
UNIT 2 · FUNCTIONS OF GROUP

Structure

- 2.0 Objectives
- 2.1 Introduction
- 2.2 Functions of a Leader and a Member of the Group
 - 2.2.1 Group Building and Maintenance of Role
 - 2.2.2 Group Task (Functions) Role
 - 2.2.3 Non-functional Role
 - 2.2.4 Nurses Role in Group Functioning
- 2.3 Implications of Group Dynamics
 - 2.3.1 Leadership and Membership Training
 - 2.3.2 Techniques
 - 2.3.3 Group Culture
 - 2.3.4 The Community and the Group
 - 2.3.5 Nurses as Members of Various Groups in Health Care
- 2.4 Let Us Sum Up
- 2.5 Key Words
- 2.6 Answers to Check Your Progress

2.0 OBJECTIVES

After completing this unit, you should be able to:

- classify group functions;
- describe group building and maintenance of role;
- explain group task role; and
- discuss the scope of group dynamics in nursing

2.1 INTRODUCTION

Individuals seek membership in various groups for the satisfaction of most of their needs. Group is vested with the responsibility for achievement of goals that require co-operative efforts of its members. Groups also allow most of its members to achieve the satisfaction of social needs such as affiliation, friendship, approval and recognition from other members as well as fulfillment of power and leadership needs. These needs can be met through the different roles or functions, which are vested by the groups on an individual member in order to achieve the goals and objectives by an organisation. The work of an individual member must be linked into a coherent pattern, activities and relationships with others. This is achieved through the role structure of an organisation. One needs to become interdependent with others to produce work output more effectively and efficiently. So the group has to carry out many functions to sustain itself and to continue its existence as a system. In an organisation one plays a different role at different times and settings. A nurse may be playing different roles among staff nurses and at other time she is a teacher while being among students.

2.2 FUNCTIONS OF A LEADER AND A MEMBER OF THE GROUP

2.2.1 Group Building and Maintenance of Role

In order to understand a group's behaviour, various roles are to be performed by the leader and the members. These roles are oriented towards the functions of the group. They are designed to alter or maintain a group, by working, strengthening, regulating and

perpetuating the group's existence as a group. According to Cast Wright and Zandes, "Group building by taking constructive roles the achievement is aided by behaviour that initiates action, keeps members attention on the goal, clarify the issues, develop a procedural plan, evaluate the quality of work done and makes expert information available".

The group building and maintenance of roles contribute to building relationship and cohesiveness among the members. This is essential for the group to maintain itself as a group.

Therefore, group building functions vested on an individual are:

- As Encourager: **Being** friendly, warm and responsive to others and their ideas and accepting the contribution of others.
- As Harmonizer: Mediating, conciliating differences in group members relieves tensions and conflict situations.
- As Compromiser: Operates from within a conflict in which ideas of position is involved.
- As Gate Keeper: Attempts to keep communication channels open by encouraging the participation of others in giving a chance to every one to speak.
- As Standard Setter: Expresses standards for the group to attempt to achieve in its functioning or applies standards in evaluating the quality of group processes, rules of conduct, ethical values etc.
- As Follower: He goes along with the groups by accepting the ideas of others, serving as an audience in group discussions and decisions, and evaluate the group function by being a good listener and observer.
- As Group **Observer** and Commentator: Keeps records of various aspects of group, processes and supplies such data, with proposed inter-protection in the group's evaluation of its own procedures.
- As Tension Reliever: Drains off the negative feelings by diverting attention from unpleasant situations or matters concerning the group.

Group maintenance functions are:

- Sustain interpersonal relationship so that the group does not have hostile feelings towards each other.
- Diffusion of disputes through effective conflict management.
- Provision of encouragement through appreciation, involvement in group decisions, acknowledgement of the work done etc.
- Provision of chances to the minority to be heard by being a patient listener.
- Stimulation of self direction.
- Promoting interdependence among the members so that the group does not disintegrate easily.

2.2.2 Group Task (Functions) Role

These roles help the group to do its work. These roles or functions are for the movement of the group towards its goals and they are task centered. Each group member participates in the facilitation and co-ordination of the group effort towards solving the group problem. The following are some of **the** task functions:

- As Initiator: Suggests or proposes new ideas or changed ways regarding group problems or goals, proposing new activities or procedures for the task ahead.
- As Information Seeker: asks for relevant facts or authoritative **information** pertinent to the problem being discussed.
- As Opinion Seeker: asks not primarily for the facts of the problem but for clarification of values pertinent to what the group is undertaking or of values involved in a suggestion made or an alternative suggestion.
- As **Information** Provider: offers facts or generalization which are **authoritative** or relates to his own experiences pertinent to the group problem.
- As Opinion Provider: states his belief or opinion pertinent to a suggestion made or

