Mediation Role of Affiliative Group Cohesiveness on Collective Efficacy and Nurses Turnover Intention in Private Hospital in South Sumatera Province

Baharudin1*, Sulastr2, Isnurhadi3, Zunaidah4

Program Studi Doktor Ilmu Manajemen, Universitas Sriwijaya, Palembang, Indonesia
baharudin215@gmail.com1*, sulastr@unsri.ac.id2, isnurhadi@unsri.ac.id3, zunaidah@unsri.ac.id4

Abstract. The turnover intention of nurses in private hospitals has increased and higher than other health professions, and become main problem faced by hospital management. Global nurses’ turnover intention is more than 46 percent, while in Indonesia it ranges from 57.8 to 76.38 percent. A work environment with a low level of employee group cohesiveness and the absence of collective efficacy is believed to have significant contribution to turnover intention. This study explores the mediating role of affiliative group cohesiveness on collective efficacy and turnover intention from the perspective of social exchange theory. Total respondents were 185 nurses from private hospitals in South Sumatra Province. Data estimated using Structural Equation Modeling with SmartPls v3.0. Based on the statistical t-test and p-value, the study reveals that a significant positive effect of collective efficacy on affiliative group cohesiveness and a significant negative impact of affiliative group cohesiveness on turnover intention. Collective efficacy has no significant effect on turnover intention. The findings of this study prove that affiliative group cohesiveness mediates collective efficacy and turnover intention.

Keywords: affiliative group cohesiveness; collective efficacy; turnover intention.

I. Introduction

Study of turnover intention has become one of the trendy topics in human resource management since the 20th century, and thousands of qualitative and quantitative studies have been published (Iqbal et al., 2020; Jin et al. 2016; Li and Sawhney, 2019). Human resource management strategies play an important role in reducing turnover intentions (Iqbal et al., 2020). Most studies discuss the impact (Lee et al., 2012) and antecedents of turnover intention on organizations (Wang, 2018). The issue of turnover intention has got attention from managers and academics because of its impact on organizational performance (Li and Sawhney, 2019). Turnover intention research is also actively carried out in the nursing field (Sheehan et al., 2019), and is a major problem (Alhamwan et al., 2015; Nantsupawat et al., 2017), as well as a global issue in hospital management (Busari et al., 2017).

The nurse’s turnover in private hospitals has been ranked first in the last few decades (Pamungkas and Sulisty, 2020). Efforts to understand the problem of nurse turnover in hospitals are carried out through the turnover intention approach (Kuntardina, 2017; De Gieter et al., 2011). Turnover intention considered as a predictor of actual turnover (Cohen et al., 2015; Kaur et al., 2013; Takase, 2010; Yukongdi and Shrestha, 2020; Youcef et al., 2016), helps determine strategies to reduce actual turnover in a comprehensive manner (Kaur et al., 2013). Reducing turnover intention means decreasing the incidence of actual turnover (Gan and Yusof, 2019; Kerse, 2018).

Previous studies have shown that the percentage of nurses’ turnover intention globally is more than 50%, such as the research of Chen et al. (2018) stated that the turnover intention of nurses in Jiangsu province, China was 50.2%, Taiwan 56.1% (Lee et al., 2017) and 54.1% in Pennsylvania hospitals, United States (DiMattio and Spegman, 2019). The last few years have seen an increase in number of nurse turnover intentions in Indonesia. Suyono et al. (2018) showed that 60 % of nurses working in type C hospitals in Batam stated their intention to change jobs. Mardiana et al. (2014) found that 57% of nurses working at Dhuafa Hospital in Bogor intend to leave their jobs. Asmara (2017) stated that 50.8% of nurses at the Surabaya Surgical Hospital intend to leave their current works. According to Cohen et al. (2016), the possibility of turnover intention being an actual turnover of 59%, meaning that more than 25% of nurses will leave their jobs, theoretically the maximum turnover of nurses in hospitals is between 5% and 10% in a year (Gillies, 1994).

