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Team Cohesiveness on Integration Role of Health Care Provider (IRHC) at Integrated Antenatal Care Team

Diadjeng S. Wardani[1], Fendy Suhariadi[2], Nyoman Anita Damayanti[3]
[1,2&3]*Faculty of Publich Health, Airlangga University, Indonesia*

Abstract
Objectives: *To determine the effect of team cohesiveness on Integration Role of Health Care Provider (IRHC) at integrated antenatal care team of Publich Health Care (PHC) in Malang, Indonesia.* ***Methods:*** *Analytic observational with case control approach on 40 integrated antenatal care team of PHC in Malang, then data analysis using SEM PLS software (Part Lease Square) version 2.4.* ***Result:*** *From the result of research indicate that from three indicator of cohesiveness of team compiled by researcher (personal attraction, performance of task, and group prestige), two indicator that is personal attraction and performance of task influence on IRHC. From the PLS test result, the prestige group must be omitted from the team cohesiveness indicator because it shows that its loading factor value is in the outer model <0.5. The loading factor value <0,5 indicates that the value is not valid to be an indicator in this research.* ***Conclusion:*** *The team cohesiveness concept used to strengthen IRHC can be represented in the form of personal attraction (interest between individuals within the team) and performance of task.*

Keywords: *IRHC, Team cohesiveness*

I. INTRODUCTION

One of the most basic properties of a group is its cohesive nature (solidarity, team spirit or team). It is closely related and characterized by uniformity of behavior and mutual support among members. Team cohesion is an important factor that underlies the success of group or team goals. Each working group has a goal to be achieved, which is very necessary agreement and cooperation among members. The high level of agreement among members towards group goals, and the degree of mutual acceptance of other group members, indicates the degree of group attachment (cohesiveness).

Team cohesiveness is the strength of team members to stay in groups. It is a force that holds a person in a group and prevents him from leaving the group (Cartwright and Zander, 1968). The cohesiveness in the integrated antenatal care team (PAcTP) in this study can be interpreted differently, as members who are part of the PAcTP team are mandatory. This means that the head of the Puskesmas has the authority to appoint and assign anyone who should be included in this PAcTP team.

However, although membership in the PAcTP team is mandatory, meaning that members can not refuse to be part of the team, team cohesiveness remains the most important part to support the sustainability of achieving common goals. Team cohesiveness can be a motivation for members to develop their self-potential, willingness and ability to provide everything that is best for the team.

A. Cohesiveness Team

The team cohesiveness in this study was measured by three indicators, namely personal attraction, performance of task and group prestige. Based on the test of the validity of the constants (convergen validity test, discriminant validity test, and significance test of causality), it is concluded that the personal attraction and performance of task indicator is able to explain the team cohesiveness constraint because loading factor value> 0.5 (convergent validity test), AVE> 0.5 (discriminant validity test) and ρ-value of causality test <5%.

The personal attraction makes it clear that it is part of the element that supports the achievement of cohesiveness in the team. This is in line with Gill's (1986) assertion that the creation of the most important cohesiveness one of them is the personal attraction of the team. This means that where the level or degree of interaction between members of one to the other to love each other becomes the tendency of team members to continue together and stay persisted in the team in achieving common goals.

To find out how the personal attraction of the PAcTP team is by measuring the competencies of the team members, the team's relationships, the team-created atmosphere, the team meetings, and the feelings of comfort felt by the team members. The presence of interest among members in the PAcTPteam, will trigger the spirit of members to continue working together in providing services to pregnant women. According to Lott. A and Lott. B (1965), group cohesiveness arises when each member in a group, has positive feelings (positive personal attraction)

towards other members in the group. Meanwhile, according to Festingeret all (1950) also explains that individuals who have positive attractions against peer group, tend to have a high cohesiveness in the group.

Performance of task is also an explanation for the creation of cohesiveness in the team. In this performance of task can be known about the efforts of team members in the completion of tasks within the team. This is in line with Hollenbeck &Gerhart's (1994) statement, which represents teamwork for implementing a specific task and can affect team cohesiveness. This is usually related to the goals or targets set in the team. Agreements in sharing tasks, sharing roles, and sharing responsibilities are factors that trigger the creation of good cohesiveness in teams (Cartwright and Zander, 1968 and Wardani, 2016).

