



EFFECT OF TEAM COHESION INTERVENTION PROGRAMME ON PLAYERS OF INDIAN FOOTBALL LEAGUE

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ABSTRACT

The objective of the present study is to determine whether implementation of a team- cohesion intervention programme can enhance the team cohesion and self confidence of athletes and decrease cognitive and somatic anxiety which in turn can be fostered by a three-pronged strategy of goal setting, open communication and leadership. The participants were 28 club football players competing in the Indian Football league. Each participant completed the Group Environment Questionnaire and Competitive State Anxiety Inventory-2, which assessed different aspect of cohesion and Cognitive and Somatic anxiety and self confidence at both the beginning and end of the programme. The team cohesion intervention programme was given for twelve weeks. The data was analyzed using t-ratio. After analyzing the data, significant differences were found between the pre-intervention test and post-intervention test. Overall results indicated that the team cohesion intervention programme using team goal setting, open communication and leadership were an effective team cohesion tool for enhancing cohesiveness and self confidence and reducing cognitive and somatic anxiety in football players.

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INTRODUCTION

Cohesion has been defined as “a dynamic process that is reflected in the tendency for a group to stick together and remain united in the pursuit of its instrumental objectives and/or for the satisfaction of member affective needs” (Carron, Brawley and Widmeyer, 1998). Cohesion also involves feelings of interpersonal attraction to other team members, as well as the group itself. Over the years, research has shown team cohesion to be a multidimensional concept, not a unidimensional one. Athletic teams are beginning to show an interest in experiential team building activities in order to enhance their team's performance as a cohesive unit (Smith, 1996). The intuitive assumption amongst coaches is that cohesive teams are likely to be more successful than non-cohesive teams (Smith and Smoll, 1997). The importance of cohesion for individual, team sports may be attributed to a number of factors, including: minimizing rivalry among team members, increasing intra-team cooperation, enhancing social support, raising norms for productivity, increasing satisfaction and enjoyment, and lowering anxiety. Not all of these potential mediators of the cohesion-performance relationship for teams

have been investigated, but research has confirmed the positive impact of several of these variables. Eys, Hardy, Carron, and Beauchamp (2003) also reported athletes higher in task cohesion perceived their cognitive and somatic state anxiety as more facilitative. Additionally, Prapavessis and Carron (1997) revealed that athletes from a number of sports who felt their team was cohesive worked significantly closer to their capabilities than did performers from less cohesive teams. Overall, the cohesion literature suggests that enhancing cohesion among athletes in a team sport help to reduce anxiety and enhance performance. Additionally, task cohesion should demonstrate greater changes than social cohesion in a time-limited intervention.

Competitive anxiety has been recognized as a key sport psychology issue for some time. Sport competition creates some anxiety in nearly all participants, and for some individuals the anxiety is so intense that successful performance and enjoyment of the activity are impossible (Gill, 1986). To an extent, all human behaviour is influenced by anxiety. Anxiety is a fundamental human emotion that evolved over countless generations as an adaptive mechanism for coping with change (Spielberger, 1989). Due to the uncertain nature of sports, each athlete must learn to cope with

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anxiety associated with competition. An individual's performance is directly affected by the perception of his/her capabilities to meet the situational demands (Spielberger, 1976). The present study focused on the team-cohesion intervention programme on competitive state anxiety among Football players through team goal setting, open communication and leadership. Widmeyer and Ducharme (1997) noted that team-goal setting can influence cohesion by encouraging a greater team focus. Healthy open communication can help to develop the positive qualities and remove the negative qualities. We are at our most creative when our open self is maximized. Leadership might broadly be considered "the behavioral process of influencing individuals and groups toward set goals" (Barrow, 1977). In sport and exercise, these dimensions include decision making processes, motivational techniques, giving feedback, establishing interpersonal relationships, and directing the group or team confidently. Good leadership will lead to establish a strong bond of attachment between teammates; and to maintain social control.

Therefore, the purpose of the current study was to determine whether the implementation of team cohesion intervention programme could affect the cognitive and somatic anxiety and self confidence using team goal setting, open communication and leadership among Football players. The current intervention programme has three intervention tools - team goal setting, open communication and leadership. Before the start of the team cohesion intervention, it was hypothesized that there will not be any significant difference (pre and post intervention programme) on athlete's cohesion, cognitive and somatic anxiety and self-confidence.

