Group Psychotherapy Contributions to Leadership Development in the Workplace

Jami B. Howell

Pacific University

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Group Psychotherapy Contributions to Leadership Development in the Workplace

Abstract
This study addresses the question whether lessons can be learned from the group psychotherapy literature to improve leadership development trainings in the workplace. A literature review was conducted to examine cross sections from the group therapy literature and the organizational literature. In addition, information about current leadership development training programs was collected through interviews with four hospital systems. Outcomes from both the literature review and hospital interviews supported the hypothesis that leadership development training programs in the workplace lack core aspects of group therapy theory and practice. The results of this study indicated the most important knowledge to incorporate in future leadership development programs from the group psychotherapy literature pertained to cohesion, interpersonal learning, and insight as well as levels of group process and stages of group development.

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Committee Chair
Jon Frew, PhD, ABPP

Second Advisor
Jay Thomas, PhD, ABPP

Third Advisor
Michel Hersen, PhD, ABPP

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GROUP PSYCHOTHERAPY CONTRIBUTIONS TO
LEADERSHIP DEVELOPMENT IN THE WORKPLACE

A DISSERTATION
SUBMITTED TO THE FACULTY
OF SCHOOL OF PROFESSIONAL PSYCHOLOGY
PACIFIC UNIVERSITY
HILLSBORO, OREGON
BY
JAMI B. HOWELL
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OF
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APPROVED BY THE COMMITTEE:
Jon E. Frew, Ph.D., ABPP
Jay Thomas, Ph.D., ABPP

PROFESSOR AND DEAN:
Michel Hersen, Ph.D., ABPP
Abstract

This study addresses the question whether lessons can be learned from the group psychotherapy literature to improve leadership development trainings in the workplace. A literature review was conducted to examine cross sections from the group therapy literature and the organizational literature. In addition, information about current leadership development training programs was collected through interviews with four hospital systems. Outcomes from both the literature review and hospital interviews supported the hypothesis that leadership development training programs in the workplace lack core aspects of group therapy theory and practice. The results of this study indicated the most important knowledge to incorporate in future leadership development programs from the group psychotherapy literature pertained to cohesion, interpersonal learning, and insight as well as levels of group process and stages of group development.
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Introduction

Group counseling and psychotherapy in the United States predates the recent resurgence and interest in leadership development and teams in the workplace. In fact, formal group psychotherapy is often “traced back to 1905 when Joseph Pratt, a physician, used a group or ‘class’ format to assist patients with tuberculosis” (Stockton, Morran, & Krieger, 2004). Stockton et al. reported that psychotherapy groups throughout the 20th century have grown increasingly more prevalent, and recently group methods have become popular across a wide variety of settings helping clients with a diverse range of goals and concerns.

In contrast, the organizational team literature began surfacing in the 1970’s. Since the 1980’s and 1990’s, there has been greater interest in organizing employees in the workplace into teams. Organizations of all sizes have been spending billions of dollars each year on team building (Crother-Laurin, 2006). To a degree, teams have replaced managers reducing layers of hierarchical management (Levi, 2007). In some settings, teams have now taken over traditional management functions.

Even though the use of teams in the workplace has dramatically expanded, teams have not been universally successful. The transition of the workplace into teams has created a challenge for supervisors who knew how to motivate and lead individuals but lack the knowledge and skills to lead teams. This transition has also created challenges for training new managers as they are hired into team-oriented companies. Traditionally, most managers concentrate their efforts on managing individuals instead of building teams, possibly because management and leadership training tends to emphasize the one-on-one manager-subordinate relationship (Carew, Parisi-Carew, & Blanchard, 1986).
While this study initially focuses on team leaders in the workplace, very little research exists specifically on leadership development for team leaders in organizations. Therefore, the scope of this research will be expanded to include leadership development at all organizational levels. In addition, the organizational literature tends to use the terms leader and manager interchangeably when discussing training programs. To maintain consistency, the term leader will be used in this study when referring to individuals who lead or manage groups or teams at various levels within an organization.

Many organizations have expressed concern about the inadequacies of their leaders and are committed to investing in education and training to develop their skills, perspectives, and competencies (Conger & Benjamin, 1999). There is considerable research on leadership development in the workplace. However, this is a young field, and little research exists that distinguishes between effective and ineffective leadership trainings (Conger & Benjamin, 1999). This is primarily because organizations are spending insufficient time evaluating and reporting the results of their leadership interventions (Collins & Holton, 2004). Therefore, many organizations are not aware of the effectiveness of these development programs despite their significant popularity in practice (Phillips & Phillips, 2001).

This research focuses specifically on leadership development programs in the context of hospitals in the Portland, Oregon metropolitan community. The goal is to assess what programs are being utilized in practice and to determine how effective they are. Interviews were conducted across four major hospitals with individuals from each hospital who were knowledgeable about the development and implementation of these programs. Utilizing this information and the research discussed in the literature review, I will develop a leadership training program for external consultants that integrate lessons learned from the group psychotherapy literature.
Review of the Literature

In this literature review, selected group therapy literature was examined with an emphasis on which factors make group therapy and therapists effective. Next, specific aspects of the literature on teams in the workplace were reviewed with a focus on the factors that make leaders at work effective. Then, I explored whether there are references to the group therapy literature in team literature. In the next phase, I reviewed the literature on leadership development programs looking for training programs that were effective as well as the factors that made them so.

Group Psychotherapy Literature

Group psychotherapy is a special type of therapy. Group members share personal feelings, ideas, and difficulties with each other and explore their behavior patterns (Nicholas, 1984). The therapy group provides the opportunity for group members to experience and learn about interpersonal relationships and affective interactions within a social context. Group therapy is a complex process which makes researching it complicated as well.

Therapeutic factors. In the field of group psychotherapy, Dr. Irvin Yalom is a leading researcher who has published many articles and books including The Theory and Practice of Group Psychotherapy (2005). Currently in its fifth edition, this text has sold almost one million copies. It has been praised for its empirical evidence and has been widely used to train therapists. In this book, Yalom articulated how group therapy helps clients. Then, he using this as a foundation, he outlined how therapists could be most effective with a variety of groups. He suggested that therapeutic change or improvement was caused by the interplay of the following therapeutic factors: instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socialization techniques, imitative behavior, interpersonal learning or feedback, group cohesiveness, self-understanding or
insight, catharsis, and existential factors. Andrews (1995) asserted that “knowledge of the therapeutic factors enabled leaders to increase the possibility of positive change in their participants” (p.91). Thus, by understanding and promoting these therapeutic factors in psychotherapy groups, therapists help facilitate client improvement.

Due to modifying forces such as the type of group therapy, the stage of therapy, extragroup forces and individual differences, it is not possible to create a definitive hierarchy of therapeutic factors (Yalom & Lezcz, 2005). However, in a review of the literature, some therapeutic factors, such as catharsis, interpersonal feedback, insight, and cohesiveness, have been found to be more powerful change agents than others. For example, in an attempt to evaluate which therapeutic factors most significantly affected the change process, Yalom, Tinklenberg, and Gilula (1970) found the majority of participants agreed that insight, catharsis, group cohesion, and interpersonal feedback affected their growth the most. Bloch and Reibstein (1980) found similar results. They administered direct questionnaires using Yalom’s therapeutic factors to ask both therapists and group members to identify which factors they deemed most influential for member change. In their results, interpersonal feedback, insight, and self-disclosure were rated most highly. In another study by Sherry and Hurley (1976), members of three short-term personal growth groups were surveyed to assess which of Yalom’s therapeutic factors were most beneficial to their improvement. According to the results, the majority of participants stated that they benefited most from interpersonal feedback and catharsis. Rohrbaugh and Bartles (1975) took items directly from Yalom’s 1970 study to use in a survey administered to group participants as well as therapists. Their results mirrored those of Yalom’s original study: catharsis, interpersonal feedback, insight, and cohesion led to the greatest change. According to Butler and Fuhriman’s study (1980) comparing day treatment and outpatient
psychotherapy groups, insight, cohesiveness, and interpersonal feedback were again among the top four most therapeutic factors. In 1983, Butler and Fuhriman conducted another study to determine if the length of treatment influenced which factors were most significant. They found all of the same factors were considered most beneficial. In addition, they determined that the importance of cohesion was directly related to the length of treatment.

The overall results of these six studies indicated that insight, interpersonal feedback, and cohesiveness have been ranked by therapists and group members across various settings as the factors that create the greatest change amongst group members. Likewise, catharsis was rated as highly as these factors; however, the regular practice of emoting feelings did not seem to be applicable or beneficial in organizational settings. Therefore, for the purpose of this study, I focused only on the therapeutic factors that seemed to be transferable to organizational settings: insight, interpersonal feedback, and cohesiveness. Yalom believed therapists should direct their efforts toward the development of these therapeutic factors. However, he cautioned that a consistent, positive relationship between the therapist and client was essential before all considerations of technique (Yalom & Lezcz, 2005, p. 117). Therefore, the therapist must relate to group members with concern, genuiness, acceptance, and empathy. After reviewing various factors that contribute to leader effectiveness, insight, interpersonal feedback, and cohesiveness will be revisited in more detail with a focus on how leaders can effectively facilitate their growth.

