

THE ASSOCIATION BETWEEN ORGANIZATIONAL LEADERSHIP ON THE COHESION OF TUBERCULOSIS CONTROL TEAM: A CROSS-SECTIONAL STUDY

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ABSTRACT

Background: Leadership is central in a team to carry out the task with optimal results. The Tuberculosis (TB) control team's average achievement in Surabaya from 2015 to 2018 was still below the target (78,23%). **Purpose:** To conducted to analyze the influence of organizational leadership's perception on the cohesion of the TB control team. **Methods:** This study was observational with a cross-sectional design and implemented in 43 TB control teams at Surabaya Primary Health Center. The number of informants was 319 team members. The data was obtained with a questionnaire that was processed descriptively and linear regression analysis with SPSS version 25.0. **Results:** The result showed that organizational leadership had no significant influence on the cohesion of TB control team (p-value 0,124 > $\alpha = 0,05$). **Conclusion:** organizational leadership had no significant influence on the cohesion of the TB control team.

Keywords: health management, health programs, leadership, tuberculosis

INTRODUCTION

Leadership is one of the essential things needed by every organization to be able to run the system well. Leadership is increasingly needed when an organization has a big vision and goals. Consequently, it requires dividing tasks and roles into small parts of the organization, namely teams. A team is a group of two or more people who are consciously joined in a task to support the organization's goals and interact with each other to carry out their duties and functions (McShane, S. L., and Von Glinow, M, 2018).

The leadership needed in a team is leadership that can direct the team to achieve its goals. It can be informal or formal (Hellriegel and Slocum, 2011). Leadership is very influential on program performance. Leadership will affect how the delegation of tasks is given, and the decision-making system is conducted in the organization. Leadership positively affects employee performance (Suprpta, et al., 2015). Leadership has a positive influence both directly and indirectly on nurse productivity (Huda, 2012).

Team cohesion refers to the level of attachment of members to the team and their motivation to remain a member (McShane, S. L., and Von Glinow, M, 2018). It is one of the characteristics of the team, including the team's commitment to the goal and a sense of collective pride in the team. The lack of cohesion within the tuberculosis (TB) control team causes the team's performance not to be maximized. Some study founded that cohesion in a team delivering the team to the target (David J. Woehr, 2013; Fung, 2014; Zamecnik et al., 2022).

The TB control team is a team formed to perform their duties and functions in TB control efforts in Indonesia. Based on Permenkes No. 67 of 2017 concerning TB control, Article 17, paragraph 3 states that Public Health Center must appoint trained doctors, nurses, and laboratory analyzers responsible for implementing the TB control program. The organizational principle of the TB control team is in the P2M (Infectious Disease Control) unit and is part of the Community Health Efforts of the Public Health Center. The main task of the TB Control Team is to carry out TB control efforts in accordance with national standard guidelines (Permenkes RI No. 67, 2016).

The successful implementation of the TB control program requires an understanding that the occurrence of health conditions in the community is not only limited to health service providers. However, health conditions are also influenced by the behavior and genetics of individuals in the community and the environment that supports health conditions in the community. Of the four factors, health services are the most crucial factor in determining the health status of the community.

The definition of a team is a work group consisting of several people with equal competence, working interdependently or dependently in carrying out work in one organization (Burn, 2004). A work team is a collection of people who interact primarily to share information and make decisions to help improve individual team performance in accordance with their responsibilities (Judge & Robbins, 2013).

The average Success Rate (SR) achievement in 3 years (2015 - 2018) is 78.23%. This achievement value is still less than the target achievement set, which is 90% annually. Even though it shows an increasing trend, it still requires attention so that the achievement figure can meet the target. The success of treatment and cure will reduce the possibility of resistant TB. Some team problems that can occur during program implementation are the lack of coordination among team members due to the lack of harmonious cohesion within the team.

Several factors influence the formation of cohesion within the team, including organizational leadership (McShane, S. L., and Von Glinow, M, 2018). The others study founded that team cohesion influenced the performance of the team (Erikstad et al., 2018; Love, 2018). On the other hand, team cohesion influenced by the team leadership (Chiniara and Bentein, 2018; Forsyth, 2014; Riisla et al., 2021). The study that is currently commonly carried out analyzes problems that occur with an individual approach. Not many studies have assessed health program problems with a team approach specially in healthcare team in primary healthcare center. Specially in Indonesia, most of the study that conducted in primary healthcare center focused on the individual approach. Thus, it is interesting to research the lack of achievement of the TB control program targets assessed by the team.

This study aimed to analyze the influence of organizational leadership on the cohesion of the TB control team.