Collective efficacy has a negative effect on turnover intention, and is considered a predictor of turnover intention (Lopez, 2018), moderates (Mattingly, 2007), and can significantly reduce turnover intention. According to Conley et al. (2016), collective efficacy is closely related to turnover intention and has a major impact on individual performance (Yaakobi et al., 2020). Collective efficacy is also positively correlated with group cohesiveness (Martínez-Santos et al., 2013). Riasudeen et al. (2019) explain that collective efficacy and group cohesiveness affect various group performance outcomes. Similar results are also explained by Ramzaninezhad et al., (2009) that individuals with a high perception of group cohesiveness tend to rate higher collective efficacy.
According to Guchait et al., (2016) group cohesiveness effects on turnover intention. Group cohesiveness is considered a determinant of the internal work environment of the organization and contributes to turnover intention (Gupta et al., 2017; Kang et al., 2017), a central element that connects input and output in teamwork which is determined by individual and task factors (Rafaell et al., 2017), and as a form of manifestation of feelings to be part of a group and desire to remain in the group (Wang et al., 2017; Williams et al., 2016).

Social exchanged theory assumes that individuals who are involved and supported by groups feel obliged to respond with positive behavior (reciprocity), when the work balance is disturbed, there is a tendency to terminate social or work relationships (Harden et al., 2016). Groups with high cohesiveness will display more positive and quality social exchanges than groups that are not cohesive (Cohen et al., 2012). When individuals are treated with respect and benefit, they feel better (Lawler, 2001; Roberts, 2007) and are likely to reciprocate in kind (Lawler, 2001) such as remaining in the organization (Almaaitah et al., 2017). Social exchange affects the relationship between members and organizational groups (Redmond, 2015). Therefore, this study intends to explore the effect of affiliative group cohesiveness on the collective efficacy and turnover intention of nurses in private hospitals in terms of social exchanged theory.

II. Literature Review

Social Exchanged Theory

Social exchanged theory (Homans, 1958) is a sociological perspective that explains social exchange and stability as a process of negotiating exchanged between various parties (Byyny, 2018). In general, social relationships occur between two or more people who have mutually influencing behavior in the relationship, rewards, sacrifices and benefits. The main idea in social exchanged theory is that the parties involved in an exchange relationship expect to get a result from the interaction (Blau, 1964; Homans, 1958; Miles, 2012). According to Homans (1958), there are two main variables in social exchange: first, cohesiveness is defined as everything that attracts someone to be part of a group and second, communication or better known as interaction which is a measure of the frequency of emission of verbal behavior.

Exchange directs employees to have greater organizational commitment and fosters the desire to remain in the organization by reducing turnover intention (Harden et al., 2016). Groups with high cohesiveness will appear more positive in performing their works when it compared to groups that are less cohesive due to social exchanges such as behavior to help others (Khalid et al., 2020). Social exchanged theory has been widely adopted by researchers in discussing the issue of employee turnover intention (Ali Memon et al., 2014; Harden et al., 2016; Paul and Kee, 2020; Self et al., 2020). Paul and Kee (2020) stated that social exchange significantly affects human resources and turnover intention.

Collective Efficacy and Turnover Intention

Collective efficacy is characterized by an emphasis on the shared belief in a group that the group has abilities to achieve the desired effect and the active involvement of group members (Goddard et al., 2016). Collective efficacy refers to an individual's assessment of the group's competence and the likelihood of success (Mattingly, 2007). Therefore, it can be proven through collective ability to perform work-related behaviors and the perceived level of contingency between group performance and group work outcomes (Anantharaman et al., 2017).

Efficacy helps employees have decrease turnover intention and improve work results, affecting collective efficacy and burnout (Skaalvik et al., 2007). According to Mattingly (2007) collective efficacy moderates the relationship between role conflict, job satisfaction, fatigue, and turnover intention. Another opinion expressed by Lopez (2018) that collective efficacy is one of the predictors of turnover intention and significantly reduce turnover intention (Ware and Kitsantas, 2007).

Previous studies have proven that collective efficacy correlated to turnover intention (Anantharaman et al., 2017; Li J., et al., 2011; Muhangi, 2017). Zellars et al. (2001) conducted a study of 188 nurses, concluding that collective efficacy is reduced turnover intention and increasing job satisfaction of nurses. Similarly, Anantharaman et al. (2017) observed of 156 professional software developers found that collective efficacy needs to be mitigated to reduce work-related stress that can trigger turnover intention.

De Simone et al. (2018) works on study to see effect of job satisfaction, job involvement, and efficacy on turnover intention, the study showed that low efficacy predicts turnover intention. Strategies to reduce turnover intention are carried out through developing structure and professionalism, increasing participation, and maintaining collective efficacy (Qadach et al., 2019). Collective efficacy can be
maintained and enhanced through a verbal persuasion approach (Son, 2008). H1. Collective efficacy negatively and significantly affects turnover intention.