Measurements taken to determine the performance of task in the PAcTP team, which is by asking about how the team members' spirit in doing the task, how to help each other between members in the team, and how the sense of interdependence among members in the team. If the PAcTP team has been clearly agreed with regard to equitable division of tasks, appropriate role sharing, and shared responsibility for carrying out the entire set of integrated antenatal examinations, then easily team cohesiveness can be created. So the end result is the achievement of shared goals desired by the team can be realized easily.

Group prestige also become one of the indicators that influence the cohesiveness of the team. Members' ability to keep the PAcTP team's good name is an integral part of achieving good team cohesiveness. This can be demonstrated by mutual respect for the work of members in the team, the pride of the team, and the ability of the members to keep the team's good name (not disparaging the team itself to other teams).

From the results of validity test showed that the group prestige in this study was not able to clarify its influence on team cohesiveness. This is due to the loading factor value <0,5 (convergent validity test), AVE value <0,5 (discriminant validity test) and ρ-value of causality test> 5%. According to the test results, it can be explained that the prestige group has not been able to explain the team's cohesiveness construct. Thus, it can be said that the indicator is not suitable for measuring the latent variables (team cohesiveness) in the organization of health services in the Puskesmas, since members in the PAcTP team consist of several different professions (heterogeneous). According to researchers, the health professions are believed to have different levels of prestige between each other.

In the research of Milgram (1974) explained that the status in the organization is defined as the level of prestige, position, and rank within the group. Status can be formally defined by groups. Informal status can be obtained based on education, age, gender, skill, or experience. Any attribute can have a status value if others in the group view that status higher or valuable. Therefore individuals with higher statues tend to have a greater impact within the group.

In addition to the possibility that due to the status or prestige of team members can influence the group prestige in the PAcTP team, the researcher assesses that the growing pride and respect within the members can also strengthen its commitment to the group. This commitment will determine the loyalty of individuals within the organization. This is consistent with the results of Hasibuan (2001) research, which suggests that loyalty or loyalty is reflected by the willingness of employees to always maintain and defend the organization within and outside the work in order to maintain the good name of the organization that shelter. Loyalty of employees in an organization is absolutely necessary for the success of the organization itself.

Researchers also considered that organizational pride owned by team members is an element that can influence group prestige in the PAcTP team. Alexander Haslam (2004) argues that organizational pride refers to an individual's positive feelings toward his group derived from the judgment of others on the group's status. Meanwhile, according to Sirota, David, Mischkind (2005), organizational pride is a feeling of pride that individuals perceive as a result of identifying themselves with reputable groups and organizations, where the individual is involved. From some of the above, so it can be concluded that to cultivate a sense of pride in the group or organization, then the leadership is very large to foster motivation that makes members feel gain meaningful in the group.

From the results of the study on two indicators above, it can be concluded that the two indicators of personal attraction and performance of task suitable to measure variable.

B. Integration Role of Health Care Provider (IRHC)

IRHC reinforces and represents the concept of team performance in the Team Effectiveness Model (Tannebaum et al., 1992) when describing the phenomenon of how integration takes place in teams of different educational

backgrounds and skills to be able to realize good team performance. This study includes collective responsibility that occurs in teams, common goals that occur in teams, good comunication that occurs in teams, colaborative roles that occur in teams and not overlap jobs that occur within the team.

Based on the description results, it is known that IRHC in PAcTP team in terms of collective responsibility, common goal, good comunication, rolecolaborative and not overlap job mostly high. The description of the five IRHC indicators shows that good communication (good comunication) has the greatest percentage value compared to other indicators. It shows that Communication plays a big role in successful integration in a team.

Based on the understanding and purpose of communication, it is impossible for a team to achieve success in achieving common goals if there is no good communication with each other. Communication is no longer an option, but it has become a necessity. Without good communication, a team will be easily prejudiced and hooked into hostility and disintegration. But with good communication then a team will work together to achieve the goal.

Based on the test of the validity of the constants (convergen validity test, discriminant validity test, and significance test of causality) it is concluded that the five indicators of collective responsibility, common goal, good comunication, colaborative role and not overlap job can explain the IRHC constraint, because loading factor value> 0, 5 (convergent validity test), AVE value> 0.5 (discriminant validity test) and ρ-value of causality test <5%. Therefore it can be concluded that the five indicators are indeed suitable to be a measure of IRHC con- trol on the PAcTP team.

The results of the IRHC constraint validity test against the indicator are consistent with the opinion that there are several things that can be used to determine whether the integration can be done well in a team. Integration in the team can be done well, marked by the responsibility in the PAcTP team to be implemented and resolved collectively, the agreement of common goals in the team used as member signs in providing integrated antenatal services, the process of delivering information, Ideas, ideas and ideas conveyed in the team, the cooperation, the role of each other in accordance with the field of expertise in carrying out the work, and not the overlap of work perceived by members of the PAcTP team (Baiden, 2006 and Wardani, 2016).