**Leader Factors in Group Psychotherapy**

**Experience and competence.** Dies (1994) provided an overview research since 1980, including articles from more than 50 different professional journals, regarding the therapist’s influence during group treatment. He revealed in his research that therapist experience and
competence are major factors mediating treatment outcome. For example, in his study, Dies found that beginners were not able to anticipate the impact of their comments or to execute their interventions skillfully. Kivlighan and Quigley (1991) also found discrepancies between novice and expert therapists regarding their conceptualization of group process. They determined that if a group was led by someone without proper training, there was potential for the group to be more detrimental than beneficial. In fact, Azim and Joyce (1986) found in their study that patients’ expressed satisfaction specifically related to their perception of the therapist’s increased skill and knowledge.

**Personal characteristics.** It is also important to realize that the therapists’ knowledge, techniques, and effectiveness are related to their personal characteristics and behaviors (Corey & Corey, 2006). However, “it is difficult to list all the traits of successful leaders and even more difficult to agree on one particular personality type associated with effective leadership” (Corey & Corey, 2006, p. 28). Even though there is still much to learn about what makes group psychotherapists effective, according to Stockton, Morran, and Velkoff (1987), “some aspects of effective leadership can be defined with relative precision at this time” (p. 163). For example, Fiedler (1967) found group leaders need to be flexible in order to respond to changing group dynamics and needs. Smith (1980) also provided support for the importance of adaptability and found certain leader behaviors such as supportiveness, trustworthiness, and influence had positive therapeutic effects.

There are many leadership factors that affect the development, processes, and outcomes of group psychotherapy. For the purpose of this literature review, I focused on three well-researched therapeutic factors that should be emphasized by leaders: insight, interpersonal feedback, and cohesiveness. More specifically, I discussed the importance of the therapist’s
ability to be insightful, ability to give effective feedback, and ability to foster cohesiveness. It was also significant to note that these factors spanned the three levels of group process occurring at all times during therapy: intra-personal process (within the individual), inter-personal process (between two people), and group level process (amongst all group members). By selecting three factors that spanned three levels of group process, (intrapersonal, interpersonal, and group) this research provided a more thorough approach to effective group leadership. In essence, addressing insight, interpersonal feedback, and cohesiveness, enables the leader to tend to all three of the levels of interaction present in the group process.

**Therapeutic Factors Revisited**

Across multiple studies, researchers found that four of Yalom’s therapeutic factors (insight, interpersonal feedback, cohesiveness, and catharsis) evidenced the most growth and improvement in patients. For the purpose of this literature review, only the first three were discussed because catharsis was not considered amenable to most or all work environments. Again, when tending to these three factors, the therapist intervenes at all three levels of group process (intrapersonal, interpersonal, and group). By doing so, the therapist can provide a more holistic and effective approach.

**Insight.** Insight occurs within the individual at the intrapersonal level. Broadly, Yalom defined insight as “self-understanding” (Yalom & Leszcz, 2005, p 91). He elaborated that insight was “gaining perspective on one’s interpersonal behavior” as well as an effort to illuminate unconscious elements of ourselves (Yalom & Leszcz, 2005, p 87). This definition was similar to what Corey and Corey (2006) called intrapersonal awareness. They defined intrapersonal awareness as a central characteristic for all therapists that included understanding one’s identity, cultural heritage and perspective, goals, motivations, needs, limitations, strengths, values,
feelings, and problems. Therapist self-awareness was considered crucial because therapists used aspects of their personality as a primary therapeutic instrument; therefore, therapists needed to be aware of how they related to and affected group members by constantly attending to the changes that were occurring in themselves (Weiner, 1993). Insight has been shown to help the therapist maintain clarity in his interaction with members. In an effort to gain greater insight, “effective group therapists usually require some personal therapy experience to become aware of their own needs and thus to monitor their expression” (Rosenberg, 1993, p.654).

With limited insight, Corey and Corey (2006) argued that therapists were unable to facilitate insight within their clients which according to Yalom’s research is a crucial component in client improvement. Further, therapists lacking insight were more likely to be ineffective therapists and potentially harm their clients. According to Rosenbaum (1993), therapeutic failures were often linked to the therapist’s own defenses. “Socially maladapted therapists were eager to find acceptance from their own group members, and they relished the position of being admired, respected, and needed” (Weiner, 1993, p. 97).

Therapists should not force their values on group members. Rather, therapists should help group members explore and clarify their own values (Posthuma, 2002). Yet, for a leader to avoid imposing their personal values on the group while helping members discover their own values, they needed to achieve self-awareness. Ultimately, therapists must maintain insight through periodic self-scrutiny...as “their needs and vulnerabilities change over time” (Weiner, 1993, p.97). Personal insight freed the therapist to focus on fulfilling the needs of his or her patients. Positive therapeutic experiences increased the patients’ insight and as well as the patients’ ability to establish warm and caring relationships which is imperative for therapeutic success (Rosenberg, 1993). Ideally, an effective therapist continually works to develop their own insight
at the intrapersonal level. Then, with greater clarity, he or she is able to assist their patients to do the same.

**Interpersonal feedback.** Interpersonal feedback occurs between people at the interpersonal level. Feedback is the “catalyst” of group psychotherapy; “it is the mechanism by which positive reinforcement is given, self-examination is sparked, and behavioral change is promoted” (Nicholas, 1984, p. 65). Feedback occurs when both members and leaders share their personal reactions and insights about one another with each other (Stockton, Morrán, & Krieger, 2004). Facilitating and managing interpersonal feedback is an important therapist skill. Feedback that occurs between members of a group is essential for both group development and the interpersonal growth of members. Feedback exchange promotes self-reflection and insight, allowing members to better understand themselves and what is necessary for personal growth and behavior change.

Research indicated that certain types of leader communication and feedback were more beneficial than others (Riva, Wachtel, & Lasky, 2004). According to Stockton et al. (2004), both positive and corrective feedback should be used and should focus on observable and specific behaviors. Riva, Wachtel, and Lasky (2004) suggested group members were more receptive to corrective feedback if it followed positive feedback or if it was both preceded and followed by positive feedback. “Group members’ receptivity to negative feedback was also related to the stage of the group” (Riva, Wachtel, & Lasky, p. 42). Riva and colleagues suggested that in the beginning stages, the therapist should mostly emphasize positive feedback; however, they determined that as groups developed, members became more receptive to corrective feedback. In addition, therapist feedback should be timed well. An effective therapist will evaluate the readiness of the member receiving feedback as well as the readiness of the group before
providing input. One purpose of therapist directed feedback is to model and encourage effective feedback techniques to the group members. It is also essential that the therapist is open to member feedback and is non-defensive in order to deal effectively with criticism they might receive (Corey & Corey, 2006; Rosenberg, 1993; Stockton, Morran, & Krieger, 2004).

Empathy, “an attitude of wanting to know the member on his or her own terms” (Stockton, Morran, & Velkoff, 1987, p. 162) is crucial to establish an alliance or meaningful and trusting relationships with group members (Weiner, 1993), and it helps leaders to be open to criticism without being defensive. A related aspect of empathy is goodwill and caring, or a sincere interest in the welfare of others. This was also frequently referred to in the literature as being nurturing, warm, or genuine; this is an essential quality in a group leader (Corey & Corey, 2006; Rosenberg, 1993; Stockton, Morran, & Krieger, 2004; Weiner, 1993). By giving genuine feedback to a group member, either positive or corrective, ideally the leader provides the member with the opportunity to grow and make changes if necessary.

**Cohesiveness.** Cohesiveness occurs at the group level and involves all group members. In group psychotherapy, cohesiveness is analogous to the therapist-client relationship in individual therapy. Some of the best research available in individual psychotherapy has shown a good therapist-client relationship characterized by trust, warmth, empathetic understanding, and acceptance, is imperative for positive outcomes. In fact, the absence of a positive relationship causes interventions to be ineffective and potentially harmful (Yalom & Leszcz, 2005).

According to Riva, Wachtel, and Lasky (2004), most researchers have concluded there is a strong positive relationship between cohesion and therapeutic outcomes (Marziali, Munroe-Blum, & McCleary, 1997; Tschuschke & Dies, 1994). According to Rosenbaum (1993) and Bloch and Crouch (1985), group cohesion was the most curative factor in group therapy. Some
researchers such as Burlingame, Fuhriman, and Johnson (2004) disagreed. They stated that there were mixed reviews predicting the outcome of cohesion as some studies have found more tenuous correlations (Budman, Soldz, Demby, Feldstein, Springer, & Davis, 1989). Yet, Burlingame and colleagues (2004) asserted that results of various studies indicated cohesion was “universally valued as helpful across populations” (p. 51) inferring its usefulness was not limited to any specific domain.

