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**Group Empowerment: Group Purpose  
and QWL in a State Psychiatric Hospital  
for Adolescents**

**CEO Publication  
G 89-19 (162)**

Susan G. Cohen  
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Submitted to the Journal of Health and Human Resource Administration November 1989, for a special issue on  
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**Center for Effective Organizations - School of Business Administration  
University of Southern California - Los Angeles, CA 90089-1421 (213) 740-9814**



## ABSTRACT

This study examines the relationship between group purpose and group empowerment for three staff teams in a psychiatric hospital--a top management team, a summer planning task force, and a clinical group. It hypothesizes that teams that define their purpose by articulating a vision and stating explicit, measurable goals are more likely to be empowered than those that do not. The component of empowerment that differentiates these three groups is group efficacy, defined as the degree to which a group takes action in its environment and members' confidence in its capacity to act to accomplish its ends. No group was fully empowered. Vision, rather than goals, matters for group efficacy in this health care setting.

These findings suggest that a vision's ambiguity and affective appeal promotes group efficacy by enabling members to derive meaning from their personal interpretations of it. Explicit, measurable goals may not be critical for enhancing group efficacy when outcomes cannot be easily quantified. These findings have implications for formulating the purpose of groups and contributing to the quality of work life of group participants in health care settings.



## INTRODUCTION

Empowered groups act purposefully and energetically in their environments. Members share a sense of collective efficacy, confident that their team can act to accomplish its ends. Participation enables members to feel they can accomplish what they personally set out to do (Kieffer, 1984; Shea and Guzzo, 1987). By contrast, a feeling of helplessness pervades groups that are impotent; these groups are often characterized by wasted time, cynicism, and reduced organizational involvement.

Factors that contribute to the empowerment of groups fall into two major categories: purpose and capacity. As J.M. Burns (1978) explains, we all have the intent to do things we lack the capacity to accomplish. For example, a research team may want to invent a vaccine for AIDs, but lack the requisite knowledge. Only when purpose and capacity both exist, does a group exert real power; lacking either one power disappears. Thus, an empowered group has a purpose and the capacity to take action to achieve it.

The organizational behavior literature in the cognitive tradition suggests that a symbolic and connotative statement of group purpose, a group vision, motivates collective action, inspires commitment, and builds efficacy (Clark, 1970; Pettigrew, 1979; and Pfeffer, 1981). Consequently, this tradition suggests a group vision promotes group empowerment. Goal and task performance studies have found the setting of explicit, measurable, and challenging group goals mobilize effort and increase performance more than ambiguous goals (Locke, Saari, Shaw, and Latham, 1981; Matsui, T., Kakuyama, T., & Onglatco, M., 1987). This has been one of the most reliable and replicable findings in the psychological literature. Consequently, goal studies imply that the setting of explicit goals promote group empowerment.

This study examines the relationship between group purpose and group empowerment. Its hypothesis is: *Groups which define their purpose by articulating a vision and stating explicit goals are more likely to be empowered than those that do not.* Specifically, this study examines the relationship between group purpose and empowerment for staff teams in a health care setting.

Teams are being used more frequently in health care settings. The challenges of increasing competition, shifts in regulation, changes in third party reimbursement, new technology, and increasing specialization of professional groups have resulted in the need for these organizations to increase productivity, improve quality of work life, and perform more work using teams (Shortell, S., 1982). The quality of work life literature continually has emphasized the elements of teamwork and empowerment in helping individuals adapt to change (Davis and Cherns, 1975; Mohrman and Lawler, 1984). Thus, understanding the mechanisms that contribute to empowered teams may be critical, given the current challenges confronting health care organizations.

This study looks closely at the purpose and empowerment of three staff teams in a state-funded psychiatric hospital for adolescents--a top management team, a summer planning team, and a clinical group. It makes an initial attempt to test the hypothesis that groups which define their purpose using both a vision and goals are more likely to be empowered than those that do not.

#### Definition of Constructs

Group empowerment is defined using four criteria: (1) An empowered group acts to accomplish things in its environment; (2) An empowered group is

perceived by its members as an efficacious social unit capable of taking action to accomplish its ends; (3) Members of an empowered group are energetic and enthusiastic about working on group tasks; and (4) An empowered group is perceived by its members as maintaining or enhancing their self-efficacy, their individual beliefs that they can accomplish what they set out to do.<sup>1</sup>

The purpose of a group is its reason for existing and doing what it does. The purpose can be stated in terms of what the group hopes to achieve or what it currently does. Vision and goals are different ways of describing hoped-for outcomes and therefore, are types of group purposes.

A group vision is defined as an image of a hoped-for collective outcome. An empowering vision is hypothesized to have three major characteristics: (1) Its meaning is moderately ambiguous, permitting some variation in member interpretations. (2) The language used to describe the vision is connotative, symbolic, and can be imagined via human senses (i.e. through sight, hearing, taste, touch, or feeling). (3) The vision engages, arouses, or suggests future fulfillment of member needs.

Group goals are defined as "outcomes to which action can be related in a fairly definite way and that provide some basis for assessing accomplishments" (Simon, 1945). Empowering goals are hypothesized to have three major characteristics (Locke et. al, 1981; Zander, 1971): (1) They are explicit; their meaning is clear to members. (2) They are challenging yet feasible  $P(\text{success}) \geq .50$ . (3) They are accepted by members of the group. Figure 1 provides an overview of the study's hypothesis.

