performance or have focused independently on medication logistics efficiency. Limited literature has specifically integrated these managerial factors into a path analysis model that directly links them to patient clinical outcomes, particularly successful medication therapy. The urgency of this research lies in the need to examine the effects of these managerial interventions, as ineffective leadership by the chief pharmacist and inadequate organizational support in hospitals may not only reduce staff motivation but, in a medical context, may also contribute to medication errors that threaten patient safety.

This study positions pharmacy team performance as a mediating variable linking the independent variables to the dependent variable. This pathway is based on the rationale that the leadership style of the chief pharmacist and organizational support cannot directly improve patient health outcomes. The head of the pharmacy department operates at the structural and managerial level, whereas organizational support primarily provides the necessary infrastructure. Both factors must first be translated into cohesive, communicative, and precise team performance in practice. When the pharmacy team performs optimally in prescription review, drug interaction detection, and patient education, these interventions can subsequently influence adherence to medication regimens and contribute to sustained therapeutic success (Pradani et al., 2024). Based on this background, this study aims to analyze the relationship between the leadership style of the chief pharmacist and organizational support and pharmacy team performance, as well as their impact on successful medication therapy in hospitals. This study is expected to provide both theoretical and practical contributions to improving the quality of pharmaceutical services in hospital settings.

METHODS

This quantitative study employed an analytical cross-sectional design. The study was conducted at the Pharmacy Department (Instalasi Farmasi Rumah Sakit/IFRS) of Melinda Hospital in 2026 to analyze the relationships of the chief pharmacist's leadership style and organizational support with pharmacy team performance and their subsequent relationship with successful medication therapy. The study population comprised all pharmaceutical personnel at IFRS Melinda. Total sampling was used, resulting in 48 participants.

The inclusion criteria were pharmacists and pharmacy technicians who were actively working at IFRS Melinda, had a minimum of six months of work experience, were directly involved in clinical or managerial services, and were willing to complete the questionnaire. The exclusion criteria included personnel on extended leave or sick

leave, those undergoing orientation, non-pharmacy administrative personnel, and participants who submitted incomplete or inconsistent questionnaires.

Primary data were collected using a structured questionnaire administered through Google Forms with a five-point Likert scale, while secondary data were obtained from hospital records and internal documentation. The study variables consisted of the chief pharmacist's leadership style (X1) and organizational support (X2) as independent variables, pharmacy team performance (Z) as the proposed mediating variable, and successful medication therapy (Y) as the dependent variable.

The instrument was tested for validity and reliability before data analysis. Reliability was assessed using Cronbach's alpha, with a value greater than 0.60 considered acceptable. Descriptive analysis was used to describe participant characteristics and the distribution of study variables using frequencies, percentages, mean scores, and categories.

Inferential analysis was performed using path analysis to examine the direct and indirect relationships among the study variables. ANOVA was used to assess the overall statistical significance of the model before interpreting the path coefficients. Direct relationships were evaluated using standardized regression coefficients (β) and p -values. The indirect relationship between organizational support and successful medication therapy through pharmacy team performance was estimated by multiplying the relevant path coefficients. Because a formal statistical test of the indirect effect was not performed, the mediating role of pharmacy team performance was not confirmed statistically. Hypothesis testing used a significance level of $\alpha = 0.05$, with $p < 0.05$ considered statistically significant. Ethical approval was obtained from the Ethics Committee through approval letter No. 016/SIP/MJM-RSM.2/III/2026. The confidentiality of participants' identities and data was maintained throughout the study.

RESULTS AND DISCUSSIONS

Characteristics and distribution of subject responses

Table 1 presents the characteristics of the study subjects based on age, sex, education level, length of employment, and position. The majority of subjects were aged 20–30 years (66.7%), female (98%), had a diploma-level education (41.7%), had 1–2 years of work experience (39.6%), and held the position of Pharmacy Technicians (TTK) (62.5%).