Even though cohesiveness has been described as analogous to the therapist-client relationship in individual therapy, it is much more complex. The relationship in group therapy includes the individual’s relationship to the therapist, to other group members, and to the group as a whole. Yalom and Leszcz (2005) referred to the combination of these relationships as group cohesiveness. This group level phenomenon can also be defined as the “result of all the forces acting on all the members to remain in the group” or more simply the group members’ level of attraction to the group (Yalom & Leszcz, 2005, p. 55). Due to the complexity of groups, the therapist must be able to track and respond to all three relationship dimensions (Riva, Wachtel, & Lasky, 2004). An effective group therapist knows that to contribute most to the group, he or she must foster relationships among the members and teach them to help each other (Burlingame, Fuhriman, & Johnson, 2001). Dies (1983) reported that the quality of relationships among members was fundamental to therapeutic change. Therefore, it is essential for group leaders to spend significant time cultivating helpful interpersonal group norms. Further, cohesiveness is a constantly evolving group level phenomenon. It is a dynamic process that changes over the lifespan of a group, and therefore, it should be continually attended to by the leader (Riva, Wachtel, & Lasky, 2004; Yalom & Leszcz, 2005). Leaders should be mindful of
“each member’s personal experience of the group and address problems with cohesion quickly” (Yalom & Leszcz, 2005, p. 61).

When group members are in a cohesive group, they feel a sense of warmth, comfort and belonging. They value the group, and as a result, they feel valued as well (Yalom & Leszcz, 2005). Further, as cohesiveness in a group increases, the rate of attendance, participation, mutual support, and influenceability of members also increases (MacKenzie, 1994; Hoag & Burlingame, 1997; Riva, Wachtel, & Lasky, 2004; Yalom & Leszcz, 2005). In fact, Lieberman, Yalom, and Miles (1973) determined, in their encounter group study, that there was a high correlation between low cohesiveness and dropout rates. Those individuals who dropped out reportedly felt rejected, attacked, or unconnected. In addition, the relationship between cohesiveness and member retention affects the group as a whole. For example, noncohesive groups with higher dropout rates ultimately are less therapeutic for the remaining group members. In fact, “clients who drop out challenge the group’s sense of worth and effectiveness” (Yalom & Leszcz, 2005, p. 70). They also asserted that a sense of belonging to the group increased individual self-esteem and fostered responsibility and autonomy. To be successful and accomplish more challenging work in later stages of the group, it is imperative that therapists establish cohesion and engagement early in each session and early in the group’s development. In addition to being a powerful therapeutic force, group cohesiveness is a precondition for other therapeutic factors to function optimally. For example, cohesiveness in group psychotherapy encourages the client to engage in self-reflection and personal exploration.

A leader’s ability to foster insight, provide interpersonal feedback, and facilitate cohesiveness are essential therapist skills. Researchers have found that these three factors are the most important foci for leaders to emphasize in order to achieve the greatest growth within group
members. In effect, group leaders maximize the benefits of therapy by focusing on these three factors because they provide the opportunity for the most growth and because the leader is able to intervene at all of the group process levels: intra, inter, and group.

Further exploration in this literature review will reveal whether organizational research has mentioned Yalom’s therapeutic factors and the three levels of group process.

**Organizational Team Literature**

**Development of work teams.** The study of work groups began in the 1920’s and 1930’s (Porter & Bayerlein, 2000). Throughout the 30’s, the focus of the research was on the human relations movement which emphasized collective efforts at work in contrast to the individual efforts and hierarchical approaches previously proposed by scientific management theorists. In the 1940’s, the emphasis shifted to the study of group dynamics and the development of the social science theory (Kogler-Hill, 2004). Throughout the 1950’s sensitivity training and T-groups became the new emphasis. Then, in the 1960’s and 1970’s, organizational development began adopting techniques to create effective teams and leaders. During this period, sociotechnical systems theory provided a way to analyze what people at work do as a means to best organize them into groups (Appelbaum & Batt, 1994).

Competition from Japan as a manufacturing power in the 1980’s prompted a movement that focused on quality teams, benchmarking, and continuous improvement (Kogler-Hill, 2004). By the 1990’s, quality remained the emphasis but the focus expanded to include maintaining a competitive advantage nationally and globally. Currently, organizations have less hierarchical tiers and flatter organizational structures that rely on teams and new technology to communicate across time and geographical distance (Porter & Bayerlein, 2000). Today, approximately 85% of
organizations with over 100 employees use some type of work team (Levi, 2007; Cohen & Bailey, 1997).

**Function of work teams.** Work teams are a special form of groups because they have highly defined tasks and roles, and they demonstrate high group commitment (Katzenbach & Smith, 1999). There is still no universally agreed upon definition of work teams. However, Hackman, Wageman, Ruddy, and Ray’s (2000) definition, seemed to align with the conceptualization of many other researchers. They stated that organizational teams, or work teams, had three features.

- First, they are real groups—intact social systems, complete with boundaries, interdependence among members, and differentiated member roles.
- Second, they have one or more group tasks to perform, producing some outcome for which members bear collective responsibility and whose acceptability potentially can be assessed. Finally, such teams operate in an organizational context. (p.111)

Hackman et al. (2000) stated that effective teams finished their tasks or goals efficiently and met or exceeded their clients’ expectations. In addition, the social processes that occur during work phases improve members’ ability to work together in the future. Further, effective teams’ experiences positively contribute to the learning and personal well-being of individual members. All of these factors are influenced by the team leader. Therefore, for the purpose of this thesis, I will focus on the role of the team leader as a key individual influencing team processes and outcomes.

**Leadership and Teams**

Leadership research is likely “the most important topic in the realm of organizational behavior” (Lord & Maher, 1991, p. 129). Understanding the team leadership process is complex and poses significant challenges to researchers (Ilgen, Major, Hollenbeck, & Sego, 1993). The
current state of the field of leadership in organizations is in a “state of ferment and confusion” (Yukl, 1989, p. 253). This researcher also asserted that most of the proposed theories have conceptual weaknesses and lacked sufficient empirical support.

**Leadership Theories**

The study of leadership has evolved over the last 100 years from focusing on the internal dispositions of effective leaders to broader emphases such as “attributes, behaviors, and contexts in which leaders and followers are dynamically embedded and interact over time” (Avolio, 2007, p.25). The first research on leadership began in the early 1900’s when Carlyle (1907) proposed the “Great Man Theory” which argued that successful leaders possessed internal qualities that set them above others from birth. Related to the Great Man Theory, trait theory emerged in the 1920’s with the aim of identifying innate attributes of great social, political and religious leaders. According to trait theorists, leaders were individuals “who possessed special inborn characteristics that propelled them into leadership roles” (Wheelan, 1999, p. 73). Stogdill (1948) reviewed 30 years of trait studies and found that a few traits, most notably intelligence, were sometimes associated with reliable differences between leaders and followers. However, he found that no single trait or even cluster of traits related to leadership across a variety of situations (Chemers, 2000). By the 1990’s, researchers found that the majority of leadership traits previously identified could fit within the Big Five personality framework which included extraversion, agreeableness, conscientiousness, emotional stability, and openness to experience (Robins & Judge, 2007). However, researchers ultimately determined that even though many good leaders had some of these personality characteristics in common, they were not strongly correlated with leader effectiveness.
At Ohio State, researchers began developing behavioral theories of leadership in the 1940’s (Robins & Judge, 2007). These researchers identified two primary categories that incorporated most of the behaviors described by employees: initiating structure and consideration. Initiating structure refers to the degree to which a leader structures their role and the roles of their employees to attain team goals. In contrast, consideration refers to the degree to which a leader emphasizes developing and nurturing mutually respectful and trusting relationships with their employees. The results of the Ohio State studies indicated that initiating structure was correlated with higher productivity and more positive performance evaluations while consideration was correlated with higher employee job satisfaction, greater respect for their leader, and increased motivation.

At the same time as Ohio State researchers were developing behavioral theories, University of Michigan researchers were identifying leader behaviors correlated with performance effectiveness (Robbins & Judge, 2007). These researchers also constructed a model with two leadership dimensions: employee-oriented and production-oriented. While employee-oriented leaders emphasized interpersonal relationship with their employees, production-oriented leaders focused on technical aspects of the job and goal attainment. The University of Michigan researches’ results indicated positive correlations between employee-oriented managers and job satisfaction and productivity. Conversely, negative correlations were found between production-oriented leaders and job satisfaction and productivity.

In the 1960’s, Fiedler (1967) developed the first contingency theory model, the trait contingency model. He found that groups led by task-oriented leaders performed best in high and low control and predictability situations whereas groups led by relationship-oriented leaders performed best in moderate control or predictability situations (Chemers, 2000).
contingency models developed shortly thereafter included Hersey and Blanchard’s (1969) situational theory, Vroom and Yetton’s (1973) normative contingency model, and House and Mitchell’s (1974) path-goal theory. All of these theoretical models linked different leadership styles to specific contextual demands to determine effective leadership based on best performance outcomes. This research followed up on Stogdill’s proposal that leadership effectiveness should be based on the interaction between leader traits and contextual or environmental factors (Chemers, 2000).

Since the 1980’s, many researchers have focused their attention on transformational leadership which emphasizes the processes that change employees. Essentially, transformational leadership focuses on employee performance and helping employees realize their fullest potential (Avolio, 1999). “Transformational leadership focuses beyond the immediate operational processes” (Garman et al., 2003, p. 804) and “influences followers to transcend personal interests and transform themselves into agents of collective achievement” (Chemers, 2000, p.34). Unfortunately, the results of studies conducted to measure transformational leadership have been inconsistent and imply that transformational leadership has a trait-like quality (Northouse, 2004).