**Collective Efficacy and Affiliative Group Cohesiveness**

Collective efficacy is the shared belief of a group to organize and carry out the necessary actions to produce a certain level of achievement (Bandura, 1997). The approach is taken in developing collective efficacy by assessing individual beliefs about the ability of the group as a whole to perform in the group and then incorporating individual self-efficacy measures to the group level (Bandura, 1997; Myers et al., 2004). The scope of collective efficacy includes: ability, work, persistence, preparation, and unity (Bozic, 2018). Butel and Braun (2019) mention that the domains of collective efficacy are; social cohesion, social trust, social control, willingness to intervene, and empowerment.

Several research results show a positive correlation between collective efficacy on health (Butel and Braun, 2019), understanding within the groups, quality of performance (Lent et al., 2006), group potential and performance (Myers et al., 2004; Stajkovic et al., 2009). The study conducted by Filho et al. (2014) and Leo et al. (2019) shows that group members who feel greater team cohesion will develop stronger collective efficacy. In line with a previous study, Muthiane (2015) states that a group with high collective efficacy often wins the competition.

Collective efficacy and group cohesiveness are positively correlated and have been shown to contribute to group performance (Lent et al., 2004; Ramzaninezhad et al., 2009) and are the foundation for groups to achieve success (Martínez-Santos and Ciruelos, 2013). Leo et al. (2013) Meta-analytic review studies report a positive relationship between collective efficacy and group performance (Stajkovic et al., 2009). Group cohesiveness correlates with collective efficacy and positively predicts in-group performance (Erez, 2018; Stajkovic et al., 2009). H2. Collective efficacy positively and significantly affects affiliative group cohesiveness

**Affiliative Group Cohesiveness and Turnover Intention**

Groups with high cohesiveness facilitate affiliation between group members (Cornwell and Dokhsin, 2014). Group cohesiveness is one of the significant factors in group performance (Huang, 2009). Groups can become stronger and more successful if the environment in the organization is built cohesively (Al-Rawi, 2008; Lee et al., 2012). Cohesiveness triggers satisfaction within the group. The group with high satisfaction can achieve the agreed goals (Bozic, 2018; Mary, 2003). Group cohesiveness is less than 75% possibility of individuals leaving the organization is greater (Asegid et al., 2014).

Individual affiliation behavior in organizations increases work effectiveness by maintaining and improving interpersonal relationships and work procedures (He et al., 2017). Support from colleagues indicated an increase in nurses’ intention to stay (Guchait et al., 2016). Group cohesiveness is one of the determinants of the organization’s internal work environment and contributes to turnover intention (Gupta and Shaheen, 2017; Kang et al., 2017). An organizational atmosphere with high cohesiveness tends to decrease turnover intention (Lee et al., 2012), and group cohesiveness is a significant predictor of turnover intention (Asegid et al., 2014). H3. Affiliative group cohesiveness negatively and significantly affects turnover intention.

**Affiliative Group Cohesiveness as Mediation**

In nursing practice, group cohesiveness can reduce work frustration and turnover intention (Lee et al., 2012). Group cohesiveness empirically helps retain nurses in an organization (Asegid et al., 2014). Khan and Qadir (2016) stated that a high cohesiveness significantly reduces turnover intention. Workgroups that lack cohesion impede performance, decrease productivity, increase group conflict, decrease job satisfaction, and increase absenteeism (Carver and Candela, 2008). In the context of this study, affiliative group cohesiveness is defined as a desire to build work and social relations that are mutually binding between group members, characterized by interest, a sense of belonging, and being part of a group to achieve common goals.