METHOD

This research was an observational study with a cross-sectional design. The research conducted in Surabaya city was carried out at the Public Health Center, one of the health facilities that carried out the TB control program as one of the routine programs. The unit of analysis in this study was Public Health Centers throughout Surabaya city, with a population of TB control teams in 63 health centers in the city of Surabaya.

The minimum number of samples was calculated using binominal proportions with known population size (N) of 63 TB control teams. The number of samples obtained was a minimum of 39 TB control teams. However, the number of health centers sampled in this study was 43, which were taken using the proportional stratified random sampling technique. The grouping of strata in this study was the grouping of Public Health Center based on the achievement value of the Success Rate as an indicator. The strata in the study were those that achieved the success rate and did not reach the target success rate. The sampling of the Public Health Center sample was carried out by simple random. Sampling was selected at the strata level. At the strata, samples were taken randomly according to the minimum number of samples.

Respondents in this study consisted of doctors, nurses, and expert laboratory analysts who were in direct contact with program implementation and were members of the TB control team. Members of the TB control team listed in the SK of the TB control team at the Public Health Center became respondents.

This study used a questionnaire to obtain primary data from respondents. The data was calculated as the average score of the team score. The questionnaires were distributed twice. The leadership questionnaire uses Mintzberg's standard leadership questionnaire modified by Anderson (Philip Wayne Anderson, 2002), which assesses the leadership of an organization in 3 dimensions, namely interpersonal role, informational role, and decisional role. The team cohesion

questionnaire used the GEQ questionnaire (Brawley, Carron and Widmeyer, 1987).

Questionnaires were distributed to respondents, with answer choices based on the distribution of the weighted scores. The assessment score uses the Linkert scale. The organizational leadership and team cohesion questionnaire has answer choices consisting of 1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree. The answers from each respondent in the team are added and then averaged and become the team's score. The researchers processed the team values. The results of the team's average score will be included in 4 categories, namely category 1 for organizational leadership to be very unsupportive. Category 2 did not support, category 3 support, and category 4 strongly support.

Meanwhile, team cohesion was included in 4 categories, namely 1 for very unintegrated, category 2 for unintegrated, category 3 for integrated, and category 4 for highly integrated. Category value (ordinal data scale) to obtain descriptive results from the study. As for the statistical test using the results of a questionnaire with an interval scale, the team's average score results.

The dependent variable in this study was team cohesion, while the independent variable was organizational leadership. Team data was processed descriptively and quantitatively. The data was processed descriptively with cross-tabulating bivariable analysis and team mean data analysis. The team's mean analysis used the Pareto principle, which stated that a value below 80% is a limit to consider indicators as a problem for the organization or specific conditions. Meanwhile, quantitative data processing with a simple linear regression test to get a significant value can confirm the influence between two variables. The significance value was considered significant if the p-value < (0.05).

Ethical Clearance

This study has obtained an ethical clearance approved by the Health Research Committee, Faculty of Nursing, Airlangga University by ethical approval number No. 1316-KEPK. Respondents and the informant of research were informed about the purpose of

this research, and submitted a verbal consent to participate in the research.

RESULT

The results showed that the TB control team in Surabaya City believed that organizational leadership was included in the category that supported the team to implement the TB control program, with a large percentage of 72.1%. The results of team cohesion showed that the perception of the TB response team

towards cohesion within the team was included in the integrated category, which was 93.0% (Lestyoningrum, 2020). Table 1 contained detailed information about the leadership of the team organization. Details consisting of perceptions of conditions per dimension of these variables indicated that the perception of the TB control team has two sub-dimensions that have a mean value of <3.20. The two dimensions were entrepreneur role and disturbance role.

Table 1. Perception of Conditions per Dimension of Organizational Leadership of TB Control Teams in Public Health Centers in Surabaya in 2019

No.	Dimensions of Organizational Leadership	Not Supportive		Supportive		Very supportive		Total	
		n	%	n	%	n	%	n	%
Interpersonal role									
1.	Figurehead role	0	0.0	24	55.8	19	44.2	43	100.0
								Mean	3.44
2.	Leader role	0	0.0	28	65.1	15	34.9	43	100.0
								Mean	3.35
3.	Liaison role	0	0.0	26	60.5	17	39.5	43	100.0
								Mean	3.40
Informational role									
1.	Monitor role	1	2.3	27	62.8	15	34.9	43	100.0
								Mean	3.33
2.	Disseminator role	0	0.0	29	67.4	14	32.6	43	100.0
								Mean	3.33
3.	Spokeman	1	2.3	1	2.3	10	23.3	43	100.0
								Mean	3.21
Decisional role									
1.	Entrepreneur role	4	9.3	4	9.3	8	18.6	43	100.0
								Mean	3.09
2.	Disturbance handler role	2	4.7	2	4.7	8	18.6	43	100.0
								Mean	3.14
3.	Resource role	1	2.3	1	2.3	12	27.9	43	100.0
								Mean	3.26
4.	Negotiator role	0	0.0	0	0.0	10	23.3	43	100.0
								Mean	3.23