While all of these theories provide some understanding of leader effectiveness, none of these theories is universally applicable across cultures and situations. Today, most researchers assert that successful leadership results predominantly from a person’s ability to learn how to be effective by acquiring the right skills and knowledge (Wheelan, 1999). However, for new team leaders, managers, and those transitioning from supervisors to leaders, ascertaining the appropriate skills and knowledge can be challenging. Ultimately, “Managers trained and experienced in traditional supervision are faced with the most challenging and striking paradox
in modern leadership, leading employees to lead themselves” (Manz & Sims, 1987, p.14).

Further, Fullan (2001) asserts,

The more complex society gets, the more sophisticated leadership must become. Complexity means change, but specifically it means rapidly occurring, unpredictable, non-linear change (p.ix).

Change is inevitable, and effective leaders are able to respond to the changing needs of their context (Hallinger, 2003).

**Leader Factors in Organizations**

**Experience and competence.** According to Bennis (1984), there are four “competencies” that contribute to successful leadership: management of attention (the ability to attract people due to being highly committed to the work), management of meaning (the ability to integrate information to impart its significance to others), management of trust (the ability to portray reliability and have visible values), and management of self (the ability to recognize and utilize one’s skills and learn from one’s mistakes). Yukl (1989) asserted that an experienced leader had strong technical, conceptual, and interpersonal skills. However, most often leaders in the workplace are chosen based on their technical talent without consideration of their experience and competence as a leader (Hogan, Curphy, & Hogan, 1994). Therefore, while experience related to technical abilities are considered when selecting team leaders, a leader’s actual ability to lead is often overlooked.

**Personal characteristics.** Some researchers assert that, leadership effectiveness usually evolves from the leader’s basic personality (Tollerund, Holling, & Dustin, 1992). Personality characteristics such as self-confidence, openness to risk, decisiveness, and assertiveness are considered important qualities for leaders to have in order to be effective (Yukl, 1989). Stogdill (1948) concluded that dominance, extraversion, sociability, ambition, responsibility, integrity,
self-confidence, emotional stability, diplomacy, and cooperativeness were positively correlated with effective leadership. In fact, these characteristics emphasized by Stogdill are similar to the big-five model of personality structures. This five-factor model includes the following personality dimensions considered to have significant correlations with job performance: extraversion, agreeableness, conscientiousness, emotional stability, and openness to experience (Robbins & Judge, 2007). Yet, which factors are most crucial for leaders to have, partially depends on the environment in which they work.

As it pertains to effective performance, I have considered the role of leaders’ personal characteristics, behaviors, and competence. However, as previously stated, these aspects of leadership do not fully account for effective leadership. Effective leaders must also be sensitive to the delicate balance which varies from team to team and organization to organization (Katzenbach & Smith, 1999). As teams evolve, leaders need to be flexible to adapt to role changes. In effect, leaders should continually reevaluate what the team needs or does not need to help the team perform. Leaders must show a belief in the team’s purpose, the team as a group, and each individual member.

In the following section, I will discuss relevant team leadership literature to ascertain whether the therapeutic factors that were determined to be significant in the group psychotherapy literature were mentioned. More specifically, I will search for these specific terms or related terms to see if there is any cross pollination.

**Insight.** Hodgson and White (2003) asserted that the most effective leaders accessed an ‘Inner Sense’ which they say includes intuition, experience, and instinct. This can be achieved through personal growth and exploration. An individual who experiences personal growth will understand himself and his motives more clearly, will feel more integrated, and will perform
more efficiently. In addition, they will become more self-directed, more self-confident, more understanding and accepting of others, and better able to cope with problems. In order to help facilitate this development among individual members, the leader must be genuine--aware of and willing to share their own feelings--, empathetic, and have positive regard or respect and acceptance for others (Rogers, 1961; Baveja & Porter, 1996). A lack of awareness of one’s own behavior patterns and how they affect others has significant interpersonal consequences (Varney, 1989). Potentially the most detrimental consequence is the distrust and antagonism that develops amongst team members. Therefore, it is essential for team leaders to be self-aware.

In the literature that I reviewed, only a minimal amount of team literature refers to elements related to insight. Moreover, these references are not as clearly defined as those in the group psychotherapy literature. The reader has to piece together multiple aspects of the team research to gain a greater understanding of what insight entails. Yet, in their book on group psychotherapy, Yalom and Leszcz (2005) clearly defined insight as self-understanding, an effort to illuminate unconscious elements of ourselves, and an ability to gain perspective on one’s interpersonal behavior. Further, in the team literature there is an emphasis on intrapersonal awareness but little acknowledgement of interpersonal awareness, which is a pivotal aspect of insight as described in the group psychotherapy research. The team literature did refer to self-awareness in less detail however than Corey and Corey (2006) did in the group psychotherapy literature. In addition, according to the group literature, increased insight is fostered amongst group members by the leader, whereas in the team literature, the focus is on the leader developing his or her own insight. Ultimately, there was very little mentioned in the team literature about the significance of leaders’ ability to help team members develop insight and how this enhances team effectiveness.
**Feedback.** Communication is a fundamental team activity. Feedback is one aspect of communication that is essential for team improvement (LaFasto & Larson, 2001; Levi, 2007). It is the only way to know what needs to be improved (Harris & Sherblom, 1999). When utilized optimally, feedback should improve both the team’s functioning and the individual’s development (Wheelan, 1999). It should not be judgmental, exaggerated, ambiguous, or evaluative (Harris & Sherblom, 1999). Instead, effective feedback should be well timed and honest. It should take into account the team’s needs and help the team move forward. According to Wheelan (1999), high performance team members get regular feedback, positive and corrective, about their effectiveness and productivity from other members within the group as well as the leader. Therefore, it is important for leaders to establish an environment where members are encouraged to give feedback (Nygren & Levine, 1996). Building the commitment and confidence of each individual and the team as a whole helps foster this type of environment (Katzenbach & Smith, 1999). Leaders should model corrective feedback that is not ambiguous or harmful to the recipient’s self-esteem (LaFasto & Larson, 2001). This can be achieved by targeting the individual’s behavior rather than the individual himself. Giving only negative is not constructive. Corrective feedback should include “corrective alternatives” to avoid making the recipient defensive, discouraged or embarrassed (Levi, 2007, p. 103). Another aspect of providing effective feedback is active listening (Harris & Sherblom, 1999). Members who are good listeners convey their desire to comprehend the message and improve their understanding. “The goal of active listening is to provide feedback to the sender of a communication, to clarify the communication, and to promote discussion” (Johnson & Johnson, 1997).

The team literature and group psychotherapy literature seem to overlap the most in the domain of feedback. Both emphasize that feedback is an interpersonal phenomenon, and
researchers from both fields articulate that feedback is an important mechanism for behavioral change. In addition, researchers agree that interpersonal feedback is essential for both group development and the interpersonal growth of individual members. The group psychotherapy literature defines feedback a little more clearly than the team literature. Specifically, Stockton et al. (2004) stated that both members and leaders shared their personal reactions and insights about one another with each other when providing feedback. Researchers from both fields clearly identify the best methods for engaging in feedback exchange. What the team literature does not address that the group psychotherapy literature does is that interpersonal feedback promotes self-reflection and insight, allowing members to better understand themselves and what is necessary for personal growth and behavior change.

Cohesiveness. According to some researchers, “the primary condition for maximizing team performance is cooperation” (Shen & Chen, 2007, p.644). However, to facilitate cooperation, cohesion is necessary (Wheelan, 1999). Larson and LaFasto (1989) describe this condition as a “collaborative climate” (p. 94). In a collaborative or cohesive climate, team members communicate openly, disclose problems, share information, work together to develop solutions, and achieve success. Cohesion is based on the emotional bonds team members have with each other (Levi, 2007). The more members are committed and attracted to the team, the greater the cohesion. Keyton and Springston (1990) define cohesion as the “force that binds group members together” (p.234). In order to foster this type of environment, leaders need to help build trust (Larson & LaFasto, 1989; Shen & Chen, 2007), team spirit, solidarity, commitment (Larson & LaFasto, 1989), and a sense of belonging amongst all team members including the leader (Wolff, Pescosolido, & Druskat, 2002). Furthermore, research has shown that cohesion is positively correlated with performance and organizational outcomes (Wech,
Mossholder, Steel, & Bennet, 1998; Borkowski, 2005). In fact, in highly cohesive teams, members like the task, are personally invested in their work, enjoy collaborating with other members, and take pride in the team’s performance (Levi, 2007).

The team literature seems to address many aspects of cohesion and its importance in team dynamics. However, the group psychotherapy literature appears to be more comprehensive. The team literature did not discuss that cohesion occurs at the group level amongst all group members. In addition, the team literature did not mention that the relationships in teams include the individual’s relationship to the leader, to other group members, and to the group as a whole.

Group psychotherapy literature emphasizes that cohesiveness is a precondition for other therapeutic factors to function optimally. Applied to organizational team settings, this could mean that cohesion is necessary for optimal functioning of other team variables such as intrapersonal insight and interpersonal feedback. In addition, group psychotherapy researchers assert that to be successful and accomplish more challenging work in later stages of the group, it is imperative that leaders establish cohesion and engagement early in each session and early in the group’s development. Team research does however mention the positive performance and organizational outcomes associated with cohesion. Ultimately, maximizing both team and organizational performance can be strongly influenced by investing in leadership development and training.