Integration is defined as working collaboratively and continuously improving teamwork and attitudes from different professional backgrounds (Austin et al., 2002). The definition of integration describes two keywords: sharing and exchanging information. Davies (1995) considers integration as the incorporation of individual and organizational goals into the single goal to be achieved. It is also the alignment of various processes for conformity with each other (Dainty et al 2001). Therefore Moore and Dainty (1999) mean integration means working in a coherent way to overcome structural differences. For the PAcTP team, the indicators used to measure integration in this team are collective responsibility, common goal, good comunication, role colaborative and not overlap job, it is considered on the basis of theory review (literature review).

Collective responsibility relates to how team members carry out the responsibility together to achieve team goals (Gould, 2002). This is a must that must be done and completed by the members of the PAcTP team created by the acceptance of authority from the Puskesmas head. The PAcTP team must always be jointly accountable to the leadership. Authority accepted then responsibility must also be accepted as well as possible. The results show that collective responsibility is mostly still in sufficient category, and a small fraction of which has collective responsibility in the team.

This collective responsibility describes the ability of team members to assume joint responsibility in the team. It also illustrates how the team is able to maintain togetherness, and points to the ability of members in carrying out the overall tasks that are shared responsibly. The performance of the PAcTP team will increase if all health professions are actively involved, participating and responsible in the service process at the Puskesmas where they work.

Collective responsibility in the PAcTP team needs to be improved again to achieve good team integration. This involves how team members can be jointly responsible for doing the job, how all team members are able to perform the work in accordance with the procedure, how the team members will acknowledge the common mistake (without blaming each other), and how all members manage the time according to the Set to complete work on time.

Common goals relate to collective goal agreements in teams that are used as member signs to provide integrated antenatal care. West (2002) states that if team members agree with the goal, it will make the team more compact. Team members have the same feelings and views about the purpose of the action taken. The results showed that

the common goal was mostly in the category of sufficient, partly balanced between the less and the good.

From the results of the study it can be illustrated that if all members of the team are going in the same direction, surely the goal to be achieved will be achieved more quickly, than if any team member wants to walk in a different direction, opposite, or not walking at all due to confusion to Which way to walk. So the leader through the team coordinator should always make sure that the team has a goal and all team members know the true goals to be achieved, so they are sure which direction to go.

With the agreement of common goals in the team, then the participation of members in the process of organizational activities will increase. This will increase the member's awareness of the duties and responsibilities imposed on him, as there is an agreement between the members and the leadership. Therefore, everyone will know exactly what to do with the achievement of organizational goals (Zimmerman and Rappaport, 1988).

The measurement of the common goal in the PAcTP team is measured by whether there is a submission of views from the team coordinator to the members about the goals to be achieved, is there a goal agreement the team wants to achieve, is there an agreement in sharing tasks and roles in the team, and is there a high commitment to achieve common goals .

Good comunication deals with the process of delivering information, thoughts, and ideas presented in the team. The characteristics of good communication if there is a good interaction between team leaders and team members, there is a clear explanation from the team leader about the duties and responsibilities of members, there is an explanation of the rights and obligations of the team leader to the team members, as well as the joint discussion in the team For decision making (Robbins, 1993).

The results show that the good comunication that occurs in the PAcTP team is mostly in sufficient category and a fraction less. It illustrates that there needs to be an increase in communication that occurs within the PAcTP team. Participatory decision-making, interaction of Puskesmas head with team in meeting, Head of Puskesmas relationship with team, interaction of team coordinator with team member, and clarity of obligation of members in team that still felt less by most members in PAcTP team.

In the process of reaching common goals, the key to the most important part is the need for effective communication between the leader and the team members and between members and members. Looking at the phenomenon that exist in the field, a strategy that may be done by the leaders in the health center is not always assume. That is, if not sure all team members know what should be the top priority to be resolved, then it is better for the leadership to ask directly to the team members and always provide the information they need. If the boss is not convinced that each team member knows how to do or complete a task, then the boss must inform or show them how to do it. Communication also needs to be done periodically for monitoring purposes (how far the task is completed) and evaluating (if there are errors that need to be fixed in completing the assigned task).