Sources: Primary Data

The entrepreneur role sub-dimension has a mean value <3.20 which means that the leadership still did not support the implementation of the TB control program by taking action to analyze the internal and external environment to get innovations that are possible to be applied in the TB control team. The next sub-dimension that has a value of < 3.20, namely disturbance role, means that the organizational leadership was still considered unable to take action that was able to fix unpredictable problems during the implementation of the TB control program.

Table 2. The Correlation of Perceptions of Organizational Leadership Conditions on Perceptions of Cohesion of TB Control Teams in Public Health Centers in Surabaya in 2019

Organizational Leadership	Team Cohesion					
	Integrated		Very integrated		Total	
	n	%	n	%	N	%
Supportive	29	93.5	2	6.5	31	100.0
Very supportive	11	91.7	1	8.3	12	100.0

The results of the descriptive cross tabulating test (Table 2) showed that the TB control team who had a perception of organizational leadership that the TB control team received was supportive, had a perception of integrated team cohesion. Meanwhile, Table

3 shows the results of statistical tests on the effect of organizational leadership on the cohesion of the TB control team.

Table 3. The Influence of Organizational Leadership Perceptions on the Cohesion Perception of TB Control Teams in Public Health Centers in Surabaya in 2019

Independent variable	Dependent variable	P	b
Organizational Leadership	Team Cohesion	0.124	0.238

The results of statistical tests using a simple linear regression method showed that organizational leadership as an independent variable in this study did not have a significant effect on the cohesion of the TB control team. The significance value of the test was p-value (0.124) > (0.05). The standardized coefficients beta value of the test was 0.238, but because the p-value > (0.05), this value was considered to have no meaning.

DISCUSSION

Organizational leadership is one of the centers of the running of an organization in achieving its goals. Organizational leadership is the perception of members of the TB control team on the role of the leader, namely the Head of the Public Health Center in providing support and strategic direction to the TB control team. Organizational leadership is a unit to set goals, plans, and regulate activities, and motivates human resources and regulates all procedures for carrying out a task (Tovmasyan, 2017). Based on PerMenKes No. 75 of 2015 concerning the Public Health Center article 33 paragraph 3 states that the Head of the Public Health Center is responsible for all activities at the Public Health Center.

The Head of the Public Health Center, has a function not only as a leader, but also as a manager for the Public Health Center he leads, because the Head of the Public Health Center must be responsible for organizing and achieving organizational goals with and with other people. The manager's role as a leader consists of 10 roles that are included in three groups, namely interpersonal, informational, and decisional roles. The ten managerial roles were appointed in this study.

The results showed that 72.1% of the TB control team had the perception that the Head of the Public Health Center had a role in

supporting the TB control team to carry out the TB control program. In more detail, the mean value < 3.20 is the entrepreneur role, and the disturbance role. Entrepreneur role means that the leader is able to create, and control changes in the organization, in the sense of being able to solve problems, create new ideas or innovations and be able to implement them. Meanwhile, the disturbance role has the meaning that when an organization experiences an unexpected event before, it is the task of the leader to take over the situation and fix it.

According to Henry Mintzberg (Kumar, 2015), the role of the leader is influenced by one form of level management in the organization. Managers or leaders who are at high hierarchical levels are more focused on external roles, such as the role of liaison, monitor, figurehead. The role is to connect between the organization and the environment outside the organization. Meanwhile, for leaders at lower unit levels, they focus more on internal responsibilities, namely on the dimensions of the decisional role, especially the resource role, and the leader role (Grover, et al., 1993).

The analysis conducted by Kumar (2015), that the performance of the role of a leader and the requirements of the role compiled by Mintzberg can be done well at the same time, not necessarily. The role of the leader can be performed differently depending on the level and management function of the leader. However, even though a leader performs all ten of Mintzberg's roles at different times and levels, it must be emphasized that the ten roles are integrated. The role of the leader's interpersonal role dimension is the embodiment of the leader's role to provide information. The role of informational role dimension is the role of the leader to process the information obtained, and the decisional role dimension is the role of the leader to use and execute the information.