Group affiliation can occur if cohesiveness is present among group members (Cornwell and Dokhsin, 2014). High group cohesiveness implies a stronger level of group bonding (Ghosh et al., 2019). One of the factors for creating group success is high group cohesiveness because it affects group performance (Beal et al., 2003). Group cohesiveness develops along with the formation of group cooperation in achieving goals (Dziecielak, 2020). Cohesiveness is requirement for effective teamwork (Ghosh et al., 2019), as a dynamic force that allows team members to attract each other and work together to achieve team goals (Lee et al., 2012).
Studies of group cohesiveness and turnover intention have been carried out by many experts and researchers (Abdillah, 2012; Huang, 2009; Speer et al., 2001; Tung et al., 2011; Wang et al., 2005; Williams et al., 2006). The results of this study explain that group cohesiveness shows a negative impact on turnover intention and as mediated on turnover intention (Asegid et al., 2014). A similar opinion was expressed by Lee et al. (2012) with their study of the relationship between organizational support, organizational commitment, and organizational cohesiveness on turnover intention and found that high group cohesiveness can reduce turnover intention. H4. Affiliative group cohesiveness mediates negatively and significantly on collective efficacy and turnover intention.

III. Research Method

Data was collected from nurses working in type C private hospitals on duty in emergency departments, operating rooms, ICUs, and inpatients in South Sumatra Province. Research permits were applied to ten private type C hospitals, but only six hospitals granted research permits. The questionnaire instrument was distributed through Google forms to 240 nurses, and as many as 185 nurses gave answers. Nurses were asked to provide answers on a Likert scale. All instrument measurements are sourced from theory and previous research. Reliability and validity tests were carried out and obtained Cronbach Alpha collective efficacy of 0.927, affiliative group cohesiveness of 0.899, and turnover intention of 0.825. Testing hypotheses and theories using the structural equation model method with SmartPLS v3.

Measurement

Collective efficacy. The measurement instrument consists of statement items about the efficacy responses of group members, describing the level of perception of group members' beliefs in achieving a common target or goal, and describing the level of perceived support of group members. The statement items for measuring collective efficacy include “in an emergency I can rely on the people around me to help”, “most people around me are able to see when I need help”, “I don't ask for help from people around me even though I need it.”

Affiliative group cohesiveness. Measurement of affiliative group cohesiveness adopted from the Group Environment Questionnaire (Ntoumanis and Aggelonidis, 2016) and affiliative behavior (Salamat et al., 2018). The measurement consists of seven items, such as "group members unite in achieving common goals", "group members are free to communicate in carrying out tasks", "group members help each other to complete the assigned task", and "I like the way my group carries out tasks", I like to help my friends' work to the best of my ability", “I like to offer help to coworkers who are in trouble”, and “I feel happy when I can lighten the burden of a coworker”.

Turnover intention. The turnover intention scale developed by Lee et al. (2012) consists of 5 items, namely “I am thinking of leaving my current job immediately”, “I am considering changing my profession”, I am trying to find job opportunities in other hospitals”, “I am actively looking for new job information”, and “next year I will change my job”.

IV. Results and Discussion

Results

The study was conducted on 185 nurses working in type C private hospitals, working in the emergency department, operating room, inpatient, and ICU, 153 female nurses and 32 male nurses. Nurses aged above 31 to 45 years were 101 respondents and 80 respondents under 30 years. The majority of the nursing education is Diploma III which is 122, and bachelor of nursing 63 respondents, 133 nurses working over seven years, and the remaining 52 with less than 7 years.

The measurement of the structural model using the SmartPLS method is seen from the values of convergent validity, discriminant validity, composite reliability (ρc), and Cronbach's Alpha (Hair et al., 2014). The convergent validity value obtained from the analysis of outer loadings collective efficacy, affiliative group cohesiveness, and turnover intention with a value of > 0.70. The results of the analysis of discriminant validity, composite reliability (ρc), and Cronbach's Alpha can be seen in Table 1 below:
Source: Authors’ Development

Figure 1. Outer Model

CE (Collective Efficacy), AGC (Affiliative Group Cohesiveness), TI (Turnover Intention)

Table 1. Reliability and Validity

<table>
<thead>
<tr>
<th></th>
<th>Cronbach's Alpha</th>
<th>Composite Reliability</th>
<th>AVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collective Efficacy</td>
<td>.927</td>
<td>.940</td>
<td>.633</td>
</tr>
<tr>
<td>Affiliative Group Cohesiveness</td>
<td>.899</td>
<td>.919</td>
<td>.586</td>
</tr>
<tr>
<td>Turnover Intention</td>
<td>.825</td>
<td>.876</td>
<td>.584</td>
</tr>
</tbody>
</table>

Table 1 describes the reliability and validity tests with discriminant validity values of collective efficacy .633, Cronbach's alpha .927, and composite reliability .940. Discriminant validity affiliative group cohesiveness .586, Cronbach's Alpha .899, and composite reliability .919. The turnover intention has a discriminant validity value of .584, Cronbach's Alpha .825, and composite reliability of .876. The results of the discriminant validity test > .50 (Chin, 1998), Cronbach's alpha and composite reliability > .70, indicating that all constructs have good validity and reliability (Hair et al., 2014).

