CHAPTER OBJECTIVES

On completion of this chapter, the reader will be able to:
1. Describe different types of groups, including their characteristics and roles of group members.
2. Differentiate between effective and ineffective groups.
3. Discuss the characteristics of an effective group leader.
4. Observe for effective functioning of leaders and members of selected groups.
5. Evaluate a group for effective functioning in meeting the group's common goals.

KEY TERMS

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<th>Group</th>
<th>Homogenous Groups</th>
<th>Effective Groups</th>
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Group theory and the concepts of effective group processes are important components in professional nursing practice and require understanding of the types of groups, their composition and functions, and the roles played by the members. As nurses, we need to develop skills to use as both leaders and members of various work and professional groups, as well as to apply a group format to intervene therapeutically with clients. Examining the structure and functioning of groups provides the knowledge and skills needed to accomplish these goals. A basic premise of group process is that people behave consistently; therefore, a group format can be an excellent tool for increasing awareness of how people communicate and interact with others.

**GROUP PROCESS**

A group consists of three or more individuals with some commonality, such as shared goals or interests. Living in society, we are members of many groups. Consider the different groups illustrated in Table 8-1. We are members of our family, school, work, professional, and social groups. Each type of group has a specific goal and membership. As nurses, we are involved as participants in work groups and interact with groups of clients in their health promotion activities. We use the principles of group process in all these activities and in assisting our clients in adapting to their illnesses. Some of these groups are structured loosely, with minimal rules, whereas others have clearly defined roles and limits. It is essential to understand group processes to function effectively as both an individual and a professional.

**Group process** is the dynamic interplay of interactions within and between groups of humans. At times, this interplay is directly observable; at other times it is much less obvious, but nonetheless an important aspect of groups. It includes what is said and done in groups as well as how members interact with each other and the group leader. It cannot be objectively measured and is more than the sum of these parts.

Wilson (1985) has vividly described the usefulness of systems theory as a framework for studying group process phenomena in terms of roles and behaviors, boundaries, and the communications within the group (p. 5). This is particularly applicable to professional practice with the nurses' focus on the importance of working with groups in a variety of practice settings, from client, family, self-help, self-awareness, peer, and task groups.

**GROUP CHARACTERISTICS**

Groups can be classified according to structure, composition, leader and participant roles, and focus. A particular group often fits more than one classification, especially in terms of its roles. For example, the initial purpose of developing an HIV support group might be to provide the members with a sense of sharing and support. But this type of group often fills many other functions, such as education regarding medications, traditional and nontraditional treatment programs, and health care providers; sharing of information about benefits, wills, and finances; and sharing of strategies for coping with HIV-related symptoms and managing daily life.
**GROUP STRUCTURE**

Groups may be differentiated by group structure, such as formal or informal groups. Formal groups are highly structured, with functions specified in job descriptions, contracts, policies, and procedures. Formal groups include the entire nursing staff or the professional standards committee. Each of these groups has particular requirements for membership and specific rules, procedures, and standards of practice. A professional group can also be viewed as a formal group with requirements for membership, rules that govern meetings, and specific member expectations. Examples of formal professional associations or groups, listed in Appendix A, are the American Nurses Association and Sigma Theta Tau International. An advantage of structured groups is their conveyance of a clear understanding of roles and expectations. This same benefit may become a disadvantage, however, if the group is not open to change or modification. The heads of more structured groups tend to have greater power.

By contrast, informal groups are more loosely structured, at times disbanded or reconvening depending on the needs of the membership. Examples of informal groups are special interest groups, identity groups, and support groups. Informal groups benefit from some degree of flexibility in roles, expectations, and leadership or power from their structure.

**COMPOSITION OF GROUPS**

Groups can also be differentiated by membership or composition. Group composition depends on the unique characteristics of the group members and their interactions toward their common purpose or goal. Memberships of some groups are homogenous, whereas others are quite heterogeneous.

Homogenous groups have a membership similar in some aspect, such as all female clients, depressed males, or female nurses employed in the intensive care units. A benefit of working with a homogenous group is the sense of shared connection that the members typically feel from the beginning. This may be expressed as “he can really understand me,” “he has the same problem,” or “she thinks the same way I do.” What might be lost in such a group is diversity, and the concomitant breadth of experiences that accompanies this characteristic. Another aspect of working with a homogenous group is the ability to select a style appropriate to this population. An example is the use of reminiscence groups with elderly depressed clients (Clark & Vorst, 1994).

Heterogenous groups consist of a mix of individuals, such as clients with various diagnoses or ages or a work group of both male and female nurses on acute care units. This type of group has a wider range of diversity and therefore usually a greater variety of opinions, beliefs, and, hopefully, suggestions for new approaches. The leader may initially have to work harder to facilitate a sense of connection among members, but once established, this group functions similarly to a homogenous group.

**LEADER AND PARTICIPANT ROLES**

A third way to classify groups is in terms of the roles of the leader and participants. Some groups are led by a professional or board that is often responsible for determining the rules, establishing the structure, and determining the membership. This professionally led group is a formal group in which members cannot attend group at will, but must conform to the established norms. If they do not comply, they will no longer be members of the group. Membership in this type of formal group is through a contract, which establishes clear expectations for the leader and the participants. An example is an outpatient recovery group. Typically, a substance abuse counselor leads the group, initiates themes for discussion, and often sets criteria for members’ participation. This may include random urine testing to determine eligibility or requiring members to take disulfiram (Antabuse) to join the group.

Other groups have informal leadership as well as rules for members. Peer support groups are an example of this type. Traditionally, the leadership is actually shared by members who are usually working on a common issue. Members are free to attend or not, depending on their own needs. Twelve-step groups such as Alcoholics Anonymous, Overeaters Anonymous, and CoDependents Anonymous constitute this type. At times, the group may become engulfed in struggles for leadership, translated by some as power, which can compromise the group’s effectiveness. An example is the election of a chairperson and secretary for the group. The politicking and election process can consume the members’ attention and take the focus of the group off its intended mission.