Role collaborative in PAcTP team is related to cooperation and mutual role in accordance with their respective areas of expertise in providing services to clients. The colaborative roles in this study include how power controls among team members, whether team members contribute to each other, whether team members collaborate on their respective roles, and whether the mobilization of team members' capabilities is maximized.

The results show that the colaborative role in most PAcTP teams is sufficient and only a small proportion indicates having a good colaborative role. It illustrates that there are still many team members who are too dominant,Some team members still feel the overlap of work between each other. The division of tasks is absolutely done in the organization in order to avoid overlapping in the implementation of work. In order not to cause a buildup of work at one point and vacancy at another point.

Therefore the division of labor is one of the most important factors. With the division of labor, it will be able to provide clarity for team members to be able to perform their duties properly in accordance with the responsibilities of the workload and prevent the possibility of overlapping work, waste and throwing responsibility whenever there are errors and difficulties. The division of labor is absolutely necessary, because without the division of labor they will work according to their own will without regard to the overall organizational goals that result in the achievement of organizational goals or organizational goals will be hampered achievement.

Iskandar (1992) states that, if an organization has a broad purpose, then the number of its work will become more and varied. For that need to be held a division of labor so that each employee to get their own tasks to be accountable. Thus the division of labor is very important in the implementation of these tasks, because with the

division of labor carried by employees will become lighter and provide clarity in the implementation so that the work more easily and smoothly.

Of the five indicators described above, it can be concluded that effective teams are achieved and teams whose members can be well integrated, are strongly influenced by clear principles, objectives and targets, so that team members are consciously unified by the mission together and build a common commitment . All team members understand and agree on team goals and objectives. To achieve that, the role of the leader or the role of the team coordinator is needed in an effort to always provide guidance and direction to create an atmosphere in a good team work, solid and well integrated in order to achieve better team performance**.**

II. METHOD

This study uses an observational analytic research design, observational research is a research where researchers only make observations, without providing intervention on the variables to be studied (C. J. Mann, 2003). This research was conducted through survey method for data collection conducted question and answer with questionnaire and interview. This study will describe the situation in a population about the effect of team cohesiveness on IRHC. The study design used a cross-sectional design. Cross-sectional analytic research is an observational study in which the data collection of independent variables and dependent variables is done once at a time (C. J. Mann, 2003).

Statistic method using SEM analyst (structural equation model) with approach of PLS (Partial Least Square) which is one of structural modeling technique which is often called soft-modelingtechnique, because it is a method of analysis that does not require assumption of certain data distribution but using resampling method so that it can Used on small sample sizes. The resampling method used is Bootstrap.

III. RESULT

A. Structural Model

The discussion of the relationship between the constraints in IRHC, aims to explain the results of structural model analysis (Structural Model), especially on the path diagram (path diagram). Based on the result of the relationship analysis in the path diagram, it was concluded that the team cohesiveness had significant effect on IRHC, the organizational context had significant effect on IRHC, the team cohesiveness did not significantly affect the team performance, the organizational context had significant effect on the team performance, and IRHC had significant effect on the performance of the PAcTP team. The following describes the relationship between the constants or the latent variables.

B. Team Cohesiveness Influences IRHC

The results of the analysis explain that the cohesiveness of the team significantly influences the IRHC, the value of the influence is positive meaning that the value of influence is unidirectional, indicating that if the team's cohesiveness is increased it will increase IRHC in the PAcTP team. The team's cohesiveness in this study is defined as the strength of the team members' perceived team bonds, the interdependent feelings among members, the sense of mutual cooperation, which will increase the capacity of the members to achieve team goals. The cohesiveness of this team reinforces the concept of IRHC, which explains that team members can be well integrated, so there needs to be strong interest and ties within the team. This means that there must be strength for members to remain in the group, this is the strength of holding one in the group and preventing him from leaving the group (Cartwright and Zander, 1968). Cohesiveness can serve as a motivation for a person to remain in a group (Marvin E Shaw, 1991).

Based on the results of this research analysis, when the team members perceive that within the team there has been a personal attraction (interest among members in the team) and the convenience of the performance of task, then these two things can improve the unification of members in the team. A cohesive team is a unity. It is characterized by members enjoying their interaction, they remain united and survive for long periods of time, and members provide a sense of togetherness to their team. They are aware that there are similarities between members in the team. Individuals in a cohesive team are defined as a strong feeling of being in an integrated team (Widmeyer, Brawley, & Carron, 1992).