**Leadership Development**

Leadership development research and practice are growing increasingly more popular. The literature suggests that organizations are realizing now more than ever that leadership expertise is essential to maintaining optimal performance (Herling, 2000; Krohn, 2000), and companies that emphasize training and development yield significant financial payoffs (Huselid,
One clear indicator of this is reflected in survey results that highlight the increased attention and money allocated to leadership development (The Conference Board, 1999). Another indicator is the amount of literature written on this topic (Day, 2001). Organizations’ need for effective leaders is ongoing, and even though many organizations recruit and hire leaders, a significant part of the ongoing need is met through leader development (McCauley, Kanga, & Lafferty, 2010). On a systemic level, organizations can help facilitate leader development via leadership development programs. Ultimately, many organizations perceive investment in leadership as a “source of competitive advantage and are investing in its development accordingly” (Day, 2001, p.581; McCall, 1998).

For this review, it is essential to more clearly define leadership development and differentiate it from management development. Despite overlap between these two domains, there are many key differences. Management development includes managerial education and training (Latham & Seijts, 1998) that incorporates obtaining specific types of knowledge, skills, and abilities to improve task performance in management roles (Baldwin & Padgett, 1994). Leadership development is broadly defined as “the expansion of a person’s capacity to be effective in leadership roles and processes” (McCauley, Kanga, & Lafferty, 2010, p. 29). Leadership roles come with and without formal authority compared to managerial roles that are formally defined (Day, 2001). Leadership processes enable people to work together meaningfully versus management processes that are position and organization specific (Keys & Wolfe, 1988). Leadership development involves increasing problem-solving, solution forming capabilities in groups of people and is oriented toward preparing for unforeseen challenges (Day, 2001).
Another distinction has emerged in the literature between leader development and leadership development. Even though leadership development literature does not always delineate this difference, the focus of leader development is on the individual leader and his or her acquisition of skills, as well as self-awareness, self-regulation, and self-motivation (Riggio, 2008; Day, 2001). In contrast, leadership development focuses on the collective leadership capacity of the organization including interpersonal competencies of leaders such as social awareness (e.g. empathy, service orientation, and developing others) and social skills (e.g. collaboration and cooperation, building bonds, and conflict management) (Day, 2001; McCauley, 2000). Day (2001) proposes that “the most value resides in combining what is considered the traditional, individualistic approach to leader development with a more shared relational (interpersonal) approach” (p. 586). Boyatzis (2008) suggests that leader change and development can occur at individual, group/team, and organizational levels, and in order for it to be successful, it requires support on all three levels. However, the majority of the emphasis in research as well as in practice is on individual leaders. Lastly, leadership development is an ongoing process. According to Senge (2006) an organization, like the individual, does not arrive at excellence; rather “it is always in the state of practicing the disciplines of learning” (p. 10).

Leadership Development Theories

Leadership interventions should be based on leadership theories. Therefore, the content of leadership development programs should be grounded in the theories and research on what makes leaders effective (London & Maurer, 2004). As previously mentioned, multiple leadership theories have been developed over the years including the great man theory, trait theories, behavioral theories, contingency theories, and transformational leadership theory. However, thus far, most the research in leadership literature focuses on determining what causes leaders to
emerge and be effective versus explaining how these leaders develop (Avolio, 2007). Arvey et al. (2006) asserts that future research should attend to “determining more precisely the kinds of environmental experiences that are most helpful in predicting and/or developing leadership and the ways in which these experiences possibly interact and/or correlate with genetic factors” (p.16).

Leadership Development Methods and Practices

Traditionally, leadership development programs have been created and implemented by professional trainers from corporate or site training departments who have little or no knowledge of the organization’s business strategy (Casner-Lotto et al., 1988). However, outside training professionals who function as performance consultants and learning advisers, are normally seen as a more cost-effective alternative to internal staffing for some training activities, and they are able to contribute areas of expertise not available in the company or at educational institutions (Lusterman, 1985).

Regardless of whether leadership development programs are created in-house or by external consultants, it is essential that leadership development training strategies be linked to individual, team, and organizational goals, and they should define the organization’s strategic learning imperatives including the learning tools necessary to help leaders obtain and retain skills and knowledge (Heery, 2002; Tannenbaum, 2002). By linking the organization’s goals with the development program strategies the quality of training improves and the results more closely align with the organization’s aspirations (Casner-Lotto et al., 1988).

Learning. Learning processes should be considered when creating a leadership development training model. These processes should include the conceptual understanding of new leadership behaviors and skills, observing role models, practicing, and receiving feedback.
The learning imperatives should also be based on the organizational climate, knowledge of organizational aspirations, and awareness of multiple training and learning options (Tannenbaum, 2002). In contrast to traditional learning, continuous learning, similar to Senge’s (2006) “learning organization,” is an ongoing, every day process of acquiring and integrating new knowledge and skills and not just a one time event. This type of learning is essential in today’s corporate environment where changes are constant (Casner-Lotto et al., 1998). In his discussion about the learning organization, Senge (2006) describes how learning involves a “fundamental shift or movement of mind” (p. 13). In a learning organization, adaptive learning should be joined by “generative learning,” or “learning that enhances the capacity to create” (Senge, 2006, p.14).

In many ways, a business’ success is directly related to its ability to manage change. According to Heery (2002) there are four elements in an efficient and effective learning system: performance improvement, data-driven training (linked to core operational needs), flexible learning opportunities, and outcome evaluation. McCauley et al. (2010) agree that learning from experience is essential to the growth and success of leaders and that the following types of developmental events are most useful to leaders in the learning process: challenging assignments, developmental relationships, adverse situations, course work and training, and personal experiences. Challenging assignments include difficult tasks and promotions. Developmental relationships include relational feedback, coaching, as well as one-on-one, peer and group mentoring. Further, developmental relationships have been found to be the second-most important domain of learning experiences (APQC, 2006; Conference Board, 2005). Adverse situations include crisis, mistakes, career setbacks, and ethical dilemmas. Course work and training can be initiated by the leader or employer and includes information, knowledge, and
experiences that are not available in the leader’s daily work. Lastly, personal experiences include emotion-laden memories of how values or one’s approach to life or work were formed and can occur throughout the lifespan and across multiple environments (McCauley et al., 2010).

**Training approaches.** Woodall and Winstanley (1998) indicate that leadership development methods can be categorized as on-the-job (action learning, mentoring, job rotation, special task forces and projects) and off-the-job methods (readings, short courses, seminars, educational programs, specialist packages, outdoor development, customized approaches). In addition, Yukl (2002) identifies three main development approaches: formal training and education, development activities (e.g. mentoring and special assignments), and self-help activities (e.g. reading books, viewing videos, and using interactive computer programs). Even though research has demonstrated that traditional (formal education) training programs are not the primary source of leaders’ learning and have low levels of learning transferability, 90% of all corporate education was still classroom based in the early 1990’s (Vierce, 2000). As a result, there is a growing trend toward experiential leadership development methods (Farrington, 2003) and “practicing leadership development more effectively in the context of the work itself” (Day, 2001, p.586). Internal programs are beneficial because they provide the opportunity to link learning to the company’s specific challenges and goals (Neary & O’Grady, 2000). However to be effective, experiential learning should incorporate structured mechanisms that help leaders articulate what they have learned on the job, to share what they have learned with their colleagues, and to integrate the knowledge of these lessons at the individual, team, and organizational level (Suutari & Viitala, 2007).

**Training practices.** A variety of practices has been created and implemented in organizations for leadership development and will be discussed here. One of the most popular
methods used by nearly all Fortune 500 companies is 360-degree feedback (London & Smither, 1995). Also known as multi-source feedback, 360-degree feedback is a systematic method of accumulating perceptions of an individual’s performance from all relevant sources or angles (Warech et al., 1998). Rating sources typically include subordinates, supervisors, peers, direct reports, and sometimes external sources such as customers and suppliers. This comprehensive approach provides a more accurate picture of an individual’s performance across contexts and links assessment with opportunities for development and growth via critical and supportive feedback (Van Velsor, McCauley, & Moxley, 1995). Multi-source feedback can be useful for developing an individual’s interpersonal competence by fostering self-knowledge and self-awareness of his or her impact on others (Barney & Hansen, 1994) which can also enhance an individual’s trust in others, in turn facilitating the cooperation essential for effective teamwork in organizations (Nahapiet & Ghoshal, 1998). However, research shows that feedback interventions do not always result in positive change, and for any leadership development efforts to be effective, the individual must be open to change and be willing to accept feedback as relevant and useful (Day, 2001).

Executive coaching is another ongoing leadership development practice involving goal-oriented one-on-one learning and behavior change (Peterson, 1996) with the aim to improve an individual’s performance and personal satisfaction and ultimately increase organizational effectiveness (Kilburg, 1996). This is a comprehensive approach that integrates assessment (such as 360-degree feedback), challenge, and support. Unfortunately, there is little research evaluating the effectiveness of executive coaching aside from case studies (Kilburg, 1996) especially pertaining to leadership development and enhancing performance. However, executive coaching that followed a training program showed an 88% increase in productivity in managers,
demonstrating a significantly greater gain compared with training alone (Olivero, Banc, & Kopelman, 1997).