MATERIALS AND METHODS

The participants in this study consisted of 26 Football players chosen from a professional club which compete in the Indian Football league. Each member practiced the team cohesion intervention programme at least once a week for twelve weeks. The age of the participants ranged from nineteen to thirty. Team cohesion was measured using the Group Environment Questionnaire (GEQ) (Carron, Widmeyer, and Brawley, 1985). It contains 18 Likert scaled questions ranging from strongly disagree "1" to strongly agree "9". This model divides cohesion into two categories: group integration and interpersonal attractions to the group. These two categories are divided into four sub-scales: group integration-social (GI-S), group integration-task (GI-T), interpersonal attractions to the group-social (ATG-S), and interpersonal attractions to the group-task (ATG-T). These four sub-scales describe the individual member's feelings about their place within the team.

The cognitive and somatic anxiety and confidence were measured using Competitive State Anxiety Inventory-2 (CSAI-2) (Martens, Vealey and Burton, 1990). It contains 27 Likert scaled questions ranging from Not at all "1" to Very Much So "4". This model divides cohesion into two categories: group integration and interpersonal attractions to the group. The Inventory consists of Cognitive, somatic anxiety and confidence level of athlete. The head coach of Football team was contacted to solicit consent for team members to participate in this study. A meeting was planned

during the team's pre-season with the head coach and researchers to describe the benefits of team cohesion on cognitive and somatic anxiety and confidence and outline this study. Pre-intervention: Athletes were asked to complete the GEQ and CSAI-2. Intervention programme: A team-cohesion intervention program was introduced for twelve weeks based on the results of the GEQ and CSAI-2. At least one weekly team session was carried out for twelve weeks.

Team goal setting: In the beginning the rationale for the intervention and the setting of team goals was discussed and carried out with the athletes. They were informed that working together to find common objectives for their team could help them work better as a unit. As a team, the athletes generated appropriate long-and short- term outcome goals. Steps of intervention of team goal setting with the athletes was selecting, establishing the target, reminding the players, evaluation, feedback and reevaluation of team goals. Necessary modifications were made if found necessary in team goals.

Communication: A handout was prepared on both athlete-athlete communication and coach-athlete communication. It focused on effective nonverbal and verbal communication skills so the athletes could improve their abilities to receive and interpret harsh feedback from coaches and teammates. A separate handout was prepared for the coach regarding his effective communication skills with athletes. The team was asked to gather everyday for sharing their views on practice. The Johari Window was implemented as a device to help one determine how open a person is. Increasing the open self can lead the way to a change in someone's character.

Leadership: According to the knowledge of the coach about the players, few leaders have been selected and given them clear outline on importance of a good leadership for an effective team. They also be taught about where the areas they have to concentrate to develop team cohesion and their role among the team members. They have been given instruction step by step. Post-intervention check: The final stage of the study involved re-administering the GEQ and CSAI-2 to the athletes in order to determine if the team-cohesion intervention programme on competitive state anxiety was successful. For the statistical analysis of data T-ratio was introduced.

RESULTS

The descriptive statistics for the pre- and post-intervention GEQ scores (Each of the mean, standard deviation and T ratio) are presented in Table 1 and CSAI-2 scores in Table 2. In order to determine whether the team-cohesion intervention programme had an impact on competitive state anxiety a T-ratio was conducted. Results of the analysis showed significant difference in perceptions of cohesion, cognitive and somatic anxiety and self confidence level among the athletes after the team cohesion intervention programme. Table 1 indicates that the calculated t-ratio of ATG-T (8.54), ATG-S (8.83), GI-T (5.63) and GI-S (4.67) were higher than the t-ratio required for significance (2.060) at .05 levels. This indicates significant difference between pre test and post test of ATG-T, ATG-S, GI-T and GI-S. Table 2 indicates that the calculated T-ratio of Cognitive Anxiety (14.47), Somatic Anxiety (6.88), and Self Confidence (5.27) were higher than

Table 1. Mean, Standard Deviation and T- ratio of the Four Subscales and Total score of the Group Environment Questionnaire scores of Football Players

	ATG-T			ATG-S			GI-T			GI-S		
	Mean	SD	T-ratio									
Pre Test	14.31	1.23		15.12	1.18		13.00	1.52		12.88	1.66	
Post test	17.65	1.99	8.54	18.65	1.65	8.83	15.62	2.33	5.63	15.42	2.63	4.67

Table 2. Mean, Standard Deviation and T- ratio of the Three Subscales and Total score of the Competitive State Anxiety Inventory scores of Football Players

	COGNITIVE			SOMATIC			SELF CONFIDENCE		
	Mean	SD	T-ratio	Mean	SD	T-ratio	Mean	SD	T-ratio
Pre Test	23.42	2.96	14.47	19.27	3.16	6.88	24.92	3.21	
Post test	15.88	2.83		15.54	1.65		27.88	2.57	5.27