The results of the review literature explain that the more cohesive groups, the greater the members' satisfaction level. Members feel safe and protected, communication is more effective, free, open to each other, the more easily conformity occurs, the more easily subject to group norms and the more intolerant the individual affairs. Good team cohesiveness can also be shown in the form of hospitality among members, they are usually happy to be together. Each member feels free to express his opinions and suggestions. Members are usually also enthusiastic about what they do and are willing to sacrifice personal interests for the benefit of the group. Members are also

willing to accept responsibility for activities performed to fulfill their obligations. All of it shows the unity, closeness, and mutual interest of the group members (Collins and Raven, 1964)

The results of this study explain that the indicators that can improve the cohesiveness of teams in a sequence has a high value is the performance of task, personal attraction, and group prestige. This suggests that to foster team members integration in performing integrated antenatal services requires high cohesiveness within the team. Cohesiveness or cohesion will increase if within the team there is attraction among members of mutual trust and mutual support. This appeal serves to overcome obstacles in achieving goals.

When the cohesiveness has been obtained, the team members will feel more energized in carrying out the work in the team. Thus, the team will create considerable interdependence of members, the stability among group members, the sense of responsibility from the results of group effort, the lack of attendance, and resistance to interference so that maximum results will be achieved.

Table 1. Indicator of Team Cohesiveness PAcTP

Indicator of Team Cohesiveness	Category			Total
	Good	Enough	Less	
Personal Attraction	9 (22.5%)	7 (17.5%)	24 (60%)	40 (100%)
Performance of Task	6 (15 %)	19 (47,5%)	15 (37.5%)	40 (100%)
Group Prestige	10 (25%)	20 (50%)	10 (25%)	40 (100%)

From Table 1 can be seen that 24 PAcTP teams (60%) have less personal attraction, 19 teams (47.5%) have enough performance of tasks, and 20 teams (50%) have good prestige groups.

Table 2. Cohesiveness in TeamPAcTP

Category of Team Cohesiveness	n	%
Good	9	22.5
Enough	19	47.5
Less	12	30
Total	40	100

Table 2 above shows that 19 teams (47.5%) have enough team cohesiveness, while 9 teams (22.5%) have good team cohesiveness.

Table 3. The influence of Team Cohesiveness on IRHC

Team Cohesiveness	*IRHC*			Total
	Less	Enough	Good	
Less	8 (66.7%)	4 (33.3%)	0 (0%)	12 (100%)
Enough	2 (10.5%)	15 (78.9%)	2 (10.5%)	19 (100%)
Good	0 (0%)	1 (11.1%)	8 (88.9%)	9 (100%)
Total	10 (25%)	20 (50%)	10 (25%)	40 (100%)
Uji X^2, α =0,05, ρ = 0,0001				

Table 3 shows that the influence of team cohesiveness on IRHC has a significant influence. This can be seen from the results of chi square test, obtained ρ value = 0.0001 at α = 0.05. Show that hypothesis 0 is rejected. This may mean that team cohesiveness has the probability of affecting IRHC.

Tabel 4. Influence Cohesiveness of Team on *IRHC*

Cohesiveness of Team	*IRHC*			Total
	Less	Enough	Good	
Less	8 (66.7%)	4 (33.3%)	0 (0%)	12 (100%)
Enough	2 (10.5%)	15 (78.9%)	2 (10.5%)	19 (100%)
Good	0 (0%)	1 (11.1%)	8 (88.9%)	9 (100%)
Total	10 (25%)	20 (50%)	10 (25%)	40 (100%)
Uji X^2, α =0,05, ρ = 0,0001				

Table 4 above shows that the influence of team cohesiveness on IRHC has a significant influence. This can be seen from the results of chi square test, obtained ρ value = 0.0001 at α = 0.05. Show that hypothesis 0 is rejected. This may mean that team cohesiveness has the probability of affecting IRHC.

Based on the above results can be concluded that the better the team cohesiveness, then followed by a good IRHC as well. Descriptively it can be explained that as many as 12 teams with less team cohesiveness, there are 8 teams (66.7%) who have less good IRHC. While from 9 teams that have good team cohesiveness, there are 8 teams (88.9%) have good IRHC also.