Another method of leadership development is mentoring, a type of developmental relationship, which can be established formally by the organization or may arise informally, or unplanned (Day, 2001). Mentoring can be a valuable source of assessment, challenge, and support (McCauley & Douglas, 2004); however, mentoring programs often are too skewed toward support, with some focus on challenge, but very little attention on assessment (Day, 2001). In most formal mentoring programs, a junior manager is paired with a more senior executive. Although, sometimes the mentee is paired with a peer or an external consultant (Douglas, 1997). Observing and interacting with a senior executive helps the mentee increase his or her interpersonal competence by forming a more “sophisticated and strategic perspective” (Day, 2001, p. 594).

Networking is a leadership practice that fosters broader individual networks with the goal of developing leaders beyond knowing what and how, to knowing who in respect to problem-solving (Day, 2001). This creates an opportunity for leaders to challenge their paradigms through exposure to others’ thinking. Organizations that promote networking are investing in social capital with an emphasis on building support (Day, 2001). While networking can be an informal process, organizations can also create structured seminars or meetings for members from different groups who have common training or job experiences to share their mutual challenges and successes as part of leader development and learning. One benefit of networking is that it fosters peer relationships that are often long lasting. It also allows individuals to benefit in terms of knowledge acquisition and entrepreneurial opportunities (Burt, 1992).
Often considered to be the epitome of development in context, job assignments—an experiential method of learning—provide individuals with challenge and sometimes support (Day, 2001). Jobs assignments considered to be more developmental create growth opportunities by putting an individual in new situations with unfamiliar responsibilities, especially when the jobs are high-responsibility and high-latITUDE. Although successful outcomes of job assignments are positive in nature and assumed to be preferable, negative experiences or failures are developmental as well and tend to effectively promote learning and prompt self-reflection (Moxley, 1998). Job assignments are often key to succession planning, and promotions are often considered to be developmental in nature (Ruderman & Ohlott, 1994). Job rotations, or lateral transfers of individuals within organizations, are another form of job assignments that foster the development of broader perspectives on the business, adaptability and flexibility, and leadership skills (Campion, Cheraskin, & Stevens, 1994). Research shows, however, that job assignments typically lack intentionality in terms of implementation and follow-up assessment to determine the amount and type of development that has occurred (Day, 2001).

Action learning is a continuous process that provides real-work challenges in contrast to traditional, lecture-based learning. Action learning projects are tied to business imperatives which require individuals to be carefully paired with the projects (Day, 2001). For optimal success, structured reflection on the action should follow the project itself (Froiland, 1994). Overall, mentoring programs, along with action learning and 360-degree feedback, have been determined to be the most successful leadership development practices.

**Content.** McCauley et al. (2010) suggest three overarching domains for leadership development training: leading oneself, leading others, and leading the organization. Leading oneself includes developing effective self-management capabilities including self-awareness,
balancing conflicting demands, ability to learn, and leadership values. Leading others involves interpersonal skills such as building and maintaining relationships, building effective work groups, effective communication, and the ability to develop others. Leading the organization entails facilitative work such as management skills, the ability to think and act strategically and creatively, and the ability to initiate and implement change.

**Summary**

This review has demonstrated that within organizational literature, some research exists that addresses the importance of insight, feedback, and cohesion to varying degrees, as three factors that can significantly affect team dynamics. The hypothesis that to date there is little or limited overlap between what the group psychotherapy literature indicates about leadership effectiveness and what the organizational literature reveals that makes leaders effective is confirmed but with some qualification. In particular, the importance of insight (self-awareness) and cohesion is not well underscored or documented in the team literature. Further, the team literature does not address the significance of the three levels of intervention that exist within groups: intra-group, inter-group, and group level. More specifically, organizational literature does not mention how the leader always has the choice to intervene at one of these three levels, and that by alternating their focus amongst insight (intrapersonal), feedback (interpersonal), and cohesion (group level), the leader maximizes their effectiveness. In addition, organizational team literature compared to group psychotherapy literature is unorganized, inconsistent, and relatively new. Thus, even though research from various fields of psychology has been utilized to some degree, it seems that the group psychotherapy literature still has more to contribute to teams in the workplace.
“Most leadership research makes the explicit or implicit assumption that leadership is an important determinant of organizational effectiveness” (Yukl, 1989, p. 275). It is clear that those who lead teams in the workplace need better and more precise training. Some researchers assert that leadership training is crucial to make the transition to a team-based workplace. “Leaders of teams need to know how to facilitate…and evaluate group processes and progress” (London & Maurer, 2004). In addition, leaders at all organizational levels must have knowledge about group development and skills in effective group leadership (Carew, Parisi-Carew, & Blanchard, 1986, p. 50).

In the field of organizational development, there has been a demand since the mid 1960’s for group specialists training, team building, and experiential workshops to improve the effectiveness of teams at work (Reddy, 1985). This is important because the cost of ineffective leadership can adversely affect productivity, employee retention, product outcome, and customer satisfaction. Thus, leadership development training programs have grown increasingly more popular and integral within organizations.
Statement of the Problem

There is considerable body of literature in both the fields of group psychotherapy and teams in the workplace as well as in the domain of leadership development in organizations. As mentioned previously, the literature and research on group therapy came first. The central proposition of this paper is that little attention has focused on bridging the fields of group psychotherapy and leadership development in organizations. If this proposition is accurate, newly hired managers and managers transitioning to team leadership positions in the workplace have not been educated in lessons learned from group psychotherapy. Could team leaders and leaders in general in the workplace benefit from exposure to what we know about factors that make group psychotherapy and therapists effective?

In today’s competitive environment, many organizations realize the critical impact leaders have on their system at the individual, team, and organizational levels. As a result, organizations are spending significant amounts of time, money, and energy to develop their leadership talent (Wexley & Baldwin, 1986). However, organizations often fail to adopt and fully implement what the psychological literature prescribes as effective training practices (Dipboye, 1997). Even though in the last 35 years considerable knowledge has accumulated on how people learn and methodologies have been proposed for scientifically and systematically guiding the training process, a gap still exists between this research and the actual practice of training in organizations (Dipboye, 1997). As a result, further studies should incorporate aspects of group psychotherapy literature and should focus on creating effective leadership development models that are rooted in theory and empirical evidence.
Purpose of the Study

The current research on leadership development and teams in the workplace has not been informed by the rich history of literature on group psychotherapy. As a result, the factors that have been identified as effective in group psychotherapy literature are not generally mentioned or operationalized in the organizational team and leadership development literature. Team leaders and leaders in general in the workplace are not benefiting from the psychological research that is available. Failure to acknowledge this research may mean these leaders are functioning below their potential which could translate into costs to the organization such as lost worker productivity, increased turnover, a sub-optimal product, and decreased customer satisfaction. Current and future leaders would benefit from training processes that are informed by what is evident in the group psychotherapy literature. Leadership development training programs for consultants based on theory and field study results that can be adapted to a variety of different organizations and is amendable to empirical testing will be proposed.
Methods

The purpose of this study was to create a leadership development training program that incorporated the wisdom of group therapy, with specific attention to insight, interpersonal learning, and cohesion while also including contemporary best practices in leadership development training. Due to the fact that there is such a wide range in theory and practice of leadership development across different organizational settings, one setting, hospitals, was chosen for this study to maintain greater consistency within results and for the leadership development program.

Thus, a sample of leadership development training programs was reviewed within hospital networks in the Portland, Oregon metropolitan area. This particular metropolitan area was chosen for proximity to limit transportation costs for the interviewer. Then, specific hospitals were selected by collaborating with the Director of the Masters of Healthcare Administration program at Pacific University in Hillsboro, Oregon who had connections with key individuals at four local hospitals. These initial contacts facilitated direct contact with each hospital’s director of organizational development, the department that was primarily responsible for leadership development. Then, I interviewed these four directors to see how they institute leadership development while listening for elements in line with the group psychotherapy literature. Results from the literature review and interviews were incorporated into my leadership development program as well as included in my recommendations for organizational consultants.
Results

Information about leadership development training practices in the Portland, Oregon metropolitan area was acquired through interviews with one key individual at each of four non-profit hospital networks. These hospital networks range in size from two hospitals with a few affiliated medical offices to 35 hospitals with approximately 450 affiliated medical offices. Leadership development training programs have been developed and are currently being utilized at these four hospitals. Information was collected via interviews with the directors of organizational development from these hospital systems.

Overall, each director of organizational development provided some general information about their training programs, but they provided little specific, detailed data. None were able to share training manuals and documents. This seemed to be due to a few possible factors: lack of time to retrieve that information, efforts to protect their investment and knowledge, and lack of formal collection and documentation of data regarding their programs.

