A Social Identity Approach to Leadership Development

The 5R Program

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Abstract: Social identity research shows that leadership is a process of group identity development but has not examined how leaders can manage group identities in the workplace. The 5R leadership development program addresses this issue. This takes leaders through a five-stage process of (1) Reading: explaining the importance of social identity processes for leadership; (2) Reflecting: identifying important workplace social identities; (3) Representing: clarifying goals and aspirations associated with different subgroup identities; (4) Realizing: identifying superordinate goals and developing strategies to achieve both them and subgroup goals; and (5) Reporting: assessing progress toward goals. Results of a longitudinal study indicate that 5R is a useful framework for leadership development that translates insights from social identity theorizing into structured intervention.

Keywords: leadership, training, groups, social identity, 5R

In recent years, the social identity approach has emerged as an increasingly important framework for understanding and engaging with key aspects of organizational life. Building on work with two influential social psychological theories – social identity theory (Tajfel & Turner, 1979) and self-categorization theory (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987; Turner, Oakes, Haslam, & McGarty, 1994) – the core insight of this approach is that key forms of organizational behavior reflect and arise from people’s sense of themselves as group members (“us”) as much as, if not more than, their sense of themselves as unique individuals (“I”). Thus while a great deal of organizational and management theory focuses on the psychology of individuals as individuals (reflecting their personal identities), social identity theorizing suggests that much is to be gained from appreciating the ways in which employees’ behavior is structured by their sense of shared social identity (Haslam, 2001). Among many other things, work that has taken this perspective has shown that social identity is a major determinant of (a) effective communication (Morton, Wright, Peters, Reynolds, & Haslam, 2012), (b) workplace motivation (Ellemers, De Gilder, & Haslam, 2004), (c) organizational citizenship behavior (van Dick, Grojean, Christ, & Wieseke, 2006), and (d) social support and stress (van Dick & Haslam, 2012).

However, the organizational topic that has probably received the most attention from social identity theorists is leadership (e.g., Ellemers et al., 2004; Hogg, 2001; Reicher, Haslam, & Hopkins, 2005; Turner & Haslam, 2001; van Knippenberg & Hogg, 2003). Here research has challenged the widespread view that leadership is a process that reflects and can be developed by only reflecting on the psychology of the individual leader in isolation. In part, this is because leaders are never just leaders in the abstract. Rather, they are always leaders of some specific group or collective – a department, a work team, and so on. Likewise, potentially at least, their followers are also members of the same entity. Ideally, then, leaders and followers are bound together by their being part of and by their sense that they are part of – a common group. Indeed, more generally, leadership can be seen as a process of social influence (Turner, 1991; Turner & Haslam, 2001) that arises in part from the capacity of an individual to represent this sense of shared social identity (e.g., as suggested in the social identity model of leadership [SIMOL]; Hogg, 2001).
Consistent with this proposition, research has shown that leaders are more likely to be endorsed by followers, and to influence them in desired ways, to the extent that they are seen to be representative (or prototypical) of a common ingroup (Hogg, 2001; Platow & van Knippenberg, 2001). In short, it is only when leaders are seen as embodying “who we are” that their leadership stimulates followership. Research also shows that a variety of stereotypical leader qualities are actually the consequence of perceived prototypicality – such that we regard leaders as more trustworthy, fair, and charismatic to the extent that they are seen to represent and advance the interests of a common ingroup (Steffens, Haslam, & Reicher, 2014).

At the same time too, recent work has extended upon SIMOL by suggesting that leadership is not just a matter of representing (i.e., being prototypical of) a given group, but also involves creating, advancing, and embedding a sense of shared social identity (as suggested in the New Psychology of Leadership [NPoL]; Haslam, Reicher, & Platow, 2011; see also Steffens, Haslam, Reicher, et al., 2014). In line with NPoL, a range of studies show that, before they can mobilize and harness the power of the group, leaders first have to act as entrepreneurs of identity (Reicher et al., 2005) who create a shared sense of group identity among followers (Carroll & Levy, 2010; Fransen et al., 2015). Having done so, they also have to act as champions of identity who behave in ways that advance the interests of the group that they are leading (rather than those of other groups or their personal interests) and as impresarios of identity who engage in activities that translate “the idea of us” into group members’ lived reality (Haslam et al., 2011).

Application of the Social Identity Approach in Organizational Contexts

Despite the large body of empirical work that has tested and supported the social identity approach to leadership, it remains the case that, to date, this approach has had limited impact on the practice of leadership training and development (Haslam, 2014). One exception to this is the ASPIRe model – a framework for diversity management and strategic planning that seeks to tackle a range of organizational and leadership challenges by Actualizing Social and Personal Identity Resources (Haslam, Eggins, & Reynolds, 2003; Peters, Haslam, Ryan, & Fonseca, 2013). The ASPIRe model specifies a three-phase program of activities that provides a structured framework for identifying and working with employees’ diverse organizational identities with a view to aligning them as part of an organic superordinate identity. Briefly, the first phase of the ASPIRe process involves identifying the various subgroup identities that matter to a given group of employees. The second phase involves working to discover the goals and aspirations associated with the different subgroup identities, as well as the obstacles to their achievement. The final phase then serves to identify and agree upon superordinate goals and to develop strategies that allow both these and important subgroup goals to be achieved.