- **As Elaborator:** spells out suggestions in terms of examples or offers a rationale for suggestions previously made and tries to explain how this would work out if adapted by the group.
- **As Summariser:** puts ideas together with the suggestions and comments of the group members and group decisions, to help determine, if whether the group is in its thinking or action process.
- **As Coordinator:** shows or clarifies the relationship among various ideas into a meaningful whole, also co-ordinate and integrate the activities of various members or subgroups.
- **As Orienter:** defines the position of the group with respect to its goals, or raises questions about directions which the group discussion is taking.
- **As Disagreer:** takes a different point of view, argues, disagree with opinions, values, sentiments, decisions or procedures that may be controversial.
- **As Energizer:** heads the group to action or decision. He attempts to stimulate the group to a greater or higher quality of activity.
- **As Recorder:** Criticise the suggestions, group decisions or product of discussion.
- **As Evaluator:** Criticise subjects, the accomplishment of the group to some set of standards or group functioning in the context of the group task. Thus he may evaluate or **question the** practicability, the logic, the fact or the procedures of a suggestion or of some unit of group discussion.
- **As Procedural Technician:** Expedites group movement by doing things for the group and **performing** relative tasks **e.g.** distributing material, manipulating objects, rearranging the seating etc.
- **As Consensus Tester:** Suggesting that agreement may have been reached, asking if the group has reached a decision agreeable to all members.
- **As Norm Setter:** Suggesting standard behaviour for members, challenging unproductive ways of behaving, giving negative feedback when one violates a group norm or procedure.

2.2.3 Non-functional Role

So far we had seen the group task role. Now we shall examine the non-functional role. Often in a group there are behaviours of individuals which do not fit in any of the **above/** after mentioned functions. These are usually 'self centred behaviours' and do not contribute to the productivity of the group but only satisfy personal needs. The non-functional roles are:

- **Blocking:** Interfering with the progress of the group by going off on a tangential direction, citing personal experiences unrelated to the group's problem, arguing on a point, **when** rest of the group has resolved, rejecting ideas without consideration or preventing a vote.
- **Aggression:** Criticising or blaming others, showing hostility towards the group or some of the members, attacking the motives of others etc.
- **Seeking Recognition:** Attracting attention by excessive talking, expressing extreme ideas, boasting and by being boisterous.
- **Special Pleading:** Introducing or supporting ideas related to ones own concerns or philosophies beyond reason.
- **Withdrawing:** Acting in an indifferent or passive manner, resorting to excessive formality, doodling and whispering to others.
- **Dominating:** Trying to assert authority in manipulating the group or certain members by giving directions or **interrupting** and objecting the contributions of others.

2.2.4 Nurses Role in Group Functioning

It is very important for nurses to know their role in a group, so after going through this subsection you will be able to solve problems for a **group**.

- 3) Laissez-faire Style: The nurse allows the group members for **free** operation as they choose. Thus style is effective only when members are highly knowledgeable, task oriented and self motivated.

The nurse may choose her style of leadership as per demand.

2.3.2 Techniques

Following are the techniques of leadership and membership training:

- Role playing
- Group interview
- Panel discussions
- Case method
- Non directive discussion
- Participative cases
- Skill practice exercise

(Refer to Block 2, Unit 3 and Block 3, Unit 2 of this course for details)

2.3.3 Group Culture

With the advancement in the knowledge of group dynamics, the approaches have changed in conducting group meetings. There is more of a democratic approach in the organisational structure. Many groups are changing their pattern of working by following more of democratic style and involving all the members of the groups in decision making. Nursing Service Department also has adopted a democratic pattern of work by involving all the members for patient care planning. This creates a feeling of belongingness thereby increasing group productivity. To be effective as a group, a group must achieve three main functions:

- 1) To accomplish its goals.
- 2) To maintain its cohesion i.e. a **degree** of group unity or oneness; sense of affiliation to one parent group.
- 3) To develop and modify its structure to improve its effectiveness.

2.3.4 The Community and the Group

Groups play very important role in the community. The group's structure and the internal dynamics make a difference not only to the lives of the group members but also effect the community to which they belong. Large group of people through their involvement in community based programme on health promotion like, Cancer Sahyog, All India Health Foundation, Indian Red Cross Society, **Help** Age India etc., influences and plays important role in the community. Through such organizations community is educated **regarding** health promotion and disease prevention through Health Melas, Exhibition, Blood Donation Camps, Health Check ups etc., that are conducted.

Therefore, it is seen that through community education such groups can help in raising the standards of health.

2.3.5 Nurses As Members of Various Groups in Health Care

Much of the nurse's life is spent by being member of a variety of groups ranging from dyad (two person group) to large professional organization. As a participant in a group a nurse may be required to fulfill different roles like being a member or a leader, a teacher or a learner and an adviser too.