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<sup>1</sup> The term "group efficacy" will be used to summarize a group's standing on the first two empowerment criteria: if a group acts intentionally and members perceive it as capable, then it will be described as high in efficacy.



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Insert Figure 1 About Here  
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## METHOD

### The Study Domain and Sample Characteristics

This research is intended to apply to groups within organizations that have some autonomy to define or redefine their purpose and goals. A group is defined as an intact social unit in which (a) members have interdependent relations with each other; (b) roles are differentiated; (c) the group is perceived as a group by members and nonmembers; (d) group members acting alone or together have interdependent relations with other groups (Alderfer, 1977). The three staff teams in the hospital fit in this domain.

The sample consists of three work teams from Hilltop State Psychiatric Hospital<sup>2</sup>--a top management team, a summer planning group, and a clinical group. Hilltop State Psychiatric Hospital is a sixty-bed inpatient psychiatric hospital funded and administered by a state government agency. It provides emergency psychiatric intervention, psychiatric evaluations, and short-to intermediate term treatment to those adolescents who cannot be evaluated or treated in a less restrictive environment. The institution is organized into functional departments and uses teams as a way of organizing work and providing patient services.

The hospital's ten years of existence has been characterized by turbulence and change. A total restructuring of the hospital programs and service delivery systems began four years prior to the study. Problems had reached crisis proportions resulting in the loss of hospital accreditation. The current management team was put in place to restructure the hospital and

provide a foundation for future growth. Under its leadership, the hospital regained accreditation one year later. Now, two years later, Hilltop Hospital has begun to stabilize and change its reputation in the community to being a provider of high-quality patient services.

The management team is the policy-making group for the hospital. It operates under the direction of the Superintendent and is comprised of the six functional department heads. The clinical group is a weekly meeting of all hospital clinicians that discuss clinical and administrative issues. The summer planning team is a middle management group charged with the responsibility of planning summer activities for the patients.

Research Procedures

Entry was obtained through the Superintendent and agreement to proceed was provided by the management team and the groups to be studied. Teams were told that this study would explore what enables teams to act energetically and purposefully in the hospital. Permission was granted to observe and tape record meetings, to interview all members of the groups, and to distribute a questionnaire. Groups were told they could have feedback on the findings if they wished.

Data was collected using multiple methods of observation, interviews, questionnaires, and review of hospital documents. Due to the difficulty of measuring the key constructs in the study, an in-depth and labor intensive methodology was used. Table 1 summarizes the scope of the data collection efforts.

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INSERT TABLE 1 ABOUT HERE  
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Group meetings were observed over a period of four to six months. Transcripts of group meetings were compiled by combining observational notes and tape recordings. Observation was used to track group actions (i.e. decisions made)--and to see whether the purpose inferred from actions matched explicit statements of group purpose. Observation was used also to keep track of what members publicly said about the purpose and capabilities of their groups. Statements of hoped-for outcomes were analyzed to see whether they had the characteristics of visions and/or goals. Behavioral indicators were tracked to assess level of member enthusiasm (for example, member lateness or comments about boredom were noted as indicators of low enthusiasm). Comments pertaining to the group's influence on personal energy or capacity to get things done were recorded also.

Interviews began after a minimum of one month of silent observation. The interviews were semi-structured and members were asked: (1) What the group does at meetings, (2) what the group's purpose is, (3) whether metaphors or stories express their hopes for the group or portray how it currently functions, (4) their level of confidence that the group can accomplish what it intends, and (5) how participation influences their energy level and capacity to get things done. In general, interviews probed for members' perceptions of their group's purpose and level of empowerment.

Group members were asked to complete Likert-type questionnaires toward the end of the observation period. The questionnaire assessed the degree to which members (1) viewed the group as capable of acting to get things done, (2) were energetic and enthusiastic during meetings, (3) accepted and were committed to the purpose of the group, and (4) felt more capable of achieving personal goals as a result of participation in the group. All items used a

one to seven rating scale ranging from very inaccurate to very accurate. The coefficient of reliability was computed by using an item to total score correlations. The internal consistency coefficients of reliability for the items on group efficacy, energy level, accepted purpose, and group's impact on self-efficacy were .913, .883, .880, and .804 respectively. Appendix I presents questionnaire items used to measure these concepts.

Finally, hospital documents were reviewed including meeting minutes, hospital manuals, and public relations materials. These provided information about the hospital's formal structure and official mandates (i.e. public statements of purpose) for the hospital's key groups and departments. These formal statements were compared to purposes inferred from meeting dialogue and described by team members during their interviews.

The process of analysis was iterative. Dialogue from a sample of meetings was categorized using the measures of empowerment, vision, and goals. Specifically, meeting transcripts were reviewed to assess whether the group took action. These actions were listed. Then, the researcher assessed whether a logic or pattern to group actions could be identified. She then evaluated whether this pattern suggested a purpose or matched the group's formal purpose. Next, statements pertaining to member enthusiasm and energy (or lack thereof) for working on group tasks were recorded. Statements regarding group efficacy and personal efficacy were listed also. These statements were used as the basis for rating the group's level of empowerment for each meeting.