**GROUP FUNCTIONING**

Another way of viewing groups is in relation to their focus on primary or secondary functions. Primary functions are work-related, such as professional. Professional functions are described in Chapter 1, and the membership of the groups are generally related to professional issues and mission statement objectives.

Work groups have a specific purpose or task of a work group. For example, a budget committee, a task force of allocating time to research, or a group establishment. Many of these groups are work groups. They constitute one group or subcommittee as a whole group. Committees are probably composed of all nurses. They may be assigned by the administration, or they may have the committee standing. The committee or subcommittee usually consists of nurses involved.

Educational groups are groups of nurses to improve professional competence, typically to improve professional competence, to meet educational needs, or to improve professional competence. Here the “life of the group” may be one that promotes learning and professional growth.
Group Theory

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nately, remaining sober, eating healthy, or liv-
ing independently. Another problem is advice-
giving by some members who, by definition of
a peer group, are not professionals and whose
advice may be inappropriate or even harmful.
Another example of an informal group in an or-
organizational setting is a peer support group for
staff working with oncology clients. This type
of support group could be further differenti-
ated by client diagnosis, client age group, or
staff setting. Specific group roles are discussed
later in this chapter.

GROUP FOCUS

Another way to classify groups is to consider
their focus or approach. The group focus can be
work-related, educational, therapeutic, or pro-
enfessional. Professional groups were described
in Chapter 1, with their unique missions and
membership requirements. These professional
groups are generally formal, directed at profes-
sional issues and needs addressed in their mis-
sion statements.

Work groups are task oriented, focused on a
particular work-related activity. An example of
a work group is the nursing department
budget committee, which focuses on the task
of allocating the budget monies for the depart-
ment. Many of us are members of a variety of
work groups. Nurses in a particular unit con-
stitute one group, whereas the nursing depart-
ment as a whole is another functioning work
group. Committees that meet monthly are
probably commonly viewed as work groups.
They may be convened ad hoc (as the need
arises), or they may be more or less a perma-
nent standing group, such as the nursing stan-
dards committee or the quality assurance com-
mittee. The membership changes over time,
and the structure varies in terms of degree of
formality. If the group is focusing on one spe-
cific issue, group members may be expected to
fulfill assigned roles. At other times there may
be a more informal, shifting assignment of
roles, as occurs in monthly staff meetings on a
particular unit. The attendance varies, de-
pending on the schedule, client load, and is-

sues involved.

Educational groups are frequently led by
nurses to impart knowledge. The need is
tremendous to educate clients about medica-
tions, lifestyle changes, and treatments, and
nurses have traditionally assumed this role.
Here the "life of the group" may actually be an
individual session, if held in a clinic or institu-
tional setting, or it may include a series of ses-
sions. An example is a stress reduction class for
clients diagnosed with hypertension, which is
scheduled on a weekly basis in a clinic depart-
ment. Membership and attendance, of necessity,
very depending on an individual's schedule, but
these groups certainly offer an important ad-
juvant in the health care of these individuals.
Although the group is led by a professional, the
structure is typically less formal and directed at
the learning needs of the audience. Teaching
and learning principles, discussed in Chapter 10,
are important considerations along with the
group process.

Therapeutic groups are varied in nature, de-
pending on the specific treatment or clients' needs. Psychoanalysis is probably what typi-
ically comes to mind in considering the focus of
group therapy. The focus is on assisting mem-
bers to analyze issues and their antecedents
and involves some degree of restructuring of
one's personality in a psychoanalytic therapeutic group. The roots of this approach can be
found in Freudian theory, and issues such as
transference, defenses, and resistance are ad-
dressed. This group is led by a professional and
is a formally structured group that typically
specifies when members can join and when
they can terminate from the group. Examples
of clients in psychoanalytically focused groups
are members with anxiety disorders. Client de-
defenses may be challenged by the therapist who
is trained in this approach. According to the
American Nurses Association (ANA) Standards
of Psychiatric-Mental Health Clinical Nursing
Practice (ANA, 1994) a nurse prepared at the
master's level, with advanced certification as a
clinical specialist or nurse practitioner, can lead
this type of group. Additional types of therape-

tic groups are described in Table 8–2.

Complete the information in Table 8–3 to
counter the characteristics of professional, edu-
cational, work, and therapeutic groups.

- SETTING UP A GROUP

To develop an effective group, whether pro-
enfessional, work-related, educational, or therape-
adic, consider the following important cir-
sumstantial factors described by Zander
(1994):

- Conditions in the environment or in the
  lives of potential joiners are unsatisfactory
<table>
<thead>
<tr>
<th>Cognitive Therapy</th>
<th>Focus on the identification of irrational thoughts and beliefs and restructuring perceptions with the substitution of more effective thoughts and beliefs. This approach is based on cognitive theory, and usually involves homework assignments that assist the individual members in recognizing these thought patterns. This type of group is led by an experienced professional.</th>
<th>Depressed and anxious clients</th>
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<tr>
<td>Behavioral Therapy</td>
<td>Based on the principle that because behavior is learned, ineffective behaviors can be unlearned and replaced by more effective behaviors. Learning theories of behaviorism and social learning theory discussed in Chapter 10 provide the basis for some of these groups.</td>
<td>Personality disorder clients, e.g., abusive individuals</td>
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<tr>
<td>Task-oriented Groups</td>
<td>Have a specific goal or focus as the objective. An example of a client task-oriented group is a social skills training group. The goal is for the clients to develop specific social skills, perhaps interacting in a group home.</td>
<td>Schizophrenic clients</td>
</tr>
<tr>
<td>Support</td>
<td>Developed to provide support to a particular population. They tend to be more homogeneous in composition and may be peer-led, as in Alcoholics Anonymous. There are also support groups for nurses employed in certain units, such as oncology. These groups are generally peer-led and highlight the need for supportive relationships.</td>
<td>Substance abuse, HIV/AIDS, or cancer clients</td>
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<tr>
<td>Psychodrama</td>
<td>A particular type of therapeutic group that involves an opportunity for catharsis to occur. A member identifies an issue, perhaps related to some significant relationship in her or his life, and the participants play out a role. Group members play roles other than themselves, which increases their understanding of others. The group leader is the director and helps set the tone with music or other aids. This type of group is complex and intense, and the leader needs specific training in the techniques.</td>
<td>Personality disorder clients, e.g., abusive individuals</td>
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<tr>
<td>Therapeutic Activity Groups</td>
<td>Includes a wide array of art, music, dance, kinesitherapy, psychodrama, and many other techniques. There is usually a defined therapeutic goal, such as identifying feelings or communicating with others. It is professionally led, usually by a specialist in the particular area, and can be formal or informal in terms of structure. Most inpatient psychiatric units have a structured program for the clients, including a variety of these groups.</td>
<td>Clients needing assistance with developing insight, coping, or socialization skills and recreational interests</td>
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# Group Theory