A range of studies provide evidence of the utility of the ASPIRe model as a framework for harnessing the power of social identities in organizational and other social contexts (see Peters, Haslam, Ryan, & Steffens, 2014). In particular, this evidence emerges from studies of hospital staff (O’Brien et al., 2004), military medics (Peters et al., 2013), and schoolteachers and students (Reynolds, Subasic, Lee, & Tindall, 2014). Yet while the development of ASPIRe was partly informed by leadership research, it is not explicitly oriented to the challenges of leadership or to the process through which leaders might be trained. Nevertheless, recent reviews of the leadership literature suggest that the activities that are central to the ASPIRe process map closely onto those that are important for identity leadership. In particular, Haslam and colleagues (2011, p. 205) conclude their survey of the field by observing that leaders who want to develop and manage identity effectively need to attend to what they refer to as the “3 Rs” of identity leadership: first, Reflecting on the nature of identities that are important for members of a given organization; second, Representing what those identities are about; and third, Realizing the identity-related ambitions of group members. These three processes map onto the distinct phases of the ASPIRe model and suggest that it might form the core of a leadership development program. It is this possibility that the present paper seeks to explore.

The 5R Leadership Development Program

In light of the above arguments, this paper has two main goals. First, to explain why and how the ASPIRe model might be used as the basis for a novel approach to leader education and development. Second, to report a preliminary implementation of the 5R approach together with data that speak to its viability.

Our operationalization of a social identity approach to leadership development translates the different phases of the ASPIRe model into three workshops. Each workshop is associated with one of the “3 Rs” of identity leadership and guides leaders through activities that they are subsequently required to conduct with their team members so that they develop a “hands-on” understanding of identity management.

Prior to the workshops, participants first take part in a Readying session in which they are informed about the importance of group and social identity processes for
leadership and organizational behavior (e.g., along the lines of Haslam et al., 2011). This session ensures that participants are “on the same page” and understand the logic that informs subsequent workshops (a logic that is likely to be unfamiliar to them). The importance of this preparatory phase is confirmed in other social identity interventions – notably GROUPS 4 HEALTH (Haslam, Cruwys, Haslam, Dingle, & Chang, 2016).

The Reflecting workshop explains the importance of identifying organizational members’ important work-related social identities and introduces them to the process of social identity mapping (after Eggins, O’Brien, Reynolds, Haslam, & Crocker, 2008; see also Cruwys et al., 2016). This mapping process asks people to identify the group – typically a subgroup (e.g., a work team or unit) – that they identify most strongly with in their organization and then (a) to identify the main other groups that their (sub)group has dealings with and (b) to indicate the nature of relations between their (sub)group and these other groups. Rather than making assumptions about the identities that define people’s activity in an organization (e.g., in ways that organizational charts and organograms typically do), this process provides leaders with insight into followers’ subjective representations of the key identity-based relations that are likely to impinge upon, and structure, their organizational behavior (Peters et al., 2013).

The Representing workshop addresses the importance of subgroup voice for both diversity management and strategic planning (e.g., as outlined by Eggins, Haslam, & Reynolds, 2002). It explains how leaders can give group members voice by working with the subgroups that have been identified as important in the previous phase (a) to articulate goals and aspirations associated with their shared identity, (b) to identify obstacles that interfere with the achievement of these, and (c) to develop strategies and plans to surmount these obstacles and work toward key goals.

The Realizing workshop explains the importance of participative group goal setting for organizational success (e.g., as outlined by Wegge & Haslam, 2003) and the importance of shared social identity for employee health and well-being (e.g., as outlined by van Dick & Haslam, 2012; Steffens, Haslam, Schuh, Jetten, & van Dick, 2016; Steffens, Haslam, Kerschreiter, Schuh, & van Dick, 2014). It explains how leaders can facilitate these by bringing subgroups together (a) to discuss their distinct goals and strategies (as developed in the previous phase), then (b) to work together to identify shared subgroup and superordinate goals, then (c) to identify and prioritize strategies to help achieve goals defined at these two levels.

Importantly, after each of the three core workshops, participant leaders are instructed to work with the teams for which they have responsibility by taking them through the various activities that leaders have learned about and trialled in the workshop – thereby effectively guiding team members through the ASPIRe process. This is intended to give leaders practical experience of managing social identities on the ground. Following this, leaders report back on their experience at the start of the following workshop and feed outcomes forward into the next stage of the process.