In order to evaluate whether members articulated a vision or goals in meetings, all meeting statements related to hoped-for group outcomes were noted and summarized. All metaphors were picked out from the dialogue. Any

statements pertaining to personal needs were written down. Then, hoped-for outcomes were evaluated as to whether they fit the criteria for empowering vision and goals. A brief excerpt from a meeting analysis is presented in Appendix II.

Interviews were analyzed the same way. Three additional categories were used: personal hopes for the group, metaphors that describe how the group actually functions, and other interesting quotations. A brief excerpt from an interview analysis is presented in Appendix III.

Finally, information was aggregated across meetings and interviews to assess the group's level of empowerment and the degree to which it had a vision and goals. Numerical ratings provided a useful summary of the qualitative data. However, these ratings were not used to make statistical comparisons among the groups. Instead, detailed quotations excerpted from meetings and interviews were used to document the qualitative analysis.

Questionnaire data were analyzed using analysis of variance and simple regressions. Finally, findings were checked across methods for convergence. In general, quantitative and qualitative findings converged.

#### FINDINGS

The three groups varied in efficacy, but no group was fully empowered. The groups differed on the first two criteria of empowerment, the degree to which they took action to accomplish things and member perceptions of their capability. The groups did not differ on the second two criteria, members' enthusiasm about working on group tasks and the influence of group participation upon self-efficacy. Vision, rather than goals, mattered for group efficacy at Hilltop State Psychiatric Hospital.

The top management team was the most efficacious group in the sample,

and it had an empowering vision and no group goals. The summer planning group was somewhat efficacious, and its purposes had some but not other characteristics of empowering visions and goals. The clinical group was the least efficacious, and it did not articulate a shared purpose and consequently, had no articulated group vision or group goals. In general, these findings suggest that an empowering vision is more important for group efficacy than are empowering group goals for the three groups in this health care setting.

Excerpts from the qualitative analysis will be used to document the findings for each group, followed by a summary of survey results. The study's hypothesis will be used as an organizing device: First, each group's purpose, vision, and goals will be identified. Then, its level of empowerment will be discussed using the four criteria of empowerment. The qualitative findings will be described using excerpts from hospital documents, group meetings, and participant interviews.

#### Management Team

The management team had a clear purpose that was accepted by its members--to set the direction for Hilltop Hospital. It had a vision of integrating services to provide the best quality care. The management team did not have group goals.

Formal documents provided useful information about the purpose of Hilltop's management team. The hospital manual describes the management team's responsibilities as follows:

The Management Team, under the supervision of the Superintendent, is responsible for administering the day-to-day operations of the hospital in an integrative manner. It is the forum for the regular flow of information among services to and from the Superintendent. The Management Team is the policy-making body of the hospital.

The annual facility and program plan contains a written objective for the management team:

To strengthen and enhance the capacity of the Management Team to function as the integrated administrative authority for the hospital so that:

- Hospital staff experience the team as having hospital-wide authority to monitor and implement the goals of the hospital.
- The team models a problem-solving approach that minimizes the "passing the buck" syndrome and maximizes effective use of all resources for quality patient care.
- The team serves as an internal support group for each other in the pursuit of departmental and hospital goals.

The management team's purpose is formally defined as being in charge of the hospital and being responsible for setting policy and implementing goals. Formal documents state that the management team should administer the hospital in an integrative manner, but do not specify what this means.

Although formal documents describe the purpose of the management team, they may not reflect accurately how managers behave or think. Table 2 summarizes what managers said at meetings regarding what they hoped to achieve. Outcomes are included if they were talked about by a minimum of two managers in at least two meetings.

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Insert Table 2 About Here  
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By far, the most frequently mentioned hoped-for outcome was developing an integrated model of service delivery and allocating resources in accordance with this model (over twenty-five statements). No meeting occurred without reference to integrating services. The next two outcomes portray the management team's dilemma about how to manage the hospital. Managers were divided in their opinions about whether the team should institute more

centralized controls or develop greater employee collaboration. Managers discussed the remaining hoped-for outcomes in the meetings in which they talked about the team's effectiveness.

Managers' public statements at meetings may not be the same as their private beliefs. When describing the purpose of the group in their interviews, managers talked about the integration of services.

For example,

My conception of the main purpose of the management team is the integration of services. The integration of a hospital full of pieces.

or

I mean school wants to teach, clinical wants to do therapy, administrators want to administer, child care workers want to work with kids, but how does all that come together to meet the best interests of the kids.... We need to talk about what we want to accomplish in a way that integrates all of the departments and provides us with a treatment program that is of benefit to patients.

In addition, most managers talked about the management's team responsibility to set policy and determine the hospital's goals and objectives. As expressed by one member, they viewed the team as responsible for "steering the ship."

In summary, the review of formal documents, meeting dialogue, and interviews suggests that managers shared an understanding of the purpose of the management team. The shared purpose that converges across data collection methods include the following components: A) Determine the direction for the hospital by setting policy, monitoring, and implementing hospital goals; B) Develop an integrated approach to providing high-quality patient care and allocate resources accordingly; C) Do long-term planning for the hospital; D) Build trust and support each other as members of the management team.