<table>
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<th>Identify a Group</th>
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<td><strong>Structure</strong></td>
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<td><strong>Composition</strong></td>
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<td><strong>Leader Roles</strong></td>
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<td><strong>Member Roles</strong></td>
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<td><strong>Group Focus</strong></td>
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<td><strong>Signs of Conflict</strong></td>
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<td><strong>Additional Group Information</strong></td>
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- Depressed and anxious clients
- Personality disorder clients, e.g., abusive individuals
- Schizophrenic clients
- Substance abuse, HIV/AIDS, or cancer clients
- Personality disorder clients, e.g., abusive individuals
- Clients needing assistance with developing insight, coping, or socialization skills and recreational interests
or suggest an opportunity for desirable change:

- Organizers conceive of a more satisfactory state of affairs.
- Members believe they can achieve a more satisfactory state of affairs through activities of a group.
- Conditions surrounding the unit encourage persons to establish a group and to take part in its activities. (pp. 9–10)

Each of these circumstances suggests that there is an identified need for a change and a commitment to the process.

Once the decision is made to form a new group, there are several issues involved in setting up or structuring the group. Arnold (1995) terms this the pregrowth phase, in which activities include the following:

- Alignment of purpose and membership
- Creation of the appropriate environment
- Determination of appropriate group size
  (pp. 274–277)

The first consideration is the purpose for forming the group. This purpose must be clearly stated for specification of the membership. Once the intended membership is determined, members can be recruited and goals set for the group. The size of the group or membership must be appropriate to effectively address the group goals. A professional group requires a larger group to effect change than a work group. A work or therapy group becomes less effective when the group enlarges, becoming more heterogeneous and unable to focus on the task or treatment aims. In some groups, the leader also spends time interviewing potential members prior to the initial meeting. This serves as an orientation to the group as well as a way to determine whether the individual will “fit in.”

Other factors to consider involve the basic setup issues:

- Where the group will meet
- Fees
- Frequency and length of meetings
- Documentation needed for third-party payers or sponsoring organizations

The room arrangement is another important factor for creating the appropriate environment. When setting up the room, consider the goals of the group and interactions needed among members. A large conference table and chairs may be needed for a work group, whereas placing chairs in a circle to allow individuals to make eye contact without the barrier of a table is imperative in many therapy groups. Neither of these arrangements may be feasible or essential in an educational group.

Another issue for the setup of a group is determining whether there will be a single leader or co-leaders. Proponents of two-leader groups cite the enhanced ability to examine dynamics, provide feedback, and manage absences of the leader. Those against this style look at the possibility of problems arising between these two individuals in terms of power, equality, and accountability, with the potential for splitting of the group members and resulting disastrous effects. The goal is to form a strong, viable group. Consider the attributes of a strong group:

- Free interaction among members
- Interdependence among members
- Members who want to remain members
- The power or potential to effect change
  (Zander, 1994)

Before initiating a group, a nurse should consider all of these concerns.

**EFFECTIVE GROUPS**

Effective groups are those that work toward the stated goals and whose members derive a sense of belonging and acceptance. How these outcomes can be accomplished requires a closer look at behaviors, strategies, and goals. In addition, organizations and third-party payers may determine their own criteria of effectiveness based on their particular goals. General factors to consider in determining effectiveness of any group are identified in Table 8-4.

**Goal attainment** is the initial and most important criterion in determining the effectiveness of any group. This is an evaluation of whether...
The intended task or goal was accomplished, especially in a work group. In a professional association, goal attainment is focused on the activities related to the organization’s mission. In therapy groups, goal attainment relates to the focus of the group, such as gaining insight, awareness, skills, or supportive nurturing.

Member participation is another important criterion for assessing the effectiveness of a group. Consider whether all members are included in the discussions and what roles they are playing as group members. On the other hand, think about a situation in which an autocratic leader limits the members’ ability to participate in the group discussions. In an effective group, there is evidence of belongingness, camaraderie, and acceptance.

Cohesiveness among the group members indicates that they are working together toward the group’s common purpose or goal. If all members are not focused on the purpose, the original goal for which the group was formed will be difficult to attain, and strife will be present among the members. When a group lacks cohesiveness, disruptive roles are evident, interfering with goal attainment and member participation. To achieve cohesiveness, the group members must be refocused on the original intent for the group, with the leader and members supporting each other in their actions and demonstrating satisfaction with the common goal.

In an effective group, decision making must occur at the group level, with all members being involved in decisions rather than unilateral actions being taken by the leader or a disruptive member. A democratic leader and involved and cohesive members directed toward the common goal usually signify effective group functioning. This indicates that the members agree on the common goal and are actively working as a group toward that goal.

The communication patterns among the members provide valuable information on whether there is a common focus, respect, and decision making. Evaluate how the group decisions are made. The group leader should facilitate effective communication patterns, thus allowing all members to be heard and involved in the group process. In an effective group, members are actively involved in a mutual communication process rather than monopolizing the conversation and the focus of the group.

Attendance is regular and active in an effective group. Members are punctual and involved, energetically focused on the task or purpose of the group. When schedules are cleared and a group meeting is arranged in advance, members in an effective group honor their commitments to the meeting rather than managing excuses for not attending or demonstrating routine tardiness.