At the end of the program a Reporting session explains the importance of leaders obtaining feedback about progress toward subgroup and superordinate goals (as suggested by other social identity and goal-setting programs; e.g., Haslam, Cruwys, et al., 2016; Locke & Latham, 1990). It explains how doing this helps to “close the loop” and ensure that the lessons, activities, and objectives of the 5R program are embedded, and seen to be embedded, in organizational practice. This session also allows leaders to discuss their program-related experiences and provides a platform for subsequent iterations of the program.

The resultant program thus has five phases – the 5Rs from which it gets its name – that are represented schematically in Figure 1. It also has a number of distinctive features. Most particularly, where traditional approaches to leader training and development often focus on leaders in isolation and in contexts removed from their normal sphere of activity, the 5R program encourages leaders to engage directly with the groups they are attempting to lead. In this way, and in line with suggestions that leadership development should focus on the specific contexts in which leaders operate (Day, Fleenor, Atwater, Sturm, & McKee, 2014; Hodkinson, Whittington, Johnson, & Schwarz, 2006), the program is designed to include and mobilize followers (the team members for whom leaders have responsibility) rather than to exclude them from the leadership process and the broader dynamics of organizational development and change (West, Eckert, Steward, & Pasmore, 2014).

Assessing the Viability of the 5R Leadership Development Program

To assess the viability of 5R as a leadership development program, we conducted a longitudinal study with leaders in the field of Allied Health who had responsibility for managing a diverse array of teams in a complex (i.e., multi-professional, multi-site) organizational structure. Allied Health encompasses a range of nonmedical healthcare services (e.g., psychology, physiology, audiology, but not medicine, nursing, or pharmacy), and a key motivation for the intervention was to give leaders of these...
services practical training that would allow them to constructively manage a complex array of leadership responsibilities in what was widely understood to be an increasingly challenging environment (e.g., see Boyce, 2006).

The study aimed to assess the impact of the 5R program on participants’ motivation and ability to develop as leaders by creating, advancing, representing, and embedding a sense of shared social identity among their teams. For this purpose, we administered adapted versions of the Identity Leadership Inventory (ILI; Steffens, Haslam, Reicher, et al., 2014) as well as measures of perceived team identification and functioning to participants both before (T1) and after (T2) the intervention (as recommended by Collins & Holton, 2004). Our primary hypotheses here were as follows:

Hypothesis 1 (H1): That participation in the 5R program will increase (a) leaders’ self-reported motivation to engage in identity leadership and (b) leaders’ self-reported ability to engage in identity leadership.

Hypothesis 2 (H2): That, in line with core tenets of the ASPIRe model, participation in the 5R program will also increase leaders’ sense of (a) team goal clarity and (b) team identification.

While expecting the intervention to have a positive impact on identity-related team dynamics, we also anticipated that its focus on leadership as a group process would have limited impact either on participants’ desire or ability to develop their leadership by advancing a sense of their distinct identity as individual leaders (what we refer to as role enhancement). Accordingly, at both time points we also administered adapted ILI scales that assessed participants’ motivation and ability to promote leadership at this personal level. Here we hypothesized:

Hypothesis 3 (H3): That participation in the 5R program will not increase (a) leaders’ reported motivation to engage in role enhancement or (b) their perceived ability to do this.

Importantly, because we expected that the intervention would have limited (or different) impact on these measures of role enhancement, they function as control measures within a nonequivalent dependent variable design (Cook, Campbell, & Day, 1979). This design – in which control is provided through additional (within-subjects) measures that have superficial similarity but tap different theoretical processes, rather than additional (between-subjects) groups – allows us to rule out the possibility that any changes we observe are the result of nonspecific responses to the experience of participating in the study (e.g., in the form of testing effects). As Frese, Beimel, and Schoenborn (2003) outline, this design is preferable to one that incorporates a no-treatment control on both pragmatic and analytic grounds (see also Sackett & Mullen, 1993).

Method

Participants (Leaders)

Participants were managers who had responsibility for leading various Allied Health professional teams (e.g., of nutritionists, occupational therapists, physiotherapists, prosthetists, psychologists, radiographers, rehabilitation specialists, social workers, speech pathologists) in five sites.
across a large geographical area in Australia. They all had leadership responsibility (e.g., as line managers) for teams that were characterized by a diverse range of interests and experiences (e.g., reflecting professional, geographical, and client-based differences).

Participation in the 5R program was voluntary, but all eligible managers (i.e., those with an appropriate level of seniority and with responsibility for managing teams) were encouraged to participate, and most did. Thirty-five leaders (30 female, 5 male) enrolled to participate in the program and attended the Readying session. After this, 34 took part in the Reflecting workshop, 31 in the Representing workshop, 27 in the Realizing Session, and 20 in the Reporting session. Of these leaders, 35 completed the T1 survey and 19 completed the T2 survey (17 of whom could be matched to their T1 data). Attrition was mainly due to competing demands for time, and, as we report below, it was largely unrelated to participants’ engagement in, or enthusiasm for, the program.