About 10 years ago, all four of these hospital systems began creating leadership development training programs that have been managed through each hospital’s organizational development department. Each of these programs continues to be modified and evolves over time in response to data from program evaluations and updated research on best practices. All of these programs are developed partially in-house and incorporate varying degrees of external resources such as research, vendors, and consultants. Directors from all four hospital systems said they have utilized literature from the business sector related to leadership, group dynamics, teams, organizational development, conflict resolution, and emotional intelligence to inform their programs. In addition, trainings developed by outside consultants and vendors have been used by three of the four hospital networks. Specific consultants and vendors mentioned by two of these
directors included: The Advisory Board, Linn Benton Community College, Development Dimensions International, Franklin Covey, American Society for Training and Development, and American Management Associates. In addition to including these resources, the content of leadership development can be influenced by other factors. For example, one director stated that leadership development programs should be linked to the organization’s mission. In the case of one hospital system, their program is heavily based on managers’ self-reports of current training needs.

All four directors agree that assessments are valuable tools and essential components of leadership development programs because they inform the effectiveness of these programs and the content of future trainings. One such method used by all four hospital systems and implemented immediately after trainings is a post-training evaluation of the program itself by the individuals (trainees) who attend the trainings. Three of the four programs include assessments of training effectiveness based on evaluations of leaders’ performance post-trainings compared to performance pre-trainings. For example, one director meets with trainees shortly after the training to obtain reports from the individual as well as his or her boss about what was gained from the training and how it influenced the individual’s effectiveness. Another director does a performance assessment 10 weeks after a leadership development training to determine if leaders are implementing what they have learned and if they are accomplishing the goals they set for themselves after the training. Both of these examples use feedback from the trainee and/or his or her boss, but leader performance in hospitals can also be evaluated indirectly by patients. For example, one of the four programs incorporates outcome feedback in the form of performance ratings on quality of care and services solicited from the hospital’s patients.
All of the directors focused on lecture based trainings, developed either in-house or by outside consultants and vendors. These lecture based trainings are disseminated in classroom-like settings, but one director mentioned using web-based learning as well. When inquiring about the specific content of these trainings, only one director provided detailed descriptions of all of the trainings in that organization, the other three directors named topics recalled from memory at the time of the interview. There is considerable overlap in the curriculum across the four organizations: leadership concepts (e.g. leading change, effective skills and behaviors, challenges), communication skills (e.g. conflict mediation/resolution, crucial conversations, delivering feedback, listening, professional communication), goal setting, problem-solving and innovation, diversity topics, performance improvement, succession planning, enhancing the customer/patient experience, productivity, finance, human resources management, and team/group dynamics. All four directors said these trainings are formalized in facilitator manuals. One director mentioned they had participator manuals as well. To help integrate information from the trainings, one director said trainees are also required to follow up after the trainings and do presentations on what they learned and how they anticipate applying the information. Ultimately in the interviews conducted, lecture based trainings were emphasized with little attention to other methods such as 360 degree feedback, mentoring, networking, job assignments, and action learning. However, one director mentioned using “applied project management” which blends job assignments with networking, and another director mentioned using “individual professional development” that incorporates some mentoring. Only one hospital organization incorporated multiple methods such as networking, one-on-one coaching, and mentoring in conjunction with lecture-based trainings. However, this multi-modal approach is used only for new leaders to support them as they transition into the organization.
Certificates of completion are given to trainees after finishing a series of trainings in three of the four programs. The first hospital organization’s leadership development program includes two formal certification programs: one track for individuals who are interested in and have the potential for a leadership role, and another track for new or experienced supervisors, managers, and directors. In these programs, specific courses are required for each track. In addition, a minimum requirement of 22 hours for the first program and a minimum of 80 hours for the second program must be completed to “graduate.” These training programs are repeated quarterly. This organization has also created an additional leadership development program that last two days and is designed specifically for executives. The director highlighted the following strengths of this program: high quality trainings and instructors, offered on site, opportunity to connect with a larger network of people. According to this director, the infrequency of the trainings is a drawback; missing one class can result in waiting three months to take it. To be more effective, this director suggests incorporating action learning and better assessment of training needs and objectives for executive level leaders.

The second hospital network that incorporates completion certificates has a minimum requirement of 70 hours, and trainees can select from a range of classes. In this organization, the program is offered to all managers and new directors who are encouraged but not mandated to attend. Training programs are offered twice per year and are comprised of training modules that last for five weeks with trainings once per week. The director of this program cited greater networking opportunities and interdisciplinary information sharing as strengths. The weaknesses of this program, according to the director, are that trainings are sometimes too general and fail to meet the needs of different types of leaders, and the information from these trainings is not being
applied in real time. The director of this program suggests increasing the involvement of trainees’ supervisors would improve it.

In the third hospital network, neither a specific number of hours nor number of courses was identified, but to receive completion certificates, trainees must complete all trainings offered in a given year. These trainings are not mandatory and are available to leaders at all levels within the organization including formal leaders (e.g. managers, assistant managers, executive team members) and informal leaders. They occur anywhere from monthly to quarterly, and the individuals who attend are self-selected. However, with some specialty trainings, individuals are selected by executive team members. Executives are always invited, but they are not the target audience because it is assumed they already have acquired these skills. According to the director of this program, the strength include: incorporating external resources, the variety & creativity of curriculum, fit with the organization’s mission, and providing support for leaders’ learning. The director said the greatest weakness and most fertile ground for improvement of the program is a lack of outcome assessments that provide information to help improve future trainings.

In the fourth hospital system, certificates are not included, and all leaders within the organization are required to attend at least one training per year which entails three, two day sessions. In this program, sessions are offered monthly and individuals select courses from a catalogue. This leader articulated the following strengths of this program: skills learned are directly transferable, trainings are developed specifically for the healthcare industry, in the moment training, and e-learning is a more efficient way to addresses common topics. This director mentioned that the primary weakness of this program is the lack of valid assessment tools beyond self-report surveys. Improving this program, according to this director, would entail linking education to experience while increasing exposure.
Ultimately, results from all four interviews corroborate the findings of the literature review that essential elements of group therapy literature have not been integrated yet into leadership development training programs in the workplace.
Leadership Development Program

As previously stated it has been determined that leadership development programs need to be linked to organizational goals and mission statements. Therefore, each program should be specifically designed for each individual organization. As a result, in this program, I propose more general concepts and procedures that should be included in any leadership development program, with an emphasis on leaders of teams in hospital systems. This program is designed for consultants who are designing and directing a leadership development program.

Phase 1

First and foremost, it is essential at the onset for consultants developing and implementing these programs to talk with the executives about their goals and aspirations for the leadership development program as well as talking with leaders who are the intended trainees. This is important because these different groups may have different ideas about what should be addressed in the trainings. Discussions with both groups allows for the opportunity to confront any discrepancies and ultimately find mutual goals, otherwise it may be challenging to get either group on board and motivated for the trainings.

After determining the overarching goals for the leadership development program, various types of assessments are necessary before creating and implementing the program. First, an organizational analysis should be conducted to determine systemic components that may influence the delivery of the training program (Goldstein, 1993). In addition to organizational goals, this assessment would focus on the congruence between training objectives such as available resources, constraints, and support (Salas & Cannon-Bowers, 2001). Because many organizations fail to reach their training goals due to organizational constraints and conflicts, it is especially important to identify and address these before starting the trainings.
Another component of assessment prior to implementing the training program, is to decide where training is needed, what needs to be taught, and who needs to be trained (Goldstein, 1993). This process helps specify learning objectives, which shapes the design and delivery of training as well as the process of content development. More specifically related to trainees, it is important to assess what trainees bring to the training (e.g., what skills they already have as well as personality factors), variables that engage the trainee to learn and participate, and how the trainee can be prepared to maximize the learning experience (Tannenbaum et al., 1993). This could be achieved through self-report inventories for the trainees with specific questions related to the skills and factors that are needed to maximize participation and learning in the training. Another factor is how motivated the individual is for training to ensure he or she is ready to participate (Kraiger, 2003). Results of the research show that leaders’ job involvement, organizational commitment, and perceptions of the work environment (e.g., perceived support and recognition) were predictive of pre-training self-efficacy, which relates to pre-training motivation (Aguinis & Kraiger, 2009). Thus, utilizing self-report inventories as well as peer- or manager-report inventories would help determine these factors, which would determine trainees’ overall motivation for the program.

Lastly, after determining which departments need training within the organization and who needs to be trained, the consultant should assess the developmental stage of the leader’s team. This is a key area that is best informed by the group psychotherapy literature. Tuckman and Jensen (1997) articulated the following group phases: forming, storming, norming, performing, and adjourning. For the purpose of this program, I focus on a leadership development program designed for the storming phase of teams and the leader’s role within that phase.
Phase 2

Phase 2, training design and delivery, is informed by Phase 1. The design of this program primarily includes didactic trainings with some on-the-job training as well as web-based trainings before the classroom didactic. Prior to the classroom didactic portion of the training, leaders will engage in technology-delivered trainings that are web-based and include instruction on single work stations. The purpose of these pre-trainings is to prepare the leaders for the classroom and on-the-job training phase of the training by helping increase leaders’ self-efficacy for the next phase. The web-based portion of the program will be designed for each individual leader based on their training needs with awareness of the skills and knowledge they already have, and as a result the skills and knowledge they still need to acquire prior to the next phase of training. These trainings will begin two weeks prior to classroom trainings and will be completed at a pace determined by each individual leader. Then, once these web-based trainings are finished, each leader will be tested to assess their level of knowledge and skills prior to the classroom training. The purpose of this assessment is to provide a baseline measure of leaders’ abilities and knowledge to be compared to their abilities and knowledge post-training. This is accomplished by utilizing inventories of self-report, manager-report, and team member reports.