Do any of these components fit the definition or characteristics of a



group vision? The only component that describes a future state, and not a current function of the group, is the development of an integrated approach to providing high quality patient care. In order to assess whether this hoped-for outcome has the characteristics of a vision, the following three questions were addressed: 1) Is the outcome's meaning ambiguous, so that managers interpret it in different ways? 2) Does it engage, arouse, or suggest potential fulfillment of managers' needs? 3) Do managers use connotative and symbolic language to talk about hospital integration?

The meaning of integration of services was ambiguous. In fact, there were as many interpretations of its meaning as managers on the management team. Integration meant cooperation between departments; it meant having stable interdisciplinary treatment teams located in patient units, it meant respecting the different professional groups, etcetera.

Managers viewed the integration of services as responding to a variety of their personal needs: for emotional support, job recognition, and job flexibility. For example, one manager said, "Integration implies support because of work done in concert." Another manager said, "Integration permits a degree of variety in what I am able to do or allowed to do." Because the meaning of integration was ambiguous, most managers interpreted it in a way that would appeal to their personal needs.

Integration was used as a metaphor for mental health -- "integrating the fragmented departments of the child" and for organization "integration as the glue that holds the hospital together". These were powerful metaphors for a psychiatric hospital that had lost and regained its accreditation.

Do the above purposes fit the definition and characteristics of group goals? Had the management team defined specific and challenging outcomes

providing some basis for assessing accomplishment? In a nutshell, the answer was no.

The management team had no group goals. There were hospital goals and individual managerial goals, but no team goals. The team had not translated formal hospital goals required by its accrediting agencies into specific team objectives. The team had not specified what it intended to accomplish in a way that could be directly related to action.

However, the management team did take action. It made and implemented eighteen decisions concerning budgets, resource allocation, and managerial control systems in the meetings which were observed. It passed seven new policies concerning the intake of new patients, search and seizure of patients, etc.

Members perceived the group as capable of acting. As stated by a member:

We do things. We take positions...In terms of just taking action, we are ready to do that. It is not a group that has difficulty making a response.

However, members felt too much time was spent dealing with unimportant issues.

As expressed by a member:

What we discuss are lots of surface issues. By surface I mean, can we make it through the next month on the dollars we have, should we buy a truck, should we plow the snow,... little things. I do not think we delve into issues of extreme importance.

Although the group took action and was perceived as capable of acting -- thereby efficacious, members were not fully satisfied with its performance.

Members viewed the energy level as moderate and it fluctuated from meeting to meeting. Members were divided in their assessment of the management team's impact on their personal capacity to get things done. It

averaged out as neutral to slightly negative. As one manager said:

You can't really say that the management team meetings are exciting or generate excitement because we come late, we don't start on time, we diddle-dawdle.... There haven't been opportunities for me to be creative or innovative."

Thus, the management team could not be described as a fully empowered team. It was not characterized by high energy or perceived by members as enabling them to do what they set out to accomplish. However, it certainly was action-oriented and members perceived it as capable of taking action in the hospital. The management team was certainly efficacious.

#### Summer Planning Group

The summer planning group was a solution to a hospital problem. Each year one of the school teachers had organized a summer activities program for the patients when school was not in session. This year no one was available or volunteered to coordinate the summer program. One of the middle managers in the hospital who felt that programming should be the responsibility of middle managers, suggested that a cross-functional middle management group coordinate the summer program. She championed the group and its composition mirrored the management team, in that, it cut across the hospital's functional departments. Other middle managers agreed to the task, but really did not want the extra work.

At its first meeting, the summer planning group defined and recorded its purpose as follows:

1. To develop and implement an integrated multi-disciplinary model of patient programming for the summer at Hilltop Hospital.
  - a. The development of a Program Coordinating Committee.
  - b. The development and implementation of a model of integrated multi-disciplinary model of patient activities that could be generalized throughout the institution.
  - c. The Summer Programming Coordinating Committee must accept and utilize the authorization of the Management Team to develop and

implement summer programming in the hospital.

2. To develop in our patients the social competency necessary for living while acquiring positive attitudes toward self and others.
  - a. Patients will be exposed to success-oriented activities in the area of academics, social skills, work, knowledge and use of community resources, leisure skills, appreciation of the natural environment, awareness of physical health and activity, and creative expression.
  - b. Patient wills be afforded individual, family and group psychotherapy. (May 30th minutes of the Summer Planning Committee)

Interviews revealed that team members understood the purpose in different ways. Meanings were multiple. They varied in part as a function of the role of team members in the hospital. The clinicians on the team emphasized the ideology of integration and were not particularly concerned about programming tasks; the people in charge of the residential units, recreation, and education emphasized the programming tasks. For example, when asked about the group purpose, a clinician said: "I support the idea of an integrated model.... I don't like the fragmentation of services." In contrast, the education representative said, "Something had to happen in the summer. There has to be programming."

Dialogue from summer planning team meetings reflected this split between those that defined the group purpose as programming for patients versus integration of services. As exemplified by the meeting of July 11th:

Clinician: I don't see this as a working group. I think that if we come out of this summer program with no summer program, but this as a working group, then we have done a job. Because we are people that are not used to working together and certainly not used to working together at a level of developing program in a cooperative integrative effort.