The multicollinearity test is needed to determine whether there are independent variables that have similarities between independent variables in a regression model. The multicollinearity test is by looking at the value of the variance inflation factor (VIF), as shown in table 2. The value of the variance inflation factor collective efficacy for affiliate group cohesiveness is 1.000 and for turnover intention is 1.631, concluding that there is no violation of the multicollinearity assumption (Gazali, 2014).

Table 2. Analysis of Multicolliniarity CE, AGC and TI

<table>
<thead>
<tr>
<th>Variabel</th>
<th>Affiliative group cohesiveness</th>
<th>Turnover Intention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliative group cohesiveness</td>
<td>1.000</td>
<td>1.631</td>
</tr>
<tr>
<td>Collective efficacy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Structural model analysis on SmartPLs includes goodness of fit test, hypothesis testing and path coefficient. The goodness of fit test analyzes the value of R squares, Q squares and the NFI value. The hypothesis test used is the statistical t test and p value, while the path coefficient looks at the direct and indirect effects of each variable. Testing the feasibility of the model to see if the model formed is suitable for research or not by looking at the results of the analysis of R squares, Q squares, and NFI as seen in table 3.

Table 3. Analysis of Goodness of Fit Model

<table>
<thead>
<tr>
<th>Variabel</th>
<th>R Square</th>
<th>Q Squares</th>
<th>NFI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliative group cohesiveness</td>
<td>0.387</td>
<td>(1-R^2) x (1-R^2)</td>
<td>0.809</td>
</tr>
<tr>
<td>Turnover intention</td>
<td>0.096</td>
<td>0.999</td>
<td></td>
</tr>
</tbody>
</table>

Table 3 shows the magnitude of the effect of collective efficacy on affiliative group cohesiveness of 0.387 or 38.7 percent and the magnitude of the effect of collective efficacy on turnover intention of .996 or 9.6 percent. Furthermore, from the results of the R squares analysis, the Q square
value is .999, meaning that the level of model diversity indicated by collective efficacy and affiliative group cohesiveness to turnover intention is .999 or 99.9 percent, and the remaining .001 or .10 percent is influencing by other factors. Another analysis needed to measure the goodness of the fit model is value of the normed fit index (NFI). Based on the results of the analysis of the model fit indicators in table 3, the NFI value is .809, which is greater than .10 it means the model is good. Analyzing data by testing the PLS algorithm and bootstrapping to test the hypothesis. The result of path test showed positive and negative path coefficients as described in table 4.

Table 4. Analysis Path Coefficients

<table>
<thead>
<tr>
<th>Path Coefficients</th>
<th>Original Sample</th>
<th>T Statistics</th>
<th>P Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliative group cohesiveness -&gt; Turnover intention</td>
<td>-0.368</td>
<td>4.227</td>
<td>.000*</td>
</tr>
<tr>
<td>Collective efficacy -&gt; Affiliative group cohesiveness</td>
<td>0.622</td>
<td>12.407</td>
<td>.000*</td>
</tr>
<tr>
<td>Collective efficacy -&gt; Turnover intention</td>
<td>0.115</td>
<td>1.120</td>
<td>0.263</td>
</tr>
</tbody>
</table>

* p value < .05, T table > 1.96

From table 4, showed the direct influence of the independent variable affiliation group cohesiveness has a negative and significant effect on turnover intention as evidenced by the statistical t value of 4.227 > t table 1.96 or p-value .000 < .05 with a coefficient value of -.368, the hypothesis is accepted. Collective efficacy has a positive and significant effect on affiliation group cohesiveness based on the t statistic value of 12.407 > t table 1.96 or p-value .000 < .05 with a coefficient value of .622, the hypothesis is accepted. Collective efficacy has not significant affect on turnover intention based on the t statistic value of 1.120 < 1.96 or p values of .263 > .05 with a coefficient of .115. The mediating effect of affiliative group cohesiveness on collective efficacy and turnover intention through indirect effect test could be seen in Table 5.