A high level of creativity among the members is another sign of an effective group. The group members are spontaneously generating novel ideas for solutions on the common problem. Brainstorming sessions are focused on the goals, and communication is encouraged, with all ideas and contributions from members considered in effective groups.

Typically, the leadership style in more effective groups is described as democratic, and the interactions among the members as interdependent and collaborative. Power is distributed, based on the common purpose and abilities of the members to achieve their goal in an effective group. Power struggles disrupt group process, with members focusing inwardly rather than working collaboratively on the group aims.

Ineffective groups have low levels of productivity. These groups contain much strife, and members feel that they do not belong or that it is not safe for them to share their thoughts, ideas, or feelings. The group members demonstrate an uncaring attitude toward one another and have little spontaneous involvement or are reluctant participants. The members do not appear to trust one another, seem unwilling to take risks, and in work groups, rarely volunteer for or willingly accept assignments. The attendance may be uneven, with a high rate of dropouts and tardiness. The leadership style in less effective groups is often described as autocratic or laissez-faire, and the group interactions as independent and competitive.

It is also important to recognize that a group format is not appropriate for all individuals. First, quieter, more introverted people may not participate fully. Some individuals perceive others as more important. It is essential to consider both the individual members and the group purpose in evaluating the effectiveness of a group.

Groups are traditionally viewed as necessitating face-to-face meetings. This has changed. Computer and telecommunications have provided the means for nontraditional groups, with people connecting with others not in the same physical environment. The group is still focused with a common goal, and members interact with some leadership present to orga-
nize and maintain the group. For example, Ripich and associates (1992) have described the ability of homebound clients to participate and interact with others through computers. These individuals, traditionally viewed as isolated, exchanged stories via postings, discussed issues, and connected on the forum. Many nursing groups now have Websites on the Internet and are examples of students and professionals in groups using this medium. Again, consider the shared goals, participation, cohesiveness, decisions, communication content, and creativity of the individuals involved in analyzing a nontraditional group.

**STAGES OF GROUP DEVELOPMENT**

Understanding the expected stages of group development and how to purposefully facilitate groups during these stages is essential to nursing practice, as both a group member and leader. As with the developmental stages of individuals, groups go through predictable stages. An effective group leader must be aware of these stages and motivate members and modify approaches accordingly. Consider the descriptions of the stages of group development in Table 8–5.

We can use the traditional stages of the nurse-client relationship (initial, working, and termination), with the addition of the conflict and norming stages prior to the working phase, to better understand the process of group development. The stages of group development, along with expected goals and examples of appropriate nursing approaches, are illustrated in Table 8–5. Now, consider the five stages of group development: initial, conflict, norming, working, and termination.

In the **initial or forming** stage, the group is being formed. The members are becoming acquainted with each other, the group, and the purpose and expectations. Arnold (1995) identifies the major group tasks during this forming stage as establishing the group contract, developing trust, and identification. The leader focuses on orienting the members and determining the structure in terms of time, duration, frequency, and the goals for the group. Cohesiveness of the group is enhanced by clearly stated goals and group norms. Work groups require an introduction, identification of goals and expectations, and orientation to the structure. Client groups also require this introduction and orientation information, but issues of confidentiality and personal disclosure are important considerations in their forming stage.

The next phase is the **conflict or storming** stage. This is the time when members become more comfortable with the group, but may be ambivalent about the need for the group and the intended aims. This can be demonstrated by “testing” the authority of the leader, skipping sessions, or coming late. These issues need to be dealt with openly and clearly so that the group can settle into the work of the group. This becomes the time of **norming**, with the identification of standards and expectations of behavior. Some level of discomfort or conflict is often expressed overtly or covertly, until the group becomes functional. All groups need this time to set norms as roles, rules, and structure.

The **working or performance** stage involves exactly that—performance of the work of the group. In this stage, the leader becomes less involved in running the group. The members, themselves, decide what to discuss, how to address the goals, and to some degree, manage the group themselves. Cohesiveness and creativity should be demonstrated and encouraged. The leader’s role is to refocus and clarify as needed, handle problems and conflicts if they arise, and identify the process as it develops. This process may include members avoiding issues or repetitive reactions and behaviors. By bringing problems and conflict out in the open, the participants can examine these issues and make changes. Some groups have established dates

| Tuckman (1965) | • Forming  
|                | • Storming  
|                | • Norming  
|                | • Performing  
|                | • Mourning or termination  
| Yalom (1985) | • Orientation  
|             | • Conflict  
|             | • Cohesion  
|             | • Working  
|             | • Termination  
| Arnold (1995) | • Forming  
|             | • Storming  
|             | • Norming  
|             | • Performing  
|             | • Adjourning  |
expected goals and employing approaches, are considered. Now, consider the five stages: initial, conflict, norming, working, and termination.

In the initial stage, the group is becoming acquainted, the group, and the goals. Arnold (1995) identifies tasks during this forming stage as establishing the group contract, getting to know each other, and identification. The group is putting the members and their goals in perspective, and identifying the goals for the group. The group is enhanced by establishing group norms. Work and identification norms, and orientation to social norms are also required to make decisions. These issues need to be addressed early so that the group can identify itself as a cohesive unit.

In the conflict or storming stage, the members become more interested in the group, but may be ambivalent for the group and the leader. These issues need to be addressed, not skipped over. These issues need to be made clear so that the group can identify itself as a cohesive unit. This involves identifying expectations of behavior. The fear of conflict is often expressed, until the group becomes cohesive. Groups need this time to develop structure.

In the norming stage, the leader becomes less involved. The members become more independent. The leader manages the degree of control and creativity and encourages the members to be more open and clarify issues if they arise, and develop. This process involves issues or repetitive issues. By bringing problems to the group, the participative issues and make suggestions for established dates for each stage; others depend on the tasks and type of group. Another factor that depends on the particular group is whether members can join or leave at different times, or if all members must remain and terminate together.

Termination or adjournment is the formal ending of the group. How long this stage lasts depends on the type of group and its duration. The leader again assumes an active role at this stage. The leader must assist the members in expressing what has been accomplished and preparing for closure. This can be an emotional stage, with some members striving for continual closeness in some therapeutic groups, or the "relief" of the goal accomplished in some work groups.