Phase 3

Phase 3 expands on the design and delivery of the program and addresses the content of the classroom trainings. In this program, I will focus on the knowledge and skills needed by leaders during the storming phase of a team. This will include four modules addressing principles gleaned from the group psychotherapy literature combined with best practices from the organizational research, specifically pertaining to the storming phase of teams, cohesion, insight, and interpersonal feedback.
**Storming.** In the group psychotherapy literature, there are five stages of group development that proceed in the following order: forming, storming, norming, performing, and adjourning (Tuckman, . The storming phase of team development is often the most challenging phase for leaders. Hallmarks of this phase often include a focus on control, power, status, competition, and individual differences (Yalom & Leszcz, 2005). The leader needs to navigate the following potential situations: hostility toward the leader, negative comments and intermember criticism, struggle amongst members, including the leader, for power and control. These challenges can be mitigated by attending to group cohesion, interpersonal feedback, and insight.

**Cohesion.** As previously established, cohesion is the most important factor in the success of teams and their leaders, and it the essential foundation for all other factors to develop and work effectively. Part of developing stronger cohesion amongst team members is to foster a trust, warmth, empathetic understanding, and acceptance. Leaders will learn about the principles and benefits of cohesion to create greater commitment on their part to invest in the development of cohesion within their teams. In addition, they will learn how to recognize different phases of cohesiveness as well as how to foster deeper cohesion. This includes how to track and respond to all dimensions of the team including each individual team member’s relationship with the leader, his or her relationship to other group members as well as his or her relationship to the group as a whole. An aspect of this is how the leader cultivates helpful interpersonal team norms. Lastly, the leader needs to be taught how to continually attend to the ongoing changes and dynamic processes of cohesion within the team. For example, it is possible for teams to move back a stage related to cohesion. How to identify problems with cohesion and how to address these problems quickly and effectively will be emphasized.
**Insight.** Teaching the leaders about intrapersonal and interpersonal insight as well as how to foster insight in team members will be included in a didactic portion of the program. Then, the leaders will be provided opportunities to practice these skills both on-the-job as well as in collaborative learning experiences, which provides the opportunity for vicarious learning as well as networking by interacting with peers. In the storming phase, it is common for leaders to become discouraged by and frustrated with the hostile, critical, and dominating dynamics of team members. Therefore it is essential for leaders to be knowledgeable about the norms of the storming phase. The leader needs to be extremely aware of his or her reactions to the team and its members as well as be aware of how he or she is influencing and affecting them. Awareness of the typical dynamics and challenges of this phase and normalizing them helps leaders have realistic expectations and decreases the potential for disenchantment.

**Interpersonal Feedback.** Skills and knowledge about feedback provided by leaders to team members during the storming phase will be taught and then practiced experientially via collaborative and on-the-job trainings. Specifically, this will include how to provide feedback to individuals as well as the team as a whole as well as how to model and encourage team members to give feedback themselves. In addition, leaders will learn about how both positive and corrective feedback should be used and how interpersonal feedback should focus on observable and specific behaviors. During the storming phase, leaders should be conscientious and careful about how and when they deliver corrective feedback because the cohesiveness of the team is still in an early phase of development which means that trust has not been fully established and team members have not yet achieved self-efficacy within the group. Therefore, team members’ receptiveness to corrective feedback is lower than it is as the team develops beyond the storming phase. Leaders will also learn about the benefits of empathy and how to be empathetic toward
team members. This is crucial for establishing greater cohesion though meaningful and trusting relationships amongst team members as well as with the leader, which ultimately helps the team move past the storming phase.

Phase 4

Across all the content training models disseminated in phase 3, practice and feedback will be incorporated during and after the didactic trainings, including collaborative learning and on-the-job experiences. This program will also include high-challenge on-the-job trainings which introduce difficulties for the leader. During this portion of the training, consultants shadow the leaders in the real process of leading his or her team, providing feedback and support. During high-challenge on-the-job trainings, leaders are explicitly encouraged to make errors and engage in reflection to understand the cause of the errors and the strategies to avoid making them in the future. According to the research, this helps leaders develop a deeper understanding that facilitates and enhances transfer to novel tasks (Aguinis & Kraiger, 2009). This is linked to the group psychotherapy literature that emphasizes the importance of leader insight into behaviors through learning and reflection.

Phase 5

Follow up assessment instruments will be used post-trainings to evaluate what individual leaders have learned using self-report inventories, performance measures, and behavioral observations of the leaders by managers and team members. These evaluations will be conducted immediately after the trainings and again 6 weeks later. This information will also help inform future trainings by highlighting what was most and least effective. Finally, self-report inventories will be used to obtain feedback from the trainees about the effectiveness of the program as well as what information was most useful.
Discussion

The group psychotherapy literature predates the literature on leadership development and teams in the workplace and has yet to be utilized in the organizational domain. Even though the use of teams in the workplace has dramatically expanded, teams have not been universally successful. In fact, the transition toward teams in the workplace has created a challenge for supervisors who knew how to lead and motivate individuals but lack the skills and knowledge to lead teams. In turn, this has created a challenge for training managers to transition to team-oriented organizations. Organizational executives have expressed concern about the inadequacies of their leaders and are committed to investing in education and training to develop their skills, perspectives and competencies (Conger & Benjamin, 1999).

While this study initially focused on team leaders in the workplace, little literature exists specifically on leadership development for team leaders in organizations. Therefore, I expanded the scope of this research to include leadership development at all organizational levels. This research is then specifically applied to leadership development of team leaders in hospital settings. Interviews were conducted at four hospitals in the Portland, Oregon metropolitan area. The goal was to assess what leadership development programs are being utilized in practice and to determine how effective they are. Through these interviews, I found that all of the hospitals have organizational development departments that are frequently adapting their leadership training programs to align with what is determined best practice in the business domain. However, these organizational departments and training programs have only existed for the past decade and still have not integrated essential components of the group psychotherapy literature.
Regarding limitations of this study, none of the interviewees at any of the hospitals included in this study discussed leadership training methods aside from didactic, classroom style modalities so it was assumed they did not use them. However, in hindsight, it seems possible that these hospitals may incorporate other training methods (e.g. 360-degree feedback, action learning, networking, etc), but never mentioned them during the interview because the interview questions developed for this study did not directly target these training modalities. Also, it is possible that other training methods are in fact being utilized by leaders’ mentors or bosses that are not formally routed via the human resources or organizational development departments.

Another limitation of this study was the lack of concrete data or detailed, thorough information provided by the interviewees. For example, none of the interviewees shared their leadership development training manuals, and despite sending them the questions well before the interviews were conducted, interviewees’ answers overall were too general, vague, and unprepared. These outcomes were possibly due to interviewees’ time constraints and consequential inability to collect the necessary data and information before the interview took place. It is also possible that the interviewees felt obligated to protect their organization’s specific information, or assets in the spirit of wanting to maintain competitive advantage over the other organizations. In addition, all interviewees admitted that their program assessment, data collection, and documentation procedures are inadequate which undoubtedly affected the interviewees’ ability to accurately report such information in the interviews.

In the future, in addition to adapting the interview questions to assess for the use of non-didactic training methods, research on this topic could be enhanced if multiple rounds of interviews were conducted across a range of organizational levels (e.g. directors of organizational development, leaders of teams who have participated in these trainings, hospital
executives). After developing the leadership development program, it could be implemented at a single hospital and then assessed for its effectiveness.

After completing this research, I developed a leadership development program for consultants implementing leadership development training programs in which I introduced principles from the group psychotherapy literature that would enhance leadership development trainings in organizations. I specifically emphasized the importance of including information on stages of group development and factors essential to producing optimal, effective outcomes such as cohesion, insight, and interpersonal awareness. In sum, this study supports researching and practicing the infusion of group psychotherapy principles in leadership development trainings for organizational settings. Further, this study supports organizational investment in consultants with expertise in psychology to develop and implement leadership development trainings.
References


Appendix

Interview Questions

1) Do you have any leadership development training programs in place?
   a. How do you determine what kind of training is necessary?
   b. Who developed the program (external/internal)?
   c. Who attends the training?
   d. How often are the trainings?
   e. How many have been done here?

2) What does the leadership training involve?
   a. What are the goals and how are they determined?
   b. Who leads the training?
   d. Do you have a manual or information about the details of the training you could share with me?

3) Have you evaluated the outcomes of the training?
   a. What did the assessment entail?
   b. What were the outcomes?

4) Do you modify the training based on the evaluations you get back and if so how?

5) What do you see as the strengths of the program?

6) How could leadership training be enhanced to yield optimal outcomes?

7) Are any aspects of your training program informed by research on transformational or transactional leadership? If so, how is this research incorporated?

8) Do you know if any parts of the training are drawn from principles of psychology specifically group dynamics or group therapy literature?