Ethical approval for the study was obtained from ethical review panels at each of the five sites that were involved in the research, from the regional medical ethics review board, and from the Behavioral and Social Sciences Ethical Review Committee at the University of Queensland.

Procedure

Leaders who enrolled to participate in the program were contacted two weeks prior to the commencement of the 5R program and directed to an online pretest (T1) survey. All respondents were asked to provide demographic details and to generate a code number that would allow their responses to be matched across time points (while remaining confidential and anonymous).

In line with manualized instructions (Haslam, Peters, Steffens, & Reicher, 2016; as summarized in the Introduction), the 5R program was then delivered over a two-month period. The program was run in a range of different locations (so as not to privilege one site or group) and in two separate streams. The Readying and Reporting sessions were about an hour long and each workshop lasted around three hrs and contained a structured program of lecture material, exercises, and group activities (adapted from activities specified in the ASPIRe program; Haslam et al., 2003). At the end of each workshop participants completed measures assessing their experience. In the period before the next workshop they were also encouraged to conduct the same activities with members of the group for which they had leadership responsibility. They then completed measures reporting on this experience at the start of the next workshop or session.

Two weeks after the final workshop all participants were invited to a Reporting session. After this, participants and team members were contacted by email and asked to complete an online posttest (T2) survey identical to that which they had completed initially (but also including two control measures assessing team activity delivery and program engagement).

Measures

Assessment of Activities Associated With Participation in the 5R Program

At the end of each of the three core workshops, participants were given a series of measures to assess their experience and workshop-related learning. Here and below, unless otherwise stated, responses were made on 7-point scales (with appropriately labeled endpoints; e.g., 1 = not at all and 7 = completely). These asked: (a) As a result of today’s workshop did you learn something useful about groups and leadership? (b) Did you learn something useful from (the activity performed in the workshop)? (c) Did the activity identify important (work-related groups [Reflecting Workshop]; subgroup goals [Representing Workshop]; superordinate goals [Realizing Workshop]) in Allied Health? (d) Do you think it will be helpful to go through this activity with your team members? and (e) Do you feel confident about your ability to go through this activity? In addition, the Representing and Realizing workshops included an extra question that related to the specific content of these workshops: (f) As a result of today’s workshop did you learn something useful about (the topic(s) addressed in the workshop [i.e., diversity in the Representing workshop; goal setting and strategic planning in the Realizing Workshop])?

At the start of the next workshop (or before the Reporting session), participants were given similar scales to assess their experience of having gone through the relevant activity with team members (e.g., Did you learn something useful from performing [the activity] with your group?).

Assessment of the Impact of Participation in the 5R Program

To test our three key hypotheses, before the start of the Reflecting workshop (Time 1) and after the Reporting session (Time 2), participants completed measures that assessed self-reported identity leadership skills and motivations, as well as perceptions of their team and its functioning.

Identity Leadership Motivation and Ability

Items from the Identity Leadership Inventory (ILI; Steffens, Haslam, Reicher, et al., 2014) were adapted to assess respondents’ motivation and ability to create, advance, represent, and embed a sense of shared identity among
their team members. Four items assessed each of the four components: creating (e.g., “... to create a collective sense of ‘we’ and ‘us’ within the group”), advancing (e.g., “... to advance shared group interests”), representing (e.g., “... to embody what this group stands for”), and embedding (e.g., “... to embed structures that help group members to coordinate themselves”). In the case of scales assessing motivation, these were prefaced by “I want to ...” and for scales assessing ability they were prefaced by “I know how to ...”.

Responses to all measures were made on 10-point scales (where 1 = not at all, 10 = completely). In the interest of reducing complexity, we combined the four dimensions into two scales assessing Identity Leadership Motivation (ILM, αT1 = .88, αT2 = .95) and Identity Leadership Ability (ILA, αT1 = .97, αT2 = .97).

**Team-Related Perceptions**

Further measures assessed participants’ perceptions of their team and its functioning. Specifically, these assessed perceived (a) Team Goal Clarity (Peters et al., 2013; 6 items, e.g., “I know what we stand for as a team,” αT1 = .95, αT2 = .95) and (b) Team Identification (Postmes, Haslam, & Jans, 2013; 4 items, e.g., “I identify with my work team,” αT1 = .83, αT2 = .93).