Table 5. Results of Indirect Effect Analysis

<table>
<thead>
<tr>
<th>Path Coefficients</th>
<th>Original Sample</th>
<th>T Statistics</th>
<th>P Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand ability fit -&gt; Affiliative group cohesiveness -&gt; Turnover intention</td>
<td>-0.229</td>
<td>4.019</td>
<td>.000*</td>
</tr>
</tbody>
</table>

The indirect effect test results show that affiliative group cohesiveness mediates negatively and significantly on collective efficacy and turnover intention, as evidenced by the t-test results of 4.019 > 1.96 with a p-value of .000 < .05 coefficient -.229. Affiliative group cohesiveness partially mediated on collective efficacy and turnover intention, as can be seen in Figure 1.

Discussion

Collective Efficacy and Turnover Intention

Based on the results of hypothesis testing in table 4, the values generated on the collective efficacy variable on the turnover intention with t statistic 1.120 < t table 1.96 or p-value 0.263 > 0.05 and
coeficient value 0.115, meaning that the formulation of the collective efficacy hypothesis has a negative and significant effect on turnover intention is rejected. The impact of collective efficacy on turnover intention may be caused by factors such as tenure and the age of nurses.

The data shown 71.9 percent of respondents have worked for more than 7 years. Tenure is closely related to high investment in the organization and the intensity of interaction among members group that has long existed, thereby reducing turnover intention (Emiroglu et al., 2015). Maden (2014) stated that employees with longer tenure tend to show lower levels of turnover intention. A study conducted by Leon and Morales (2019) examined the moderating effect of tenure on job insecurity and turnover intention, and plays significant role in turnover intention. Another study proves that employees with longer tenure show a lower level of turnover intention compared to employees with shorter tenures (Martin A Rooth, 2008; Omeroglu et al., 2015).

In addition, 75.1 percent of respondents were nurses aged between 31 to 45 years. According to Bos et al., (2009), this age group is categorized as the middle age group, and nurses at this aged show a low level of turnover intention (Heijden et al., 2019). Labraguea et al., (2018) explain that the age factor affected nurses' turnover intention. Based on the calculation of the average value of the respondent's level of achievement on the collective efficacy variable, it is 81.80 percent. This value indicates that the collective efficacy of nurses working in type C private hospitals in South Sumatra Province is high. The more collective efficacy in a group develops, the differences that arise within the group will decrease (Butel and Braun, 2019). De Simone et al. (2018) explained that the low collective efficacy of nurses predicts the level of nurse turnover intention.

Drawn from social exchange theory, collective efficacy is a collective identity that strengthens social attribution and is functional as a driver of self-esteem and gratitude towards other parties (Lawler, 2006). Collective identity is in line with the principles of a social cognitive theory proposed by Bandura (1997) that the emergence of the turnover intention phenomenon may be due to a low level of efficacy. According to Gangloff (2017) a higher level of efficacy will decrease the turnover intention, if employees have confidence in the work they are doing, it will make them continue to survive in the organization and hope to get a better position.

Collective efficacy and Affiliative Group Cohesiveness

Direct effect test on collective efficacy and affiliative group cohesiveness showed t statistic 12.407 > t table 1.96 or p-value .000 with a coefficient value of .622, collective efficacy has a positive and significant effect on affiliative group cohesiveness. The analysis of the collective efficacy of nurses working in type C private hospitals in South Sumatra showed that the level of achievement of respondents was in the high category, namely 81.80 percent.

This study found that the dimensions of collective efficacy (responsiveness, trustworthy, and network support) of nurses towards co-workers were in a good category. It was illustrated by the attitude of willingness, sensitivity, and alertness to help colleagues who are experiencing difficulties. This behavior increases the instinct to pay attention to and prioritize the interests and good of others. Group cohesiveness and collective efficacy are social perceptions that develop as a function of the socialization process and interactions that occur in groups (Carron and Brawley, 2000). Therefore, the social nature of the group affects how members' beliefs about the team develop (Heuzé & Bosselut, 2007).

Based on the social exchange theory, collective efficacy and group cohesiveness play an important role in organizational commitment (Chen et al., 2018). Exchanges lead employees to have a greater organizational commitment (Harden et al., 2016). Groups with higher cohesiveness have a commitment and appear more positive when compared to groups that are less cohesive due to social exchanges such as behavior to help others (Khalid et al., 2020).

