BRIEF REPORT

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"Sons of the West" leadership academy: Examining impact on community connectedness, leadership and self-efficacy

Abstract

Issue addressed: Australian men experience poorer health, have reduced help-seeking behaviours, engage in unhealthy coping mechanisms and suicide rates are disproportionately high, compared to Australian women. The "Sons of the West" (SOTW) Premiership Program is an Australian men's physical and mental health promotion program, which includes a Leadership Academy (LA), so that Premiership Program graduates can further develop skills and become leaders in improving male health. The aim of this research study was to determine if the SOTW Leadership Academy improved community connectedness, leadership attributes and self-efficacy amongst LA graduates.

Methods: Sixty-seven Australian males (M = 53.42, SD = 11.80, age range: 20-72), from two groups (Premiership Program graduates who completed the LA and those who only completed the Premiership Program) completed three self-rated questionnaires on community connectedness, self-efficacy and leadership qualities.

Results: There was a significant difference between the two groups, showing that LA graduates had increased levels of leadership skills, self-efficacy and community connectedness compared to those who did not complete the LA.

Conclusion: This study indicates that a men's health program can not only engage and improve the health of men, but also help them develop skills and enhance their own strengths, so that they can improve the health and well-being of others.

So what?: The development of leadership pathways and capacity building, embedded within health promotion programs, is an important aspect of improving health and well-being.

Summary

Australian men experience poor health. Health promotion strategies may be able to improve their health, and developing capacity of leaders within communities to help men (and women) improving their own physical and mental health is a key part of this. We think that leadership skills, self-efficacy and community connectedness may play a role.

1 | INTRODUCTION

Australian men experience poor health, compared to Australian women.[1] Nearly 25% of men have a disability, approximately 33% have a chronic health condition (e.g, heart disease, cancer, diabetes) and nearly 50% have lived with a mental health condition.[1] Australian men have a shorter life expectancy than women, higher rates of mortality from most causes of death and account for approximately 75% of the 2500 suicides in Australia every year, with suicide being the leading cause of death for men under the age of 54.[2,3] Whilst women are more likely to seek professional and peer support to manage emotional distress, men tend to withdraw socially, abuse substances and engage in risky and violent behaviours.[4-8]

Targeted men's health promotion interventions can markedly improve physical and mental well-being, reduce barriers to help-seeking, and increase social support, health literacy and engagement of health services.[9,10] A burgeoning pathway for health promotion in Australia is the encouragement of health and well-being through elite sport. Sport support and participation is an integral part of the Australian way of life,[11] sporting settings provide a social space for men, and sports clubs tend to reflect their respective communities.[12] There is an enduring association between sport and masculinity,[13] and elite sports team and sportspersons are very prominent in the media, acting as role models for many men.[5] Whilst there is little peer-reviewed evidence in Australia, international interventions targeting men's health through sport and peer engagement have found it to be effective in improving well-being (e.g, [12,14-17]). As sports participation and support are central to the Australian socio-cultural landscape, there is a broad base to allow for effective community engagement through sport.[1,10,18]

In 2013, the Western Bulldogs Community Foundation (WBCF), part of the Western Bulldogs Football Club, developed a men's physical and mental health promotion program, the "Sons of the West" (SOTW) Premiership Program.[19] Underpinned by the Transtheoretical Model of behaviour change,[20] the SOTW Premiership Program is a free 12-week series of workshops, presentations and group physical activities, which enables men to lead healthier lives, by increasing resilience and decreasing psychological distress and social isolation. A 2016 unpublished evaluation report, titled *Evaluating the Western Bulldogs' Football Club Sons of the West*,[10] examined the impact of the program through qualitative open-ended small group discussions, highlighting four psychosocial themes evident in the program: connectedness to others, optimism about the future, a stronger sense of identity, and greater meaningfulness and purposefulness.[10]

The SOTW Premiership Program boasts a Leadership Academy (LA) for SOTW Premiership Program graduates, in which they learn to become facilitators and mentors for new participants. LA

graduates are encouraged to stay involved as leaders in the SOTW Premiership Program, as well as return to their own respective communities as leaders in developing positive and constructive change in mental and physical well-being. Considered to be core components of community capacity building,[21] the purpose of the LA is to optimise participants' community connectedness, leadership attributes and feelings of self-efficacy.