Common type of health care groups where nurses are members are as follows:

Task Groups: This group is one of the most common types of work related groups to which a nurse belong **e.g.** health care planning committee, nursing service committee, nursing team decision making body, **nursing care** conferences and hospital staff meetings decision body etc.

The focus of such groups is completion of a **specific** task. The leader of the task group is usually called the chairman and must be **competent** of the related task and **acceptance**

express opinions and offer solutions. Members are selected in terms of their experience and expertise related to the task. Target date for termination of the group is usually set in advance.

- **Teaching Groups:** The major purpose of teaching group is to impart information to the participants e.g. client health care groups, group health education on various subjects like birth control methods, nutrition, immunisation, management of chronic illness etc.

Self help groups: Self help groups are small voluntary groups composed of individuals who share a common problem. These are based in self help therapy principle. Various self-help groups are Colostomy group, Cancer Sahyog, Alcoholic anonymous etc.

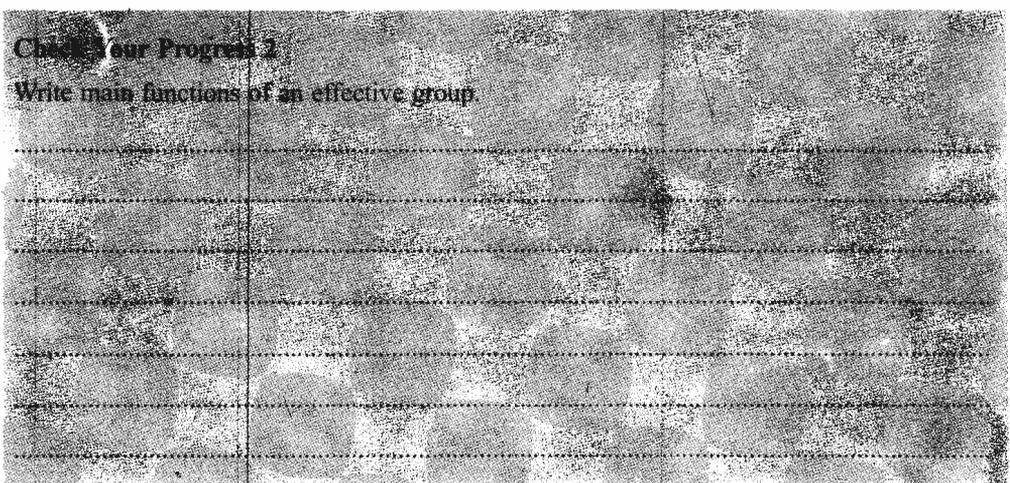
The major role of the nurse in these groups is:

Helping clients form such groups by identifying key people as to who can be the facilitators.

- Sharing experiences with clients and helping them gain knowledge and skills
- Improving clients knowledge and availability of such groups
- Participating as a member of self help group by being a resource person
- Helping out in times of crisis

- **Self Awareness/Growth Groups:** These groups help to develop self awareness by using inter personal strengths. The over all aim is to improve the person's functioning in the group to which they return, be it their job, family or community e.g. group members are responsible for correcting inefficient pattern of relating behaviour to communication with each other.
- **Therapy Groups:** These groups work towards self understanding in a more satisfactory way. These may be relating or handling of stress and changing pattern of behaviour towards health.
- **Work related Social Groups:** Many times the nurses experience, high levels of vocational stress by being specialists like critical care nurses, Oncology nurses, Psychiatric nurses etc. These nurses can formulate a social support groups which will help in the reduction of stress by mutual sharing of the joys of success and frustrations of failures through active listening. But such groups are yet to be developed in India in a formal way. Nurses do share their experience in general conferences, and informal gatherings and meetings conducted time to time by professional organisation.

The members of these groups are normally selected by the nurse who is identified as a leader. The duration of these groups is usually not set, but mutually decided by the nurse and the members



2.4 LET US SUM UP

In this unit we have discussed about classification of group functions, concept of role, different types of group roles, scope of group, dynamics, leadership and membership training different techniques, group culture, effects of groups on community and nurses as

2.5 KEYWORDS

- Gate Keeper** : To keep communication channels open by encouraging the participation of others.
- Group Culture** : A common set of behaviour of **belief/norm** etc., shared by all members.
- Group Task** : Group Work

2.6 ANSWERS TO CHECK-YOUR PROGRESS

Check Your Progress 1

- 1) Encourager, Harmonizer, Gate Keeper, Standard Setter, Follower, Observer, Arbitrator, Tension Reliever.
- 2) Initiator, Information Seeker, Opinion Seeker, Information Giver, Opinion Giver, Collaborator, Summarizer, Orienter, Disagreeer, Energizer, Recorder, Evaluator, etc.
- 3) Blocker, Aggressor, Recognition Seeker, Dominator, Withdrawing.

Check Your Progress 2

Accomplish its **goals**, Maintain Cohesion, Develop and modify its structure.