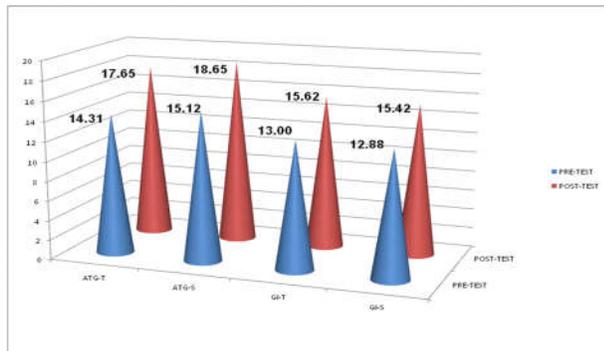


Fig.1. Total Mean score of the Group Environment Questionnaire

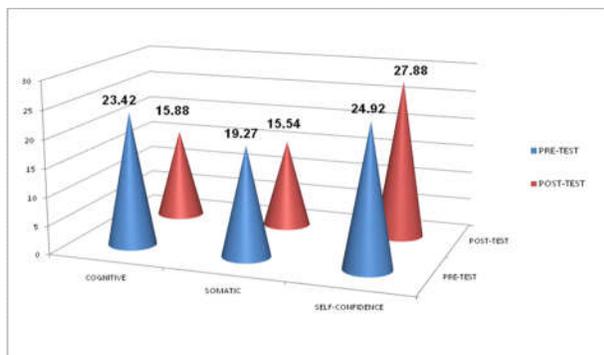


Fig. 2. Total Mean score of the Competitive State Anxiety Inventory-2

the T-ratio required for significance (2.060) at .05 levels. This reveals significant difference between pre and post test of Cognitive and Somatic Anxiety and self Confidence.

DISCUSSION

The purpose of this study was to determine whether the implementation of team cohesion intervention programme could help on Cognitive and Somatic Anxiety and self Confidence using team goal setting, open communication and good leadership among Football players. The findings of GEQ show significant difference in ATG-T, ATG-S, GI-T and GI-S between pre test and post test means which reveals significantly higher level of perception of cohesion in experimental group than control group. Similar results were

obtained in a study by Julie *et al.* (2008) on high school level female basketball players. 86 basketball players completed the Group Environment Questionnaire (GEQ; Carron, Widmeyer, and Brawley, 1985) which assessed the effect of season-long team-building intervention program using team goal setting. The results revealed a significantly higher perception of cohesion in the team goal-setting condition than the control condition. In another study, Cogan and Petrie (1995) evaluated the affect of the intervention programme which focused on team building and anxiety management techniques in gymnasts. The study demonstrated higher social cohesion and lower cognitive and somatic anxiety in the intervention group than the control group. This also agrees with the findings of the present study. Similarly Carron and Spink (1993) investigated the effect of team building on cohesion in a university aerobics class and found that the experimental group was more cohesive and reported significantly higher individual satisfaction when compared to a control group.

Allain (1996) investigated the effectiveness of an adventure-based training program on the team cohesion of a nineteen member Canadian university soccer team. The intervention incorporated the use of four initiative or team build activities and the results displayed strong support for changes in the team’s cohesion, as well as improved communication, trust, and the ability to block out unwanted distractions. The influence of team building intervention program on individual performance, team performance and team unity on two division I women's soccer teams were analysed by Mike Voight , John Callaghan (2001).

The intervention program consisted of components like shared vision, strong leadership and open/honest communication. The intervention program was delivered to. Overall, the results demonstrated that both of the teams rated the team building intervention as being "helpful" in enhancing individual performance (means of 2.8 and 3.1, respectively), "very helpful" in enhancing team performance (means of 3.1 and 3.9, respectively), and "very helpful" in improving team unity (means of 3.1 and 3.5, respectively). Davids and Nutter (1988) found that players from successful volleyball teams cohered around task factors more than players from less successful teams. A number of studies also have suggested that team building exercises increase cohesion (Smith, 1996; Carron, and Spink, 1993; Spink and Carron, 1992).

Conclusion and Recommendations

This study produced a substantial body of evidence supporting the efficacy of team cohesion intervention programme as a valid and viable methodology for enhancing the team cohesion and self confidence in elite athletes. The current results concluded that athletes completing the team cohesion intervention programme (team goal setting, open communication and leadership) exhibited higher levels of cohesion and self confidence than others. The intervention programme also decreased the cognitive and somatic anxiety of the players in all dimension. In summary, the qualitative portion of the study revealed that this team-cohesion intervention programme produced positive steps on Cognitive and Somatic anxiety and Self confidence. It is recommended that further studies may be conducted as to find out the effect of team cohesion intervention programmes on other types of sports like interactive sports (e.g., Volleyball) and co-active team sports (e.g., swimming).

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