### THE GROUP LEADER

As described in Chapter 11, a leader is one important component of professional nursing practice. It is an essential consideration for the viability of any group. One consideration is whether the leader has been selected externally and appointed, or whether the leadership status has been determined internally through group consensus. This appointment status may affect both the leader and member behaviors within the group. Other factors that may influence the particular leadership style adopted by an individual will include the person's personality and skills, the purpose of the group, the characteristics of group, and the participants or members.

### TRADITIONAL LEADERSHIP STYLES

Traditional group leadership styles have been described as democratic, autocratic, and laissez-faire. Although each is discussed individually, group leaders often use a combination of styles or modify their style, depending on the group membership or the topic being discussed.

With a democratic leadership style, the leader shares the authority and decision-making tasks with members. A democratic leader seeks greater participation by and feedback from group members. One of the benefits of this style is that it typically produces a greater sense of satisfaction among group members. On the other hand, there may be some sacrificing by individual members to accomplish the goals. At some meetings, the need to have a consensus opinion may impede the progress of the group by limiting the discussion.

An autocratic leadership style is one in which the leader makes all pertinent decisions, informs members of the rules, and structures the sessions. An autocratic leader limits the group's
interactions, which tend to be more unidirectional. This style can facilitate the group effectiveness and goal achievement because the expectations have been clearly delineated and actions controlled. However, it may make some members feel that they are disenfranchised and their opinions are not valued.

The laissez-faire leadership style is unstructured, allowing members a great deal of freedom and the ability to come and go at will. This style might also involve a changing of the leader from session to session. This can be effective with a highly functional, goal-directed population, but it may not work well with poorly focused or unmotivated groups.

Regardless of the leadership style, characteristics of an effective group leader include the ability to understand the dynamics of the group, listen attentively, focus on the goals, and facilitate the progress of the group. Again, effective communication and interpersonal skills are vital for an effective leader.

**LEADERSHIP SKILLS**

Consider the leadership skills necessary to successfully manage a group by analyzing its structure, member participation, communication, and goal attainment. One of the first tasks for the group leader is to establish a structure that will promote an effective working relationship.

The leader needs to consider the differences between a work group and a therapeutic group when choosing an appropriate structure. The leader is also responsible for securing a meeting place, deciding the length and frequency of meetings, and determining the goals for this group. These goals must be clearly communicated to the members so that they can assume their roles. At times, goal determination may be delayed to allow members to participate in this area. The leader must also physically set up the room. As discussed earlier, the arrangement of the physical environment is crucial in some groups. Another critical task for the group leader at this point is to clearly orient the members to the group and its expectations and to allot sufficient time for the group to form before initiating work. The leader can accomplish this by ensuring that the interactions among the members during the initial period of forming remain on a superficial level while the members become acquainted. The leader may need to deliberately halt the communication of a member in a therapeutic group who engages in sharing too early by using the techniques of refocusing and changing the topic. The stages of forming, storming, and norming may be much briefer in a work group, but the leader must still ensure that there is some time for the members to settle in. This may be accomplished in one meeting, but some allowance for chit-chat, introductions, and getting to know one another is important, regardless of the group's focus.

The leader needs to ensure participation by all members. Group members must be allowed to participate during the group sessions. This can be accomplished in a variety of ways. Some groups have an around-the-table format, in which each person expresses feelings or opinions on the topic. Some leaders believe this is counterproductive to a free-flowing discussion and recommend a more open format in which members can share their feelings as they see appropriate. The actual format is less important than the realization that the leader needs to encourage the more introverted members and may need to limit those who seem to monopolize the discussion. Techniques to discourage a group member who monopolizes a discussion include directly setting limits, mirroring back their comments, or interpreting this behavior. Techniques for encouraging active participation by the less verbal members include asking the group member directly, “How do you feel about . . .?” or more indirectly, “Who haven’t we heard from?” In a work setting, confrontation by the other group members generally diminishes the problem of monopolizing behavior; however, the leader may need to directly ask less verbal members for their opinions.

Striving for group cohesiveness is another skill needed by the group leader. Coming together as a group, focused on the common goal or purpose, is reinforced by the effective group leader. Recall that Zander’s (1994) characteristics of a strong group described members as depending on each other and wanting to remain members of the group. This cooperative and cohesive group spirit can occur and endure when the group leader provides the positive, supportive, and encouraging lead or model for the group. This group esprit de corps can be accomplished by focusing periodically on the progress of the group toward the goals and outlining the next steps agreed on in the group process. Conflict must be managed and creativity encouraged as appropriate to the focus of the group. Wilson (1985) characterizes conflict within three types: intraper-
Leadership skills are essential to facilitate the group in its deliberation and discussion for decision making. Ensuring participation by all members, avoiding premature closure on the topic, and recognizing the recurring themes are important activities for an effective group leader. The leader can set the tone for the level of communication—that is, superficial or deep sharing—as well as set limits on appropriate and unacceptable styles. Techniques used by the leader include restatement, reflection, clarification, collaboration, and problem solving while always attempting to promote open communication among the members. Effective communication is more fully described in Chapter 7.

Another useful technique for the leader is role modeling for the group members how to provide constructive feedback, for example, saying “We need to allow others to contribute their ideas and finish their comments.” In this way, the group leader is actually teaching the members effective communication skills. In work groups, the members can often behaviorally modify negative behaviors of others by inattention and focusing on the task at hand.

Ineffective communication techniques that the leader, as well as members, should avoid are giving advice, giving approval, blaming, and scapegoating. Giving advice is generally considered nontherapeutic. However, giving approval is also unhelpful to group members. Rather than express approval for an individual’s efforts or successes, the leader can reflect back the accomplishment to the person or other members, allowing them to express their feelings. Blaming is also rather easily identified as nontherapeutic and noneffective. Group leaders need to be vigilant not to inadvertently scapegoat an individual or allow group members to do so, especially in the case of problem members, for their interruptions or other maladaptive behavior.