Recreational Coordinator: I have a different feeling.... I am willing to put forth effort to work on it and it is frustrating. I don't want to sacrifice the summer program for the final goal of integration.

In general, members most frequently talked about plans for the summer program -- the schedule of activities, putting patients into activity groups, etc. (23 statements). Developing an integrated program was the next most frequently talked about hoped-for outcome in meetings (9 comments).

These two purposes converged across data collection methods. Do they conform to the definition and characteristics of either a vision or a goal? Certainly, a model of an integrated multi-disciplinary program of summer activities is an image of a hoped-for outcome. Exposing patients to specific activities are outcomes whose accomplishment can be assessed.

The meaning of an integrated multi-disciplinary program was ambiguous, understood by summer planning group members in different ways. For example, some defined integration as a planning process with participation from multiple departments. Others defined integration as having volunteers from multiple departments and disciplines run activity groups.

However, no one used metaphors or symbolic language to describe an integrated multi-disciplinary program. With the exception of the group's champion, this purpose was not viewed as responding or potentially fulfilling personal needs. Instead, it was perceived as detracting from other things members wanted to do. Thus, the summer planning group's purpose had some both not other characteristics of an empowering vision.

The summer planning group's purpose of exposing patients to specific, success-oriented activities fit the definition of a goal. Was this goal perceived as challenging and feasible? Was it accepted by the group?

Perceptions ranged about the difficulty of achieving this goal, again depending upon members' roles in the hospital. The clinicians described the programming goals as challenging and feasible, but did not attempt to do the

programming work. The education, recreation, and residential managers stated the group's goals were impossible to achieve, due to the late start of the group and the short planning time frames. These members felt responsible for accomplishing programming tasks, but viewed the goals as unrealistic.

In general, the programming goals were not accepted by members. For example, "I was not enthusiastic about performing that task, because I knew from past summers how much work was really involved.... It just seemed overwhelming to me." By the end of the summer, most members could not remember the content of the goals they set.

In summary, the summer planning task force adopted the management team's vision of integrating services but this vision only partially fit the task at hand. It set goals but did not fully accept them. It, thus, met some criteria but not other criteria for empowering group visions and goals.

The summer planning task force made twenty-four decisions, but did not implement nine of them. In particular, it did not implement the decisions having to do with the running of different activities--the bulk of the summer program. Because of implementation slippages, most members did not perceive the group as particularly capable of taking action and did not view the group as enthusiastic. Apart from the champion of the group, most members perceived the group as detracting from their personal sense of efficacy. However, the rudiments of a summer program were put in place and the group decided to continue as a programming body in the hospital because a "mechanism for integrated programming was needed".

Just to provide a flavor of member reactions:

And I'd be in the basement talking to individuals who were supposed to be at the meeting, and during that first month we would be saying what can we do to be late to the meeting. Let's go down to the lounge and grab a cup of coffee....We knew we were saying... what could we do to

procrastinate going to this god-awful meeting.

or

I could have kept my anger going, but rather than do that, I let it go. Otherwise, it saps my energy...I found it very frustrating week after week to go through the same song and dance with less and less results. Although it lessened also in importance to me.

In contrast, the champion of the group said,

I feel more energized and excited about the summer planning committee and its work than I did about many other things going on in the hospital at the time.

In summary, the summer planning group was somewhat efficacious, but less so than the management team. It, too, was not fully empowered. It adapted the vision of integrating hospital services to the summer programming task. At the end of the summer, the group decided to be a permanent hospital-wide programming committee, because members believed in the vision of integration. However, the team set goals, but did not fully accept them. The champion's commitment to the summer planning task was not shared by the other members.

#### The Clinical Group

The clinical group was composed of all the clinicians in the hospital -- psychiatrists, psychologists, and social workers. They met once a week for an hour and discussed whatever was on their mind. The Clinical Director required clinicians to attend these meetings. Attendance ranged from a low of ten to all fifteen clinicians in the hospital.

The clinical group did not have a vision of what it was trying to achieve. It had not defined group goals. Most members did not know why it met each week. For example,

I don't know the group's purpose. That's one of the problems I have. I wish I knew. I never heard it stated.

Other clinicians that described the group as having a purpose were quite

ambiguous in their description of it. For example,

It serves as a forum for the clinical staff to discuss issues both concrete and emotionally of importance to clinical work.

The leader of the group viewed the meeting as important because it was the only time the clinicians in the hospital met together. It was telling that he described the purpose of the group using a series of questions:

Do clinicians do therapy? Do we consult to treatment? Are we needed? Are we valued? Do we have a part?

In summary, the clinical group had not defined its direction. It had no vision or goals.

The clinical group did not take action in the hospital. Members voiced concerns, but did not do anything with these concerns. They did not solve problems. Instead, the group spent its time exploring members' feelings concerning work in the hospital, the administration, and each other; discussing reactions to policies that have an impact on clinicians and treatment, and just sharing information.