Based on the research results, the role of entrepreneurs and disturbing leaders is still relatively low. This is probably due to the overlapping duties of a Head of a Public Health Center as the leader. Based on the Perwal of Surabaya City Number 98 of 2016 article 3 paragraph 3, the head of the UPTD or Public Health Center is held by a functional health worker who is given additional duties in accordance with the provisions of the applicable

laws and regulations. Meanwhile, in the Perwal of Surabaya City Number 98 of 2016 article 9, it is stated that the head of the UPTD should coordinate all implementing and staff activities, implementing the principles of coordination, integration and synchronization both within the UPTD and with other relevant agencies.

The head of the Public Health Center has the duty of a leader at the Public Health Center and is required to carry out functional duties as a doctor who provides services to the community. It was highlighted by researchers when collecting data that the Head of the Public Health Center, due to the regulation, caused them to feel that they had not been able to carry out their roles as entrepreneur roles and disturbance roles.

Based on the relationship between the two variables, it was found that most TB control teams who perceive their organizational leadership is supportive and very supportive have a perception of an integrated team cohesion condition. Only 3 TB control teams have a very integrated perception of team cohesion. This shows that the TB control team, although having a very supportive perception of organizational leadership, does not necessarily have a very integrated perception of team cohesion.

Based on the results of statistical tests, it was found that the perception of team leaders did not significantly affect team cohesion. This is different from research which shows that leadership abilities in an organization significantly affect the increase in work cohesion of each member of the organization (Barilunawugah, Eketu and Needorn, 2018). Meanwhile, another study found that leadership with a top-down flow (hierarchy) negatively influences team cohesion (Riisla et al., 2021). This is interesting because Public Health Center, the organization where this research is carried out, has a hierarchical leadership system that adapts to superiors' orders.

Leadership in hierarchical systems tends to move limitedly because of binding rules to determine policy. Some innovations as a form of empowerment need to be carried out by a leader in the organization because they can significantly increase team cohesion (Mutonyi, Slåtten and Lien, 2020). However, in reality, innovations in TB control programs have not been able to emerge from organizational leaders

due to the dual function of a leader in the Public Health Center.

Furthermore, in the organizational leadership sub-dimension, the average value of the entrepreneur role is low (3.09). The entrepreneur role sub-dimension means the leader can create a meaningful change within the institution/organization and in the TB control program. In implementing the TB control program, both team members and organizational leaders have the task of focusing on the program and have the duties and functions to carry out other health programs that have the same urgency as the TB control program. This is because the leader's role in the entrepreneur's sub-dimension is not easy to do.

Leadership that is in accordance with conditions in the field has a relationship with the dynamics of task cohesion within the team (Sabry, Maman and Varni, 2021). The results of other studies have concluded that leadership that can provide good direction has a relationship with cohesion within the team (Baird, Martin and Benson, 2020). Furthermore, team cohesion results from interactions that occur not only in a short time, but it takes time to form an integrated cohesion between team members. In a longitudinal study, it was found that leadership with a clear vision has a positive effect on increasing cohesion within the team (van der Voet and Steijn, 2021).

Although this study did not have a significant effect, the value of the standardized coefficient beta between leadership and team cohesion showed positive results. This shows that team cohesion will be more likely to increase with leadership supporting the TB control program. Leadership style within the organization has a significant role in team cohesion (Nascimento-Júnior et al., 2019). Good team cohesion will make its members have the same understanding and agreement on the vision and mission of the TB control program. This is a separate input for the implementers of the TB control program and the Public Health Center, that leadership is needed to establish harmony within the team.

The limitation of this research is that the questionnaires were taken twice, so there will likely be bias in the answers to the questionnaires submitted to the respondents. In addition, in this study, no further analysis was

carried out regarding other factors that might affect team cohesion.

CONCLUSION

This study concludes that there is no influence of organizational leadership on the cohesion of the TB control team. The average value of organizational leadership that can be increased is the sub-dimension of the entrepreneur role and disturbance role to increase cohesion in the TB control team.

SUGGESTIONS

Suggestions from the results of this study are to increase the empowerment of organizational leaders to enrich innovations that the team can adapt. In addition, it is suggested to the Surabaya Health Office to capture the innovations made by the TB control team in each Public Health Center that have the potential to be applied to the TB control team in other Public Health Center.

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CONFLICT OF INTEREST

Authors declare that there was no conflict of interest in this study.

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AUTHOR CONTRIBUTION

Author Sinta Dewi Lestyoningrum conceptualization, methodology, formal analysis, data curation, writing-review and editing. Author Rachmawati formal analysis, data curation, writing-review and editing. Author Asnan Prastawa formal analysis, data curation, writing-review and editing.

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