Group leaders must also remain vigilant for effective communication appropriate to the stages of the group’s development. In the initial stage of a group, when members are anxious, one individual may be hypervocal and repeatedly interrupt the discussion. In the working phase, a person may make multiple requests for reassurance that impedes the group discussion. In the termination phase, feelings of abandonment may cause some disruption by some members. The leader needs to recognize these dynamics and intervene appropriately, creating a safe, open, and productive environment for the group.
The leader can use the group format as a means of teaching effective communication skills such as how to listen, give and receive feedback, and express feelings. Most groups have rules regarding cross-talk and interrupting others. If an individual seems to have difficulty receiving messages, the leader can paraphrase or clarify the message. All these activities are important leadership skills for effective group communication and dynamics.

Goal accomplishment has already been identified as the benchmark of success for groups. The leader is the facilitator for the members striving to work toward specific goals. Strategies to accomplish these goals begin with a clearly stated identification of the goals. Refocusing is a useful technique to return the group to its mission. Giving assignments, such as recording feelings for a time period or trying out a particular suggestion from the group, is another helpful measure. The use of assignments communicates the belief that members are capable and that change involves work on the part of the members. In a work group, members are given specific areas to work on or research, with the expectation that the group will reconvene to put these pieces together. Ultimately, the leader is responsible for ensuring that activities in the group remain focused on the common goals that were set for the group.

Another leadership activity focusing on effective communication and goal attainment involves facilitating closure. To provide for group closure, the leader needs to summarize at the end of each session as well as the official termination of the group. If the members enter and leave the group at various individual points, the leader may actually summarize at the start of each session to orient newer and longer-term members to the current status, goals, and tasks. This is also highly effective in educational groups, to reorient learners to prior content. Regardless of the focus of the group, periodic summarization and closure can be essential for the successful functioning for both the group and its members. Group members need an opportunity to acknowledge their accomplishments and express their feelings related to this endpoint.

**ROLES OF GROUP MEMBERS**

Group members demonstrate a variety of roles during particular meetings. These roles may be either functional or nonfunctional for the group process. They may remain similar or constant over the life of the group, or individuals may alter their role from meeting to meeting. It is vital for nurses to recognize the roles assumed in groups and to purposefully interact when functioning in these settings. Consider the last unit meeting you attended. Think back to who led the group. Did anyone stall or disrupt the discussion? Were the topics discussed major issues on the unit or “pet peeves” of one individual? Did all members participate in the discussion? As the group leader, how could you have changed this meeting?

**Functional group roles** facilitate the group process and the ultimate effectiveness of the group, especially toward accomplishing a task or attaining the goal. In any type of group, members may play both functional and nonfunctional roles for various periods of time. For the effectiveness of the group process, the goal is for members to demonstrate predominantly functional group roles. For nursing work groups, Tappan (1995) differentiates between functional task roles (Table 8–7), which contribute to completion of the task, and functional group-building roles (Table 8–8), which support development and meet relational needs (pp. 245–246).

Observe these roles in any work group setting, such as a committee or unit meeting. Many functional task and group-building roles are demonstrated by the group leader. The leader may start out as the information giver and standard setter during the forming stage, but then function as an information seeker, gatekeeper, and encourager as the group process evolves in the working stage. The leader may also demonstrate the functional roles of coordinator, energizer, summarizer, and consensus taker to facilitate group process and attainment of the group goals. Effective communication techniques will be apparent when the leader serves in the roles of diagnoser or expresser. However, other group members will also serve in these roles as they become more active and progress toward the achievement of the group’s goals. Observe who behaves as the procedural technician, assisting the leader in organizing the group and supplying needed equipment and materials. Examine who appears to be the more passive follower in the group, who cracks jokes as the tension reliever, and who records the actions and progress of the group.

Although these roles have been discussed...
<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
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<tbody>
<tr>
<td>Initiator/Contributor</td>
<td>Makes suggestions and proposes new ideas, methods, or problem-solving</td>
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<td></td>
<td>approaches.</td>
</tr>
<tr>
<td>Information Giver</td>
<td>Offers pertinent information from personal knowledge appropriate to the</td>
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<tr>
<td></td>
<td>group topic or task.</td>
</tr>
<tr>
<td>Information Seeker</td>
<td>Requests information or suggestions from other members appropriate to the</td>
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<td>group topic or task.</td>
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<tr>
<td>Opinion Giver/Seeker</td>
<td>Offers or requests views, judgments, or feelings about the topic or</td>
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<td>suggestions under consideration by the group. Provides the opportunity for</td>
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<td>values clarification by the group members.</td>
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<tr>
<td>Disagreer</td>
<td>Identifies errors in statements made or proposes a different viewpoint.</td>
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<tr>
<td>Coordinator</td>
<td>Suggests relationships between the different suggestions or comments made</td>
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<td></td>
<td>by the group members.</td>
</tr>
<tr>
<td>Elaborator</td>
<td>Elaborates or expands on suggestions already made.</td>
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<tr>
<td>Energizer/Catalyst</td>
<td>Stimulates the group into action toward the goals either by introducing</td>
</tr>
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<td></td>
<td>certain issues or topics or by behavior.</td>
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<tr>
<td>Summarizer</td>
<td>Summarizes suggestions, actions, and accomplishments that have occurred in</td>
</tr>
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<td></td>
<td>the group.</td>
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<tr>
<td>Procedural Technician</td>
<td>Provides the technical tasks needed for the group functions, such as</td>
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<td></td>
<td>arrangement of the group, including any audiovisual equipment and work</td>
</tr>
<tr>
<td></td>
<td>supplies.</td>
</tr>
<tr>
<td>Recorder</td>
<td>Takes notes to record the progress, suggestions, and decisions of the</td>
</tr>
<tr>
<td></td>
<td>group.</td>
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<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Encourager</td>
<td>Encourages and praises accomplishments of the group and other group members.</td>
</tr>
<tr>
<td>Standard Setter</td>
<td>Reinforces the standards or processes for effective group functioning.</td>
</tr>
<tr>
<td>Gatekeeper</td>
<td>Ensures that all members have contributed to the discussion and that the group is not being</td>
</tr>
<tr>
<td></td>
<td>monopolized by the views of more verbal members.</td>
</tr>
<tr>
<td>Consensus Taker</td>
<td>Seeks the weighting of group sentiments or consensus on the issues.</td>
</tr>
<tr>
<td>Diagnoser</td>
<td>Identifies barriers or blocks for group progress that are occurring.</td>
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<tr>
<td>Exposer</td>
<td>Restates or identifies and expresses the feelings of the group.</td>
</tr>
<tr>
<td>Tension Reliever</td>
<td>Uses humor and mediation when group tensions rise and interfere with the group process and</td>
</tr>
<tr>
<td></td>
<td>accomplishment of tasks.</td>
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<tr>
<td>Follower</td>
<td>Consents to whatever is proposed by others in the group. Demonstrates no active participation</td>
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<td></td>
<td>without great encouragement.</td>
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</table>