The template for meetings was frequently group therapy with clinicians making interpretations of each other's comments. In the meetings I observed, five decisions were made and most were trivial. Members perceived the group as impotent. An emotional intensity characterized the group, but it could not be described as enthusiasm. Members ranged dramatically in their perceptions of the energy level of the group. Most members (9 out of 14) felt that the group detracted from their sense of self-efficacy, with a few asserting the group had no effect upon them. Here are excerpts from what clinicians said about the group:

It is the myth of Sisyphus. It is often very frustrating and you do not see a lot of success. A lot of it is pushing the rock up to the top of the hill, have it roll down again, and have it happen again and again.



or

In the clinical group, it is like people go in and they do their time, they do their sentence, and this is part of their parole...I feel that they are all programmed in that they go, they're like little Stepford wives -- get their lunches, come downstairs, sit down, and that's it.

Thus, the clinical group was a disempowering experience for its members. It was not efficacious. The group had not defined its direction or purpose for meeting each week. It had not articulated a vision or goals.

In summary, the management team was the most efficacious. It had a vision, but no group goals. The summer planning task force fell in the middle, with some but not other characteristics of vision and goals. The clinical group was the least efficacious, with no vision and no goals.

#### Questionnaire Data

The questionnaire was analyzed to assess whether the groups were significantly different in the degree to which they had an accepted purpose<sup>2</sup> and their level of empowerment. In addition, the analysis assessed whether having an accepted purpose was associated with effectiveness.

Analysis of variance was used to assess whether the groups were perceived as significantly different from one another in having a purpose accepted by members. The groups fell into the expected order with the management team rated significantly higher than the other two teams. The means, standard deviations, and results from the least squared means test are presented in Table 3. It is surprising that the means of the summer planning committee and clinical group are so close, given the qualitative differences.

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<sup>2</sup> The survey items did not differentiate between vision and goals. The vision and goal items were highly correlated with one another and loaded on the same "purpose" factor.

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Insert Table 3 About Here  
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The summer planning group members' lack of acceptance of the group's multiple purposes may explain the survey findings.

Analysis of variance was used also to compare the groups to see whether they differed significantly from one another in their levels of empowerment. The survey measured perceived group efficacy, member enthusiasm, and perceived influence of the group on self-efficacy, three out of the four components of empowerment. Again, the groups fell into the expected order with the management team the highest, the summer planning task force in the middle, and the clinicians the lowest. The only significant difference among the groups, however, was in perceived group efficacy. Table 4 presents these findings.

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A simple regression was used to analyze whether having an accepted group purpose was associated with group efficacy. The model was significant at the .001 level ( $F = 14.54$ ,  $P > F = .0009$ ).

In general, the quantitative findings converged with the qualitative findings. To summarize the overall findings, the management team had a vision but no goals and was efficacious. The summer planning task force fell in the middle. The clinical group had no vision, no goals, and was impotent. Having an accepted purpose was associated with group efficacy. Because no group was fully empowered, this study de facto became a study of the relationship between group purpose and group efficacy.

#### CONCLUSIONS AND IMPLICATIONS

It was vision not goals that was associated with group efficacy in this

psychiatric hospital. These findings are consistent with the cognitive school that conceptualizes organizations as systems of shared meaning and views group purposes as functioning to create meaning and mobilize action. In contrast, these findings are inconsistent with goal studies that show that specific goals direct attention and mobilize effort and, consequently, lead to better performance than ambiguous goals. What accounts for this inconsistency?

The tasks of a psychiatric hospital are complex, ambiguous, and uncertain. There are not any clear, agreed-upon institutional rules defining people as healthy or sick, better or worse, or differentiating between successful treatment or failure (Meyer, 1985). The technology of treatment is indeterminate with professional groups advocating different ideologies of care (Hasenfeld, 1985). Hilltop State Psychiatric Hospital operates as an organized anarchy with considerable staff discretion, multiple systems of authority, and nothing ever being quite clear.

The groups studied at Hilltop Hospital were embedded in this organized anarchy. What the groups hoped to achieve could not be easily quantified or measured. Instead, there were multiple interpretations of group purpose and activity. In this context, the setting of explicit, measurable goals was not associated with group efficacy. Instead, group efficacy was associated with ambiguous group purposes which allowed members to be compelled by the meanings they constructed.

All three groups were responsible for complex, ambiguous, and uncertain tasks. However, the groups were located in different hierarchical positions and performed different basic functions (Thompson, 1967). Clearly, the top management team was responsible for the survival and legitimation of Hilltop

Hospital. The articulation of a vision creating institutional meaning is most critical at the top. The clinical group was responsible for supporting clinical work, an administrative function. Given the degree of uncertainty that characterizes clinical work, creation of a shared meaning system (for example, a treatment philosophy) probably would have been more useful than defining specific goals. The absence of any clinical group purpose was clearly dysfunctional. Finally, the summer planning team, a middle management group, was responsible for the summer programming task, primarily a technical function. Therefore, programming goals could have been useful to guide effort. However, members never fully accepted this programming task, but were committed to the ideology of integration. Therefore, vision became more important than goals. In general, the complexity, ambiguity, and uncertainty of these groups' tasks diminished the usefulness of establishing specific, measurable goals.

A close look at goal-setting studies shows that the vast majority have been done in organizational situations in which performance could accurately be measured in quantifiable units. For example, studies include funding goals for United Way campaigns (Zander, 1971) and number of logs cut and cleared by logging crews (Latham and Yukl, 1975, Latham, G.P., and Kinne, 1974), etcetera. These are situations in which the key performance dimensions are easily identifiable and quantifiable.