To enact broad and sustainable change in men's health, Australian men need leaders in their own communities to facilitate and maintain this change. It is therefore imperative to demonstrate empirically that the SOTW LA is helping Australian men to develop the requisite skills and attributes that will help them to improve the health and well-being of men and women in their own respective communities. The aim of this project was to determine if participants of the SOTW LA had higher levels of community connectedness, leadership attributes and feelings of self-efficacy compared to those who only completed the SOTW Premiership Program. It was hypothesised that participants who have completed the SOTW LA would report significantly higher scores for community connectedness, leadership attributes and feelings of self-efficacy than participants who had only completed the SOTW Premiership Program.

2 | METHOD

2.1 | Participants

This research study targeted Australian men who had participated in the SOTW programs. Participants were divided by those who had completed the SOTW Premiership Program and LA and those who had only completed the SOTW Premiership Program. They were recruited either in person or via an email link to the online survey. Of the 72 individuals who had completed the survey, five were excluded from the study as they indicated that they had not completed the LA or the Premiership Program. After exclusion criteria were applied, 67 male participants ($M = 53.42$, $SD = 11.80$, age range: 20-72) were included in the analyses: 38 had completed both the Premiership Program and LA, and 29 had only completed the Premiership Program.

2.2 | Materials

Participants were required to complete three scales, as well as a set of demographic questions. Sense of Community Index-2 (SCI-2; 20) is a frequently utilised quantitative scale of an individual's self-reported feelings of connectedness to their respective community. In a large survey of 1800 participants, Chavis et al. [22] found the SCI-2 to be a very reliable measure (coefficient α = 0.94), with strong reliability for the subscales as well (coefficient alpha scores for the subscales ranging from 0.79 to 0.86). To ensure that the SCI-2 was accessible to the target audience in this study, the scale was shortened from 24 to 12 items to encompass only the two most relevant of the four subscales: Membership and Influence. This shortened version of the SCI-2 has not been validated, and should be interpreted appropriately.

Leadership traits were measured using the shortened form of the Multifactor Leadership Questionnaire Form 6S (MLQ-6S;[23]) based on the Theory of Transformational Leadership and original MLQ developed by Bass and Avolio.[24] The MLQ measures transformational leadership, and is a widely used and validated instrument to assess leadership skills.[25,26] Tejeda [26] found that the MLQ has strong evidence of construct validity, convergent validity and discriminant validity. To ensure for optimised accessibility with the target audience, the MLQ-6S was reduced from 21 to 12 items, utilising only the four most relevant of the seven subscales: Idealised Influence (II), Inspirational Motivation (IM), Intellectual Stimulation (IS) and Individual Consideration (IC). Across four samples, Tejeda [26] found the following alpha coefficients for the MLQ subscales: from 0.86 to 0.91 for II, from 0.86 to 0.93 for IC, from 0.86 to 0.91 for IS and from 0.89 to 0.94 for IM. Similar to the SCI-2, this shortened version has not been validated, and should be interpreted accordingly.

Self-efficacy was measured via the General Self-Efficacy scale (GSE; [27]), a well-established 10-item measure that has demonstrated strong internal consistency, with an alpha coefficient ranging between 0.75 and 0.91.[28]

2.3 | Procedure

Via advertisement by WBCF staff, SOTW graduates were invited to participate in the survey. Participants were provided with a plain language information and consent form, and short non-identifiable survey to complete. Once consent was provided, participants completed the survey.

3 | RESULTS

A one-way MANOVA compared the differences between the two groups on the three variables (community connectedness, leadership traits and self-efficacy). A small number of missing data were replaced using median substitution continuous variables and mode substitution was utilised for categorical variables. Preliminary assumption testing satisfied the assumptions of multivariate normality, linearity and homogeneity of variance-covariance. No evidence of multicollinearity or singularity was identified. The Levene's test indicated that two of the three dependant variables had equal variances.

TABLE 1 Descriptives for LA and non-LA groups, across three dependant variables

	LA		Non-LA	
	M	**SD**	**M**	**SD**
Community connectedness	36.50	6.92	29.21	5.50
Leadership attributes	45.79	7.52	41.59	9.31
Self-efficacy	34.08	5.24	30.76	5.85

LA, leadership academy.