mainly for the work setting, applications can be made for the professional, educational, and therapeutic group settings. In a professional group, observe the leadership roles shared by the officers, procedural technician roles by the aides or room monitors, and the standard setter role by the parliamentarian. In an educational group, consider the specific content and the size of the audience. Observe the roles taken by the teacher or facilitator, the people who are seated close to the teacher, the people in the back of the room, and the people who are asking most of the questions or who may be cracking jokes. In a therapy group, observe the particular role of the leader and how the members are facilitated to share their feelings and beliefs. Observe the members who verbalize supportive comments versus those who disagree or give further information about similar feelings.

These are functional roles that facilitate the group in achieving their common purpose and goals. At times group members will demonstrate nonfunctional roles when they interrupt the group process. An example can be seen with the individual who provides negative comments on whatever is proposed by others. However, a group can actually be mobilized to act in response to the unacceptable actions of one member, such as the individual who repeatedly comes late and then insists on being updated on what already occurred.

Nonfunctional group roles are disruptive to group-building, task accomplishment, and progress toward goal attainment. Nonfunctional roles include dominator, monopolizer, blocker, aggressor, recognition seeker, follower, and victim.

- The dominator controls conversations, determines what will be discussed, and may control or intimidate other members. The dominator is often focused on his or her own needs. An example of the dominator in a work group is a unit coordinator at a quality assurance meeting who suggests that the group focus on the number of requests for schedule changes. An example in a therapy group is a client who opens the group by suggesting that members discuss the upcoming holidays.

- The monopolizer seeks attention and demands that the group focus on him or her. He or she may repeatedly interrupt others, and perceive his or her issues and problems as the most important. A work group example is the nurse who goes on and on about how the unit is always left short-staffed. In a therapeutic group, an example is a client who repeatedly interrupts and insists the group listen to his problem.

- The blocker interrupts the discussion, often focusing on another topic or personal concerns. Tappen (1995) describes this individual as making unconstructive and negative comments or resisting beyond a reasonable point (p. 246). These individuals are evident in many work, educational, and therapeutic groups, often the ones that appear to be forced into membership in the group.

- The aggressor attacks during the discussion, with comments that may or may not be relevant to the discussion. Often this individual is focused inwardly on personal needs and demands to be heard, regardless of relevance to the discussion. In this process, other group members are criticized because they are not perceived as having the same insights or experiences as the aggressor. This individual is readily apparent in professional, work, educational, and therapy groups by the expression of hostile comments that interfere with the group process. At this point, signs of discomfort or counterattacks may be apparent among other group members.

- The recognition seeker consistently attempts to draw the group’s attention to his or her personal beliefs, values, and concerns. This individual has the need to stand out among the group members and be heard, respected, and perhaps admired. This member actually sounds like the leader. Unfortunately, he or she often does this at the expense of working on personal issues.

- The follower passively consents to whatever is proposed by others in the group. This person adds little to the interactions and may not verbally participate without great encouragement. In either a work or a therapy group, this is the individual who sits quietly and responds only when asked a direct question.

- The victim personalizes remarks of others and views others as aggressors. This individual interprets whatever the group is discussing as a personal threat or offense. In work and therapy groups this individual looks for pity or sympathy from other members and seems stuck at this point. In our work group example, this is the nurse who declares, "It’s always short-staffed. Maybe we need more nurses.

In every group, it is critical to understand the roles of participants to take on the appropriate response to the situation and understand the sensitive to the situation. The following description of group roles in 8-9 describes a variety of group roles and the interactions among them. It is critical to successfully understand the roles of group members in order to understand the function of the group and to effectively enhance group functioning.

INTERORGANIZATION INTERGROUP RELATIONS

Our focus here is on small groups, work groups, educational, and the various interactions in complex and large organizations. In all cases, the importance of the interorganizational relationships and how they coexist becomes critical.

Interorganizational relations may occur between two separate organizations, between one organization and a hospital and a social agency, or a home health agency and a community center, the home health agency and family, or subgroups of all of these.
<table>
<thead>
<tr>
<th>Dominator</th>
<th>“Follow me”</th>
<th>Provide feedback and set limits</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Encourage listening to others</td>
</tr>
<tr>
<td>Monopolizer or Blocker</td>
<td>“Me me me!”</td>
<td>Set limits</td>
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<tr>
<td></td>
<td></td>
<td>Provide constructive feedback</td>
</tr>
<tr>
<td>Follower</td>
<td>“Don’t ask me”</td>
<td>Direct question</td>
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<tr>
<td></td>
<td></td>
<td>Verbalize the implied</td>
</tr>
<tr>
<td>Recognition Seeker</td>
<td>“Yes me”</td>
<td>Make observations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support if positive effect</td>
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<tr>
<td></td>
<td></td>
<td>Set limits if negative</td>
</tr>
<tr>
<td>Victim</td>
<td>“Poor me”</td>
<td>Empathy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refocus</td>
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<tr>
<td></td>
<td></td>
<td>Direct question</td>
</tr>
<tr>
<td>Aggressor</td>
<td>“Listen to me”</td>
<td>Reflection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Focus on feelings</td>
</tr>
</tbody>
</table>

declares, “It’s not all shifts that are short-staffed. Mine is the one that’s always short-staffed with temps and you expect me to orient them and take care of everyone else!”