**Control Measures in Nonequivalent Dependent Variables Design**

*Role Enhancement Scales*

We adapted the ILI scales to assess respondents’ motivation and ability to create, advance, represent, and embed a sense of their own distinct identity as individual leaders. Two items assessed each of the four components: creating (e.g., “... to create a sense among people in this group that I am their leader”), advancing (e.g., “... to stand up for my interests as the leader of the group”), representing (e.g., “... to be seen as different from rank-and-file group members”), and embedding (e.g., “... to establish habits that emphasize my role as the leader of the group”). In the case of scales assessing motivation, these were prefixed by “I want to...” and for scales assessing ability they were prefaced by “I know how to...”. As with the ILM and IIA measures, responses were made on 10-point scales and again we combined the subdimensions into two overall scales for Role Enhancement Motivation (EEM, αT1 = .87, αT2 = .90) and Role Enhancement Ability (ELA, αT1 = .92, αT2 = .88).

**Additional Measures**

For the purposes of examining the extent to which any changes in line with our core hypotheses could be attributed to leaders’ experience of participation in the 5R program we also obtained two additional measures. First, *Team Activity Delivery* was simply a count of the number of activities that leaders delivered to members of their team. Second, *Program Engagement* was assessed by a five-item measure administered at the conclusion of the program (e.g., “The program generated strategies that could make a positive contribution to Allied Health”; α = .93).

**Results**

**Assessment of Activities Associated With Participation in the 5R Program**

Table 1 presents the intercorrelations between variables at Time 1 and Time 2. There are a number of interesting patterns here, but it is notable that in several cases the relationship between variables is very different at the two time points. Particularly relevant to our present analysis, there is evidence that Identity Leadership Motivation and Identity Leadership Ability tended to be more highly correlated with other key variables (in particular, Team Goal Clarity and Team Identification) at Time 2 than at Time 1—a pattern which suggests that the meaning of identity leadership became clearer to participants as a result of participation in the program.

Summary statistics pertaining to participants’ experience in the 5R workshops and then in subsequently leading activities in their workgroups are presented in Table 2. In all cases one-sample t-tests were conducted to establish whether responses differed from the scale midpoint. The key point to glean from these data is that on every measure responses were above the scale midpoint, and in almost every case significantly so—indicating that participants had positive responses to both the learning and practical components of 5R.

**Assessment of the Impact of Participation in the 5R Program**

This analysis focuses on 17 leaders whose responses could be matched across Time 1 and Time 2 surveys (noting that some participants completed only one of the two surveys). However, to establish whether the responses of participants whose data could be matched in this way differed on any of our core measures from the responses of other participants at either time point, independent samples t-tests were conducted to ascertain whether there were any pretest differences between those participants who could be matched at posttest and those who could not. These tests indicated that there were no significant differences on any dependent variable (all ps > .05).
Table 1. Intercorrelations between leader variables at Time 1 and Time 2 (reliability estimates of measures in parenthesis)

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<tr>
<th>Variables at Time 1</th>
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<tbody>
<tr>
<td>1. Identity leadership motivation</td>
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<td>2. Identity leadership ability</td>
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<td>3. Role enhancement motivation</td>
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<td>.87</td>
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<td>4. Role enhancement ability</td>
<td>.31</td>
<td>.71**</td>
<td>.51*</td>
<td>.92</td>
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<td>5. Team goal clarity</td>
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<td>.72*</td>
<td>-.21</td>
<td>.37</td>
<td>.95</td>
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<td>6. Team identification</td>
<td>-.06</td>
<td>.22</td>
<td>-.48†</td>
<td>-.02</td>
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<td>.83</td>
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<th>Variables at Time 2</th>
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<td>7. Identity leadership motivation</td>
<td>.36</td>
<td>.44†</td>
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<td>.18</td>
<td>.51*</td>
<td>.40</td>
<td>.95</td>
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<td>8. Identity leadership ability</td>
<td>.48†</td>
<td>.58*</td>
<td>-.23</td>
<td>.19</td>
<td>.67**</td>
<td>.54*</td>
<td>.77**</td>
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<tr>
<td>9. Role enhancement motivation</td>
<td>-.22</td>
<td>-.17</td>
<td>.78**</td>
<td>.33</td>
<td>-.18</td>
<td>-.11</td>
<td>-.38</td>
<td>-.34</td>
<td>.90</td>
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<td>10. Role enhancement ability</td>
<td>-.29</td>
<td>.06</td>
<td>.67**</td>
<td>.43†</td>
<td>.18</td>
<td>.26</td>
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<td>.02</td>
<td>.82**</td>
<td>.88</td>
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<td>11. Team goal clarity</td>
<td>.09</td>
<td>.36</td>
<td>-.50*</td>
<td>.09</td>
<td>.44†</td>
<td>.64**</td>
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<td>.64**</td>
<td>-.43†</td>
<td>.05</td>
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<td>12. Team identification</td>
<td>-.01</td>
<td>.23</td>
<td>-.22</td>
<td>.19</td>
<td>.48†</td>
<td>.52*</td>
<td>.53*</td>
<td>.69**</td>
<td>-.18</td>
<td>.18</td>
<td>.56*</td>
<td>.93</td>
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Notes. N = 17. *p < .05; **p < .01; †p < .10.