Table 1. Characteristics of the subjects (n = 48)

Characteristics	n	%
Age		
20–30 years	32	66.7
31–40 years	16	33.3
>40 years	0	0
Sex		
Male	1	2
Female	47	98
Education		
Vocational high school	3	6.2
Diploma	20	41.7
Bachelor's degree	8	16.7
	16	33.3

Characteristics	n	%
Professional degree		
Master's degree	1	2.1
Length of service		
<1 year	5	10.4
1–2 years	19	39.6
3–4 years	15	31.3
>5 years	9	18.7
Position		
Assistant Pharmacy Technician	3	6.3
Pharmacy Technician	30	62.5
Pharmacist	15	31.2

Source: Primary data, 2026

Table 2 shows that organizational support and pharmacy team performance were categorized as high, with mean scores of 61% and 70%, respectively. Meanwhile, leadership style and drug therapy success were categorized as moderate, with mean scores of 53% and 59%, respectively. These findings indicate that pharmacy team performance was the most optimal aspect, while leadership style and drug therapy success still require strengthening to support improvements in the quality of pharmaceutical services at Melinda Hospital.

Table 2. Distribution of subject responses

Variable	Mean Score (%)	Category
Leadership Style (X1)	53	Moderate
Organizational Support (X2)	61	High
Pharmacy Team Performance (Z)	70	High
Successful Medication Therapy (Y)	59	Moderate

Source: Primary data, 2026

Leadership style, organizational support, and team performance regarding the success of drug therapy

Perceptions among pharmaceutical personnel at Melinda Hospital showed that organizational support and pharmacy team performance were categorized as high, whereas leadership style and successful medication therapy were categorized as moderate. Simultaneously, leadership style, organizational support, and pharmacy team performance were significantly associated with successful medication therapy ($F = 6.825$; $p = 0.003$). Path analysis was subsequently conducted to examine the direct and indirect relationships among the variables (Table 3).

Table 3. Results of the ANOVA test

Structural Model	Calculated F-value	Significance (p-value)
Effect of Leadership Style (X1), Organizational Support (X2), and Pharmacy Team Performance (Z) on Successful Medication Therapy (Y)	6.825	0.003*

Note: * The overall model was statistically significant based on ANOVA, significant if $p\text{-value} < 0.05$

The ANOVA results showed that the proposed model was statistically significant ($F = 6.825$; $p = 0.003$). This indicates that leadership style, organizational support, and pharmacy team performance jointly contributed to successful medication therapy. The path analysis was subsequently conducted to examine the direct and indirect effects among the variables.

Hypothesis testing and path analysis

The simultaneous test results showed that the independent variables and the mediating variable included in the model jointly contributed significantly to the dependent variable, indicating that the proposed model was statistically significant. Hypothesis testing using path analysis was subsequently conducted to examine the direct and indirect relationships among the study variables. The evaluation was based on the p -value and standardized regression coefficients (β) to determine the significance and direction of each hypothesized relationship.

Table 4. Results of hypothesis testing

Variable	β	p -value
$X1 \rightarrow Z$	-0.238	0.098
$X2 \rightarrow Z$	0.342	0.019
$X1 \rightarrow Y$	0.446	0.002
$X2 \rightarrow Y$	0.117	0.384
$Z \rightarrow Y$	0.352	0.014

Source: Primary data, 2026

The path analysis results presented in Table 4 showed that leadership style ($X1$) did not significantly affect pharmacy team performance (Z), with $\beta = -0.238$ and $p = 0.098$. Organizational support ($X2$) had a significant positive effect on pharmacy team performance, with $\beta = 0.342$ and $p = 0.019$. Leadership style also had a significant positive effect on successful medication therapy (Y), with $\beta = 0.446$ and $p = 0.002$. In contrast, organizational support did not significantly affect successful medication therapy, with $\beta = 0.117$ and $p = 0.384$. Pharmacy team performance had a significant positive effect on successful medication therapy, with $\beta = 0.352$ and $p = 0.014$. Thus, at the 5% significance level, the $X2 \rightarrow Z$, $X1 \rightarrow Y$, and $Z \rightarrow Y$ paths were statistically significant, whereas the $X1 \rightarrow Z$ and $X2 \rightarrow Y$ paths were not statistically significant.

The relationships among the study variables were further illustrated using a path diagram (Figure 1). The diagram presents the estimated direct and indirect pathways from leadership style ($X1$) and organizational support ($X2$) to successful medication therapy (Y), with pharmacy team performance (Z) positioned as the proposed mediating variable.