In every group there are individuals who take on these roles. The group leader must be sensitive to the behaviors presented but promote effective functioning of the group. Table 8-9 describes nonfunctional group roles and management strategies. Effective communication techniques and interpersonal skills are critical to success in group process.

INTERORGANIZATIONAL AND INTRAORGANIZATIONAL GROUPS

Our focus has been primarily on singular or small groups, such as professional, work, educational, and therapeutic groups. Groups exist in complex and multilayered systems and organizations. In an organizational system, groups may be differentiated as interorganizational or intraorganizational, depending on whether they coexist between or within an organization.

Interorganizational groups are those that occur between systems or organizations. These interorganizational groups may include the hospital and the community mental health center, the home health agency, or the various subgroups of a health department. Outpatient hospital groups and inpatient unit groups also fit this category. These groups are often highly structured, with functions specified in job descriptions and policies and procedures. Other examples of interorganizational groups are 12-step support groups and privately run group therapy. By contrast, these groups are more loosely structured.

Nurses are involved with and provide leadership for effective functioning between or among systems in interorganizational groups. Communication and interpersonal skills are valuable attributes of professional nurses in this process. Along with these skills, a full awareness of each system or organization and their interrelationships is needed. This involves an understanding of each organization’s subsystems (goals and values, technical, psychosocial, structural, and managerial), as illustrated later in Chapter 12. Consistent goals and values, complementary technical subsystems, and compatible psychosocial, structural, and managerial subsystems promote effective functioning. In addition, consider the environment in which the different organizations or systems exist. Nursing involvement in interorganizational groups is increasing as the complexity of health care and professional practice expand.

Intraorganizational groups are those that exist within a single, overall system or organization. The nursing department and the housekeeping department are intraorganizational
groups within a hospital system. These groups are somewhat similar in terms of their structure, with specified roles, policies, and procedures. It is imperative for nurses to learn how to interact and negotiate effectively with these intraorganizational groups. An example is how to obtain needed supplies and services from the housekeeping department. How well this is accomplished often depends on the ability of members of each department to collaborate with the others. Within a therapeutic mental health setting, intraorganizational groups include the art therapy sessions, the recreational or occupational therapy groups, and the insight-oriented group therapy sessions. These latter examples are less structured than the nursing and housekeeping departments. An art therapist therefore has more leeway in determining the when and how of individual sessions than a nursing director has in scheduling staff, which may be predetermined by client census and needs.

The additional complexity of any group—whether an interorganizational or intraorganizational work, professional, educational, or therapy group—demands the use of skills in observation, interpersonal communication, and group process that are essential characteristics of the involved professional nurse. These skills are tailored to the developmental stage of the group and the unique characteristics of the individual members. Professional nurses function as both members and leaders of such groups, and constant attention to these skills allows them to be integral components in effective groups in the profession and throughout the health care delivery system.

Group process involves communication, verbal and nonverbal, between and among members of the group. One can deliberately stimulate or provoke certain responses or assist individual members to recognize their behaviors and move toward change and the common goals of the particular group. Learning about these group characteristics will make the nurse an effective member and leader in all group situations.

**KEY POINTS**

- A group consists of three or more individuals with some commonality, such as shared goals or interests. Groups to consider in professional nursing practice include professional, work, educational, family, and therapeutic groups, each with specific goals and membership.

- Group process is described as the dynamic interplay of interactions within and between groups of humans. Three or more persons who share some commonality can be considered a group.

- Groups are classified according to structure (formal or informal), composition, leader and participant roles, and focus (professional, work, educational, and therapeutic).

- The composition of a group may be homogenous, with the group members sharing similar characteristics, or heterogeneous, with a mix of individuals.

- The issues to be addressed in establishing a group are the need and objectives for change and basic setup activities, including specifying and aligning the group purpose with the intended membership and determining the appropriate environment and group size.

- Effective groups are able to accomplish their goals in a manner that allows all members to participate, whereas ineffective groups become fragmented or dysfunctional.

- Group leaders structure the sessions to promote communication and participation by all members.

- Conflict situations within a group may be intrapersonal, interpersonal, or interorganizational, and resolution involves four major techniques: collaboration, compromise, competition, or accommodation. Conflict resolution is a process that requires problem solving made to reach a conclusion using inductive and/or deductive problem solving for both effective and satisfying group process.

- Groups go through predictable developmental stages: forming, storming, norming, working, and adjourning. These stages are similar to the stages of therapeutic relationship with initial,
working, and termination stages. The leader modifies her or his approach based on the particular stage.

- Traditional group leadership styles are democratic, autocratic, and laissez-faire. However, group leaders often use a combination of styles or modify their styles, depending on the group membership or topic being discussed.

- Functional group roles facilitate the group process and the ultimate effectiveness of the group and include both task and group-building roles. Nonfunctional group roles are disruptive of the group-building, task accomplishment, and progress toward goal attainment; these include the roles of dominator, monopolizer, follower, recognition seeker, victim, and aggressor.

- Groups may be different as interorganizational or intraorganizational groups, depending on whether they exist between organizational systems or within an organization.

**CHAPTER EXERCISES**

1. Observe the members of the next departmental committee or nursing study group you attend.
   - Determine whether the group leader is the designated leader or a member who has assumed this role. If the leader was designated, by whom (external or internal designation)? Describe any effect this designation has had on the group function.
   - Describe the roles other members have assumed. Are these group roles different from these individuals’ interactions in other settings?
   - Evaluate whether the members appear satisfied with the group’s outcomes.
   - Evaluate whether this group or committee meets the characteristics of an effective group.

2. Select a type of group you would like to lead and in Table 8–10 describe its objectives, outcome criteria, format, structure, membership characteristics, meeting schedule, and leadership style and characteristics.

3. Attend a community support group. Following the group meeting, describe the group process using the format provided in Table 8–11.