Table 2. Participants’ mean self-reported experience of 5R program (standard deviations in parenthesis)

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<tr>
<td>Topic:</td>
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<tr>
<td>Experience in workshop:</td>
<td>(N = 44)*</td>
<td>(N = 31)</td>
<td>(N = 27)</td>
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<tr>
<td>(a) Learned something useful about groups and leadership</td>
<td>4.91* (1.03)</td>
<td>5.00** (0.86)</td>
<td>5.26** (1.20)</td>
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<tr>
<td>(b) Learned something useful about [workshop topic]</td>
<td>4.90* (1.04)</td>
<td>5.15** (1.18)</td>
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<tr>
<td>(c) Learned something useful from [workshop activity]</td>
<td>5.25** (1.01)</td>
<td>5.03** (0.75)</td>
<td>5.24** (1.01)</td>
</tr>
<tr>
<td>(d) [Workshop activity] identified important [work-related structures]</td>
<td>4.82** (1.30)</td>
<td>5.06** (1.00)</td>
<td>5.26** (1.10)</td>
</tr>
<tr>
<td>(e) [Workshop activity] will be helpful for group members</td>
<td>4.93** (1.37)</td>
<td>4.94** (1.09)</td>
<td>5.59** (0.89)</td>
</tr>
<tr>
<td>(f) Confident about ability to lead activity</td>
<td>5.00** (1.34)</td>
<td>5.13** (0.92)</td>
<td>5.44** (0.97)</td>
</tr>
<tr>
<td>Experience leading group activity:</td>
<td>(N = 22)</td>
<td>(N = 19)</td>
<td>(N = 7)</td>
</tr>
<tr>
<td>(a) Learned something useful from [group activity]</td>
<td>4.68* (1.04)</td>
<td>5.42** (1.35)</td>
<td>5.86** (0.69)</td>
</tr>
<tr>
<td>(b) Group activity identified important [work-related structures]</td>
<td>4.55 (1.50)</td>
<td>5.32** (1.00)</td>
<td>5.29* (1.38)</td>
</tr>
<tr>
<td>(c) Workshop activity was helpful for group members</td>
<td>4.64* (1.29)</td>
<td>5.47** (1.07)</td>
<td>5.86** (1.07)</td>
</tr>
<tr>
<td>(d) Confident leading activity</td>
<td>5.18** (0.96)</td>
<td>5.74** (0.87)</td>
<td>5.86** (1.07)</td>
</tr>
</tbody>
</table>

Notes. *one-sample t versus scale midpoint, p < .05; **one-sample t versus scale midpoint, p < .01. *The number of responses for Workshop 1 exceeds the total number of leaders enrolled in the program, because 12 senior managers chose to sit in on the first workshop and some of them completed the workshop evaluation sheet. We did not collect any identifying information on these sheets, we were not able to remove their responses. This suggests that these data should be treated with caution, but we would note that the feedback from Workshops 2 and 3 (which these managers did not attend) was generally more positive than that for Workshop 1. Accordingly, it is would appear that these managers’ feedback was not responsible for an unduly positive representation of the program as a whole.

Identity Leadership
Tests of H1 involved conducting within-subjects t-tests to compare leaders’ identity leadership motivation and ability before and after participation in 5R. Results are presented in Table 3. From these data it can be seen that there was no support for H1a – as participants’ self-reported motivation to engage in identity leadership did not increase as a result of participation in the program. However, in line with H1b, participants’ self-reported ability to engage in identity leadership was higher after participation in the program than before.

Team-Related Perceptions
Scores on Time 1 and Time 2 measures of team-related perceptions were compared by means of multivariate analysis of variance (MANOVA) followed up by separate within-subjects t-tests. The former analysis revealed no interaction between measure and time, but main effects for both measure, $F(1,47, 23.46) = 15.80, p < .001,$ and time, $F(1, 16) = 13.96, p = .002.$ From Table 3 it can also be seen that participation in 5R had a significant positive impact on leaders’ sense of team goal clarity (supporting H2a) and led to a marginal increase in their team identification (H2b).
Control Measures

Leaders’ Role Enhancement
Analysis of the impact of the intervention on control variables involved conducting within-subjects t-tests to compare participants’ motivation and ability to engage in role enhancement before and after participation in 5R.

From Table 3 it can be seen that, in line with H3a, participants’ self-reported ability to engage in role enhancement did not change following participation in the program. However, support for H3b was even stronger as participants were significantly less motivated to promote a distinct identity as individual leaders after the program than before.