There have been much fewer studies of group goal-setting in organizational situations in which the task is complex and ambiguous. Many groups in organizations do not work on tasks that have clear right or wrong answers or valid quantifiable measures of performance outcomes (Hackman, 1986). Health care organizations are likely to contain groups of

professionals or managers working on complex, ambiguous tasks lacking valid outcome measures. Given these task characteristics, this study suggests that an ambiguous group purpose may promote group efficacy through symbolic and affective appeals.

Additional research is required to assess the validity and generalizability of this finding. However, the study's ramifications for future research and practice are intriguing.

First, to what extent do empowered groups exist in health care settings? No groups studied at Hilltop Hospital enabled individuals to feel more capable of accomplishing personal goals, nor did they inspire enthusiasm for the hospital and its work. Of course, this sample was limited, but might be representative of other health care settings. Are the group experiences of managers and professionals in other psychiatric hospitals, and more generally, in other health care settings, similar to the experiences at Hilltop Hospital?

Given the challenges demanding coordinated effort and high performance from health care settings, employee satisfaction, involvement, and overall quality of work life depend upon employee experiences in work groups. Group experiences influence individual morale, satisfaction, and commitment to an organization (Hackman, 1976; Walton and Hackman, 1986). What can be done to create the conditions for empowered groups to thrive in health care settings?

Second, the study's finding that vision not goals mattered for group efficacy suggests that the way leaders articulate the purpose of a group may be critical. Group efficacy may depend upon a leader's capacity to frame a group purpose in language that is symbolic, compelling, and invites interpretation based on members' needs and values. Symbolic and visionary leadership may be critical to build group efficacy in health care settings;

the leader's words can help group members create meaning from past and intended action.

Perhaps, visionary leadership takes place at the organizational rather than the group level. Groups may not need to have their own visions; they may need to apply an organizational vision to their group tasks. At Hilltop Hospital, the management team's vision--to integrate services to provide the best quality care--was a vision for the entire hospital, which the summer planning group applied to its programming task. In order for an organizational vision to take hold at the group level, it may need to be perceived as applicable to a group's task. Perhaps, the challenge for a group leader is to redefine its task in terms of a wider organizational vision. Group efficacy may depend upon this translation process. Future research can provide the underpinning of knowledge required to create and sustain efficacious and empowered groups.

Figure 1

## Overview of Study's Hypothesis

### Group Purpose:

#### Group Vision

- Moderately ambiguous meaning
- Language connotative and symbolic
- Engages, arouses, and suggests future fulfillment of member needs

- Explicit
- Challenging yet feasible
- Accepted by members



### Group Empowerment:

#### Group Efficacy

1. Group acts to accomplish things
2. Members perceive group as capable of taking action to accomplish its ends
3. Members are enthusiastic and energetic about working on group tasks
4. Members perceive group as maintaining or enhancing their self-efficacy, their beliefs they can accomplish what they set out to do.

TABLE 1

## Scope of Data Collection

Group	Meetings Observed	Interviews Completed	Surveys Returned
Management Team	16 meetings between March and September	8 (100% of members and secretary).	7 (86% of members).
Summer Planning Group	10 meetings between May and September	6 (66 2/3% of members).	7 (77% of members).
Clinicians Group	14 meetings between April and August	17 (100% of members and two student interns).	12 (80% of members).



TABLE 2

Summary of Management Team Meeting Statements of Hoped-For  
Group Outcomes <sup>3</sup>

- o Develop an integrated model of service delivery and allocate resources according to this model.
- o Tighten up management practices through careful monitoring of employee behavior, enforcement of rules, and establishment of control systems.
- o Demonstrate our trust of employees by inviting participation and collaboration in decision-making. Recognize the commitment and effort of hospital staff.
- o Do long-term planning for the hospital.
- o Build trust and support each other as members of the management team.
- o Improve quality of patient care.

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<sup>3</sup> Statements are presented in order of decreasing frequency.

TABLE 3

Comparison of Teams on the Degree to Which They Have  
a Purpose Accepted by Members <sup>4</sup>

Group	Mean	Standard Deviation	N
Management Team	4.59a <sup>5</sup>	.86	7
Summer Planning Group	2.87b	1.06	7
Clinical Group	2.59b	1.14	12

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<sup>4</sup>  $F = 8.45$ ,  $PR > F = .002$ . Model Significant at .001 level.

<sup>5</sup> Least square means test indicate mean differences between management team (a) and the two other groups (b) significant at .01 level.

TABLE 4

## Comparison of Teams on Empowerment Criteria

	Management Team (N=7)	Summer Planning Group (N=7)	Clinical Group (N=12)	F [(PR> F)]
	Mean (SD)	Mean (SD)	Mean (SD)	
<b>Criteria</b>				
<b>Group Efficacy</b>	5.41a <sup>6</sup> (.91)	4.49 (1.58)	3.68b (1.27)	4.04 (.03) <sup>7</sup>
<b>Member Enthu- siasm</b>	4.64 (1.51)	3.68 (1.19)	3.53 (1.80)	1.15 (.33)
<b>Self- Efficacy</b>	4.96c <sup>8</sup> (.92)	3.68 (1.19)	3.50d (1.67)	2.83 (.08)

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<sup>6</sup> Least squared means test indicates significant difference between management team (a) and clinical group (b) at .01 level.