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Table 1 outlines the means and standard deviations for the two groups, across the three dependant variables. Univariate analyses indicated that all three dependant variables were significantly different between the LA and non-LA groups, using an alpha level of 0.05. Leadership Academy participants had significantly higher levels of community connectedness than non-LA participants [$F(1, 65) = 21.74$, $P < 0.005$, partial eta squared = 0.25]. Leadership Academy participants had significantly higher levels of leadership attributes than non-LA participants [$F(1, 65) = 4.18$, $P < 0.005$, partial eta squared = 0.06]. Leadership Academy participants had significantly higher levels of self-efficacy than non-LA participants [$F(1, 65) = 5.97$, $P < 0.005$, partial eta squared = 0.08].

4 | DISCUSSION

The study aimed to determine if participants of the SOTW LA reported higher levels of community connectedness, leadership attributes and feelings of self-efficacy compared to those who only completed the SOTW Premiership Program. It was hypothesised that participants who had completed the SOTW LA would report significantly higher scores for community connectedness than participants who had only completed the SOTW Premiership Program. This was supported by the results, demonstrating that SOTW participants who had completed the LA self-reported that they were more connected and engaged to their respective communities. This is consistent with the stated goals of the SOTW LA, and is consistent with previous research that has demonstrated that the SOTW Premiership Program developed community connectedness amongst participants.[10] This finding supports previous literature that focused on the importance of community connectedness in underpinning an individual's physical and emotional well-being, as well as assisting leaders to empower others in the community to enact positive changes in their health.[10,29]

It was hypothesised that participants who had completed the SOTW LA would report significantly higher scores for leadership attributes than participants who had only completed the SOTW Premiership Program. In line with the theory of Transformational Leadership,[30] this was supported by the results, demonstrating that the LA assisted graduates in developing leadership attributes, so that they can engage their community, uphold the vision and goals of their community and empower others to achieve their goals.

It was hypothesised that participants who had completed the SOTW LA would report significantly higher levels of self-efficacy than participants who had only completed the SOTW Premiership Program. Consistent with previous research,[31,32] and aligning with the Transtheoretical Model of behaviour change,[20] this was supported by the results, indicating that the SOTW LA is enhancing the self-efficacy of program graduates, building on their capacity so that they can assist in improving the health and well-being of others.

The limitations attached to the present study should be identified. Firstly, to allow for optimised accessibility for program participants, only three short scales were used, and two of those were shortened. Whilst this ensured that participant numbers were adequate, it limited the overall scope of the study. In addition, the control group that was used comprised of individuals who had graduated from the SOTW Premiership Program. Although this allowed for some delineation of the impact of the LA, it would have been useful to have had a third group of individuals who had not participated in any SOTW programs, to determine both the cumulative as well as the individual impacts of the Premiership Program and LA. The longitudinal nature of change was not tracked and would have made for useful research data. Qualitative information was also not collected, which would have provided more detailed information regarding how graduates of the LA are improving the health and well-being of others in their community. It is also important to note that this study captures leadership in the way it is indicated by participants, rather than examining specific examples of leadership. Future research could include a longitudinal study, to determine the sequential impact of programs on improving participants' health and well-being, self-efficacy, leadership attributes and community connectedness. Further research could also extend this study by examining examples of leadership, gathering qualitative data and measuring other relevant constructs, such as empowerment, social support and resilience.

5 | CONCLUSION

Australian men have poor health outcomes, compared to Australian women.[1] Innovative community-based health promotion programs that are designed and implemented in a holistic, engaging and supportive way are crucial in improving health and well-being. This study demonstrates that a men's health program can not only engage and improve the health of men, but also help them develop skills and enhance their own strengths, so that they can improve the health and well-being of others. Given the dearth of published literature in Australia on this topic, it is hoped that future programs and research can be publically disseminated to increase knowledge sharing between service providers, policy makers and researchers. To facilitate positive change more broadly (specific to men's health and more generally), the capacity building of individuals who can lead positive change in the lives of others in their own communities is essential. To enable this, leadership development pathways are crucial. The LA pathway, where self-efficacy, leadership skills and community connectedness are enhanced, needs to be an integral part of capacity building within a health promotion program, leading to better health and well-being on a broader societal level.

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