Table 5. Result of Indicator Validity

Indicator	*Outer Loading*	*Outer Weights*	Information
	λ	(δ)	
Cohesiveness of Team (X)			
Personal attraction	0.858	0.481	Valid
Performance of task	0.920	0.609	Valid
Group prestige	0.279	0.097	Invalid
IRHC (Y)			
Common goal	0.777	0.193	Valid
Collective responsibility	0.844	0.237	Valid
Good comunication	0.920	0.247	Valid
Role colaborative	0.867	0.240	Valid
Not overlap job	0.876	0.245	Valid

Based on table 5 can be seen that the exogenous variables of team cohesiveness (X1) is formed by three indicators namely X1, X2, and X3. The results of the above values indicate that the outer weight test results of all indicators have a loading factor value> 0.5 (except group prestige). Loading factor shows that the indicator that has the highest outer loading value is X2 of 0.920 followed by successive indicator X1 with outer loading value of 0.858 and X3 indicator with outer loading value of 0.279. It can be seen that the indicator X1 and X2 has the value of outer loading> 0.5, meaning that the indicator is declared valid to form latent variable (X). In conclusion that the indicator can be accepted as a variable measurement (X). As for the indicator X3 has the value of outer loading <0,5 which means that the indicator is not valid to form latent variable (X), then X3 will be reduced from indicator variable X.

Next is the endogenous variable IRHC (Y) formed by the five indicators of common goal (Y1), collective responsibility (Y2), good communication (Y3), role collaborative (Y4), and not overlap job (Y5). Outer loading results indicate that the indicator that has the highest outer loading value is Y3 indicator that is equal to 0.920 followed by Y5 indicator with outer loading value of 0.876, Y4 indicator with outer loading value of 0.867, Y2 indicator with outer loading value of 0.844 And Y2 indicator with loading factor value of 0.777. It is known that all indicators have an outer loading value> 0.5. This means that all indicators are valid to form latent variables (Y), so that the indicator can be accepted as a variable (Y).

Tabel 6. Reliability Test

Variable	*Composite Reliability*	AVE	*Cronbach's Alpha*	Information
Team Cohesiveness	0.759	0.553	0.752	Reliable
IRHC	0.933	0.736	0.910	Reliable

From table 6, it can be seen that the composite reliability value of all construct variables is> 0.6. Thus it can be stated that all construct variables in this study is reliable. The result of the AVE value shows that the AVE value for the indicator block measuring the constructs in this study has a good discriminant validity value (> 0.5). Means that all indicator blocks that measure all construct variables are considered reliable. As for the value of cronbach's alpha in this study for all constructs worth> 0.6 which means that the entire construct is good to be used as a research instrument.

Table 7. Structural Model Before Bootstrapping

Path	Inner Weight	Information
Team Cohesiveness ->IRHC	0.326	Moderate correlation

Table 7 shows that team cohesiveness (X) is moderately correlated to IRHC (Y). This can be seen from the positive sign coefficient of 3.26. Thus, team cohesiveness correlates moderate directly to IRHC by 32.6% while the rest of 67.4% is influenced by other variables not examined in this study.

Table 8. Structural Model After Bootstrapping

Path	Inner Weight	Standard Deviation	T-Statistic	Information
Team Cohesiveness ->IRHC	0.351	0.082	4.497	Significant

Table 8 shows that team cohesiveness (X) has a positive influence on IRHC (Y). This can be seen from the value of inner weight with positive sign of 0.352 with T-statistic value of 4.629 indicating that> T-statistic = 1.96. Thus it can be interpreted that the better the cohesiveness that occurs within the PAcTP team, the more IRHC is also in the team. The team cohesiveness had a direct and significant effect on IRHC of 0.352 times.

Table 9. Final Structural Model

Path	Inner Weight	Standard Deviation	T-Statistic	Information
Team Cohesiveness ->IRHC	0.352	0.076	4.629	Significant

Table 9 shows that the inner weight between team cohesiveness (X) has a positive and significant effect on IRHC (Y). This can be seen from the coefficient of the path marked positive by 0.351 with the T-statistic value of 4.497 indicating that this value is greater than T-table = 1.96. So it can be interpreted that the cohesiveness of the team directly affect the IRHC of 0.351, which means any increase in team cohesiveness score, it will raise the IRHC by 0.351 times.

IV.CONCLUSION

The team cohesiveness concept used to strengthen IRHC can be represented in the form of personal attraction (interest between individuals within the team) and performance of task.Based on the above results can be concluded that the better the team cohesiveness, then followed by a good IRHC as well. Descriptively it can be explained that as many as 12 teams with less team cohesiveness, there are 8 teams (66.7%) who have less good IRHC. While of the 9 teams that have good team cohesiveness, there are 8 teams (88.9%) have good IRHC as well.Constraints that have a significant effect on IRHC and its effects directly are personal attraction and performance of task.

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