<sup>7</sup> Model significant at .05 level.

<sup>8</sup> Least squared means test indicates significant difference between management team (c) and clinical group (d) at .05 level. However must be interpreted cautiously, given lack of model's overall significance.

APPENDIX I  
Questionnaire Items

Group Efficacy: Capacity to Act to Accomplish Things

- Q101. Our group takes action to accomplish things in this hospital.  
 RQ106. Our group discussions seem to lead nowhere.  
 RQ115. Our group does not act to get things done in the hospital.  
 Q120. We do what is necessary to get things done here.  
 Q108. Our group is able to accomplish what it sets out to do.  
 Q130. Our group is capable of doing what it decides to get done.

Energy Level: Members are Enthusiastic and Energetic

- Q121. Group members are enthusiastic and energetic during our meetings.  
 Q127. Our group is highly motivated to get things done.  
 RQ131. Group members are lethargic and apathetic during our meetings.  
 Q125. The members of our group frequently talk about what the group is trying to achieve during group meetings.

Purpose: The Group Has a Purpose Accepted by Members

- RQ105. Our members are not that committed to what the group is trying to accomplish in the hospital.  
 Q111. The direction which the group has established is personally meaningful to group members.  
 Q129. The members of our group are personally engaged by what we are trying to achieve in the hospital.  
 Q109. Our members have a shared vision of what they hope the group will accomplish in the hospital.  
 RQ117. Our group does not have a vision of what it hopes to achieve in the hospital.  
 Q104. The members of our group understand what we hope it will accomplish in exactly the same way.  
 RQ110. What our group is about--means different things to different members.  
 Q118. The members of our group have the same interpretation of its purpose.  
 RQ124. The members of our group have somewhat different interpretations of its purpose.

Self-Efficacy: Members Perceive Group as Maintaining or Enhancing Personal Efficacy

- RQ203. There is something about the group that makes me feel less capable of accomplishing my personal goals.  
 RQ204. After group meetings I frequently feel incapable of trying just about anything.  
 Q211. After group meetings I frequently feel that I could conquer the world.  
 RQ210. After group meetings I frequently feel drained and lethargic and do not want to do anything.

APPENDIX II  
Excerpts from a Management Team Meeting Analysis

Measures of Empowerment

2. Is the group an efficacious social unit, capable of acting purposefully to accomplish its ends?

Pertinent Dialogue

Jean: ...I also have been feeling that our meeting went very well. I do not know how that translates down the line in terms of service staff.

Wayne: I feel a lot of stresses--we ought to look at our role in that--at the top. Also about these particular meetings--management team meetings--I'm not that happy with them... My feeling is that the meetings have become terribly boring. And I have not wanted to come to them lately. We spend an hour and a half on reports. We have no substantive discussion about anything anymore... .

Jean (very softly): So your response is not to want to come.

Wayne: They are not any fun. I used to enjoy coming to them.

Jean: We are back to business. The detail kind of business....

Andrea: For the management team for me, I too am feeling frustrated. ...I haven't got to the point that I don't want to come to the meetings.  
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Comments: Jean begins the meeting by stating that the management team meetings are going well (related to perceived efficacy). Yet, she changes her mind after listening to Wayne and Andrea. Mark and Bill are relatively silent, but they do not disagree with the others.

Coding Scheme

1. No. Members express considerable doubts about the capability of the group. A sense of helplessness pervades the group.
- 2.
3. Neutral. Members express neither confidence nor lack of confidence in the group.
- 4.
5. Members express considerable confidence in the capability of the group to take action to accomplish its goals.

For this meeting, the management team received a rating of 2 on this criterion.

APPENDIX III  
Excerpts from an Interview Analysis

Name: Bruce  
Group: Clinical Group

Measures of Empowerment

li. Does interviewee view the group as acting purposefully in its environment?

"What does the group do? Sometimes a lot of nothing. Sometimes they're task oriented and some things get accomplished...The clinical group is supposed to be a forum where clinicians get together and talk about relevant hospital and clinical issues, I think; that's my view about what it is supposed to be doing.... I'm not sure we actually do this.

Coding Scheme

1. Not at all; no action or random uncoordinated action.
- 2.
3. Somewhat; loose connection between activities and purpose of the group.
- 4.
5. Substantially; tight connection between activities and purpose of the group.
9. Insufficient evidence to rate.

The interviewee received a rating of 2 on this criterion.

lii. Does interviewee view group as acting energetically in its environment.

"I think the energy and enthusiasm is very diverse. And people that are going there don't say anything. And people that go in there a say a lot of things and say nothing. And then people that, you know, that really want to make things work. I can't think of a time when everyone was enthusiastic and energetic, but likewise, there is always a few of us willing to do something."

Coding Scheme

1. Not at all; Totally lethargic.
- 2.
3. Somewhat; either some members are enthusiastic and others are not or the group as a whole is mildly enthusiastic.
- 4.
5. Substantially; very motivated and energetic.
9. Insufficient evidence to rate.

The interviewee received a rating of 3 on this criterion.

## NOTES

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2. Hilltop State Psychiatric Hospital is a pseudonym selected to protect the anonymity of this institution.

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