Group cohesiveness is positively correlated with collective efficacy and has a significant impact on increasing group performance (Yasuda, 2019). Hang and Hwang (2011) stated that collective efficacy can predict group cohesiveness in a collaborative work system. Individuals with a higher perception of collective efficacy will have a higher perception of group cohesiveness (Leo et al., 2013). Conversely, if group cohesiveness is less effective, then collective efficacy is low, and group members will focus on other activities outside the group (Park et al., 2017).

Affiliative Group Cohesiveness and Turnover Intention

Hypothesis testing found that affiliative group cohesiveness has a negative and significant effect on turnover intention as evidenced by the t statistic value of 4.227 > t table 1.96 or p-value of 0.000 <.05 with a coefficient value of -0.368. The higher level of affiliative group cohesiveness in the nurse's perception will decrease turnover intention in the work unit.
In delivering nursing care, nurses work in a group. Group cohesiveness is one of the important factors in team performance (Huang, 2009). Teams can become stronger and more successful if the environment in the organization is built cohesively (Al-Rawi, 2008; Lee et al., 2012). Cohesiveness contributed to satisfaction in teamwork so that the team can achieve the agreed goals (Bozic, 2018; Mary, 2003). An organizational atmosphere with high cohesiveness has shown to reduce turnover intention (Lee et al., 2012).

Affiliative group cohesiveness is an effort to build cooperative and socially binding relationships between group members marked by interest, a sense of belonging, and being part of a group to achieve common goals. According to social exchange theory, group cohesiveness is one of the determinants of the organization's internal work environment and contributes to turnover intention (Gupta and Shaheen, 2017; Kang et al., 2017).

Asegid et al., (2014) show that group cohesiveness is a predictor of turnover intention. High group cohesiveness can reduce work-related stress (Guchait et al., 2016) and decrease turnover intention (Asegid et al., 2014). If group members feel inadequate level of cohesion, then there is a high probability that members will leave the organization (Boamah et al., 2016; Lee et al., 2012). A group cohesiveness build tendency to group members to remain in the work environment (Nwobia et al., 2017).

The Mediation Effect of Affiliative Group Cohesiveness

The hypothesis test shows that affiliative group cohesiveness negatively and significantly affects the collective efficacy and turnover intention of nurses working in private hospitals in South Sumatra. This statement is supported by the results of a statistical t-test of 4.019 > 1.96 with a p-value of .000 > .05, coefficient value of -.229, a higher level of affiliative group cohesiveness will increase collective efficacy and decrease the turnover intention of nurses.

According to social exchange theory, group cohesiveness is built on reciprocity in groups (Homans, 1958; Goh et al., 2017) and is one of the main characteristics of social exchange (Molm, 2010). Whiteoak (2007) examined the relationship between group cohesion and group potential explaining that individual perceptions of the group play an important role in increasing commitment and influencing turnover intention. Banwo et al., (2015) stated that group identity is negatively correlated with the turnover intention of group members. Highly cohesive group members are more likely to participate easily and stay together in the group (Dyaram & Kamalanabann, 2005).

Affiliative group cohesiveness has an important effect on nurses' turnover intention (Abdillah, 2012; Livina et al., 2015; Guchait et al., 2016; De Simone et al., 2018). Conditions of low group cohesiveness can damage group morale and affect the willingness of group members to keep working or prefer to change jobs (Tycliz, 2020). Furthermore, collective efficacy and group cohesiveness play an important role in a group (Muppidathi & Krishnan, 2015). Cohesion is one of the group attributes is believed to influence and be influenced by collective efficacy.

V. Conclusions

This research reveals that affiliative group cohesiveness negatively and significantly affects nurses' turnover intention. Collective efficacy has a positive and significant effect on affiliative group cohesiveness, but collective efficacy has no significant impact on turnover intention. Affiliative group cohesiveness is partially mediating on collective efficacy and turnover intention. This study uses an analysis unit of nurses working in type C private hospitals duties in the emergency department, operating room, ICU, and inpatient care. Therefore, the further study suggested conducting research in public and private hospitals and units of nurses assigned to explore nurses' turnover intention. Based on the hypothesis test, collective efficacy has no significant effect on turnover intention, this finding is the opposite of concepts and theories. Further research is needed to examine the consistency of the resource-based theory.

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