Note, though, that because H3 is a null hypothesis (that is framed in contrast to H1 and only meaningful in relation to this hypothesis), it is best tested by means of a multivariate approach in which the interaction term compares changes in participants’ responses on targeted (identity-leadership) and non-targeted (role enhancement) measures over time. To perform this test, we ran a repeated-measures analysis that treated the four leadership measures as one repeated factor and time as another. This produced a significant multivariate effect of measure, Wilks $\lambda = .11, F(3, 14) = 36.41, p < .001$, reflecting the fact that participants generally reported greater motivation and ability to engage in identity leadership ($M_s = 8.78, 7.05$, respectively) than motivation and ability to engage in role enhancement ($M_s = 5.69, 5.26$, respectively). The multivariate main effect of time was nonsignificant, Wilks $\lambda = .95, F(1, 16) = .80, p = .38$. Importantly, though, this analysis also revealed a significant multivariate interaction between measure and time, Wilks $\lambda = .27, F(3, 14) = 12.64, p < .001$, reflecting the differential impact of the program on identity leadership and role enhancement, in line with H1 and H3 (as detailed above).

Controlled Tests of 5R Impact
In order to provide a more forensic analysis of the factors that contributed to the above patterns, we followed up the above tests with regression analyses to see whether change over time could be attributed to leaders’ program-related experiences. This involved regressing relevant dependent variables on leaders’ team activity delivery (i.e., the number of activities they had run with their teams) and their self-reported level of program engagement (as assessed post-program) while controlling for the dependent variable as measured at the start of 5R.

Results are presented in Table 4 and reveal two key findings. First, participants’ delivery of 5R activities was a significant predictor of attenuated role enhancement motivations, $t(12) = -2.72, p = .02; F(3, 13) = 14.96, p < .001$. Second, leaders’ positive engagement with 5R was a significant predictor of increases in their perceived ability to engage in identity leadership, $t(12) = 3.41, p = .005; F(3, 13) = 8.26, p = .002$, as well as in their sense of both team goal clarity, $t(12) = 3.19, p = .007; F(3, 13) = 5.23, p = .01$, and team identification, $t(12) = 2.71, p = .02; F(3, 13) = 4.93, p = .02$.

Discussion
The present paper had two key goals. First, to map out the structure of the 5R program as a translation of previous work on the ASPIRe model (after Haslam et al., 2003) into a framework that can be used as a basis for leadership development. Second, it sought to implement the program and test its viability and efficacy among a sample of leaders working in the field of Allied Health. The viability of the program was established through assessments of participants’ experiences both in 5R workshops and when subsequently engaging their team members in the activities these specified. Here feedback was generally positive, speaking to the utility of 5R not only as a vehicle for learning about the leadership process (e.g., in ways set out by Haslam et al., 2011) but also for translating the insights of the social identity approach into structured intervention.
Nevertheless, despite this (increasingly) positive feedback, generic feedback provides only a very limited basis for evaluating the success of leader training programs (Collins & Holton, 2004). Accordingly, we sought to assess the impact of participation in 5R on leaders’ orientation to the leadership process by collecting relevant data both before and after the program. This involved assessing (a) leaders’ motivation and ability to engage in identity leadership of their teams as well as (b) their sense of team goal clarity and team identification. Results on these measures were encouraging and broadly in line with our primary hypotheses. First, while the program had no impact on leaders’ motivation to engage in identity leadership (as anticipated under H1a), this appears to reflect the fact that this motivation was already high at the start of the program (thereby producing a ceiling effect). Participation in 5R did, however, lead to a significant increase in leaders’ assessments of their ability to engage in identity leadership (in line with H1b).

Measures of leaders’ team-related perceptions also indicate that participation in 5R had a positive impact – specifically, serving to increase leaders’ sense of team goal clarity and team identification (in line with H2). Although the latter effect was marginal, it also seems likely that this reflects the fact that leaders’ identification with their teams was already quite high at the start of the program. Moreover, rather than these increases reflecting some generalized change process, regression analysis controlling for initial levels of these variables indicated that increases in team goal clarity and team identification – as well as in participants’ ability to engage in identity leadership – were associated with positive engagement with 5R.

At the same time too, participation in 5R did not affect participants’ leadership ambitions in the abstract or their ability to engage in role enhancement (in line with H3). Indeed, on the contrary, taking part in the program led to a significant reduction in leaders’ motivation to engage in role enhancement. In the context of our nonequivalent dependent variable design (Cook et al., 1979; Frese et al., 2003) these patterns are significant because they show that changes in responses over time were not a reflection of indiscriminate change that led participants to feel more capable or more motivated in general. Instead, observed change related specifically to leaders’ perceived capacity to engage with their teams in the process of social identity development and not to an increasing desire to cultivate a sense of themselves as great leaders. The latter finding is particularly noteworthy because other commentators have argued that leadership training programs can often cultivate a sense of superiority among participants that actually compromises their capacity to lead (Bennis, 1999; Kellerman, 2012; Sveningsson & Larsson, 2006). Interestingly too, regression analysis showed that reduction in leaders’ motivation to engage in role enhancement over the course of the intervention was linked to the process of engaging team members in relevant group activities (i.e., as specified by the ASPIRe model). This accords with our claim that working with the groups one leads is not only the basis for effective leadership but also an antidote to the hubris that can undermine it (Haslam et al., 2011).