The direct effect of organizational support ($X2$) on successful medication therapy (Y) was 0.117. The indirect effect through pharmacy team performance (Z) was estimated by multiplying the path coefficients for $X2 \rightarrow Z$ and $Z \rightarrow Y$, resulting in $0.342 \times 0.352 = 0.1204$. The total effect of organizational support on successful medication therapy was therefore estimated as $0.117 + 0.1204 = 0.2374$.

The indirect effect coefficient (0.1204) was greater than the direct effect coefficient (0.117), suggesting that the pathway through pharmacy team performance may have a relatively greater contribution than the direct pathway. However, the mediating role of pharmacy team performance cannot be confirmed based solely on the comparison of direct and indirect coefficients. A formal mediation test, such as

bootstrapping or another appropriate test of indirect effects, is required to determine whether the indirect effect is statistically significant.

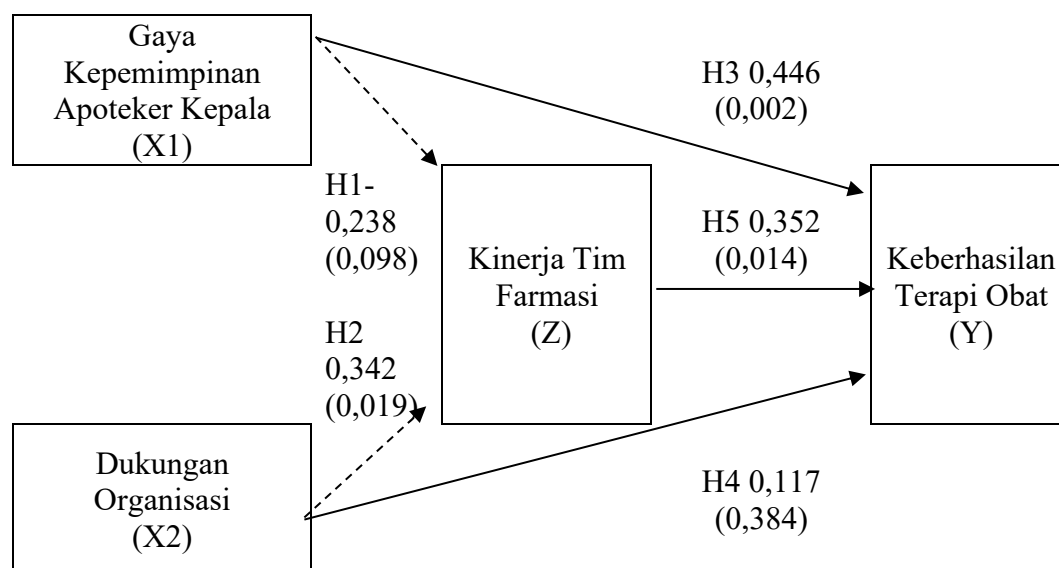


Figure 1. Path analysis model

The findings showed that the chief pharmacist's leadership style had a significant positive direct effect on successful medication therapy ($\beta = 0.446$; $p = 0.002$), but did not significantly affect pharmacy team performance ($\beta = -0.238$; $p = 0.098$). These findings indicate that leadership style was directly associated with successful medication therapy, whereas its relationship with pharmacy team performance was not statistically significant. Transformational and participatory leadership by the chief pharmacist may contribute to the achievement of successful medication therapy through clear direction, decision-making, coordination, and implementation of pharmaceutical service policies. A visionary leadership style does not necessarily require direct intervention in interpersonal relationships among staff to support patient safety targets. Instead, the head of the pharmacy department can establish clinical policies, protocols, and quality-control mechanisms that guide personnel in performing their responsibilities (Gopineni et al., 2020).

When leadership instructions are clear, directive, and outcome-oriented, pharmacy staff may perform prescription review and adverse drug reaction monitoring more effectively. Clear and well-structured instructions can facilitate coordination within the work group, support service quality improvement, and potentially reduce the risk of medication errors in pharmaceutical services (Awasthi et al., 2024). This finding is consistent with Nugroho et al. (2025), who emphasized that the strategic decision-making capability of a pharmacy department leader is an important factor in effective clinical medication management in hospitals.