### Limitations and Future Research

Although the results from this study were in line with our hypotheses, as with most interventions of this nature, the study had important limitations. The most obvious is the study’s small sample size. This reflected the fact that, like many leadership development programs, 5R is a resource-intensive intervention. Moreover, given that the study was conducted in a very large organization and that, within this, managers’ participation and response rates were high, this is not an easy problem to address. In this regard, it is important to note too that 5R is a framework that specifies iterative activities that ideally inform ongoing practice, rather than a one-off intervention, and with this in mind, future research needs to examine how its implementation as a form of practice impacts long-term organizational functioning. As with other research that has tested (and supported) the ASPIRe model (e.g., Peters et al., 2013), we therefore suggest that conclusive evidence of 5R’s efficacy will only emerge once a large number of similar studies have been conducted across a range of independent sites. Efforts to garner such evidence are currently underway.

A further limitation relates to the need to obtain evidence of the efficacy of 5R not just from leaders but also from members of the groups that they lead. As noted earlier, this

### Table 4. Controlled tests of 5R impact

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Identity leadership motivation</th>
<th>Identity leadership ability</th>
<th>Role enhancement motivation</th>
<th>Role enhancement ability</th>
<th>Team goal clarity</th>
<th>Team identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team activity Delivery</td>
<td>.11</td>
<td>.12</td>
<td>-.36*</td>
<td>-.42†</td>
<td>.01</td>
<td>-.12</td>
</tr>
<tr>
<td>Program engagement</td>
<td>.44†</td>
<td>.57**</td>
<td>-.18</td>
<td>-.05</td>
<td>.62**</td>
<td>.59*</td>
</tr>
<tr>
<td>T1 DV</td>
<td>.30</td>
<td>.41*</td>
<td>.64**</td>
<td>.46†</td>
<td>.27</td>
<td>.25</td>
</tr>
<tr>
<td>R²</td>
<td>.34</td>
<td>.66**</td>
<td>.78**</td>
<td>.38†</td>
<td>.55*</td>
<td>.53*</td>
</tr>
</tbody>
</table>

Note. *p < .05; **p < .01; †p < .10.
is because it is not the cognitions and actions of leaders that provide the ultimate proof of their leadership but rather the cognitions and actions of followers (Bennis, 1999). Because the latter are a core focus of 5R, this remains an important area to address in future research.

The generalizability of our conclusions is also something that could be questioned in light of the fact that this particular instantiation of the 5R program was delivered only to a very specific group. So, although the Allied Health profession constitutes a very broad church, the demographic properties of this group clearly make it unrepresentative of many others. It therefore remains to be seen whether 5R would be as effective were it delivered, say, to a group of mainly male corporate executives, working in a resource-rich environment, or to a sporting team in which the dynamics of motivation and performance may be very different, or in a culture that embraces more individualistic models of leadership (Sturm & Antonakis, 2015).

**Concluding Comment**

In spite of the widespread disappointment in, and distrust of leaders in the society at large, and despite the seismic changes in culture and technology, there has been little change to the prevailing paradigm of learning how to lead; no significant attempt to reimagine the model ... or to adjust to an era in which leadership is less about refining the individual and more about reimagining the collective; no obvious progress in formulating a fundamental, coherent curriculum sequenced in a demonstrably (proven) sensible and successful way; and no thought given to instructing on following, when following wisely and well is manifestly as important as leading wisely and well.

(Kellerman, 2012, pp. 168–169)

Kellerman’s stinging commentary on the state of contemporary leadership training provides all those who work in this field with cause for serious reflection. This is all the more true because her observations chime with those of a large number of other commentators who are troubled by the current state of leader education (e.g., Hay & Hodgkinson, 2006; Hodgkinson et al., 2006; Tame, 2007). This has led many to call for radical changes to the way this training is approached and delivered – particularly with a view to aligning this to what is known in the academic literature about leadership as a group process (e.g., see Day et al., 2014).

The 5R leadership development program that we have outlined and explored in this paper constitutes a concerted attempt to respond to the challenges laid down by such critiques. In particular, it builds on 30 years of research in the social identity tradition that has culminated over the last decade in a focused and empirically validated analysis of leadership as a process that centers on creating, advancing, representing, and embedding a sense of identity shared by leaders and followers (Haslam et al., 2011; Steffens, Haslam, Reicher, et al., 2014). In this regard, the main contribution of the present research is to establish the viability of 5R as a coherent package and as a strong platform upon which future work to refine the program can improve. Importantly too, it provides an evidential basis which suggests that these efforts will be worthwhile and which – we hope – will motivate others to contribute to them.

**Acknowledgments**

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**References**