A different pattern was observed for organizational support. Organizational support significantly affected pharmacy team performance ($\beta = 0.342$; $p = 0.019$), but did not have a significant direct effect on successful medication therapy ($\beta = 0.117$; $p = 0.384$). The estimated indirect effect of organizational support on successful medication therapy through pharmacy team performance was 0.1204, which was slightly larger than the direct effect of 0.117. This finding suggests a potential indirect pathway through

pharmacy team performance; however, the mediating role of pharmacy team performance cannot be confirmed without a formal statistical test of the indirect effect. From a management perspective, physical facilities and organizational policies provided by Melinda Hospital may not directly translate into successful medication therapy unless they are effectively utilized through team performance. This interpretation is consistent with the concept of *Perceived Organizational Support*, in which organizational resources and support may facilitate employee performance and work effectiveness (Eisenberger et al., 2020).

The infrastructure provided by the management of Melinda Hospital may not directly translate into successful medication therapy. Instead, pharmacists and pharmacy technicians (TTKs) need to utilize these resources effectively to collaborate, exchange information, and establish efficient work coordination (Salau, 2022). When physical facilities support effective teamwork and efficient medication preparation processes, these resources may contribute to operational efficiency, distribution accuracy, and adherence to medication regimens (Urbonas et al., 2015). These findings are consistent with Prihatiningrum et al. (2024), who reported that operational innovations involving improved logistics facilities can support patient satisfaction and safety when accompanied by effective work-team coordination and productivity.

The simultaneous analysis showed that leadership style, organizational support, and pharmacy team performance jointly contributed significantly to successful medication therapy at Melinda Hospital ($F = 6.825$; $p = 0.003$). This finding provides support for the importance of integrating multiple management elements rather than relying on a single organizational factor (Sari et al., 2021). Hospital management should therefore not focus solely on the provision of logistics and facilities without strengthening the leadership capabilities of pharmacy managers. Conversely, the chief pharmacist's leadership may be more effectively implemented when supported by adequate organizational resources and workplace infrastructure. Therefore, integrating leadership, organizational support, and pharmacy team performance into a comprehensive management framework is important for strengthening pharmaceutical service processes and supporting successful medication therapy (Pradani et al., 2024).

Research limitations

The researchers acknowledge that this study has several methodological limitations that should be considered when interpreting the findings. The primary limitation lies in the use of an analytical cross-sectional design, with all study variables measured during the same period. Although path analysis was used to examine the direct and indirect relationships among the variables, the cross-sectional design limits the ability to establish definitive temporal or causal relationships. Therefore, the relationships identified in this study should be interpreted within the context of the organizational management framework applied and the statistical associations observed among the variables, rather than as definitive evidence of temporal cause-and-effect relationships. Future research is recommended to employ longitudinal or experimental designs to examine changes in the study variables over time and provide stronger evidence regarding temporal and causal relationships.

Another limitation is the relatively small sample size, which was limited to 48 pharmaceutical personnel at the Melinda Hospital Pharmacy Department. The homogeneous sample characteristics and the inclusion of participants from only one hospital may limit the generalizability of the findings to other healthcare institutions with different organizational characteristics, scales, and cultures. Future studies should

therefore expand the research setting by involving multiple hospitals with different institutional characteristics and larger sample sizes to strengthen the external validity and representativeness of the path analysis model.

In addition, data collection relied on self-reported questionnaires, which may have introduced subjective response bias, including social desirability bias. Participants may have provided more favorable assessments than those reflecting actual workplace conditions. Future research could address this limitation by employing a mixed-methods approach that combines quantitative questionnaires with qualitative methods, such as in-depth interviews with hospital management and focus group discussions with pharmacy staff. The integration of questionnaire data with objective secondary data, where available, may reduce reliance on subjective perceptions and provide a more comprehensive understanding of the management and governance of the Hospital Pharmacy Department.

CONCLUSIONS

This study shows that chief pharmacist leadership style and pharmacy team performance were significantly associated with successful medication therapy, while organizational support was significantly associated with pharmacy team performance but was not significantly associated directly with successful medication therapy. The findings highlight the importance of strengthening participatory leadership, internal communication, organizational support, and pharmacy team performance to support effective pharmaceutical service management and successful medication therapy. Future research should incorporate additional organizational factors, such as workload and organizational commitment, and employ longitudinal or mixed-methods approaches to provide a more comprehensive understanding of the factors associated with successful medication therapy.

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